

OPEN Council of Governors meeting

Schedule	Tuesday 27 February 2024, 5:30 PM — 7:30 PM GMT
Venue	Drummond Education Centre, West Suffolk Hospital site, BSE
Notes for Participants	Please give apologies for the meeting in advance to the FT Office
Organiser	Ruth Berry

Agenda

AGENDA:

OPEN Council of Governors meeting

Tuesday 27 February 2024, 5.30pm at Drummond Education Centre, West Suffolk Hospital site, BSE

 0. Agenda Open CoG meeting 27 Feb 2024.docx

1. Welcome and introductions

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

Welcome to new Council of Governors

To note the resignation of David Smith (Partner Governor) and Helen Harlow (Public Governor)

To Note - Presented by Jude Chin

2. Apologies for absence

To receive any apologies for the meeting

Apologies received from Anna Mills (staff governor)

To Note - Presented by Jude Chin


3. Declaration of interests

To receive any declarations of interest for items on the agenda

To Note - Presented by Jude Chin

4. Minutes of the previous meetings (enclosed)

To note the minutes of the meetings held on 7 November 2023
For Approval - Presented by Jude Chin

 Item 4 Open CoG meeting 7 November 2023 minutes draft.docx

5. Matters arising action sheet

To note updates on actions not covered elsewhere on the agenda

To Note - Presented by Jude Chin

 Item 5 CoG Open Action log from 7 Nov 2023 meeting.docx

6. Chair's report

To receive an update from the Chair

To Note - Presented by Jude Chin

 Item 6 Chair report to CoG 27 Feb 2024.docx

7. Chief executive's report

To note a report on operational and strategic matters

To Note - Presented by Ewen Cameron

 Item 7 CEO Council of Governors paper - February 2024 FINAL.docx

8. People and Culture report (presentation)

To receive an update from the Executive Director of Workforce & Communications

To Note - Presented by Jeremy Over

9. Feedback from assurance committees (enclosed)

To receive a committee key issues (CKI) and observers reports from the assurance committees and audit committee CKI report:

9.1 Insight Committee


9.2 Involvement Committee


9.3 Improvement Committee














9.4 Audit Committee - CKI report

To Note

 Item 9 Feedback from Board assurance committees CoG 27 Feb 2024.docx

 Item 9.1 INSIGHT CKI report 23 11 15 Nov 2023 AJ FINAL.docx

 Item 9.1 INSIGHT CKI report 23 12 20 Dec 2023 AJ FINAL.docx

-  Item 9.1 INSIGHT CKI report 24 01 17 Jan 2024 AJ FINAL.docx
 -  Item 9.1 INSIGHT Governor observer 23 11 15 Nov 2023 Jayne N.docx
 -  Item 9.1 INSIGHT Governor observer 23 12 20 Dec 2023 Jane S.docx
 -  Item 9.1 INSIGHT Governor observer 24 01 17 Jan 2024 J-P Holt.docx
 -  Item 9.1 INSIGHT Governor observer 24 01 17 Jan 2024 Jane S.doc
 -  Item 9.1 INSIGHT Governor observer 24 01 17 Jan 2024 Jayne N.docx
 -  Item 9.2 INVOLVEMENT CKI report 23 12 20 Dec 2023 KY FINAL.doc
 -  Item 9.2 INVOLVEMENT Governor observer 23 12 20 Dec 2023 Jane S.doc
 -  Item 9.3 IMPROVEMENT CKI report 23 11 15 Nov 2023 LP FINAL.docx
 -  Item 9.3 IMPROVEMENT CKI report 23 12 20 Dec 2023 LP FINAL.docx
 -  Item 9.3 IMPROVEMENT CKI report 24 01 17 Jan 2024 LP FINAL.docx
 -  Item 9.3 IMPROVEMENT Governor observer 23 12 20 Dec 2023 Jane S.docx
 -  Item 9.3 IMPROVEMENT Governor observer 24 01 17 Jan 2024 Jane S.docx
 -  Item 9.4 AUDIT CKI report 12 Dec 2023 MP FINAL.docx
-

10. Governor sub-committees





To approve and agree next steps for the committee membership for:

10. 1 Nominations Committee

10.2 Engagement Committee

10.3 Standards Committee


For Approval - Presented by Richard Jones

-  Item 10 Council of Governors sub-committees 2024.docx
 -  Item 10_Appendix 1 Expressions of interests received - NOMINATION.pdf
 -  Item 10_Appendix 2 Expressions of interests received - ENGAGEMENT.pdf
 -  Item 10_Appendix 3 Expressions of interests received - STANDARDS.pdf
-

11. Lead Governor Report (enclosed)

To receive a report from the Lead Governor

To Note - Presented by Jane Skinner

-  Item 11 Lead Governor Report 27 Feb 2024.docx
-

12. Staff Governor Report (enclosed)

To receive a report from the Staff Governor meeting held on 9 January 2024

To Note

 [Item 12 Staff Governor report CoG 27 Feb 2024.docx](#)


13. Governance Report (enclosed)


To receive the governance report

For Discussion - Presented by Richard Jones and Pooja Sharma

 [Item 13 Governance report CoG 27 Feb 2024.doc](#)

 [Item 13_Appendix A Engagement session actions.doc](#)

 [Item 13_Appendix B new-starter-annual-nhs-fppt-self-attestation-1.docx](#)

 [Item 13_Appendix C Governors Work Programme 2024-25 FINAL SCHEDULE.docx](#)

 [Item 13_Appendix D Governors forward planner 2024-25.docx](#)

14. Summary report for Board of Directors meetings (enclosed)

To receive a report from the Chair and Non-Executive Directors

To Note - Presented by Richard Jones and Jude Chin

 [Item 14 Summary Report for Board of Directors meeting CoG 27 Feb 2024.docx](#)

15. Any other business

For Discussion - Presented by Jude Chin

16. Dates for meetings for 2024

- 9 May 2024
- 2 September 2024
- 24 September 2024 (annual members' meeting)
- 5 November 2024

To Note - Presented by Jude Chin

17. 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 Consideration - Presented by Jude Chin

AGENDA:

OPEN Council of Governors meeting

Tuesday 27 February 2024, 5.30pm at

Drummond Education Centre, West

Suffolk Hospital site, BSE

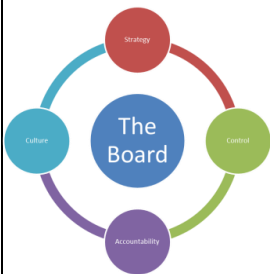
Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on **Tuesday 27 February 2024 at 5.30pm at Education Centre, rooms 19a&b, West Suffolk Hospital site, Bury St Edmunds.**

Jude Chin, 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.	Welcome and introductions To <u>welcome</u> governors and attendees to the meeting and <u>request</u> mobile phones be switched to silent Welcome new Council of Governors Note the resignation of David Smith (partner governor) and Helen Harlow (public governor)	JC
2.	Apologies for absence To <u>receive</u> any apologies for the meeting	JC
3.	Declaration of interests (enclosed) To <u>receive</u> any declarations of interest for items on the agenda	JC
4.	Minutes of the previous meetings (enclosed) To <u>note</u> the minutes of the meetings held on 7 Nov 2023	JC
5.	Matters arising action sheet (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda	JC
6.	Chair's report (enclosed) To <u>receive</u> an update from the Chair	JC
7.	Chief executive's report (enclosed) To <u>note</u> a report on operational and strategic matters	EW
8.	People and culture update (presentation) To <u>receive</u> an update from the executive director of workforce and communications	JMO

18:00 GOVERNOR BUSINESS (INC. STATUTORY DUTIES)

9.	Feedback from Board committees (enclosed) To <u>receive</u> a committee key issues (CKI) and observer reports from the assurance committees and audit committee CKI report: 9.1 Insight Committee 9.2 Involvement Committee 9.3 Improvement Committee 9.4 Audit Committee – CKI report	NED chairs / Governor observers
10.	Governor sub-committees (enclosed) To <u>approve</u> and <u>agree</u> next steps for the committee membership for: - Nomination Committee - Engagement Committee - Standards Committee	RJ
11.	Lead Governor Report (enclosed) To <u>receive</u> a report from the Lead Governor	JS
12.	Staff Governors' Report (enclosed) To <u>receive</u> a report from the Staff Governors' meeting on 9 Jan 2024	Staff Governor
13.	Governance report To <u>receive</u> the governance report	RJ / PS
19:15 REPORTS FROM THE BOARD OF DIRECTORS		
14.	Summary report for Board of Directors meetings (enclosed) To <u>receive</u> the report the Chair and Non-Executive Directors	JC / NEDs
19.25 ITEMS FOR INFORMATION		
15.	Any Other Business	JC
16.	Dates for meetings for 2024 To <u>note</u> dates for meetings in 2024: <ul style="list-style-type: none"> • 9 May 2024 • 2 September 2024 • 24 September 2024 (annual members' meeting) • 5 November 2024 	JC
17.	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.	JC
19.30 CLOSE		

1. Welcome and introductions

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

Welcome to new Council of Governors
To note the resignation of David Smith
(Partner Governor) and Helen Harlow
(Public Governor)

To Note

Presented by Jude Chin

2. Apologies for absence

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3. Declaration of interests

To receive any declarations of interest for items on the agenda

To Note

Presented by Jude Chin

4. Minutes of the previous meetings
(enclosed)

To note the minutes of the meetings held
on 7 November 2023

For Approval

Presented by Jude Chin

WEST SUFFOLK NHS FOUNDATION TRUST

DRAFT MINUTES OF THE

COUNCIL OF GOVERNORS' MEETING - OPEN

Held on Tuesday 7 November 2023 at 17:30
At Studio 1, The Apex, Bury St Edmunds

Members:		
Name	Job Title	Initials
Jude Chin	Chair	JC
Jane Skinner	Public Governor - lead governor	JS
Ben Lord	Public Governor - deputy lead governor	BL
Florence Bevan	Public Governor	FB
Gordon Mackay	Public Governor	GMK
Jayne Neal	Public Governor	JN
Adrian Osborne	Public Governor	AO
Clive Wilson	Public Governor	CW
Robin Howe	Public Governor	RH
Liz Steele	Public Governor	LS
Amanda Keighley	Staff Governor	AK
Louisa Honeybun	Staff Governor	LH
Sarah Judge	Staff Governor	SJ
Martin Wood	Staff Governor	MW
Thomas Pulimood	Partner Governor	TP
Elsbeth Lees	Partner Governor	EL
Carol Bull	Partner Governor	CB
Rebecca Hopfensperger	Partner Governor	RH
David Brandon	Partner Governor	DB
In attendance:		
Ewen Cameron	Chief Executive	EC
Craig Black	Executive Director of Resources	CB
Louisa Pepper	Non-Executive Director	LP
Antoinette Jackson	Non-Executive Director	AJ
Tracy Dowling	Non-Executive Director	TD
Michael Parsons	Non-Executive Director	MP
Geraldine O'Sullivan	Non-Executive Director	GoS
Roger Petter	Non-Executive Director	RP
Krishna Yergol	Non-Executive Director	KY
Richard Jones	Trust Secretary	RJ
Pooja Sharma	Deputy Trust Secretary	PS
Ruth Berry	FT Office Manager (minute taking)	RB
Apologies:		
Robin Howe – Public Governor		
Martin Wood – Staff Governor		

Members of the Public
David Smith – new Partner Governor for voluntary services at West Suffolk Hospital

No.	Item	Action
1.	Welcome and introductions	
	The Chair (JC) welcomed David Smith to the meeting (as a member of the public), who was the incoming nominated Partner Governor representing Trust volunteers and Friends of West Suffolk Hospital.	
2.	Apologies for absence	
	Apologies for absences for the meeting were received and noted as above.	
3.	Declaration of interests	
	No declarations of interest were received for items on the agenda.	
4.	Minutes of the previous meetings	
	The minutes of the previous meeting on 4 th September 2023 were agreed and approved as a true and accurate record.	
5.	Matters arising on action sheet	
	<p>The current 'open' matters on the action sheet to be deferred until the new Council of Governors (CoG) are elected on 1st December:</p> <ul style="list-style-type: none"> • <u>3i Committee – Governor observers</u> From January 2024, the observer role for each committee will be for the period of 1 year. The new Governors will be asked to sign up to observe, following the elections. • <u>Use of WSH email</u> Some progress has been made with the IT team. The FT team and Deputy Lead Governor (BL) has been working with the IT, to find a possible suitable solution. • <u>Council of Governors' Committee membership</u> Following the elections in December, there will be vacancies on all committees, to be filled by new Governors. Communication email for expression of interest for committee membership will go out following the elections. 	
6.	Chair's report	
	<p>JC presented the Chair's report to the CoG and highlighted the following:</p> <p><u>Financial recovery plan</u> The board has approved a Financial Recovery Plan (FRP) that presented a forecast loss for the current financial year. More update will be provided by the Executive Director of Resources (CB) under agenda item 8.</p> <p>It was noted that it is a partnership between the Trust, East Suffolk and North East Essex NHS Foundation Trust (ESNEFT) and the NHS Suffolk</p>	

	<p>and North Essex Integrated Care Board (SNEE ICB) and it is important to help us to come up with a plan and to achieve the targets set.</p> <p><u>SNEE ICS Chairs' Group meeting</u></p> <p>There was a presentation from the Chair of the East of England Ambulance Service (EEAS) on the plans that have been put in place to reduce the number of ambulance call outs. In particular, the use of unscheduled care coordination hubs to deal with less urgent 999 calls.</p> <p>The Chief Executive Officer (EC) explained that the hubs are physical spaces across the whole of the SNEE region, including one in Colchester. The hubs are not however, a patient accessible service; the EEAS decides on the level of care needed from a 999 call and then a patient would go to a hub, rather than into an A&E department (in the first instance).</p> <p>The EEAS are working to increase the number of hours and the cases they see. Health Innovation East have been asked to do a review of the hubs and the services they provide.</p>	
7.	Chief executive's report	
	<p>EC presented the report to the CoG and highlighted the following:</p> <ul style="list-style-type: none"> • The upcoming winter period, like previous years, will increase the pressure on the hospital and services, but the Trust is diligently preparing for them, both in the hospital and community services. <p>Waiting lists are still long and will remain so for the foreseeable future. There is also demand from new patients joining waiting lists, whilst capacity is not there to clear the existing waiting. This is a nationwide issue, not just the Trust.</p> <p>Speciality staff are being insourced, where possible, to help clear certain waiting lists, for example in neurology</p> <ul style="list-style-type: none"> • Amanda Bennett has now left the Freedom to Speak Up Guardian role and Jane Sharland has joined the Trust as Freedom to Speak Up Guardian. • Negotiations are still ongoing with doctors regarding industrial action. • In the recent regional quarterly NHS staff pulse survey, the Trust received the highest score in the region, which represents the continued improvement in our score since 2022. <p>A question was asked about an article in a local newspaper regarding the EEAS and problems with vehicle breakdowns/vehicles not being roadworthy. EC told that nothing has been flagged by the ICB in terms of impact on services.</p>	
8.	Finance update	

	<p>The Director of Resources (CB) presented the report to the CoG on financial position of the Trust at month 6 of the financial year. The following areas were highlighted:</p> <p>The current deficit is linked to:</p> <ul style="list-style-type: none"> • The Trust gradually making progress around the performance against cost improvement programme. This represents a change to the position of the last few years where the focus has been on delivering the organisation response to COVID as opposed to delivering the normal service which would include cost improvement programme. Underfunding for the pay awards, which is coming through every month, most due to the industrial action, when the cost of the cover arrangements is significant. <p>Impact of industrial action and significant costs associated with the cover arrangements. The revised forecast deficit of £6.7m was agreed by the Board in September, contingent upon:</p> <ul style="list-style-type: none"> - Cost improvement programme, rather than £10.6m, it would be £5m delivered, with a reduction in expenditure of £8.4m by year end - Elective Recovery Fund ERF funding. It was up until recently the Department of Health's mechanism for reimbursing organisations for the costs of industrial action, the assumption in our plan would be to receive £5m cost and would be reimbursed somehow. <p>A number of divisions are under the forecasted cost improvement programme (CIP) target for the current period. These figures are looked at by the Trust Finance team. Industrial action has affected various targets and changes can be made if needed. The team reviews the financial and quality performance every month and metrics are identified and monitored.</p> <p>CIP schemes for each division go through a quality assessing process, via the Executive Medical Director/Executive Chief Nurse and are refused if they impact upon the quality of patient care.</p> <p>Transformative CIP schemes are integral to the future of the Trust. They will be one solution to our finance performance, and help the Trust be less reactive in relation to financial decisions.</p>	
<p>9.</p>	<p>Feedback from assurance committees</p>	
	<p>Governor observations from Board assurance committees were reported to the CoG, with the following highlights given by the NED Chair/Governor observer:</p> <p><u>Improvement Committee</u></p> <p>There were 2 meetings since the last CoG meeting:</p> <ul style="list-style-type: none"> - both had informative and enlightening presentations - discussions took place re the new CQC (Care and Quality Commission) assessment framework 	

	<ul style="list-style-type: none"> - the Quality strategy was presented and decisions around co-producing with partners discussed - NATSIP (National Safety Standards for Invasive Procedures) update on how it will be implemented via SNEE, with the Trust being part of the process. <p>Feedback from the governors who observed the Improvement Committee meetings was noted by the Council.</p> <p><u>Insight Committee</u> There were 2 meetings since the last CoG meeting:</p> <ul style="list-style-type: none"> - the meetings focused on financial performance, CIPs and the long-term recovery programme in 2024/25 - Glemsford data is now beginning to come through, so will be able to track or assess underlying performance - The Urgent and Emergency Care service was visited by a peer review team. The committee noted that the team identified some good practice in WSFT as well as suggestions for improvements. <p>Feedback from the Governors who observed the Insight Committee meetings was received and noted that the UEC peer review presentation was a highlight of the meeting in September. The financial presentations were very informative. There was robust challenge from NEDs and other colleagues regarding the financial issues discussed.</p> <p><u>Involvement Committee</u> There was one meeting and a committee workshop since the last CoG meeting:</p> <ul style="list-style-type: none"> - there was a patient experience focus to the meeting, as it was recognised through the workshop that this area needed more insight - presentation from the Chair and Director of Communications at Healthwatch Suffolk emphasised on about how the Trust develops strategic partnership with them - there was a presentation from the Staff Psychology team. It was clear from the presentation that the demand for the service is high, and the service is increasingly able to demonstrate its value in quantifiable terms. <p>Feedback from the Governors who observed the Involvement Committee was noted by the council.</p> <p><u>Audit Committee</u> The Audit Committee Chair (MP), spoke regarding the previous committee meeting:</p> <ul style="list-style-type: none"> - the committee is looking to update the board assurance framework, alongside the well-led review being undertaken. - the committee is also looking at the various suppliers of the Trust and the financial resilience and RAG ratings. 	
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	<p>It was agreed that the Audit Committee CKI report will be provided to the CoG in future along with board assurance committees.</p> <p>ACTION: Audit Committee CKI report to be added on agenda as standing item</p>	PS
10.	Nomination Committee report	
	<p>The report was presented to the CoG by the Committee Chair (JC) with the following highlighted:</p> <ul style="list-style-type: none"> - Feedback on NEDs appraisal process was discussed and the committee agreed changes to the 360 appraisal form/template - the committee reflected on the NHS England Fit and Proper Person Test framework and the Code of Governance. The Trust will implement FPPT for council of governors and the council of governors' standards committee will oversee the process for implementation - JC congratulated NED Tracy Dowling, for taking up interim Chief Executive role (accounting officer) at Mid and South Essex ICB for six months - The NED remuneration will be discussed in the closed CoG meeting. 	
11.	Engagement Committee report	
	<p>The report from the previous Engagement Committee meeting was presented to the CoG by the Committee Chair (BL).</p> <p>The committee received an update on the works of MyWish Charity and how the Charity operates. An overview of the engagement activity was presented related to the Future System Programme and the activity which was live. The committee considered the opportunity for Governors' involvement and received an assurance around the work being undertaken and provided an insight into the findings so far.</p> <p>Discussion took place around how the governors can collaborate between primary and secondary care and whether there was an opportunity for patient engagement with the CoG. The Partner Governor (DB) offered to help in this regard and provide support in getting linked up with the West Suffolk Alliance colleagues.</p> <p>ACTION: PS to get in contact with DB regarding the engagement opportunity.</p> <p>With the new CoG starting their new term on 1 December, this will be an opportunity to re-look at the terms of reference of the engagement committee and if required review the scope and purpose.</p> <p>The governors noted that there is an opportunity to discuss committees at the Governor training at the end of January 2024. It was agreed that the council of governors and engagement committee need to work together with other Trust teams including community partners.</p>	PS

12.	Standards Committee report	
	There was no Standards Committee meeting since the last CoG meeting.	
13.	Lead Governor Report	
	<p>The report from the Lead Governor (JS) was presented to the CoG.</p> <p>JS wished good luck to all the Governors who were re-standing for the CoG in the elections currently underway.</p> <p>A question was asked about action plans, following the various governor activities, such as environmental reviews, area observations etc. and it was agreed that this will be followed up with the respective teams to receive an assurance that feedback from governor activities is addressed appropriately.</p> <p>ACTION: FT Office to liaise with the various departments to look at how actions from the observations can be fed back to the CoG.</p>	RB
14.	Staff Governor Report	
	<p>The report from the Staff Governor Group was presented by Staff Governor (SJ) to the CoG:</p> <ul style="list-style-type: none"> - it had been hard work for all the staff, and this was reflected in the content of the meetings. It is also however noted that the staff governors are a great resource for the CoG - there will be a handover meeting between outgoing staff governors and the newly elected Staff Governors in January 	
15.	Governor Work Programme 2023-24	
	<p>An induction programme has been developed for the new CoG starting on 1 December, following on from recommendations from the Standards Committee.</p> <p>There will be various sessions for the new CoG, including with the Director of Resources and Chief Nurse. A schedule for the 2024 Work Programme has been created, with sessions from the Future System team, the ICB and others scheduled throughout the year.</p> <p>The new CoG will undertake Governor training at the end of January from external provider NHS Providers, which will provide an introduction as to what it means to be a governor, the role and responsibilities. NEDs have been invited to this training day, alongside governors.</p> <p>There is also an updated handbook, that will go out to all the governors via the Convene app.</p>	
16.	Summary report for Board of Directors meetings	
	The summary report from Board of Directors meetings was presented by JC to the CoG.	

	It was mentioned that the Patient story at the last Board meeting, although a very sensitive subject, was something that should be heard at Board meetings – it is essential to reflect on both the good and the bad of Trust.	
17.	Any other business	
	The FT Office Manager (RB) reminded everyone that the CoG elections are underway and that everyone should vote under their particular constituency (Public or Staff).	
18.	Dates for meetings in 2024	
	<ul style="list-style-type: none"> • <u>CoG meetings</u>: 27 February, 9 May, 2 September, 5 November • <u>Annual Members' Meeting</u>: 24 September 	
19.	Reflections on meeting	
	The Chair thanked the Council for their time and hoped to see everyone return if elected. Governor of the Trust is an incredibly important role, especially during the last unprecedented years.	

DRAFT

5. Matters arising action sheet

To note updates on actions not covered elsewhere on the agenda

To Note

Presented by Jude Chin

ACTION LOG – Open Council of Governors meeting – from 7 November 2023 meeting

OPEN ACTIONS

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
12	Standards Committee report	4 September 2023	A solution to meet the requirement of CoG regarding email address to be reviewed	PS	<p>We are continuing to work on options for use of WSFT email addresses if individuals are not comfortable using their personal email addresses for governor activities. This includes a new Trust remote access solution being developed:</p> <ul style="list-style-type: none"> - Use of WSFT iPad allows access to a Trust email account (using existing solution – ‘Blackberry’) - Currently testing access to Trust email via personal device (using new solution – ‘Intune’ for personal phone) 	Revised to May 2024	Red	

CLOSED ACTIONS

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
9	Assurance committee feedback	7 November 2023	Add Audit Committee feedback to the standing CoG agenda, going forward	PS	Agenda item for meeting. Action closed	Feb 2024	Complete	Feb 2024

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
9	Feedback from assurance committees	4 September 2023	Review the rota to support consistency in the tenure of governor observers	PS	Schedule and guidance updated to promote an annual observer period. The new rota has been shared with governors.	Feb 2024	Complete	Feb 2024
11	Engagement Committee report	7 November 2023	FT Office to link up with Partner Governor for the West Suffolk Alliance (David Brandon) to make contact with primary care regarding engagement with CoG	PS	Discussions underway with the Trust and SNEE colleagues. This will be progressed through engagement committee as part of the engagement priorities 2024-25. Action closed.	March 2024	Complete	Feb 2024
11	Engagement Committee report	2 May 2023	To schedule review of membership and composition of the Governors' sub-committees in January 2024.	PS	Agenda item for meeting. Action closed.	Feb 2024	Complete	Feb 2024

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
13	Lead Governor report	7 November 2023	Liaise with Estates/Patient engagement team to ensure CoG receive feedback/updates on actions taken at governor activities	RB	<p>Environmental visits: actions/feedback from the visits are addressed through Patient Environment Group. The group had its first meeting in January and will meet bi-monthly. Some are resolved by submitting an FM First request to estates. Feedback from the new Patient Experience Group will be reported to the Governors' Engagement Committee.</p> <p>This will sit along a more comprehensive report on experience of care activities received by the Engagement Committee. This process will be developed by the Engagement Committee.</p>	March 2024	Complete	Feb 2024

RAG RATING:

Key	
Completed	
On track/On trajectory - The action is expected to be completed by the due date	
Some slippage/Off trajectory - The action is behind schedule and may not be delivered	
Serious Issues/Due date passed and action not completed	

LEAD:

Name	Initials
Jude Chin	JC
Ewen Cameron	EC
Richard Jones	RJ
Pooja Sharma	PS

6. Chair's report




To receive an update from the Chair

To Note

Presented by Jude Chin

WSFT Council of Governors meeting (Open)

Report title:	Chair's report
Agenda item:	6
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Jude Chin, Trust Chair

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Summary:	<p>Trust Financial Recovery Plan</p> <p>I reported at our last meeting in November that the board had approved a Trust Financial Recovery Plan with a revised forecast loss for the current financial year of £6.3 million (after additional support from the ICB). I am pleased to report that we appear to be still on track to achieve our forecast, notwithstanding additional costs incurred due to continuing industrial action in December and January of circa £1.2 million. There will be additional costs due to industrial action in February. There is an assumption that we will receive some financial support to cover our unplanned additional costs as a result of industrial action.</p> <p>Diagnostic Review</p> <p>A diagnostic review was commissioned by the ICB to provide insight into how the Trust has found itself in the position of having to report a revised position of a greater than budget, financial loss for the current year. PA Consulting have been appointed to carry out the review and are nearing completion with a final report due early March. The report will go to the Insight Committee and then the board, in order to agree how we adopt the report recommendations.</p> <p>Director of Strategy and Transformation</p> <p>We are making good progress on our recruitment of a new post, that of Director of Strategy and Transformation. This is an important appointment, particularly in light of the work we need to do in preparation for a move to a new hospital. The search firm we are working with have come up with a long list of potential candidates and we are due to meet again at the end of this month to select a short list to take to interview in early March.</p>
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	<p>Board to Board meeting</p> <p>The boards of our Trust and East Suffolk & North Essex Foundation Trust (ESNEFT) have been developing a close working relationship for the benefit of our patients for some time. We held our third board to board meeting in December to review progress and discuss next steps. We have now established a collaborative oversight group which had its first meeting at our board to board. At that meeting we approved the terms of reference for the group and received an update on our provider collaborative initiatives, which included:</p> <ul style="list-style-type: none"> • Joint Service planning • The Essex & Suffolk Elective Orthopaedic Centre • Elective mutual aid • Community services – Integrated Neighbourhood Teams • Procurement, clinical and non-clinical • Central collaborative transformation/PMO team <p>Well Led Review</p> <p>In line with good governance practice, the Trust has commissioned AuditOne to undertake a well led review of leadership and governance at the Trust, along the lines of a CQC review. The review has started and will continue through to March. It will involve reviews of documents, interviews with board members, senior staff, governors and external stakeholders. It will also involve observation at board, assurance committee meetings and operational management meetings.</p> <p>Board Development</p> <p>Approximately every two months, the board meets to discuss matters in the depth that would not be available at a Public or Private board meeting. Our last board development meeting was early November 2023. At that meeting we discussed our corporate risk management process (board assurance framework (BAF) and risk appetite), our strategic priorities for 2024-25 and our Prevention, Personalised Care and Health Inequalities Strategy.</p>
Action Required	The Council of Governors is asked to note the report.

Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A




7. Chief executive's report

To note a report on operational and strategic matters

To Note

Presented by Ewen Cameron

WSFT Council of Governors meeting (Open)	
Report title:	Chief executive's report
Agenda item:	7
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Dr Ewen Cameron, Chief executive
Report prepared by:	Sam Green, Communications Manager Helen Davies, Associate director of communications

Purpose of the report			
For approval <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Executive Summary			
WHAT? <i>Summary of issue, including evaluation of the validity the data/information</i>			
Summary of key issues across the Trust.			
SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>			
To keep council of governors informed of some of the key issues taking place across the Trust.			
WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>			
For awareness of council of governors and to inform discussion or questions to CEO.			
Action Required			
The Council of Governors is asked to note the report.			

Risk and assurance:	NA
Equality, Diversity and Inclusion:	NA
Sustainability:	NA
Legal and regulatory context	NA

Chief executive's report

I would like to begin by welcoming our new governors. The Council of Governors is an important way that the voices of our patients, our communities, our partner organisations and our staff are listened to, so that we can act accordingly. Whether this is your first term or not, thank you for putting yourselves forward to help run our Trust in the most effective way possible. I look forward to working with you over the next three years to drive our Trust in a positive direction.

As you will know, our ambition to provide and improve healthcare across west Suffolk extends beyond the boundaries of our hospitals, centres and homes in which we deliver our services. As a part of the West Suffolk Alliance, we are actively going out into our communities to help people look after and improve their health.

One example of this is a new pilot we are running on the Howard Estate in Bury St Edmunds, which will focus on identifying those most at risk of cardiovascular disease and helping residents manage high blood pressure. The pilot will see GP surgeries contact residents whose health records show that they either have high blood pressure or are at risk of high blood pressure. In the future, it is anticipated that residents will be able to have blood pressure checks in places such as the local community centre, bringing healthcare even closer to people's homes. Prevention of ill health and reducing health inequalities is an important part of our strategy. Ultimately, delivering on this part will help our communities live healthier lives, reduce demand on our services and ensure everyone has access to the healthcare they need and deserve.

In reflection of the high-quality care we deliver to patients, we've recently had the wonderful news that our pulmonary rehabilitation service has been awarded national accreditation. The service is part of our community and integrated therapies division and provides individualised care to support people with chronic lung or respiratory conditions to achieve their best quality of life and maintain their independence. Run by the Royal College of Physicians (RCP) with the aim to improve the quality of pulmonary rehabilitation services throughout the UK, accreditation is awarded for four years (with annual reviews). This has been a long process, with a huge amount of work going on to meet the high standards of the RCP. Our team is only the twelfth in the country to achieve this accreditation standard and the first in the East of England. I had the pleasure of joining the team on their initial accreditation visit in my first week at the Trust last year and was able to spend some time with the team and some of their patients at Abbeycroft Leisure in Newmarket in the Autumn, so I know the enormous difference this service makes to the quality of life of their patients. A huge congratulations to the team and everyone involved.

Performance

Since our last meeting, two rounds of British Medical Association (BMA) junior doctor industrial action have taken place, one just before Christmas, and one shortly after the New Year commenced. These came at a time when our services were under considerable pressure anyway, and there is no doubt that these strikes added to the day-to-day challenges we face. As with all previous rounds of industrial action, an enormous amount of planning took place ahead of and in between these rounds to ensure patient safety was upheld throughout the strike period, and our colleagues went above and beyond to help provide cover to look after patients. Of course, there are repercussions from these strikes, with 2,353 appointments and 130 procedures having been postponed.

Disappointingly, as I write this, we are again in the midst of planning for a further round of industrial action which will be in effect as our meeting takes place. This will undoubtedly add further pressure on our services and unfortunately result in more appointments and procedures having to be postponed. I would like to reassure our patients that should your appointment or procedure need to be rescheduled, that we will do this at the earliest opportunity as I know how difficult it can be to have to wait for the care that you need.

I sincerely hope that a resolution to these disputes between the BMA and the government can be found as soon as possible, so we can limit any further disruption for our patients, colleagues and our services and return our focus to improving the quality and safety of the care we provide.

We know the areas that have been experiencing the most pressure are our urgent and emergency care services, such as our emergency department, acute assessment area and also same day emergency care (SDEC). This has resulted in patients waiting longer than we would like. Whilst we are committed to ensuring we meet the standard of 76% for patients being seen in our emergency department within four hours by March 2024, we are falling short of this target and there are a notable number of patients waiting in our emergency department for a bed for more than 12 hours. We are undertaking a significant amount of work to improve this position and our colleagues are working as hard as possible to ensure we provide the right care, at the right time and in the right place.

Due to significant pressure being felt throughout the Trust both during and outside of strike periods, there has been an impact on our elective recovery programme, and it now looks like it will be more difficult to meet our 2023/24 operational objectives by 31 March 2024. As of 31 January, the number of the longest waiting patients stands at 66 patients waiting more than 78 weeks (of which 43 are capacity breaches with others being due to a mixture of choice, complexity and medically unfit patients); 635 patients have been waiting more than 65 weeks and 19,148 patients have been waiting more than 18 weeks. We are doing everything we can to get through our longest waiting patients and we remain on track to achieve our commitment to reduce waiting times to 94 patients over 65 weeks and 55 patients over 78 weeks, by the end of March 2024.

We continue to work hard to improve our financial performance and an enormous amount is being done by our colleagues throughout our Trust to deliver our cost improvement programme, which is now really beginning to see results. Whilst there is still a lot we need to do, and we are in no way taking our foot off the pedal, December 2023 saw us deliver a £1.1 million cost improvement – the most we have delivered in any month ever. That being said, the effects of increased demand, coupled with industrial action, are acute, and as such our reported position for the year to date (as of January 2024) is a £6 million deficit. I'd like to thank all our colleagues involved in helping us deliver these cost savings, particularly when we are so busy dealing with increased demand and industrial action. We will continue to do all we can to recover our position and are still anticipating meeting our planned year-end deficit of £6.3 million.

Workforce

The NHS would be nothing without its fantastic, diverse workforce. In December we had cause for celebration with national recognition for the pastoral care the Trust provides to healthcare support workers, with us being awarded gold in the NHS England Pastoral Care Quality Award for support workers. Our healthcare support workers provide high-quality care across a range of clinical areas within the Trust and are an integral part of our workforce. The pastoral care available to them means they are extremely well supported every step of their working journey with us – from recruitment to retention; in-role support; learning and development and valuing staff and recognition. To achieve the gold award, the team had to successfully meet a set of standards and demonstrate best practice pastoral care for support workers. The achievement of this gold award, which has only been given out to two NHS trusts in the East of England, is testament to the commitment we have to support our healthcare support workers and shows the hard work we put into looking after and valuing this important group of colleagues.

Of course, there are many ways we can support our staff and one way we are doing this is by utilising technology to help disabled colleagues overcome barriers in their working lives. We have recently been selected as a winner in the NHS East of England Quality, Diversity and Improvement Awards, under the category of 'assistive technology' and will be using the extra funding from the award to support the implementation of a digital assistive technology toolkit. Using these kinds of toolkits and platforms, which provide functions such as speaking aloud (text to speech), voice recognition (speech to text),

colour changing and magnification, helps enable those with disabilities to better interpret and access the information they need whilst working. The diversity of our staff is one of the great strengths of our Trust, and we hugely value colleagues who have disabilities for the positive contribution they make. Furthermore, as an inclusive organisation, we are committed to making an NHS career available to as many people as possible.

I'm delighted to announce our regular staff 'Putting You First' awards in this report. These awards recognise staff who go above and beyond for fellow colleagues or their patients and who exemplify our FIRST Trust values of fairness, inclusivity, respect, safety and teamwork. The award winners are:

- **Jessica White**, who is one of our respiratory consultants. Jessica was nominated by one of our senior house officers, Marie Kershaw, for going above and beyond for her patients, making good clinical plans and being supportive of medical students and junior doctors. Marie said that Jessica makes everyone she works with feel appreciated.
- **Gemma Evans**, our organisational development and learning team leader. Gemma has been nominated by her colleague, Jessica Langley, for being an exceptional team leader, always leading from the front and getting stuck in. Jessica says that Gemma is never too busy to help and has developed a lovely, family team.
- **Community heart failure team**. The team have been nominated by Beckie Rolfe, Gail Gubbins and Elisa Brooklyn due to the tireless work they carry out. They do a fantastic job of looking after heart failure patients at home, in the local clinics they run or in our virtual ward. Their highly specialised work is invaluable to the patients they serve, and they always show compassion and care despite being exceptionally busy.
- **Laura Talbot**, ward manager for G1 ward (oncology/haematology). Nominated by one of our venous access nurses, Andrea Johnson, Andrea is keen that Laura is recognised for the support she has given to the venous access team. Andrea says that as well as her full-time work in oncology/haematology, Laura has taken on managing the venous access team as well and always gives time, advice and encouragement generously and efficiently. In her nomination, Andrea says about Laura "she always works so hard for everyone she is overseeing. Thank you Laura!"
- **Ken Carse and Jabay Nkhwazi**, endpoint engineer and application support officer, IT. Ruth Berry, our Foundation Trust office manager, wanted to recognise the work Ken and Jabay have done in helping our new Trust governors get set up with IT. They attended the governors' induction session and were patient in helping all the new governors and answered any IT related questions with patience and friendliness. Ruth felt they clearly demonstrated the Trust values of inclusivity and respect.
- **Stephen Shrimpton**, MRI assistant. Anthea Thorogood, one of our care co-ordinators, nominated Stephen because he went above and beyond to assist a patient after they left their reading glasses in the MRI suite. Instead of just putting them in lost property, Stephen contacted the patient to let them know he had the glasses, helping them to be reunited with their owner.

Two of our chefs have also been shining brightly recently. Connor Gutsell and Glen Stone recently cooked up a storm at the NHS England Chef of the Year competition and in doing so secured fourth place. The competition saw them compete for six days over two weeks against nine other teams of NHS chefs. I know both chefs gained a huge amount from the competition in terms of learning and experience, which they have brought back to the Trust with them. Our in-house catering team is something we are hugely proud of and this achievement is a fantastic reflection on the chefs' talents and the work of the team as a whole. Congratulations.

I am delighted to say the celebrations of our staff don't stop there. As part of Apprenticeships Week at the beginning of February, Connor Gutsell received the catering and hospitality apprentice of the year at the West Suffolk College apprentice awards. Another of our staff members, Nuno Cruz, fought through illness to complete his apprenticeship and is now going to start a level five qualification in nursing, studying alongside his job at West Suffolk Hospital. I'm delighted to say that Nuno received the health

and social care apprentice of the year award from West Suffolk College. A fantastic achievement for both of them. Well done!

Future

Our Trust's virtual ward is an important way that we can help our patients leave hospital sooner to continue their recovery at home or in another care setting or prevent them from having to stay in hospital in the first place. From 1 February, in line with our strategic plan for the virtual ward, it has moved into the community division.

The virtual ward began in the medicine division to ensure it engaged effectively with acute services and built those important relationships which drive awareness and referrals. Now that it has been caring for our patients for more than one year, it will fully integrate into the community division so that closer working can be achieved with our community teams, and also our primary and social care partners. The virtual ward is a totally new way of working, and I would like to thank the virtual ward team and all clinicians for helping to get this service off the ground. In its first year, our virtual ward has saved more than 6,600 bed nights in our hospitals, and I know this will continue to grow and develop into a significant way that we manage current and future demand. We are continuing to encourage our clinicians to continue referring, and for our patients to ask whether the virtual ward is appropriate for them.

On Friday, 12 January, we reached a significant milestone in the delivery of a new Community Diagnostic Centre at the Newmarket Community Hospital (NCH). I was joined by colleagues from our estates, projects and radiography team, along with representatives from our partners involved in the design and construction of the project for the groundbreaking event.

Once open, this facility will provide our communities in the west of the region with faster access to a wide range of diagnostic tests, which include MRI, CT, X-ray, ultrasound, heart scans and blood tests. While helping to tackle health inequalities, reduce waiting times, and expand the services available at the hospital, the facility will also further our green ambitions. I was delighted to learn that because of the 123 solar panels that will be installed at the NCH as part of the project, we have surpassed our ambition to generate 10% of the site's energy renewably, with current predictions putting this at a minimum of 46%. I look forward to bringing you further updates on this exciting project throughout 2024.

The Future System Programme continues to make good progress with the rebuilding of West Suffolk Hospital. The translocating (moving) of approximately one hectare of fungi from its current location on Hardwick Manor site in Bury St Edmunds to two new sites, with similar soil characteristics as the donor site, is now complete with habitat recreation continuing at the receiver site. Archaeological trial trenching commenced on the development site on the 18 December. This will be delivered in two parts, with both being completed in March 2024.

Engagement regarding digital technology for our Future System programme has now been completed and the results are being compiled. Based on the 'digital first, not digital only' principles, it is important that we engage properly so that we get this right. Utilising the benefits of technology to improve the quality and efficiency of our services will play a large role in helping us meet current and future demand, however, we need to do this without isolating those in our communities that are unable to be, or are not, digitally literate. Moreover, the future system team is continuing to work on the outline business case. Additionally, we are working closely with our partners across the system on the Dame Clare Marx orthopaedic facility in Colchester, which is currently in the latter stages of being built, and as you may know, has featured in recent media broadcasts. At this time, we are scoping which services could be delivered at this facility, and I will bring further updates on this project to future meetings.

Looking to 2024/25 we are currently in the process of agreeing our strategic ambitions. These ambitions will help us better define our objectives throughout the next year, and as they have this year, will cover a wide range of issues, from how we improve our culture and maintain and develop our workforce, to how we can further develop and improve the services we provide to our communities. I will bring further

updates on these once they have been agreed, and I look forward to working with you all to help achieve progress against them as we move into 2024/25.

8. People and Culture report (presentation)

To receive an update from the Executive
Director of Workforce & Communications

To Note

Presented by Jeremy Over

9. Feedback from assurance committees (enclosed)

To receive a committee key issues (CKI)
and observers reports from the assurance
committees and audit committee CKI
report:

9.1 Insight Committee

9.2 Involvement Committee




9.3 Improvement Committee

9.4 Audit Committee - CKI report

To Note

WSFT Council of Governors meeting (Open)

Report title:	Feedback from Board assurance committees
Agenda item:	9
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Non-Executive Directors / Governor observers at the Board's assurance committees
Report prepared by:	Chairs of the assurance committees Governor Observers at the assurance committees Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive summary:	<p>Since January 2023 Governors have had the opportunity to observe NEDs in board assurance committee meetings. This allows them to witness NED contribution to the conduct of the meeting and the level of challenge they provide.</p> <p>A proposal was developed which supported Governors to observe Board and relevant assurance committees to provide greater oversight of board and NED activities. A guidance note for governor observers at board assurance committees was circulated to set out clear expectation of observer role for governors, chair, NEDs and Execs.</p> <p>The report highlights the summary of the agenda items discussed in the Board assurance committees, chairs' key issues and respective governor observers' reports to provide an update to the Council.</p> <p>Annex A of the report details the exception slide from the Trust's IQPR. This information helped focus of discussion within the assurance committees.</p> <p>INSIGHT COMMITTEE:</p> <p>15 November 2023 (observed by Florence Bevan, Jayne Neal and Liz Steele)</p> <ul style="list-style-type: none"> • Report from sub-committees: Financial Accountability Committee and Patient Access Governance Group • Budget Setting and Business Plan update • IQPR - data for September 2023 		

- Community Paediatric Review & Deep Dive - Children's Community Medical Team
- Operational Guidance: addressing the significant financial challenges created by industrial action in 2023/24 and immediate actions taken
- Items for escalation to the Board
- Issues to refer to Improvement and Involvement Committees
- Forward Plan

20 December 2023 (observed by Val Dutton and Jane Skinner)

- Report from sub-committees: Financial Accountability Committee, including Financial Recovery Plan Progress
- Patient Access Governance Group
- Deep Dive – Cancer Performance
- IQPR – data for October 2023
- Internal Audit Report
- Corporate Risk Governance Group
- EPRR Core Standards Annual Return
- Issues to refer to Improvement and Involvement Committees
- Items for escalation to the Board
- Forward Plan

17 January 2024 (observed by Jane Skinner, Jayne Neal and John-Paul Holt)

- Report from sub-committees: Financial Accountability Committee, Budget Setting update
- Update on 2024/25 Operational Planning Guidance
- Urgent and Emergency Care recovery plan - responding letter from region to SNEE ICB
- Patient Access Governance Group
- Board Assurance Framework
- IQPR - data for November 2023
- Issues to refer to Improvement and Involvement Committees
- Items for escalation to the Board
- Forward Plan

IMPROVEMENT COMMITTEE:

15 November 2023 (observed by Florence Bevan and Jane Skinner)

- Quality & patient safety insight: Quality & safety datasets, IQPR, PRM packs, Internal critical incident reviews and ongoing assurance process
- Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness
- Patient Safety priorities: (subject specific and trust-wide), Safety Improvement group report – level of assurance relating organisational learning
- Quality (priorities, improvement and assurance) Update on Trust quality priorities against our plan
- Risk management and governance
- Escalations to and from other 3is/ board

20 December 2023 (observed by Jane Skinner and Val Dutton)

- Quality & patient safety insight: IQPR, PRM packs and areas requiring assurance review
- Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness
- Patient Safety priorities: Patient safety oversight report (includes strategy and PS specialists report), Letby response and report and Martha's rule update call for concern
- Quality (priorities, improvement and assurance) - Quality assurance programme including CQC report and Ockenden
- Risk management and governance, NRLS business continuity during Datix change over and Internal audit report.

17 January 2024 (observed by Jane Skinner, Adam Musgrove and David Smith)

- Quality & patient safety insight: IQPR, PRM packs and areas requiring assurance review - Nutrition
- Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness
- Patient Safety priorities: Industrial action and Winter pressures
- Quality (priorities, improvement and assurance) - Ockenden / SLT update and CNST submission assurance process
- Risk management and governance, to include BAF risk review and review of Terms of Reference.

INVOLVEMENT COMMITTEE:

20 December 2023 (observed by Jane Skinner and Val Dutton)

- Setting the scene: Our FIRST values and committee purpose - Fairness, Inclusivity, Respect, Safety, Teamwork

First for Staff:

- Staff car parking – eligibility working group update including staff engagement plans
- People and culture plan – update

First for Future:

- EDI work programme update
- WRES / WDES indicators
- Board responsibilities work stream
- Education Report

First for patients:

- Report from the Patient Experience Group
- IQPR metrics pertaining to patient experience









Governance:

- People and Culture Leadership Group report
- New appraisal framework (non-medical)

Other items for oversight and assurance:

	<ul style="list-style-type: none"> • Update on outputs from Involvement Committee development workshop including updated ToR • Internal audit <p>Audit Committee – Committee’s key issues report presented by the committee chair.</p>
Action required/ recommendation:	The Council of Governors is asked to note the feedback from Board assurance committees.
Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

Annex A: IQPR – exception summary slide

November 2023		ASSURANCE		Not Met		
		Pass 	Hit and Miss 	Fail 		
Assurance Grid	VARIANCE	Special Cause Improvement 	IMPROVEMENT VTE – all patients	INSIGHT RTT 104+ Week Waits INVOLVEMENT Staff Sickness – rolling 12 months Staff Sickness	INSIGHT RTT 78+ Weeks Waits INVOLVEMENT Mandatory Training Appraisal Turnover	<div style="text-align: center;">   </div> <p>Indicators for escalation as the variation demonstrated shows we will not reliably hit the target. For these metrics, the system needs to be redesigned to reduce variation and create sustainable improvement.</p> <p>INSIGHT: Pledge 2 %* Compliance Ambulance Handover within 30min Ambulance Handover within 60min 28 Day Faster Diagnosis IMPROVEMENT: MRSA C-Diff Hand Hygiene Sepsis Screening for Emergency Patients Mixed Sex Breaches Community Pressure Ulcers Acute Pressure Ulcers Inpatient Falls Total Acute Falls per 1000 Beds Nutrition – 24 hours INVOLVEMENT: Overdue Responses</p> <p>INSIGHT: Glemsford GP Practice – the following KPIs are applicable to the practice:</p> <ul style="list-style-type: none"> Urgent appointments within 48 hours Routine appointments within 2 weeks Increase the % of patients with hypertension treated to NICE guidelines to 77% by March 2024 Increase the % of patients aged 25-84 years old with a CVD risk score of >20% on lipid lowering therapies to 60% <p>Currently this data is not available to the Trust, however the Information Team are working to resolve this.</p> <p>*Cancer data is 1 month behind</p>
	Common Cause 	INSIGHT Urgent 2 hour response	Please see box to right	INSIGHT Ambulance Handover within 15min 12 Hour Breaches Incomplete 104 Day Waits Diagnostic Performance- % within 6weeks Total		
	Special Cause Concern 		INSIGHT Reduce adult general and acute (G&A) bed occupancy			
	Deteriorating					

Indicators for escalation as the variation demonstrated shows we will not reliably hit the target. For these metrics, the system needs to be redesigned to reduce variation and create sustainable improvement.

- INSIGHT:**
 Pledge 2 %* Compliance
 Ambulance Handover within 30min
 Ambulance Handover within 60min
 28 Day Faster Diagnosis
IMPROVEMENT:
 MRSA
 C-Diff
 Hand Hygiene
 Sepsis Screening for Emergency Patients
 Mixed Sex Breaches
 Community Pressure Ulcers
 Acute Pressure Ulcers
 Inpatient Falls Total
 Acute Falls per 1000 Beds
 Nutrition – 24 hours
INVOLVEMENT:
 Overdue Responses

- INSIGHT:** Glemsford GP Practice – the following KPIs are applicable to the practice:
- Urgent appointments within 48 hours
 - Routine appointments within 2 weeks
 - Increase the % of patients with hypertension treated to NICE guidelines to 77% by March 2024
 - Increase the % of patients aged 25-84 years old with a CVD risk score of >20% on lipid lowering therapies to 60%
- Currently this data is not available to the Trust, however the Information Team are working to resolve this.

*Cancer data is 1 month behind

Items for escalation based on those indicators that are failing the target, or are worsening and therefore showing Special Cause of Concerning Nature by area:
INSIGHT - Urgent & Emergency Care: Ambulance Handover within 15min, 12 Hour Breaches, Reduce adult general and acute (G&A) bed occupancy
Cancer: Incomplete 104 Day Waits
Elective: Diagnostic Performance- % within 6weeks Total, RTT 78+ Weeks Waits
INVOLVEMENT - Well-Led: Mandatory Training, Appraisal, Turnover

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			Date of meeting: 15 November 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Community Paediatrics deep dive	The Committee had a presentation on the work being undertaken in community paediatrics by the Children's Community medical team to improve performance. This is a Suffolk wide service.	2 Reasonable	<p>The presentation included detailed analysis of the demands on the service and the clinical hours available to address that demand.</p> <p>Demand has risen significantly and the Referral to Treatment target of 18 weeks is not being met. Before Covid 75% met target but this is now only 25%.</p> <p>There is a growing backlog of c.1220 in the NNDP (neurodevelopmental disorder pathway) which is a multi-agency pathway, co-ordinated by a different organisation.</p> <p>There are system wide issues that need addressing to tackle the root cause of referrals and seasonal spikes and there is an underlying deficit in clinical hours.</p>	<p>There is a detailed work plan for the service which includes:</p> <p>Learning from other services elsewhere about approaches to service specifications and stratifying demand.</p> <p>Stopping non-essential work to free up clinical hours.</p> <p>Discussing system issues within the ICB</p> <p>Considering bids for more resources.</p>	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 15 November 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Finance Accountability Committee	<p>Financial Recovery Plan and CIP programme The Committee were advised that the Capital and CIP programme were both on track.</p> <p>The FRP was broadly on track overall aided by funding received of £3.2m for costs of Industrial action and estimated £1.9m for ERF.</p> <p>A bid had been made for cashflow support but the Trust received £3.3m less than asked for.</p> <p>For 24/25 the Trust was assuming a deficit of £30m (£22.9m if you assumed a CIP programme delivered 2.5%)</p>	<p style="text-align: center;">2. Reasonable</p>	<p>Performance is in line with trajectory which is promising.</p> <p>This is in line with the £5m assumed in the Financial Recovery Plan</p> <p>We will need to make a further bid for more cash support Before Christmas.</p> <p>This remains a challenging target</p>	<p>The FRP will continue to be monitored.</p> <p>The board will have an update at its December meeting</p> <p>See below on business planning process</p>	<p>1. No escalation</p>

Originating Committee: Insight Committee			Date of meeting: 15 November 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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Business Planning process	The Committee were updated on the proposed business planning process for 24/25 and the links to the budget setting process.	3 Partial	The budget planning process included detailed guidance for budget holders and a detailed timetable. The Committee noted that the Board were due to see the outcomes of this quite late in the process.	Give the scale of the gap to be addressed in 24/25 the committee agreed there needs to be early discussion at Board about the priorities and policy choices and the planned speed of tackling the deficit given the underlying pressures. This needs to be linked to the corporate business planning process but can't wait until the outcome of this.	3. Escalate to Board
Patient Access Governance Group /IQPR data	Cancer standards Good performance continues against the 62-day and 31-day standards, delivery of the 28-day Faster Diagnosis Standard in breast and dermatology remains challenging. The challenging Faster diagnosis standards are attributed to staffing shortfalls	2 Reasonable	For patients, longer waiting times can lead to poorer outcomes, potential physical and psychological harm, worsened experience and possible increased demands on primary and urgent/emergency care as patients seek alternative help in managing their condition.	The uro-gynae insourcing project should commence in November and approval has been sought for a similar approach for dermatology, which should see the 65ww trajectory over-achieved. Additional breast cancer one-stop clinics have been running throughout September and	1. no Escalation

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	Progress continues in delivering the trajectory for reducing elective patients over 65 weeks.		Continuing to meet this trajectory is dependent on insourcing solutions for uro-gynaecology and dermatology being deployed	October which should see performance against the FDS return to previous levels. With the skin cancer pathway also 'catching up' with referrals, FDS performance should return to 70%.	
	Diagnostics CT and echocardiography continue to deliver good performance against the DM01 6-week standard, with MRI and endoscopy recovering ahead of trajectory	2 Reasonable			1. no Escalation
	Urgent and Emergency Care Delivery of the 4-hour standard is slipping below trajectory and plateauing. 12% of patients have a length of stay over 12 hours in	3 Partial	Impact on patient care and operational plan targets	Process efficiencies from the UEC Phase 2 recovery plan, Focus on Flow (winter planning) and social care/better care discharge funding workstreams must be delivered to reduce bed occupancy and ensure that	1. no Escalation

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	<p>the Emergency Department against a target of less than 2%</p> <p>A recent audit of community beds at Newmarket Community Hospital showed 50% of admissions taking place outside core hours, and it is important to maintain safety across acute and community services</p>		High bed occupancy impacts on patient flow.	performance against the 4-hour, 12-hour and 30-minute ambulance handover UEC access standards can be delivered alongside optimal quality care.	
	<p>Inequalities data</p> <p>Data on elective waiting list times split by ethnicity and deprivation quintile has been reviewed. No statistically significantly increased waiting times were seen between ethnicities and no statistically significantly different waiting times are seen between deprivation quintiles.</p>	1 Substantial	It is important to review health inequalities data to ensure that disparities in access are not introduced as a result of how services are run. Equally, should any inequalities be observed it is important that actions are undertaken to ensure equity of access across a population.	The data will be kept under review by PAGG	1. No Escalation

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence...	Further consideration...
<p>What?</p> <p>Deepening understanding of the evidence and ensuring its validity</p>	<p>Validity – the degree to which the evidence...</p> <ul style="list-style-type: none"> • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight 	<ul style="list-style-type: none"> • Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
<p>So what?</p> <p>Increasing appreciation of the value (importance and impact) – what this means for us</p>	<p>Value – the degree to which the evidence...</p> <ul style="list-style-type: none"> • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture 	<ul style="list-style-type: none"> • What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
<p>What next?</p> <p>Exploring what should be done next (or not), informing future tactic / strategy, agreeing follow-up and future evidence of impact</p>		<ul style="list-style-type: none"> • Recommendations for action • What impact are we intending to have and how will we know we've achieved it? • How will we hold ourselves accountable?

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Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			Date of meeting: 20 December 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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Finance Accountability Committee	<p>Financial Recovery Plan and CIP programme The Committee were advised that the Financial Recovery Plan and CIP programme were both on track.</p> <p>A bid for additional cashflow support of £3.3m had now been received.</p> <p>For 24/25 the Trust was assuming a deficit of £30m and decisions would need to be made about where the target level of CIP should be set.</p>	<p>2. Reasonable</p>	<p>The enormous amount of work across the organisation has ensured performance remains in line with trajectory which is very promising with some recurrent savings of c £1.8m</p> <p>There are still risks inherent in achieving the plan in particular how far ongoing industrial action and consultants pay award for Q4 will be funded. The Operational Planning guidance has not yet been received.</p> <p>Addressing the 2024/25 target will be challenging target and the Board will need to decide how to address this the CIP target and whether other policy choices should be made.</p>	<p>Further reports to Insight in January and then Board.</p>	<p>3. Escalation to Board</p>



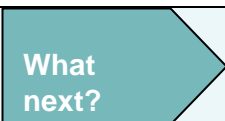
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Cancer deep dive	<p>The Committee had a presentation on the work being undertaken to improve Cancer performance and the action plans in place.</p> <p>Backlog The end of November backlog position was back on track, 2 under trajectory. Skin remains the biggest focus, which is still 43 over trajectory but improving week on week.</p> <p>Faster Diagnosis (FDS) performance is not yet back to trajectory but it has improved from the summer position in August and September, with Breast, Head and Neck and Urology back on trajectory and some improvement in Skin.</p>	3 Partial	<p>Achieving these standards is important for timely diagnosis and treatment.</p> <p>The main cause of the backlog is attributed to the significant pathway delays in Skin in the summer months with an inability to see patients in face-to-face clinics for several weeks. This has now improved.</p>	<p>To achieve 75% FDS by March 2024, we need a significant focus on Breast, Skin and Lower GI as our largest tumour sites.</p> <p>There are several best practice timed pathways set out by the cancer alliance. We have undertaken best practice timed pathway audits in Lower GI, Gynaecology, Prostate and Breast, with Skin now underway. These audits enable us to pinpoint the areas of focus, and develop a high-level project plan for relevant milestones.</p> <p>Looking longer term our participation in the Galleri Trial is showing promise for early detection in asymptomatic patients.</p>	1 No escalation

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Patient Access Governance Group /IQPR data	<p>4 hour performance We have fallen below our trajectory for the 4 hour performance with performance at 59.45%</p> <p>Ambulance handover performance is not demonstrating a significant improvement and remains challenging in all 3 metrics,</p> <p>12 hour length of stay have continued to decline.</p>	3 Partial	<p>Meeting Urgent and Emergency Care performance metrics ensures that our patients are receiving timely emergency care.</p> <p>Increased crowding within the emergency department and an increase in the length of stay of patients which results in reduced capacity/delays to offload ambulances.</p> <p>The lack of flow out of the Emergency Department during the month has resulted in the opening of escalation areas to assist with this flow.</p>	<p>We are continuing to work through phase two of our internal Urgent and Emergency Care (UEC) recovery plan, working collaboratively with the alliance and the ICB.</p> <p>A two week refocus on the 4 hour target commenced on 20th November, this included Senior Operations Managers and Senior Nursing colleagues spending the day observing processes, collecting information on issues and supporting floor coordinators in unblocking issues and escalating where needed. From this an action plan is being developed.</p>	3 Escalate to Board

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Corporate Risk Governance group	Replacement of the Risk Management system – flagged as a potential risk given its trust wide impact.	3 Partial	The system is being replaced and if not effectively implemented by end of March 24 we will need to extend the current provider and in affect be paying for two systems.	There are implementation plans in place which include training and communication. These are being carefully monitored.	1. No escalation

Guidance notes

The practice of scrutiny and assurance

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Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			Date of meeting: 17 January 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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Urgent and Emergency Care Recovery Plan	<p>Urgent and Emergency Care</p> <p>Following improvement over the spring months performance has stagnated. 4-hour performance was 59% in December against a trajectory of 71%. The board committed to achieving the NHS of 76% by March 2024 November for 4-hour waits. The percentage of 12-hour stays has increased also increased. Ambulance handovers within 30 minutes have remained on trajectory.</p> <p>A review of recovery plan shows that some implemented actions did not achieve the desired effect and others still need embedding properly. The committee discussed any wider learning for our approach to improvement.</p>	3 Partial	<p>Meeting Urgent and Emergency Care performance metrics ensures that our patients are receiving timely emergency care.</p> <p>Data presented by the Emergency Care Intensive Support team suggests that, based on generalised data, 3 patients per week are coming to harm associated with waits greater than 6 hours.</p> <p>NHS England regional team wrote to Suffolk and North East Essex ICB on 20 December expressing concern with WSFT's performance.</p>	<p>We are continuing to work through phase two of the internal Urgent and Emergency Care (UEC) recovery plan in discussion with the ICB. Additional actions have been identified, some informed by a recent peer visit. These relate to:</p> <ul style="list-style-type: none"> • Leadership and Culture • Embedding and sustaining best practice flow processes • Creating additional capacity outside of the hospital • Considering how we deal with minor injuries and whether an Urgent Treatment centre is a possible solution as suggested by the regional team <p>This will be kept under review by the Insight Committee.</p>	3 Escalate to Board




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Patients Access Governance Group/ IQPR	<p>Cancer Diagnosis</p> <p>Faster Diagnosis Standard (FDS) performance has improved from 54.6% in September to 65.4% in October, largely due to a significant increase in Breast performance from 50% to 87%.</p> <p>The 62-day backlog trajectory requires attention to recover trajectory, though the March 2024 ambition of no more than 93 patients is still on track to be met – this will include a reduction in the number of patients waiting 104 days or more.</p>	2 Reasonable	<p>Achieving the FDS target of 75% and a 62-day backlog of no more than 93 patients by March 2024 are the key objectives for cancer in 2023/24 planning.</p> <p>Action is required to reduce the 62-day backlog, ensuring patients are not waiting for decisions to close pathways where treatment is complete or results negative for cancer are available.</p>	<p>Additional recruitment into a fixed term Radiographer post will add some resilience into the overall performance for Breast</p> <p>Further actions including temporarily increasing cancer diagnostic capacity may be necessary in Q4 to recover progress against the 75% FDS ambition by March 2024.</p> <p>The East of England Cancer Alliance will be implementing a straight to treatment pathway in Skin, using AI teledermatology.</p>	3 Escalate to Board

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	<p>Elective Recovery</p> <p>Our submitted trajectory is to have 94 patients over 65 weeks, of which 44 over 78 weeks, at the end of March 2024. All of these breaches are within the uro-gynae sub-speciality. We are ahead of trajectory for both of these cohorts.</p> <p>The absolute number of 78 week patients remains constant in line with our forecast trajectory however this is likely to be impacted by industrial action.</p> <p>There were no 104 week patients as of the end of November</p>	2 Reasonable	<p>Delivering the objective of no patients waiting over 65 weeks by March 2024 is the central focus of 2023/24 planning.</p> <p>Patients are at increased risk of harm and/or deteriorating the longer they wait. This then increases demand on primary and urgent and emergency care services as patients seek help for their condition.</p>	<p>Alternatives to insourced capacity for the uro-gynae pathway are being explored, which include mutual aid.</p> <p>Proposals to use an insourcing provider for Dermatology are due to commence in January 2024</p>	3 Escalate to Board

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Finance Accountability Committee	<p>Financial Recovery Plan and CIP programme Month 9 figures are in line with our Financial Recovery Plan to have a £3.6m variance by year end, assuming that we will have a smaller deficit in the last quarter as seen in previous years. The operational Planning guidance is yet to be received which will determine 24-25 funding and performance expectations.</p> <p>For 24/25 the Trust was assuming a deficit £22.9m after a CIP delivery of 2.5% and decisions will need to be made about where the target level of CIP should be set. It is intended to add the underachievement of 23-34 CIP to the overall CIP programme this would give a CIP target of £15.6m</p>	2. Reasonable assurance on current year progress	<p>There are still risks inherent in achieving the plan in particular how far ongoing industrial action will be funded.</p> <p>The lack of Planning Guidance has delayed the development of a medium terms financial plan.</p>	<p>Further reports to Insight and then Board.</p> <p>Addressing the 2024/25 target will be challenging and the Board will need to decide how to address the level and allocation of CIP targets and what other policy choices may need to be made to help reduce the deficit long term.</p>	3 Escalate to Board

Guidance notes

The practice of scrutiny and assurance

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Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 15 November 2023
Governor observer : Jayne Neal

Agenda: scope and coverage

Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place

- The agenda and relevant papers were available in advance of the meeting. At the beginning of the meeting the Chair outlined issues to be discussed at the forthcoming Committee workshop in January
- The agenda covered comprehensive discussions on finance, operational matters and business planning, along with a 'deep dive' presentation into Community Paediatric Services

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

- The meeting began on time and everyone around the table introduced themselves.
- The meeting conduct was polite and respectful throughout with all attendees being given the opportunity to contribute
- Searching questions were asked by NEDs, particularly concerning forward budget planning
- A large proportion of the meeting was given over to the presentation from the Community Paediatric attendees which meant the final agenda items were somewhat condensed
- At the conclusion of the meeting the Chair summarised key issues arising from their discussions and thanked everyone for their contributions and adhering to Trust Values throughout

Assurance

Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.

- The Committee was content that there was a clearer level of assurance concerning some budget matters than previously but areas were highlighted for escalation to the full Board; eg urgent financial decisions, business planning and reflections on the 'deep dive'

Governor observer Notes

Use this section to highlight any other areas for example good practice or 'even better if'

- Whilst the 'deep dive' presentation and it's discussions over-ran timewise, this was a significant in-depth area to be explored and the Chair demonstrated a flexible approach to this agenda item and acknowledged the amount of work which the team had done and their commitment to their roles.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight

Meeting date: 20 Dec 2023

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

Any issues to highlight in terms of the range of topics considered in the meeting and information received at the meeting

Scope of agenda seemed appropriate

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

There was a thorough and unrushed approach to chairing throughout and the meeting finished on time and included a brief reflection although no one was asked to volunteer at the beginning.

I felt everyone was included and given time to speak.

The behaviour of all participants was professional and polite.

Comments during reflection included that there was less discussion than usual. Having attended all 3i meetings that day, I agree. It was suggested that changing the order of the agenda might lead to a fairer time allotment to every agenda item, as items at the end of long agendas can be rushed.

Assurance(s)

Use this section to highlight any challenges or issues you would like to bring to the CoGs attention

The Chair made interesting challenges and requests for clarification of information provided.

Assurance was gained from the quality of the reports, the thoroughness of their presentation and the knowledge of the staff presenting.

Cancer deep dive shows dermatology remains as having extended waits

Breast care has improved since summer when Governors were made aware of reduced specialist staff in breast care dept.

Governor observer Notes

Use this section to highlight any other areas for example good practice or 'even better if'

There was in depth discussion on financial matters including predicted deficit and CIPs.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight

Meeting date: 17th January 2024

Governor observer (observed by): John-Paul Holt – Staff Governor

Agenda: scope and coverage

Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place

- 70% of Cancer Diagnosis' confirmed with 28-Day Faster Diagnosis protocol. Aim is for 75% by March
- £12 Million impact from strikes since October 2022 – awaiting confirmation from NHS England for Cost Recovery Scheme
- Planned £6.3 Million planned deficit at financial year end.
- Various proposals put forward as part of CIP for 2024-25. Multiple have medium/high impact on staff.

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

- *All participants showed politeness during open discussion amongst the Committee and in answering questions from NEDs & Chair.*
- *Open discussions were well summarised by the Chair at the end of each discussion and appropriately brought to an end, allowing for efficient time keeping during the course of the meeting.*
- *Immense focus on how to improve / learn lessons, during all items that were discussed. Staff were unafraid to acknowledge areas where the struggling and improvement is required.*

Assurance

Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.

- *There was some hesitancy from the Committee as to how the proposals for the 2024-25 CIP would be considered and decided upon. I would like to seek assurance that the workflow is decided upon professionally. I would like clarity/assurance that all potentially affected parties of these proposals are involved in these discussions.*

Governor observer Notes

Use this section to highlight any other areas for example good practice or 'even better if'

- *There was no avoidance by the NEDs, of challenging quality of leadership and asking questions around this. NEDs asked these challenging questions effectively and politely, without putting blame onto specific individuals .*
- *The entire committee were very keen to consider the impact of poor performance on staff, patients and their families.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight

Meeting date: 17th January

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place

As suggested at the last meeting the agenda was rearranged to allow full discussion at the beginning of the meeting on items usually itemised at the end when there might not be time left for discussion.

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

An observer from the ICB was present

Well Chaired, ran slightly overtime but lots of discussion, really helpful summary and conclusion by the Chair with appropriate actions to take forward at the end of discussions.

All participants were polite and professional

On reflection, rich discussion, everyone was included and had chance to participate

Assurance

Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.

A letter had been received from NHS England to the ICB and forwarded to the trust highlighting delays in ED for ambulance handover and 12 hour patient stays. Assurance was given that there was oversight of this and that procedures are in place to keep patients safe. The Trust has gone through a busy period in ED and there had been industrial action by the junior doctors. There had also been in depth discussion on the subject of the ED workload in the Improvement Committee.

Transparency and honesty apparent.
Notes
The Committee received the financial report in which potential CIPs for the next financial year were suggested. Governors will need to be assured by NEDs that CIPs are applied fairly across the organisation and that processes such as impact assessments and consultation are followed.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 17 January 2024
Governor observer: Jayne Neal

Agenda: scope and coverage

Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place

- The agenda and relevant papers were available in advance of the meeting.
- The meeting included finance, operational matters and business planning, plus a comprehensive discussion on the Urgent and Emergency Care recovery plan

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

- The meeting began on time. The Chair welcomed everyone and introduced a new staff governor who was observing for the first time
- A financial consultant from PA Consulting was also attending. They are working alongside Trust staff to assist with the finance and budget work
- The meeting conduct was polite and respectful throughout with all attendees being given the opportunity to contribute
- Searching questions were asked by NEDs and all executives
- At the end of the meeting agenda a NED was asked to independently reflect on the meeting. They highlighted the open conversations around difficult subjects which attendees had closely and respectfully challenged
- At the conclusion of the meeting the Chair summarised key issues arising from their discussions and thanked everyone for their contributions. FIRST values were demonstrated throughout the meeting

Assurance

Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.

- Good levels of assurance around the improvements to some cancer services which are to be highlighted to the Board, particularly breast cancer where there are now more staff with increased learning and knowledge.
- Re the Emergency and Urgent Care difficulties; there was assurance that lots of work is ongoing to support the recovery efforts but there are big risk factors and whilst acknowledging things are improving, it's highly unlikely the national targets will be met in the short term

Governor observer Notes

Use this section to highlight any other areas for example good practice or 'even better if'

- A large proportion of time was given to the discussions around the Urgent and Emergency Recovery plan. Challenging questions were asked concerning how the ED finds itself in the current state of under performing; eg what circumstances had led to the downward turn, leadership and management issues, uncontrollable seasonal factors, the complexities of working with a wide range of Departments across the hospital and wider Trust. This issue is the number one performance priority under constant review in order to minimise potential patient safety. This was a very honest and open discussion.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Involvement Committee		Date of meeting: 20 December 2023			
Chaired by: Krishna Yergol - Non executive Director		Lead Executive Directors: Jeremy Over and Sue Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
6.1	First for Staff: Car Parking Eligibility paper presented by Chris Todd. Paper outlined options for future eligibility for on-site parking and made recommendations for next steps.	2. Reasonable	<p>The Committee supported the recommendation from the Car Park Eligibility group to pursue a points-based system (Option 4) which includes defined categories for receiving permits or points to support getting a permit if space allows. Committee agreed that the implementation will require a full engagement exercise (Route 3) to ensure feedback from all groups is captured and considered for the planned changes to take effect from October 2024.</p> <p>The Committee recognised the importance of balancing the need for further engagement work and the need to build</p>	<p>The committee endorsed the paper's submission to the Trust Board on 26th of January 2024.</p>	1. No escalation

Originating Committee: Involvement Committee		Date of meeting: 20 December 2023			
Chaired by: Krishna Yergol - Non executive Director		Lead Executive Directors: Jeremy Over and Sue Wilkinson			
Agend a item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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			momentum on implementation of changes, and recommended an iterative approach given the diverse set of problem statements that this work is seeking to address.		
6.2	<p>First for Staff: People and Culture Plan update presented by Jeremy Over. Paper provided an update on progress on priorities across the three domains:</p> <ol style="list-style-type: none"> 1. Building a positive, inclusive culture that fosters open and honest communication 	1. Substantial	<p>The committee acknowledged the progress so far and thanked the team for supporting and enabling cultural transformation through the delivery of specific priorities outlined in the plan.</p> <p>The committee recommended the inclusion of long-term measures of success for cultural transformation whilst also reporting on specific delivery milestones.</p>	<p>Further work to be planned to support band 8 diversity and inclusion. To include: Career development, succession planning, and pipeline for senior leadership</p> <p>Further work on selection methodology</p> <p>Formulating the next tranche of actions and priorities based on staff survey results</p>	1. No escalation

Originating Committee: Involvement Committee		Date of meeting: 20 December 2023			
Chaired by: Krishna Yergol - Non executive Director		Lead Executive Directors: Jeremy Over and Sue Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	<ul style="list-style-type: none"> 2. Enhance staff wellbeing 3. Invest in education, training and workforce development 				
7.1	<p>First for Future: WRES and WDES indicators presented by Carol Steed.</p> <p>Update on WRES and WDES indicators and progress on Inclusion Workplan.</p>	2. Reasonable	The committee acknowledged and recognised the areas of good performance identified within WRES and WDES – career progression and promotion for colleagues in non-clinical roles, and disabled representation in the workforce.	<p>Committee endorsed the proposed actions on career progression for clinical staff, communication to reiterate what constitutes unacceptable behaviour, and consultation with Black and Asian staff via Reach network.</p> <p>Strengthening reporting mechanisms and collation of data set on ethnicity data.</p>	1. No escalation
7.2	First for Future: Education report presented by Carol	1. Substantial	The committee considered the progress and positive impact of Education and Training to the	Further work to consider whether education programmes can be used as a lever to influence wider marketplace	1. No escalation

Originating Committee: Involvement Committee		Date of meeting: 20 December 2023			
Chaired by: Krishna Yergol - Non executive Director		Lead Executive Directors: Jeremy Over and Sue Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	Steed Regular update on training and education issues.		Trust's FIRST values, including the GMC survey results.	to address skills gaps. Further work to consider how the Education and Training levers can be joined-up across the system (ICS).	
8.1	First for Patients: report from Patient Experience Group presented by Anna Wilson Regular update from Patient Experience Group	2. Reasonable	Committee noted the issues and endorsed the planned actions related to accessibility for Patients (signage, reasonable adjustment flags, website accessibility), patient consent process, learning resources and support, and communications. The committee recommended taking a holistic approach to accessibility to ensure that all stakeholder groups are considered.	The committee recommended that feedback from patients is sought to evaluate whether the implementation of changes has resulted in better patient experience. The committee also requested an update in 6 months' time.	1. No escalation
9.1	Governance: People and Culture Leadership Group update. Paper	2. Reasonable	Committee noted the updates on WRES/WDES improvement project to improve EDI data,	Further work to monitor and improve appraisal compliance levels, which	1. No escalation


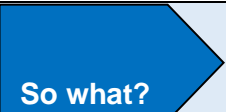

Originating Committee: Involvement Committee		Date of meeting: 20 December 2023			
Chaired by: Krishna Yergol - Non executive Director		Lead Executive Directors: Jeremy Over and Sue Wilkinson			
Agend a item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	presented by Claire Sorenson. Assurance on SLT's ambitions and commitments in relation to workforce and organisational culture.		autism and learning disabilities mandatory training. Endorsed the launch of the 'Welcome to the Trust' project to welcome new colleagues face-to-face. Supported the proposal to set a standard for SPA time. The committee was assured on the Workforce KPIs and agreed that further work should be undertaken to monitor and improve appraisal compliance levels.	currently stands at 87%. Further work to establish the parameters for compliance on learning disabilities and autism mandatory training (Oliver McGowan)	
9.2	New Appraisal Framework (non-medical) paper presented by Phillipa Lakins New appraisals	2. Reasonable	The committee noted the summary findings of the internal review and external benchmarking, and feedback from the new appraisals framework pilot.	Endorsed the launch of the new appraisals process from January 2024 and requested an updated in 6 months' time.	1. No escalation

Originating Committee: Involvement Committee		Date of meeting: 20 December 2023			
Chaired by: Krishna Yergol - Non executive Director		Lead Executive Directors: Jeremy Over and Sue Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	process to enable ongoing supportive, performance and development conversations, and promoting wellbeing.				

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence...	Further consideration...
 <p>What? Deepening understanding of the evidence and ensuring its validity</p>	<p>Validity – the degree to which the evidence...</p> <ul style="list-style-type: none"> • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight 	<ul style="list-style-type: none"> • Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
 <p>So what? Increasing appreciation of the value (importance and impact) – what this means for us</p>	<p>Value – the degree to which the evidence...</p> <ul style="list-style-type: none"> • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture 	<ul style="list-style-type: none"> • What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
 <p>What next? Exploring what should be done next (or not), informing future tactic / strategy, agreeing follow-up and future evidence of impact</p>		<ul style="list-style-type: none"> • Recommendations for action • What impact are we intending to have and how will we know we've achieved it? • How will we hold ourselves accountable?

Assurance level

1. Substantial	<p>Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively.</p> <p>There is substantial confidence that any improvement actions will be delivered.</p>
2. Reasonable	<p>Taking account of the issues identified, the board can take reasonable assurance that this issue/risk is being controlled effectively.</p> <p>Improvement action has been identified and there is reasonable confidence in delivery.</p>
3. Partial	<p>Taking account of the issues identified, the board can take partial assurance that this issue/risk is being controlled effectively.</p> <p>Further improvement action is needed to strengthen the control environment and/or further evidence to provide confidence in delivery.</p>
4. Minimal	<p>Taking account of the issues identified, the board can take minimal assurance that this issue/risk is being controlled effectively.</p> <p>Urgent action is needed to strengthen the control environment and ensure confidence in delivery.</p>

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement

Meeting date: 20 December 2023

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place

Agenda seemed appropriate some additions to the agenda were late arriving

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

This was the interim Chair's first meeting. Well led and paced meeting, eye contact made and everyone included

Expected behaviours were highlighted at the beginning and a volunteer to reflect sought.

All present were respectful and polite.

Reflections included:

Discussion on improving how guests were welcomed to the committee and members introduced to them.

Guests were thanked for their work and presentation

Assurance

Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.

The process for gaining assurance seems to be effective, committee members are always asked whether anything needs to be escalated to the Board or referred to another committee.

Good discussion and questioning throughout the meeting.

Governor observer Notes

Interesting presentation of a paper on a proposed changes to staff parking arrangements. I wanted to ask about volunteers who currently park on site but who were not mentioned as having criteria to park, in the paper.

The People Plan was also presented. Again, I felt that volunteers were left out, but perhaps not appropriate to include them, to be followed up. I wondered who decides what roles volunteers can provide and who has oversight of any plans/strategy to progress and develop their role in the Trust and community?

FTSU report to include EDI data in future.

In all 3i meetings there are important people listed as Committee members but who don't seem to attend.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee			Date of meeting: 15 th November 2023		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
6.1	IQPR including Divisional PRM packs. Received for information	2	<p>IQPR and PRM reports demonstrate Trust level metrics as well as those specific to each Division.</p> <p>Question does this document provide appropriate data/ information reflecting all elements of quality and safety</p>	<p>C-Diff infections were raised as a concern. Deep Dives for C-Diff improvement initiatives to be considered by IPCC and reported back to future Improvement Committee Meetings as part of the work programme.</p> <p>Proposal to be developed to incorporate qualitative narrative in respect of IQPR data sets relevant to Improvement Committee.</p>	2. To other assurance committee / SLT
6.2	Internal Critical Incident Reviews and on-going process of learning.	2	Process of reporting via Datix explained as well as an example of critical incident analysis.	Future subject update to understand how outcomes and learning are embedded within the	1. No escalation

Originating Committee: Improvement Committee		Date of meeting: 15 th November 2023			
Chaired by: Louisa Pepper		Lead Executive Director: Susan Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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				Trust to improve quality and safety of care as incidents occur	
7.1	Patient Quality and Safety Group (PQASG) Updates provided from October meetings;- Deteriorating Patient Group Mortality Oversight Group End of Life HTA Mortuary Safer Discharge Group	2	Regular monthly report using the Trust's 1-4 assurance level scale. Areas of partial assurance;- Sepsis – not fully compliant with Sepsis bundle 6. Improving early sepsis recognition and treatment improves patient outcomes. Fluid Balance- NICE Guideline compliance re 24 hr patient monitoring Dementia – National Audit delirium identification question Discharge Summaries – Project with a task and finish group Discharge Waiting Area	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. No actions or escalations for Improvement Committee. Concerns and work streams relating transfer of care (discharge) to be pulled together via a workshop in January 2024 to align and progress. Update to improvement committee via workplan	1. No escalation

Originating Committee: Improvement Committee			Date of meeting: 15 th November 2023		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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			Support for Data Gathering.		
7.1	Mortality SHMI Data Dec 2022 – Rise in Trust SHMI data into special case for concern. Data validation exercise undertaken showing unallocated coding and data set inaccuracies. Deep dive revealed no actual or unexpected rise in deaths has occurred	2	Due to the SHMI data – Dec 2022, Improvement Committee requested a specific update to gain an understanding of the issue and to seek assurance regarding outcomes and learning.	PQASG will continue to maintain oversight of SHMI data via Mortality Oversight Group. SHMI data to be included within the IQPR. No escalations for Improvement Committee.	1. No escalation
7.2	Clinical Effectiveness Governance Group (CEGG) Updates provided from October meeting. National Audit and other national best practice publications, Quality Improvement and Guideline Editorial Group	2	Regular monthly report using the Trusts 1-4 assurance level scale. One area of partial assurance – Guideline Editorial Group – initial on-boarding meeting held, pathway for guideline review using Sharepoint. Backlog to address. For info only – nine national best practice	CEGG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. CEGG and the Guideline Editorial group prioritise the guideline backlog and new guidelines to ensure that the most pressing are updated.	1. No escalation

Originating Committee: Improvement Committee			Date of meeting: 15th November 2023		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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			publications allocated using the NBP framework.		
7.2	Clinical Effectiveness Governance Group (CEGG) Annual Review and self-assessment and Independent Review Improvement Committee action 66	2	Annual report and self-assessment for 2022/23 and how CEGG met its TOR and priorities. CEGG acknowledged that it had evolved over the last year.	CEGG have identified areas for improvement which will be reflected in the TOR and improvement/development plan going forward. An area of work to be undertaken as part of this process is to consider areas of CEGG responsibility reported to the Improvement Committee for inclusion in the work programme.	1. No escalation
8.1	Safety Improvement Group (SIG) Level of assurance relating to organisational learning	2	For the Trust to be a safe organisation, we need to ensure where areas for improvement have been identified from Patient Safety Incident Investigations (PSII) and Patient Safety Reviews (PSR) There is a process which allows quality improvement to follow.	SIG remit is under review as part of a quality improvement project (QIP) – concluding June 24. SIG aims to provide monitoring, oversight, and support to progress safety recommendations through to effective and sustained completion.	2. To other assurance committee / SLT

Originating Committee: Improvement Committee			Date of meeting: 15th November 2023		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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9.1	Trust Quality Priorities Against our plan – Update	2	Improvement Committee has oversight of QP1: - Deliver measurable improvements in safe care and confidence to raise concerns through implementation of our patient safety strategy – March 2024	To continue to progress all aspects of QP1 and our patient strategy with a view to aligning the national strategy development and local safety initiatives - both WSFT and SNEE wide in the future. To develop a proposal as to how the quality outcomes and sustained improvements can be reported to provide assurance to the Improvement Committee.	1. No escalation

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence...	Further consideration...
<p>What?</p> <p>Deepening understanding of the evidence and ensuring its validity</p>	<p>Validity – the degree to which the evidence...</p> <ul style="list-style-type: none"> • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight 	<ul style="list-style-type: none"> • Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
<p>So what?</p> <p>Increasing appreciation of the value (importance and impact) – what this means for us</p>	<p>Value – the degree to which the evidence...</p> <ul style="list-style-type: none"> • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture 	<ul style="list-style-type: none"> • What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
<p>What next?</p> <p>Exploring what should be done next (or not), informing future tactic / strategy, agreeing follow-up and future evidence of impact</p>		<ul style="list-style-type: none"> • Recommendations for action • What impact are we intending to have and how will we know we've achieved it? • How will we hold ourselves accountable?

Assurance level

1. Substantial	<p>Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively.</p> <p>There is substantial confidence that any improvement actions will be delivered.</p>
2. Reasonable	<p>Taking account of the issues identified, the board can take reasonable assurance that this issue/risk is being controlled effectively.</p> <p>Improvement action has been identified and there is reasonable confidence in delivery.</p>
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Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee		Date of meeting: 20 th December 2023			
Chaired by: Louisa Pepper		Lead Executive Director: Susan Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
5.1	IQPR including Divisional PRM packs. Received for information	1	IQPR and PRM reports demonstrate divisional level breakdown of key Trust metrics as well as those specific to each Division.	Deep Dives for C-Diff and post-partum haemorrhage to be considered for 2023/24 programme of assurance. Proposal to be developed to incorporate qualitative narrative in respect of IQPR data sets relevant to Improvement Committee as well as expanding metrics in respect of paediatrics.	1
6.1	Patient Quality and Safety Group (PQASG) Updates provided from November meetings; - Safeguarding Adults Mental Health Transformation Group	2	Regular monthly report using the Trust's 1-4 assurance level scale. Areas of partial assurance; - Increased L of S patients requiring MH intervention. Increased demand on LD & A services.	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. No actions or escalations for Improvement Committee.	1

Originating Committee: Improvement Committee		Date of meeting: 20 th December 2023			
Chaired by: Louisa Pepper		Lead Executive Director: Susan Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	Learning Disability and Autism Duty of Candour Claims Safeguarding Children		Areas of improvement for LD & A patient group.		
6.2	Clinical Effectiveness Governance Group (CEGG) Updates from; - Radiology CQUIN Public Health NICE CEGG Annual Assessment	2	8 new NBP publications. Need to ensure non-medical requestors do not request imaging outside their scope. Potential breaches of IR(ME)R Regulations relating to the Radiology Report. Discharge process workshop early 2024 to bring all stakeholders together to develop an overarching improvement programme.	CEGG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. Potential breaches of IR(ME)R – is on the risk register but the Committee were not assured regarding improvement and departmental compliant and accreditation to be followed up through divisional PRM.	1

Originating Committee: Improvement Committee			Date of meeting: 20th December 2023		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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7.1	Patient Safety Oversight Report. Quarterly Update	2	Patient Safety is key to patient care and a key component of the Trust strategy. We use patient safety to implement national objectives through our patient safety specialists.	PSIRF – WSFT were early adopters and developed a PSIRP plan to consider top risks to patient safety in our organisation. Next steps appoint a WSFT patient safety specialist partner.	1
7.2	Letby response and report. Thirwall Enquiry is investigating matters arising from the conviction of Lucy Letby (LL). Three key issues: - Experiences of parents of the babies named on the indictment. Conduct of those working at the Countess of Chester Hospital regarding the actions of LL. The effectiveness of NHS management structures, governance and processes inc.	2	Response from WSFT by 18 th December 2023 – achieved by responding to 44 key questions.	WSFT will continue to respond to any request from this statutory enquiry.	1

Originating Committee: Improvement Committee			Date of meeting: 20th December 2023		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	culture, to keep babies in hospital safe and well looked after (sent to all CEO's with a neo-natal unit).				
7.3	<p>Martha's Rule & Call for Concern (Call 4 Concern)</p> <p>Martha's Rule – to respond to concerns from patients and families as well as staff concerns re poor patient outcomes with focus on deterioration of patients.</p> <p>Call 4 Concern is a patient safety initiative recognising concerns from patients and relatives re seeking a second opinion.</p>	2	WSFT aim to provide a process based on Call 4 Concern and Martha's Rule.	<p>Develop a system where patients and families can contact clinical teams 24/7 with concerns or seek a second opinion as a right.</p> <p>PQASG to have oversight.</p>	1

Originating Committee: Improvement Committee		Date of meeting: 20 th December 2023			
Chaired by: Louisa Pepper		Lead Executive Director: Susan Wilkinson			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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8.1	<p>Quality Assurance (QA) Programme inc. CQC Report.</p> <p>QA framework sets out principles of QA & how it fits in a wider quality management system.</p> <p>New CQC Single Assessment Framework introduced in Nov 23 will be rolled out nationally by March 2024.</p>	2	<p>8th Jan 24 – CQC start using new single assessment framework in London and East of England.</p> <p>6th Feb 24 – NHS Trust Well Led assessments begin.</p> <p>April 24 – Trust moves to RADAR Risk Management System with functionality that could be used for audit and inspection checks.</p>	<p>Complete Exec led review of resources for evidence/assurance re well led.</p> <p>Undertake a review for Safe/Effective/Caring and responsive (proposal to start with Safe and first draft to Improvement Committee Jan 24).</p> <p>Review all published sources of outcome measures.</p> <p>Each core area to undertake a similar review complimenting points 1-3 above.</p>	1
8.2	Ockenden – WSFT response regarding organisational learning.	3	Following a review, the processes adopted have been considered too detailed and complex leading to confusion. A more generic and blended approach is being proposed.	<p>Revert to Feb 23 action gap analysis.</p> <p>Consider all actions inc. maternity and add actions as appropriate, whilst identifying strengths, areas for concern and</p>	3 (Escalated to Board as we were discussing the process for understanding our current compliance and referring back to Feb 23. Whilst WSFT

Originating Committee: Improvement Committee			Date of meeting: 20th December 2023		
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			If we do not undertake this work there is a risk to our patients and the organisation.	their associated compliance status. Allocate Exec ownership. Allocate action owners/involvement. Track with one simple plan Consider integrating with NHS Impact Self-Assessment Tool Consider timeline for strategic delivery.	may be compliant in some areas the committee were not assured in respect of the current progress).
9.1	NRLS Business Continuity during Datix change over.	2	WSFT moving from Datix to RADAR healthcare as its incident reporting platform. A business continuity plan has been developed to ensure we meet our regulatory requirements.	WSFT plan to move in 2024. NHS England have agreed subject to certain conditions which WSFT have completed, namely: - Notify ICB	1

Originating Committee: Improvement Committee			Date of meeting: 20th December 2023		
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			This is an NHS England requirement to make this move.	Develop Business Continuity Plan Notify CQC	
9.2	Internal Audit (all 3i Committees have received this report) 4 reports issued in Q2	2	The work of internal audit is an important source of assurance on the effectiveness of the control environment regarding key systems and processes.	Medicines Management Audit – partial assurance – Improvement Committee has oversight of this and receives updates as part of its annual programme. Specific actions will be tracked through the medication safety forum.	1

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence...	Further consideration...
<p>What?</p> <p>Deepening understanding of the evidence and ensuring its validity</p>	<p>Validity – the degree to which the evidence...</p> <ul style="list-style-type: none"> • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight 	<ul style="list-style-type: none"> • Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
<p>So what?</p> <p>Increasing appreciation of the value (importance and impact) – what this means for us</p>	<p>Value – the degree to which the evidence...</p> <ul style="list-style-type: none"> • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture 	<ul style="list-style-type: none"> • What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
<p>What next?</p> <p>Exploring what should be done next (or not), informing future tactic / strategy, agreeing follow-up and future evidence of impact</p>		<ul style="list-style-type: none"> • Recommendations for action • What impact are we intending to have and how will we know we've achieved it? • How will we hold ourselves accountable?

Assurance level

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Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee			Date of meeting: 17th January 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson Paul Molyneux		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
5.1	IQPR including Divisional PRM packs. Received for information	1	IQPR and PRM reports demonstrate divisional level breakdown of key Trust metrics as well as those specific to each Division.	Deep Dives for C-Diff and post-partum haemorrhage scheduled in 2023/24 programme of assurance. IQPR Emergency Pathways datasets to be reviewed to establish if the data is sensitive enough to cover aspects of patient safety and quality.	1. No escalation
6.1	Patient Quality and Safety Group (PQASG) Updates provided from December meetings; - Trauma Group IPC Committee Nutrition Steering Group	2	Regular monthly report using the Trust's 1-4 assurance level scale. Areas of partial assurance; - Business case for funding to recruit a Serious Injury Co-ordinator was not supported – other cross division options being considered. WSFT unable	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. No actions or escalations for Improvement Committee.	1. No escalation

Originating Committee: Improvement Committee			Date of meeting: 17th January 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson Paul Molyneux		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	Falls Steering Group Pressure Ulcer Prevention Group Incident (Information Flow)		to fully meet all trauma standards. Organism Surveillance – C.Diff rates continuing to rise. Improvement plan with system support in place and progressing. Non-compliance with FFP3 testing for staff when reviewing national guidance; of note key areas e.g. ITU and Endoscopy had staff trained and equipped. Non-compliance with National Patient Safety Alert (Sept 23) for bed rail use. Improvement plan in place, as well as an order of additional low-rise beds.		

Originating Committee: Improvement Committee			Date of meeting: 17th January 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson Paul Molyneux		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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7.1	Patient Safety Priorities. Updates regarding: - Industrial Action Winter Pressures	2	<p>Patient Safety is key to patient care and a key component of trust strategy.</p> <p>Industrial Action – 70% of junior doctors took part. Clinical teams provided cover. Any potential harm was recorded on Datix – none to date. Impact on Outpatient Appointments and planned procedures. Await updates regarding further industrial action.</p> <p>Winter Pressures – F9 opened ahead of planned 27/12/23 opening to support. Consultant oversight in ED during industrial action. Ambulance offloads being supported through use of escalation areas. Move before Nine initiative to provide beds for those requiring admission. Datix</p>	<p>Industrial Action – On-going support to staff across all specialisms and roles. Currently further industrial action is unknown Winter Pressures – Improvement Plan in place to improve a range of emergency metrics whilst maintaining a drive to provide the safest care possible. Acknowledging initiatives may have an impact on quality and patient experience. Continue to work on patient flow, including maximising the use of the Virtual ward</p>	<p>1</p> <p>The Board to be aware of the challenging decisions being made in light of the ongoing urgent and emergency care pressures and the impact these are likely to have on quality and patient experience.</p>

Originating Committee: Improvement Committee			Date of meeting: 17 th January 2024		
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			system monitoring for emerging issues/harm to patients.		
8.1	Ockenden – WSFT response regarding organisational learning	2	15/1/24 – SLT undertook a Trustwide self-assurance assessment utilising the NHS Impact tool and incorporating Ockenden organisational issues in order to ensure strategic, understanding, co-ordination and cohesion of improvement across the organisation.	Update the Feb 23 gap analysis. Compile an improvement action plan to ensure strategic alignment of work streams, and activity to ensure co-ordination, cohesion and overall governance of the process.	1
8.2	CNST- SUBMSSION	1	CNST or Maternity Incentive Scheme 2024 submission provides information and evidence of 100% compliance against ten standards.	Improvement Committee recommended submission to the Board for sign off.	3 (Recommended for Board sign off)
9.1	BAF Risk Review Ten themes identified. Governance linked to Improvement Committee	1	BAF documents key controls to manage the risk, the assurances from within the Trust and independently as to the effectiveness of the controls and	Governance – was acknowledged as key to the Improvement Committees work, however the Board and other sub-committees also share	3 (Note for consideration at the next Board Development Day)

Originating Committee: Improvement Committee			Date of meeting: 17th January 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson Paul Molyneux		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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			highlights to the Board and sub-committees the gaps in control and assurance that it needs to address to reduce the risk to the lowest possible level. Failure to do so places objective delivery at risk.	responsibility for Governance. It will be considered at the next Board Development Day.	
9.2	Improvement Committee – Review of TOR (Terms of Reference)	1	TOR reviewed and amended to reflect on-going development of the committee's assurance responsibilities.	TOR to be reviewed annually.	3 (Submitted to Board for approval)

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement

Meeting date: 20 December 2023

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

Any issues to highlight in terms of the range of topics considered in the meeting and information received at the meeting

Full agenda.

A volunteer for feedback was requested.

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

Well chaired, I felt everyone was included and given time to speak.

The behaviour of all participants was professional and polite.

Finished on time.

Reflection included:

Those joining virtually could not see who was in meeting except for those at the end of the table

Seat near door was left for visiting presenters as suggested at the previous 3i meeting

Question raised on how best to introduce committee members to visitors who come in and out to present

Assurance(s)

Use this section to highlight any challenges or issues you would like to bring to the CoGs attention and/or have further clarity on

Assurance was gained by some in depth discussion and polite but appropriate and astute challenges and requests for clarification of information provided.

Assurance was also provided through presentations to the committee on improvement projects such as implementing Martha's law

For governor follow up:

Ockenden recommendations not yet implemented in full.

Development of Quality Strategy was taken out of the meeting in November for further work with Sue Wilkinson and Dr Paul Molyneux leading. This action is listed as complete but I wondered whether the production and approval of this strategy should remain on the action list and Governors to note that the Trust does not have a quality strategy but that it is being developed.

Improvement in the provision of discharge summaries remains to be achieved, (a problem for the last 6 years that I am aware of) a project is underway. Not having a discharge summary causes poor communication between the acute Trust and community/GPs, which we have heard previously, affects effective and safe continuity of care. Governors have raised this issue before and understand that it is a complex problem.

Governor observer Notes

Use this section to highlight any other areas for example good practice or 'even better if'

ED 4 hour waits not achieved.

Flu vaccine uptake could be improved

Impressively once again the minutes of a really complex meeting have been captured accurately, no corrections at all.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement

Meeting date: 17th Jan 2024

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

Any issues to highlight in terms of the range of topics considered in the meeting and information received at the meeting

The agenda items were in line with providing assurance to the Board on delivery and improvements in relation to quality, patient safety and change management.

There were several verbal updates, rather than papers, on a shorter agenda than usual.

Meeting conduct

Any issues to highlight in terms of how the meeting was conducted or behaviours

Some papers were late in arriving, including the minutes for the last meeting, which arrived on the morning of the meeting. This point was raised during reflection.

Well Chaired, everyone had chance to participate and was listened to.

During reflection it was noted that as papers for the agenda had been rationalized there was more time for discussion.

Assurance(s)

Use this section to highlight any challenges or issues you would like to bring to the CoGs attention and/or have further clarity on

Assurance was gained by some in depth discussion and polite but appropriate challenges and requests for clarification of information provided.

The Lead Nurse for maternity presented a quality self-assessment paper. An extraordinary amount of work had been achieved to provide evidence in support each statement providing evidence and assurance as to the integrity and safety of the maternity and

neonatal units. There is assurance in the evidence offered to the committee around the oversight of less than ideal quality of care and patient experience, which is admitted with honesty and openness; when options are limited due to demand versus capacity the CQC is made aware and appropriate risk assessments are documented.

Assurance was also gained from the evidence in, and quality of, the reports, the thoroughness of their presentation and the knowledge of the staff presenting.

Lots of work on nutrition - assurance

Governor observer Notes

Use this section to highlight any other areas for example good practice or 'even better if'

The virtual ward is not running at full capacity; some clinicians are not yet 'on board' but expansion is planned and is now moving to the community.

Many of the same issues with quality of care were outlined again in the IQPR and other papers and presentations – nutrition, incidence of *C. diff*, PUs, and falls. The ED has experienced high demand, the escalation ward is open and many patients are staying in ED for over 12 hours. The Committee was assured verbally that patients were in a safe environment but delayed transfer to a ward bed meant that the quality of care was not ideal and not what staff would like to provide. This is demoralizing for staff and a poor experience for patients. The Committee was assured that there was oversight of quality of care deficits and that decisions were risk assessed and documented. When ED is busy patients must remain in corridors but a senior nurse is appointed to look after them. There is also a paramedic caring for trolley patients elsewhere in ED. There is a project to discharge patients from ED before 09:00. To facilitate this one patient per ward is identified as being able to transfer to a reclining chair for the remainder of their admission. This allows the bed to be used for the ED admission. Some Trusts erect extra beds in ward areas but our wards do not have room to do so.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Audit Committee			Date of meeting: 12th December 2023		
Chaired by: Michael Parsons			Lead Executive Director: Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Audit Committee Annual Report	Approved the Committee's annual report for 2022/23 and agreed development areas	Reasonable	The Committee will pay more attention in 2024 to the robustness of the budget setting and CIP delivery <u>process</u> .	Audit Committee agenda	1. No escalation
Internal Audit (RSM)	Update on delivery of internal audit plan and implementation of recommendations	Reasonable	Continuing good progress with 2023/24 audit plan.	Insight will discuss the recent audit of Community Wating Lists which had partial assurance opinion. Pleasing reduction in outstanding audit actions, although more to do	2. Insight Committee 2. Management Executive
Internal Audit Plan for 2024/25	Early draft considered; noted that revised BAF would inform developing IA plan.	Reasonable	Noted importance of understanding alternative sources of assurance and how IA plan complements these.	Input into draft plan welcomed from Chairs of 3i assurance committees.	1. No escalation

Originating Committee: Audit Committee			Date of meeting: 12th December 2023		
Chaired by: Michael Parsons			Lead Executive Director: Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Counter Fraud	Discussed progress report, including use of AI in fraud.	Substantial	Noted increased sophistication of mandate fraud.	To be reviewed	1. No escalation
Single Tender Benchmarking report	Comparative report on use of single tender waivers across 55 organisations	Reasonable	Will have further discussion on VFM aspects as part of deep dive into procurement at March meeting	To be on the Audit Committee agenda	1. No escalation
External Audit	Review of previous recommendations and planning for next audit	Substantial	Good progress in implementing past recommendations; collaborative planning for 2023/24 audit underway.	None	1. No escalation

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence...	Further consideration...
<p>What?</p> <p>Deepening understanding of the evidence and ensuring its validity</p>	<p>Validity – the degree to which the evidence...</p> <ul style="list-style-type: none"> • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight 	<ul style="list-style-type: none"> • Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
<p>So what?</p> <p>Increasing appreciation of the value (importance and impact) – what this means for us</p>	<p>Value – the degree to which the evidence...</p> <ul style="list-style-type: none"> • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture 	<ul style="list-style-type: none"> • What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
<p>What next?</p> <p>Exploring what should be done next (or not), informing future tactic / strategy, agreeing follow-up and future evidence of impact</p>		<ul style="list-style-type: none"> • Recommendations for action • What impact are we intending to have and how will we know we've achieved it? • How will we hold ourselves accountable?

Assurance level

1. Substantial	<p>Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively.</p> <p>There is substantial confidence that any improvement actions will be delivered.</p>
2. Reasonable	<p>Taking account of the issues identified, the board can take reasonable assurance that this issue/risk is being controlled effectively.</p> <p>Improvement action has been identified and there is reasonable confidence in delivery.</p>
3. Partial	<p>Taking account of the issues identified, the board can take partial assurance that this issue/risk is being controlled effectively.</p> <p>Further improvement action is needed to strengthen the control environment and/or further evidence to provide confidence in delivery.</p>
4. Minimal	<p>Taking account of the issues identified, the board can take minimal assurance that this issue/risk is being controlled effectively.</p> <p>Urgent action is needed to strengthen the control environment and ensure confidence in delivery.</p>

10. Governor sub-committees

To approve and agree next steps for the committee membership for:

10. 1 Nominations Committee




10.2 Engagement Committee

10.3 Standards Committee

For Approval

Presented by Richard Jones

WSFT Council of Governors meeting (Open)	
Report title:	Governor sub-committees - membership
Agenda item:	10
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Richard Jones, Trust Secretary & Head of Governance
Report prepared by:	Richard Jones, Trust Secretary & Head of Governance Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive summary:			
WHAT? <i>Summary of issue, including evaluation of the validity the data/information</i>			
<p>The Council of Governors has constituted committees to support the council in a range of tasks. The Council has committee(s) that are closely in line with Governors' duties. Working groups (where they exist) complement the wider duties and development of governors. The Council has a clear rationale for its committee(s) and working groups and regularly revisits their effectiveness and fitness for purpose.</p> <p>There are three sub-committees and one working group constituted by the Council of Governors as follows:</p> <ul style="list-style-type: none"> • FT Governors' Nominations Committee • FT Governors' Engagement Committee • FT Governors' Standards Committee • Staff Governors' Group 			
SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>			
<p>Following the election to the Council of Governors it is appropriate to re-establish the membership of the three sub-committees for the newly elected governing body.</p> <p>On 12 January 2024, governors were invited to self-nominate to join one or more of the committees, providing a short paragraph explaining why they would like to become a member. The closing date for nominations was 2 February 2024.</p>			

WHAT NEXT?

Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)

The following summarises the interest received and next steps to re-establish the Council's sub-committees.

(a) Nominations Committee

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

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

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

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

- Public: Jane Skinner, Carol Bull, Jayne Neal, Ben Lord, Adrian Osborne (at least four seats)
- Partner: Heike Sowa and Thomas Pulimood (**one seat**)
- Staff: John-Paul Holt and Andy Morris (**one seat**)

Appendix 1: Statements of interest for Nomination Committee

Since there are two interests each from partner and staff governors, there are two options the council of governors may consider:

- A. Option 1: Accept all nine nominations: Considering the need to ensure broad representation on this committee and the potentially divisive nature of any ballot, the council may approve all nine nominations on the Committee. Based on past experience, it is helpful to have additional members should there be any vacancies/resignations/apologies from the committee membership.

To support this approach the Council agrees an amendment to the committee's terms of reference wording to state a 'up to two staff governors' and a 'up to two partner governors'.

- B. Option 2: Ballot of Governors: Alternatively, a ballot to take place to fill the two seats for the staff and partner vacancies from the current nominees. This would be conducted electronically after the meeting as summarised below.

Polling process:

*If there is a single candidate for the vacancy that candidate takes-up the role without the need for an election. In case, there is more than one candidate, a ballot of governors is proposed by **email ballot:***

- (i) *Nomination and voting slips to be sent out to the governors as an email ballot in accordance with the Trust's constitution (for the avoidance of doubt, this email vote will form the only method of voting and no meeting will be held)*
- (ii) *Email votes to be returned to the Trust Secretary*

The ballot result will be based on the 'first past the post' voting system in which the governor with the most votes is appointed.

In case there is a tied vote, in accordance with the Constitution the Chair of the meeting, or the person presiding over that issue if the Chair is absent, shall have a second or casting vote.

(b) Engagement Committee

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

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

The following nominations have been received.

- Public: Jane Skinner, Liz Hodder, Michael Simpkin, Becky Poynter, Sarah Hanratty
- Partner: Elspeth Lees

As per terms of reference, this committee has met the requirement to have least six Governors, including the lead governor, however, it is suggested to have at least one further nomination from the staff governor to have an appropriate mix of all the governors in supporting the work of the Committee.

Appendix 2: Statements of interest for Engagement Committee

(c) Standards Committee

The purpose of the Standards Committee is to take responsibility to review issues relating to standards and governance of the Council. Part of this remit would be to review the constitution and specifically consider membership of the Council in terms of number of seats and partner organisations.

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

- Trust Chair
- Lead Governor
- Staff Governor
- Public Governor
- Appointed Governor

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

- Public: Jane Skinner, Carol Bull, Liz Hodder (three seats)
- Partner: none
- Staff: none

Appendix 3: Statements of interest for Standards Committee

Therefore, at least one further nomination is sought from the staff and partner governors.

Action required / Recommendation:

The Council of Governors is asked to:

1. Nominations Committee:

- approve the nine nominations for the Nominations Committee and amendment to the terms of reference as outlined above **OR**
- agree to run a ballot of governors to fill the contested seats.

2. Engagement Committee:

- approve the nominations for the Engagement Committee
- invite staff governor to support the work of the Committee and those who are interested to contact FT office.

3. Standards Committee:

- approve the received nominations to join the Standards Committee
- invite staff and partner governors to support the work of the Committee and those who are interested to contact FT office.

Previously considered by:	NA
Risk and assurance:	Council of Governors is unable to undertake its statutory duties.
Equality, diversity and inclusion:	NA
Sustainability:	NA
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022

FT COUNCIL OF GOVERNORS' NOMINATIONS COMMITTEE - **PROPOSED**

Members	
Jude Chin	Chair
Jane Skinner	Public Governor (Lead Governor)
Carol Bull	Public Governor
Jayne Neal	Public Governor
Ben Lord	Public Governor (Deputy Lead Governor)
Adrian Osborne	Public Governor
John-Paul Holt	Staff Governor
Andy Morris	Staff Governor
Heike Sowa	Partner Governor
Thomas Pulimood	Partner Governor
In attendance by invitation	
Richard Jones	Trust Secretary & Head of Governance
Jeremy Over	Executive Director Workforce & Communications
Pooja Sharma	Deputy Trust Secretary
Ruth Berry	FT Office Manager

FT COUNCIL OF GOVERNORS' ENGAGEMENT COMMITTEE - **PROPOSED**

Members	
Jane Skinner	Public Governor
Liz Hodder	Public Governor
Michael Simpkin	Public Governor
Becky Poynter	Public Governor
Sarah Hanratty	Public Governor
Elsbeth Lees	Partner Governor
In attendance	
Ruth Berry	FT Office Manager
Richard Jones	Trust Secretary & Head of Governance
Pooja Sharma	Deputy Trust Secretary

FT COUNCIL OF GOVERNORS' STANDARDS COMMITTEE - **PROPOSED**

Members	
Jude Chin	Chair (Committee Chair)
Jane Skinner – Lead Governor	Public Governor (Lead Governor)
Carol Bull	Public Governor
Liz Hodder	Public Governor
vacant	Staff Governor
vacant	Partner Governor
In attendance	
Ruth Berry	FT Office Manager
Richard Jones	Trust Secretary & Head of Governance
Pooja Sharma	Deputy Trust Secretary

FT STAFF GOVERNORS' GROUP

Staff Governors	
Anna Clapton (nee Mills)	Staff Governor
John-Paul (J-P) Holt	Staff Governor
Louisa Honeybun	Staff Governor
Andy Morris	Staff Governor
Adam Musgrove	Staff Governor
In attendance	
Richard Jones	Trust Secretary & Head of Governance
Jeremy Over	Executive director of workforce and communications
Jane Skinner	Lead Governor
Pooja Sharma	Deputy Trust Secretary

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: Adrian Osborne (Cllr)

COMMITTEE NAME: Nominations Committee

Please write a short paragraph on why you are interested in joining this Committee.

The reason I wish to sit on the Nominations Committee is that I feel very strongly about the need to ensure that suitable candidates are selected, taking into consideration the huge challenges facing the hospital now and in the future.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name): Dr Andrew Morris

COMMITTEE NAME: Nominations Committee

Please write a short paragraph on why you are interested in joining this Committee.

I have sat on an acute trust board as a chief medical officer for 5 years ending 2020. I feel this allows me to understand the roles and necessary attributes of board members and how the individuals within a board are crucial to its function and success and how the balance between quality, performance and finance is so important. I am used to reading high level CVs and have been involved or chaired many interview panels over the years.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Carol Bull

COMMITTEE NAME: Nominations Committee

Please write a short paragraph on why you are interested in joining this Committee.

I have had a great deal of HR experience and when working I was a member of the Institute of Personnel and Development and have a great deal of experience in recruitment and interviewing.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Heike Sowa

COMMITTEE NAME: Nominations Committee

Please write a short paragraph on why you are interested in joining this Committee.

To sit on the Nomination Committee would honour me, because helping to nominate the right candidates has a significant impact on the future of the Trust. I am a good listener and I have taken part in many interviews. I am calm and friendly by nature and I encourage team work. I help providing candidates the necessary atmosphere to feel comfortable in stressful situations. I am welcoming and open to new ideas. It is important to me that within the team we reach common grounds and adhere to those guidelines. I have good knowledge of Human Resources and understanding of qualifications. I can read through material fast and effective. I am understanding and sympathetic by nature.'

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: JAYNE NEAL

COMMITTEE NAME: NOMINATIONS

Please write a short paragraph on why you are interested in joining this Committee.

I have a wide range of experiences in my working life in the Civil Service. As a manager I regularly participated in shortlisting and selection interviews for a variety of administrative and professional posts. I worked as an HR manager and Business Partner for approximately 20 years which included supervising and chairing recruitment and selection campaigns. Since leaving the Civil Service I have maintained my membership of the Chartered Institute of Personnel and Development (CIPD) which keeps me updated with current employment trends and legal information.

I have previously served on the WSFT Nominations Committee and I believe I could continue to make a useful contribution to this Committee.'

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Thomas Pulimood

COMMITTEE NAME: Nominations Committee

Please write a short paragraph on why you are interested in joining this Committee.

I have good knowledge of the trust and its values. My experience as a senior member of staff in the hospital and links with the university of Cambridge our regional hospitals including Addenbrookes and Papworth, my links with the integrated care board and partner organisations in our ICB bring value to help with appointments supported by the council of governors.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Ben Lord

COMMITTEE NAME: Nominations Committee

Please write a short paragraph on why you are interested in joining this Committee.

Over the past 19 years of being a business owner, I have been involved in the HR of a number of employees (past and present). I have had a number of experiences in working alongside my company's HR consultant that has enabled me to broaden my knowledge on HR practices and processes. This was particularly recognised in my local Parish Council where I have served for 8 years on their staffing committee and where my experiences in business have helped provide meaningful assistance in day-to-day HR management as well as other good HR practices.

I joined this committee a year ago as the trust embarked upon an interesting and exciting phase of appointing a new substantive Chair. During my time spent on serving this committee, I felt able to not only bring HR experiences I've acquired to but also seize an opportunity to learn and enhance my professional development by serving on the committee as well. As a Public Governor now into my second term alongside my position as Deputy Lead Governor, I'd like to continue my membership of this committee by way of providing some experience whilst also looking to ensure that the right decisions and accountability is found in the ongoing vitality of our executive boards.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: John-Paul (J-P) Holt

COMMITTEE NAME: Nominations Committee

Please write a short paragraph on why you are interested in joining this Committee.

As a prospective member of the Nominations, Appointments & Remuneration Committee, I am eager to contribute to the vital role of making recommendations to the Council of Governors, by championing the trust's values of fairness, inclusivity, respect, safety, and teamwork throughout the various processes involved in being a part of this committee. I aim to ensure that the Committee's decision not only reflect these principles but also lead to the recruitment of senior staff who epitomize these values, allowing for a diverse, collaborative and patient-centred leadership, aligning with the trust's mission for excellence in healthcare.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Becky Poynter

COMMITTEE NAME: Engagement Committee

Please write a short paragraph on why you are interested in joining this Committee.

One of the reasons for wanting to join the Governing Board of the Trust was to ensure that the stakeholder voice was as strong as it could be. This isn't just the patients and their families, but also the staff and wider interested parties. There are so many difficulties facing the National Health Service and I think it's essential to take people with us in navigating all these challenges.

I have experience of stakeholder engagement in my role as Head of Governance in a public sector organisation and whilst I realise that not everything can be fixed, I'm a believer in the "you said, we did" approach, giving reassurance that we are listening and responding as effectively as we can and learning from feedback and opinions given.

Two-way communication is key to any effective governance, helping build positive and trusting relationships and I feel I can bring relevant experience to the Engagement Committee.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name): Dr Elspeth Lees

COMMITTEE NAME: Engagement Committee

Please write a short paragraph on why you are interested in joining this Committee.

As a Partner Governor I have extensive networks across Eastern Education Group with facilities / delivery and partnerships across Suffolk / Norfolk / Essex and Cambridgeshire. I believe my responsibility as a Governor, in this capacity, is to share and utilise these networks to enable, support and enhance the engagement between WSFT and the communities it serves. The reach extends to employers in the region, young people, adults, and disenfranchised groups, such as refugees and unaccompanied minors.

I believe this is much we can achievement through the Engagement Committee by thinking creatively about the way in which we engage with communities and stakeholders.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Liz Hodder

COMMITTEE NAME: Engagement Committee

Please write a short paragraph on why you are interested in joining this Committee.

I believe communication is key. I have always been known as a very effective communicator. I spent over 35 years in the legal profession communicating with lay clients, mostly during periods of great angst in their lives. If people feel they are being spoken to in easily assimilated terms; feel their concerns or needs are heard, they will in turn engage with their professional. This facilitates a two-way street, without which progress cannot be achieved.

I was the complaints handler for a very busy firm of Solicitors for over 15 years. I took pride from my ability to turn an unhappy, disillusioned client into a reassured client, 80% of whom felt sufficiently 'heard' to feel able to reinstruct my firm to do further work for them.

I also believe many are unaware of the ability to join WSFT as a member. I myself was unaware until I happened upon a particular page on the WSFT website.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Michael Simpkin

COMMITTEE NAME: Engagement

Please write a short paragraph on why you are interested in joining this Committee.

To engage with the members of WSH, Staff of WSFT and the general public, Informing and gaining feedback when sought after.

To ensure the views and suggestions are taken forward and used if feasible, that will enhance/add to the services of WSH old and new build

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Sarah Hanratty

COMMITTEE NAME: Engagement

Please write a short paragraph on why you are interested in joining this Committee.

I am a communications professional by background having worked in central Government and the not for profit and corporate business sectors. I have been responsible for developing complex stakeholder and engagement strategies for various organisations. I led a comprehensive review of member and stakeholder engagement for the RYA (Royal Yachting Association) as a Non-Exec Director to implement a new strategy to develop grass routes connection. I am passionate about effective engagement and the empowerment and change it can bring for patients, members and local communities when it is easier to engage effectively with the West Suffolk Foundation Trust.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Carol Bull

COMMITTEE NAME: Standards Committee

Please write a short paragraph on why you are interested in joining this Committee.

As the Portfolio Holder for Governance in the previous administration of West Suffolk District Council I believe I have a great deal of experience to offer having been involved in developing Standards policy for elected members of the Council.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024

SUB-COMMITTEE OF COUNCIL OF GOVERNORS

NAME: (Governor name) Liz Hodder

COMMITTEE NAME: Standards Committee

Please write a short paragraph on why you are interested in joining this Committee.

As a Solicitor with over 35 years' experience of the rigours of complying with very onerous professional standards, I appreciate more than most, the need for high standards governing conduct in an area where public trust and confidence is a necessity.

Standards must be high, but also workable, lest delivering outcomes becomes drowned in red tape and tick boxes.

Words mean everything. Unless careful thought is given to the written word when drafting, everyone suffers; provider and consumer alike.

I think I could have skills from my previous existence as a litigation Solicitor which could be useful in this context.

Please return by email to Pooja Sharma: pooja.sharma@wsh.nhs.uk

By Midday, Friday 2 February 2024




11. Lead Governor Report (enclosed)

To receive a report from the Lead
Governor

To Note

Presented by Jane Skinner

WSFT Council of Governors meeting (Open)	
Report title:	Lead Governor Report
Agenda item:	11
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Jane Skinner, Lead Governor
Report prepared by:	Jane Skinner, Lead Governor

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Executive Summary
<p>WHAT? <i>Summary of issue, including evaluation of the validity the data/information</i></p> <p>Following the Governor elections, a new Council of Governors (CoG) formed in December, and this is our first public meeting. I would like to congratulate new and re-elected Governors and welcome you to the CoG. I was pleased to be re-elected as a Public Governor myself to complete my second year as Lead Governor and last term as a Governor. Importantly, the CoG formal meeting is an opportunity for Governors to seek assurance from Non-Executive Directors (NEDs) on matters relating to the performance of the Board. Members of the public and press may be in attendance as observers.</p> <p>Governors are receiving a comprehensive and interesting induction to the role, thank you to Richard Jones, Pooja Sharma and Ruth Berry for their design and administration of this program. I think we all feel refreshed, enthusiastic and better equipped to fulfil our role. In January, NHS Providers facilitated a really useful workshop which, being attended by NEDs, in addition to Governors, was not only informative but an excellent opportunity for us all to meet and learn together. Public engagement was discussed during an afternoon workshop, some excellent suggestions were forwarded for engagement opportunities. It was decided that the current policy for membership engagement needed updating to include engagement with all the groups Governors represent; engagement is no longer just about increasing Trust membership.</p> <p>Thank you to Sue Wilkinson for her really interesting talk on her responsibilities, nursing and quality and to Craig Black for successfully shedding light on NHS, and the Trust's, finances. Sue invited Governors to observe an Incident Review meeting. I attended one in February, it was assuring to witness the thoroughness, honesty and thoughtfulness of the discussion. Providing duty of candour was clearly important to those present as was providing support to staff involved in the incidents discussed.</p> <p>Since our last public CoG meeting junior doctors have taken further industrial action, in December and January, months which are two of the busiest for the Emergency Department (ED) and therefore for the Trust. Industrial action by one group of staff inevitably causes extra work for those covering the shortfall.</p>

It was clear, at the recent Board meeting, that operational staff put into place detailed plans to minimize disruption to emergency, urgent and routine appointments and procedures, nevertheless some patients were inconvenienced by treatment delays and waiting lists increased.

We hear of, and perhaps experience, how high the demand is on NHS services both locally and nationally. Governors have been made aware that when patients are delayed in ED for several hours, whilst waiting for ward beds to become available, that care is not of the quality staff would wish to provide. The Integrated Care Board is monitoring the Trust's under performance on ED performance indicators. Governors are assured that there is oversight of this risk to patients - risk assessments are carried out and projects such as "Arrive by Nine" and "Sunrise Bloods" and a "refocus" on emergency care provision are in place. (IQPR, Jan '24)

Governors are appreciative of the hard work and care provided to patients by staff at all levels of the acute Trust and community.

We have a full program of engagement activities and assurance opportunities ahead. Our three CoG sub-committees - Standards, Nominations and Engagement - are to be re-established with Governors being selected from those submitting expressions of interest. Environment reviews, "15 Step" visits and area observations have already begun. A regular Courtyard café survey, conducted by Governors, will soon start, for the first time since before the COVID-19 outbreak.

Governors have also been invited to continue observing the Board Assurance Committee meetings, after which each Governor is asked to complete a short report for the CoG meeting. We are also invited to observe the Board meeting, when there is opportunity to ask questions relating to Board papers.

We look forward to informal meetings recommencing; Staff Governor group meetings have already begun.

I was asked to join the Trust Experience of Care meeting in January. This meeting was really interesting, it provided a great opportunity to hear about public engagement across the Trust and I intend to feedback fully to the Engagement Committee.

Of note, a patient story was presented, this story was also an agenda item at the last Trust Board meeting. This thought provoking account, given by the son in law of an elderly patient, detailed the patient's poor experience when waiting in the discharge lounge. The incident took place over a year ago, since when we were informed, changes have been made in terms of employing more trained nurses, utilizing volunteers and generally putting in place learning from this account. Perhaps, a 15 steps visit could be arranged for the Discharge Lounge, which would give us an opportunity to understand how this area functions, we have not had a visit there before.

I was delighted to be asked, by Jeremy Over, to join the interview panel in the selection of an Executive Director of Transformation and Strategy; an exciting new role for the Trust as the post holder will lead on cultural change, continuous improvement, and transformation of care pathways in collaboration with the Integrated Care System. Long listing has taken place, shortlisting is planned and interviews take place in March.

Ben Lord and I continue to attend monthly meetings with Jude and with Richard and Pooja. If any Governors wish us to raise any issue for you, please let us know.

SO WHAT?

Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk

To keep council of governors informed of some of the key issues taking place across the Trust.

WHAT NEXT?

Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)

-

Action Required

The Council of Governors is asked to note the report.

Risk and assurance:	NA
Equality, Diversity and Inclusion:	NA
Sustainability:	NA
Legal and regulatory context	NA

12. Staff Governor Report (enclosed)




To receive a report from the Staff

Governor meeting held on 9 January 2024

To Note

WSFT Council of Governors meeting (Open)

Report title:	Staff Governors' report
Agenda item:	12
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Staff Governors
Report prepared by:	Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Executive summary:	<p>This report summarises the issues raised and discussed staff governor meeting on 9 January 2024.</p> <p>The meeting was attended by the staff governors Anna Clapton (nee Mills), John-Paul (J-P) Holt, Louisa Honeybun, Andy Morris, Adam Musgrove, Jane Skinner (lead governor), Jeremy Over (executive director of workforce & communications), Jane Sharland (Freedom to speak up Guardian) & Richard Jones (Trust secretary) and Pooja Sharma (Deputy Trust Secretary).</p> <p>The exiting staff governors Sarah Judge and Amanda Keighley also attended the meeting.</p> <p><i>Governor elections:</i> A handover between exiting and new staff governors took place as this was the first meeting following the election results. The exiting staff governors shared their experiences in the role and emphasised the positive contributions staff governors make into the Council of Governors as they bring along real life experiences of the staff and patients.</p> <p>The staff governors noted that there are mechanisms in place to support staff governors to allow some protected time to do governor engagement activities like environmental visits, area observations, observing board assurance committee meetings which help to look at different aspects in the organization. To maintain a balance and flexibility, the governor work programme is designed between staff, public and partners governors.</p>
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	<p><i>Freedom to Speak Up Champions:</i> It was recognised that there is an opportunity to link in with the new staff governors and the role they can play as freedom to speak up champions to support safe culture of speaking up. The emphasis was given to promoting speaking-up and provide support to staff for options to speak-up, addressing gaps in champions and sharing themes from speaking-up.</p>
Action required/ recommendation:	The Council of Governors is asked to note the report.
Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A




13. Governance Report (enclosed)

To receive the governance report

For Discussion

Presented by Richard Jones and Pooja Sharma

WSFT Council of Governors meeting (Open)	
Report title:	Governance report
Agenda item:	13
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Richard Jones, Trust Secretary & Head of Governance
Report prepared by:	Richard Jones, Trust Secretary & Head of Governance Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Executive summary:
WHAT? <i>Summary of issue, including evaluation of the validity the data/information</i>
<p>This report summarises the main governance headlines for February 2024, as follows:</p> <ul style="list-style-type: none"> • Report from Governors' training day • Fit and Proper Persons Test - implementation for governors • Governor work programme and forward planner 2024-25 • Readers for Quality accounts and annual report • Governor commentary for the quality accounts • WSFT Constitution – amendment to the Standing Orders for Board of Directors
SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>
<p>This report supports the Council of Governors in maintaining oversight of key activities and developments relating to organisational governance.</p>
WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>
<p>The items reported through this report will be actioned through the appropriate routes.</p>
Action required / Recommendation:
<p>The Council of Governors is asked to note the report and actions set out in the body of the report.</p>

Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

Governance Report

1. Report from Governors’ training day

On 30 January 2024, a training and development workshop was held with Governors and Non-Executive Directors. The session was facilitated by NHS Providers to provide an introduction to the NHS structure, understanding of the Governor role and develop thinking in areas such as:

- Integrated care systems (ICSs) and local ICS priorities
- Accountability and holding to account
- Representing interests of members
- The right level of information for the governors
- Effective questioning and challenge
- Member and public engagement

The session on member and public engagement included discussions on statutory requirements of governors to engage with the members and public, what does “good” look like within NHS, what Trust is doing in terms of patient experience and engagement.

At the end of the session, time was used to reflect on the day and draw together areas for action.

The feedback from the session has been positive and the full evaluation will be reported to the Standards Committee to inform the structure and content of future training sessions.

Appendix A provides a summary of the reflections during the engagement session and identifies priority actions. It is proposed that the Engagement Committee oversees the development and delivery of these actions as part of its engagement work programme and priorities for 2024-25.

<p>ACTION</p> <ul style="list-style-type: none"> - CoG is asked to review and endorse the priority actions (Appendix A) - Task the Engagement Committee to oversee the development and delivery of these actions as part of its engagement work programme and priorities for 2024-25

2. Fit and Proper Persons Test - implementation for governors

The NHSE Code of Governance (2022) for NHS provider trusts, section C 4.1 states that directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the ‘fit and proper’ persons test described in the provider licence.

Section C: Composition, succession and evaluation

4.1 Directors on the board of directors and, for foundation trusts, 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 having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged).

In November 2023, the Nominations Committee informed the Council of Governors that the Trust will take action to deliver the regulatory requirements of the Code of Governance 2022 and the new standardised template for self-attestation will be adopted in line with the new FPPT framework.

To introduce annual process with regard to Fit and Proper Persons Test (FPPT) declarations from CoGs to provide assurance regarding compliance with the Code of Governance 2022, the Trust will implement

FPPT for Council of Governors and the Council of Governors' Standards Committee to oversee the process for implementation using the 'Fit and Proper Person Test' annual self-attestation (**Appendix B**).

Disclosure and Barring Service (standard) checks

As part of FPPT consideration is being given to introducing Disclosure and Barring Service (standard) checks for the governors. The current Trust policy is to conduct a DBS check only for certain roles which does not apply to the council of governors. We are also seeking views of other organisations in terms of their approach to DBS checks for Governors.

DBS checks for the Governors, maybe be considered as a tool which can be useful in terms of initial screening and background checks for the new governors. This would then be subject to annual self-attestation as described above. This model is currently being implemented for the Board of Directors.

Views are sought on this proposed approach which could either be adopted or referred to the Standards Committee for further consideration in terms of risks and benefits.

ACTION

- The 'Fit and Proper Person Test' annual self-attestation to be circulated to the Council of Governors early March 2024 (Appendix B)
- Seek views on introduction of standard DBS checks for Governors.

3. Governor work programme and forward planner 2024-25

The annual programme tries to be reasonable in terms of time commitment and coverage. The draft programme 2024-25 is presented to the CoG for approval (**Appendix C**)

We have also attached the draft forward planner 2024-25 for the CoGs meetings for discussion (**Appendix D**). The forward planner is a live document that will be frequently reviewed and is not an exhaustive list of items.

ACTION

- Note and comment on the programme and forward planner.

4. Readers for Quality accounts and annual report

The Trust's timetable for 2023-24 annual report and accounts is the end of June. This impacts on the preparation of the quality accounts as the information for these documents does overlap.

- a) Readers for the Annual Report (including aspects for the quality accounts)

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

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

ACTION

- Identify up to four Governors as readers for the draft annual report (including quality accounts).

5. Governor commentary for the quality accounts

The Council of Governors provides commentary for inclusion in the annual quality accounts. The Standards Committee will review and draft this commentary with the lead governor. The updated draft commentary will be presented to the CoG in May for discussion and approval for inclusion in the quality accounts.

ACTION

- Note approach to drafting Governors' commentary for inclusion in the quality accounts.

6. WSFT Constitution - amendment to the Standing Orders for Board of Directors

The following update is being considered to Annex 8 section 6.4 of the Board of Directors' standing orders. As these form part of the Trust's Constitution any amendments require the Council approval as well as the Board of Directors. The proposed update will be reported to the Audit committee in March 2024.

Annex 8 – Standing Orders for the practice and procedure of the Board of Directors

6.4 Specific guidance

Notwithstanding the application of Standing Order 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other binding guidance issued by NHSE:

- Caldicott Principles 1997
- Human Rights Act 2018
- Freedom of Information Act 2000
- Equality Act 2010
- Health and Safety at Work Act 1974
- Modern Slavery Act 2015
- Environment Act 2021

ACTION

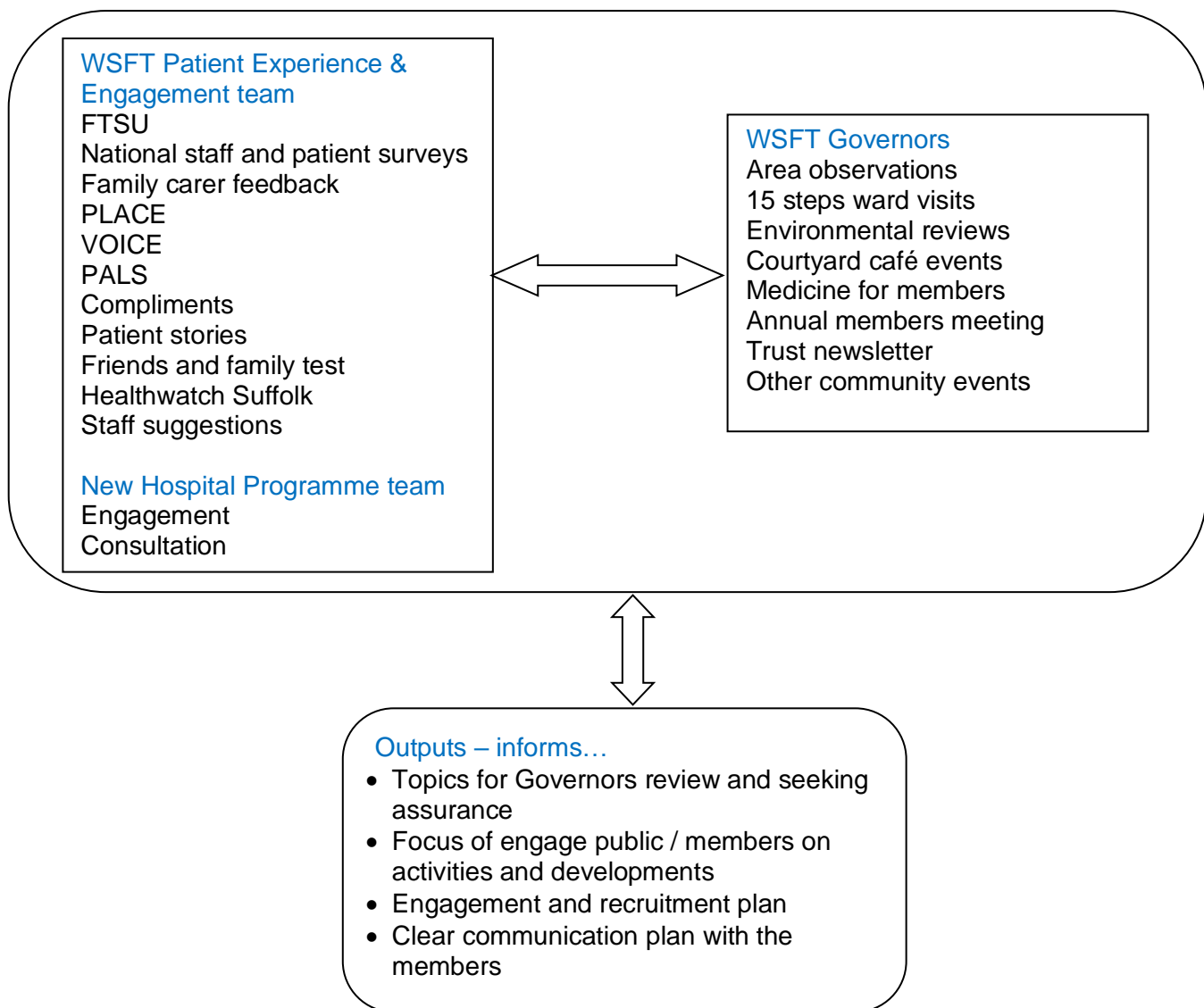
- Approve the additions highlighted in red to the Board of directors standing orders.

Engagement development and priorities

The following summarises the reflections during the engagement session of the Governors training day on 30 January 2024. Following review at the Council of Governors, it is proposed that the Engagement Committee oversees the development and delivery of these actions as part of its engagement work programme and priorities for 2024-25

1. Review current **engagement activities to gathering feedback** from patients and the public. A by-product of some of this work may be to recruit FT membership by this is not the primary purpose.
2. Develop an effective approach to **share/use themes from Trust experience feedback** to support the engagement role of the Governors e.g. identify and test themes, including:
 - Patient experience team – PALS, complaints, surveys etc
 - New hospital programme – engagement and consultation activities
3. Review and **prioritise the engagement activities of the Governors** in the context of the Trust's experience of care strategy. Replacing the existing membership engagement strategy with a guide for the activities undertaken which aligns with existing Trust strategy.
4. Develop a set of **priorities for the next 12-18 months**, including:
 - Maximise **engagement collaboration** between the Trust and ICB partners e.g. patient participation groups in primary care
 - Promote and receive feedback from the Trust's **VOICE networks**
 - Use engagement activities to **promote public health awareness and health promotion**
 - Review the **process for becoming a member** and consider how active each member is e.g. tiered membership. Ensuring we fully utilise our active membership.
 - Develop engagement which is **representative of our community** – for example by engaging under-represented group e.g. young people may also support greater take-up of membership
5. Through this work improvement of the quality of **engagement and communication with members**
6. Develop criteria for measuring progress and **evaluating success**.

Interaction between Trust and Governor engagement activities



Annual Governor FPPT self-attestation

Fit and Proper Person Test annual/new starter self-attestation

WEST SUFFOLK NHS FOUNDATION TRUST

I declare that I am a fit and proper person to carry out my role. I:

- am of good character
- have the qualifications, competence, skills and experience which are necessary for me to carry out my duties
- where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals
- am capable by reason of health of properly performing tasks which are intrinsic to the position
- am not prohibited from holding office (eg directors disqualification order)
- within the last five years:
 - I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more
 - been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged
 - nor is on any 'barred' list.
- have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.

Name:	
Signature:	
Date:	

Governors' Work Programme 2024-25

Timing	Themes	Rationale	Led by
30 January 2024	<ul style="list-style-type: none"> • Governance and the role of governors • Effective questioning and challenge • Member and public engagement • NHS structure 	Interests of members and the public	NHS Providers
March/April * <i>* timing to be aligned to national operational planning guidance (expected late December 2023).</i>	Briefing on strategic planning	Interests of members and the public. Trust's strategy and forward planning for service provision and development – annual planning session	Chief Executive / others as agreed
13 June 2024	Session on CQC new inspection framework	Interests of members and the public Update on system-based inspection	Chief Nurse
13 August 2024	Living the Trust values	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
23 October 2024	Session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Chief Executive / others as agreed
5 December 2024	Session on Integrated Care Board introduction and provider collaboration	Interests of members and the public	ICB partners/Chair/Trust Secretary
4 March 2025	Experience of care and engagement session	Interests of members of public	Head of Patient Experience & Engagement

WSFT COUNCIL OF GOVERNORS' FORWARD PLANNER 2024-25

		Feb	May	Sept	Nov	
Date		27/02/24	09/05/24	02/09/24	05/11/24	
Venue		WSH site	WSH site	WSH site	WSH site	
Papers circulated (min 5 working days before the meeting)		20/02/24	02/05/24	26/08/24	29/10/24	
Item	Lead					Notes
Standing Items						
Minutes	Chair	Y	Y	Y	Y	For approval
Chair's report	Chair	Y	Y	Y	Y	For information
Chief executive's report	CEO	Y	Y	Y	Y	For information
Feedback on assurance committees	3i Chairs/Governor observers	Y	Y	Y	Y	For information
Lead Governor Report	Lead Governor	Y	Y	Y	Y	For information
Summary report for Board of Directors meetings	Chair/NEDs/TS	Y	Y	Y	Y	For information
Reflections on meeting	Chair	Y	Y	Y	Y	For noting
Recurring Items						
Report from Governors' Nomination & Remuneration Committee to include recruitments of NEDs, objective setting and appraisals	Committee Chair	Y	Y	Y	Y	For information
Engagement Committee report	Committee Chair	Y	Y	Y	Y	For information
Standards Committee report	Committee Chair	Y	Y	Y	Y	For information
Staff Governors' Report	Staff Governor	Y	Y	Y	Y	For information
Future System update	CEO		Y			For information
Review of Governors' sub-committees - membership and composition	TS	Y				For discussion/approval
Annual Items						
Strategic planning and priorities	CEO	Y				For discussion
Membership/Engagement Strategy- Governor Engagement	TS		Y			For discussion
Forward Plan including briefing & development sessions	TS	Y			Y	For discussion/approval
Quality Accounts – commentary from Governors	TS/CN		Y			For information/approval
Annual report and accounts, including Independent Auditor's report	DoR/TS/Auditors			Y		For information
Fit and Proper Persons Test	TS	Y				For information
Other / As Required						
Changes to the Constitution	TS					For approval
Audit and effectiveness as recommended by the Standards Committee	TS					
Any items requested by Executives/Governors	TS					

Notes:										




14. Summary report for Board of Directors meetings (enclosed)

To receive a report from the Chair and Non-Executive Directors

To Note

Presented by Richard Jones and Jude Chin

WSFT COUNCIL OF GOVERNORS MEETING (Open)	
Report title:	Summary Report for Board of Directors meetings
Agenda item:	14
Date of the meeting:	27 February 2024
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Richard Jones, Trust Secretary & Head of Governance Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Executive summary:			
WHAT? <i>Summary of issue, including evaluation of the validity the data/information</i>			
<p>This report is from the Board of Directors to the Council of Governors and recognises the statutory duties of the Governors to:</p> <ul style="list-style-type: none"> - represent the interests of NHS Foundation Trust members and the public in the governance of the Trust - through the NEDs hold to account for the performance of the Board of Directors. 			
SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>			
<p>The Board of Directors recognises and respects this role of the Council of Governors.</p> <p>This report summaries the activities of the Board meetings and compliments the reports received from the Board's assurance committees earlier on the agenda.</p>			
WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>			
<p>The Council of Governors to review this report in order to:</p> <ul style="list-style-type: none"> • consider any elements relating to the performance of the board arising from this report which they wish to raise with the non-executive directors, 			

<ul style="list-style-type: none"> consider any areas of priority identified in this report for future engagement with members and the public. 	
Action required / Recommendation:	
The Council is asked to note and review the summary report.	
Previously considered by:	N/A
Risk and assurance:	If we do not provide the Council of Governors with the right level of reporting on the performance of the Board, this will not provide them with the intelligence and context against which they can effectively hold the NEDs to account for the Board's performance and information on the principal issues for which they are responsible for representing the interests of members and the public in the governance of the Trust.
Equality, diversity and inclusion:	Ensure appropriate consideration of EDI issues
Sustainability:	Be aware of the environmental impact of decision making
Legal and regulatory context:	NHS Act 2006, Health and Social Care Act 2012 Your Statutory Duties: A reference guide for NHS Foundation Trust Governors – Monitor 2013 The NHS Foundation Trust Code of Governance July 2014

Board of Director Key Issues

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Board of Director Key Issues – 1 December 2023			
<p>Patient / staff story - November being 'Disability history' month, the Board prioritised to hear stories from the Trust Disability Staff Network Co-Chair, in relation to reasonable adjustments at work.</p> <p>The Trust is looking at equality, diversity and inclusion (EDI) at all levels and across sites, including working with the Future System team to ensure accessibility for the new hospital and within all future plans.</p>	<ul style="list-style-type: none"> To improve working experience for the staff Annual reviews of staff for reasonable adjustments 	Model for future care	verbal
<p>Prevention, personalised care and health inequalities strategy - the Board received the report relating to the new prevention, health inequalities and personalised care strategy for the Trust. It is a long-term strategy, going up to 2060. The needs are stable and are able to be implemented throughout the Trust, in collaboration with the Integrated Care System (ICS). The Board approved the PHIPC strategy and noted in particular, the collaboration with West Suffolk Alliance partners in the 2023-25 action plan.</p>	<ul style="list-style-type: none"> To consider options for West Suffolk Hospital becoming a smoke free site Oversee and visibility 	Sustainable and safe patient care	2.1 report
<p>Future system board report - The board received an update on the Trust's plans to build a new hospital under the terms of the national New Hospital Programme. A feature of the programme is that the 'review' process is taking place at the same time as the 'progress' process. The outline of numerous reviews that will have a financial impact are currently being reviewed, by external parties.</p>	<ul style="list-style-type: none"> Ongoing assurance/monitoring Board to receive future updates 	Sustainable service improvements	2.2 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>West Suffolk Alliance and SNEE Integrated Care Board - SNEE ICB commissioned WSFT as the lead partner in the Alliance to deliver community health services for adults in West Suffolk and young people for the whole of Suffolk. This is a 10-year contract term with a 7-year break point in October 2024. Non-recurrent funding of £527,754 has come through to the ICB, to help with reducing health inequalities in West Suffolk. The priorities for use of this funding include supporting people with chronic obstructive pulmonary disease, hypertension and atrial fibrillation.</p>	<ul style="list-style-type: none"> • Strengthened provider collaboration • Forward planning and the delivery of plan • Board visibility and oversight of the work 	<p>Focus on system working</p>	<p>2.3 report</p>
<p>Digital Programme Board Report - The Board received an overview of the Digital Programme. There has been significant investment in the network infrastructure across the acute and especially community locations, in terms of internet access, with an upgrade to Wi-Fi access points on the main hospital site, to support the latest protocols and frequencies.</p> <p>There is no intention at present for the Trust to move to the new system that ESNEFT will be using. There is not enough impact for a business case to move from one market leader to another.</p>	<ul style="list-style-type: none"> • Board visibility and oversight of the work 	<ul style="list-style-type: none"> • Focus on digital programme • Model for future service delivery 	<p>2.4 report</p>
<p>Involvement Committee report - The Board received report on the October meeting, highlighting that more can be done to improve the visibility of the partnership between the Trust and Healthwatch Suffolk (the independent partner that represents the opinions and experiences of patients and public in West Suffolk).</p>	<ul style="list-style-type: none"> • Detailed analysis of CKIs 		<p>3.1 report</p>

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>People & OD highlight report - Putting You First Awards – The Board noted the summary report.</p> <p>The Guardian of Safe Working Hours presented the safe working report to the Board and highlighted that because of recent various industrial actions and following on from the pandemic, doctors’ needs for ‘safe working’ had not been looked at in more detail.</p> <p>The newly appointed Freedom to Speak Up Guardian presented the FTSU report to the Board. Following a newly elected Council of Governors, there is an opportunity to link up with the new Staff Governors and it was agreed that FTSU Guardian to be invited to the Staff Governor Group meetings.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring 	<p>Delivery of People and Culture Priorities for 2023/24</p>	<p>3.2 report</p>
<p>Insight committee report - The Board noted the report from last two meetings, which included a presentation from Outpatients and a deep dive into Community Paediatrics.</p>	<ul style="list-style-type: none"> • Focus on improvement • Increase visibility on the benchmark performance within the system • Insight Committee to keep track of the initiatives 		<p>4.1 report</p>
<p>Finance report - Discussions covered the financial position and the Board noted an overspend in October.</p> <p>The Board of Directors approved the application for a £6m in revenue support from Department of Health and Social Care as cash support, to cover Trust’s impacted deficit for 2023-24.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Overseeing and delivering FRP • Visibility on divisional delivery 	<p>Financial sustainability</p>	<p>4.2 report</p>

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Improvement committee report - The report highlighted the discussions that took place in the previous 2 meetings, which included two deep dives, one relating to mental health identification of patients in the emergency department & identification of learning disabilities.</p> <p>An analysis was undertaken regarding the Trust mortality data and the underlying causes of unallocated coding of that data. It was noted that these unallocated coded deaths don't affect/increase our mortality rates.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • On-going improvement plan 	ICS resources which could be tapped into	4.3 report
<p>Quality and nurse staffing report – The Board noted staff service levels (nurses and care staff) at 90% throughout the day and night. There is still a high turnover of nursing assistants within the Trust, which is continuing to be looked at. There is a need to ensure that those coming into the industry know what the expectations will be for the role to reduce this turnover. Vacancy rate across the Trust, in relation to registered nursing posts is under 10%.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Overseeing quality indicators • Review of the international recruitment pipeline 		4.4 report
<p>Maternity services report: Karen Newbury promoted to the first Director of Midwifery for the Trust. Changes to the survey sent to patients, following discharge from the maternity unit, from email to text message have led to an increase in responses, which is positive and welcome. Board members thanked the maternity team for all the hard work, which is showing in the survey results.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring in areas of priority 		4.4.1 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Governance Report – The report summarised the main governance headlines for November 2023 including reports from Council of Governors, Senior Leadership Team, remuneration committee report, Board workshop report, report urgent decision for submission, learning from patient safety events.</p> <p>In accordance with the Trust’s standing orders the Insight Committee was briefed on the need to make an urgent submission regarding financial and operational performance to the ICB as part of a national exercise. This related to addressing the significant financial challenges created by industrial action.</p> <p>The Chair and CEO approved the return having consulted with the director of resources, chief operating officer as three NEDs: Antoinette Jackson, Michael Parson and Roger Petter.</p>	<ul style="list-style-type: none"> • Board oversight 		5.1 report
<p>Board assurance framework - The Board reviewed the BAF and received the updated strategic risks.</p> <p>Internal auditors reviewed the risk register and BAF. A Board development workshop was facilitated by the internal auditors in November which focused on review of the BAF and Trust’s risk appetite.</p>	<ul style="list-style-type: none"> • To update the BAF based on agreed strategic objectives • Alignment of the risks to the assurance committees with the Board to receive findings of assurance reviews that are undertaken 	<ul style="list-style-type: none"> • Risk oversight • Risk appetite 	5.2 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Board of Director Key Issues - 26 January 2024			
<p>Patient / staff story - The Board were shown a video of the carer of a patient, talking about the experience around discharge the patient and carer had when at the West Suffolk Hospital in January 2023.</p> <p>Involvement committee to look how the staff understand the compassion and culture. Measures for improvement to focus on discharge and wider activities and also to look through the discharge processes, outcome and communication.</p>	<ul style="list-style-type: none"> • Ensure discharge systems in place • To improve care, compassion and culture 	<ul style="list-style-type: none"> • Model for future care • Improved discharge processes 	verbal
<p>Strategic priority progress report – the Board noted that following recent Board development days and committee workshops, new priorities for the next year have been created, some merging with existing priorities. The final set of priorities will be brought to Board for approval, following the next development day. This will include progress against measures in update report.</p>	<ul style="list-style-type: none"> • Discussion on 2024/25 priorities at the board development day 	Deliver the Trust strategy	2.1 report
<p>Future system board report - The board received an update on the Trust’s plans to build a new hospital under the terms of the national New Hospital Programme. The “right size” debate will be concluded by the end of February which will allow detailed designs to be completed by August which in turn will enable the completion of an OBC by February 2025. These key milestones support a 2026 commencement of construction and the delivery of a new hospital by 2030. There have been various reviews on the assumption of the Programme, in relation to governance, by the specialist consultancy firm employed with a focus on organisational health and governance.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Board to receive future updates 	Sustainable service improvements	2.2 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>West Suffolk Alliance and SNEE Integrated Care Board - The ICS “Start Well Domain – First 1001 Days” has set the priorities for 2024/25. This is the collective of all the early years and is recommending a multi-level approach, with various community and service level providers, to address the structural (e.g., government policy) and wider social factors (e.g., attitudes and values) that influence child and family outcomes. The Alliance is looking to identify 2 key objectives for 2024/25, closely linking to actions for Health Inequalities.</p>	<ul style="list-style-type: none"> • Strengthened provider collaboration • Forward planning and the delivery of plan • Board visibility and oversight of the work 	Focus on system working	2.3 report
<p>Involvement Committee report - The Board received report on the December meeting and noted that further work is required to establish the parameters for compliance on learning disabilities and autism mandatory training.</p> <p>The new appraisal framework for non-medical, has been launched within the Trust and is getting positive feedback.</p>	<ul style="list-style-type: none"> • Detailed analysis of CKIs • Develop a training solution 	Workforce sustainability	3.1 report
<p>Freedom to Speak Up Report - The Board noted the report. The number of freedom to speak up (FTSU) reporting’s has levelled out over the last 2 quarters, but there has been an increase in anonymous reporting, higher than national levels. There are various areas which could be impacting the numbers – training, more staff networks etc, but data will be looked at to find possible reasons.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • FTSU reporting via the Care Quality Commission (CQC). 	Delivery of People and Culture Priorities for 2023/24	3.2 report
<p>Insight committee report - The Board noted the report and highlighted that the recent industrial actions and the new consultant pay award, will impact on the Trust financial targets. CIP targets are a work in progress for next year.</p> <p>There was a deep dive session around cancer. There are various audits in place to improve targets. The Trust is on track with fast diagnostic targets.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Increase visibility on the benchmark performance within the system 	Financial sustainability	4.1 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Finance report - Discussions covered the financial position at the end of December which was in line with the financial plan. It was recognised that the Trust's cost improvement plan had been strong over the last couple of months, and expected to achieve end of year targets. All recurrent funding puts the Trust in a better place for the next financial year.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Overseeing and delivering financial recovery plan (FRP) • Visibility on divisional delivery 	Financial sustainability	4.2 report
<p>Improvement committee report - The report highlighted the discussions that took place in the previous meetings. There were potential breaches of Ionising Radiation (Medical Exposure) Regulations, radiology department which is on the risk register, more assurance was sought regarding improvement and departmental compliance.</p> <p>Ockenden - WSFT response regarding organisational learning. The Senior Leadership Team undertook a Trust wide self-assurance assessment, which is ongoing. Data is being collated and will come to February meeting to compile an improvement action plan.</p> <p>The Committee Terms of Reference were reviewed and will come to the March Board for approval.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • On-going improvement plan 	ICS resources which could be tapped into	4.3 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Quality and nurse staffing report – The Board noted:</p> <ul style="list-style-type: none"> • Overall registered nurse (RN) vacancy rate is positive causation/trend • Turn over for RN/registered midwife (RM) remains under 10% • High levels of nursing assistant (NA) sickness seen this period • Combined nursing and NA fill rates above 90% continues this in this period and no longer within a declining trend. • Care hours per patient day (CHPPD) reduced in December as expected following opening of escalation ward mid month • Temporary spend reduced in this period, successfully achieving cost improvement plan (CIP) trajectory month 8 and month 9 • Emergency department (ED) safer nursing care tool (SNCT) review completed. Skill mix revision within budget has commenced 	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Overseeing quality indicators • Review of the international recruitment pipeline 		4.4 report
<p>Maternity services report: The Trust continues to be compliant under the majority of the requirements of the Local Maternity and Neonatal System (LMNS) maternity incentive scheme. A staff survey is currently live to capture views regarding current shift patterns and whether they meet work/life balance requirements and to provide ideas for improvement from staff.</p> <p>The Board approved the Clinical Negligence Scheme for Trusts (CNST) submission and confirmed that they are reassured that steps have been taken to provide safe care and services within the Maternity and Neonatal care settings. The completed declaration to be submitted with authorisation from the LMNS, Trust Board, Chief Executive and ICS.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring in areas of priority 		4.4.1 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Audit committee Chair’s key issues report – The Board noted that the committee looked at the approved annual report for 2022/23 and agreed the areas for development in the financial year, in particular the robustness of the budget setting and CIP delivery process. Assurance received around process with the 2023/24 audit plan.</p>	<ul style="list-style-type: none"> • Ongoing assurance 		4.5 report
<p>Governance Report – The report summarised the main governance headlines for January 2024 including Governance framework update - management executive terms of reference, Senior Leadership Team report, Council of Governors – election results, Board to board report, remuneration committee report, NED responsibilities and Board well led review update.</p> <p>The Board also approved the Terms of Reference for the Management Executive meeting.</p>	<ul style="list-style-type: none"> • Board oversight 		5.1 report
<p>Board assurance framework - The Board received BAF summary highlighting the predicted risk movement over the coming strategic reporting period. The strategic risks were reviewed at the Board workshop in November and the broad themes were agreed. The existing BAF risks were mapped to these themes.</p> <p>As part of the wider update of the risk management arrangements and BAF reporting the Board will develop collective understanding of risk tolerance (risk appetite) and use this to inform how risks are reported and escalated at board, assurance and corporate levels. This will be the focus of a facilitated board workshop in March 2024.</p> <p>The Board will also map sources of assurance for each of the strategic risk, internal and external and ensure that gaps in assurance are understood and managed.</p>	<ul style="list-style-type: none"> • To update the BAF based on agreed strategic objectives • Alignment of the risks to the assurance committees with the Board to receive findings of assurance reviews that are undertaken 	<ul style="list-style-type: none"> • Risk oversight • Risk appetite 	5.2 report

15. Any other business

For Discussion

Presented by Jude Chin

16. Dates for meetings for 2024

- 9 May 2024
- 2 September 2024
- 24 September 2024 (annual members' meeting)
- 5 November 2024

To Note

Presented by Jude Chin

17. 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 Consideration

Presented by Jude Chin