NHS
West Suffolk
NHS Foundation Trust

OPEN Council of Governors meeting

Schedule	Monday 4 September 2023, 5:30 PM — 7:30 PM BST
Venue	Ashlar House, 23 Eastern Way, Bury St Edmunds, IP32 7AB
Organiser	Pooja Sharma

Agenda

AGENDA: The Council of Governors meeting on Monday 4 September 2023 at 5.30pm at Ashlar House, 23 Eastern Way, BSE, IP32 7AB

0. Agenda Open CoG meeting 4 Sept 2023.docx

1. Welcome and introductions
   To welcome governors and attendees to the meeting and request mobile phones be switched to silent
   To note:
   • Resignation of Joe Pajak, Public Governor
   To Note - Presented by Jude Chin

2. Apologises for absence
   To receive any apologies for the meeting.
   Apologies received from:
   Louisa Pepper and Michael Parsons
   To Note - Presented by Jude Chin

3. Declaration of interests (enclosed)
   To receive any declarations of interest for items on the agenda
   To receive the updated summary of declarations from all Governors
   To Note - Presented by Jude Chin

4. Minutes of the previous meetings (enclosed)
   To note the minutes of the meetings held on 2 May 2023
   For Approval - Presented by Jude Chin

   Item 4 Open CoG 2 May 2023 draft minutes - v1.docx

5. Matters arising action sheet (enclosed)
   To note updates on actions not covered elsewhere on the agenda
   To Note - Presented by Jude Chin

   Item 5 CoG Open Action log from 2 May 2023 meeting.docx

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6. Chair's report
   To receive an update from the Chair
   To Note - Presented by Jude Chin

   Item 6 Chair report to CoG 4 September 2023.docx

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7. Chief executive's report
   To note a report on operational and strategic matters
   To Note - Presented by Ewen Cameron

   Item 7 CEO report Council of Governors 4 Sept 2023.docx

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8. CQC inspection model (enclosed)
   To Note - Presented by Richard Jones

   Item 8 CQC new model.docx

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9. Feedback from assurance committees (enclosed)
   To receive a report from the assurance committees – chair key issues and observer reports:
   To Note

   Item 9 Feedback from Board assurance committees CoG Sept 2023.docx

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9.1. Insight Committee

   Item 9 INSIGHT CKI report Insight 05 17 May 2023.docx
   Item 9 INSIGHT CKI report Insight 06 21 June 2023.doc
   Item 9 INSIGHT CKI report Insight 07 19 July 2023.docx
   Item 9 INSIGHT Governor observers- Insight 05 17 May 2023 Jayne N.docx
   Item 9 INSIGHT Governor observers-Insight 06 21 Jun 2023 Florence B.docx

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9.2. Improvement Committee

Item 9 IMPROVEMENT CKI report Improvement 05 21 June 2023.docx

Item 9 IMPROVEMENT CKI report Improvement 07 19 Jul 2023 Final.docx

Item 9 IMPROVEMENT Governor observers Improvement 05 17 May 2023 Robin H.docx

Item 9 IMPROVEMENT Governor observers Improvement 05 21 Jun 2023 Jane S.doc

Item 9 IMPROVEMENT Governor observers Improvement 05 21 Jun 2023 Liz S.pdf

Item 9 IMPROVEMENT Governor observers Improvement 07 19 Jul 2023 Liz S.docx

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9.3. Involvement Committee

Item 9 INVOLVEMENT CKI report Involvement 06 21 June 2023.doc

Item 9 INVOLVEMENT CKI report Involvement 08 16 Aug 2023.doc

Item 9 INVOLVEMENT Governor observers Involvement 05 21 Jun 2023 Clive W.doc

Item 9 INVOLVEMENT Governor observers Involvement 08 16 Aug 2023 Robin H.docx

Item 9 INVOLVEMENT Governor observers-Involvement 08 16 Aug 2023 Clive W.doc

Item 9 INVOLVEMENT Governor observers-Involvement 08 16 Aug 2023 Jane S.doc

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10. Nomination Committee report (enclosed)
To receive the report from the committee
To Note - Presented by Jude Chin

Item 10 Nomination committee report CoG Sept 2023.docx

Item 10.1 Appendix A Nominations Committee Terms of Reference Jul 2023 FOR APPROVAL.docx

Item 10.2 Appendix B Annual report Governor sub committees Nomination Jul 2023.docx

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11. Engagement Committee report (enclosed)
To receive a report from the Engagement Committee meeting on 7 June 2023
To Note - Presented by Ben Lord

Item 11 Engagement committee report CoG Sept 2023 PS.docx

Item 11.1 Appendix A WSFT 15 Steps Feedback to Council of Governors 4 Sept 2023.docx

Item 11.2 Appendix B Engagement Strategy May 2023-2025 v1.docx

Item 11.3 Appendix C Annual report Governor sub committees Engagement 2023 - final draft.docx

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12. Standards Committee report (enclosed)
    To receive the report from the Standards Committee meetings held on 10 July 2023 and to approve the recommendations
    For Approval - Presented by Jude Chin

    Item 12 Standards committee report CoG 4 Sept 2023.doc

    Item 12.1 Appendix A Policy for Engagement between Board and CoG 2023 draft v1.docx

    Item 12.2 Appendix B GGI report action plan 2022.doc

    Item 12.3 Appendix C Annual report Governor sub committees Standards June 2023.docx

    Item 12.4 Appendix D Governor induction and training programme 2023.doc

    Item 12.5 Appendix E Development plan from Governor training day March 2023.docx

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13. Lead Governor Report (enclosed)
    To receive a report from the Lead Governor
    To Note - Presented by Jane Skinner

    Item 13 Lead Governor report to CoG Sept 2023.docx

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14. Staff Governor Report (enclosed)
    To receive a report from the Staff Governor meeting held on 11 July 2023
    To Note

    Item 14 Staff Governor report CoG 4 Sept 2023.docx

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15. Governor Work Programme 2023-24 (enclosed)
    To receive the updated programme
    To Note - Presented by Pooja Sharma

    Item 15 Council of Governors work programme 2023-24 cover sheet.docx

Item 15.1 Appnedix A Governors Work Programme 2023-24.docx

16. Annual Report and Accounts 2022/23 (via weblink)
    To note annual report
    To Note - Presented by Richard Jones

    Item 16 Annual report and accounts coversheet.docx

17. Annual Audit Letter (enclosed)
    To receive the report from KPMG, external auditor
    To Note - Presented by Jude Chin

    Item 17 Final WSFT AAR 202223.pdf

18. 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 18 Summary Report for Board of Directors meeting CoG Sept 2023.docx

19. Any other business
    For Consideration

20. Dates for meetings for 2023
    To note dates for meetings in 2023:
    - 26 September 2023 - Annual Members' meeting
    - 7 November 2023 - CoG Open meeting
    To inform - Presented by Jude Chin

21. 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: The Council of Governors meeting on Monday 4 September 2023 at 5.30pm at Ashlar House, 23 Eastern Way, BSE, IP32 7AB

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on **Monday 4 September 2023 at 5.30pm at Ashlar House, 23 Eastern Way, BSE, IP32 7AB.**

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 welcome governors and attendees to the meeting and request mobile phones be switched to silent To note the resignation of Joe Pajak, Public Governor.	JC
2.	**Apologies for absence** To receive any apologies for the meeting	JC
3.	**Declaration of interests (enclosed)** To receive any declarations of interest for items on the agenda To receive the updated summary of declarations from all Governors	JC
4.	**Minutes of the previous meetings** (enclosed) To note the minutes of the meetings held on 2 May 2023	JC
5.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	JC
6.	**Chair's report** (enclosed) To receive an update from the Chair	JC
7.	**Chief executive's report** (enclosed) To note a report on operational and strategic matters	EW
8.	**CQC inspection model (enclosed)** To receive an update on the new CQC inspection model	RJ
18:00	**GOVERNOR BUSINESS (INC. STATUTORY DUTIES)**	
9.	**Feedback from assurance committees** (enclosed) To receive a report from the assurance committees – chair key issues and observer reports:	NED chairs /

	9.1 Insight Committee 9.2 Involvement Committee 9.3 Improvement Committee	Governor observers
10.	**Nomination Committee report** (enclosed) To receive the report from the committee	JC
11.	**Engagement Committee report** (enclosed) To receive a report from the Engagement Committee meeting on 7 June 2023	BL
12.	**Standards Committee report** (enclosed) To receive the report from the Standards Committee meetings held on 10 July 2023 and to approve the recommendations	JC
13.	**Lead Governor Report** (enclosed) To receive a report from the Lead Governor	JS
14.	**Staff Governor Report** (enclosed) To receive a report from the Staff Governor meeting on 11 July 2023	AK
15.	**Governor Work Programme 2023-24** (enclosed) To receive the updated programme	PS
16.	**Annual Report and Accounts 2022/23** (via weblink) To note annual report Annual Report 2022-23 (wsh.nhs.uk)	RJ
17.	**Annual Audit Letter** (enclosed) To receive the report from KPMG, external auditor	JC
19:15 REPORTS FROM THE BOARD OF DIRECTORS		
18.	**Summary report for Board of Directors meetings** (enclosed) To receive the report the Chair and Non-Executive Directors	JC / NEDs
19.25 ITEMS FOR INFORMATION		
19.	**Any Other Business**	JC
20.	**Dates for meetings for 2023** To note dates for meetings in 2023: • Annual Members Meeting - 26 September 2023 • 7 November 2023	JC
21.	**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 and request mobile phones be switched to silent

To note:

• Resignation of Joe Pajak, Public Governor

To Note

Presented by Jude Chin

2. Apologises for absence

To receive any apologies for the meeting.

Apologies received from:

Louisa Pepper and Michael Parsons

To Note

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To receive any declarations of interest for items on the agenda

To receive the updated summary of declarations from all Governors

To Note

Presented by Jude Chin

4. Minutes of the previous meetings (enclosed)

To note the minutes of the meetings held on 2 May 2023

For Approval

Presented by Jude Chin

NHS
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WEST SUFFOLK NHS FOUNDATION TRUST

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING - OPEN

Held on Tuesday 2 May 2023 at 17:30
At Ashlar House, Eastern Way, 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
Robin Howe	Public Governor	RH
Gordon Mackay	Public Governor	GMK
Jayne Neal	Public Governor	JN
Adrian Osborne	Public Governor	AO
Joe Pajak	Public Governor	JP
Clive Wilson	Public Governor	CW
Liz Steele	Public Governor	LS
Amanda Keighley	Staff Governor	AK
Louisa Honeybun	Staff Governor	LH
Martin Wood	Staff Governor	MW
Sarah Judge	Staff Governor	SJ
Thomas Pulimood	Partner Governor	TP
Elspeth 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 Officer	EC
Louisa Pepper	Non-Executive Director	LP
Antoinette Jackson	Non-Executive Director	AJ
Tracy Dowling	Non-Executive Director	TD
Krishna Yergol	Associate Non-Executive Director	KY
Richard Jones	Trust Secretary	RJ
Pooja Sharma	Deputy Trust Secretary (minute taking)	PS
Apologies: Joe Pajak– *Public Governor* Louisa Honeybun– *Staff Governor* Elspeth Lees and Rebecca Hopfensperger – *Partner Governors* Geraldine O'Sullivan, Michael Parsons and Roger Petter– *Non-Executive Directors*		

No.	Item	Action
1.	**Welcome and introductions**	
1.1	The Chair (JC) welcomed everyone to the meeting. JC welcomed Partner Governor from the West Suffolk College, Elspeth Lees and thanked Laraine Moody for contributions to the Trust. The Council of Governors noted that Michael Parsons was appointed as the new Non-Executive Director (NED) and Audit Committee Chair. It was also noted that Allen Drain had resigned as Public Governor and was thanked for being an important contributor to the Council.	
2.	**Apologises for absence**	
2.1	Apologises for the meeting were noted.	
3.	**Declaration of interests**	
3.1	No declaration of interests was received for items on the meeting agenda.	
4.	**Minutes of the previous meetings**	
4.1	The minutes from the meeting held on 1 March 2023 were approved as a true and accurate record.	
5.	**Matters arising on action sheet**	
	There were no outstanding actions on the action log.	
6.	**Chair's report**	
	The Trust Chair (JC) presented the report and thanked the Non-Executive Director/Deputy Chair and the governors for actively participating in the recruitment of the new NED/Audit Committee Chair. JC drew attention of the Council of Governors to the Hewitt review of ICS which was recently published and key findings were circulated both within the NHS system and wider media. JC said that there are many recommendations in the report but the key message that emerges is the challenge that each ICS will face to move focus from cure to prevention, the additional funding that primary care and community care will require and the need for the innovative involvement of the voluntary, community and social enterprise sectors. The joint forward plan that all ICSs are required to prepare, is in its final stages and anticipated a presentation of the final document at the next public board at the end of May. JC informed to the governors that there will be a meeting of all members of the Integrated Care Partnership on 12 May 2023 to discuss how our system will mitigate the effects of high demand in order to avoid excess pressures next winter. **The Council of Governors noted the report from Chair.**	

7.	**Chief executive's report**	
	The Chief Executive (EC) presented the report to the governors and explained that since arrival, EC has visited more than 70 teams delivering services at our hospitals as well as community services in Sudbury, Glemsford and Mildenhall. EC noted the potential and impact that integrated community services can have in delivering personalised and joined-up care for patients and that working more closely with social care colleagues allows better support to patients once they leave hospital or prevent them from having to come into hospital in the first place. EC thanked the colleagues for working incredibly hard and for their support in these challenging circumstances when the Trust is operating under intense and sustained pressure due to urgent and emergency care demand and the industrial action taking place. EC shared that, following a huge effort from the colleagues, the Trust has significantly reduced the number of patients who have had to wait more than 104 weeks before they receive their treatment. The target now is to address capacity issues and shift focus to reducing those patients waiting more than 65 weeks. EC confirmed that the National Staff Survey 2022 results have been published and there are areas that remain strong and for the most part the Trust remains above or at the national average. However, there are areas including Freedom to Speak Up and health and safety climate which have shown a continued deterioration. It was noted that the plan is in place to address these concerns and the Board will have an oversight through the involvement committee. The Board is committed to make this organisation an even better and more attractive place to work. **The Council of Governors noted the report from the Chief Executive.**	
8.	**Feedback from assurance committees**	
	The Chairs and Governor observers of the Board assurance Committees presented the feedback report which included a summary of the agenda items discussed in the committees, chairs' key issues and respective governor observers' reports. The governor observers from the insight committee stated that it was very helpful to observe NEDs, in relation to how they operate and interact with other Board members. Positive feedback was given on the quality of discussions between the NEDs and the Execs. The meetings were well chaired, the behaviour of all participants was professional and polite and there was a respect for each other. Reports were of a good standard and well presented by the staff. They covered a range of topics but there were common themes. There was an observation about paediatric pathways, and it was noted that the ICB were looking at these pathways. A query was made on how much granularity of the elective data is reviewed through integrated performance and quality report (IQPR) and how gaps between the specialities will be addressed. It was indicated that work has	

	begun to see how future performance trajectories can be better reported in insight committee reports. Further deep dives will also be helpful to steer the work towards areas for significant focus. The governor observers said that observing is not just about the conduct but also the level of assurance received in the meetings and how the challenges are made. It was suggested that the governors on rota should be allowed to observe a minimum of three consecutive meetings, subject to their availability, to understand the discussions and have confidence that assurance has been achieved in the next meeting. **Action: Review the rota to support consistency in the governor observers.** The reports from the Governor observers at the involvement committee meeting were noted by the Council. The Governors expressed their concerns that challenges around culture still require improvement and that the Trust is at the lower end of the benchmark data with other trusts. TD said that it is disappointing to see a drop in that area and explained that work is in progress with regard to the theme 'Growing our culture' to address the challenges around building a culture that comes through living our Trust values. It was noted that the integrated people and culture plan has been developed and People and Culture Leadership Group will track delivery of the action plan. The governors pointed out that there are always challenges with such type of surveys and limited time for nursing and other clinical staff to access and to respond to the emails/surveys. It was suggested that options for targeted and quick win surveys are considered. The governor observers from the involvement committee fed back that managing the timing and content of the agenda could be improvement. There was a query on what nutritional assessment is and it was explained that it is the systematic process of collecting and interpreting nutritional based information to make clinical decisions about the health of an individual including their basic hydration needs, can they feed themselves, whether they need a referral or more support, patient is or not nutritionally in a good place. **The Council of Governors noted the feedback from Board assurance committees.**	**PS**
9.	**Appraisal process for Chair & NEDs**	
	The Trust Secretary (RJ) summarised the appraisal process and stated that appraisal and feedback is an important part of the Governors responsibility in holding the Chair and NEDs to account. The approach used to support this process is overseen and delivered by the Nominations Committee.	

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	RJ said that the Non-Executive Directors, Dr Roger Petter and Michael Parsons, are excluded from the appraisal process for the year 2023 as they have only recently joined the Trust. Nominations for Governors wishing to act as observers using the appraisal questionnaires were sought and Public Governors Florence Bevan, Clive Wilson and Liz Steele volunteered. The Council of Governors noted the timescale for the appraisal process. A suggestion was made to review the wording of clause 2 in the Fit and Proper Person Self-Declaration Form around disability. **Action: The FPPT form will be discussed with the HR colleagues to ensure appropriate prior to circulation.**	**PS**
10.	**Nomination Committee report**	
	The Deputy Chair (LP) presented the report and provided a summary of the current position around the Chair appointment. LP drew attention of the Council to the process, timing for shortlisting, longlisting and formats for the interview panel composition and stakeholder panels. **The Council of Governors noted the report from the Nominations Committee.**	
11.	**Engagement Committee report**	
	The Committee Chair (BL) presented the report and drew attention of the Council to the following: • Elspeth Lees (Partner Governor) was welcomed as the member of the Engagement Committee • It was agreed that the council of governors would begin patient area observations with patient engagement team and environmental walkabouts with the Estates & Facilities team. The first area observation was done by the lead governor on 20 April • An update was provided on the governor election 2023 and the committee discussed approaches to secure interests/nominations for the governor elections • Discussion took place around creating some structured/drop-in sessions around our membership area for members who would like more information about being a governor and contacting underrepresented groups through established links via engage and attend forums/events, working with comms team to gain media coverage of elections and ability to stand • The topics for the summer edition of the Trust members' newsletter were considered and proposed timescale for newsletter publication was agreed by the committee.	

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	BL expressed concerns around two vacancies on committee following the resignation from Allen Drain. With the election work now beginning, a recommendation was made to invite governor colleagues to join the committee and support to take forward the engagement programme. It was clarified that in January 2024 after the elections and new governors being in post, the membership and composition of the sub-committees will be reviewed. **Action: Schedule review of membership and composition of the Governors' sub-committees in January 2024.** **The Council of Governors noted the report from the Engagement Committee.**	**PS**
12.	**Standards Committee report**	
	The Committee Chair (JC) and Trust Secretary (RJ) presented the report and thanked the committee for all the work done and addressing crucial matters on behalf of the Council of Governors. <u>Trust Constitution - review & amendments</u> The changes were described in detail and the updated Constitution was presented for information and approval. **The Council of Governors discussed the proposed amendments and agreed on a number of recommended amendments to the Trust's Constitution by a show of hand.** <u>Lead and deputy lead governor election process and role specification</u> The Council noted the revised lead and deputy lead governor election process and role specification. The term of office was discussed and it was recognised for purpose of clarity that under 'Terms and Conditions', the following cause to be reworded as: **5.3 The term of office for the lead Governor will normally run for three years until one year after Governor elections. The total term of office will be 3 years.** The governors noted that, under circumstances when the office of the lead governor is vacant, if the deputy lead governor cover the role until a new lead governor is appointed. A query was raised about the clause in the NHSE Code of Governance 2023 which states that any governor may stand as lead governor. There were discussions around extending this to include staff and partner governors as well as public governors. It was clarified that the Code removes the restriction of only public governors to be the lead governor. The governors unanimously agreed that all the governors, public, staff and partner, should be eligible to stand as lead governor.	

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	The Council of Governors approved the revised lead and deputy lead governor election process and role specification subject to the above amendment. Governor election timetable 2023 **The Council of Governors noted the Governor election timetable 2023.** Quality Accounts 2022-23 This was discussed as a separate agenda item#15 on the CoG agenda Governor email addresses The proposed arrangement was recommended to the council of governors that Public Governors use personal emails, Staff Governors use WSFT or personal email addresses as preferred and Partner Governors use personal or work email addresses as preferred. The governors were informed that there are provisions in place to share confidential information via Convene which is a secure mechanism and can control access as required. The Trust makes every effort to support the governors and it was recognised that if needed hard copies of material may be provided. Concerns were raised around the email proposal in terms of General Data Protection Regulations and it was concluded that further discussions take place to ensure clarity. **Action: seek clarification on information governance issues.** **The recommendation regarding Governor email addresses was held back until further clarification and expert advice on this matter.**	**PS**
13.	**Report from Governor training day**	
	The Trust Secretary (RJ) presented the report from the training and development day that was held with Governors and non-executive directors. The session was facilitated by NHS Providers to provide a refresh of the Governor role and develop thinking in areas such as accountability and holding to account, the right information for the Council and effective questioning and challenge. 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 sessions. The Council of Governors noted the progress, approved the action plan from the day and that an updated report will be received at the next meeting. **Action: An updated report will be presented at the next Council of Governors meeting in September.**	**PS**

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14.	**Governor Work Programme 2023-24**	
	The Deputy Trust Secretary (PS) presented the Governor Work Programme. On governors' training day 17 March, it was recognised that the pressure on time commitment for Governors has increased and there is a need to review the work plan to ensure commitment and expectations are reasonable. Stocktaking was done to understand the monthly time commitment from the governors and for efficient future planning. A summary for Governor meetings/sessions/events was provided to fairly balance these activities across the year and the governors were asked to confirm that the annual programme schedule is reasonable in terms of time commitment and spread. **The Council of Governors approved the development plan for 2023/24.** **The Council of Governors also noted the membership of governors in the Governors' sub-committees.**	
15.	**Annual Report and Quality Accounts 2022/23**	
	The Trust Secretary (RJ) proposed that up to four Governors be identified as readers for the draft Annual Report and quality accounts. This will be to ensure that the report, whilst complying with the requirements of national guidance, remains accessible for the public in terms of language. Public Governors Jayne Neal and Jane Skinner along with Staff Governors Sarah Judge and Martin Wood were identified as readers for the Annual Report and Quality Accounts. Readers will receive the draft Annual Report and Quality Accounts for comment in late May/early June. RJ further stated that the Council of Governors provides commentary for inclusion in the annual quality accounts. The Standards Committee received a copy of last year's commentary and asked that this be reviewed with the lead governor to provide an updated version for 2022-23. The draft commentary was shared with the governors for discussion and approval. **The Council approved the draft Governor commentary for the quality accounts 2022-23.**	
16.	**Lead Governor Report**	
	The Lead Governor (JS) presented the report noted by the Council of Governors.	
17.	**Staff Governor Report**	
	The Staff Governor (AK) provided a verbal update on the discussions that took place in the staff governors' meeting held on 26 April. There was significant focus on the upcoming Governor elections 2023 with the focus on the Staff Governor constituency. The Staff Governors were	

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	asked to encourage new staff members to stand for Staff Governor elections and share their views on the engagement activities to publicise the elections among the staff. Need to make sure to get a good cross section representation across the organisation in terms of professional (clinical/non-clinical) and background perspective and target the staff groups and networks already in place. Discussions also focussed on sensitive conversations with the staff and managing workload. It was recognised that such issues are at the heart of staff surveys and Trust's culture depends on treating people with respect and in a way that makes them feel valued. Managers themselves need to feel valued so that they in turn can give the best leadership to their teams. A brief update on the upcoming industrial action was also provided by the executive director of workforce & communications. **The Council of Governors noted the report.**	
18.	**Summary report for Board of Directors meetings**	
	The summary report for Board of Directors meetings was presented to the CoG. A query was made by the Public Governor with regard to the NHS costs to run maternity and litigation costs. LP provided assurance that the Board maintains detailed oversight of clinical and quality within maternity services, including attendance of the senior team at Board meetings. For further information, the governors were directed to the open board reports on maternity.	
19.	**Any other business**	
	There was no other business.	
20.	**Dates for meetings in 2023**	
	Dates for the future CoG meetings are below for information: • 4 September 2023 • 26 September 2023 (AMM) • 7 November 2023	
21.	**Reflections on meeting**	
	The following reflections were made at the end of the meeting: • Good balance of information and level of discussion • Beneficial to have reports from the chairs of the 3i committees • Content and format of the away day on 17 March was liked by the governors • Format of reports from the Chair and CEO was welcomed	

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5. Matters arising action sheet (enclosed) 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 2 May 2023 meeting

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
8	Feedback from assurance committees	2 May 2023	To review the rota to support consistency in the governor observers	PS	The schedule for attendance at the meeting is: - Insight/Improvement – three months - Involvement – six months On occasion attendance varies due to unavailability of Governors. A request to update the attendance rota was circulated in August and the attendance schedule will be updated on this basis. The schedule will also need to be updated following the elections and the new Council being established.	Feb 2024	Green	
9	Appraisal process for Chair & NEDs	2 May 2023	To discuss the FPPT form with the HR colleagues to ensure appropriate prior to circulation	PS	The wording of the FPPT form has been reviewed and updated to be more inclusive.	June 2023	Complete	June 2023
11	Engagement Committee report	2 May 2023	To schedule review of membership and composition of the Governors' sub-committees in January 2024.	PS	Included in the forward work plan of CoG and the subcommittees. This will also be touched on at the Governor training day in January 2024.	Feb 2024	Green	

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
12	Standards Committee report	2 May 2023	To discuss the recommendation regarding Governor email addresses was held back until further clarification and expert advice on this matter.	PS	This was discussed at the standards committee and a recommendation is included in its report. We continue to work to implement an effective IT solution to support implementation of the recommendation. Status recorded as amber as a result of the IT implementation.	Nov 2023	Amber	
13	Report from Governor training day	2 May 2023	To present an updated report at the next Council of Governors meeting in September	PS	This is included in the Standards Committee report. The committee will maintain oversight of this action plan as part of its normal work.	Sep 2023	Complete	Sep 2023

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
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:	4 September 2023
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Jude Chin, Trust Chair

Purpose of the report:

For approval ☐	For assurance ☐	For discussion ☐	For information ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Summary:	**Board matters** Since the last Council of Governors meeting, the board have met twice in Public and Private and have had one development day and one workshop day. I would like to thank those governors who are able to attend the board meetings in public, for the questions they pose and for their feedback on the performance of the board. Our board development day in May was our final session with Integrated Development and was an opportunity for the board, as currently constituted, to recap on some of the lessons previously learned (for the benefit of the new NED's) and to continue work on developing competencies to enhance our effectiveness as a unitary board. I would like to thank Integrated Development for the work they have done with the board over the last two years. Going forward, we will be taking stock of further development work we need and will be assessing the options for the delivery of that work. **ICS/Region** The Joint Forward Plan, that was referred to, in my last report has now been finalised and published and was presented and discussed at our board meeting at the end of May. The plan was prepared after extensive user feedback and captured 8 key themes from that feedback which have then fed into the 'five year commitments' of our ICB. The health outcome targets for the next five years are set out under each of the six 'Live Well' domains. I would encourage all governors to read the Joint Forward Plan in order to understand the focus of the ICB. At the Trust we will be looking at those areas where we can support the ICB five-year strategy. **Volunteers Awards** I had the pleasure of attending the volunteer's tea party in June and in handing out long service awards. Colleagues from the executive team also attended and

	helped serve tea and coffee to the volunteers. This was also Val Dutton's final year in charge of our volunteers programme and we wished her well in retirement. **Visit from Lord Markham** Lord Markham is the minister in charge of the New Hospitals Programme (NHP) and as with most visits from the department, was at relatively short notice. Lord Markham was accompanied by a number of colleagues from the NHP and by Richard Meddings, Chair of NHS England. Lord Markham was with us for most of the day and his visit included meetings with the executive team, with wider stakeholders, including local politicians and with staff who have been involved with the design of our new hospital. The discussions were very positive and there is a clear message from the NHP team that they wish us to move forward with our new hospital build as quickly as possible.
Action required/ recommendation:	The Council of Governors is asked to note the chair's 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:	4 September 2023
Sponsor/executive lead:	Dr Ewen Cameron, Chief Executive
Report prepared by:	Dr Ewen Cameron, Chief Executive

Purpose of the report:			
For approval ☐	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive Summary

Again, it has been an incredibly busy time, where we have negotiated industrial action amongst other difficult challenges both clinically and non-clinically. However, thanks to our colleagues' impressive commitment and skill, we have worked through these diligently whilst providing high quality and safe care to our patients.

I am currently encouraging all our colleagues wherever and whenever possible, to take time to look after themselves. Whether it is caring for patients in our hospitals, keeping our hospitals and services running or providing care to patients in our communities, it is not easy work. Therefore, it is very difficult to do this well if they do not feel well themselves. I am glad that our colleagues have access to the staff psychology support team, staff physiotherapy service, Abbeycroft Leisure or the range of discounts across numerous local and national businesses to help themselves stay well.

I have now visited more than 80 different teams across our Trust at least once, and I am doing my utmost to go and meet as many teams as possible to learn about the amazing work they all do every day, which I will outline in more detail below.

Quality and safety

There has been a huge amount we can be proud of in relation to the quality and the safety of the care we provide.

Legs Matter Week took place in June, where our integrated tissue viability service held webinars and travelled around our hospitals and community bases to spread awareness of the importance of preventing lower leg and foot conditions. Learning Disability Awareness Week also took place in June, where our patient experience and engagement team, along with our autism liaison colleagues, worked with staff across West Suffolk Hospital. For this, the team produced resources and held awareness sessions for our teams to learn more about how to best care for patients with learning disabilities. Our

teams taking the initiative in this way helps our Trust become more informed and better able to provide the highest quality and safest care possible.

In June, we launched our Schwartz Rounds, which provide our colleagues with a space to discuss the emotional and social aspects of working in healthcare. The first session was well attended and received positively across many of our staff groups. I hope our colleagues continue to utilise this space as a way of talking about the difficulties involved in working in healthcare, and support and empathise with each other. We know that teams with strong psychological safety and resilience can provide better and more empathetic care, so forums such as these are of great value to us all.

Other events include our Trust's annual cancer forum in Bury St Edmunds which took place in May. This event provided support and valuable information to cancer patients, their families, friends and support networks. With well over 200 attendees, there were insightful presentations and interactive sessions throughout the day. I would like to thank My WiSH charity for providing funding for the venue hire and complimentary lunch for attendees as this was hugely appreciated.

Additionally, the Trust held its 'medicine for members' healthy heart event at Sudbury Football Club on 19 July, which provided information on how everyone can take positive steps to looking after their heart health, which is something that it is never too early to be mindful of.

The recently established Unscheduled Care Coordination Hub (UCCH) has been a tool that symbolises the benefits of system working and delivering the right care, at the right time, in the right place. This service operates by our urgent community response service attending calls which would previously have been assigned to an ambulance. Not only has this reduced pressure on our ambulance colleagues and our emergency department by preventing 590 ambulance dispatches across Suffolk and north east Essex per month, but it has kept people at home by bringing care to them. This is a very positive example of how we must and will continue innovating to better meet the needs of our communities while mitigating the pressure on our urgent and emergency care services.

Operational performance
During the past few months we have seen further rounds of British Medical Association (BMA) junior doctor and consultant strikes.

Having spent time talking to colleagues across numerous departments throughout these periods, I am proud of the way teams have pulled together to help care for patients and each other. I would again like to state that we absolutely support our colleagues' legal right to take strike action. Going forward, I hope that a resolution to the disputes between the BMA and the government can be reached quickly as I am keen to return our focus to improving services.

Despite the ongoing operational challenges, the reintroduction of the 4-hour standard has so far produced fantastic results. Thanks to excellent work to implement these changes, we have achieved a best weekly ambulance handover performance in the country twice and a top-10 4-hour performance twice in June. While this has resulted in our services delivering much safer patient care and much-improved patient and staff experience, there is more we need to do to meet the 76% target by March 2024.

We have also seen the same day emergency care unit (SDEC) and surgical assessment unit (SAU) sharing a ward, offering a quicker pathway out of the emergency department at West Suffolk Hospital. As we progress through the summer and into autumn and eventually winter, these new innovative ways of working will help us meet the demand for our urgent and emergency care services.
Despite the impact of industrial action, progress to clear our waiting lists continues. At the end of July, there was one patient waiting more than 104 weeks and 60 patients waiting more than 78 weeks, which has been reduced from 509 in June 2022. Looking forward to our goal of eliminating those waiting more than 65 weeks by March 2024, we are meeting our trajectory at 430 patients, however there is a lot to do and this remains an area of focus for us.

Virtual Ward
To help reduce the time patients spend in our hospitals or prevent them from being admitted in the first place, we are continuing to develop our virtual ward. We currently have capacity for 30 patients at any one time and will be expanding this to 40 during September. We are now admitting patients from both acute and community inpatients beds, and will be increasing the number of pathways, which currently include respiratory, frailty and respiratory and heart failure, from eight to twelve by the end of May 2024. Work is currently underway to implement 'step up' pathways which prevent admission into physical beds, as well as adopting a 'virtual ward first' approach during daily ward and board rounds.

Backlog and response
The Trust is working to reduce the 65 plus week referral to treatment (RTT) backlog in line with the national target to have zero 65 week waits by March 2024, in addition to our work to eliminate 78 and 104 week waits. We have all but eliminated 104 week waits, with only one patient at the end of July, and have considerably reduced the number of patients at 78 weeks or more to 60, down from 509 in June 2022. There are currently 430 patients waiting 65 weeks or more. Unfortunately, due to capacity issues within our uro-gynaecology services, we expect from our 2023/24 planning trajectory forecasts that we would not meet the national target of zero 65 week waits by March 2024. However, we are making great progress thanks to our dedicated colleagues in numerous other areas. We are currently working with NHS England colleagues as part of the 'Tier 2' of enhanced support to develop further mitigations to improve this trajectory, including a pathway review, demand and capacity analysis and the potential for additional insourced capacity.

Financial performance
At the end of the first quarter, the increasing pressure we face on financial performance became clear. We had planned to have a £1.4 million deficit, but have a deficit of £3.5 million due to a range of factors (such as keeping our winter contingency ward open longer than planned, the costs of industrial action and having not received full funding for our staff's pay award). We are working hard to become financially sustainable, and we are asking our colleagues to help us achieve this through the continued implementation of our cost improvement plan. A financial recovery plan will be submitted to the ICB in September.

Workforce and culture
Last year, we launched our five-year Trust strategy – first for patients, staff and the future – which set out our vision for how we will "deliver the best quality and safest care for our local community", along with these three ambitions. To further progress this, our Trust Board has agreed a set of strategic priorities for 2023/24, detailing the actions we will be taking in view of the integrated system in which we work. These five priorities focus on: delivering transformative service pathway changes, equality, diversity and inclusion, developing our line managers, improving how we deliver preventative and proactive care and the development of our transformation capacity and capability. This is something that will be a running theme throughout all the work across our Trust over the coming year and I look forward to bringing you updates on our progress against this.

Freedom to Speak Up has been a huge part of how we address concerns, and for three years our Freedom to Speak Up Guardian, Amanda Bennett, has been at the heart of this. Amanda has driven our Trust's work to implement a strong speak up culture and has used her position to drive forward positive change, including developing a network of FTSU champions, with 45 trained already in place, and 12 more being trained this month. Therefore, it is with great sadness that Amanda will be leaving our Trust in September at the end of her three year tenure. I would like to thank Amanda for her contribution to our Trust and I wish her well in all her future endeavours.

I am delighted to announce that a new Freedom to Speak Up Guardian has been appointed and will be starting in the post on 25 September. Jane Sharland, who is our integrated neighbourhood team manager for the Newmarket team, will be a fantastic successor to build on the work Amanda has been

doing. An occupational therapist by training, Jane has been with working in community healthcare for over a decade and has strong links throughout the Trust.

With the Board having just refreshed its pledge around supporting speaking up across our organisation – renewing our commitment to develop a culture where speaking up is an opportunity for learning to improve patient safety and staff experience - Jane will be playing a key role in helping everyone to feel safe to speak up. The message is clear on speaking up – we will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up. The Board sees speaking up as a gift to help identify opportunities for improvement. I look forward to working closely with Jane on this important agenda.

Creating a strong and positive organisational culture is a key part of my role, and one I take with the utmost seriousness. I am aware that there is more we need to do to make our Trust the best place to work, and I am committed to listening to our colleagues as we make changes and learning when we don't get things right. A big part of this is the 'What Matters To You' engagement programme, and we look forward to delivering our full People and Culture Plan over the next year.

Looking to the future

While there are many challenges, there are also things to look forward to. We have been designated as a priority Trust under the government's New Hospital Programme, meaning we can move forward with more certainty on our plans to build a new hospital on Hardwick Manor by 2030. This is an incredible, once in a lifetime opportunity for us to deliver an outstanding, world-class healthcare facility that is fit to meet future healthcare needs and will create a fantastic environment for us all to work in.

On top of this, we have also recently been given planning approval by West Suffolk Council to build a Community Diagnostic Centre at Newmarket Community Hospital. This will provide our patients with quicker access to a range of tests closer to home and reduce the time it takes them to access treatment, if required. By the time you read this, we will have begun work on demolishing the existing structure and we are working to deliver this before summer 2024.

We must be clear that the years ahead will not be easy, however in view of the above, I am certain that we have the capability to make the most of any opportunity to improve the care we deliver for those in west Suffolk.

Action Required of the Council of Governors
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

8. CQC inspection model (enclosed)

To Note

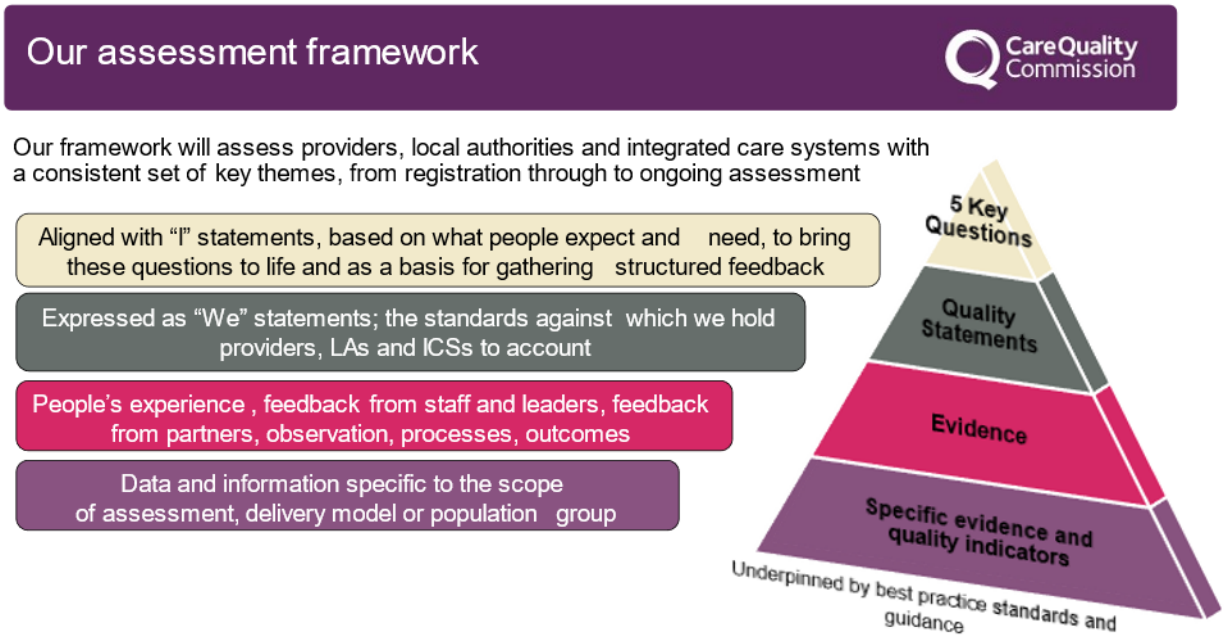
Presented by Richard Jones

WSFT Council of Governors meeting (Open)	
Report title:	CQC – new inspection model
Agenda item:	8
Date of the meeting:	4 September 2023
Sponsor/executive lead:	Richard Jones, Trust Secretary
Report prepared by:	Rebecca Gibson, Head of Compliance & Effectiveness

Purpose of the report			
For approval ☒	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive Summary
WHAT? *Summary of issue, including evaluation of the validity of the data/information*
The CQC have developed a new single assessment framework (SAF). Details can be found on their website https://www.cqc.org.uk/assessment and are summarised in section one of this report including changes from the previous inspection model.
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
The SAF is going to be launched from November 2023 starting with South extending to all regions by the end March. There is currently no timescale for the East of England. It has been indicated that the CQC will not be inspecting every provider in the Nov-Mar period and so we can't predict if we will be inspected in that time period. The basic principles of the SAF are based on the same concepts of quality that the NHS aspires to and so everything in the SAF should already be a focus of our organisation – i.e. there are not any 'extra' requirements to achieve.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
An exercise to assess how we would evidence compliance with the new quality statements is being undertaken. The results of this work will be reported through the relevant assurance committee and the work overseen by the Improvement Committee. Importantly the finer detail that underpins the quality statements ('specific evidence and quality indicators') have not yet been published. Sue Wilkinson, Chief Nurse has been appointed as a CQC specialist advisor and is taking part in an inspection for another system later this year. This will provide valuable insight to the new framework. We will gain a better understanding in the coming months on how the CQC will using its ongoing information gathering and inspections to review and report on providers performance. This will be included in future updates.
Action Required
To note the report and agree to receive further updates as more information becomes available via CoG meetings, briefing session and/or governor induction training

The new SAF and changes from previous inspection model



Current (ends Oct 2023)

Assessment frameworks (multiple)	Ongoing monitoring but **inspections schedule based on previous rating**	Inspection: gather evidence using KLOEs **(Single point in time)**	Develop judgements **(offline)** Line-up judgements against ratings characteristics	Publish **narrative** inspection report

New (from Nov 2023)

Single assessment framework	**Ongoing assessment** of quality and risk	Not just inspection - variety of options **(multiple points in time) – more time spent in higher risk services**	Team **assigns score** based on evidence found	Ratings updated, **short statement** published

Some things remain unchanged:

- Five 'key questions': Safe, Effective, Caring, Responsive, Well Led
- Fundamental standards (as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Ratings: Outstanding, Good, Requires Improvement, Inadequate

Some elements are removed:

- The 'key lines of enquiry' (statements under each key question)
- Underpinning prompts (that sit under the key lines of enquiry)

Some things are new:

- Quality statements (see Appendix A)
- Six 'evidence categories': People's experience of health and care services, Feedback from staff and leaders, Feedback from partners, Observation, Processes, Outcomes

Appendix A - Quality statements

SAFE	Learning culture	We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices
	Safe systems, pathways and transitions	We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services
	Safeguarding	We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately
	Involving people to manage risks	We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.
	Safe environments	We make sure that the equipment, facilities and technology support the delivery of safe care
	Safe and effective staffing	We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs
	Infection prevention and control	We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.
	Medicines optimisation	We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

EFFECTIVE	Assessing needs	We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
	Delivering evidence-based care and treatment	We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.
	How staff, teams and services work together	We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.
	Supporting people to live healthier lives	We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support
	Monitoring and improving outcomes	We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.
	Consent to care and treatment	We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

CARING	Kindness, compassion and dignity	We treat colleagues from other organisations with kindness and respect
	Treating people as individuals	We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics
	Independence, choice and control	We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing
	Responding to people's immediate needs	We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress
	Workforce wellbeing and enablement	We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

RESPONSIVE	Person-centred care	We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.
	Care provision, integration, & continuity	We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity
	Providing information	We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs
	Listening to and involving people	We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result
	Equity in access	We make sure that everyone can access the care, support and treatment they need when they need it.
	Equity in experiences and outcomes	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this
	Planning for the future	We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life

WELL LED	Shared direction and culture	We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
	Capable, compassionate and inclusive leaders	We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.
	Freedom to speak up	We foster a positive culture where people feel that they can speak up and that their voice will be heard.
	Workforce equality, diversity and inclusion	We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
	Governance, management and sustainability	We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
	Partnerships and communities	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
	Learning, improvement and innovation	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research
	Environmental sustainability – sustainable development	We understand any negative impact of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same.

9. Feedback from assurance committees (enclosed)

To receive a report from the assurance committees – chair key issues and observer reports:

To Note

WSFT Council of Governors meeting (Open)	
Report title:	Feedback from Board assurance committees
Agenda item:	9
Date of the meeting:	4 September 2023
Sponsor/executive lead:	Non-Executive Directors / Governor Observers at the 3is
Report prepared by:	Richard Jones, Trust Secretary Governor Observers at the 3is Chairs of the 3is Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval ☐	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐
Executive summary:	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. 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. 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. **Annex A** of the report details the exception slide from the Trust's IQPR. This information helped focus of discussion within the assurance committees. **Insight Committee 17 May 2023 (observed by Jayne Neal and Liz Steele)** • Report from sub-committees: Financial Accountability Committee (Community Equipment Services Tender) and Patient Access Governance Group (Including patient harm reviews) • IQPR – data for March 2023 • Corporate Risk Governance Group • Review of how Insight should work as an assurance committee going forward		

	• Response to HSE National Report – Violence and Aggression and Musculoskeletal Disorders in the NHS • Issues to refer to Improvement and Involvement Committees **Insight Committee 21 June 2023 (observed by Florence Bevan and Beccy Hopfensperger)** • Report from sub-committees: Financial Accountability Committee • Patient Access Governance Group (Deep Dive – Endoscopy) • IQPR – data for April 2023 • Issues to refer to Improvement and Involvement Committees **Insight Committee 19 July 2023 (observed by Florence Bevan and Beccy Hopfensperger)** • Making Data Count Methodology – a brief overview • Report from sub-committees: Financial Accountability Committee - Outline Plan for the 2022/23 National Cost Collection • Patient Access Governance Group (Including patient harm reviews) • IQPR – data for May 2023 • Board Assurance Framework • Corporate Risk Governance Group • Internal Audit Outstanding Management Actions • Issues to refer to Improvement and Involvement Committees • Forward Plan Also appended to this report (**Annex B)** is the summary financial slide from July insight committee meeting. **Improvement Committee 17 May 2023 (observed by Jane Skinner and Robin Howe)** • Quality & patient safety insight: Quality & safety datasets, IQPR, new assurance reporting template and identification of areas requiring assurance review • Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness • Patient Safety priorities: Patient safety oversight report, PS specialists report and Strategy • Quality Priorities 2023-24 • Ockenden plan • Quality improvement programme & update on change programme • Risk management and governance **Improvement Committee 21 June 2023 (observed by Jane Skinner and Liz Steele)** • Quality & patient safety insight: Quality & safety datasets, IQPR, and areas requiring assurance review - pressure ulcers and nutrition • Presentation from Frailty team • Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness • Patient Safety priorities: PSIRP update and Safety improvement group (SIG)

	• Quality Priorities 2023-24 - National best practice publications & trust response allocation, pathways and mapping • Ockenden plan Improvement plan update and assurance report • Risk management and governance **Improvement Committee 19 July 2023 (observed by Liz Steele and Carol Bull)** • Quality & patient safety insight: Quality & safety datasets, IQPR, and areas requiring assurance review – nutrition, updates from previously reported Q&S subjects duty of candour, Glemsford CQC report progress, and peer to peer support network • Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness • Quality Priorities 2023-24 -Quality assurance framework, update on framework development progress, using QA (mapped to CQC regulations) and National best practice publications & trust response, allocation, pathways and mapping • Ockenden plan Improvement plan update and assurance report • Risk management and governance - Emerging risk review (ERR) risks **Involvement Committee 21 June 2023 (observed by Jane Skinner and Clive Wilson)** • Setting the scene: Our FIRST values and committee purpose - Fairness, Inclusivity, Respect, Safety, Teamwork First for the future: Ambitions and priorities for equality, diversity and inclusion at WSFT • Summary of identified priority areas for 2023/24 • Adopting the UNISON anti-racist charter at WSFT • NHS England workforce equality, diversity & inclusion improvement plan (published June 2023) First for patients: • Maternity Ockenden improvement plan First for Staff: • People and Culture plan • Schwarz Rounds Governance: • People and Culture Leadership Group report • Freedom to Speak Up Guardian role Other items for oversight and assurance: • IQPR data / workforce indicators • Focus on approach to supporting colleagues on long term absence • Committee development workshop planned for September **Involvement Committee 16 August 2023 (observed by Robin Howe, Clive Wilson and Jane Skinner)** • Setting the scene: Our FIRST values and committee purpose - Fairness, Inclusivity, Respect, Safety, Teamwork

	First for patients: • CQC Urgent and Emergency Care Survey • Developing our analysis and usage of patient experience data First for Staff: • Freedom to Speak Up Guardian report (Q1 2023/24) • Freedom to Speak Up Guardian recruitment First for the future: • Strategic priority update: equality, diversity and inclusion • Inclusion action plan 2023/24 overview • Board responsibilities workstream Governance: • NHS England Framework for Revalidation • Committee self-assessment and annual report Other items: • Committee development workshop planned for September
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

Assurance Grid

May 2023		ASSURANCE: Pass	ASSURANCE: Hit and Miss	ASSURANCE: Not Met – Fail
VARIANCE	Special Cause Improvement			**INSIGHT:** 78+ Week Waits **INVOLVEMENT:** Staff Sickness – Rolling 12months Staff Sickness Turnover Rate
	Common Cause	**INSIGHT:** Urgent 2 hour Response **IMPROVEMENT:** VTE – All Patients	Please see box to right	**INSIGHT:** Ambulance Handover within 15min 12 Hour Breaches Incomplete 104 Day Wait Diagnostic Performance - % within 6weeks Total **IMPROVEMENT:** Nutrition – 24hours **INVOLVEMENT:** Mandatory Training Appraisal Rate
Deteriorating	Special Cause Concern		**INSIGHT:** Reduce Adult General & Acute (G&A) Bed Occupancy	

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 30mn
Ambulance Handover within 60min
28 Day Faster Diagnosis
RTT 104+ Week Waits

IMPROVEMENT:
MRSA, CDiff
Hand Hygiene, Sepsis Screening for Emergency Patients
Mixed Sex Breaches
Community Pressure Ulcers, Acute Pressure Ulcers
Inpatient Falls Total
Acute Falls per 1000 Beds

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 25-64 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 Concerning Nature by area:
INSIGHT: Urgent & Emergency Care: Ambulance Handover within 15min, 12 Hour Breaches, Reduce Adult & General (G&A) Bed Occupancy
Cancer: Incomplete 104 Day Wait
Elective: Diagnostic Performance % within 6weeks Total, RTT 78+ Week Waits
IMPROVEMENT: Safe: Nutrition – 24 hours
INVOLVEMENT: Well-Led: Staff Sickness – Rolling 12months, Staff Sickness, Mandatory Training, Appraisal Rate, Turnover Rate

Annex B: Summary financial slide from July insight committee

FINANCE REPORT
June 2023 (Month 3)

Executive Sponsor : Craig Black, Director of Resources
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Executive Summary

This report focusses on the YTD adverse variance and the actions required in order to meet our planned deficit (£2.7m) by 31st March 2024, as well as improve our trajectory for 24-25 when we will no longer benefit from non-recurring support (£15m).

- The reported I&E for June is an adverse variance of £1.1m
- The YTD position is an adverse variance of £2.1m which is due to:
  - Underachieved CIP £1.0m
  - Unfunded pay awards £0.4m
  - Unfunded escalation ward (now closed) £0.4m
  - Unfunded industrial action £0.3m
- The plan includes a CIP of £10.6m
  - YTD plan c £1.5m, achieved c £0.5m
- The 23-24 plan is for the Trust to report a deficit of £2.7m
  - Includes the benefit of £15m non-recurring support
  - We should consider whether to review our forecast against this plan and will bring back a proposal to the next Board meeting
- We have already closed the escalation ward and restricted agency nursing to ED, Theatres and the Virtual Ward

Key Risks in 2023-24

- Delivering challenging CIP
- Shortfall on funding of pay awards and non-pay inflation
- Unanticipated costs of industrial action.
- ERF income that may be clawed back for under performance

Financial Summary

SUMMARY INCOME AND EXPENDITURE ACCOUNT - June 2023	June 2023			Year to date			Year end forecast		
	Budget	Actual	Variance F/(A)	Budget	Actual	Variance F/(A)	Budget	Actual	Variance F/(A)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
NHS Contract Income	28.8	28.9	0.1	84.6	84.9	0.3	334.2	334.2	
Other Income	2.8	2.6	(0.2)	7.9	8.0	0.2	34.1	34.1	
Total Income	31.6	31.5	(0.1)	92.4	92.9	0.5	368.3	368.3	
Pay Costs	21.2	21.4	(0.2)	62.4	63.4	(1.0)	250.6	250.6	
Non-pay Costs	9.7	10.4	(0.7)	26.9	28.6	(1.7)	102.0	102.0	
Operating Expenditure	30.8	31.8	(1.0)	89.3	92.0	(2.7)	352.7	352.7	
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
EBITDA	0.8	(0.3)	(1.1)	3.1	0.9	(2.2)	15.6	15.6	
Depreciation	1.0	0.9	0.0	2.9	2.8	0.0	11.4	11.4	
Finance costs	0.6	0.6	(0.0)	1.7	1.7	0.1	6.8	6.8	
SURPLUS/(DEFICIT)	(0.8)	(1.9)	(1.1)	(1.4)	(3.6)	(2.1)	(2.7)	(2.7)	

I&E Position YTD	£3.6m	adverse
Variance against Plan YTD	£2.1m	adverse
Movement in month against plan	£1.1m	adverse
EBITDA position YTD	£0.9m	favourable
EBITDA margin YTD	1%	favourable
Cash at bank	£5m	

9.1. Insight Committee

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee:			**Date of meeting:**		
Chaired by:			**Lead Executive Director:**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data** **Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal		**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
Finance Accountability Committee	**Budget deficit and CIP programme** The CIP programme has identified savings of £6.8m against a target of £10.6 but only £5.6m are recurrent savings. There are 41 schemes planned for 23/24 delivery but only 2 have been through the QIA process.	4 Minimal	There is further work needed to identify further savings especially recurrent savings	Finance Accountability Committee is doing further work on this and will report back to June Insight Committee	3. Escalate to Board
Finance Accountability Committee	**Purchase to Pay** There is a lack of confidence that the new system would be available for the 1 July.	3 Partial	If the system is not live there will be implications for the payments process across the Trust and an operational impact on services. Even if implemented there would still be around 400 requisitioners who will	Two options are being explored 1 extending the existing contract with an unsupported system 2 paper based requisitioning	3. Escalate to Board

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			require training on the new system.		
Finance Accountability Committee	**Contract Issues** Allocate rostering system	4 Minimal	An extension has not been agreed and current contract ends in April 2023	Talks are being held with supplier to resolve	3. Escalate to Board
	Medi bleep contract	3 Partial	The current supplier will cease and the new contract will not be in place until after June 2023 The committee questioned the number of late tendering exercises	Business continuity plans are in place. Work is being developed on procurement contract register to improve forward planning for all tendering processes	3. Escalate to Board

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Patient access Group /IQPR data	Urgent and Emergency Ambulance handover times remain a challenging picture, failing to meet the targets and with no significant improvement demonstrated. Similarly, no improvement has taken place in the number of 12-hour length of stay patients, in March 12.9% of attendees remained in department more than 12 hours.	3 Partial	March was a challenging month in terms of flow, the Trust experienced 2 critical internal incidents, a three-day period of industrial action from junior doctors, multiple bay and ward closures for norovirus. There was also an increase in Covid activity, with an average number of 50 patients per day across March. These incidents had a direct influence on the flow out of ED as seen in the increase in 12 hour waits.	UEC recovery plan in place currently focusing on Phase 1 actions. A "Missed Opportunities" Audit with NHSE Improvement reviewed all patients attending ED in a 24-hour period. Colleagues across system involved to identify alternative pathways. Harm Reviews being undertaken for a percentage of 12 hours stays and patients waiting in ambulances for more than 1 hour. Outcomes will be reported to Insight in June 23	3 Escalate to Board

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Patient access Group /IQPR data	**Cancer access** Increase in referrals. None of the KPI's demonstrating an improving trend as of yet, there is a trajectory in place for the 28-day standard and 62-day backlog as operational priorities for 23/24. For 2-week wait performance, Breast Cancer continues to be the main driver for under performance at 12% compliance.	3 Partial	Breast Cancer is successfully maintaining over 88% compliance for 28-day pathways despite the low performance against the 2 week wait standard, underlining the need to look at the data in the round and not just single indicators.	A quality improvement plan is in place and recovery is monitored through SNEE Cancer Board and Cancer Alliance forums.	3 Escalate to Board

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	The 62 day backlog was 121 patients at the end of March 2023 and well on track to deliver 98 by March 2024, as has been set by the national team.				
Patient access Group /IQPR data	**Elective Access** The 52-week and 78-week position is demonstrating continued improvement, with the 78-week end of year position at 41 capacity breaches, following an original forecast of 200 and revised forecast of 100. The number of patients over 104 weeks was 2, both of	3 Partial	The focus continues to be on reducing the longest waiters. The 2 patients over 104 weeks had been referred elsewhere and new process have been put in place to track this more effectively.	ICB Transformation project in place, taking a cross discipline approach including outpatients and theatre productivity. 65-week actions include review by NHSE Regional Medical Director, demand and capacity review using national intensive support team tools,	3 Escalate to Board

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	which were picked up on revalidation. A Trajectory has been submitted predicting 154 patients waiting over 65 weeks at end of March 2024, therefore not compliant with national target of zero.			exploration of mutual aid with neighbouring Trusts. The trajectory will continue to be monitored through PAGG for impact of additional actions.	

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Patient access Group /IQPR data	We noted CT recovery achieved 99% and there has also been some improvement in MRI, Ultrasound, Audiology and Urodynamics.	3 Partial		MRI discussions with SNEE re mutual aid but only ad hoc at present. Funding discussions on going. Endoscopy deep dive to be considered by Insight in June.	3 Escalate to Board
Patient access Group /IQPR data	**Stroke performance** We noted WSFT was highlighted as the top performing stroke unit nationally for the last quarter.	1 substantial			3 Escalate to Board for information

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

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So what? Increasing **appreciation** of the **value** (importance and impact) – what this means for us	**Value** – the degree to which the evidence… • 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	• 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?
What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• 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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NHS
West Suffolk
NHS Foundation Trust

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight			**Date of meeting: 21 June 2023**		
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Finance Accountability Committee	**Budget deficit and CIP programme** The Finance division has experienced resourcing issues caused by sickness absence. There have been issues with the upload of the current year's budget with divisions receiving budgets without current year assumptions. The CIP programme remains behind where it should be. The new Medic beep contract is in place but has added an additional £50K cot pressure.	**4 Minimal**	The revised budget had to be reissued and therefore was at a lower level than divisions were expecting. This may impact on their CIP assumptions. There is further work needed to identify further CIP savings especially recurrent savings. There is a risk that the ICS system assumptions built into the budget may be too optimistic, giving a risk that targets will not be met. The SNEE system is looking out	Insight Committee have asked for further information on the granularity of the CIP programme as the committee remains concerned about the Trust's ability to close its deficit. There is more work to be done to engage divisions on the budget issues.	3 Escalate to Board

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			of kilter with the rest of the region currently.		
Endoscopy Deep Dive	There was an Endoscopy Deep Dive at this meeting. Additional private sector capacity has been utilised in Ipswich and additional resources have been appointed to support the booking of patients. Oversight and support from NHS England has not identified any significant issues missing in the Trust's approach to tackling the backlog.	2 Reasonable	The new resources mean that trajectory for compliance has come forward from March 25 (the national target) to June 2024. Demand and capacity analysis suggest the service has sustainable capacity once the back log has been cleared.	Insight will continue to monitor performance against the new trajectory.	1.No escalation

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Patient access Group	The committee were told about an impressive piece of work in relation to the waiting well programme commenced for orthopaedics on 24/05/23. It uses population health data to target patients awaiting orthopaedic surgery and people are stratified based on their level of deprivation and risk of emergency hospitalisation in the next 12 months. An NHS England directive requires contacting patients every 12 weeks to see whether they still need	2 Reasonable	The programme allows the Trust to support potential harm incurred by long waits support to be given to patients based on their risk factors. The Trust is taking the national process a step further and also asking patients how they are doing. They have contacted 2978 patients. 105 came off the list and 178 needed some sort of clinical review.	This is a pilot for six months and if successful, the team will look to roll out to other specialties. Feedback from patients shows they are most interested in when they will be able to have their procedure. Real time outpatient waiting time information is live and the elective surgery average waiting time will be live by the end of the month. They next steps will be to look at diagnostics.	2.Escalate to SLT

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	to come in for their procedure.			The committee escalated to the Executive team the need to have consistency in documenting patients so that impacts could be properly tracked.	
Patient access Group /IQPR data	The Committee noted that there had been improvement in Urgent and Emergency care indicators in recent weeks. This suggests that the UEC recovery plan was beginning to have some impact.	3 Partial	It is too early to say if the trend is significant, but positive items of note include: Being first in the country for ambulance handovers two weeks running. One week where we were first in the region and fourth in the country for 4 hour waits. The 4-hour month to date	There is a UEC recovery plan which will continue to be implemented. The past, and any future, Industrial action will have an impact on the Trust's ability to meet its trajectories and targets.	1. No escalation

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			performance in June was 73%. This is ahead of trajectory by a considerable amount and not far off the 76% needed by the end of March 2024. The urgent community response standard is also being met at 70% consistently.		
Patient access Group /IQPR data	Glemsford Surgery It is not possible to obtain automated data on performance in relation to primary care access and quality standards due to difficulties obtaining data form SystmOne	3 Partial	The committee cannot undertake its assurance duty in relation to the performance of Glemsford Surgery	The Information Team are progressing this issue, however there are elements outside of the organisation's control	3 Escalate to Board for awareness of this gap

**See guidance notes for more detail*

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Board assurance committee - Committee Key Issues (CKI) report

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Community Paediatrics – Community Medical Team (CCMT) demand and capacity review	The capacity review has been prompted by a range of issues within the service. -18 week RTT time performance 12% -Increased caseload and increased complexity within that caseload -Invisible demand -Morale and recruitment issues.	**3 Partial**	The review has been focused on understanding demand, clinical supply and service quality. It is clear that the service is not fully sighted on demand and links need to be made to other external services within the pathway to understand its totality and to join up responses to that demand.	The review is continuing at pace and some improvements are already being implemented. A report to private Board on 21 July will explore in more detail some of the system wide issues and options being discussed within the SNEE ICB.	3 Escalate to Board
Finance Accountability Committee	**Budget deficit and CIP programme** The Committee were advised that at Q3 the Trust was already predicting a £2.1m adverse variance against target budget. Four issues were driving this:	**4 Minimal**	If the underlying issues are not addressed the Trust could face a bigger deficit by year end and a very high deficit for 2024-25 (up to a worst-case of potentially £30m before CIP).	The Board will have the same financial report at its meeting on 21 July. Work is in progress on an urgent recovery plan. A working group chaired by the	3 Escalate to Board

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	Under-delivery of CIP Unfunded impact of industrial action Underfunded pay awards Unfunded escalation ward.		The ICB needs to balance the budget at system level so any at WSFT deficit impacts system partners. The CIP programme has not been quantified fully and there is a risk of under delivery. There is a risk of double counting with the urgent recovery plan that is being put in place.	CEO will oversee the plan and its delivery. Regular meetings are being held with ICB colleagues. There is a need to learn from others who are facing the same challenges but are not in deficit and to be clear where investment is needed to drive transformation. Insight will continue to scrutinise progress at future meetings	
Patient Access Governance Group /IQPR data	**Elective waiting list** – WSFT is in Tier 2 because of the 78 and 65 week wait forecasts especially in Uro-gynae.	**3 Partial**	Industrial action continues to impact the waiting list through lost activity, whilst referral levels are unimpacted.	The Trust is participating in national "Sprint" programme across July designed to drive improvement more quickly.	3.Escalate to Board

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	The total waiting list is an emerging area of concern.		Outpatient transformation is key to its reduction.	In Uro-gynae NHSE Regional Medical director is conducting review of WSFT pathways and practices and the possibility of joint appointment with neighbouring trusts is being explored. An insourcing solution may provide a step-change in capacity, this is currently being costed.	
Patient Access Governance Group /IQPR data	Updated detailed recovery trajectories have been developed.	2 Reasonable process in place	The updated trajectories will enable a focus on sustained improvement rather than monthly changes.	Insight Committee will use the information as part of its assurance work.	1. No escalation

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What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• 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	Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively. There is substantial confidence that any improvement actions will be delivered.
2. Reasonable	Taking account of the issues identified, the board can take reasonable assurance that this issue/risk is being controlled effectively. Improvement action has been identified and there is reasonable confidence in delivery.
3. Partial	Taking account of the issues identified, the board can take partial assurance that this issue/risk is being controlled effectively. Further improvement action is needed to strengthen the control environment and/or further evidence to provide confidence in delivery.
4. Minimal	Taking account of the issues identified, the board can take minimal assurance that this issue/risk is being controlled effectively. Urgent action is needed to strengthen the control environment and ensure confidence in delivery.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date:17 May
Governor observer (observed by): 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*
Comprehensive reports were available on Convene ahead of meeting, therefore, allowing preparation for in-depth discussion around the table on the day. Thorough explanations of the narrative behind the numbers on the finance / budget / IQPR reports were presented which highlighted common themes and risks requiring continued monitoring and actions.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
The meeting began on time. Attendees introduced themselves, apart from one latecomer. The tone of the meeting was polite and respectful. The meeting was very well chaired by Antoinette Jackson who gave everyone an opportunity to contribute.

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.*
Thoughtful and insightful questions from NEDs and all participants, along with high quality information presented by knowledgeable staff
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
Discussion around the impact of the National Covid Inquiry highlighted this work will demand significant resources from two strands; the Public Inquiry and potential legal claims from patients and / or staff. Agreement was reached to try to anticipate some of the information which will be requested and to begin extrapolation of that data. Antionette summed up the key points at the end of each agenda item before moving on and she made suggestions for future meetings to ensure the best use of the Committee's resources and focus. I was impressed by the breadth of knowledge of the Committee Members and their commitment to collaborative working

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 21 June 2023
Governor observer (observed by): Florence Bevan (Public Governor)

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• There was a strong emphasis on the current financial situation and the repercussions for departmental budget. Also, the staff deficit in finance • Disappointingly there was no information on the Glemsford surgery so no update possible • Industrial action effects were discussed • Ambulance handover times were first in the country at that time • The waiting well programme was updated and dermatology delays flagged up, also the slow return of biopsy results. Ewen expressed concern about digitally-excluded patients
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
Well chaired but a disappointing number of apologies. There was only one NED present. There seemed a lack of energy in the room. But robust and transparent discussion.
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 only one NED so it was not easy to assess contributions. I believe all committees are on one day so it may be overload of meetings that made it appear tired.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*

9.2. Improvement Committee

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement			**Date of meeting: 21/06/23**		
Chaired by: Geraldine O'Sullivan			**Lead Executive Director: Sue Wilkinson**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. To Board
5.1i	IQPR Concerns re data: • is most useful Q&S dataset being reported? • can board be assured through current committee reporting pathways or does there need to be more data available in the IQPR visible at board subcommittee level?	Partial	Pathways in place to scrutinise data / other quality insight at specialist committee level. Assurance and escalation reporting pathways are in place through the PQAS governance group but because of the limited Q&S data set at Improvement Committee, there's lack of evidence to enable strong assurance.	Explore and propose a way of reporting key quality and safety metrics as part of the Improvement committee assurance process. Improvement to receive a proposal in September (no August meeting)	1
5.1ii	<u>Pressure ulcers (PU)</u> Deep dive into PUs to provide data-breakdown and learning / improvement. IQPR shows • Common cause variation • Hit + miss assurance PSIRF model for investigation and learning = AAR. Common themes identified: end of life, non-concordance, nutritional assessment.	Reasonable	PU one of highest reported incident categories (common to most acute / community trusts). Recognition current data unreliable (double counting using multiple systems: eCare, SystemOne, Datix). Learning from AARs: Recent projects: • pocket mirrors for HCAs, • long stay in ED QI programme, • ward reviews (recognising that differing patient cohorts make ward on ward comparisons unhelpful).	Opportunities to utilise HIE to give access across EPRs (but not transfer of data). Targeted (location and PU location type) training offerings from the TVN team Continuation of improvement programme (tracked through our LifeQI online platform).	1

5.2	Frailty In depth review of progress since ICB-led QA visit last year. Links to GIRFT and CQUIN highlighted (targets being met for latter). Wider development opportunities highlighted.	Reasonable for the inpatient team	Recognition of increasing number of patients in this category and opportunities for reductions in LoS when identified at the front door (ED).	Aspects of the Frailty Community pathway needs to be strengthened / developed.	Raise with ICS and Alliance re Frailty Community pathway.
6.1	PQAS Received for information. Updates from: • Deteriorating patient group • Dementia, delirium & frailty • Learning from deaths • End of life group • Mortuary and HTA • Safer discharge group	Partial	Only partial assurance / emerging concerns for some items in report: 1. accuracy of patient observations/vital sign recording and staff awareness 2. Current IQPR sepsis measures only addresses small number of patients 3. Current formal Dementia training provision limited and not aligned with national training standards framework 4. Limited governance around learning from incidents where restrictive practice has been used.	1. Task & finish group formed to address improvements in vital sign training and accurate recording. Review in 6 months 2. Sepsis 6 reporting being reviewed for future IQPR (later in 23/24) 3. Training is priority for incumbent Dementia CNS in coming months 4. Working group set up using QI methodology on process for understanding least restrictive practice.	1
6.2	CEGG Received for information. Updates on: • Radiology incl. accreditation • Public health • NICE • Maternity response to national HSIB reports • National best practice publications (excl. NICE and audit) Escalation from AMD that clinical guidelines are not being uploaded to Intranet due to system / admin resource gaps.	Partial	Only partial assurance for some items in report: • Integrating GIRFT into wider improvement structures • One aspect of Ionising radiation compliance not met, being kept under review locally • Community stop smoking service and other lifestyle services by OneLife Suffolk contract ending in Sept23.	National best practice publications (excl. NICE and audit) separate report to be considered in July Improvement meeting alongside agenda item for Ockenden Improvement plan as 2 responsible execs not present and prior conversation at Execs meeting would enable a more focused and meaningful discussion around way forward to address gaps. CEGG to consider guidelines issue (risk register entry in	Executives (Nat Best Practice Guidelines and Ockenden Improvement Plan)

				progress) and bring update to July meeting.	
7.1 + 7.2	PSIRF review and report from SIG Received for information. Year two review completed by ICB safety lead. Positive feedback and opportunities for further improvement identified	Substantial	PSIRF is a national requirement as part of the NHS Patient safety strategy. Process is well established at WSH as pilot site.	Year three PSIRP now underway. Ensure good staff buy-in to PSIRP and that safety culture is fully embedded amongst staff.	1

**See guidance notes for more detail*

Acronyms: Q&S (quality & safety), PQAS (Patient Q&S governance group), PSIRF (patient safety incident response framework), AAR (after action review), HCAs (healthcare support workers), TVN (tissue viability nurse), EPR (electronic patient record), HIE (health information exchange), QI (quality improvement), QA (quality assurance) LoS (length of stay), HTA (Human tissue authority), CNS (clinical nurse specialist), SIG (safety improvement group)

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
So what? Increasing **appreciation** of the **value** (importance and impact) – what this means for us	**Value** – the degree to which the evidence… • 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	• 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?
What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• 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	Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively. There is substantial confidence that any improvement actions will be delivered.
2. Reasonable	Taking account of the issues identified, the board can take reasonable assurance that this issue/risk is being controlled effectively. Improvement action has been identified and there is reasonable confidence in delivery.
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4. Minimal	Taking account of the issues identified, the board can take minimal assurance that this issue/risk is being controlled effectively. Urgent action is needed to strengthen the control environment and ensure confidence in delivery.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement			Date of meeting: 19/07/23		
Chaired by: Louisa Pepper			Lead Executive Director: Sue Wilkinson		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. To Board
4.1	Quality strategy	Partial	A WSFT quality strategy is to be developed, led by the Associate Director for QI.	An update to include milestones will be presented to the October Improvement committee	1
5.1	IQPR – Nutrition	Substantial	Presentation using the new QA template.		
5.2i	Duty of candour	Reasonable	Average time to complete verbal DoC = 8 days Audit provides better measure of assurance for timeliness and quality. Audit results will be used to tailor ongoing improvement including systems reviews, and education and training to support staff.	DoC QI project to conclude and report through PQASG DoC audit to provide quality assurance going forwards Improvement committee formally agreed to remove '*DoC within 10 working days'* from IQPR	1
5.2ii	Glemsford CQC inspection progress report	Partial	Good progress to achieve all elements of the Improvement plan following inspection (with Good rating). Concerns around Clinical Pharmacist departure (key to many actions) however post has now been successfully recruited to. Some IPC concerns, mainly related to buildings/estate will be addressed through current/planned building work.	The IPC committee will keep a watching brief on the IPC items and a wider update on all progress to be received by Improvement in January 2024.	1
5.2iii	Peer to peer support network	Reasonable	Update on programme		

7.1	Quality assurance framework	Partial	Updates on progress of the baseline assessment (what have divisions/teams got in place to manage QA currently?). Also reported through SLT. Proposal to use QA template (as trialled by nutrition report) to test subjects with relevance for multiple aspects of CQC regulations. LD & autism chosen as first topic.	Continue to progress baseline assessment with the divisional leads Working with LD&A leads and HoNs to undertake a QA review with a report back to Improvement in October.	1
7.2	National best practice publications & trust response, allocation, pathways and mapping	Partial	Sets out pathways for allocation of simple (clear local ownership) and complex (organisation-wide / no clear owner) publications. Flowchart now (since Apr23) in use by CEGG all following simple pathway.	Paper to SLT to set out pathway and the role of SLT in decision-making and prioritisation. Learning from Ockenden experience to be utilised to ensure future complex reports have a more streamlined and timely response.	2
7.3i	Ockenden Improvement programme	Partial	Structured plan with divisional links required. Allocation of individual elements of the plan to exec lead and assurance committee would be helpful	An update to September Improvement committee will set this out in more detail. The Involvement (and, where/if relevant Insight) will also require an update.	
7.3ii	Ockenden quality assurance	Partial	Example of an element of the Ockenden baseline assessment + gap analysis which had declared full compliance (complaints management). Evidence presented giving substantial assurance for that element. Consideration as to the benefit of this approach versus a simpler 'list of how all compliant elements would be evidenced"	Links to action in 7.3i re allocation of elements to Exec lead / committee.	
8.1	Patient Safety & Quality governance group (June report)	Reasonable	Updates from D&T, IPC, Falls and Nutrition groups. For assurance. No points of escalation to Improvement noted		
8.2	Clinical Effectiveness governance group (June report)	Minimal	Updates flagging risks around Pathology accreditation, Pharmacy staffing (and its impact on R&D activity) and lack of system to process and upload clinical guidelines.	Clinical support division managing risks around Pathology and Pharmacy.	

				Need to address underlying issues and potential solutions re guidelines being followed up outside Improvement committee	
9.1	Emerging risk review (ERR) risks	Reasonable	Received for information		1

Acronyms: D&T (drugs & therapeutics), QI (quality improvement), QA (quality assurance), DoC (Duty of Candour), IPC (infection prevention & control), SLT (Senior leadership team meeting), LD (learning disabilities/Learning difficulties)

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 17th May 2023
Governor observer (observed by): Robin Howe

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Louisa started the meeting by reminding everyone of the need for scrutiny and Assurance. Lucy was nominated as being responsible for "Living Our Values".
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Louisa ensured that everyone was able to make the contributions they wanted. She recognised that the meeting overran slightly and accepted the need to keep an eye on her time management, (perhaps a timed agenda might help). All the NEDs contributed to the discussions and were not afraid to make their own views clear, particularly around the Ockenden Report where it was accepted that it should be built into the wider hospital landscape.
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.*
• All the NEDs recognised the needs for assurances. Nutrition and pressure ulcers were of particular concern.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*

- I thought that there was a good discussion about what data was useful. More data is not necessarily better data. The Patients' Safety Charter was discussed and the meeting was pleased to learn that simple steps to keep you safe were being rolled out.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 21st June
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*
○ The agenda and papers were available on Convene in good time. As I have noticed previously, the agenda for this meeting was very full and I feel it seems difficult to give every paper the time it requires. ○ The NHS National Objectives were presented. ○ In the Committee Sub-Groups Reporting Paper embedded papers could not be opened and read by some committee members (or observing Governors). This meant that important data could not be accessed prior to the meeting and therefore was not considered in discussion. ○ The question was asked as to where SMR data was discussed, no answer available. ○ It was questioned as to whether the Quality Strategy had commenced development, it had not, and there was no time frame for doing so. I wondered what was happening with this?
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
○ The Director of Workforce is now a member of this committee having been asked to join previously. ○ All committee members were professional and polite. ○ Adequate challenge was given but usually those present were in agreement, on the majority of issues. ○ I feel that Trust values were upheld.

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.*
○ Presentation on the work being carried out on pressure ulcer (PU) prevention offered assurance on the prevention work and importance placed on minimising pressure tissue damage. Interestingly data is not always correct, for example PUs present on admission to hospital may already have been included in the data in the community and so can appear more than once in the Trust collective data. ○ There was also assurance around the extent of the work being carried out on frailty, nutrition, and because of PSIRF

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date:21st June 2023
Governor observer (observed by): Liz Steele

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Deferment of Ockendon again. It appears that some important issues are deferred repeatedly 'with ease'. • IQPR. Are we reflecting the real issues or is it data leading assurance rather than looking at what is vital.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• *Tracy and Geraldine were very confident and pursued assurance exactly where appropriate.* • *The agenda is rather long and it is difficult to seek confident assurance in all areas. Comment noted by NEDs.*
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.*
• *It is clear that like the Board meeting, the Agenda is very large when dealing with items at the end of the meeting it often results in a swift 'read and agreed'.*
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• *The NEDs do not accept easily assurance without further and more clarification.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date:19th July 2023
Governor observer (observed by): Liz Steele

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• *Once* again there was a look at Action Points and the fact that there are a number of points that keep appearing and dates moved. Once again Ockendon would be one of these to be 'carried forward'.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was chaired very well by Louisa. There was a firmness by NEDs and CEO that there had to be an improvement on timings and tasks completed.
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 an assurance with time scales sought firmly by NEDs and CEO. • Questioning and come back on was consistent.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• It was good to hear that patients were at the centre of many of the assurance questions.

9.3. Involvement Committee

NHS West Suffolk NHS Foundation Trust

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Involvement Committee			**Date of meeting: 21st June 2023**		
Chaired by: Tracy Dowling- Non executive Director			**Lead Executive Director: Jeremy Over**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:** **SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
6.0	Our ambitions and priorities for equality, diversity and inclusion at WSFT	Partial	The papers did provide clarity on priorities and ambition for ED&I. There was a full and detailed discussion regarding the Unison Anti-racism Charter; NHS England ED&I requirements and the use of the WRES and WDES and staff survey data to monitor progress. Clear that this is a minimum 3-5 year commitment to action for the Trust.	• Chair to be asked to support a requirement that NEDS all have an objective relating to ED&I • WSFT ED&I plans developed to incorporate NHSE requirements as well as local priorities • ED&I plan and progress to come to Improvement Committee later in the year to assure detail of actions	3. Escalate to Board for commitment to actions, Anti-racism Charter and priority of race and disability.
7.0	Ockenden Improvement Plan	Minimal	Agreed that a review of the gap analysis needs to be undertaken to map areas that are in progress or business as usual; and areas that require focus and resource additional to this.	• Following this clarity is needed on which areas of Ockenden the Improvement Committee needs to seek assurance on (which will include	• Executive team / SLT to oversee

Originating Committee: Involvement Committee			Date of meeting: 21st June 2023		
Chaired by: Tracy Dowling- Non executive Director			Lead Executive Director: Jeremy Over		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
				workforce planning and workforce sustainability)	
8.0	People and culture plan The plan was approved in full and progress against outcome measures will be monitored at Involvement Committee. The plan has clear focussed actions, responsible persons and measurable outcomes.	Substantial			
9.1	Freedom to Speak Up Guardian The decision of Amanda Bennett to move on after 3 years was shared. It was clear through discussion that there are opportunities through the recruitment opportunity presented have been well thought through and steps are in train to mitigate any risks the turnover in this	Reasonable			

Originating Committee: Involvement Committee			Date of meeting: 21st June 2023		
Chaired by: Tracy Dowling- Non executive Director			Lead Executive Director: Jeremy Over		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
	crucial role present.				
AOB	Reflections One reflection of note to Board is that the agenda for the Involvement Committee is heavily biased towards people and culture issues and further work is needed to ensure that patient experience and engagement has equal focus	Partial	The Involvement Committee Terms of Reference indicate a remit for patient experience and engagement yet agendas and datasets do not currently adequately reflect this as routine business	• Meeting of Chair with relevant execs to explore this remit and how data and reports can be developed to fulfil this role • Away Day in September to focus on this	No escalation

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
So what? Increasing **appreciation** of the **value** (importance and impact) – what this means for us	**Value** – the degree to which the evidence… • 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	• 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?
What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• 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	Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively. There is substantial confidence that any improvement actions will be delivered.
2. Reasonable	Taking account of the issues identified, the board can take reasonable assurance that this issue/risk is being controlled effectively. Improvement action has been identified and there is reasonable confidence in delivery.
3. Partial	Taking account of the issues identified, the board can take partial assurance that this issue/risk is being controlled effectively. Further improvement action is needed to strengthen the control environment and/or further evidence to provide confidence in delivery.
4. Minimal	Taking account of the issues identified, the board can take minimal assurance that this issue/risk is being controlled effectively. Urgent action is needed to strengthen the control environment and ensure confidence in delivery.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Involvement Committee			Date of meeting: 16th August 2023		
Chaired by: Tracy Dowling- Non executive Director			**Lead Executive Director: Jeremy Over and Sue Wilkinson**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
6.1	CQC Urgent and Emergency Care Survey Presentation from Abby Ormes, ED Matron on actions taken in response to feedback from patients achieved via SMS experience surveys (900 responses per month) and CQC survey.	Reasonable			1. No escalation
6.2	Developing our analysis and usage of patient experience data. Review of report to Private Board regarding complaints and discussion regarding assurance of patient experience.	Partial	In depth discussion regarding how patient experience should be reported and assured. Agreed that report on complaints to private board is not adequate in terms of 'so what' and 'what next'. Points discussed included need to include multiple data sources (e.g. complaints, PALS queries, surveys) and undertake thematic analysis; take a learning approach	In advance of Committee Development workshop in September, proposals for how the Involvement Committee receive and use reports regarding patient experience and engagement will be progressed. These proposals will be developed further at the	1. No escalation

Originating Committee: Involvement Committee			Date of meeting: 16th August 2023		
Chaired by: Tracy Dowling- Non executive Director			Lead Executive Director: Jeremy Over and Sue Wilkinson		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
			to improvement as a result of analysis; ensure feedback is given regarding actions and outcomes; link patient data to staff data to build story of understanding across the organisation; specify timeframes for action and impact.	September workshop. Exec lead - Sue Wilkinson To be developed further by the Committee in September	
7.1	Q1 Freedom to speak up guardian report received with clear definition of the benefit of speaking up on improvements to patient transport, staff moves data, discrimination and violence and aggression	Substantial			
8.0	Equality, Diversity and Inclusion Presentation of Inclusion Plan Update and actions to be developed under the 'Board Responsibilities' workstream	Reasonable	Good progress has been made since the last meeting in developing a stock take of actions (90); grouping these into 7 workstreams with accountable owners, and now developing the delivery plan for each workstream	Each workstream owner to be fully briefed, to develop the actions in their workstream and to be supported to prioritise actions. Board members to respond to JMO by 31st August regarding actions and ownership of Board	1. No escalation

Originating Committee: Involvement Committee			Date of meeting: 16th August 2023		
Chaired by: Tracy Dowling- Non executive Director			Lead Executive Director: Jeremy Over and Sue Wilkinson		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
				responsibilities workstream Progress to be reported back to December meeting of Involvement Committee	
9.1	NHS England Framework for revalidation This was approved by the Committee on behalf of the Board for submission to NHS England.	Substantial			1. No escalation
9.2	Committee self assessment and Annual Report Recommendations for improvement / development agreed and further discussion agreed for Committee development workshop on 19th September 2023	Substantial			3. Escalate to Board for information

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
So what? Increasing **appreciation** of the **value** (importance and impact) – what this means for us	**Value** – the degree to which the evidence… • 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	• 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?
What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• 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	Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively. There is substantial confidence that any improvement actions will be delivered.
2. Reasonable	Taking account of the issues identified, the board can take reasonable assurance that this issue/risk is being controlled effectively. Improvement action has been identified and there is reasonable confidence in delivery.
3. Partial	Taking account of the issues identified, the board can take partial assurance that this issue/risk is being controlled effectively. Further improvement action is needed to strengthen the control environment and/or further evidence to provide confidence in delivery.
4. Minimal	Taking account of the issues identified, the board can take minimal assurance that this issue/risk is being controlled effectively. Urgent action is needed to strengthen the control environment and ensure confidence in delivery.

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement
Meeting date: 21 June 2023
Governor observer (observed by): Clive A Wilson

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 meeting papers including Minutes of the previous meeting were sent in advance, although there were some late additions. Also one quite complex item was done as a presentation which was a bit challenging for some. • The meeting was the first to be held face to face • Attendees, including the Governor observers were introduced • There was a good balance of Executive attendees and 3 NEDS • There were a several topics covered including some key items such as the approach to Equality, Diversity and Inclusion. All seemed important and within the remit of the committee
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was conducted in a professional and orderly manner. The Chair gave a good introduction encouraging the meeting to demonstrate the Trust Values and focus on the aims of the committee • The topics were discussed in considerable depth, with good challenge and reflection on the issues. Conclusions were drawn out at the end of each item. • Effort was made to ensure appropriate links were made with other committees and the Board. Clarification of precise responsibility in terms of one particular issue is to be sought to ensure there is no duplication or omission. • There was reflection at the end on the meeting and its effectiveness and any improvements that could be made.

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 active participation from the NED's in attendance • There was challenge and also the offering of different perspectives/priorities. • There was focus on ensuring that action would follow from discussion • There was a feeling that whilst there had been an emphasis on staff matters there could have been more focus on patients. Topics for future meetings will be considered.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• The meeting was functionally well run and covered the topics in appropriate detail. • There was reflection on issues that needed escalation, further work, and follow-up

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement
Meeting date: 16th August 2023
Governor observer (observed by): Robin Howe

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• This was clearly set by Tracey, the committee Chair. The CEO agreed to provide reflection at the end of the meeting.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was well Chaired. Members were given the opportunity to contribute and were listened to sensitively. Items were not just discussed but were actively moved forward.
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.*
• Complaints – it was felt thematic analysis was needed, (CEO), with attention to how we improve the patient experience. There was discussion on how learning was shared, (Jeremy). Sue made the point that patients need to be heard at the first contact. All agreed that we need to examine what we are doing to ensure that similar complaints don't happen again; • FTSU – this was Amanda's last meeting and she was able to report that things appear to be going well; • EDI Action plan – it was agreed this was a large piece of work and the board will need to both focus and be aware of the ongoing issues.
Governor observer Notes

Use this section to highlight any other areas for example good practice or 'even better if'
• This was a useful an well structured meeting. It was clear that participants were well aware of the issues and wanted to ensure that items were addressed in the relevant part of the organisation. It was good to see the fact that the patient experience/complaints were being addressed and that there would be more awareness of these issues

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement
Meeting date: 16 August 2023
Governor observer (observed by): Clive A Wilson

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 meeting papers including Minutes of the previous meeting were sent in advance. • Attendees, including the Governor observers were introduced • There was a good balance of Executive attendees and 3 NEDS • There were a several topics covered with more focus on patient experience, redressing the balance of staff issues in previous meetings. All seemed important and within the remit of the committee and the reduced number meant they were each given appropriate consideration.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was conducted in a professional and orderly manner. The Chair gave a good introduction encouraging the meeting to demonstrate the Trust Values and focus on the aims of the committee • The topics were discussed in considerable depth, with good challenge and reflection on the issues. Conclusions were drawn out at the end of each item. • There was reflection at the end on the meeting and its effectiveness and any improvements that could be made.

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 active participation from the NED's in attendance • There was challenge and also the offering of different perspectives/priorities. • There was focus on ensuring that action would follow from discussion • There was a feeling that there was a better balance with patient issues being covered.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• The meeting was functionally well run and covered the topics in appropriate detail. • There was reflection on issues that needed escalation, further work, and follow-up • There was good focus on ACTION that would follow from analysis and discussion.

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement
Meeting date: 16 August 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*
• The agenda and papers were available on Convene in good time. • This meeting focuses on a system wide, inclusive approach to the delivery of quality and safety for staff, patients and stakeholders. • The new FTSU Guardian was introduced, and Amanda was thanked for her work. Amanda presented a very interesting report and recounted a story of a staff member who stayed in post, rather than resign, due to the support given by the FTSU process. • A report on complaints was presented to the meeting. It was thought that this was a log of complaints, the micro work was done but that an impact analysis would increase understanding and highlight how improvements could be implemented. The use of the model of "What, So What and What Next" was suggested. Investigation of incidents and complaints was said to be robust. • The ED matron presented the results of last year's CQC survey of ED patients. Improvements in processes and care, already in place, were described.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The Chair was very welcoming to everyone, Governors were invited to sit at the table. • There was a round of introductions.

- 3 Governors were observing.
- The purpose of the assurance committee was reiterated.
- The Trust values were referred to and a volunteer to lead reflection at the end was sought.
- All participants were polite and professional and punctual.
- Participants waited in turn to speak and listened to the points of others.
- 2 staff members joining the meeting to present papers were made to feel welcome.
- I thought the meeting was very well chaired, strands of discussion were drawn together and the meeting wasn't rushed.

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 active participation from the NEDs in attendance.
- There was not a lot of challenge, but challenge is not always appropriate. rather different perspectives were offered and discussion took place. There was significant consensus on several issues.
- There still seemed to be a greater focus on staff issues rather than on patients'.

Governor observer Notes

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

- The committee is to have an away day in September. Some agenda items were listed for further work on this day, for example the Board Responsibilities Workstream and items from the Committee Effectiveness Review.
- I had to leave the meeting 15 minutes early (apologies were previously given to the Chair) so I missed the committee

reflection.

10. Nomination Committee report (enclosed)

To receive the report from the committee

To Note

Presented by Jude Chin

WSFT Council of Governors meeting (Open)	
Report title:	Nominations Committee report
Agenda item:	10
Date of the meeting:	4 September 2023
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 ☒	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:	The following summarises discussions that took place at the Nominations Committee meeting on 12 July 2023: • The 360° feedback reports for Jude Chin, Tracy Dowling, Antoinette Jackson, Louisa Pepper, Geraldine O'Sullivan and Krishna Yergol were reviewed and discussed. The Committee agreed emergent themes from stakeholder assessments, areas of strength and identified opportunities to increase impact and effectiveness, for discussion at the individual's appraisal meetings • The terms of office for the NEDs were reviewed and noted. It was recognised that one of the NED term ends in Aug 2024 and the recruitment process to start accordingly in early 2024. It was agreed to test the market for recruitment consultants to support future NED recruitment. It was also recognised that if future NED interviews allowed, it would be good to consider the appointment of one or more associate NEDs to provide continuity • The draft Nominations Committee Terms of Reference were presented for review. The Committee agreed to the amendments made subject to a minor change suggested during the meeting. The Committee approved the terms of reference subject to a minor amendment and endorsed for approval by the Council of Governors in September 2023 **(Appendix A for approval)** • Annual report on committee effectiveness was presented to the committee which summarised the activities of the Nominations Committee for the financial year 2022/23 setting out how it met its Terms of Reference and key priorities. The Committee discussed the areas identified for improvement in 2023/24. The Committee agreed that the areas for improvement should be added to the Committee's forward plan. The Nominations Committee approved and agreed to

	endorse the report for presentation to the Council of Governors **(Appendix B for noting)** • The Committee noted the feedback on the Chair recruitment process and agreed to review the process based on the feedback and lessons learnt
Action required / Recommendation:	The Council of Governors is asked to: • approve the terms of reference of the committee • note the annual report on committee effectiveness from the Nominations Committee

Previously considered by:	Council of Governors Nominations Committee
Risk and assurance:	NA
Equality, diversity and inclusion:	NA
Sustainability:	NA
Legal and regulatory context:	WSFT Constitution Code of governance, NHS England

FT GOVERNORS' NOMINATIONS, APPOINTMENTS & REMUNERATION COMMITTEE
Terms of Reference

1. Purpose of the Committee

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

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

1.3 The Committee's primary purpose is to make recommendations to the Council of Governors on the appointment and remuneration of the Chair and Non-Executive Directors of the Trust, and on plans for their succession.

2. Level of Authority

2.1 The Nominations Committee has delegated authority from the Council of Governors to deliver its key duties and responsibilities. The committee will have authority to establish sub-groups/committees who shall remain accountable to the Nominations Committee.

2.2 The Nominations Committee has authority to establish processes and procedures which fall within the scope of the terms of reference of the committee.

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

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

3. Duties and responsibilities

The Nominations Committee shall undertake the following making recommendations for any changes or action to the Council of Governors:

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

3.2 Approve the recruitment, selection and reappointment processes for Non-Executive Directors, elements of which are likely to include:

- Arrangements for advertising/raising of local awareness of the post(s)
- Arrangements for short listing of candidates against agreed criteria
- Arrangements for formal interviews
- Recommendation of the successful candidate(s) for approval by the Council of Governors

- Receive reports in relation to the terms and conditions of office and remuneration of current or newly appointed Chair and Non-Executive Directors and make recommendations to the Council of Governors

3.3 To make recommendations to the Council of Governor regarding the remuneration of the Chair and Non-Executive Directors

3.4 To make recommendations to the Council of Governors for the process to appraise the performance of the Chair and Non-Executive Directors

3.5 To receive reports on the process and outcome of the appraisals of the Chair and Non-Executive Directors and agree areas to be considered in Chair/NED appraisal meetings.

3.6 To formulate plans for succession for the Chair and Non-Executive Directors

3.7 To consider any matter relating to the continuation in office of the Chair and any Non-Executive Director when requested to do so by the Board or the Council of Governors

3.8 To agree an annual schedule of business of the Committee's planned activities

4. Membership

Membership of the Committee will comprise:

4.1 Members of the Committee shall be appointed by the Council of Governors and shall be made up of the following:-

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

4.2 The Council of Governors will review membership of the Committee mid-way through the term of office for the Council.

4.3 The chair of the trust will chair the committee, except where the business under discussion concerns the appointment of or terms for chair of the Trust, in which event the Committee will be chaired by the Deputy Chair/NED/Lead Governor.

4.4 Members of the Committee may be required to undertake training and development commensurate with the responsibilities outlined in these terms of reference.

4.5 If a Governor who is a member of the committee is seeking appointment as a Non-Executive Director or Chair, they will withdraw from the appointment process.

4.6 The committee will consider and agree the structure of the interview process and composition of the interview panel. This will consider the number of public and other governors as well as inclusion of the lead governor and external advisors and support from Trust staff.

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

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

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

4.10 The Governors may nominate a chair when both chair and lead governor are absent. Additional members may be co-opted to the committee as necessary.

4.11 Representatives from the Trust may also be in attendance at meetings, including the Trust Secretary, Deputy Trust Secretary, Foundation Trust Office Manager, and others as required.

5. Quorum

5.1 A quorum shall be four members, to include at least two Public Governors

6. Frequency of meetings

6.1 The Committee shall meet at least once a year and at such other times as the Chair of the committee shall require.

7. Sub-committees

7.1 None established.

8. Arrangements for meetings and circulation of minutes/Administrative support

8.1 The committee shall be supported by Trust office with regard to arrangements for meetings and circulation of minutes/administrative support

8.2 The minutes of the Committee meetings shall be formally recorded and submitted to the next meeting of the Nominations Committee.

9. Accountability and reporting arrangements

9.1 The Nominations Committee will be accountable to the Council of Governors

9.2 The Nominations Committee will report to meetings of the Council of Governors on its activities. The Committee Chair shall provide a report to the Council of Governors after each meeting to the outlining areas of key discussion and any actions taken or issues for escalation.

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

10. Monitoring effectiveness and compliance with terms of reference

10.1 The Committee shall carry out an annual review of its effectiveness against its terms of reference. The Committee will review its own performance, relevant sections of the constitution, and terms of reference at least once a year. Any proposed changes will be submitted to the Council of Governors for approval.

11. Ratification of terms of reference and review arrangements

11.1 The Terms of Reference shall be reviewed annually and submitted to the Council of Governors for approval.

Date approved by the Nominations Committee:
Date approved by the Council of Governors:
Next review date:

Nominations, Appointments & Remuneration Committee	
Report title:	Annual report from the Chair of the Nominations, Appointments & Remuneration Committee
Agenda item:	9
Date of the meeting:	12 July 2023
Sponsor/executive lead:	Jude Chin, Chair of the Nominations Committee
Report prepared by:	Richard Jones, Trust Secretary Ruth Berry, FT Office Manager Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval ☒	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:	Good practice states that the Council of Governors (CoG) should review the performance of its committees annually to determine if they have been effective, and to identify whether further development work is required. To bring this to effect, the committee should conduct a self-evaluation and assessment on an annual basis and use the evaluation process to identify strengths and weaknesses, to flag areas for improvement, and to plan for further action as appropriate. This Annual Report summarises the activities of the Nominations Committee for the financial year 2022/23 setting out how it met its Terms of Reference and key priorities. Attendance at the committee was in line with the quorum set within its Terms of Reference. Having reviewed its activities and undertaken a self-assessment review (attached at **Appendix 1**) it is the view of the committee that its activities have been consistent with its Terms of Reference. Areas identified for improvement in 2023/24 are highlighted in the report.
Action required/ recommendation:	The Nominations Committee is asked to receive and endorse the report for presentation to the Council of Governors.

Previously considered by:	None
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

Nominations Committee 2022-23 Annual Report

1. Background

1.1 Good Practice states that the Council of Governors should review the performance of its committees annually to determine if they have been effective, and to identify whether further development work is required.

1.2 The purpose of the committee is laid down in its Terms of Reference.

1.3 In summary the committee is responsible for making recommendations to the Council of Governors on the appointment and remuneration of the Chair and Non-Executive Directors of the Trust, and on plans for their succession.

1.4 This Annual Report summarises the activities of the Nominations Committee for the financial year 2022/23 setting out how it met its Terms of Reference and key priorities and also provides summarised feedback gathered from input from committee members to support its review of effectiveness and identification of next steps required (**Appendix 1**).

1.5 Reports will be provided to the Council of Governors from the committee chairs.

2. Responsibilities

2.1 The Nominations Committee is responsible for:

- Approving job descriptions and person specifications detailing the skills, knowledge and experience required for non-executive directors, as proposed by the remuneration committee of the Board of Directors
- Approving the recruitment, selection and reappointment processes for Non-Executive Directors
- Receive reports in relation to the terms and conditions of office and remuneration of current or newly appointed Chair and Non-Executive Directors and make recommendations to the Council of Governors

2.2 During 2022/23 the Committee has delivered the key responsibilities as set out in the Terms of Reference (Appendix 1). Compliance with the key responsibilities was evidenced by the routine presentation and consideration of reports.

2.3 In addition to its regular reports, the Committee also undertook its responsibilities under its Terms of Reference through the following:

- Longlisting and shortlisting meetings for recruitment of NEDs and the Chair
- Participation in the stakeholder and interview panels
- Feedback summary of NEDs' 360º
- Reports on the appraisals and performance of the Chair and Non-Executive Directors
- Term of offices of the NEDs

3. Reporting

3.1 The Committee reported to the CoG after each meeting during the year. Reports included a description of the agenda items discussed and key actions agreed.

4. Membership and Attendance Record

4.1 During financial year 2022/23 the Nominations Committee met 5 times, including the longlisting/ shortlisting meetings, with attendance recorded (for full meetings) in the table below.

4.2 The table below demonstrates that every meeting of the Committee during the year was quorate. The quorum for any meeting shall be five members, to include at least two Public Governors. Deputies can attend and be counted in the quorum.

Committee Membership: Attendance FY 2022-23 (total three meetings)

Jude Chin	Non-Executive Director/Committee Chair	3/3
Richard Davies	Non-Executive Director/SID	1/1
Liz Steele	Public Governor	3/3
Clive Wilson *(from May 2022)*	Public Governor	3/3
Jane Skinner	Public Governor (Lead)	3/3
Carol Bull	Partner Governor	2/3
Martin Wood	Staff Governor	1/3
Jayne Neal *(from Jan 2023)*	Public Governor	0/1
Ben Lord *(from Nov 2022)*	Public Governor (Deputy Lead)	2/2
Joe Pajak *(until May 2022)*	Public Governor	0/0

5. Conclusion and actions for 2023/24

5.1 The review has identified that the Nominations Committee has delivered its responsibilities as set out in its Terms of Reference.

5.2 Attendance has been good and the Committee has been quorate for all meetings.

5.3 Areas identified through the effectiveness review for further development in 2023/24 are:

- Receive a report from the Board remuneration committee which considers the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board – action to include in forward plan for committee
- Training for the committee members to support them to undertake interviews and training for the lead governors to support them in taking part in the Chair appraisal
- Ensure regular review and update of the Chair and NED job descriptions – action to include in forward plan for committee
- Review the quality of the head hunters.

6. Recommendation

6.1 The Nominations Committee is asked to receive and endorse the report for presentation to the Council of Governors.

Jude Chin
Nominations Committee Chair July 2023

Appendix 1: Summary output from the Committee effectiveness review

Total Responses Received: 6

Questions	1 Strongly agree	2	3	4	5 Strongly disagree
1. The committee has carried out its required duties as stated within its Terms of Reference:	5	1			
2. The committee has adequate resources (for example, budget, people) to support its function:	3	2	1		
3. The meetings are held regularly, with appropriate frequency and begin/end as scheduled:	4	1	1		
4. The Committee receives agenda and materials in advance of the meeting to allow for appropriate review and preparation:	3	2	1		
5. Attendance at the meetings is consistent and/or repeated non-attendance is addressed:	2	2	2		
6. The minutes of the meetings are accurate and reflect the discussion, next steps and/or action items articulated by the members:	5	1			
7. Minutes are circulated in sufficient time to support the working of the committee:	2	4			
8. The membership represents the talent and skill set required to fulfil the goals and purpose of the committee:	2	4			

* Areas to improve

General Comments		
What was liked the most about the meetings?	**What would improve the meetings?**	**What areas should the Committee focus on in the future?**
• They are focused and effective • Clear purpose of committee. Open and rigorously correct way business is conducted • Things get done. Successfully appointed NEDs over the year and enjoy meeting candidates and the interview process • In my previous 'world' I was involved in many H.R. work as well as interviewing and appraising. This gives me the opportunity to carry on using my skills	• They are fine • Was tight for a short-notice meeting • Would like face to face meetings. During the election process for NEDs, no notice is taken of the availability of Governors, we just get presented with dates for long listing, etc. I would prefer some consultation as to availability • Increased commitment for those who signed up for the role	• Meetings have been very task focused with the appointment of a new set of NEDs in several stages. The committee needs to reflect on the overall make-up of the Board with the new NED's and whether it needs any further support via the NEDs to improve its effectiveness. (Not been a member of the Committee for a full year) • Given the high workload, wonder if the number of governors on the committee should be increased, or provision made to co-opt non committee members to help with shortlisting and interviewing • Due to unusual high workload due to NED / chair turnover rather more meetings than expected

• Succinct and generally well led	• Preparation and timely issuance of papers • Most recent meeting didn't issue supporting papers timely enough to support preparation	• Appraisal training update would be welcome. Otherwise, we fulfil our terms of reference as they are • The Committee spent a lot of time updating the Chair and NED job descriptions, these need to be kept up to date for inclusion in recruitment packs NEDs and Chair • Training for appraising. Reviewing after 6 months those we have been part of appointing. I carried out introductory interviews for all the new NEDs as lead governor and I think they and I found it very useful • Quality of head hunting service provider

11. Engagement Committee report (enclosed)

To receive a report from the Engagement Committee meeting on 7 June 2023

To Note

Presented by Ben Lord

WSFT Council of Governors meeting (Open)	
Report title:	Engagement Committee Report
Agenda item:	11
Date of the meeting:	4 September 2023
Sponsor/executive lead:	Ben Lord, Deputy Lead Governor (Chair of Engagement Committee)
Report prepared by:	Ben Lord, Deputy Lead Governor Pooja Sharma, Deputy Trust Secretary

Purpose of the report: To provide an update on discussions that took place at the Engagement Committee meeting held on 7 June 2023.

For approval ☐	For assurance ☒	For discussion ☐	For information ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☐	☒

Executive summary:

This report provides a summary of discussions that took place at the Engagement Committee meeting held on 7 June 2023.

Summary/Highlights

The Committee focussed on the following key areas:

- The Committee noted that Allen Drain had resigned as the public governor of the Trust and therefore as member of this Committee
- An update on the patient portal was received by the Committee on how the portal works. The Committee recognised that the patient portal is very encouraging and need to increase the usage and sign-up numbers. The Committee noted that for portal to be successful and effective it should be easy to register/sign up, access and informative
- An update was received on the governor election 2023 and the proposal for Governors' election engagement activities scheduled to take place in 2023 was summarised
- The Committee noted the summary of the governor activities from January till April 2023 and the emerging themes from the feedback received from the observers. A suggestion was made that feedback from these visits can be provided to the NEDs in the informal Governors/NEDs meetings and CoGs informal meetings maybe used as a platform for governors to frame questions to NEDs. This can be achieved by looking into areas along with the emerging themes and that thematic information including what key issues are and how the work is being coordinated can then be used by the engagement committee to

	feedback to the informal CoG meetings. The emerging themes can also be linked with the Trust strategies and Trust priorities to understand how they add value and can be fed back to the Trust. A separate report on 15 steps feedback is presented for information. It was agreed that the future reports will be presented to the engagement committee and the Council of Governors will receive update on governor activities via the committee report. **(Appendix A for noting)** • The FT members' newsletter summer edition was circulated in early July and was noted that the next newsletter should be timed for December 2023 circulation as it will allow the Trust to update the Trust members on election results • The draft Engagement Strategy 2023-25 was presented to the Committee for discussion and review. The Committee reviewed the amendments made to the draft and agreed to roll over the Engagement Strategy 2023-25 subject to further review after the governors settle elections **(Appendix B for APPROVAL)** • Good practice states that the Council of Governors should review the performance of its committees annually to determine if they have been effective, and to identify whether further development work is required. The draft annual report on committee effectiveness from the Engagement Committee was shared with the Committee members for inputs and feedback. The Council of Governors is asked to receive the report and note areas of improvement highlighted in the report **(Appendix C for noting)** The Committee would also like to draw attention of the Council of Governors that there are now two vacancies on Committee. The Committee makes a recommendation to invite governor colleagues to join the Committee and support to take forward the engagement programme.
Action required/ recommendation:	The Council of Governors is asked to: • note the report from the meeting held on 7 June 2023 • note the 15 steps feedback and that future updates on governor activities, including 15 steps ward visits, area observations, environmental reviews, will be reported via engagement committee • approve the draft Engagement Strategy 2023-25 • receive the annual report on Committee's effectiveness and note areas of improvement • to invite members of the Council to join the Committee following recent vacancies on the Committee.
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: 15 Steps Challenge update

1.	**Introduction**
1.1	The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits / environmental walkabouts / area observations, that have taken place from January to July 2023. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these. The 15 Steps process is not a tool for traditional clinical auditing assurance, the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience, to promote a positive experience for all, whilst encouraging staff to initiate local service improvement. The importance of these visits is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement. During the reporting period from January to July 2023, there were a total of seven visits confirmed as undertaken, with reports completed and returned. The Governor makes a unique contribution to the process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples compassionate care, pride and positivity, and a strong sense of FIRST values being demonstrated across the organisation.
2.	**Visited areas**
2.1	• 25 Jan: Wards F11 and Pre-Assessment Unit by Jane Skinner (Public Governor) and Tracy Dowling (Non-Executive Director) • 22 Feb: ED & Intensive care recovery unit by Florence Bevan (Public Governor) • 29 Mar: F8 Acute Medicine & F14 Obstetrics & Gynaecology by Antoinette Jackson (Non-Executive Director) and Krishna Yergol (Non-Executive Director) • 26 Apr: Johanna Finn unit Urology & F5 Surgical ward by Liz Steele (Public Governor) & Florence Bevan (Public Governor) • 31 May: ESDEC and Breast Clinic by Jayne Neal (Public Governor) & Tracy Dowling (Non-Executive Director) • 28 June: G1 & Oncology Day Unit / Endoscopy by Liz Steel (Public Governor) & Geraldine O'Sullivan (Non-Executive Director) • 26 July: Labour Suite & G7 Cardiology by Carol Bull (Partner Governor) and Louisa Pepper (Non-Executive Director)

3.	**Themes and Trends**
3.1	Aligned with CQC standards and evidence about what matters to service users, the 15 Steps Challenge toolkit asks the observers to explore the quality of care under four categories. The following was identified in the respective categories: **Welcoming:** ✓ Wards were welcoming, open, friendly and calm ✓ Fresh and clean ✓ Good signage ✓ Clear messaging on noticeboard ✓ Good ambiance ✓ Good mix of information/ healthy life styles patient leaflets ✓ Diversity of language **Caring and Involving:** ✓ Good information on the notice boards inclusive of different languages ✓ Passionate and dedicated staff ✓ Wide range of services provided **Safe:** ✓ Good information on safeguarding and domestic violence ✓ High level of care of patients and staff ✓ Strong team ethos with staff of all grades treated equally ✓ Very patient focussed with good layout that balances visibility of patients with privacy and dignity for patients **Well organised and calm:** ✓ Areas felt calm and controlled, despite being busy ✓ Knowledge of service ✓ There was a strong sense of ownership and leadership demonstrated by the staff. ✓ Clinics had systems in place and were well organised in relation to the specialties that were attending ✓ The Trust FIRST values were demonstrated and upheld by staff ✓ Well-designed suite (birthing rooms)
4.	**Other Issues identified during the visits**
4.1	**Emerging themes from the 15 steps visits:** • Appearance of notice boards • Posters around visiting times • Bank staff pay • High vacancy rates in midwifery • Storage lockers • Space challenges • Environmental and estate issues is a common observation from visiting teams and the estates team consistently attend feedback sessions, these enables assurance to clinical teams that their challenges are within the estates workplan, but also ensures that correct escalation processes from the clinical teams have been followed. Assurance has been gained through enquiry from the visiting teams that the clinical areas are participating in the design of our new hospital build so that environmental constraints such as storage, and staff rest spaces are not repeated in the future.

5.	**Conclusion**
5.1	The 15 Steps Challenge is designed to support continuous improvement and is a valuable source of qualitative information that aligns patient and staff experience to collectively promote a positive experience for all and support staff to initiate local service improvement. The programme of visits continues to endorse engagement and visibility of the senior leadership (non-executive directors) and governor representation. The governors' representation is a valuable element in the 15 Step process as they provide a unique opportunity to capture real-time honest patient feedback. Feedback from Teams that have hosted these visits has been very positive. Staff feel that receiving such visits has validated their commitment to their clinical areas and patients and the pride that they take in their work. There has been no negative feedback for staff hosting these visits indicating the approach taken by the visiting teams is that of enquiry and support.
6.	**Next steps**
6.1	Moving forward visits are planned through August, September and October 2023 and the results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues, themes and trends that are identified throughout the 15 Steps Challenge visits and giving support to focus on improvements and sharing positive feedback. The ward visits will be on hold after October until resumed early next year after the governors' elections and with the new governors in post.

MEMBERSHIP ENGAGEMENT STRATEGY

April 2023 to March 2025

Engagement Strategy

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1. Introduction

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

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

1.1 Purpose of strategy

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

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

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

1.2 Engagement objectives

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

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

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

2.0 The membership

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

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

Our members will:

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

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

2.1 Becoming a member

Our potential members can be drawn from the following:

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

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

All members must be 16 years of age or over.

A person can become a member by:

- completing a membership application form, which is available on our website, by request from the Foundation Trust office or from the hospital's main reception;
- joining 'online' via the Trust's website at www.wsh.nhs.uk;
- e-mailing **foundationtrust@wsh.nhs.uk**;

2.2 Defining our membership

2.2.1 Public

The Trust has one public **constituency** for members living within the whole of Suffolk, Norfolk, Cambridgeshire or Essex. The minimum number of members in each public constituency will be 100. Patients and members of the public who reside in these areas are eligible to join our public constituencies. Public members are recruited on an opt-in basis.

As we continue to develop and provide more services in community settings the Trust recognises that this may mean that services grow beyond the current boundaries of the organisation. The Trust has expanded its membership area in May 2023 to the whole of Suffolk, Norfolk, Cambridgeshire or Essex and will continue to review this on an annual basis to ensure it is representative of the area served by the Trust.

2.2.2 Staff

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

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

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

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

3.0 Recruitment of members

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

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

3.1 Methods of recruitment

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

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

While social distancing was applied as part of the COVID-19 response in 2020 until early 2022 the Trust was unable to undertake usual face-to-face engagement activities. Changes in working practices as a result of COVID-19 had an impact on the nature of engagement activities e.g. greater use of telephone consultations will mean that more patients receive their care and treatment without the need to come onto the hospital site. Recognising this there will be a need to review how changes to patient pathways may impact on our approaches to engagement, with the expectation of a greater focus on digital engagement in the future.

Methods of recruitment used in the past include:

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

3.2 Who is responsible for recruiting members?

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

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

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

3.3 Recruitment plan

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

3.3.1 Public members

Direct recruitment plan
(subject to social distancing restrictions in case of pandemic recurrence)

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

Indirect recruitment plan

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

Media coverage

- membership newsletter
- local newspaper coverage e.g. the Bury Free Press and East Anglian Daily Times (EADT)
- local radio e.g. Radio Suffolk, Radio West Suffolk

- community newsletter coverage, including Parish Council and local Council information/resource guides
- other social media platforms

3.3.2 Staff

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

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

4.0 Engaging with public and members

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

Figure 1: Feedback collection methods from Experience of Care Strategy

4.1 Members' newsletter

The membership newsletter is distributed to all members.

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

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

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

4.2 Public and Member events

With circumstances reinstating to 'business as usual' it is expected to continue to hold regular events for the public and members. Suggestions for topics will be based on the most popular areas of interest of the members and by the views of governors. Subjects may also be chosen from topical issues, such as quality accounts.

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

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

4.3 Staff involvement

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

4.4 Engagement plan

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

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

- the members' newsletter to be distributed to all members
- development of digital communication
- review how changes to patient pathways as a result of pandemic may impact on our approaches to engagement
- regular member events with suggestions from governors of recommendations from their members for future member events e.g. "medicine for members"
- staff governors holding staff member engagement sessions
- staff governors to communicate to staff via the "Green Sheet"
- greater use of electronic communication with members
- the annual members' meeting – this is an opportunity for members to hear more about the Trust's achievements plus the opportunity to ask questions
- working with partner organisations to establish best practice in membership engagement e.g. NHS Providers and other NHS FTs
- through active engagement gathering information on patients and the public's expectations and/or experiences of the service we provide in the hospital and community e.g. Courtyard café, quality walkabouts, 15 steps visits, environmental visits and area observations. The results of which are fed back to the Patient & Carers Experience Group.

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

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

5.0 The membership register

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

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

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

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

6.0 Monitoring success

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

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

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

6.1 How will the success be measured?

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

Criteria	As at 31 March 2023	Target (Mar 2024)
1. Achievement of the recruitment target: a. Total number of public members b. Staff opting out of membership	 **6,953** **<1%**	 6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	 **1702** **20%**[1]	 1,250 40%
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	 **1** **150**[2] **150 (2022)**	 3 400[2] 200

[1]Figure as at March 2023 (paused due to Covid-19)
[2] Includes people attending annual members' meeting – figure as at March 2023
[3]Figures have been adjusted due to Covid-19

During the past year the Trust has paused its membership interest events on services provided by WSFT. The annual members meeting was held at the Apex, Bury St Edmunds.

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

Appendix 1

PUBLIC CONSTITUENCYOF THE TRUST

The Trust has one public constituency made up of all the wards of Suffolk, Norfolk, Cambridgeshire and Essex. The minimum number of members in each public constituency will be 100. Patients and members of the public who reside in the following areas are eligible to join our public constituencies:

WSFT Council of Governors meeting (Open)	
Report title:	Annual report from the Chair of the Engagement Committee
Agenda item:	11.3
Date of the meeting:	4 September 2023
Sponsor/executive lead/prepared by:	Ben Lord, Chair of the Engagement Committee
Report prepared by:	Richard Jones, Trust Secretary Ruth Berry, FT Office Manager Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval ☐	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:	Good practice states that the Council of Governors (CoG) should review the performance of its committees annually to determine if they have been effective, and to identify whether further development work is required. To bring this to effect, the committee should conduct a self-evaluation and assessment on an annual basis and use the evaluation process to identify strengths and weaknesses, to flag areas for improvement, and to plan for further action as appropriate. This Annual Report summarises the activities of the Engagement Committee for the financial year 2022/23 setting out how it met its Terms of Reference and key priorities. Attendance at the committee was in line with the quorum set within its Terms of Reference. Having reviewed its activities and undertaken a self-assessment review (attached at **Appendix A**) it is the view of the committee that its activities have been consistent with its Terms of Reference. Areas identified for improvement are highlighted in the report.
Action required/ recommendation:	The Council of Governors is asked to receive the report and note areas of improvement.

Previously considered by:	None
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

Engagement Committee 2022-23 Annual Report

1. Background

1.1 Good practice states that the Council of Governors should review the performance of its committees annually to determine if they have been effective, and to identify whether further development work is required.

1.2 The purpose of the committee is laid down in its Terms of Reference.

1.3 In summary the committee is responsible for strengthening public engagement and develop the mechanisms that enable patients, users of community services and the public to influence decision making, both in relation to their own care and treatment and in the provision, development, and improvement of services.

1.4 This annual report summarises the activities of the Engagement Committee for the financial year 2022/23 setting out how it met its Terms of Reference and key priorities and also provides summarised feedback gathered from input from committee members to support its review of effectiveness and identification of next steps required (**Appendix 1**).

1.5 Report will be provided to the Council of Governors from the committee chair.

2. Responsibilities

2.1 The Engagement Committee is responsible:

- To develop effective two-way communication between governors and members, and prospective members.
- To identify new opportunities to increase the involvement of patients, users of community services and the public, that maximises their contribution and effectiveness.
- To ensure that feedback about the Trust and its services is sought from a cross section of the local community focusing particularly on seldom heard groups.
- To ensure there are effective mechanisms in place to recruit new members across the Trust's membership area and target recruitment from underrepresented areas.
- To ensure effective links with the Patient Experience Manager, to allow sharing of activities and work plans.
- To develop and implement an effective Engagement Strategy.

2.2 During 2022/23 the Committee has delivered the key responsibilities as set out in the Terms of Reference (Appendix 1). Compliance with the key responsibilities was evidenced by the routine presentation and consideration of reports.

2.3 In addition to its regular reports, the Committee also undertook its responsibilities under its Terms of Reference through the following:

- Feedback from Involvement and Voice Committee re governor engagement opportunities
- Future System engagement update
- Review of engagement activities and work of the committee
- Review and contribution to the content of FT members' newsletter
- Review and development of patient engagement activities and events
- Review the public profiles of the Governors
- Review membership communication including review of membership

information and membership leaflet
- Discussion of engagement opportunities for governors within the ICS including the Joint Forward Plan

While social distancing was being applied as part of the COVID-19 response in 2020 until early 2022 the Trust was unable to undertake usual face-to-face engagement activities until mid-2022. Changes in working practices as a result of COVID-19 had an impact on the nature of engagement activities. Recognising this there was a need to review how changes to patient pathways impacted on approaches to engagement, with a greater focus on digital engagement. However, with circumstances now returning to 'business as usual', the committee has been able to hold regular face to face events for the public and members.

It is proposed that following the elections consideration is given increasing the membership of engagement committee to support its work. Advice and sharing of best practice in engagement activities to be part of the planned development session with NHS Providers early in 2024.

Early in the financial year 2023-24, the Committee initiated the planning around governor election 2023 and discussed approaches to secure interests/nominations for the governor elections including holding a 'medicine for members', linking in with other existing activities to engage and attract interest in becoming a governor like future system, charity, recruitment/training, service engagement activities. With the election work now underway various public/staff governor engagement events are taking place before the nominations for governor election open in early September. The first 'medicine for members' since covid was organised and successfully delivered on 19 July 2023.

3. Reporting

3.1 The Committee reported to the CoG after each meeting during the year. Reports included a description of the agenda items discussed and key actions agreed.

4. Membership and Attendance Record

4.1 During financial year 2022/23 the Engagement Committee met five times, including an additional meeting in June 2022, with attendance recorded in the table below.

4.2 The table below demonstrates that every meeting of the Committee during the year was quorate. The quorum for any meeting shall be three members.

Committee Membership: Attendance FY 2022-23 (total five meetings)

Carol Bull	Partner Governor	4/5
Allen Drain *(from Jun 2022)*	Public Governor	3/4
Robin Howe	Public Governor	5/5
Sarah Judge	Staff Governor	5/5
Elspeth Lees *(from Feb 2023)*	Partner Governor	0/0
Ben Lord	Public Governor / Committee Chair	5/5
Margaret Rutter *(until Feb 2023)*	Public Governor	1/2
Jane Skinner *(from Jan 2023)*	Public Governor	1/1
Liz Steele	Public Governor	5/5

**A partner governor was unable to attend meetings during the year due to personal circumstances.*

5. Conclusion and actions for 2023/24

5.1 The review has identified that the Engagement Committee has delivered its responsibilities as set out in its Terms of Reference.

5.2 Attendance has been good and the Committee has been quorate for all meetings. As activities increase, additional membership will be sought in 2024 after the governor elections.

5.3 Areas identified through the effectiveness review for further development in the next year are:

- To encourage new membership of the committee following the Governor elections
- To continue to develop engagement activities and ideas, including face-to-face and digital
- To develop better links with other patient involvement/engagement groups within the Trust and the local system
- To develop expectations and outcome measures for the planned engagement activities and review whether these are achieved
- To develop effective engagement with the Integrated Care partners and encourage/participate in collaborative working at all levels with system partners

6. Recommendation

6.1 The Council of Governors is asked to receive the report and note areas of improvement.

Ben Lord
Engagement Committee Chair Aug 2023

Appendix A: Summary output from the Committee effectiveness review

Total Responses Received: 5

Questions	1 Strongly agree	2	3	4	5 Strongly disagree
1. The committee has carried out its required duties as stated within its Terms of Reference:		3	2		
2. The committee has adequate resources (for example, budget, people) to support its function:			3	2	
3. The meetings are held regularly, with appropriate frequency and begin/end as scheduled:	3		2		
4. The Committee receives agenda and materials in advance of the meeting to allow for appropriate review and preparation:	3	1	1		
5. Attendance at the meetings is consistent and/or repeated non-attendance is addressed:	2		3		
6. The minutes of the meetings are accurate and reflect the discussion, next steps and/or action items articulated by the members:	4		1		
7. Minutes are circulated in sufficient time to support the working of the committee:	4		1		
8. The membership represents the talent and skill set required to fulfil the goals and purpose of the committee:	1	1	3		

* Areas to improve

General Comments		
What was liked the most about the meetings? • A will to do its best and generally positive • Appropriate to the task and productive • Have become face to face, engagement should be, I think • Opportunity to make suggestions on various publications at the draft stage • To be able to be part of a group working towards	• What would improve the meetings? • Public engagement (f2f) hampered earlier in previous years due to covid • We now have 2 vacancies hampering cross section of people/skillset/views. Resolve vacancies • Actual functions to be done • We have really struggled with communications support to drive forward	**What areas should the Committee focus on in the future?** • Effective methods of engagement • There must be engagement with other patient involvement groups, which already exist in the Trust or community. Governor members of the committee must attend these other group meetings please and bring back relevant information • Whatever turns up from engagement activities • Education and the recruitment of staff • Integrated care and the part we all play in looking after ourselves

supporting the Trust and membership	many of the items in our actions • More feedback to the CoG to join in with the activities • I feel that this committee had lost its way and didn't achieve very much. • There must be engagement with other patient involvement groups, which already exist in the Trust or community. Governor members of the committee must attend these other group meetings please and bring back relevant information • All Governor activities such as 15 steps, area observations, individual communication/experience with service users should be reported to this group, themes established, and a report with actions compiled for CoG • To focus more on inviting people who can then attend full CoG if necessary, these will include those that can inform trust members in the work of the trust, health wellbeing etc. • Ideas that will really help to engage without members	• Ideas that will really help to engage without members

12. Standards Committee report (enclosed)

To receive the report from the Standards Committee meetings held on 10 July 2023 and to approve the recommendations

For Approval

Presented by Jude Chin

NHS
West Suffolk
NHS Foundation Trust

WSFT Council of Governors meeting (Open)	
Report title:	Standards Committee report
Agenda item:	12
Date of the meeting:	4 September 2023
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	For assurance	For discussion	For information
☒	☐	☐	☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:

The Standards Committee of the Council of Governors met on 10 July 2023. The following summarises discussions that took place:

1. Policy on Engagement (FOR APPROVAL)

The Code of Governance for NHS provider trusts states that foundation trusts should have a policy for engagement between the Board of Directors and the Council of Governors, which clearly sets out how the two bodies will interact for the benefit of the Trust.

Our Board of Directors and Council of Governors are committed to building and maintaining an open and constructive working relationship. In order to achieve this, there needs to be clarity in relation to the respective roles and responsibilities of each which promotes a shared understanding. This policy aims to clarify the respective roles and responsibilities of our Board of Directors and our Council of Governors, and describes the information flow between the two groups.

The policy describes the involvement of governors in forward planning, through which they represent the views of local people, and the role they play in holding the Board of Directors to account.

This policy also sets out a process that will be followed should the governors have a concern about the performance of the Board of Directors, compliance with the provider license or the performance of the organisation.

It also describes the process should the Council of Governors have significant concerns about the performance of the Chair or any of the Non-Executive Directors.

This policy is intended to provide clear guidance and a useful framework for

	both our Board of Directors and our Council of Governors and has been approved by each respectively. The policy covers a range of important areas including: • Relationship between the Trust Board and the Council of Governors • Handling of concerns • Powers and duties, roles and responsibilities of the Trust Board and the Council of Governors • Role of the Senior Independent Director • Grounds and procedure for the removal of the Chair or a Non-Executive Director • Dispute Resolution Procedure. The purpose of this policy is therefore to: • Set out the systems and structures to promote a constructive working relationship between the Council of Governors and the Board of Directors • Set out a process for dealing with problems that may arise, as recommended by the NHS England's Code of Governance. The committee identified two readers from the membership to review the draft Policy on Engagement prior to circulation to submission to CoG in September. The draft policy was shared for feedback and comments with the readers in early August. The draft was also sent to the senior independent director and chief executive for inputs and if the tone of the document feels balanced and that it is a good description of the engagement. **(Appendix A)** **2. The GGI recommendations update (for noting)** The Committee noted the progress of the actions for the GGI report recommendations. **(Appendix B)** **3. Annual report on Committee effectiveness (for noting)** Following on from the GGI recommendation of it being a good practice to review the performance of its committees annually to review effectiveness, and to identify any areas for development, an annual report on Committee effectiveness was presented. From self-assessment review and feedback, areas for improvement were identified. The Standards Committee noted and endorsed the annual report for presentation to the Council of Governors. The Council of Governors is asked to receive the report and note areas of improvement highlighted in the report **(Appendix C)** **4. Governors' induction and training programme (for noting)** The Committee noted the draft induction and training programme, including slide deck, for new CoG from December 2023. A final draft Governors' induction and training programme will be presented to the CoG in November meeting. **(Appendix D)** The training programme will also be reviewed in early 2024, to give new governors time to settle into the role and decide what type of training they require. A core skills training day by NHS Providers is scheduled on 30 January 2024. **5. Development plan from Governor training day March 2023 (for noting)**

On 17 March a training and development day was held with Governors and non-executive directors. The session was facilitated by NHS Providers to provide a refresh of the Governor role and develop thinking in various areas. The feedback from the session and a summary of the areas for improvement and identified actions from the day was reported to the Standards Committee.

The committee will maintain oversight of this action plan as part of its normal work. **(Appendix E)**

6. Governor email addresses (for noting)

In May meeting, CoG received a recommendation to stop using WSFT email addresses for Governors (other than staff) for conducting Trust business. However, concerns were raised that this would mean that Governors' personal/work email addresses would be subject to public scrutiny in case of freedom of information (FoI) request or subject access request (SAR).

Advice was sought from the Trust's data protection officer (DPO) on this matter who confirmed that if Trust business was being transacted using personal email accounts they would potentially be subject to this scrutiny.

The following options were considered by the committee to recommend to CoG:

1. mandate all Governors to use WSFT email addresses for all Governor related activities. This would need to be supported by good IT access using personal devices to access the WSFT email account
2. maintain existing arrangements but with clear consent to confirm understanding of the FOI and SAR implications in terms of public scrutiny of personal emails. This would mean that Public Governors use personal email addresses, Partner Governors use business or personal email addresses and Staff governors use WSFT or personal email addresses
3. a hybrid approach for governors providing WSFT emails as described under 1 for those who do not wish to use their personal or work emails but with the option to use personal email as described in 2 with the identified clear consent to confirm understanding of the FOI and SAR implications.

The Committee confirmed that it is important that any Governors using personal/work email addresses will trigger the need to complete the consent form as a pre-requisite as per the guidance from the Information Commissioner's Office (ICO).

The Committee deliberated and consensus was achieved to proceed with the option 3 (hybrid). This will allow a flexible approach and with consent keep the access to email context as simple as possible and therefore more inclusive.

We have been trialling access using personal devices with IT and recognised some constraints around accessing WSFT emails on personal devices and laptops. Discussion with the IT team is ongoing to address the areas of concern and put in place effective and deliverable solutions. The Council will be kept informed of the outcome with the aim of testing and implementation a solution in time for the next Council meeting.

Enclosures:

	Appendix A - Policy on Engagement Appendix B - The GGI recommendations update Appendix C - Annual report on Committee effectiveness Appendix D - Governors' induction and training programme Appendix E - Development plan from Governor training day (March 2023)
Action required / Recommendation:	The Council of Governors is asked to **approve**: • Policy on Engagement The Council of Governors is asked to **note**: • The GGI recommendations update • Annual report on Committee effectiveness • Governors' induction and training programme • Development plan from Governor training day March 2023 • Governor email addresses
Previously considered by:	**Standards Committee**
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

Trust policy and procedure **Document reference no: PP() 481**

Policy for Engagement between the Trust Board and the Council of Governors

For use in:	All areas of the Trust
For use by:	Board of Directors and Council of Governors
Prepared by:	Trust Secretary & Head of Governance
For use for:	To outline the commitment by the Board of Directors and Council of Governors to develop engagement and two-way communication to carry out their respective roles effectively
Document owner:	Trust Secretary& Head of Governance
Status:	Active (after approval)

Author(s)	Trust Secretary & Head of Governance
Contributors	Trust Secretary, Deputy Trust Secretary, Standards committee members and Board members
Approved by	Board of Directors and Council of Governors
Key Contacts	Trust Secretary and Head of Corporate Governance Deputy Trust Secretary Foundation Trust Office Manager Trust Office Manager
Issue no	1

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Appendix E: The Nolan Principles - The Seven Principles of Public Life

POLICY FOR ENGAGEMENT BETWEEN THE TRUST BOARD AND THE COUNCIL OF GOVERNORS

1. Introduction

The Trust board is accountable to the community it serves and discharges that responsibility through its relationship with the council of governors. The council of governors represents the community and its major stakeholders, including staff, through elected and nominated members.

The board leads the Trust by undertaking four key roles:

- setting **strategy**
- supervising the work of the executive in the delivery of the strategy and through seeking assurance that **systems of control** are robust and reliable
- setting and leading a positive **culture** for the board and the Trust
- **accountability** to key stakeholders, including the councils of governors.

The statutory general duties of the council of governors are:

- to represent the interests of the members of the Trust as a whole and the interests of the public
- to hold the Non-Executive Directors individually and collectively to account for the performance of the board of directors.

In performing their duties, it should keep in mind that:

- the board of directors manages the Trust and continues to bear ultimate responsibility for strategic planning and performance
- the council must 'promote the success of the Trust so as to maximise the benefits for the members of the Foundation Trust as a whole and for the public'.

The Trust board and council of governors commit to work together constructively, based on openness and transparency, good communication and strong mutual understanding. They respect the different roles of each other, and they have common aim to work in the best interests of the Trust. This policy describes the activities developed to support engagement between the two bodies (Appendix D) and through this approach directors and governors' commitment to the ethics standards set out with the Nolan principles (Appendix E).

The Trust board and council of governors are committed to building and maintaining an open and constructive working relationship. Underpinning such a relationship is the need for clarity on the respective roles and responsibilities which are described in this policy.

2. Purpose

2.1 This policy has been created in response to the recommendations contained in the code of governance for provider trusts (2022). Its purpose is to describe the methods by which governors can engage with the board of directors when they have concerns about the Board's performance, the compliance with the provider terms of authorisation or the welfare of the Trust. This includes "Addendum to Your statutory duties – reference guide for NHS foundation trust governors - System working and collaboration: role of foundation trust councils of governors" (27 October 2022).

2.2 The policy outlines the mechanisms by which governors and directors will interact and communicate with each other while taking into account the expanded role of governors, set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 (the Act), including the duty to hold the Non-Executive Directors individually and collectively to account for the performance of the board of directors.

2.3 The policy describes the methods by which governors may engage with the board of directors when they have concerns about the performance of the Board of Directors, compliance with the provider licence or the welfare of the Trust.

2.4 The policy provides details of the panel set up by NHS England for supporting governors of foundation trusts in their role and to whom governors may refer a question as to whether we have failed or is failing to act in accordance with the Constitution.

3. Relationship between the Trust Board and the Council of Governors

3.1 Powers and duties, roles and responsibilities

3.1.1 The respective powers and roles of the Trust board and the council of governors are set out in their Standing Orders and the Trust Constitution.

3.1.2 The Trust board and the council of governors should understand their respective roles and seek to follow them in practice. Any concerns or queries should be raised with the Chair, trust secretary or Lead Governor.

3.1.3 The Trust will provide induction and ongoing training regarding roles and responsibilities.

3.2 Trust Board and Council of Governors

3.2.1 In order to facilitate communication between the Trust board and council of governors, governors can raise questions linked to the agenda at each public Trust board meeting. Governors receive Board meeting papers prior to meeting and are able to attend as observers.

3.2.2 Should a governor raise a question at the Trust board, they will receive a response at the meeting or within in a reasonable time after the meeting.

3.2.3 Governors may, by informing the Chair, request an item to be added to the agenda of the council of governors for discussion.

3.2.4 Governors will have the opportunity to raise questions about the affairs of the Trust with any director present at a meeting of the council of governors. Wherever possible, questions should be submitted to the Chair in advance of the meeting, to enable a reasonable time to be allocated during the meeting. Where this is not possible, a response will either be provided at the meeting or within a reasonable time after the meeting.

3.2.5 Whilst a confidential part of board of director meetings will be held in private the agenda and approved minutes from these meetings will be made available for governors. The public Trust board papers will be shared with governors electronically and are also available from the Trust website prior to the meeting.

3.3 Role of the Chair

3.3.1 The Chair is responsible for leadership of the Trust board and the council of governors, ensuring their effectiveness on all aspects of the role and setting their agenda. The Chair is responsible for ensuring that both work together effectively, and that they receive the information they require to carry out their duties.

3.3.2 In the Chair's absence meetings of the council of governors will be chaired by the deputy Chair of the Trust board.

3.3.3 The Chair will ensure that the views of governors and members are communicated to the Trust Board and that the council of governors is informed of key Trust Board decisions.

3.3.4 The Chair will meet with the Lead and Deputy Lead Governors regular and will have meetings with individual governors as reasonably requested.

3.5 Role of Non-Executive Directors and the Senior Independent Director

3.5.1 Non-Executive Directors will be invited to attend meetings of the council of governors, make presentations and answer questions as appropriate.

3.5.2 Non-Executive Directors will commit time to build effective relationships with governors. In addition, governors and Non-Executive Directors will agree to spend time together to understand each others' perspectives and build mutual understanding.

3.5.3 The Senior Independent Director will be available to the council of governors and individual governors if they have concerns which contact through the normal channels via the Chair have failed to resolve or for which such contact is inappropriate. The Senior Independent Director should attend sufficient meetings of the council of governors to listen to their views to help develop a balanced understanding of the issues and concerns of the governors and members.

3.5.4 The role of the Chair and Senior Independent Director is set out in Appendix A.

3.5.5 The process to be followed in dealing with concerns is set out in Section 4.

3.6 Role of Executive Directors

3.6.1 Executive Directors (including the chief executive or deputy/representative) will be invited to attend council of governors' meetings and be asked to contribute to discussions and respond to questions if appropriate.

3.7 Role of the Governors

3.7.1 Governors are required to meet the statutory duties as set out by NHS England, including:

- Hold the non-executive directors, individually and collectively, to account for the performance of the board of directors
- Represent the interests of the members of the Trust as a whole and the interests of the public

- Approve “significant transactions” as defined in the Trust’s constitution
- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution
- Decide whether the Trust’s non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions
- Approve amendments to the Trust’s constitution.

3.7.2 The council of governors may require one or more of the directors to attend a governors’ meeting to obtain information about performance of the Trust’s functions or the directors’ performance of their duties, and to help the council of governors to decide whether to propose a vote on the Trust’s or directors’ performance.

3.7.3 When the Trust board is engaged in strategic planning (e.g. annual planning, strategic direction) governors will be involved in the process so that the views of members can be properly canvassed and fed into the process.

3.8 Role of the Lead Governor and Deputy Lead Governor of the Council of Governors

3.8.1 The council of governors will maintain a role description for the Lead Governor.

3.8.2 Deputy Lead Governor:

3.8.2.1 The council of governors may also elect a deputy Lead Governor from among the governors. The deputy Lead Governor will deputise in the absence of the Lead Governor and will support the Lead Governor as required.

3.8.2.2 In general, the deputy Lead Governor is a discretionary role and has no specific powers or responsibilities other than to deputise in the absence of the Lead Governor (with the advance agreement of the Lead Governor). This provides additional resilience and support for the Lead Governor and the smooth running of the council.

3.9 Role of the Trust Secretary

3.9.1 The trust secretary (and Deputy Trust Secretary) supports the administration of corporate governance. In particular, the trust secretary would normally be expected to:

- ensure good information flows to the board of directors and its committees and between senior management, non-executive directors and the governors where relevant
- ensure that procedures of both the board of directors and the council of governors are complied with
- advise the board of directors and the council of governors (through the chair) on all governance matters
- be available to give advice and support to individual directors, particularly in relation to supporting board members and governors in understanding their duties.

3.10 Accountability

3.10.1 The council of governors has a role to hold the Non-Executive Directors individually and collectively to account for the performance of the Trust Board, including ensuring the Trust

Board acts so that the Trust does not breach its licence. The council of governors will be provided with high quality information that is relevant in order to carry out their statutory and general duties. The Trust is expected to ensure that the council of governors is provided with appropriate information, and that the governors are given opportunities to meet the board to raise questions about the trust's role within the system, or systems, of which it is part. The information needs of the council of governors will be discussed as part of the induction process and subject to ongoing review, and the governors will be consulted in the forward plan for agendas of council of governors' meetings.

3.10.2 The Foundation Trust Code of Governance provides that the Trust Board will notify the council of governors of any major new developments or changes to the Trust's financial condition, performance of its business or expectations as to its performance, that if made public would be likely to lead to a substantial change to the financial well-being, healthcare delivery performance or reputational standing of the Trust.

3.10.3 The Health & Social Care Act 2022 places a mandatory duty on the board of directors to consult with and seek the agreement of the council of governors on 'significant transactions' including mergers, acquisition, dissolution, separation, raising additional services from activities other than via its principal purpose and raising the threshold of funds raised from private patients as outlined in the Trust's Constitution.

3.10.4 The council of governors have the powers to call an executive director to the council of governors for the purpose of obtaining information about the trust's performance of its functions or the director's performance of their duties.

4. Handling of Concerns

4.1 A concern, in the meaning of this policy, must be directly related to either:

- The performance of the Trust Board, or
- Compliance with the licence, or
- The welfare of the Foundation Trust

Other matters that do not constitute a concern can be raised with the Chair to be discussed at the appropriate forum (see para 3.2.2-3.2.4).

4.2 In the event that the council of governors has a concern of the type described above, every attempt should be made to resolve the matter informally.

4.3 A detailed description of the process for handling concerns are described in Appendix B – informal (stage 1) and formal (stage 2).

4.4 Action in event of Stage 2 failing to achieve resolution:

4.4.1 If the council of governors does not consider that the matter has been adequately resolved, they have four options:

- Accept the failure to reach a resolution of the matter and consider the matter closed; or

- Seek the intervention of another independent mediator (i.e. a Chair or Senior Independent Director from another NHS Foundation Trust) in order to seek resolution of the matter, or
- Inform NHS England if the Trust is at risk of breaching its licence, or
- Follow the Dispute Resolution Procedure (as outlined at Appendix B - Annex A).

4.5 Removal of the Chair or any Non-Executive Director

4.5.1 In relation to concerns raised in accordance with this policy, the council of governors should only exercise its power to remove the Chair or any Non-Executive Directors after exhausting all other means of engagement with the Trust Board.

4.5.2 The procedure for removing the Chair or a non-executive director is set out in Appendix C.

5. Distribution

This policy document will be made available via intranet and Trust's public website.

6. Monitoring compliance and effectiveness

This policy will be kept under review, compared with the provisions developed by other Foundation Trusts and revised in accordance with emerging best practice and guidance from NHS England.

Appendix A: Role of the Chair and Senior Independent Director

Chair
In their role as governance lead for the board and for the council of governors the Chair is responsible for:

- making sure the board/council operates effectively and understands its own accountability and compliance with its approved procedures – for example, meeting statutory duties relating to annual reporting
- personally, doing the right thing, ethically and in line with the NHS values, demonstrating this to and expecting the same behaviour from the board
- leading the board in establishing effective and ethical decision-making processes
- setting an integrated board/council agenda relevant to the Trust's current operating environment and taking full account of the important strategic issues and key risks it faces and where relevant aligned with the annual planner for council of governors' meetings, developed with the Lead Governor
- ensuring that the board/council receives accurate, high quality, timely and clear information, that the related assurance systems are fit for purpose and that there is a good flow of information between the board, its committees, the council and senior management
- ensuring board committees are properly constituted and effective
- leading the board in being accountable to governors and leading the council in holding the board to account.

In their role as facilitator of the board and the council of governors the Chair is responsible for:

- providing the environment for agile debate that considers the big picture
- ensuring the board/council collectively and individually applies sufficient challenge, balancing the ability to seize opportunities while retaining robust and transparent decision-making
- facilitating the effective contribution of all members of the board/council, drawing on their individual skills, experience, and knowledge and in the case of Non-Executive Directors, their independence
- working with and supporting the Trust board secretary in establishing and maintaining the board's annual cycle of business
- liaising with and consulting the Senior Independent Director

Senior Independent Director
The Senior Independent Director (SID) will be a non-executive director of the Trust board appointed by the board of directors to provide an alternative to the Chair as source of advice to the governors. The SID will share the general duties of Non-Executive Directors, and in respect of these duties will be subject to the normal reporting relationships of Non-Executive Directors.

The SID's role will be

(a) To be available to Governors if they have concerns which have not or cannot be resolved through contact with the Chair, the chief executive or the director of resources or for which such contact is inappropriate.

- This will involve providing Governors with a convenient means of making contact with the SID, and an obligation on the SID to respond to such contacts and to meet privately with Members or governors if appropriate.

(b) To attend sufficient meetings with governors to hear their views and develop a balanced understanding of their issues and concerns.

- This should normally be accomplished by attending ordinary meetings of the council of governors.

(c) To ensure that the issues and concerns of governors are communicated to the other Non-Executive Directors and, where appropriate, the board as a whole.

- The responsibility for communicating the issues and concerns of governors does not rest specifically with the SID. The role of the SID is to monitor the effectiveness of such communications and take action if necessary.

(d) To provide a sounding board for the Chair and serve as an intermediary for the other directors when necessary.

(e) To facilitate and oversee the performance evaluation of the Chair, and to report on this to the council of governors.

- Led by the SID, the Non-Executive Directors should meet without the Chair present at least annually to appraise the Chair's performance, and on other occasions as necessary, and seek input from other key stakeholders.

- Lead the annual evaluation process in consultation with the Non-Executive Directors, governors and others as appropriate.

Appendix B: Handling of Concerns

This appendix describes in detail the arrangements for handling concerns.

1. Stage 1 – Informal

1.1 In the event that the council of governors has a concern of the type described above, every attempt should be made to resolve the matter firstly by discussion with the Chair. Where it affects financial matters, the audit committee Chair and/or director of resources should be involved. The Lead Governor should normally represent the council of governors in these matters, and they will consider whether additional representation is required.

12 Every attempt should be made to resolve concerns in an appropriate way, and as quickly as possible. This may involve the Chair convening a meeting with governors, and/or requesting reports from the chief executive or another director or officer of the trust, or a report from the audit committee or other committee and providing comments on any proposed remedial action.

1.3 The outcome of the matter will be reported to the next formal meeting of the council of governors, who will consider whether the matter has been resolved satisfactorily.

2. Stage 2 – Formal

2.1 This is the formal stage where stage 1 has failed to produce a resolution and the services of an independent person are required. In this case the Senior Independent Director assumes the role of mediator, as recommended by the Code of Governance, and conducts an investigation. Should SID be unavailable or be prevented from participating because of a conflict of interests, the council of governors may choose any other non-executive director to fulfil the role.

2.2 The decision to proceed to Stage 2 and beyond will always be considered by the full council of governors, at an extraordinary, private meeting. This is to ensure that any decision is a collective council of governors' decision. The decision to proceed to Stage 2 must be collectively agreed by a majority of the council of governors present at a meeting which is quorate. In the event that the council of governors does not agree to proceed to Stage 2, that decision is final.

2.3 Evidence requirements

Any concern should be supported by relevant evidence. It cannot be based on hearsay alone, and should meet the following criteria:

- Any written statement must be from an identifiable person(s) who must sign the statement and be willing to be interviewed under either stage of this process.
- Other documentation must originate from a bona fide organisation and the source must be clearly identifiable. Newspaper articles will not be accepted as prima facie evidence but may be admitted as supporting evidence.
- Where the concern includes hearsay, e.g. media reports, the council of governors may require the Trust Board to provide explanations and, if necessary, evidence to show that the hearsay reports are untrue.

2.4 Investigation and decision of the Senior Independent Director.

2.4.1 The Senior Independent Director's role is to seek to resolve the matter in the best interests of the Trust.

2.4.2 The Senior Independent Director will produce a written report of their findings and recommendations and present it to the council of governors and board. The report will address the issues raised by the council of governors, and will also consider whether action is required to repair any breakdown in the relationship between the Trust board and the council of governors.

2.4.3 The decision of the Senior Independent Director will be final in resolving the matter in the best interests of the Trust.

2.4.4 In the event that the council of governors' remain dissatisfied with the Senior Independent Director's decision, the options in paragraph 4.4 of the policy may be considered.

Annex A: Dispute Resolution Procedure

In the event of dispute between the council of governors and the Trust Board, where the above policy has been followed as appropriate through informal (Stage 1) and formal (Stage 2) procedures at outlined at 4.2 and 4.3, the dispute resolution procedure can be considered as a further option should Stage 2 procedures fail to achieve a resolution:

1. In the first instance the Chair on the advice of the Trust Secretary, and such other advice as the Chair may see fit to obtain, shall seek to resolve the dispute.

2. If the Chair is unable to resolve the dispute, the Chair shall appoint a special committee comprising equal numbers of directors and governors to consider the circumstances and to make recommendations to the council of governors and the board of directors with a view to resolving the dispute.

3. If the recommendations (if any) of the special committee are unsuccessful in resolving the dispute, the Chair may refer the dispute back to the Trust board who shall make the final decision.

Appendix C: Grounds and Procedure for the Removal of the Chair or any Non- Executive Director

Introduction

The council of governors has the power to remove the Chair and any non-executive director of the Trust. Such removal must occur at a general meeting of the council of governors and requires the approval of three quarters of the members of the council of governors.

In relation to concerns raised under the Policy for Engagement, the council of governors should only exercise its power to remove a non-executive director after exhausting all other means of engagement with the Trust board, as set out in that policy.

Grounds for removal

The removal of a Non-Executive Director should be based on the following criteria. Grounds for removal can include the following:

- a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
- a person who has made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it.
- a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on them.
- a person who no longer satisfies paragraph 25.1 or 25.2 (if applicable).
- a person who is a member of the Council of Governors
- a person whose tenure of office as a Chair or as a member or director of a national health service body has been terminated on the grounds that their appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest.
- A person who has been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the cause of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
- A person where disclosure revealed by a Disclosure and Barring Service check against such a person are such that it would be inappropriate for them to become or continue as a Director or would adversely affect public confidence in the Trust or otherwise bring the Trust into disrepute.
- A person is subject of a disqualification order made under the Company Directors Disqualification Act 1986.
- A person who is the subject of an order under the Sexual Offences Act 2003
- A person who is included in any barred list established under the Safeguarding Vulnerable Groups Act 2006
- A person who has been erased, removed or struck off by a direction from a register of professionals and has not subsequently had their qualification re-instated or suspension lifted.
- A person who has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a national health service body.
- A person who has failed to agree (or having agreed, fails) to abide by the value of the trust's principles as set out in Annex 9.

- A person does not meet the criteria set out in Regulation 5(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and Proper Persons' Regulations) (including any modification or re-enactment).

The following list provides examples of matters which may indicate to the council of governors that it is no longer in the interests of the Trust that a non-executive director continues in office. The list is not intended to be exhaustive or definitive; the council of governors will consider each case on its merits, taking account of all relevant factors.

a) If an annual appraisal or sequence of appraisals is unsatisfactory
b) If the non-executive director loses the confidence of the Trust board
c) If the non-executive director loses the confidence of the public or local community in a substantial way
d) If the non-executive director fails to monitor the performance of the Trust in an effective way
e) If the non-executive director fails to deliver work against pre-agreed targets incorporated within their annual objectives
f) If there is a terminal breakdown in essential relationships, e.g., between a Chair and a chief executive or between a non-executive director and the Chair or the rest of the Trust Board.

Procedure

The council of governors at a general meeting of the council of governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors.

Removal of the Chair or another non-executive director shall require the approval of three-quarters of the members of the council of governors.

Every matter at a meeting shall be determined by either a majority of the votes of the governors present, qualified to vote on the issue and voting on the question unless the Constitution requires otherwise. In the case of the number of votes for and against a Motion being equal, the Chair of the meeting, or the person presiding over that issue if the Chair is absent, shall have a second or casting vote.

The Chair should also consider, however, whether in particular circumstances a conflict of interest arises in dealing with the removal of a non-executive director, and if so, stand aside for that part of the meeting.

For the removal of the Chair, the Deputy Chair/Senior Independent Director will preside at meetings of the council of governors.

Removal and disqualification of governors

The process for the removal and disqualification of governors will be maintained by the Trust.

Appendix D: Guidance for informal Council of Governors & Council of Governors and Non-Executive Director meetings

Informal CoG meetings

- These are meetings which only governors attend
- The meetings are structured to have an informal session to allow time for the governors to interact and discuss issues
- The meeting is facilitated by the Lead Governor
- These meetings are held quarterly with no formal agenda
- Governors discuss and gain consensus on general concerns that they would like to better understand
- These topics can be informed by a number of activities, for example feedback from patients or staff, e.g. Courtyard Café and 15-steps challenge or from information received by the governors e.g. Board or CoG papers
- No formal minute of the meeting is taken but a governor(s) is identified to capture the outcome of the discussion so that there is written consensus in the room on the outcome e.g. using flipchart
- Following the meeting, the Lead Governor shares a summary with council of governors and the Foundation Trust Office.

Informal CoG and NEDs meetings

- These meetings provide an opportunity for informal discussion and engagement between governors and Non-Executive Directors, they are important in team and relationship building
- These meetings are not used for holding Non-Executive Directors to account, this takes place in the CoG meetings where governor's hold Non-Executive Directors to account for the performance of the board
- The meetings are facilitated by the Lead Governor with Trust Chair
- These meetings are held quarterly with no formal agenda
- The meetings are an opportunity to discuss general concerns, including topics for which Governors would like to develop a better understanding
- These topics are usually considered at the informal governors meetings in advance
- There is an opportunity to triangulate the engagement findings of the governors with the views of the Non-Executive Directors. Through this collaboration between governors and Non-Executive Directors topics for further review and testing outside the meeting may be identified
- No formal minute of the meeting is taken but the Lead Governor with inputs from the Trust Chair includes a short summary in their report to the CoG meeting

Appendix E: The Nolan Principles - The Seven Principles of Public Life

Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.

ACTION SHEET FOR GGI REPORT RECOMMENDATIONS – Ongoing from September 2022

In order of scheduled completion date

Ref	Recommendation	Response	Action by	Completion date
R1	The Trust should undertake a governor knowledge and skills audit, to inform the governor development programme for the forthcoming year.	• Create a knowledge & skills survey for governors – opportunity for governors to highlight areas of interest they have in the Trust • Collect information about governor skill sets to inform future roles and focus, but also potentially skills gaps which need to be developed • Share proposal at CoG meeting using tested model with balanced focus between technical responsibilities and qualities/behaviors (skills) • Propose that this forms part of the responsibility of the standards committee, to sit alongside and inform its consideration of training and development **Progress update:** The skills audit is complete. Report presented under agenda#4 in Feb '23 and annual cycle for skills audit in work plan.	Standards committee	Nov 2022 Audit completed Feb 2023 Updated training development plan to be approved by CoG

Ref	Recommendation	Response	Action by	Completion date
R7	Governors should have the opportunity to observe NEDs in board committee meetings, in order to witness their contribution to the conduct of the meeting and the level of challenge they present to trust directors.	• Develop a proposal which supports Governors to observe Board and relevant assurance committees to provide greater oversight of board and NED activities ○ Set out clear expectation of observer role – for governors, chair, NEDs and Execs • To form part of the standards committee responsibility to develop this approach. This will be underpinned by a framework and guidance to support Governors and committee members on the expectations of how these activities will be conducted and reported **Progress update:** The Governors were requested to share their interests and preference to observe the 3is (Insight, Improvement and Involvement). A rota has been circulated to the CoGs along with guidance note for governor observers and committee chairs. Guidance note shared with the standards committee for comments / inputs. Template for observer reports developed following discussion at CoG.	Standards committee	Procedure in place and process to provide rotating observation role for governors (Jan 2023). Positive feedback report to the CoG on the approach (Feb and May '23).

Ref	Recommendation	Response	Action by	Completion date
R8	The CoG should develop a clear rationale for its committee(s) and working groups and regularly revisit their effectiveness and fitness for purpose.	• CoG should set a regular review schedule for its committees and working groups, to ensure their effectiveness and whether they are still fit for purpose • The Standards committee will develop a framework and templates for this work which will set out requirements for each committee/working group to undertake and report (at least) annual self-assessment **Progress update:** Approved the framework/template in for CoG committee's to undertaken annual self-assessment of effectiveness. The committees have been tasked with undertaking their self-assessment and reporting to CoG in Sept. **The annual reports on committee effectiveness for Nomination, Engagement and Standards Committees are presented to the council of governors to note the areas of improvement.**	Standards committee	Framework and template approved (May 23) Committee annual reports received by CoG in September

Ref	Recommendation	Response	Action by	Completion date

R2	The Trust should devise and deliver a comprehensive, topical and varied development programme each year, reflecting the needs of the governors and the Trust.	• Create a schedule of training opportunities available and update/circulate throughout the year
		
		• Informed by training audit (R1) – balance focus between technical responsibilities and qualities/behaviors (skills)
		
		• Structured programme:
		  ○ Face-to-face training day
		  ○ Targeted topic-based sessions
		  ○ Development sessions (monthly)
		
		• The focus within the aspiration comments of the report were entirely focused on ICS
		
		• To form part of the standards committee responsibility to review, development and undertake an annual assessment of need
		
		Progress update:
		
		Face-to-face training is being planned to be scheduled in Feb 2023. Schedule of targeted topic based and development sessions for 2023 is covered under agenda#4.
		
		On 17 March a training and development day was held with Governors and Non-Executive Directors. The session was facilitated by NHS Providers to provide a refresh of the Governor role and develop thinking in areas such as:
		
		• **Accountability and holding to account**
		• **The right information for the Council**
		• **Effective questioning and challenge**
		
		At the end of the session time was used to reflect on the day and draw together areas for action. The actions were reported to CoG in May and a progress update is provided (Annex B).
			Standards committee	Feb 2023
				
				Programme for 2023 prepared for CoG
				
				Completed
				
				Full evaluation will be reported to the Standards Committee to inform the structure and content of future sessions.

Ref	Recommendation	Response	Action by	Completion date
R4	The Trust should support the CoG to develop a recruitment strategy, giving particular attention to the female / male ratio and BME representation among other factors.	• Look at current engagement and recruitment processes and ensure they are aligned with Trust diversity policy • Work with partners to target engagement to diverse population including ICS, Healthwatch Suffolk and voluntary organisations • Propose that this forms part of the responsibility of the engagement committee **Progress update:** To be covered under the Engagement Committee agenda for the meeting scheduled on 1st Feb 2023. **We are actively engaging with underrepresented groups through our engagement leads links with various networks. This will be used to encourage members, nominations for governors and other potential routes to be involved with the Trust's activities. Trust Board has identified inclusion as a priority for 2023-24.**	Engagement committee	Dec 2023 Programme of engagement events, including focus on diversity
R5	The Trust should review the level of support it currently provides the CoG and how this may be enhanced to ensure the CoG may operate effectively and meet its statutory responsibilities.	• A measure of need and success will be progress with development and delivery of these recommendations alongside other activities of CoG • A targeted response will be taken to address the issues set out in the report: ○ Increase governor profile on WSH website – include bios/pictures and increase presence in other forms of communication - staff and public • Ensure governors are invited to be involved in planning/supporting member and public events **Progress update:** **The Engagement Committee oversees this work and it is included in their work programme. Progress has been made in a number of areas and will form part of future developments within the committees plans.**	Engagement committee	May 2023 Website update and procedure for governor invites in place

Ref	Recommendation	Response	Action by	Completion date
R6	The Trust should have a 'Policy for Engagement' between the Board and the CoG, which clearly sets out how the two bodies will interact with one another for the benefit of the Foundation Trust.	• To form part of the standards committee responsibility for development, as part of its work on practices and behaviors as well as training/development to support Governors in undertaking their role. To include: ○ Clarify roles and responsibilities of Board & CoG and indicate the information flow between them ○ Confirm the involvement of governors in forward planning ○ Clarify role governors play in holding NEDs to account ○ Set out process should governors have for concerns about Board performance, compliance with the license or welfare of the Trust ○ Set out process should governors have significant concerns about the performance of Chair or NEDs • Incorporate response to these points into the training programme and as part of the updated Governor Handbook (to be reviewed by the standards committee annually) • What does 'good' look like in terms of the working relationship? **Progress update:** Draft WSFT BoD & CoG Policy on Engagement is in preparation. Draft will be shared with the standards committee and board of directors in for comments and development. **The draft Policy on Engagement will be presented to the council of governors in Sept meeting for approval.**	Standards committee	Sept 2023 Programme for 2023 Draft policy presented to the CoG in Sept for approval

Ref	Recommendation	Response	Action by	Completion date

R3	The Trust should consider whether public governors should represent the interests of a defined geographical area within the Trust's catchment area.	• How representative of the area is our membership and our council? Based on these findings, consider what action is required
		
		• Options for this to be considered, including:
		  ○ No further action required – existing arrangements considered adequate
		  ○ Structure engagement events across our geography supported by a rotating set of governors
		  ○ Develop engagement activities to cover the membership area (focused to membership numbers)
		  ○ Allocate governors to geographical areas to have an oversight of engagement activities and needs for targeted work engagement activities (not solely responsible for delivery)
		
		Progress update:
		Agreed at Standards and Engagement committees that this would not be advantageous and the constituencies within the Constitution remained unchanged
			Engagement committee	May 2023

WSFT Standards Committee	
Report title:	Annual report from the Chair of the Standards Committee
Agenda item:	7
Date of the meeting:	10 July 2023
Sponsor/executive lead:	Jude Chin, Trust Chair / Chair of the Standards Committee
Report prepared by:	Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval ☒	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:	Good practice states that the Council of Governors (CoG) should review the performance of its committees annually to determine if they have been effective, and to identify whether further development work is required. To bring this to effect, the committee should conduct a self-evaluation and assessment on an annual basis and use the evaluation process to identify strengths and weaknesses, to flag areas for improvement, and to plan for further action as appropriate. This Annual Report summarises the activities of the Standards Committee for the financial year 2022/23 setting out how it met its Terms of Reference (attached at **Appendix 1**) and key priorities. Attendance at the committee was in line with the quorum set within its Terms of Reference. Having reviewed its activities and undertaken a self-assessment review (attached at **Appendix 2**) it is the view of the committee that its activities have been consistent with its Terms of Reference. Areas identified for improvement are highlighted in section 5.2 of the report.
Action required/ recommendation:	The Standards Committee is asked to receive and endorse the report for presentation to the Council of Governors.
Previously considered by:	Standards Committee

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

Standards Committee 2022-23 Annual Report

1. Background

1.1 Good Practice states that the Council of Governors should review the performance of its committees annually to determine if they have been effective, and to identify whether further development work is required.

1.2 The purpose of the committee is laid down in its Terms of Reference (**Appendix 1**) which were updated and approved by the committee in August 2022.

1.3 In summary the committee is responsible for making recommendations to the Council of Governors on the to review issues relating to standards and governance of the Council. Part of this remit is also to review the constitution and specifically consider membership of the Council in terms of number of seats and partner organisations.

1.4 This Annual Report summarises the activities of the Standards Committee for the financial year 2022/23 setting out how it met its Terms of Reference and key priorities and also provides summarised feedback gathered from input from committee members to support its review of effectiveness and identification of next steps required (**Appendix 2**).

1.5 Reports will be provided to the Council of Governors from the committee chairs.

2. Responsibilities

2.1 The Standards Committee is responsible for:

- **Constitution:** review and development Trust Constitution, including membership area, constituencies and membership of the Council in terms of number of seats and partner organisations
- **Code of conduct:** review of code of conduct to ensure the code supports a culture of fairness, openness and learning
- **Procedure for Managing Governor Conduct and Expected Standards**: review the code of conduct for the Council of Governors, the procedure for managing governor conduct and expected standards and to ensure that the procedure is followed when it is alleged that a governor's conduct has not been in accordance with the code and expected standards. In cases where a formal investigation is required, it shall also sit as the panel to hear the outcome of that investigation
- **Governors elections:** plan and implement legal and effective election procedures to yield a diverse field of candidates
- **Governor induction and training:** ensure a programme is in place to support new Governors and maintain the required levels of knowledge and competence for all Governors
- **Governors' attendance:** review non-attendance at meetings and consider mitigating circumstances
- **Governance arrangements**: to consider arrangements for the working of the Council, including responding to relevant external reviews e.g. Good Governance Institute (GGI).

2.2 During 2022/23 the Committee has delivered the key responsibilities as set out in the Terms of Reference (Appendix 1). Compliance with the key responsibilities was evidenced by the routine presentation and consideration of reports.

2.3 In addition to its regular reports, the Committee also undertook its responsibilities under its Terms of Reference through the following:

- Lead and deputy lead governor election process and role specification
- Investigations on matters related to Governor Code of Conduct and managing breaches
- Governor skills audit
- Managing non-attendance at the Council of Governors meetings
- Trust Constitution - review & amendments
- Reviewed Governor role specification
- Term of existing lead and deputy lead governor
- Usage of governors' email addresses for Trust communication.

3. Reporting

3.1 The Committee reported to the CoG after each meeting during the year. Reports included a description of the agenda items discussed and key actions agreed.

4. Membership and Attendance Record

4.1 During financial year 2022/23 the Standards Committee met 7 times, including the extraordinary meeting in Feb 2023, with attendance recorded in the table below.

4.2 The table below demonstrates that every meeting of the Committee during the year was quorate. The quorum for any meeting shall be three members. Deputies can attend and be counted in the quorum.

Committee Membership - attendance 2022-23 (total of seven meetings)

Carol Bull	Partner Governor	7/7
Jude Chin	Non-Executive Director/Committee Chair	7/7
Amanda Keighley	Staff Governor	6/7
Adrian Osborne	Public Governor	5/7
Jane Skinner *(from Jan 2023)*	Public Governor / Lead Governor	4/4
Liz Steele *(until Dec 2022)*	Public Governor	3/3

5. Conclusion and actions for 2023/24

5.1 The review has identified that the Standards Committee has delivered its responsibilities as set out in its Terms of Reference.

5.2 Attendance has been good and the Committee has been quorate for all meetings.

Areas identified through the effectiveness review for further development in 2023/24 are:

- Implement changes to constitution to hold Governors to account with clarity re meeting attendance
- Evaluate the election process following elections
- Discuss the development and education required by governors; especially have input into appropriate governor induction
- Ensure maintain register of code of conduct including use of confidential information, which is signed by governors

6. Recommendation

6.1 The Standards Committee is asked to receive and endorse the report for presentation to the Council of Governors.

Jude Chin
Chair of the Standards Committee
July 2023

Appendix 1

FT Governors' Standards Committee
TERMS OF REFERENCE

1. Purpose of the Committee

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

1.2 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.

2. Level of Authority

2.1 The Standards Committee has delegated authority from the Council of Governors to deliver its key duties and responsibilities. The committee will have authority to establish sub-groups/committees reporting to it. It shall remain accountable to the Standards Committee for the work of any group reporting to it.

2.2 The committee has authority to make processes and procedures.

3. Duties and responsibilities

3.1 The Standards Committee shall undertake the following making recommendations for any changes or action to the Council of Governors:

- **Constitution:** review and development Trust Constitution, including membership area, constituencies and membership of the Council in terms of number of seats and partner organisations
- **Code of conduct:** review of code of conduct to ensure the code supports a culture of fairness, openness and learning
- **Procedure for Managing Governor Conduct and Expected Standards**: review the code of conduct for the Council of Governors, the procedure for managing governor conduct and expected standards and to ensure that the procedure is followed when it is alleged that a governor's conduct has not been in accordance with the code and expected standards. In cases where a formal investigation is required, it shall also sit as the panel to hear the outcome of that investigation
- **Governors elections:** plan and implement legal and effective election procedures to yield a diverse field of candidates
- **Governor induction and training:** ensure a programme is in place to support new Governors and maintain the required levels of knowledge and competence for all Governors
- **Governors' attendance:** review non-attendance at meetings and consider mitigating circumstances
- **Governance arrangements**: to consider arrangements for the working of the Council, including responding to relevant external reviews e.g. Good Governance Institute (GGI).

4. Membership

4.1 Membership of the Committee will comprise:

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

The Governors may nominate a chair when both chair and lead governor are absent. Additional members may be co-opted to the committee as necessary.

Representatives from the Trust may also be in attendance at meetings, including the Trust Secretary, Deputy Trust Secretary, Foundation Trust Office Manager, and others as required.

5. Quorum

5.1 The number of members required for a quorum shall be three.

Deputies appointed by the governors from the council of governors will be counted for the purposes of the quorum.

6. Frequency of meetings

6.1 Meetings will normally be held no more than quarterly.

7. Sub Committees

7.1 None established.

8. Arrangements for meetings and circulation of minutes/Administrative support

8.1 The Committee shall be supported by Foundation Trust Office.

9. Accountability and reporting arrangements

9.1 The Standard Committee will be accountable to the Council of Governors

9.2 The Standard Committee will report to meetings of the Council of Governors on its activities. The Committee Chair shall provide a report to the Council of Governors after each meeting to the outlining areas of key discussion and any actions taken or issues for escalation.

9.3 The minutes of the committee meetings shall be formally recorded and submitted to the next meeting of the Standard Committee.

10. Monitoring effectiveness and compliance with terms of reference

10.1 The committee shall carry out an annual review of its effectiveness against its terms of reference.

11. Ratification of terms of reference and review arrangements

11.1 The Terms of Reference shall be reviewed annually and submitted to the Council of Governors for approval.

Appendix 2: Summary output from the Committee effectiveness review

Total Responses Received: 3

Questions	1 Strongly agree	2	3	4	5 Strongly disagree
1. The committee has carried out its required duties as stated within its Terms of Reference:	1	1	1		
2. The committee has adequate resources (for example, budget, people) to support its function:	1		2		
3. The meetings are held regularly, with appropriate frequency and begin/end as scheduled:	1	1	1		
4. The Committee receives agenda and materials in advance of the meeting to allow for appropriate review and preparation:	2	1			
5. Attendance at the meetings is consistent and/or repeated non-attendance is addressed:	1	2			
6. The minutes of the meetings are accurate and reflect the discussion, next steps and/or action items articulated by the members:	2	1			
7. Minutes are circulated in sufficient time to support the working of the committee:	2	1			
8. The membership represents the talent and skill set required to fulfil the goals and purpose of the committee:	1	2			

* Areas to improve

General Comments (as received)		
What was liked the most about the meetings?	**What would improve the meetings?**	**What areas should the Committee focus on in the future?**
• Meet as needed which fits round my commitment to my regular job • Good discussion • Having input into things which affect governors	• Not met that regularly so all great at present • Would like face to face meetings • More proactivity rather than reactivity. For example - recent election of lead and deputy lead governors. The term of office should have been decided prior to the election process and not months after the election. When the discrepancy in documentation was highlighted the process which was then followed to resolve the issue did not feel to be in	• Getting the CoG constitution correct in order to be able to hold member to account with clarity • Evaluate the election process following elections • Discuss the development and education required by governors; especially have input into appropriate governor induction • Update confidentiality document, which is signed by governors

	line with Trust values. Therefore, the Committee should have foresight, of activities, such as elections, and be proactive in designing the process. This was seen to be the case in the governor elections to come in November.	

WSFT COUNCIL OF GOVERNORS' STANDARDS COMMITTEE	
Report title:	Governors' induction and training programme 2023
Agenda item:	9
Date of the meeting:	10 July 2023
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: To welcome new Governors to the Trust and familiarise them with their role.

For approval ☐	For assurance ☐	For discussion ☒	For information ☒
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:	This paper sets out a draft training/induction programme for the election for new governors. The programme includes: 1. Pre-election session to define expectations, as we've established some Governors may be unclear on what the role entails <u>Post-election</u> 2. Introductory welcome meetings (Dec '23/Jan '24): • Chair and Trust Secretary • Lead Governor 3. Information and training sessions • Session with the NHS providers – introduction to the governor role and effective working (Jan '24) • Topic based session(s) to includes areas such as: NHS structures and jargon busting; reviewing quality; NHS and Trust finances; key developments e.g. Future System programme (Jan - Mar '24) 4. Develop Convene document library of key information and supporting material 5. Production of a Governor's Handbook, containing relatively generic information

	6. Communication of work programme and activities for 2024-25. The Committee is asked to share inputs/feedback to develop the Governors' induction and training programme 2023. The Committee is also asked to review the induction slide deck (Annex 1) which will be part of initial internal induction sessions. The final programme will be shared with the Council of Governors in September 2023.
Action required / Recommendation:	The Standards Committee is asked to: • provide inputs/feedback to develop the Governors' induction and training programme 2023 • review the draft induction slide deck
Previously considered by:	**None**
Risk and assurance:	There is a risk of less effective CoGs. It is hoped the recommendations made in this report offers an opportunity for the work of the council to continue its contribution to the success of the Trust.
Equality, diversity and inclusion:	n/a
Sustainability:	n/a
Legal and regulatory context:	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

Governor training day (May 2023)
Action plan

Issue	Action	Progress/deliverable	Lead	Due date
(A) Election plan for the engagement with the general public	Election plan developed and in place which: ▪ encourages people to become members ▪ encourage members to put names forward to the governor elections	Focus of the agenda for engagement meeting on 25/4/23 **Engagement committee is overseeing programme of activities to encourage and support governor nominations**	Engagement Committee	Oct 23 *(Close of nominations to be a governor)*
	Post-election induction programme for newly elected governors, to include more materials of general high level NHS info, e.g., jargon buster, to help those not from an NHS background	Part of work plan for the committee – first draft to committee in July and then CoG September **Separate agenda item for standards committee meeting on 10 July**	Standards Committee	Dec '23
(B) Communication with Governors regarding media	Develop written protocol for sharing media related enquiries with governors	This action has been discussed with the communication team who have been working to ensure that they are proactive in media communication – both through regular summaries and proactively sharing sensitive media issues when we are aware of articles being published. The communications team have committed to maintaining these channels and welcome feedback.	Chair	Sept '23

Issue	Action	Progress/deliverable	Lead	Due date
(C) Working arrangements for informal Governor meetings	Engage with governors to gain consensus agreement on: ▪ use and timing of CoG pre-meetings to support effective preparation / questioning ▪ how to capture to outcome of information meetings and agree questions/outcome from discussion	Update included in Lead Governor report. Concerns raised when discussed at informal meeting regarding addition of another meeting and the timing relative to CoG. **No consensus on how to deliver at this stage. This will be revisited after the Governor elections.**	Lead Governor	Feb '24
Pressure on time commitment for Governors (too great)	Review work plan to ensure commitment and expectations are reasonable - stock take for future planning	Include in work programme report to CoG **Amended work plan and timetable approved at May CoG. Additional comments now in place to support the election programme. This will be kept under review through regular reporting of the programme to CoG as a standing item.**	Deputy Trust Secretary	May '23 CLOSED
Engagement and collaboration activities with the public	To develop membership engagement activities, which: ▪ Are informed by best practice ▪ Include underrepresented groups ▪ Link with the Involvement Committee through the Chair ▪ Analyse and understand our demographics ▪ Maximise opportunities for engagement with our community ▪ Clarify link with VOICE group	Membership engagement strategy to be reviewed and updated. Reported to CoG **Strategy reviewed and updated in June. Agreed that further review required based on experience of elections and with new Council. This has been included in the engagement committee's forward plan so closed here**	Engagement Committee	Sept '23 CLOSED

Issue	Action	Progress/deliverable	Lead	Due date
Assurance activities of CoG	▪ Develop the reports from the assurance committees to provide a rating for the level of assurance and clarity gaps and actions ▪ Share a template for governor observer reports for the assurance committees ▪ Include financial information, either as part of IQPR summary or separately ▪ Prepare a brief description of the purpose of the informal CoG meetings, including those with NEDs	▪ Updated template on agenda with RAG rating ▪ Template prepared and shared with observers ▪ Financial summary included in assurance report cover sheet ▪ Will form part of the joint policy on engagement for the Council and Board **Updated CKI report were well received at the CoG meeting. Updates also incorporated into the governor observer reports for the assurance committees.**	Trust Secretary, Richard Jones	Sept '23 CLOSED
Reflections & 'even better if' session	Provide a summary for the May CoG meeting, to include next steps / 'so what?'	**Action plan from training day reported to CoG**	Trust Secretary, Richard Jones	May '23 CLOSED

13. 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:	13
Date of the meeting:	4 September 2023
Sponsor/executive lead:	Jane Skinner, Lead Governor
Report prepared by:	Jane Skinner, Lead Governor

Purpose of the report:			
For approval ☐	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:	The interview for the position of Chair of the Trust Board and Council of Governors (CoG) took place in May. Following a robust selection process, Governors were delighted to appoint Jude Chin to the substantive role. Congratulations Jude! Since our last CoG meeting in May there have been further junior doctors' industrial actions and a two-day industrial action supported by some Trust consultants. Governors are aware of the extraordinarily complex planning that takes place prior to strike actions to maintain the Trust's operational ability and in addition to reschedule cancelled appointments and operations. Governors also appreciate the hard work of all those staff who kept patients safe during those periods. Governors have a duty to hold Non-Executive Directors to account for the performance of the Board; our focus in all our activities is to seek assurance on patient access to care, the quality of care and staff wellbeing. Governors, although reduced in numbers, are maintaining their commitments: • Observing Board assurance committee meetings and providing feedback as reported to this meeting. • Observing the Board meeting and asking questions based on agenda items. • Attending formal Governor's meetings – Nominations, Engagement, CoG. • Attending Staff Governors' meetings (Lead Governor and staff Governors). • Attending informal meetings. The recent informal governors' meeting and informal Governors' and NEDs' meetings were very well attended. I am sure all the Governors, who attended the latter, would like me to thank the NEDs for their time and for their open, informative, and candid responses to our concerns. • Participating in observational sessions of Trust waiting areas. • Participating in "15 Step" visits to clinical areas.

	Governor elections take place later this year and current Governors are involved in promoting the Governor role to Trust staff and the public: • Supporting information desks in various areas of the Trust, including at the Newmarket site. • Attended the "Medicine for Members" event in Sudbury. • Attended a recruitment event at the University and Professional Development Centre. • Supporting an awareness stand at the Annual Members' meeting at the Apex scheduled for 26th September. • Supporting an awareness stand at the MyWish Charity Soapbox Challenge on 2nd September. Governors attend a programme of updates and development sessions via Teams. On August 7th Governors were pleased to be briefed on the excellent progress being made with the new hospital (Future Systems project) by Gary Norgate, Programme Director. Ben Lord, Deputy Lead Governor, and I continue to meet Jude Chin, Trust Chair, every month. We also meet with Richard Jones, Trust Secretary and Pooja Sharma, his Deputy. We are updated and provided with assurance on many areas of Trust activity. The Trust is currently in financial deficit, we were assured that a financial recovery plan will be in place immediately. With the help of Pooja feedback templates have recently been developed in order that feedback information, from Governor activities such as the "15 Steps", can be collated and a thematic report written, for submission to the CoG. This action allows a quality loop to be closed, in that findings are seen to be acted upon, and enables information to be shared with all Governors.
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

14. Staff Governor Report (enclosed)

To receive a report from the Staff Governor meeting held on 11 July 2023

To Note

WSFT Council of Governors meeting (OPEN)	
Report title:	Staff Governors Group Report
Agenda item:	14
Date of the meeting:	4 September 2023
Sponsor/executive lead:	Staff Governors
Report prepared by:	Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval ☐	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☒	☐

Executive summary:	This report summarises the issues raised and discussed staff governor meeting on 11th July 2023. The meeting was attended by the staff governors Sarah Judge, Amanda Keighley, Louisa Honeybun, Martin Wood, Jane Skinner (lead governor), Jeremy Over (executive director of workforce & communications), Richard Jones (Trust secretary) & Pooja Sharma (deputy Trust secretary). • *Freedom to Speak Up - sharing feedback:* discussion took place regarding feedback following issues being raised with the FSUP Guardian or champions. It was indicated that there appear to be differing experiences as some staff receive response to the issues raised while others do not. It was indicated that if people haven't had a response, they should ask for it from the person they raised it with initially. There is a system in place to receive and track the concerns and holding people to account for an answer for the concerns raised and FSUP Guardian keeps a track of the concerns that are received and where possible and practical endeavours to give feedback to people unless the concerns been raised anonymously. It was noted that responsibility to encourage a speak up culture in the organisation rests with the Board. • *Industrial action:* As part of the discussion there was significant focus on the 'compassionate leadership'. It was indicated that ongoing industrial action has triggered unsettled feelings from some staff. This recognised the significant undertaking in planning and preparing for industrial action, which can overtake the normal day to day responsibilities.

	• *Car parking:* Discussion also took place around disappointment of some staff with the reintroduction of parking charges on site. The provision of bus services, public buses and the shuttle for early/late shift staff has also been an issue. • *Governor elections:* The discussion focussed on the marketing/promotion for governor elections in September and noted that the Foundation Trust Office and staff governors have started to get interest from staff in becoming governors. Current staff governors have begun to have conversations with various staff/colleagues that have expressed interest, or who might be good in the role. It was noted that there is a need to ensure a broad representation of staff governors, including community services, non-clinical, consultants etc. Staff governors will provide short stories to the comms team on what it is like as a governor, to advertise the elections and for future comms to all staff.
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

15. Governor Work Programme 2023-24 (enclosed)

To receive the updated programme

To Note

Presented by Pooja Sharma

WSFT Council of Governors meeting (Open)	
Report title:	Council of Governors work programme 2023-24
Agenda item:	15
Date of the meeting:	4 September 2023
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 ☐	For assurance ☐	For discussion ☐	For information ☒
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:

In the May CoG meeting, it was agreed that the following proposed annual programme schedule was reasonable in terms of time commitment and spread. The Governors development and programme 2024-25 will be drafted in line with the Governors induction and training programme and presented to the CoG in November meeting.

Council of Governors - annual programme stocktake

On the governors' training day scheduled on 17 March, it was recognised that the pressure on time commitment for Governors has increased and there is a need to review the work plan to ensure commitment and expectations are reasonable. Stocktaking was done to understand the monthly time commitment from the governors and for efficient future planning.

The summary below for Governor meetings/sessions/events attempts to fairly balance these activities across the year:

Meetings

CoG meetings	Quarterly - May/Sept/Nov/Feb
Briefing sessions	Quarterly - April/June/Aug/Dec
CoG Committee meetings*	Quarterly - Mar/July/Oct/Jan
CoG pre-meeting	*To be confirmed*
Informal Governors	Quarterly
Informal NEDs & Governors	Three in a year
Board assurance committee observers	Monthly (avg. five governors)

** Nominations, Engagement, Standards, Staff governors*

Activities

15-steps visits	Two-monthly
Area observations	Two-monthly
Environmental visits	Two-monthly
Courtyard café (WSH and Newmarket)	Two-monthly

Other events (new engagement strategy)	Two-monthly
Medicine for members	Two per year

Governors development programme 2023-24

Taking into account the findings of the skills audit, the Governors' work programme 2023-24 as approved by the CoG in May is presented for a review (**Appendix A)**.

Recommendation

Note the content of the programme for 2023/24.

Governors sub-committees 2023- membership

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.

There are three sub-committees and one working group constituted by the Council of Governors as follows:

- FT Governors' Nominations Committee
- FT Governors' Engagement Committee
- FT Governors' Standards Committee
- Staff Governors' Group

A review of membership and composition of the Governors' sub-committees is scheduled in January 2024 with new governors in post and a summary of the membership of governors in the Council of Governors' sub-committees will be provided in February 2024 meeting.

Action required / Recommendation:	The Council of Governors is asked to: - note the development plan for 2023/24
Previously considered by:	**None**
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

Appendix A: Governors' Development Programme 2023-24

Timing	Themes	Rationale	Led by
17 Jan 2023 *(delivered)*	Follow up session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Chief Executive / others as agreed
17 Mar 2023 *(delivered)*	Focussed on themes from governors' skills audit	Holding the NEDs to account for the performance of the Board, questioning style and behaviour, use of information	NHS Providers
23 Mar 2023 *(delivered)*	Infection prevention and control	Interests of members and the public	Chief Nurse
25 Apr 2023 *(delivered)*	Operational Planning Guidance This will include an outline from the Chief Operating Officer of plans regarding: - Elective recovery - Emergency and urgent care access standards	Interests of members and the public	Chief Operating Officer, others as agreed
28 Jun 2023 *(delivered)*	Living the Trust values	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
7 Aug 2023 *(delivered)*	Follow up session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Chief Executive / others as agreed

Forward plan for topics from feedback and skills audit
Reviewed and updated based on skills audit to be undertaken in December 2023.

- For Q3 update from the strategic priorities for 2023/24

- Constitution and structure / working of the CoG – induction session/training day (***January 2024***)
    - Induction session - quality and service user experience of care (tbc)
    - Induction session – NHS structures and finances (tbc)
- CoG meeting February 2024 – no briefing session
- Trust's strategy and forward planning for service provision and development – annual planning session (***March 2024***)
- CQC – new model of inspection – timing to be confirmed (***April 2024***)
- CoG meeting May 2024 – no briefing session
- Future system programme update (**June 2024**)
- Integrated Care Systems – system working and collaboration (tbc)

16. Annual Report and Accounts 2022/23 (via weblink)

To note annual report

To Note

Presented by Richard Jones

WSFT Council of Governors meeting (Open)	
Report title:	**Annual Report and Accounts 2022/23**
Agenda item:	16
Date of the meeting:	4 September 2023
Sponsor/executive lead:	Richard Jones, Trust Secretary
Report prepared by:	Richard Jones, Trust Secretary

Purpose of the report:			
For approval ☐	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive Summary

The Council of Governors is asked to receive the annual report and accounts in public session.

The report was approved by the Board in closed session in June but could not be reported publicly until it had been laid before Parliament.

The full document is available via the link below:

https://www.wsh.nhs.uk/CMS-Documents/Trust-Publications/Annual-reports/Annual-Report-2022-23.pdf

Action Required of the Council of Governors

The Council of Governors is asked to receive the report

Risk and assurance:	NA
Equality, Diversity and Inclusion:	NA
Sustainability:	NA

Legal and regulatory context	NA

17. Annual Audit Letter (enclosed)

To receive the report from KPMG, external auditor

To Note

Presented by Jude Chin

KPMG

Auditor's Annual Report 2022/23

West Suffolk NHS Foundation Trust

29June 2023

Key contacts

Your key contacts in connection with this report are:

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Follow up of prior year recommendations	6
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This report is addressed to West Suffolk NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

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Summary

Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2022-23 audit of West Suffolk NHS Foundation Trust (the 'Trust'). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	We issued an unqualified opinion on the Trust's accounts on 29/06/2023. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on page 4.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.
Value for money	We are required to report if we identify any significant weaknesses in the arrangements the Trust has in place to achieve value for money. We have followed up on the significant weaknesses in the prior year on page 6.
Other reporting	We did not consider it necessary to issue any other reports in the public interest.

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Accounts Audit

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Findings
Valuation of land and buildings: The carrying amount of revalued Buildings differs materially from the fair value	We did not identify any material misstatements relating to this risk. We raised a recommendation relating to management evidencing review and challenge of the valuation specialists report. We considered the estimate to be balanced based on the procedures performed due to the valuation falling materially in line with our point estimation.
Fraudulent expenditure recognition: Liabilities and related expenses for purchases of goods or services are not recorded in the correct accounting period	We identified two misstatements relating to an adjustment between trade payables and accruals and between opening reserves and operating expenditure which have not been corrected by management. Updating these would lead to a reduction in trade payables and corresponding increase in accrued expenditure and a decrease in operating expenditure and an increase in brought forward reserves, however we did not consider this material. We raised recommendations relating to review of accruals to ensure completeness and retention of documentation in regard to PO authorisation.
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	We did not identify any material misstatements relating to this risk.

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Value for money

Introduction

We consider whether there are sufficient arrangements in place for the Trust for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at Code of Audit Practice (nao.org.uk).

Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

Source	Detail
Care Quality Commission rating	Requires Improvement
Single Oversight Framework rating	3
Governance statement	There were no significant control deficiencies identified in the governance statement
Head of Internal Audit opinion	Moderate

Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the Trust compared to the expected systems that would be in place in the sector.

Significant weaknesses followed up from the prior year

On page 6 we have set out commentary on the significant weaknesses identified in the prior year and whether the recommendations to address the weaknesses have been satisfactorily implemented.

Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

Domain	Risk assessment	Summary of arrangements
Financial sustainability	No significant risks identified	No significant weaknesses identified
Governance	One significant risk identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness	No significant risks identified	No significant weaknesses identified

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Value for money - risk of significant weakness in arrangements

Domain - Governance	
Description of risk	**Our response**
During December 2021, the West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was published. The report noted that the Trust's Board performance fell short on both ensuring accountability and shaping culture. We acknowledge that the Trust has acted on some of the recommendations made by the Review areas identified and, following the publication of the formal Review report, the Trust has developed a detailed Action Plan which was approved by the Board in March 2022. However, for the year under review, there was a significant weakness in the Trust's governance arrangements. The Trust needs to ensure that implementation of the action plan to respond to the recommendations of the independent review is appropriately monitored and the agreed actions are implemented.	We have reviewed the current status in regard to the implementation of the action plan. We have also reviewed the internal audit report in regard to the action plan. **Our findings** We have reviewed the action plan and note that 19 action plan points are marked as complete, 1 has been stood down and superseded by a point not yet due and 3are in progress and on track within a revised timeframe. Further we have reviewed the internal audit report in regard to the plan and note that no weaknesses in control were identified. **Conclusion** We consider this to be indicative of effective implementation in regard to the prior year risk and recommendation, and therefore consider this VFM risk resolved and therefore

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Value for money

Financial sustainability	
Description	**Commentary on arrangements**
This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ How the Trust sets its financial plans to ensure services can continue to be delivered; ▪ How financial performance is monitored and actions identified where it is behind plan; and ▪ How financial risks are identified and actions to manage risks implemented.	We have reviewed the process around ownership and involvement of key stakeholders in the budgeting process, including the challenge of key budget assumptions and inclusion of emerging costs pressures. We have agreed the 22/23 budget to Board approval on 25/03/2022 and note that there is review and challenge of budget assumptions by both the Director of Finance and the Deputy Director of Finance. Further we note that cost pressures are monitored through regular performance review. The appropriateness of the budget is reviewed throughout the year as part of the monthly Board reporting cycle, following assessment at sub-committee level. There is clear, cyclical, governance process for the monitoring of Sustainable Cost Improvement Programmes (CIP) and note that there is both a top-down and bottom up approach for both identifying CIP and monitoring delivery, which is managed by the divisional project management officers, with final oversight by the Project Management Officer (PMO). We have reviewed the PIPR reports and final CIP report for year end performance and forward planning position, and a sample of finance reports to Finance Committee and Board to ensure sufficiently detailed communication and external data has been used for benchmarking purposes. We note in regard to these procedures that while we have not found a VFM significant risk in regard to the CIP process, management have not monitored deliverable CIP targets for the year and have assessed CIP delivery against the fact that the Trust is in a surplus position. As such management have asserted that they have achieved 100% CIP delivery based on the surplus outcome, rather than CIP measurement. This is not in line with NHSE guidance, and we would recommend that the Trust set and monitor CIP targets for the 23/24 financial year. As part of our financial statement audit procedures, we have performed reviews in relation to the design and implementation of controls in relation to the core business processes including; income, expenditure, payroll and cash. We have nothing to report in regard to VFM for these procedures. We have assessed the process for review and approval of capital schemes by the Capital Strategy Group, and note that there is formalised approval structure in place. We have assessed planning forecast position for the Trust and System as breakeven and that at Month 9 the Trust was in a deficit position of £200k. We have assessed to year end, and note that the Trust ended the year in a surplus position of £30k. Further we note that the 2023-24 financial planning has been submitted for both the Trust and the ICS. The forecast Trust position is a deficit of £2.7m – however they have worked with the ICB to ensure that the ICS will end in a breakeven position driven by a surplus in ESNEFT. The Trust have identified a target CIP of £10.6m, of which £6.8m has been identified, split 80:20 between recurring and non-recurring (£5.4m recurring, £1.4m non-recurring), which represents acceptable progress as at April 2023. **Conclusion:** Based on the procedures performed we have not identified a significant weakness or risk associated with financial sustainability

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Value for money

Governance	
Description	**Commentary on arrangements**
This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ Processes for the identification and management of strategic risks; ▪ Decision making framework for assessing strategic decisions; ▪ Processes for ensuring compliance with laws and regulations; ▪ How controls in key areas are monitored to ensure they are working effectively.	We have reviewed key risk management documents produced by the Trust, including the Standing Financial Instructions (SFIs), which have appropriate levels of delegation. We have reviewed the implementation processes for approved funding programmes, through the Trust Investment Panel, including the Term of Reference and meeting minutes. The purpose of the IP is to deliver investment programmes, performance and quality. Further we have reviewed the Business Case Template covering finance, savings and efficiency gains, and the Investment Panel Terms of Reference (being responsible) for delivery of the Business Case Template. We have carried out procedures in regard to challenge raised by management, key capital, workforce and service decisions, the Trust governance structure and engagement with system working. We note that effective challenge is carried out and documented through the Board and sub-committee meetings, and is documented clearly in the available minutes. We have reviewed the Trust's working within the Integrated Care System (ICS) and note that the Trust has worked with system partners to achieve a planned surplus of £200k for the system. We have carried out procedures to review the occupational health contract between WSFT and NNUH, and note that discussion has been held around key issues such as facilities, policies and KPIs. We have also reviewed in regard to the contract with CUH, and note that an action log has been retained and reviewed at each Board meeting. During December 2021, the West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was published. The Trust has developed a detailed Action Plan which was approved by the Board in March 2022. We noted a significant risk in this regard in the prior year, with KPMG raising a recommendation. The recommendation was for the Trust to ensure the implementation of the Action Plan to respond to the recommendations of the independent review and ensure they are implemented. We have reviewed the action plan and note that 19 action plan points are marked as complete, 1 has been stood down and superseded by a point not yet due and 3are in progress and on track within a revised timeframe. Further we have reviewed the internal audit report in regard to the plan and note that no weaknesses in control were identified. We consider this to be indicative of effective implementation in regard to the prior year risk and recommendation, and therefore consider this VFM risk resolved. **Conclusion:** We identified a significant risk at planning in regard to the West Suffolk Review as a result of the significant weakness linked to our prior year recommendations. From the procedures carried out for the current year we have concluded that there is no significant weakness in Governance arrangements.

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Value for money

Improving economy, efficiency and effectiveness	
Description	**Commentary on arrangements**
This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ The planning and delivery of efficiency plans to achieve savings in how services are delivered; ▪ The use of benchmarking information to identify areas where services could be delivered more effectively; ▪ Monitoring of non-financial performance to assess whether objectives are being achieved; and ▪ Management of partners and subcontractors.	We have reviewed the CIP progress for the year, we have noted that management have not monitored deliverable CIP targets for the year and have assessed CIP delivery against the fact that the Trust is in a surplus position. As such management have asserted that they have achieved 100% CIP delivery based on the surplus outcome, rather than CIP measurement. This is not in line with NHSE guidance, and we would recommend that the Trust set and monitor CIP targets for the 23/24 financial year. Benchmarking data is used by divisions within the Trust using national tools such as Model Hospital, National Cardiac Benchmarking Collaborative data, NHS Benchmarking and GIRFT (Getting It Right First Time) to inform areas for improvement and identify areas for future CIPs. We found appropriate processes in place to ensure the Trust used information about costs and performance to improve the way they manage and deliver services. Trust-wide Key Performance Indicators (KPIs) are agreed by the Board each year and are included in the Trust's Integrated Performance Report (PIPR). Performance against KPIs is Red, Amber, Green (RAG) rated to determine how each area is performing against national and local standards/targets. Performance is assessed on a monthly, YTD and trend basis to identify significant variations. The aggregation of these individual KPI ratings then determine a domain rating for each domain in the PIPR. This in turn provides an overall performance rating for each domain and for the Trust overall. The PIPR is submitted to the Performance Committee and Board on a monthly basis for their meetings. The KPI performance structure is replicated at divisional level. Performance is scrutinised through Divisional management meetings and Executive-led Divisional Performance meetings (monthly). We have the partnership working within the local ICS (Integrated Care System), we note that for the current year the Trust, with the other partners on the ICB (Integrated Care Board) have worked towards a planned surplus of £200k. We note that for the 23/24 year end, the Trust have worked with the ICB to ensure that the ICS is forecasting a breakeven position despite the forecast deficit for the Trust of £2.7m. We consider this to demonstrate effective system working. **Conclusion:** Based on the procedures performed we have not identified a significant weakness or risk associated with improving economy, efficiency and effectiveness.

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18. 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:	18
Date of the meeting:	4 September 2023
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 ☐	**For assurance** ☒	**For discussion** ☒	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒
Executive summary:	This is the new style of report from the Board of Directors to the Council of Governors. This approach recognises the statutory duties of the Governors to: - **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. The Board of Directors recognises and respects this role of the Council of Governors. This report summaries the activities of the Board meetings and compliments the reports received from the Board's assurance committees earlier on the agenda.		
Action required / Recommendation:	The Council is asked to review this report in order to: • consider any elements relating to the **performance of the board** arising from this report which they wish to raise with the non-executive directors • consider any **areas of priority** identified in this report for future engagement with members and the public		
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 - 26 May 2023			
Patient / staff story - a video of an interview with a patient (wheel chair user) who explained journey through community services. It was noted that this case demonstrates the power of health coaching to enable patients to take control. It was good testament to the level of service provided which is everyday practice. There is however a need to capture the ingredient of the successful physiotherapist in order to train other staff in person centred care and health coaching. The alliance is working towards a strength-based approach, and is continuing to train staff across the alliance.	• To improve patient experience with all service users • Ability to fully deliver plan for future capacity • Strengthening West Suffolk Alliance and provider collaboration	Model for future care	2.2
Involvement Committee report - The committee received a good report about the COPD and PALS services. An encouraging report about the maternity service survey was also received, which showed high levels of satisfaction. It was noted that there had been good work around KPIs in critical care and maternity services, with managers being asked to do more in terms of “stay conversations” with staff. Work on the Inclusion Plan was in progress, with a focus on race and disability data. There is still a lot of work to be done to improve practice and opportunities to know that we are a truly equal organisation.	• Detailed analysis of CKIs		2.4 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
People and organisational development plan - Putting You First awards, Freedom to Speak Up Guardian report – Q4 2022/23, Developing our people and culture priorities for 2023/24, incorporating what matters to you, speaking up and staff survey feedback National pay discussions / industrial action, Winter vaccination (2022/23) performance.	• Develop EDI in the forward plan by the involvement committee	• Delivery of People and Culture Priorities for 2023/24	2.4.1 report
Strategic Objectives 2023/24 – th**e** first draft of priorities for the next year to frame the work being undertaken to deliver the Trust's strategy was presented to the Board. The Board agreed to discuss the priorities for 2023/24 further at the next Board Development Day. An update will be provided at the next board meeting.	• Discussion at the board development day	• Deliver the Trust strategy	3.1 report
Future system board report - A huge amount of work has happened around the Future system programme since the last Board meeting. This is consistent with the funding allocation to progress enabling works. Additional funding was confirmed of £10m this year, to accelerate progress with enabling works and to fund the team.	• Ongoing assurance/monitoring • Board to receive delivery plans for the clinical and care strategy	Sustainable service improvements	3.2 report
System update: West Suffolk Alliance and SNEE Integrated Care Board - a report was produced which summarised the Alliance Delivery Plan (ADP), for West Suffolk Alliance to set out what action the partnership intends to take in 2023/24 to contribute to shared outcomes using the Live Well framework specified in the ICB Joint Forward Plan (JFP). The ADP is a partnership agreement and complements other planning documents including the ICP strategy, WSFT strategy and JFP. The plan sets out how the alliance intends to work together and focus on a small set of priorities prioritised as areas where we can make the most impact by working together.	• Strengthened provider collaboration • Forward planning and the delivery of plan	• Focus on system working	3.3 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Integrated Care Board joint forward plan (JFP) - The JFP has passed through various committees and will be published in the next few weeks. The performance trends and the barriers to delivering targets will need to be understood. It is a five-year delivery plan to be updated every year.	• Strengthened provider collaboration • Forward planning and the delivery of plan		3.4 report
Digital Programme Board Report - The Digital Board meets quarterly to consider the ways in which digital is supporting progress towards Trust objectives and to review any matters escalated to the Digital board from the Pillar groups. Key highlights from the Pillar reports were around e-Care programme, Population Health Manager (PHM) and Shared Care Records (ShCR), Digital infrastructure. Discussion followed about the move away from Medic bleep which will be welcomed by many clinicians. Concerns have been raised about its functionality, and there is confidence that the Trust can find a better system. However, it is unlikely that a replacement will be in place by August. The Trust took on a risk as Medic Creations' only customer, and this is currently being managed.	• Board visibility and oversight of the work	• Focus on digital programme • Model for future service delivery	3.5 report
Insight committee report - The following points were highlighted: • Minimal assurance provided on the budget deficit and CIP programme. Further work is ongoing. • Ambulance handover times remain an ongoing issue and work is continuing on a recovery plan. Harm reviews are being undertaken for those patients who wait in ambulances over an hour. • The 2-week suspected breast cancer wait is still underperforming but indicators should be looked at in the round as other areas are improving. • There was continued improvement in some elective pathways. However, a trajectory has been submitted predicting 154 patients waiting over 65 weeks at the end of March 2024, which is not compliant with the national target of zero. • Stroke performance is a real success story.	• Focus on improvement and recovery of operational performance standards • Increase visibility on the benchmark performance within the system		4.1 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Finance report - Discussions covered the month 12 position for 2022-23. It was felt appropriate to share the results for the 2022-23 financial year with the Trust Board along with a high-level summary of the position for month 1 of 2023-24. At the end of 2022-23 there was a surplus of £30k (after allowable adjustments), which is currently subject to audit. This was in line with the plan to breakeven, but the Trust achieved this as a result of £15m of non-recurring support via SNEE ICB. Capital 2022-23: Trust's position as at the end of 2022/23 was a deficit of £4.2m, in line with forecast previously agreed. This deficit was largely due to diagnostic equipment funding being unavailable, a position that was only communicated during March when the Trust had already ordered equipment at risk. This was an additional cost to the Trust in terms of cash, but the CDEL limit has been covered utilising underspends from elsewhere within the regional capital budgets. The capital position for April 2023 is on plan.	• Ongoing assurance/monitoring	• Financial sustainability	4.2 report
Improvement committee report - the assurance structure was used for the first time. A rich discussion took place, with all participants given an opportunity to make a contribution. Areas of full compliance, partial compliance, and some areas with gaps were all examined, with decisions made on actions to be taken. Excellent work had been done in relation to patient safety specialists, and assurance was provided, with key links to PSIRF.	• Ongoing assurance/monitoring • On-going improvement plan	• ICS resources which could be tapped into	4.3 report
Quality and nurse staffing report - WTE for nurses is expected to rise once the agreed increase establishments in inpatient wards are built into the budgets. Improvement continued with the rate currently at 7.1%, Nursing assistant vacancy rates remain a challenge, Fill rates have improved in April, the challenges of industrial action were noted, and SW thanked staff for supporting the Trust to provide safe care for patients, 90% of student nurses are retained at the Trust following graduation, and we are committed to ensuring all those who wish to remain in the trust have job offers.	• Ongoing assurance/monitoring		4.4 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Maternity services report: Discussion focussed on compliance with asking domestic abuse questions. This is part of the surveillance toolkit. There is an ongoing action plan, with the aim of ensuring that each person is asked at least once in their pregnancy about domestic abuse, confirmation from NHS Resolutions of full compliance with CNST. Concerns with the online booking system. Efforts have been made to reach out to ensure that everyone using the booking system have been able and successful in registering their booking. A plan is in place with mitigation in the system and the issue has been discussed at an emerging incident review.	• Ongoing assurance/monitoring in areas of priority		4.4.1 report
Governance Report – the report summarised the main governance headlines for April and May 2023 including reports from Council of Governors, Senior Leadership Team, board development workshop, proposed developments to constitution and draft agenda items for the next Board meeting. The changes to the constitution were noted and approved by the Board.	• Board oversight		5.1 report
Board assurance framework - the development of the BAF is very important and needs to be progressed. The Audit Committee should give assurance on the structure of the BAF and whether risks are being identified adequately and mitigation actions are appropriate. Consideration should also be given as to how to report changes in the BAF to the Board. Furthermore, the risk appetite statement should be revisited.	• To update the BAF based on agreed strategic objectives for 2023/24 • Alignment of the risks to the assurance committee with the Board to receive findings of assurance reviews that are undertaken	• Risk oversight	5.2 report

Board of Director Key Issues – 21 July 2023			
Strategic objectives and delivery plan - The report highlighted five priorities from the five-year strategy which was agreed in January 2022. Results of the staff survey and the What Matters To You initiative were taken into account when distilling the priorities. The paper explained the rationale and drivers for each of the priorities as well as measures for success. The Board has spent a considerable amount of time going through the process and reviewing the priorities, which have been shared with the senior leadership team.	• Ongoing assurance/monitoring in areas of priority • Board oversight • review of progress with priorities in built into the Board's forward plan	• To deliver the best quality and safest care for our local community	2.1 report
Future system board report - Work is continuing on the production of business cases. The strategic outline case (SOC) has been re-submitted to NHS England and the team is now working on the outline business case (OBC) with the help of additional resources, to be finalised by the beginning of 2024. £10m of support has been provided to produce the business case, including work with advisers and architects. Money is also being spent on enabling works, in particular the responsibilities in respect of planning permission. Other key activities and milestones were highlighted.	• Ongoing assurance/monitoring	• Deliver the Future System Programme • Model for future service delivery	2.2 report
Clinical and care strategy - The Future System Programme has designed a new clinical and care model, through co-production with staff, patients, members of the public and system partners. The board has been engaged in considering the adaptations the trust would need to make to create change.	• Overseeing 2023/24 priority areas for service and pathway change	• Comprehensive and progressive vision for future service delivery	2.3 report
West Suffolk Alliance and SNEE Integrated Care Board - Highlights of the last ICB meeting were presented which included primary care update, performance report, better care fund and aging well resources, social prescribing, dementia and implementation of live well delivery domains. The topic of dementia and the conclusions from the work, which indicates the challenges and the levels of demand was discussed in detail.	• Receive report on dementia at a future Board meeting	• Delivery of the West Suffolk Alliance domains	2.4 report

Wider system collaboration - The report presented collaboration and, in this context, not just about taking services to another part of the system. Examples collated reinforced that clinical and operational teams are working collaboratively all the time, and the Trust's role is to ensure that the right environment is created, acknowledging and celebrating it, removing some of the perceived barriers and investing for the future. It was noted that the report was uplifting, which demonstrated the need to make connections. There is a strong building of trust in different parts of the system which did not previously exist, and shows that staff want to and are willing to collaborate. A recent visit to the Mildenhall hub was very inspiring and staff are very enthusiastic.	• Strengthened provider collaboration • Forward planning and the delivery of plan	• Focus on system working	2.5 report
Patient and staff stories relating to equality, diversity and inclusion - Two stories were presented one from a member of staff (about experience as a patient), and one from a staff perspective.	• Address the disparity between different groups • Zero tolerance policy	• Delivery of priority on Equality, Diversity and Inclusion	3.1 verbal
Involvement Committee report - The Committee examined in detail the issues of equality, diversity and inclusion, with partial assurance. The committee was assured of the organisation's commitment, but more detail of the plans is needed. This is escalated to the Board for commitment to actions, the Anti-racism Charter, and to support issues of race and disability. The Trust should also incorporate NHS England's plans in local plans and priorities. The Committee noted that progress is being made on the Ockenden improvement plan.	• Detailed analysis of CKIs	•	3.2 report

People and organisational development – The report highlighted an update on the Putting You First Award, reflections on diversity and inclusion, a formal commitment to invite the Board to endorse and adopt the Anti-racism Charter, FTSU recruitment. It was noted that there are many reasons why the Board should endorse the anti-racism charter. It demonstrates helpful partnership working with staff organisations. Staff should role model the behaviour and send a message that racism is not acceptable in our community and our Trust. The Board agreed to adopt the anti-racism charter and the FTSU pledge.	• Develop EDI in the forward plan by the Involvement Committee	• Delivery of People and Culture Priorities for 2023/24	3.3 report
Insight committee report - The report and highlighted the deep dive on endoscopy, work on waiting lists in terms of patient harm, with an impressive pilot in orthopaedics and the gap in automatic data being provided from Glemsford Surgery. At the most recent meeting, the committee spent considerable time discussing the budget. The committee also received a presentation on the review of community paediatrics. In terms of waiting lists, the numbers are now down to one patient over 104 weeks and 58 over 78 weeks. This should be kept under review.	• Focus on improvement and recovery of operational performance standards • Increase visibility on the benchmark performance within the system		4.1 report

Seasonal planning report - Pressures on services impact the whole health and care system and can lead to cancellation of elective activity. Length of stay increases and patients are not able to receive care in more appropriate settings. Last winter saw the highest rates of patients coming through the Emergency Department and extensive planning took place, but despite best efforts, bed occupancy and length of stay increased, and remained at a high level throughout the period. **Elective backlog recovery options -** An overview was provided of current position at Trust level, focusing on elective recovery across the division of surgery and women and children. The Trust has seen significant waiting list growth of patients currently on an incomplete pathway, compared to March 2020. The lack of an elective hub at Newmarket has put greater reliance on freeing up operating capacity at the main hospital site and therefore this paper provides an overview of three possible options and their impact on elective recovery. By increasing capacity in Home First, better support can be given through a reablement service on discharge, either the same day or next day. There is a plan to increase the assessment service and provide a 7-day service to improve support for weekend discharges. The reablement service would like to introduce a therapy-led service.	• Ongoing assurance/monitoring	• Elective backlog recovery • System approach to support seasonal pressures	4.1.1 report
Finance report - The report drew attention to the deficit plan of £1.4m, with an outturn of £3.5m at the end of the first quarter. There are three key reasons - shortfall on CIP achievement; the pay awards which are estimated will cost £10.9m with a £1.7m shortfall for the year; and the delayed closure of the escalation ward. Additional costs include staffing vacant shifts in a more expensive way and plays into what could happen for the rest of the year.	• Ongoing assurance/monitoring	• Financial sustainability	4.2 report
Improvement committee report - There was reasonable assurance that the majority of pressure ulcers are low level. Frailty was also discussed, with opportunities for reductions in length of stay when identified in the Emergency Department. A frailty community pathway was noted as being required	• Ongoing assurance/monitoring	•	4.3 report

Quality and nurse staffing report - The report highlighted that the period had been reasonably positive. New budgets are now in place for inpatient nursing staff, a small increase in vacancy rates will be seen, the winter ward closed in June, which impacts on fill rates and should be reflected in the next report, fill rates continue to improve across all of the roles and sickness rates are below 5% for the first time in 12 months. It was noted that the improvement is apparent on wards when talking to staff. One of the key indicators is that staff do not like being moved. Staff moves are reducing which improves morale.	• Ongoing assurance/monitoring	•	4.4 report
Quality and learning report, including learning from deaths - The report was presented and agreed that the report should be submitted to the Improvement Committee for consideration.	• Ongoing assurance/monitoring	•	4.4.1 report
Maternity services report - There is a requirement for a more robust review of the perinatal quality surveillance model from the first Ockenden report, giving the ICB the responsibility to oversee this. The scorecard and the triangulation with complaints and incidents was presented at the closed Board meeting due to the inclusion of potential patient identifiable information.	• Ongoing assurance /monitoring in areas of priority	•	4.4.2 report
Audit committee report - The Board noted that there were some audits unable to be completed last year, however, there were sufficient for the head of internal audit to give an opinion.	• Ongoing assurance	• Planning requirements for 2023-24 report	4.5 report
Governance Report - The report highlighted that the NHS England has two self-certification requirements (General condition 6 and 7) and these were approved by the Board as part of the annual report approval arrangements. The updated report template was presented for Board support. The Board noted the report contents and supported adoption of the updated coversheet template (using 'What, So what and What next'). A brief update on board workshop was provided which was held on 29 June to consider a number of strategic and developmental issues.	• Board oversight • Scrutiny and assurance • Board development	• Robust governance arrangements • Board development	5.1 report

Board assurance framework - It was noted that the Board should consider risk appetite, where this is being achieved, and where more work is required. The BAF will be discussed at a Board Development Day when it is ready for review. It was further noted that many of the actions and mitigations end in March and April 2024. It is possible that some need to finish sooner rather than later. This should form part of the refreshing of the whole BAF.	• To update the BAF based on agreed strategic objectives for 2023/24 • Alignment of the risks to the assurance committee with the Board to receive findings of assurance reviews that are undertaken	• Risk oversight	5.2 report
Annual report and accounts - The Annual Report and Accounts were laid before the Parliament. The auditors were very complimentary about the work of the finance team in this process.	•	•	5.3 report

19. Any other business

For Consideration

20. Dates for meetings for 2023

To note dates for meetings in 2023:

- 26 September 2023 - Annual Members' meeting
- 7 November 2023 - CoG Open meeting

To inform

Presented by Jude Chin

21. 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