OPEN Council of Governors Meeting

Schedule	Thursday 13 November 2025, 5:30 PM — 7:30 PM GMT
Venue	Rooms 19a & b, Education Centre, WSFT, Hardwick Lane, Bury St. Edmunds. IP33 2QZ
Notes for Participants	Please advise of apologies in advance of the meeting to the FT Office.
Organiser	Ruth Williamson

Agenda

	AGENDA: OPEN Council of Governors meeting Thursday 13 November, 2025, 5.30pm in Rooms 19a & b, Education Centre, WSFT, Hardwick Lane, Bury St. Edmunds. IP33 2QZ	1
	_2025 11 13 November - Agenda Open CoG meeting.docx	2
5:30 PM	GENERAL BUSINESS	4
	1. Welcome and Introductions To welcome governors and attendees to the meeting & request mobile phones be switched to silent. To Note - Presented by Jude Chin	5
	2. Apologies for Absence To receive any apologies for the meeting Apologies received from: Governors - Adam Musgrove, Robin Howe NEDs - Michael Parsons, Paul Zollinger-Read Richard Jones, Pooja Sharma To Note - Presented by Jude Chin	6

	3. Declaration of interests To receive any declarations of interest for items on the agenda To Note - Presented by Jude Chin	7
	4. Minutes of the Previous Meeting (enclosed) To note the minutes of the meeting held on 11 September 2025 For Approval - Presented by Jude Chin	8
	Item 4 - 2025 09 11 September - WSFT Public CoG minutes - DRAFT.docx	9
	5. Matters Arising Action Sheet (enclosed) To note updates on actions not covered elsewhere on the agenda To Note - Presented by Jude Chin	18
	Item 5 - CoG Action log.pdf	19
5:40 PM	6. Finance Update To note an overview of the Trust's Financial Position To Note - Presented by Jonathan Rowell	20
	Item 6 - Finance update CoG 13 November 25.docx	21
6:00 PM	7. Chair's report (enclosed) To note an update from the Chair To Note - Presented by Jude Chin	23
	Item 7 - Chair report to CoG 13 November 2025.docx	24
6:10 PM	8. Chief Executive's Report (enclosed) To note a report on operational and strategic matters To Note - Presented by Ewen Cameron	26
	Item 8 - CEO CoG report - November 2025.docx	27
	GOVERNOR BUSINESS (INC. STATUTORY DUTIES)	33

6:20 PM	9. Feedback from assurance committees (enclosed) To receive committee key issues (CKI) and observers reports from the assurance and audit committees To Note	34
	Item 9 Feedback from Board assurance committees CoG 13 Nov 2025.docx	35
	9.1. Insight Committee To Note - Presented by Antoinette Jackson	41
	Item 9.1 - 2025 08 - Insight CKI.pdf	42
	Item 9.1 - 2025 09 - Insight CKI.pdf	52
	Item 9.1 - 2025 10 - Insight CKI.pdf	61
	Item 9.1 - Governor Feedback - Insight.pdf	69
	9.2. Improvement Committee To Note - Presented by Paul Zollinger-Read	84
	Item 9.2 - 2025 08 - Improvement Committee CKI.pdf	85
	Item 9.2 - 2025 09 - Improvement Committee CKI.pdf	89
	Item 9.2 - 2025 10 - Improvement Committee CKI.pdf	92
	Item 9.2 -Governor Feedback - Improvement.pdf	97
	9.3. Involvement Committee To Note - Presented by Tracy Dowling	118
	Item 9.3 - 2025 08 - Involvement CKI.pdf	119
	Item 9.3 - 2025 10 - Involvement Committee CKI.pdf	124
	Item 9.3 - Governor Feedback - Involvement.pdf	130
	9.4. Audit Committee To Note - Presented by Michael Parsons	135
	Item 9.4 - 2025 09 - AUDIT CKI.pdf	136

6:40 PM	10. Nominations Committee Report (enclosed) To receive the report from the Nominations Committee For Discussion - Presented by Jude Chin	141
	Item 10 Nominations committee report CoG 13 Nov 2025.doc	142
	Item 10_Annex A Nominations Committee Terms of Reference 2025 22102025 DRAFT.docx	144
	11. Membership and Engagement Committee Report (enclosed) To receive a report from the Membership and Engagement Committee For Discussion - Presented by Sarah Hanratty	148
	Item 11 Membership & Engagement committee report CoG 13 Nov 2025.doc	149
	Item 11a Governor activities 2025 - Feedback report v2.docx	152
	12. Standards Committee Report (enclosed) To receive a report from the Standards Committee For Discussion - Presented by Jude Chin	154
	Item 12 Standards committee report CoG 13 Nov 2025.doc	155
	Item 12a - Annex A Policy for Engagement between Board and CoG 2023 - review 2025 v2.docx	158
	Item 12b - Annex B Standards Terms of Reference Oct 2025 Draft v2.docx	178
	Item 12c - Annex C Governors development programme 2025 Oct.docx	181
	13. Staff Governors' Report (enclosed) To receive a report from the Staff Governors For Discussion	183
	Item 13 Staff Governors report CoG 13 Nov 2025.doc	184

	14. Lead Governor Report (enclosed) To receive a report from the Lead Governor For Discussion - Presented by Jane Skinner	186
	Item 14 Lead Governor report Nov 25.docx	187
7:10 PM	ITEMS FOR INFORMATION	190
	15. Summary report for Board of Directors meetings (enclosed) To receive the report from the Chair and Non-Executive Directors For Discussion - Presented by Jude Chin	191
	Item 15 - Summary Report for Board of Directors meeting CoG 13.11.25.docx	192
	16. Any Other Business (verbal) To discuss any other matters not included on the agenda Presented by Jude Chin	198
	17. Dates for meetings for 2026: - TBC To Note - Presented by Jude Chin	199
	18. 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 To Note - Presented by Jude Chin	200
	CLOSE	201
	SUPPORTING ANNEXES	202
	Item 9 - IQPR Full Report - August, 2025	203
	Item 9 - Board Report August 2025.pdf	204

AGENDA:

OPEN Council of Governors meeting

Thursday 13 November, 2025, 5.30pm

in Rooms 19a & b, Education Centre, WSFT, Hardwick Lane, Bury St. Edmunds. IP33 2QZ

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on **Thursday 13 November 2025 at 5.30pm at Education Centre, rooms 19a&b, West Suffolk Hospital site, Bury St Edmunds.**

Jude Chin, Chair

Agenda

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

GENERAL BUSINESS			
17:30	**1.**	**Welcome and introductions** To welcome governors and attendees to the meeting and request mobile phones be switched to silent.	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.	JC
	4.	**Minutes of the previous meeting** (enclosed) To note the minutes of the meetings held on 11 September 2025.	JC
	5.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda.	JC
17:40	**6.**	**Finance Update** To note an overview of the Trust's financial position.	JR
18:00	**7.**	**Chair's report** (enclosed) To receive an update from the Chair.	JC
18:10	**8.**	**Chief executive's report** (enclosed) To note a report on operational and strategic matters.	EC

GOVERNOR BUSINESS (INC. STATUTORY DUTIES)			
18:20	**9.**	**Feedback from Board committees** (enclosed) To receive committee key issues (CKI) and observer reports from the assurance and audit committees: 9.1 Insight Committee 9.2 Improvement Committee 9.3 Involvement Committee 9.4 Audit Committee	NED chairs / Governor observers
18:40	**10.**	**Nominations Committee report** (enclosed) To receive the report from the Nomination Committee.	JC
	11.	**Membership and Engagement Committee report** (enclosed) To receive a report from the Membership and Engagement Committee.	SH
	12.	**Standards Committee report** (enclosed) To receive a report from the Standards Committee.	JC
	13.	**Staff Governors' report** (enclosed) To receive a report from the Staff Governors.	Staff Governor
	14.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor.	JS
ITEMS FOR INFORMATION			
19:10	**15.**	**Summary report for Board of Directors meetings** (enclosed) To receive the report from the Chair and Non-Executive Directors.	JC / NEDs
	16.	**Any Other Business** (verbal) To discuss any other matters not included on the agenda.	All
	17.	**Dates for meetings for 2026** To note dates for meetings in 2026: • **TBC**	JC
	18.	**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
CLOSE			

Supporting Annexes

Agenda item	Description
9	IQPR full report – August 2025 SHARE MOST UP TO DATE IQPR – August went to October assurance committees.

GENERAL BUSINESS

1. Welcome and Introductions

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

To Note

Presented by Jude Chin

2. Apologies for Absence

To receive any apologies for the meeting

Apologies received from:

Governors - Adam Musgrove, Robin Howe

NEDs - Michael Parsons, Paul Zollinger-Read

Richard Jones, Pooja Sharma

To Note

Presented by Jude Chin

3. Declaration of interests

To receive any declarations of interest for items on the agenda

To Note

Presented by Jude Chin

4. Minutes of the Previous Meeting (enclosed)

To note the minutes of the meeting held on 11 September 2025

For Approval

Presented by Jude Chin

NHS
West Suffolk
NHS Foundation Trust

WEST SUFFOLK NHS FOUNDATION TRUST

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS' MEETING - OPEN

Held on Thursday 11 September at 17:30
At the Education Centre, West Suffolk Hospital site, Bury St Edmunds

Members:		
Name	**Job Title**	**Initials**
Jude Chin	Trust Chair	JC
Anna Conochie	Public Governor	AC
Sarah Hanratty	Public Governor	SH
Elizabeth Hodder	Public Governor	EH
Robin Howe	Public Governor	RH
Gordon McKay	Public Governor	GM
Jayne Neal	Public Governor	JN
Adrian Osborne	Public Governor	AO
Becky Poynter	Public Governor	BP
Clare Rose	Public Governor	CR
Jane Skinner	Public Governor – Lead Governor	JS
David Slater	Public Governor	DS
Barry Probert	Public Governor	BP
Anna Clapton	Staff Governor	AC
Louisa Honeybun	Staff Governor	LH
Andy Morris	Staff Governor	AMo
Adam Musgrove	Staff Governor (left meeting at 7.05 pm)	AMu
Diana Stroh	Staff Governor	DS
Sue Kingston	Partner Governor	SK
Thomas Pulimood	Partner Governor	TP
Heike Sowa	Partner Governor	HS
In attendance:		
Ewen Cameron	Chief Executive Officer	EC
Michael Parsons	Non-Executive Director	MP
Richard Flatman	Non-Executive Director	RF
Alison Wigg	Non-Executive Director	AW
Pooja Sharma	Deputy Trust Secretary	PS

Apologies:

Val Dutton, Public Governor, Ben Lord, Deputy Lead Governor, David Brandon, Partner Governor, Rowena Lindberg, Partner Governor and Lisa Parish, Partner Governor.

Antoinette Jackson, Tracy Dowling, Paul Zollinger Read, Heather Hancock, Non-Executive Directors. Richard Jones, Trust Secretary.
Members of the Public – none in attendance.

No.	Item	Action
1.	**Welcome and introductions**	
	The Chair extended a warm welcome to David Slater and Barry Probert, new Public Governors. The Council formally noted the resignation of Tom Murray, (TM), Public Governor. The Council expressed its sincere appreciation for TM's valuable contribution and conveyed best wishes for the future.	
2.	**Apologies for absence**	
	Apologies for absence were noted, as detailed above.	
3.	**Declaration of interests**	
	There were no declarations of interest made.	
4.	**Minutes of the previous meetings**	
	The minutes of the meeting held on 14 May 2025 were approved as a true and accurate reflection.	
5.	**Matters arising on action sheet**	
	Noted all actions completed.	
6.	**Introduction – Newly Appointed Chief Nurse**	
	Dan Spooner, (DS), Executive Chief Nurse, outlined key priorities and challenges in his new role: • Completion of a Nursing and Governance structure review, aligned with NHS England's model to integrate clinical effectiveness, safety and patient experience. • CQC preparation identified as a development area, with efforts underway to centralise activity and highlight best practice. • Introduction of ward accreditation focused on clinical care, efficiency and MDT leadership. • Continued focus on reducing healthcare-associated infections, particularly C.difficile. • Workforce sustainability improvements through reduced reliance on temporary and agency staff. • Preserving Trust culture amid financial pressures, with emphasis on staff empowerment and engagement. **Questions** **JS queried retention of newly qualified nurses.** DS reported a drop from 90% to 60% last year due to positive vacancy rates, but confirmed all qualifying nurses seeking roles were employed this year, with flexibility on	

	placements required. Paediatrics and maternity remain challenging, with central funding supporting maternity roles such as midwifery support workers. Natural attrition will enable transition of these support workers to substantive posts without additional cost to the Trust. **LH asked about governance for payments to carers supporting 24/7 hospital care.** DS confirmed this comes under the Chief Nurse's remit. **JS queried whether deferred or cancelled care hours reflected staffing pressures or increased demand in community nursing.** DS clarified that the data reflects a change in referral reporting. Whilst referrals have increased, oversight remains strong. Any low-level harm incidents, such as delayed wound healing, due to rescheduled appointments, are reviewed through Emergency Incident Review Meetings. **JS asked about the impact of the King's Suite closure at Glastonbury Court on community services.** EC advised that increased funding supports Pathway 1 discharges, enabling patients to return home with support. Resultant savings are reinvested into community capacity and optimisation of other community assessment beds. **SH raised concerns regarding staff morale and restoring Trust culture.** DS expressed optimism, highlighting the importance of improving staff engagement and empowerment. JC noted workforce stability despite external pressures. DS acknowledged staff anxiety due to ongoing consultations, which are nearing conclusion. JC commended the nursing leadership teams, referencing the "15 Steps" initiative which highlights their dedication and commitment. **HS noted the absence of whistleblowing in the presentation and stressed its importance.** DS confirmed that Freedom to Speak Up (FTSU) is regularly discussed within his teams and at staff induction, with encouragement to raise concerns via line management, the FTSU team or Guardian. JC proposed a future presentation on FTSU at a Council of Governors' Meeting, covering its effectiveness and representative network. **Action: JC and JS to consider this proposal off line.**	**JC/JS**
7.	**Chair's Report**	
	The Chair's report was taken as read. Two issues were noted: **Joint Chair Appointment** – JC advised that the appointment process is currently paused. An update will be provided in due course. **ICB Integration** – JC reported that the merger of two organisations is underway, with a requirement to reduce costs by 50%, beginning with consolidation of the executive team. ICBs will be funded on a per capita basis of the population served. The local ICB will serve a population of 1.7, the smallest of the ICBs in the area. TP highlighted that ESNEFT will fall across two ICBS, creating discomfort for partners and complexity in service delivery. TP noted potential	

	benefits for WSFT from the ICB merger with Norfolk and Waveney, stressing the importance of rural funding considerations. EC clarified that per capita funding applies to ICB administrative functions, whilst commissioning budgets consider factors such as deprivation, rurality and population age. Legal mergers are anticipated from 1 April, 2026. EC and TP discussed boundary challenges and the impact on patient care, citing differing approaches to community services across counties. EC noted Norfolk and Waveney's financial challenges, acknowledging that a single commissioning organisation would benefit patients through consistency of approach. **Governor Feedback on NED Appraisals** SH queried the effectiveness of the revised appraisal system in capturing governor input. JC welcomed further feedback and suggested expanding the pool of contributors in future cycles. Thanks were offered to the Foundation Trust Office team for their support, noting the summary provided clear insights into strengths and areas for improvement.	
8.	**Chief Executive's report**	
	Ewen Cameron (EC), Chief Executive Officer, presented the report. EC referred to recent NHS league table results, noting their value in benchmarking performance. EC highlighted anomalies in segmentation, with 60% of acute Trusts placed in Segment 3 due to financial override rules. EC emphasised that comparisons must consider Trust size and specialism, noting WSFT ranked 90 out of 134 and performs mid-range among small and medium Trusts. Regional performance in the East of England was noted as below average. AMo queried the impact of hospital maintenance on future ratings. EC confirmed that operational performance could be affected if facilities such as theatres were closed. Assessments are undertaken quarterly. EC suggested a rolling 12-month review would be more representative. BP raised concerns about public perception and communications. EC confirmed internal communications are ongoing, including via All Staff Updates. EC noted public support on social media and confirmed finances are ahead of plan at Month 5, though challenges remain for the second half of the year. LH raised concerns about elective recovery delays due to administrative reductions under the Cost Improvement Programme (CIP). EC acknowledged the issue and confirmed divisions may request temporary cover where needed. Workforce modelling is ongoing to balance service needs and staff impact.	

	JS queried long waits, particularly in dermatology. EC confirmed dermatology had the highest volume of patients waiting over 65 weeks, with insourcing used to address the backlog. Urogynaecology has improved. The rise in 52-week waits reflects national trends. EC noted the Government's target to return to 92% of patients treated within 18 weeks by the next General Election, though delivery will be challenging. JS also queried website updates and the long-term outlook for elective recovery. EC stated that whilst activity exceeds demand, the backlog remains. He rejected the notion of accepting current performance as the "new normal" and reiterated the commitment to recovery. JN asked about recruitment at the Community Diagnostic Centre in Newmarket. EC confirmed ultrasound remains a challenge with agency staff in use. Recruitment efforts continue. AC noted regional recruitment challenges and recent improvements in availability of recruits due to reduced agency use across Trusts. AC raised concerns about patient transport to Newmarket. EC confirmed that communication is ongoing with patients and GPs. Activity based funding may require a firmer stance.	
9.	**Feedback from Board Committees**	
9.1	**Insight Committee**	
	The report was noted and taken as read. Richard Flatman (RF), Non-Executive Director, presented the highlights: RF reported that performance against the four-hour wait target has fallen below 78%, with improvement plans in place to address patient flow. Assurance ratings within the Committee Key Issues (CKI) were noted, with minimal assurance recorded for diagnostics, which was discussed in detail. Financial performance, as reported at Insight, was broadly positive. The deficit at Month 4 is ahead of plan and it was noted that the CIP programme is backloaded. A detailed report has been provided. Whilst a financial gap remains, active projects continue and RF confirmed that significant efforts have been made to ensure the Trust is on track to meet its year-end target. RF also attends the ICB Finance and Performance Committee and noted that whilst the Trust's position remains challenging, progress is being made. AMo noted positive progress on the Cost Improvement Programme (CIP) and queried the source of additional monies, asking whether they resulted from a consolidation of projects or another approach. RF responded that substantial effort had been made to advance the CIP, including work undertaken in collaboration with PA Consulting. DS raised concerns regarding whether the CIP had become overly focused, potentially to the detriment of the organisation's operational efficiency. EC acknowledged that additional funding could indeed assist in reducing waiting times, but emphasised the importance of operating within the allocated budget and achieving a stable financial position. It was noted that funding over the next two years is anticipated to remain flat.	

	AC sought assurance regarding the recommendations made by PA Consulting, asking whether impact assessments had been carried out and whether the Trust was taking on more risk than was necessary. EC confirmed that all recommendations are subject to quality and equality impact assessments, which are reviewed by the QIA panel, attended by the Medical Director and Chief Nurse and reported monthly to Insight. EC added that not all recommendations had been adopted, reflecting a balanced approach. JS noted that at the July Insight Committee, the previous Chief Nurse had raised concerns about the potential negative impact of certain CIPs on patient care. Although this was not captured in the CKI, it had been agreed that the matter would be referred to the Improvement Committee. JS asked whether assurance had been received from the Non-Executive Directors that this action had been taken and whether there was a process in place to access the impact of implemented CIPs after, for example, six months. JC suggested that the Chief Nurse's comments referred to CIPs in development rather than those already approved. JS believed she had been referring to implemented CIPs and their effect on patient experience. RF stated he had not attended the Improvement Committee and assumed the matter had been passed on. RF added that the Trust does review the impact of CIPs on a six-monthly basis or later. EC noted that whilst there is no formal programme of retrospective quality impact assessments, mechanisms exist to identify patient harm and quality issues through mediums such as Radar, PALS and other channels. RF and EC reiterated that some proposals from PA Consulting were not pursued due to potential risks and that the Trust continues to evaluate various options to close the financial gap. EC emphasised that the characterisation of the Trust simply following consultancy advice was inaccurate and did not reflect the considered approach being taken. **JC requested that PS confirm whether the action to refer the Chief Nurse's comments to the Improvement Committee had been taken or had been made as a general comment** The reports from governor observers were noted and taken as read.	**PS**
9.2	**Improvement Committee**	
	The Committee Key Issues (CKIs) were noted and taken as read. JS raised a general point regarding the importance of gaining full assurance. JS acknowledged that meeting Chairs may not always be able to provide the most up-to-date reports in time for Council of Governors (CoG) meetings. It was agreed that, in such cases, Chairs or their deputies provide a verbal update. BP referred to the Improvement Committee meeting of 18 June, highlighting item 5.1 on the CKI concerning Oliver McGowan training for learning disability and autism, which had received minimal assurance. BP noted that this training is now mandatory for both hospital and local authority staff and expressed concern that it may not be undertaken by all	

	required individuals. EC clarified that there are two levels of Oliver McGowan training, including a one-day online session. Due to operational constraints, releasing all staff for a full day is not feasible, but work is ongoing to improve uptake. AMo queried the cessation of the autism lead role due to funding constraints and noted an increase in neurodiverse patients undergoing procedures in theatres. He questioned staff understanding of patients with such needs. EC responded by referencing a recent Board patient story which highlighted the exemplary care provided by the Day Surgery unit to a patient with severe autism requiring dental treatment. RH reported community concerns regarding patient ward transfers occurring late at night and sought assurance that this was not happening. EC advised that efforts are being made to reduce ward moves generally. However, such moves do occur when the hospital is at full capacity and are sometimes unavoidable. SH commented on the governance structure of the committees and reiterated a previously raised action regarding the importance of identifying assurance levels and escalation follow-ups. SH noted that the Improvement Committee still had some caps, citing item 5.2 and called for greater consistency in reporting across all committees. EC confirmed that the outstanding action dated back to May. A new Chair was now in place and all actions are being followed up. AMo provided positive feedback on a recent half-day workshop with the new chair regarding a meeting refresh. Governor observers had been included and the meeting was well received. The reports from governor observers were noted and taken as read.	
9.3	**Involvement Committee**	
	Alison Wigg (AW), Non-Executive Director, presented key highlights from the report. The results of the PULSE survey indicated that further improvement is required in communication and staff engagement. A report on staff education and training was commended for its quality. The reports from governor observers were noted and taken as read.	
9.4	**Audit Committee**	
	Michael Parsons, (MP), Non-Executive Director, presented the report, the contents of which were duly noted.	
10.	**Nominations Committee Report**	
	Jude Chin, (JC), Chair, presented the report. It was noted that a candidate for the UEC Non-Executive Director role has yet to be identified and that the recruitment process remains ongoing.	

11.	**Membership & Engagement Committee Report**	
	Sarah Hanratty, (SH), Public Governor and meeting chair presented the report. Efforts are underway to maximise the use of communication channels and to highlight the role of governors at every opportunity, including the use of case studies to promote their contribution. Attendance at the Annual Members' Meeting was encouraged. In response to a query from EC regarding actions to improve diversity within the Council and Trust membership, SH confirmed that the focus extends beyond numbers to actively promoting diversity. Engagement with students is being explored and discussions are ongoing with the communications team to promote membership as an opportunity. The Committee acknowledged the importance of encouraging diversity in its approach.	
12.	**Standards Committee Report**	
	Jude Chin (JC), Chair, presented the report. PS highlighted incidences of three consecutive non-attendances at Council of Governors' meetings; noting the Standards Committee had accepted the mitigations provided.	
13.	**Staff Governors' Report**	
	Andy Morris (AMo), Staff Governor, presented the report, the contents of which were noted and taken as read.	
14.	**Lead Governor Report**	
	Jane Skinner (JS), Lead Governor, presented the report. Thanks were extended to Tom Murray for his dedication and contribution to the role, following his recent resignation. JC expressed appreciation to JS for the helpful inclusion of governor responsibilities within the report.	
15.	**Annual Report and Accounts, including Auditor's Letter**	
	Jude Chin, (JC), Chair, advised that it is a requirement for governors to receive the Annual Report and accounts. ***Annual Accounts*** MP reported that the audit process ran smoothly, with no adjustments required to the draft accounts submitted to the auditors; a reflection of the finance team's commendable work. One uncorrected audit misstatement was identified relating to valuations, a complex area. As the item was not considered material it was left unadjusted and will be revisited in the New Year. KPMG issued an unqualified audit opinion. Regarding value for money, an initial risk was identified around financial sustainability; however, the audit concluded that the Trust has adequate arrangements in place to return to financial balance, with no significant weaknesses found.	

	The Audit Committee recommended the Annual Accounts for Board approval, which was granted on 20 June. The accounts were subsequently submitted to NHS England on 27 June, three days ahead of the deadline, again a notable achievement by the finance team. The reported deficit differs from previous discussions due to asset impairment, primarily related to RAAC issues and valuation adjustments for the Community Diagnostic Centre. Excluding these, the deficit reported to the ICB aligns with the previously discussed control total. It was noted that this was the final year KPMG would conduct the audit, having resigned from the role. Ernst & Young (EY) will assume responsibility going forward. ***Annual Report*** The Annual Report was duly noted and all governors encouraged to review its full contents. **The Council formally acknowledged Receipt of both the Annual Report and Accounts.**	
16.	**Summary Report for Board of Directors Meetings**	
	The report was noted and taken as read.	
17.	**Any Other Business**	
	Covid and Flu jabs JN enquired whether Covid and flu vaccinations would again be offered at the hospital this year, as they had been previously when opened to the public. EC confirmed that the intention is for vaccinations to be carried out at the Trust. JN asked whether any revenue would be generated from this activity. EC responded that whilst some funding is available, combining public and staff vaccinations would result in a cost to the Trust. JN further enquired whether vaccinations would be offered at the Annual Members' Meeting (AMM), as was done last year. EC advised that this remains uncertain, noting that the new venue is not expected to attract the same level of footfall as in previous years.	
18.	**Dates for meetings in 2024/2025**	
	▪ 8 October 2025 – Annual Members' Meeting. Noted meeting scheduled later than usual to align with the launch of the Trust Strategy. ▪ 13 November 2025	
19.	**Reflections on meeting**	
	No reflections were noted.	

5. Matters Arising Action Sheet (enclosed)

To note updates on actions not covered elsewhere on the agenda

To Note

Presented by Jude Chin

Council of Governors' meeting - action points

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery	Date Completed
7	Public	26/10/25	6	**Introduction - Newly Appointed Chief Nurse - Freedom to Speak Up** - Consideration of presentation on FTSU to come to CoG	**Added to Governor Work Plan. Date of presenation tbc.**	JC/JS	13/11/2025	Green	
8	Public	26/10/25	9.1	**Insight Committee - Impact of CIP on patient care** - confirm whether the action to refer the Chief Nurse's comments to the Improvement Committee had been taken or were a general comment.	**Action has been taken to Improvement Committee regarding unintended consequesces of cost-saving measures. The Strategy Transformation team are reviewing the process to ensure appropriate safeguards are in**	PS	13/11/2025	Complete	13/11/2025

Red	Due date passed and action not complete
Amber	Off trajectory - The action is behind schedule and may not be delivered
Green	On trajectory - The action is expected to be completed by the due date
Complete	Action completed

6. Finance Update

To note an overview of the Trust's Financial Position

To Note

Presented by Jonathan Rowell

WSFT Council of Governors meeting (Open)	
Report title:	Finance update
Agenda item:	6
Date of the meeting:	13 November 2025
Lead:	Jonathan Rowell, Chief Finance Officer
Report prepared by:	Nick Macdonald, Deputy Director of Finance

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

WHAT?
Summary of issue, including evaluation of the validity the data/information

Financial Position September 2025 (M6).

	In-Month Budget £m	In-Month Actuals £m	In-Month Variance £m F/(A)	YTD Budget £m	YTD Actuals £m	YTD Variance £m F/(A)	Annual Budget £m	Forecast £m	Forecast Variance £m F/(A)
EBITDA									
Income									
NHS Contract Income	32.1	31.7	-0.5	192.1	189.3	-2.7	385.3	385.3	0.0
Other Income	3.3	3.4	0.1	19.8	18.9	-0.9	39.6	39.6	0.0
Total	**35.4**	**35.1**	**-0.4**	**211.9**	**208.3**	**-3.6**	**424.9**	**424.9**	**0.0**
Expenditure									
Pay Costs	26.2	25.1	1.1	155.1	150.5	4.6	310.6	310.6	0.0
Non-pay Costs	9.6	10.3	-0.7	60.5	60.7	-0.2	112.0	112.0	0.0
Total	**35.8**	**35.4**	**0.4**	**215.6**	**211.2**	**4.4**	**422.6**	**422.6**	**0.0**
EBITDA Position	**0.3**	**0.3**	**0.0**	**3.7**	**3.0**	**0.8**	**2.3**	**2.3**	**0.0**
Depreciation	**1.5**	**1.5**	**0.0**	**8.9**	**8.8**	**0.1**	**17.8**	**17.8**	**0.0**
Finance Costs	**0.4**	**0.4**	**0.0**	**2.5**	**2.6**	**-0.1**	**5.2**	**5.2**	**0.0**
Impairments									
Deficit/(Surplus)	**2.2**	**2.2**	**0.0**	**15.2**	**14.4**	**0.8**	**20.7**	**20.7**	**0.0**

- We submitted a plan to record a deficit of £20.7m in 2025/26 and our forecast is in line with this plan.

- Due to this planned deficit, revenue support will continue to be required into 2025/26.
- The Trust has reported a deficit of £14.4m for the 6 months ending 30th September 2025 against a plan of £15.2m, representing a favourable variance of £0.8m
- Since April 2024, we have reduced our staffing levels by 297 WTEs (6%). We are reporting a reduction of 281.4 WTEs when comparing September 2024 (5,105 WTEs) with September 2025 (4,824 WTEs), a reduction of 5.5%.
- This reduction in staff numbers has improved the recurring run rate to £1.6m deficit.
- Our Cost Improvement Programme (CIP) target is £32.8m in 2025/26. As at M6, the Trust has delivered £10.5m of CIPs, against a budgeted plan of £10.4m, resulting in delivery to plan YTD. However, the CIP plan increases in the second part of the year (32% M1-6, 68% M7-12) and therefore the challenge to deliver further CIP remains.

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

We have plans in place and anticipate delivering the full CIP target in line with our overall forecast.

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

However, we anticipate a similarly challenging CIP in 2026/27 and are in the early stages of developing the financial plan and associated CIP. We are currently awaiting detailed planning guidance which will guide this plan as it impacts on our activity and workforce plans.

Recommendation / action required

The Council of Governors is asked to note the report.

Previously considered by:	NA
Risk and assurance:	Financial risk
Equality, diversity and inclusion:	N/A
Sustainability:	Financial sustainability
Legal and regulatory context:	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

7. Chair's report (enclosed)

To note an update from the Chair

To Note

Presented by Jude Chin

NHS West Suffolk NHS Foundation Trust

WSFT Council of Governors meeting (Open)	
Report title:	**Chair's report**
Agenda item:	7
Date of the meeting:	13 November 2025
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:	**Joint Productivity Board** The Joint Productivity Board ('JPB'), which was established to promote and monitor collaboration between ESNEFT and WSFT and to deliver on the recommendations of the Sustainability Review ('SR'), has met three times (twice face to face and once virtual). The scope of the work of the JPB is constantly under review as work is underway to establish the collaboration prize now that we are one year further on from the SR that recommended the JPB. There is evidence that productivity gains have already been realised by both ESNEFT and WSFT since the SR was written. Further analysis of the productivity gains, set out in the SR, would indicate that the majority are to be achieved by work within individual trusts. Model Hospital is a useful tool in identifying productivity opportunities and whilst those opportunities are significant, they fall short of those set out in the SR. Work is being carried out by the ICB to quantify the size of opportunities now. Work, currently underway on our 5-year plan, will identify how we plan to further deliver on clinical productivity. Further discussions on the future of the JPB are planned. **Annual Members Meeting** This year's Annual Members Meeting ('AMM') took place a little later than usual to accommodate the launch of our refreshed strategy. The venue was also different and I would like to thank Eastern Education Group for hosting the event. Notwithstanding the change of venue, the attendance was good and the presentations and exhibitions were well received. I would like to thank all those involved with planning the AMM and assisting on the day.

	Chief People Officer and Chief Financial Officer Appointments Interviews were held in the weeks commencing 13th and 20th October to select to the substantive posts of CPO and CFO. I am delighted that Julie Hull and Jonathan Rowell were successful and have been appointed as substantive CPO and CFO respectively. We now have a fully substantive executive team which puts us in a good place to address the many issues facing our trust and the health service more generally. **Board Development Day** We have five days set aside each year for the board to meet and conduct business away from the formalities of Public and Private Board. In the recent past we have used these days to run workshops to discuss, in greater detail than allowed at formal board, matters such as financial and operational planning and strategy. At our most recent development day, we were able to devote time to board development, exploring what we could do to make the board more effective. It was a useful and productive session with practical actions agreed to take forward. It also highlighted the importance of taking time out to explore how we work together and the softer issues of board business. **Remembrance Service** I have been invited by West Suffolk Council to lay a wreath at the Remembrance Parade and Service on Sunday 9th November at the war memorial on Angel Hill, something I have done in previous years. It is a well-attended event and includes representatives from the military (including American Air Force), local emergency services, charitable organisations and local councils..
	The Council of Governors is asked to note the report.

8. Chief Executive's Report (enclosed)

To note a report on operational and strategic matters

To Note

Presented by Ewen Cameron

WSFT Council of Governors	
Report title:	**CEO report**
Agenda item:	8
Date of the meeting:	13 November 2025
Sponsor/executive lead:	Dr Ewen Cameron, chief executive
Report prepared by:	Dr Ewen Cameron, chief executive Sam Green, communications manager (acting) Greg Bowker, head of communications Anna Hollis, deputy head of communications

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
WHAT? *Summary of issue, including evaluation of the validity the data/information*
This report summarises the main headlines from September and October 2025.
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
This report supports the Council of Governors in maintaining oversight of key activities and developments relating to organisational governance.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The items reported through this report will be actioned through the appropriate routes.
ACTION REQUIRED
The Council of Governors is asked to note the content of the report.

Previously considered by:	NA
Risk and assurance:	Failure to effectively manage risks to the Trust's strategic objectives.

Equality, diversity and inclusion:	Decisions should be inclusive of individuals or groups with protected characteristics
Sustainability:	Sustainable organisation
Legal and regulatory context:	NHS Act 2026 Trust Constitution

Chief Executive Officer's report

Introduction

Following the publication of the Government's 10 Year Health Plan for England, the NHS Oversight Framework was published in early-September, which is a league table of all providers in England. This is a notable document and one that highlights how we're doing based on a range of metrics. We have digested this, reviewed our position, and are continuing plans to make sure that as the year progresses, we see an improvement in our position.

While our position is not in the top quartile, we must shine a light on the amazing work our teams do, day in, day out. We have had much reason to celebrate the achievements of our staff recently with high-ranking hip fracture care according to the National Hip Fracture Database and praise from cancer patients via the Cancer Patient Experience Survey which shows that when someone is diagnosed with cancer, the way care is provided is of a high standard. We have also performed well in the training we provide. We have received excellent results for our medical staffing training and T-Level students, placing very high in the East of England, as well as retaining our teaching partner status from the University of Cambridge for the Cambridge Graduate Course in Medicine.

While there is still a long way to go in achieving our financial goals, the progress we've made over the last year is substantial. We were heading towards a difficult deficit but delivering on our plans puts us in a stronger position. This has been hard and has impacted colleagues and their support and input is appreciated. At the end of September (month six) we remain on track to deliver against our financial deficit plan and have made significant savings through our cost improvement programme (CIP). While it will become harder to stay on course as we move into the second half of the year, we've definitely turned a corner and are getting back to being a sustainable healthcare provider.

Performance

Finance

At the end of September, our reported position in-year was a £14.4m deficit, which is £0.8m better than planned. There has been an enormous effort from colleagues to help reduce the deficit, and significant progress has been made so far this year, with a positive reduction in our underlying run rate.

We have also remained on track due to the savings made under numerous cost improvement programme (CIP) projects across the Trust. £447,000 has been saved by purchasing cheaper/alternative drugs, £2.4m has been saved by clinical productivity improvements, and £326,000 has been saved by the Trust using its estate more effectively. Additionally, we have saved £785,000 through procurement initiatives, such as product switching and the ongoing project to adopt the new national uniform.

While the second half of the year will be challenging, it's important to recognise how far we have come in returning to financial sustainability. Thank you to all colleagues across our Trust who have helped us get this far; we are seeing the results of this which is fantastic. Our desire to be responsible with our resources alongside change and transformation that will support us to improve our services for patients remains our focus.

Elective recovery

On 31 March 2024, 407 patients were waiting more than 65 weeks and 47 waiting more than 78 weeks.

At the end of August:

- 18 weeks – 62.07%
- 65-weeks – 101
- 78 weeks – 7

Urgent and emergency care

Our performance against the 4-hour standard:

- July – 74.6%
- August – 74.3%
- September – 69.9%
- October (at time of writing, 31 October) – 69%.

While we are seeing a reduction in performance against the 78% target, we are working incredibly hard to meet this.

We are looking at ways to improve our performance here by changing the way we work and utilising our resources as efficiently and effectively as possible, to ensure patients receive timely care when they need it most.

Cancer

28-day
- June – 74.1%
- July – 80.4%
- August – 79.9%

31-day
- June 100%
- July – 99.8%
- August – 100%

62-day
- June – 73.6%
- July – 70%
- August – 78.2%

Since 2024/25, we have been working hard to improve our performance against the Faster Diagnosis Standard (FDS). Our aim was to ensure we achieve 77% of patients having cancer diagnosed or ruled out within 28-days by March 2025 and 70% of patients beginning their treatment within 62-days. You can see that throughout the last three months we have been largely improving. For the 28-day target there has been a significant amount of work to meet the national target, and for the 62-day target we performed well in August.

We know now that performance targets we must achieve by the end of this Parliament will have increased. As always, we will work hard to achieve these to ensure our patients receive this best care possible.

Quality

A cancer diagnosis is very significant, and patients deserve to have high-quality and compassionate care from all the Trust teams who look after them. I am delighted that the latest results of the 2024 Cancer Patient Experience Survey show we have maintained positive responses from our patients, and these results highlight the commitment of our hardworking staff.

More than 90% of cancer patients have rated the experience of the care they received at the West Suffolk NHS Foundation Trust (WSFT) as very good or good.

Patients' responses to 16 of the 59 questions asked were above the expected range, and none fell below the expected range. The survey also showed a steady improvement in the responses to most questions over the past four years.

In response to a question about the way their care was given, 93% of respondents said it was very good or good.

There are always areas where we can improve, and we will be considering all that this survey tells us going forward.

Other questions where the Trust scored highly include:

- patient was always treated with respect and dignity while in hospital (99%)
- patient found it very or quite easy to contact their main contact person (91%)
- patient had confidence and trust in all of the team looking after them during their stay in hospital (90%)
- treatment options were explained in a way the patient could completely understand (89%)
- patient was always involved in decisions about their care and treatment whilst in hospital (88%).

The Trust also organises a well-attended annual cancer forum which gives patients the opportunity to reflect on their treatments and improve the experience for others in the future. The Trust's lead cancer nurse, Karen McKinnon, and her team work with the West Suffolk Cancer Patient User Group to produce recommendations for service improvement, including running a survey of our patients focused on local services.

We have also recently been commended highly for the quality of the training we provide for our staff. For our foundation and resident doctors, we have retained teaching partner status from the University of Cambridge's Cambridge Graduate Course in Medicine (CGCM). This course allows graduates to complete the student doctor training in four years instead of the usual six by offering enhanced education opportunities outside of their usual term-time, as well as ensuring they are supported so they can do the very best they can. This means we are helping to fast-track the doctors of the future into the workforce, where they will contribute massively to our NHS.

In the recent General Medical Council (GMC) National Training Survey we placed first overall for satisfaction in the East of England, which shows the high-quality training our medical colleagues receive. Additionally, we have won T-Level Employer of the Year in the region, which in collaboration with the Eastern Education Group, provides our youngest trainees with the best possible start through rewarding, and insightful placements.

Workforce

We received our Pulse survey results for Q2, with 1,234 responses captured from across the Trust. We score above the national average in some areas – 'we each have a voice that counts' and 'we are compassionate and inclusive' – but show a fall in the scores for the four themes we track: advocacy, engagement, involvement and motivation.

The survey also captures some of the areas staff tell us need to change or improve, with 'communication', 'resource' and 'morale' among the most frequently raised topics. I am reassured at the activity already underway to address these issues, as well as new initiatives being developed as direct result of the feedback.

While the drop in scores is part of a national trend, it is an important reminder of the work we still have to do to help our colleagues feel more empowered, valued, and able to take pride in the quality of care they deliver or enable.

We are currently asking colleagues to complete the national NHS Staff Survey, which provides a richer picture of our strengths and areas for improvement. As of 3 November, the response rate is 32.94% of staff having completed the survey. We are aiming to improve our response rate of 43% last year and reach the 50% mark, and we are well on our way to achieving this through a concerted push via our Trust communication channels.

We have now said farewell to colleagues who successfully applied to our mutually agreed resignation scheme, which closed in June. The scheme means people will have left between September and October from across our corporate and administrative and clerical teams, with their vacated positions providing redeployment opportunities for others.

Future

As part of plans to increase accountability and transparency, the Government launched its new NHS Oversight Framework in early September – a set of league tables ranking the performance of every NHS provider. It measures a range of metrics to generate a single overall score, and the tables are then divided into segments, with the best overall performers in segment 1 and those that are struggling placed in segment 5.

West Suffolk NHS Foundation Trust ranks 90 out of 132 - around two thirds of the way down the table for acute trusts, within segment 3. As we have a deficit financial plan, we can't be placed into segment 1 or 2 but I believe we could – and should - be higher up the table. While our position is a fair reflection of the Trust's overall performance at the moment, 60% of acute trusts are also in segment 3.

This new framework captures so much of the amazing care we provide to patients in hospital and out in the community and our staff should be immensely proud of the hard work and passion they bring every day. It also highlights areas where we can improve, with action plans already in place to identify opportunities and make changes.

With the new Framework following on from the recent publication of the 10 Year Health Plan for England, the Governments' priorities have become clearer, and we have a more detailed understanding of the direction of travel for the entire NHS. This provides the context for our new strategy, which we launched in October.

The refreshed Trust strategy for 2025-28 reflects our commitment to staying responsive, forward-looking, and aligned with the broader health and care landscape. With the vision of building a healthier West Suffolk where compassionate care helps everyone to thrive, the strategy will help us successfully navigate the future by focusing on what's most important: high quality care; joining-up services; empowering our colleagues; ensuring we're responsible with resources; and making sure we're fit for tomorrow.

The timeline of our strategy won't stretch to the completion of the new hospital but, crucially, it will deliver the transformation needed to ensure the Future Systems Programme (FSP) can achieve its full potential. We know the construction of a new hospital must be complemented with new ways of working, such as adopting the three shifts, to allow us to enhance the care and support we provide in west Suffolk and beyond.

The FSP team recently visited a site in Leeds to view and experience a 'life size' mock-up of a single room. We were able to offer feedback on the design from a clinical, digital and patient experience perspective based on the team's experience, alongside the insights gleaned from patient and staff engagement and co-production.

The team will be sharing the latest 1:200 designs, with colleagues and publicly in due course to demonstrate how things are progressing.

In addition to these exciting announcements, from Thursday, 6 November, a planning consultation for the designs of an expansion of our Newmarket Community Diagnostic Centre (CDC) at Newmarket Community Hospital will have launched. This is running for two-weeks up until Thursday, 20 November and included a consultation event at the Newmarket Community Hospital on Thursday, 6 November.

This project will sit adjacent to the CDC in the space originally allocated to the elective surgical unit planned in 2022. The expansion will provide additional endoscopy activity and paediatric audiology services, and will consist of a four-room endoscopy unit, a children's paediatric audiology unit and clinical education space for our staff.

A significant amount of work is being done to ensure that as with the existing CDC, we deliver this project efficiently, on time, and on budget. More details will become available in the New Year, with construction works expected to commence in July 2026 and conclude in early-2027.

GOVERNOR BUSINESS (INC. STATUTORY DUTIES)

9. Feedback from assurance committees (enclosed)

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

To Note

WSFT Council of Governors meeting (Open)	
Report title:	Feedback from Board assurance committees
Agenda item:	9
Date of the meeting:	13 November 2025
Sponsor/executive lead:	Non-Executive Directors / Governor observers at the Board's assurance committees
Report prepared by:	Chairs of the assurance committees Governor Observers at the assurance committees Pooja Sharma, Deputy Trust Secretary Ruth Williamson, Senior Administrator, FT Office

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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

Governors have the opportunity to observe board assurance committee meetings. This allows them to witness NED contribution to the conduct of the meeting and the level of challenge provided.

The Trust supports 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 sets out clear expectation of observer role for governors, chair, NEDs and Execs.

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

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 helps to focus discussion within the assurance committees.

INSIGHT COMMITTEE:

20 August 2025 (observed by Jane Skinner, David Slater and Robin Howe)

- Report from sub-committees:
  - Financial Accountability Committee including Month 4 reporting, update on CIP, FAC and FRG Terms of Reference for approval
  - Patient Access Governance Group including Quality Impact Assessment panel outcomes
- Winter Planning Paper
- IQPR - data for June 2025
- BAF 7 financial sustainability
- Internal Audit report
- Forward Plan
- Escalations to and from other board assurance committees and board

17 September 2025 (observed by Jane Skinner, Jayne Neal and David Slater)

- Report from sub-committees:
  - Financial Accountability Committee including Month 5 reporting, update on CIP
  - Patient Access Governance Group including Quality Impact Assessment panel outcomes, medium term planning
- Elective Recovery Deep Dive – progress on delivery against targets, barriers and mitigations
- IQPR - data for July 2025
- Corporate Risk Governance Group
- Forward Plan
- Escalations to and from other board assurance committees and board

15 October 2025 (observed by Jane Skinner and David Slater)

- Report from sub-committees:
  - Financial Accountability Committee including Month 6 reporting, update on CIP, Business Planning Update, Patient Access Governance Group including Quality Impact Assessment panel outcomes
  - Elective Recovery Plans (detailed plans for specialties off plan e.g. dermatology, orthopaedics, gynaecology and pain management)
- Virtual Ward Update
- IQPR - data for August 2025
- BAF 2 Capacity
- Terms of reference – annual review
- Forward Plan
- Escalations to and from other board assurance committees and board

IMPROVEMENT COMMITTEE:

20 August 2025 (observed by Sue Kingston, Andy Morris and Jayne Neal)

- Reports from governance sub-groups: Patient Quality & Safety, Clinical Effectiveness Group report
- Penny Dash report: overview on implications for patient safety
- IPC update on all reportable organisms
- Pressure ulcers update

- Quality & patient safety insight: Quality & safety datasets, IQPR, PRM packs
- Quality priorities, progress and planning - CQC update, Maternity services update
- Internal audit report
- Escalations to and from other board assurance committees and board

17 September 2025 (observed by Jane Skinner, Sue Kingston and Andy Morris)

- Reports from governance sub-groups: Patient Quality & Safety, Clinical Effectiveness Governance Group report
- Quality & patient safety insight: IQPR, PRM packs, Quality faculty update (EoL programme)
- Nutrition compliance update
- Quality Priorities - Quality Priority 1 – TES, Quality priority 2 (GIRPS)
- Quality faculty update (EoL programme)
- National clinical audits update
- National Emergency Laparotomy Audit (NELA) mortality outlier review update
- GIRFT and QI update
- BAF 4 - Continuous improvement and Innovation
- Escalations to and from other board assurance committees and board

15 October 2025 (observed by Sue Kingston, Jayne Neal & Jane Skinner)

- Reports from governance sub-groups: Patient Quality & Safety, Clinical Effectiveness Governance Group report
- Nutrition performance and oversight deep dive
- Research and Development annual service update
- Care quality commission (CQC) preparedness plan
- Maternity services update - Review of neonatal death rates for global majority
- Quality & patient safety insight: IQPR, PRM packs
- Completion of Transfer of Care Summary letters (Discharge letters)
- Escalations to and from other board assurance committees and board

INVOLVEMENT COMMITTEE:

20 August 2025 (observed by Val Dutton)

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

Recent announcements affecting workforce - Industrial action and Apprenticeship levy

First for staff:

- Staff story/what can we learn
- EDI mid-year report
- Connecting QIA and EIA process
- Guardian of safe working
- Education and training report
- Pulse survey/engagement scores First for patients:

First for the future:

- 10-year health plan

First for the patients:

- Experience of Care and Engagement Committee Report - KPIs
- Paediatric CQC survey results

Governance:

- People and Culture Leadership Group Update - KPIs
- Capability BAF
- Internal Audit - assurance committees report
- AuditOne well led action plan

Other items for oversight and assurance:

- IQPR extract for Involvement Committee (staff & patient experience KPIs)
- Escalations to and from other board assurance committees and board
- Correspondence / concerns from staff governors
- Knowledge of library service annual report – for information only

15 October 2025 (observed by Sarah Hanratty and Becky Poynter)

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

Recent announcements affecting workforce - Nurse job evaluation process

First for the patients:

- Experience of Care and Engagement Committee Report
- Complaints Timeframe analysis
- NHS 10-year plan – the impact on patient experience
- Patient experience strategic priorities update

First for staff:

- Addressing staff engagement at WSFT
- Anti-racism charter
- Pay gap reports
- Mandatory Training update
- Estates & Facilities Staff Experience update

First for the future:

- Trust Strategy
- Future management and leadership in the NHS

Governance:

- People and Culture Leadership Group Update - KPIs
- Internal Audit - assurance committees report

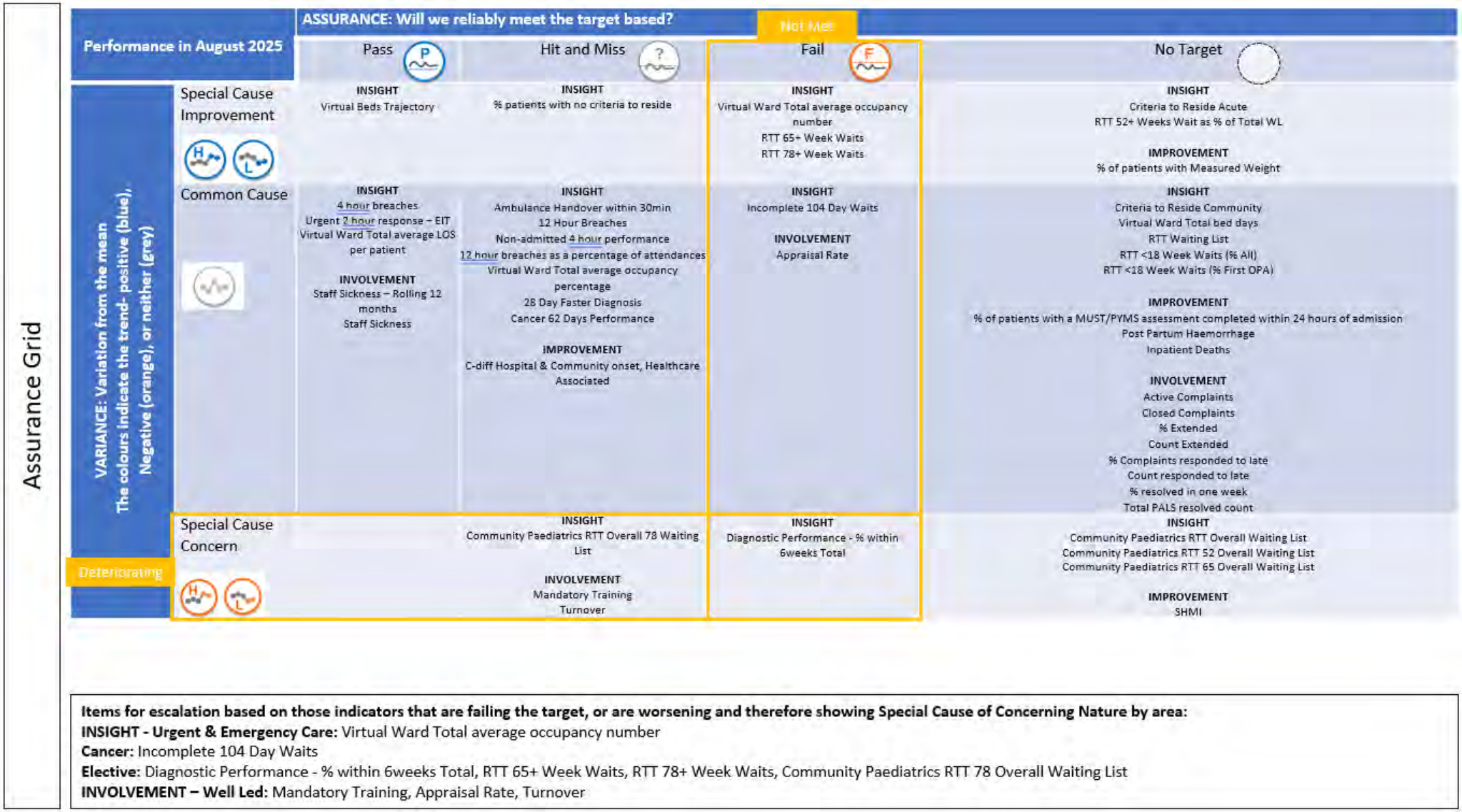
Other items for oversight and assurance:

- IQPR extract for Involvement Committee (staff & patient experience KPIs)
- Sexual Safety Data
- Escalations to and from other board assurance committees and board

AUDIT COMMITTEE
Audit Committee's key issues report (25 September 2025) presented by the Committee Chair.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The items reported through this report will be actioned through the appropriate routes.
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:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022

Annex A: IQPR – exception summary slide



Items for escalation based on those indicators that are failing the target, or are worsening and therefore showing Special Cause of Concerning Nature by area:
INSIGHT - Urgent & Emergency Care: Virtual Ward Total average occupancy number
Cancer: Incomplete 104 Day Waits
Elective: Diagnostic Performance - % within 6weeks Total, RTT 65+ Week Waits, RTT 78+ Week Waits, Community Paediatrics RTT 78 Overall Waiting List
INVOLVEMENT – Well Led: Mandatory Training, Appraisal Rate, Turnover

9.1. Insight Committee

To Note

Presented by Antoinette Jackson

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			Date of meeting: 20th August 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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 /MEG* ***3.** Escalate to Board*
Finance Accountability Committee	**Month 4 Reporting** At month 4 the Trust was reporting a £0.7m under spend year to date against plan. The year to date target for CIP was £6.2m million and this was broadly achieved, through withheld vacancies and other actions over and above those captured within the core CIP schemes. Most of the CIP programme is phased for later in the year and achieving the planned deficit continues to be a challenge for the organisation.	**3 Partial**	Cash balances are healthy but the trust is likely to require cash support for the last six months of the financial year. It is good to see the progress made to date. The CIP programme monthly targets ramp-up significantly through the rest of the year and remain a risk.	Delivery of the CIP programme needs continued focus – see below	3.Escalate to Board for information

Originating Committee: Insight Committee			Date of meeting: 20th August 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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 /MEG* ***3.** Escalate to Board*
Cost Improvement Programme (CIP) delivery	At month 4 the CIP programme was broadly on target but the overall gap in the portfolio has reduced to 80% of the target compared to the 92% reported to the August Committee. A gap of £9.7m of weighted CIP remains. Other savings are being pursued that are not currently on the tracker and some costs will drop out such as the end of the PA consulting contract. The material delivery risks remain as previously reported.	**3 Partial**	The high value programmes where there is significant risk of delivery continue to be corporate services, clinical productivity and commercial.	Further work is on-going to develop 'stretch' CIPs; the executive team have approved several schemes to proceed, halted some due to safety risks, and continue to develop others. Any controversial schemes will need discussion with SNEE ICB.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20th August 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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 /MEG* ***3.** Escalate to Board*
PAGG/IQPR	**Urgent and Emergency Care** In June four-hour performance decreased to 71.28% against the trajectory of 75% dropping below trajectory for the first time this year in a challenging month across urgent and emergency care. Other metrics were also below target. Ambulance handover in 30 minutes dropped to 89.74%, not meeting the 95% target. The number of 12 hour stay breaches was 452 compared to 237 in May. Non-admitted performance was 82.46% In June missing the target of 85%.	**3 Partial**	Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be. In June patients were waiting longer than the Trust planned and more were nursed in escalation areas.	There is a continued focus on the UEC recovery plan which includes: Weekly performance meetings with the Emergency Department and Medical Division senior leaders/Executives. Implementation and monitoring of the cross-divisional workstreams of both the UEC and taskforce projects. Continued focus on length of stay reductions to support flow out of the Emergency Department There are also plans to trial an Ambulatory Care Unit within the emergency department footprint.	3. Escalate to Board for information

Originating Committee: Insight Committee			Date of meeting: 20th August 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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:**		
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PAGG/IQPR	**Elective Recovery** For elective care the number of patients waiting over 65 weeks increased in June to 135. This was mainly driven by dermatology. The volume of 52 week waits also continued to increase with 1,573 as a the end of June against a submitted plan position of 835. The total waiting list was 35,129 at the end of June.	**3 Partial**	There is a risk of patient harm if patients are not treated in a timely way. Declining performance in elective recovery against the submitted trajectories has led to the trust has been put into national tiering at Tier 1.	Seven specialties have been identified as those where the impact will be greatest, having high volumes but low Referral to treatment performance. An external validation and triage process is to start in August to assess the waiting list. This will need to be discussed with primary care colleagues following concerns that this would shift activity back into the primary care community that they are then unable to deal with. There will be additional sessions to clear the backlog in plastics in July and August. Regular meetings will be held with regional NHSE to monitor the Trust's recovery plans. Insight Committee will continue to monitor progress.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20th August 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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:**		
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PAGG/IQPR	**Cancer Targets** Cancer faster diagnosis standard performance dropped in April and May driven by capacity issues in the breast pathway. Breast performance was below 15% in both months due to lack of radiology support to support the one-stop clinics. 62 day performance dropped in May to 68% this was due to performance in breast and lower GI. The Executive anticipate performance will recover during July and August.	**3 Partial**	Due to the challenges in breast there is a continued risk to the faster diagnosis standard and 62 day performance.	The Trust has committed to achieving the 62-day standard (75%) and Faster Diagnosis Standard (FDS) (80%) for 2025/26. Gynaecology, skin and lower gastrointestinal (LGI) are the areas of focus for transformation.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20th August 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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:**		
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Diagnostics	The IQPR showed that in June performance increased slightly to 44.6%. The Community Diagnostic CDC contract (CDC) is currently underperforming meaning a risk of ERF clawback	**3 Partial**	Longer waiting times for diagnosis and treatment have a detrimental effect on patients. The risk to further progress is the Trust's ability to recruit staff with the skills required. Under performance in diagnostics against the submitted trajectories has led to the trust has been put into national tiering at Tier 1.	The new DEXA service went live in June which should deliver a major improvement in performance. CDC funding for temporary ultrasound staffing has been approved. A report will go to MEG on activity levels and costs in the CDC and how these are balanced	3 Escalate to MEG

Originating Committee: Insight Committee			Date of meeting: 20th August 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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Winter Planning	The Committee received a detailed report outlining the plans for dealing with increased demand during the winter. The plan was developed taking account the 25/26 winter plan checklist issued by NHSE in July 2025. These plans need to be signed off with the ICB and submitted by the 30th of September 2025	**2 Reasonable**	Failing to sufficiently plan for the winter period will increase the level of clinical risk held within the Trust, leading to a greater likelihood of poor patient outcomes and potential harm. There is a clear expectation that providers will meet the headline targets of four-hour elective 52 week an 18 week performance by March 2026	Delivery will be lead, supported and monitored through the Urgent and Emergency Care delivery group. This will be reporting to the West Suffolk alliance operational group For day to day management of issues WSFT will follow the Command, Control and Co-ordination (C3) plan across all operational states: business as usual, business continuity or critical incident, and major incident. This is led at strategic and tactical level during working hours by the (Deputy) Chief Operating Officer and Head of Operations for Patient flow respectively, and by the strategic and tactical commanders out of hours or should a critical/major incident be declared.	1 No escalation

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Board Assurance Framework	**BAF 7 Financial Sustainability** The Committee noted that the mitigations in relation to Business Planning were assessed as minimal assurance. They also asked that actions were developed in relation to the quality of financial data used by the Trust.	**3 Partial**	The Trust needs appropriate business planning informed by good data to minimise its risks.	The Planned Medium-Term Strategy will help mitigate part of the business planning risk. This is due in the Autumn of 2025. The CFO to consider the data quality risks that the Trust may have an update the BAF in relation to this.	2/3. Escalate to Board and MEG

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: Insight Committee			Date of meeting: 17th September 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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PAGG/IQPR	**Urgent and Emergency Care** In July 4-hour performance increased to 74.37% against a trajectory of 74% and 12-hour waits as a % of attendances decreased to 4% of attendances, down from 5.5% in June, and below the comparable 2024 position.	**3 Partial**	Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be.	There is a continued focus on the UEC Delivery Group recovery plan	3. Escalate to Board for information

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Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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PAGG/IQPR	**Cancer Targets** 28-day Faster Diagnosis Standard performance improved in June to 74% from 64% in May. 62-day performance increased in June to 74% from 68% in May, bringing the position back on trajectory.	**3 Partial**	Due to the challenges in breast there is a continued risk to the Faster Diagnosis Standard and 62-day performance.	The Trust has committed to achieving the 62-day standard (75%) and Faster Diagnosis Standard (FDS) (80%) for 2025/26. Gynaecology, skin and lower gastrointestinal (LGI) are the areas of focus for transformation.	3 Escalate to Board

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Diagnostics	July DM01 performance was similar to June at 44.5%.	**3 Partial**	Longer waiting times for diagnosis and treatment have a detrimental effect on patients. The risk to further progress is the Trust's ability to recruit staff with the skills required. Under performance in diagnostics against the submitted trajectories has led to the Trust being put into national tiering at Tier 1.	Additional endoscopy activity began towards the end of the month and a preferred supplier for additional ultrasound activity was engaged in August. This should contribute towards a planned improvement in performance from September.	3 Escalate to Board for information

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Deep Dive – Elective Recovery	The Committee undertook a deep dive into elective recovery and received detailed analysis of the performance in each speciality. The current total waiting list size is 34,524. The number of patients over 65 weeks increased further in July, to 221, the majority of these were in Dermatology. The volume of 52 week waits continues to increase, with 1670 as at the end of July, against a submitted plan position of 835. RTT 18-week performance also remains off trajectory. Specialities with the highest number of patients over 18 weeks are: • Orthopaedics –2115 • Dermatology –1952 • Gynaecology –1441 • Ear, Nose and Throat -1347 • Ophthalmology –1091	**4 Minimal**	There is a risk of patient harm if patients are not treated in a timely way. As a result of the Trust's variance to plan we have been placed into 'Tier 1' for elective care, alongside diagnostics. This requires fortnightly meetings with national and regional NHS England teams. It is unlikely that the Trust will achieve the target of 0 patients over 65 weeks by the end of September. Gynaecology remains a particular area of risk and a high reliance on ultrasound is impacting their ability to recover.	The additional validation of the waiting list which began on 1st September, is expected to have a positive impact on the total waiting list size. The deep dive gave significant analysis about the underlying issues in each service area but the Committee could only take minimal assurance from the report, as the detailed plans to address underperformance were still in development. These were due to be considered by MEG and will be reported back to the next Insight meeting.	3 Escalate to MEG and Board

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Finance Accountability Committee	**Month 5 Reporting** At month 5 the Trust was reporting a £0.8m under spend year to date against plan and continues to forecast meeting the planned deficit of £20.7m. This will require delivering £3.9m of CIP that has been identified but is not yet in delivery. Most of the CIP programme is phased for later in the year and achieving the planned deficit continues to be a challenge for the organisation. The report also highlighted the national exercise to identify the degree of contract funding which is not directly attributable to tariff funding. The initial assessment is that the Trust could be overfunded. The longer-term implications are unclear but are not expected to impact until 26/27.	**3 Partial**	Cash balances are healthy but the trust is likely to require cash support for the last six months of the financial year. It is good to see the progress made to date. The CIP programme monthly targets ramp-up significantly through the rest of the year and remain a risk. There is a risk the national tariff funding exercise will reallocate funding away from WSFT.	*Delivery of the CIP programme needs continued focus – see below*	3.Escalate to Board for information

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Cost Improvement Programme (CIP) delivery	At month 5 the CIP programme was broadly on target with further schemes identified. 86% of the CIP target has been identified but a gap of £8.4m of weighted CIP remains. Handover is underway with PA consulting.	**3 Partial**	The high value programmes where there is significant risk of delivery continue to be corporate services, clinical productivity and commercial. The Quality Impact Assessment panel continues to take a critical look at schemes and not all are approved if there are risks to patient safety.	Further work is on-going to develop 'stretch' CIPs.	3 Escalate to Board

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Medium Term Planning	NHS England (NHSE) has published a Planning Framework which is designed to inform the development of five-year plans covering the period from 2026/27 to 2030/31. The framework outlines clear roles and responsibilities for planning in the context of the new NHS operating model and describes the core planning activities to be completed by NHSE, Integrated Care Boards (ICBs) and providers. Phase one focuses on building a robust evidence base by the end of September. Phase two will involve working with the ICB on final plans for assurance and sign off by the Board in December.	**2 Reasonable**	Development of a 5-year integrated plan is an important requirement for delivery of the Trust's strategy. It needs to meet statutory and regulatory requirements, and also ensure the Trust provides high quality, sustainable services. There are current unknowns that will have a material impact upon the Trust's financial modelling. These include contracting arrangements for 2026/27 and whether there will be the ability to earn additional income; the level of tariff to be applied in 2026/27; and the national efficiency requirement. It is hoped these will be available in national guidance to be issued in October.	A working group is being established to oversee for delivery of the following components of the Medium Term Plan: Service plans Workforce plans Quality improvement plans Digital plans Financial plans Infrastructure and capital plans. The Plan will come to the Board for sign off in December.	3 Escalate to Board for information

Guidance notes

The practice of scrutiny and assurance

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Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			Date of meeting: 15th October 2025		
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PAGG/IQPR	**Urgent and Emergency Care** August 4-hour performance was 73.93% meeting the in-month trajectory of 71%. Twelve-hour waits as a % of attendances demonstrated no significant change although increased slightly from 4% in July to 4.7% in August. This is still below the comparable 2024 position.	**3 Partial**	Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be.	Maintaining delivery of the 4-hour performance trajectory will be the key focus for urgent and emergency care in October with 72% needing to be achieved.	3. Escalate to Board for information

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PAGG/IQPR	**Cancer Targets** 28-day Faster Diagnosis Standard performance improved in July to 80.08%, which is ahead of trajectory. However, 62-day performance dropped to 70% in July against a 74% trajectory.	**3 Partial**	Due to the challenges in breast there is a continued risk to the faster diagnosis standard and 62-day performance.	The Trust has committed to achieving the 62-day standard (75%) and Faster Diagnosis Standard (FDS) (80%) for 2025/26. Gynaecology, skin and lower gastrointestinal (LGI) are the areas of focus for transformation.	3 Escalate to Board

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PAGG/IQPR	**Diagnostics** July DM01 performance was similar to June at 44.5% but dropped further in August to 42.3%,	**3 Partial**	Longer waiting times for diagnosis and treatment have a detrimental effect on patients. The risk to further progress is the Trust's ability to recruit staff with the skills required. Under performance in diagnostics against the submitted trajectories has led to the Trust being put into national tiering at Tier 1.	Endoscopy performance remains a concern however plans for an additional 3000 ultrasound scans are due to begin from 11 October 2025. Endoscopy priority has been given to patients on a cancer pathway requiring a rebalancing of capacity to support this. September performance will form the basis of WSFT's next published quarterly ratings against the new NHS Oversight Framework, which sees providers placed into segments from 1 (best performing) to 4 (worst performing), with segment 4 providers considered for special support as part of a segment 5 category. WSFT is currently in segment 3.	3 Escalate to Board for information

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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:**		
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PAGG/IQPR	**Elective Recovery** The total waiting list was 33,671 at the end of August, against a planned position of 31,808. Overall RTT compliance was 1.25% behind plan at 58.39%. At month end there were 178 patients over 65 weeks, which is a reduction from July. This volume is expected to continue to reduce over the coming months with a national expectation for 0 by 21 December 2025. The volume of 52 week waits reduced in August to 1,430 against a planned position of 765. As the Trust is currently not achieving the planned trajectories for RTT, it was required to submit revised forecasts to return to plan by December 2025. An update report following last month's deep dive outlined the detailed plans by speciality.	**3 Partial**	There is a risk of patient harm if patients are not treated in a timely way. As a result of the Trust's variance to plan we have been placed into 'Tier 1' for elective care, alongside diagnostics. This requires fortnightly meetings with national and regional NHS England teams.	The additional validation of the waiting list which began on 1st September, is expected to have a positive impact on the total waiting list size. The Management Executive Group (MEG) has approved an additional £424k for elective recovery and the investment will be profiled to provide the best value for money through targeting specialities which can provide high volume, accelerated recovery whilst also reducing long waits in all specialities. This investment informed the detailed action plans considered by the committee. Gynaecology remains a particular area of risk and a high reliance on ultrasound is impacting their ability to recover.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 15th October 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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 /MEG* ***3.** Escalate to Board*
Finance Accountability Committee	**Month 6 Reporting** At month 6 the Trust has reported a deficit of £14.4m for the year to September 2025, which is £0.81m better than planned. We continue to forecast meeting our planned deficit of £20.7m for 25/26 The CIP plan currently shows a favourable variance of £0.1 million year-to-date. However, challenging CIP targets in the second part of the year remain. Our forecast assumes we are able to deliver £3.3m of CIP that has been identified but isn't yet in delivery. Since April 2024, the Trust has reduced staffing levels by 297 WTEs (6%). Capital spend is £5.8m behind the phased plan, but it is anticipated that the plan for 2025/26 will be achieved.	**3 Partial**	It is positive to see the monthly run rate reducing ahead of plan as this will help the position going into 2025/26. The Trust's cash balance as at 30 September 2025 was £1.8m compared to a plan of £1.1m. This has reduced from the previous healthy cash balance due to the payment of pay awards in full. The CIP programme monthly targets ramp-up significantly through the rest of the year and remain a risk.	In line with plan, the Trust will require cash support for the last 5 months of the financial year and an application for revenue support to be received in November has been submitted to NHSE Delivery of the CIP programme needs continued focus – see below	3.Escalate to Board for information

Originating Committee: Insight Committee			Date of meeting: 15th October 2025		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
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 /MEG* ***3.** Escalate to Board*
Cost Improvement Programme (CIP) delivery	At month 6 the Trust had identified £29.1m/£25.9m of unweighted/weighted CIP opportunities respectively against a full year target of £32.8m. This compares to the September reported position of £28.2m/£24.4m A gap of £3.7m/£6.7m remains against the 25/26 CIP target when considering unweighted/weighted CIP positions respectively. The overall gap in the portfolio has reduced significantly, with 89% of the CIP target identified (79% weighted).	**3 Partial**	The high value programmes where there is significant risk of delivery continue to be corporate services, clinical productivity and commercial. The Quality Impact Assessment panel continues to take a critical look at schemes and not all are approved if there are risks to patient safety.	Further work is on-going to develop 'stretch' CIPs. Learning from the PA contract will be reported to Insight Committee in December.	3 Escalate to Board

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: Insight
Meeting date: 20 August 2025
Governor observer (observed by): David Slater

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Good agenda format • There are issues with regard to how CIP can be achieved • There was a lot of debate about finance information and what and how it should be presented. I would have expected this to be in place already so there was a clear understanding but there seems to be more required. This is linked to CIP as well. • IQPR – this seems very detailed but there are times when you would have expected reviews to have taken place in advance not bought up five weeks after the event and reviewing it was still ok.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• *Some of the discussions were not fully answered.*
Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• *The meeting was very well organised and the chair was very good at keeping the meeting on track.*

Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• *Chair was very good and kept the meeting on track* • *Good summaries by the Chair in turns of items to be actioned or further investigation and reported back to the next meeting.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 20 August 2025
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*
• It was the turn of finance to present first, month 4 status presented. Some discussion on including finance metrics in IQPR • The winter plan was presented • Only one report did not have an EDI section completed. • Some discussion on the confidentiality of some sensitive issues discussed at this meeting, given that Governors observe. Governors are aware of the confidential nature of some issues and have agreed not to discuss them outside of the meeting. • Reaffirmation that the purpose of the meeting is assurance not decision making.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Well Chaired, good summing up and time keeping. • Rich discussion, everyone participated, respectful and inclusive • I attended via Teams, it was very difficult to hear in general and especially when members spoke quietly, I missed several chunks of 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.*

- .Focused on assurance
- The Internal Audit report seemed to have several actions past their due date and therefore red rated. This included improving the timeliness of discharge summaries, an issue raised recently by a Coroner - press release to Governors. Assurance will be sought from the Insight Chair re the red rated internal audits.
- Data showed increased 62 week elective waits and increased 52 week waits. It was highlighted that at least one clinic had capacity not being utilized – I wondered why under use of clinic resource such as an outpatient clinic was not picked up electronically?

Notes

- Trust in Tier 1 for electives and Tier 2 for cancer standards – not sure what that means and what improvement needs to be made

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 20/08/25
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*
• The agenda was followed focussing on the financial position and the discussion seems relevant
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was well conducted and the members asked pertinent questions with everyone being given an opportunity to comment.
Assurances *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.*
• None
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• A well chaired meeting but perhaps a need to ensure that everyone could hear what was being said.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: September 2025
Governor observer (observed by): David Slater

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Good agenda format and the meeting finished on time. • Excellent papers and good presentations. • There are issues with regard to diagnostics which needs to be reviewed / improved.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• *Some of the discussions were difficult to hear, are there microphones in the meeting room . This seems to be a common theme for all meetings.*
Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• *The meeting was very well organised and the chair was very good at keeping the meeting on track.* • *Update on IQPR highlighted areas to be monitored and reviewed in future meetings.* • *Deep dive into Elective Recovery covering targets, barriers and mitigations.*

Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• *There are concerns over CIP and will the target be achieved this year and the plans for the next financial year.* • *Will the Capital Budget be spent in the current financial year.* • *Medium Term Planning is progressing and timetable produced.* • *Internal Audit points to be reviewed and actions agreed for items in previous financial years.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight

Meeting date: 17 September 2025

Governor observer: Jayne Neal

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• The meeting covered Financial and Operational performance along with a deep dive into elective recovery. Specifically, the progress on delivery against targets, barriers and mitigation
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was conducted throughout in line with Trust values. • Good, full answers were provided to questions and concerns raised. • The Chair commented that the Executives had more input in this meeting than the NEDs, so maybe more space for NED contributions need to be considered for future discussions to redress this imbalance

Assurances

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.

- Some areas of concern over operational issues highlighted by the IPQR; eg dermatology where there is a national issue reflected in waiting times at WS. Some cases are being referred back to primary care. GPs are keen to engage but this is dependent on their funding and skills, so only limited assurance on progress with these cases.
- National Oversight Framework (newly introduced 'league tables') was discussed and how the scores and data feed into the assessment. WS is placed in tier 3 and 90th out of 134 hospitals. Those hospitals in tier 3 all have similar financial problems so until these are resolved WS will remain here, but there is also the risk if improvements are not made we could fall down the table further. It was noted the hospitals top of the table were all national specialist units. These tables will be updated and published by the DHSC quarterly.
- The orthopaedic unit at Colchester is helping with quicker treatment for patients needing hip / knee replacements. This does leave scope for additional operations at WS but financial pressures mean that theatres are not always available.

Governor observer Notes

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

- Two Trust observers were present who were invited to offer comments at the end of the session. They observed that these opportunities need to be offered more widely, particularly where individuals had contributed to the papers and they found the meeting 'insightful'.
- Both observers were hospital based staff members. It would be 'even better' if these opportunities were widened to colleagues working in the community setting so they could experience the depth of strategic discussion which takes place

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 17 September 2025
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*
• Very detailed deep dive into RTT presented.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Excellent Chair who, in summing up reflected that Executives were talking a lot and there could be a better balance if every NED attending could participate not just some. • Once again a member on Teams stated he couldn't hear much of the conversation. Having attended on Teams myself I agree. It is a dreadful waste of time if what is said in the meeting cannot be heard by those attending on Teams, can something be done about it? • Two staff observers reflected that the meeting was fascinating and insightful for clinical staff, they were thankful to have the opportunity to attend and wondered if others could have opportunity as well? • Other reflections by the Trust Chair were: exemplary meeting Chair, values compliant, quality of conversation good, cogent answers, good contributions and openness.
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.*
• Deep dive into RTT: long wait numbers are creeping up. Great oversight into why but I feel that having oversight alone does not improve the situation. Several specialities are affected by long waits but dermatology patients and those in pain are particularly affected by delays. There are

also long waits for diagnostics especially US, but it was reported that successful recruitment of more sonographers looks hopeful. As a patient it is possible to see how long the wait is for your diagnostic procedure as this is up to date on the Trust web site. Unfortunately, the published waiting times for surgery are currently 10 months out of date. For Governors there is assurance that there is insight into why RTT can be a long wait for some patients but little assurance as to when significant improvement can be expected or of the long wait experience of patients, especially those in pain (60 weeks 1st appointment).
Notes
• The VW is not working to capacity, Governors have a presentation on the VW planned, this will provide us an opportunity to gain a better understanding of why

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: October 2025
Governor observer (observed by): David Slater

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Good agenda format and the meeting finished early due to the new way of running the meeting by the Chair. • By adopting the principle of the papers being already read by the attendees provided more time for questions. This was a far better way of conducting the meeting than the Lead taking the committee through the cover sheet and then moving onto the detailed paper. • Excellent papers
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• *The meeting was run very well with the Chairs new way of running the meeting.*
Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• *The meeting was very well organised and the chair.*

Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• *Questions asked about Capital Expenditure budget underspend and what will happen if it is not spent.* • *Concerns about how CIP can be achieved.* • *Planning process update needs to ensure firm control of the process to achieve objectives.* • *Awaiting guidance on the ICB commissioning intentions could delay developing the plan.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 15 October 2025
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*
• Detailed elective care update presented
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• There were so many members with quiet voices that it was a strain to hear the discussion, some of which I missed. Microphones would be so helpful. The agenda jumped around a bit which was more difficult to follow. • The new Deputy Chief Nurse was introduced. She was asked to reflect on the conduct of the meeting at the end. • Trust values were in evidence throughout, challenge and discussion were respectful. Most NEDs participated especially seeking clarification during the finance paper presentation. • The Chair asked for papers to be taken as read in order to allow more time for discussion. This now happens in the 2 other assurance meetings. Time keeping improved but it was reflected that important points from reports might still need to be highlighted. It was also reflected that members showed a determination to get things done with a strong link to patient impact. The Insight meeting is always last on a busy day so a point was made that the start time of meetings could rotate in case energy was always lower for the last meeting. • No representative from ICS

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.*
Governors need assurance that there is not a gender equality issue regarding the length of time women are waiting for some gynae operations. We have heard recently that there are long waits for US scans but assurance was provided that temporary staffing has been approved.
Notes
• Trust remains in Tier 1 for elective and Tier 2 for cancer • Discussion re whether the assurance meetings are held during the best week of the month as data discussed is often, at least, for 2 months previously and things have changed since the data was collected.. • Workforce strategy mentioned (I think this meant there isn't one) • Audits discussed; Committee Chairs need to know which audits fall into their remit.

9.2. Improvement Committee

To Note

Presented by Paul Zollinger-Read

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee			Date of meeting: 20 August 2025		
Chaired by: Dr Paul Zollinger-Read			**Lead Executive Director: Dan Spooner / Dr Richard Goodwin**		
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
5.2	VTE outcome audit:	3	We score well on VTE assessment, however we have not followed up with a detailed outcome audit until now. Audit suggested appropriate prescription 80%. 20% unclear if this is omitted intentionally.	New resident Doctors to undertake audit of outcomes to determine if VTE assessment is followed through by appropriate management.	1
5.2	Drs BLS Training to achieve 90%	3	Currently Doctors: 67% (up from 53%).	Dr Richard Goodwin to review and ensure processes in place to achieve 90% by Jan 2026	1
6.2	Long waiting times for community speech and language and paediatric services which could lead to harm	4	Currently not able to confirm degree of harm caused by long waiting times.	Nicola Cottington to report back Sept 2025 with an assessment of degree of harm.	1
7.1	Some Trusts have reported that the PSIRF investigation process is not adequate for coroners' investigations	2	The mortality oversight group has assessed this issue and currently have a more comprehensive process in place	Lucy Winstanley / Dr Patricia Mills to submit paper around assurances back in October on the Mortality oversight group's	1

Originating Committee: Improvement Committee			Date of meeting: 20 August 2025		
Chaired by: Dr Paul Zollinger-Read			Lead Executive Director: Dan Spooner / Dr Richard Goodwin		
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
			for investigation following deaths.	actions and interface with PSIRF process.	
7.2	Currently unable to assess CQC preparedness	4	The committee requires an assessment of CQC preparedness.	Dan Spooner and Lucy Winstanley to report back in October with CQC preparedness plan.	1

**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: Improvement Committee			Date of meeting: 17th September 2025		
Chaired by: Dr Paul Zollinger-Read			**Lead Executive Director: Dan Spooner – Executive Chief Nurse / Dr Richard Goodwin – Executive Medical 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
5.2	Higher than expected deaths from cardiac arrests in AE reported from National Cardiac arrest audit	3	The national cardiac arrest audit data showed a higher percentage of deaths in ED. There was a lack of confidence in the rationale provided for the higher incidence. The Committee agreed that further scrutiny was needed.	The Mortality Oversight Group (MOG) was tasked with: • Reviewing the cardiac arrest data in ED in more detail. • Investigating potential causes for the higher-than-expected rates. • Assessing whether any quality or safety issues are contributing to these outcomes.	1

**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.
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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 Committee			Reporting to: Council of Governors meeting – 13th November 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 15th October 2025		
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 MEG / other assurance committee **3.** To Board
5.1	Patient Quality, Safety Governance Group	3. Partial	Detailed update on training ED/CCOT nurses to L2 trauma standard. Concerns regarding attendance at trauma committee. Medication safety group not assured regarding storage of patients own medicines. Partial assurance regarding use of bed rails for confused / agitated patients.	Briefing update prior to Trauma Peer Review visit to be provided. Risk assessment required of patient lockers for medicines storage to understand the size of the issue– may require some replacement. Falls lead is launching a cultural QIP for bed rail use including use of a revised risk assessment prior to use of bedrails. Overall increased use of risk assessments to guide decision making in patients' best interests.	1. No escalation
5.1.1	Nutrition performance and oversight deep dive	3. Partial	Presentation from Lucy Winstanley, and Liz Cotton. Wide ranging scope of activity to address nutrition and hydration with lots of good practice; but also identification of areas for improvement.	Presentation to be circulated as lots of detail not covered. Priority areas for action and assurance identified and Committee expects that progress will be seen in future updates to PQSG	1. No escalation

Originating Committee: Improvement Committee			Reporting to: Council of Governors meeting – 13th November 2025		
Chaired by: Tracy Dowling Non executive Director			**Date of meeting: 15th October 2025**		
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 MEG / other assurance committee **3.** To Board
5.2	Clinical Effectiveness Governance Group	3. Partial	Summary of accreditation and audits reviewed with no escalations. Successful re-accreditation of blood transfusion services. Good progress on re-accreditation of haematology services.	Committee expects progress reports over next 2-4 months regarding national audits and national best practice.	1. No escalation
5.2.1	Research and Development annual service update	2. Reasonable	Presented by Dr Margaret Moody and Claire Barwick. 43 active studies recruiting across 14 specialties. Included 2 commercial studies.	Continue to develop research capacity. Continue to build breadth of research across trust including more patients in research activity and pursuit of more commercial studies.	1. No escalation
6.0	Quality and Safety Insight • IQPR • PRMs	2. Reasonable	No escalations		1. No escalation
7.0	Quality Priorities, Improvement and Assurance CQC Preparedness Plan	3. Partial	Jenni Kerr presented an assessment of Trust preparedness. There is good engagement from ward managers and an active improvement culture; however there is work to do to compile a repository of evidence for inspection and to ensure all colleagues appreciate what is	Gaps in preparedness assessment include a clear approach on adoption of the new Single Assessment Framework; need for a centralised evidence repository and a need for staff training on expectations. Actions to address the above in immediate and short term were approved.	2. To MEG for continued oversight

Originating Committee: Improvement Committee			Reporting to: Council of Governors meeting – 13th November 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 15th October 2025		
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 MEG / other assurance committee **3.** To Board
			required under the Single Assessment Framework. Learning from Chief Nurses of trusts recently inspected has been shared.		
7.2	Maternity Services Update				
	Maternity Claims Scorecard	2. Reasonable	Report received detailing learning from complaints and informal patient feedback, low or no harm incidents and perinatal deaths in Q1. Actions to work with staff to continue to improve communications and compassionate care are in progress. Complaint rate 1.3%. Claims scorecard was reviewed.	Triangulation of Q1 mortality data with patient complaints has identified opportunities for improvement during periods of high clinical activity; limitations in preparedness and inconsistencies in communication and clinical decision making. There is increased oversight in neonatal care; intended to ensure proactive actions to improve safety and quality. An objective and learning culture was evident through this report. The Committee asked for review of pain control by ethnicity to investigate whether there is an ethnicity pain control gap.	3. To Board

Originating Committee: Improvement Committee			Reporting to: Council of Governors meeting – 13th November 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 15th October 2025		
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 MEG / other assurance committee **3.** To Board
	Neonatal Staffing Report	3. Partial	Report to evidence progress in meeting the neonatal nurse staffing standards. The report demonstrates some staff deficits due to inability to recruit B6 neonatal QIS nurses but Band 5 staff are being trained to B6 competence.	The action plan makes the Trust compliant with MIS safety action 4. There is a need to keep neonatal staffing and review of progress with the action plan under review. Increase use of allocate functionality to better demonstrate in charge role and QIS competency	3. To Board for final approval
	Stillbirth and Neonatal death incidence August 2024 to August 2025	2.Reasonable	A detailed review was undertaken building on previous work in prior years	No areas of concern were identified; however the evaluation of JADE and MMBRACE data will further inform.	1. No escalation
7.3	Completion of Transfer of Care Summary letters (Discharge Letters)	2. Partial	Update on progress implementing optimised approach to completing discharge summary letters within 24 hours. Performance improved from 71% to 77%	Clear and comprehensive actions to progress steady and sustained improvement. Any on-going failures will be addressed through use of data.	1. 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?

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 20.8.25
Governor observer (observed by): Andy Morris

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• No assurance regarding preparedness for a CQC visit. A time frame for a plan was agreed but no date for completion.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Chair was excellent: appropriately challenging, really well informed, held Execs to account, clear with actions and timelines, summarised meeting well and finished early. • Good challenge by NEDS to Execs • Exec to Exec challenge • Everybody engaged and the CEO especially so • Some good challenge to governance lead by the COO • Matters not related to assurance remit of committee pushed back • Chair offered a session to review the future direction of Improvement and has invited the governors as participants

Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• The Insight committee have raised a concern of unintended consequences to patients following CIPs to both the Improvement and Involvement committees.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
•

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement

Meeting date: 20 August 2025

Governor observer : Jayne Neal

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• The Patient Quality and Safety report included, reviewing the national report written by Penny Dash which outlines nine high level strategic recommendations for NHS improvement. WS is already working on some of these areas. • The rise in pressure ulcers was questioned, ie how the data is collated, it's accuracy and the disparities between the community vv the acute setting • IQPR noted the improvement in ED waiting times which was due to the better oversight and actions of Matrons • The Patient Safety Quarterly Report for Quarter 1 of 2025-26 was reviewed and discussed at length. It provides a lot of useful, insightful information
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*

- The meeting adhered to Trust principles throughout
- It was a constructive meeting with good participation from attendees
- At the conclusion of the meeting the Chair clearly stated the agreed actions to be taken forward, the future date for review of the actions and the individual responsible for responding to those work areas

Assurances

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

- The Chair questioned the waiting times for paediatric patients and sought assurance that children were not at risk of harm whilst waiting for treatment. They asked for a review next month, with particular emphasis on speech and language therapy
- Good assurance on the implementation of 'Martha's Rule' at WS, with positive shared learning
- CQC framework: teams are working through their own self-assessments but not all areas are complicit, so little assurance that WS is prepared for an inspection. This subject will return to the Committee in October

Governor observer Notes

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

- The Chair suggested to the Committee it would be useful have a half-day workshop to focus on the T & Cs of their remit, so future meetings could evolve with a clearer aim and purpose on assessing risks and patient quality and safety. This was agreed by all attendees with a date in early October to be identified.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 20th August 2025 (observed by): Sue Kingston

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Penny Dash Report • PQSGG Report July 2025 • Pressure Ulcer Report • Patient Quality Safety Quarterly Report
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The Chair welcomed everybody. No introductions made. • The Chair was thorough and respectful in the handling of the meeting and was not afraid to challenge. • The Chair confirmed that he would do the reflections, and I think going forward, this is how he wants it to be. • Trust values were maintained throughout. • Meeting finished slightly early, not such a heavy schedule as normal and no deep dive presentations.

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.

- LWS led us through the Penny Dash report which set out the findings, implications and recommendations from the Department of Health and Social Care. Its focus is to streamline the patient safety landscape and accountability to assure and contribute to improving the overall safety of care. It focused on 9 recommendations and 5 areas that will be the responsibility of providers. It's reassuring that WSH have a good focus and is already putting into action some of the highlighted arears and recommendations from the report.
- PQSGG highlighted a few issues, the most worrying being the oxygen leaks throughout the hospital. This was flagged by a NED, and they asked for an update on repairs and the current risks, one of those being fire. JR spoke about the ongoing repairs to minimise risk. He offered reassurance that fire risk was minimum as most leaks occur in large open spaces. Fire risk is greater when leaks are in small, confined spaces. Repairs are well underway, and JD estimated that all would be completed within 2 months. Progress will be reported back to committee for further reassurance.
- Update of Pressure Ulcers showing that staff have made changes to how PU's are reported on Radar. This has attributed to a slight rise in numbers but is part of the work to achieve precise reporting and reassurance that this will lead to more accurate data for analysis and learning.
- PQSQ Quarterly Report. JK talked through the report, which is very large, and has many outcomes and arears for improvement. The report highlighted current risks. These were discussed and Exec leads for those areas of risks are actioned to report back to the committee for reassurance at the set dates highlighted in the report.

Governor observer Notes

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

- The reflections of the meeting were given by the Chair.
- The Chair is very focused on looking further into this committee and how its time and reporting can be put to better use and to try and evolve further. He suggested perhaps a half-day workshop with committee members and Governor observers to go through ideas and suggestions. He also made a point of saying that participation from Governors would be very welcome too. This felt very inclusive.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight / **Improvement** / Involvement
Meeting date: 17/09/2025
Governor observer (observed by): Dr Andy Morris

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
Chair requested Exec led review of perinatal mortality: WSHFT is an outlier, especially for BAME women. Still clinical lead or roll out date for NATSSIPS programme, coming back to Improvement October/November GIRPS programme looks to be great value RTT for over 52/52 has raised every month since October 2024 but over 65/52 essentially eliminated Move from EPARS to RESPECT not yet entrenched National audits deemed mandatory: currently not submitting for 4 of these NELA mortality improved (data entry?) but gaps with ITU and Geriatric care GIRFT programme restarted
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
Excellent Chairing: focussed, excellent understanding of paper, appropriately held Execs to account, clear on roles and deadlines Execs all engaged Good reflection and summary at end

Finished 25 minutes early
Assurances *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.*
None
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
I thought it was the most useful one I have observed to date: "thank you"

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: September 17th 2025
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*
Usual high standard of reports and presentations.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Well Chaired, introductions, everyone had a say, good pace. Volunteer for reflection also collated actions which are agreed at the end. Finished ½ hour early. The Chair is very focused and clear in his requirement of attendees, including time frame for reporting back. • One committee member presented a number of reports, some on behalf of others, it was reflected that deputies should attend if a committee member cannot. The meeting was compassionate, enquiring and non-judgemental. Trust values were evident. • Once again embedded papers are not available to observers and some members.
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.*
• Really interesting presentation on ReSpect which is about shared decision making especially during end of life care.

Notes
• The Chief Nurse told the committee that a deep dive into all aspects around fluid and nutrition would be carried out.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 17th September 2025
Governor observer (observed by): Sue Kingston

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• PQSGG Report • CEGG • Quality Faculty Update
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Meeting started on time, The Chair welcomed attendees and introductions were made round the table. • The meeting was polite and respectful, and this remained the case during challenges. • The Chair was thorough and once again, not afraid to challenge. • The Chair asked for a volunteer to reflect on the meeting, this was accepted by DS • Trust values maintained. • The meeting finished early but all agenda items covered.

Assurances

- PQSGG Report is showing that the implementation of NatSIPPS2 has still not been initiated by the trust. The programme has been adopted in Theatres by the Safer Surgery Group with the aim to extend to other departments, but is still awaiting a subgroup to be formed. Re-assurance can only be provided when the trust identifies a senior clinician to have oversight and responsibility for such a subgroup.
- CEGG It was good to hear the reporting that Endoscopy was successfully re-accredited in July this year but going forward may be challenging as waiting lists have to be below six weeks. Re-assurance possible through the implementation of Saturday working for the remainder of the financial year. Results from NCAA show that WSH has good results for their cardiac ward in terms of arrest through to discharge. Re-assurance is through two members of CCOT on every shift to assist with deteriorating patients.
- Quality Faculty Update was given by Dr M McGregor on the ReSPECT process. Re-assurance going forward has identified three main arears for improvement being a priority for 25/26 to improve the ReSPECT process. Daily reports offer re-assurance, and significant improvements have been made since ReSPECT was introduced at WSH in July 24.

Governor observer Notes

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

- Reflections on the meeting given by DS who felt the meeting was cordial, non-judgemental and showed compassion.
- The Chair spoke about the upcoming training session that he has put in place in October for the members of the committee and the importance of focusing on arears such as; do the meetings try and cover too much stuff; why do some items take so long and continue coming back to the committee each month without being resolved; What are the risk as a

result. He speaks very passionately of trying to ‘improve’ the improvement committee. It will be interesting to see what the outcome brings to the next meeting after the training session.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement

Meeting date:15 October 2025

Governor observer: Jayne Neal

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Agenda items included: • a deep dive into nutrition and hydration of patients both in hospital and in the community • update on the R & D patient studies within the West Suffolk Trust • preparedness for CQC inspections • maternity services • discharge letters
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was well Chaired by the only NED in attendance, and conducted in line with Trust values

Assurances *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 good level of assurance on some areas but more focus required on others, eg use of bed rails and falls in hospital, security of medication in bedside cabinets. It was confirmed work on these areas is being addressed, urgently. • Due to the national shortage of neonatal nurses, the Trust is focusing on increasing the skills of Band 5 nurses, however, this takes time and will take approximately 12 months to show visible improvement. • One attendee presented several items and took away a considerable amount of linked follow-up work. This could present significant work pressures for that individual and their colleagues. The time scale for returning to these areas was acknowledged by everyone as being challenging as the subjects are priority work areas
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• NED attendance was poor with only one present who was chairing the meeting. The ToR were checked which clarified the meeting was quorate as sufficient executives were present. Whilst there was a good level level of discussion (and of course individuals must have their annual leave and people fall ill) there is a danger of reduced challenge with so few NEDs present.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 15 October 2025
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*
Usual high standard of reports and presentations.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The usual chair was not present so the meeting was chaired by another NED, the only NED there. Papers taken as read which successfully gives more time for discussion. • It was reflected that Executive Directors challenged and led discussion in the absence of NEDs but that discussion was therefore different. It was difficult to both chair and challenge. • The presentation on nutrition could have been improved by slides which were readable or by having the slides beforehand, they will be circulated after the meeting. • Trust values in evidence. • The committee had recently met for a workshop but feedback from that not given

Assurance *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• The committee wanted data on the number of internal patient transfers made – often a reason for complaint • The research and development presentation/paper didn't provide the required assurance. • A lot of work has been carried out on discharge summaries, crucial for continuity of care and patient safety. The digital platform has been improved; all doctors are made aware of their responsibility. Achieving 78% aiming for all patients to have summaries of care on discharge.
Notes
CQC readiness discussed – shared decision making across all specialities and by all health care professionals needs to meet standards Cyber security stated to be a red risk

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 15th October, 20205
Governor observer (observed by): Sue Kingston

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Nutrition Performance and Oversight • Maternity Services Update • Transfer of Care Summary Letters • CQC Preparedness Plan
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Meeting started on time. • Usual Chair on holiday and replaced by TD. • It's a worrying trend that the only NED present at the meeting was also, on this occasion, the Chair. The Chair also made comment on this and pointed out that you cannot effectively Chair a meeting and do the challenges and insight that is required by having another NED present. The same situation occurred at last month's meeting. Once again, the Chair was the only NED. • The Chair asked for a volunteer to reflect on the meeting, this was accepted by JR.

- Good challenges made by the Chair and indeed the CEO when further clarity required.
- Good open discussions taking place and the overall sense was that teams are working together for better outcomes.
- Agenda slightly moved around with different people arriving to present at different times. Chair had a good hold on this to best accommodate presenters who were time restricted enabling them to get back to their normal post.
- The meeting slightly overran but it was a large schedule.

Assurances

- Nutrition Performance and Oversight Deep Dive: LW gave an update on the progress being made with this steering group. Lots of good work has already been made in the last 3/4 months, but still only partial re-assurance given. NC acknowledged that this is a complex area and carrying out the required assessments is challenging and lengthy. TD accepted that this is ongoing but must be kept an eye on.
- Maternity Services Update: Good presentation from the team that gave assurance on the three key issues that were raised at the previous meeting.
- Transfer of Care Summary Letters: Update by NL shows partial re-assurance with higher rates of completion since the implementation of new software in August. NL was hopefully that rates will increase once the true impact of the new system will be evident. Its hopeful that further re-assurance will then be noted.
- CQC Preparedness Plan: Good progress being made but only partial re-assurance. Lots of challenges around the CQC's assessment processes which will be launched this autumn. Those changes are likely to affect inspection criteria. However, TD challenged that we do need to be prepared even though we are awaiting details of the changing criteria.

Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• JR gave the reflections on the meeting commenting good levels of re-assurance in some arears and that the meeting was cordial and that all parties were engaged and supportive. He also picked up on the fact that the only NED present was the chair and that this was not an ideal situation. This was reiterated round the table by other parties.

9.3. Involvement Committee

To Note

Presented by Tracy Dowling

COMMITTEE/SUBGROUPS REPORTING TEMPLATE

Originating Committee: Involvement Committee			Reporting to: Trust Board Meeting September 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 20th August 2025		
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 MEG / other assurance committee **3.** To Board
6.0	Recent announcements regarding changes to the apprenticeship levy	2. Reasonable	Work to address changes to the apprenticeship levy has stepped up and a new strategy to increase early career apprenticeships is underway. Work to address changes to Level 7 funding requirements is also in progress	Updates on progress, impacts and decisions necessary to come to future meetings	1. No escalation
6.0	Industrial action	2. Reasonable	Update received including notification of national work to protect the use of the title of 'nurse'.	Director of Workforce and Communications to maintain oversight of IR issues	1. No escalation
7.0	**First for Staff** Excellent Staff Story presentation from Hollie Royal and Human Factors Lead regarding how the organisation is learning to make reasonable adjustments for neurodiverse staff members.	2. Reasonable	The Disability Network has been working with Hollie Royal to learn from her experience of seeking reasonable adjustment to meet her needs, arising from neurodiversity.	An organisation wide policy is being developed and will come back to Involvement Committee; coaching is being developed for managers and other leads for staff engagement to build knowledge and expertise in identifying and supporting neurodiversity; the Occupational Health contract will be reviewed for meeting the needs of neurodiverse staff.	1. No escalation

Originating Committee: Involvement Committee			Reporting to: Trust Board Meeting September 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 20th August 2025		
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 MEG / other assurance committee **3.** To Board
7.2	Equality Diversity and Inclusion Mid year Report Received from Jamais Webbsmall-Eghan	2. Reasonable	The mid year report showed progress in most areas of the action plan; however the Committee supported a verbal recommendation to step up activity in a small number of priority areas with an expectation of measurable impact by the time of the annual report	The Committee has asked for a review of priorities and the data sets used to indicate change. The Committee has asked that these priorities be the focus of the next 6 months; and that we have more focus on using data to measure impact and be assured of progress	3. To Board for a development session on ED&I as visible Board oversight and assurance is vital.
7.3	Connecting the QIA and EIA process	2. Reasonable	The QIA and EIA processes have been developed. A final step will be added to assure the QIA panel that EIAs are completed, quality checked, and required actions implemented.	Phase 2 of the digitised EIA process is launched on 1st Sept using a Power App. This process enables feedback on the completion and quality of EIAs	1. No escalation
7.5	Education and Training Report presented by Kaushik Bhowmick	1. Substantial	The Committee received a 6 month interval report which showed good progress and forward thinking regarding the impact of the 10 year plan on education and training across the Trust	Lots of positive assurance regarding quality of learning experience at WSFT. The report demonstrates clarity about where there are areas of concern and that actions are being taken; including	1. No escalation

Originating Committee: Involvement Committee			Reporting to: Trust Board Meeting September 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 20th August 2025		
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 MEG / other assurance committee **3.** To Board
				where oversight of progress happens.	
7.6	Pulse Survey / Engagement Score Recent scores have been received and are under analysis. It is clear that staff are still feeling the impact of measures to control expenditure.	3. Partial	The executive team are considering different approaches to engagement and communication to improve the measures of engagement whilst the Trust continues to address the underlying financial position.	There is a need for wider discussion and engagement with staff to consider how the ongoing the issues impacting on morale can be addressed. This needs to be part of the Trust strategy refresh.	2. To MEG; will come back to Involvement with more data at the next meeting.
8.1	**First for the Future** Presentation from Julie Hull on the workforce content in the 10 year plan	2. Reasonable	Clarity on the next steps for making progress in line with the 10 year plan.	Further details on the actions will be developed once the 10-year plan delivery document is published.	1. No escalation
9.0	**First for Patients** Experience of care and engagement Committee Report	2. Reasonable	A detailed report outlining the scope of initiatives to assess patient experience and the measures implemented to address identified concerns.	Number of actions regarding access for those with disabilities. Further assurance needed regarding complaints management and PALS following impacts of the corporate review.	1. No escalation
9.2	**Paediatric CQC Survey** Survey results shared and good level of assurance received that outcomes are accepted and	2. Reasonable	Action plan developed from CQC and other feedback received about service users experience.	Future surveys will assess progress after delivering the action plan.	1. No escalation

Originating Committee: Involvement Committee			Reporting to: Trust Board Meeting September 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 20th August 2025		
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 MEG / other assurance committee **3.** To Board
	actions in place to robustly address issues raised by feedback		Service to use AI to simplify information for paediatric patients.		
10.4	**Audit One well led action plan** Progress report received and noted	3. Partial	Concern raised that level of detail and complexity of this report is resulting an unhelpful level of complexity.	CEO to review and oversee streamlining so that we have clarity where standards are met, and where priority actions remain.	2. MEG to oversee before coming back to Involvement Committee.

**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?

COMMITTEE/SUBGROUPS REPORTING TEMPLATE

Originating Committee: Involvement Committee			**Reporting to: Council of Governors Meeting 13th November 2025**		
Chaired by: Tracy Dowling Non executive Director			**Date of meeting: 15th October 2025**		
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 MEG / other assurance committee **3.** To Board
6.0	Recent announcements affecting our workforce Nurse Job Evaluation Process	2. Reasonable	Verbal update from Claire Sorenson setting out national guidance for the process to be followed		1. No escalation
7.0 7.2	**First for Patients** Experience of Care and Engagement Committee Report	2. Reasonable	Report received outlining engagement with Maternity and Neonatal Voices Partnership; community engagement and IQPR data regarding complaints and PALS	Discussion regarding how more evidence of the impact of patient engagement activity is collated and presented to the Committee. Suggest an annual report of change initiated by patient engagement.	1. No escalation
7.3	Complaints Timeframe Analysis	2. Reasonable	An in depth analysis of Trust complaint performance was received following concerns raised about outstanding complaint long response times.	Recommendations to improve complaints management agreed. Further report to Committee expected in February 2026 recommending Policy change.	1. No escalation
7.4	10 Year Plan – Impact on Patient Experience	2. Reasonable	Verbal report from Charlie Firman on content of 10 year plan regarding patient experience	Update to Committee once 10 year Plan delivery of the recommendations is clear	1. No escalation
7.5	Patient Experience Strategic Quality Priorities Update	3. Partial	Second update of in-year progress on our priority to reduce inequalities in healthcare	Delivery currently at risk but actions are in train to bring this back on track, including finalising the	1. No escalation

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			for service users; and to utilise feedback and engagement activity to drive change. Strong performance on engagement and feedback with service users and especially under-represented groups	Reasonable Adjustments Policy, to pilot roll out prior to trust wide implementation with an amended timeframe of Q4. Second element regarding personalised care plan on e-care postponed until RA work progressed.	
8.0	**First for the Future**				
8.2	Future of Leadership and Management in the NHS	2. Reasonable	Presentation of progress with national work to improve standards and competence of leadership and management in the NHS. This aims to ensure access to development for managers, defined national Code of Practice and standards and potentially professional registration of leaders and managers across the NHS	There are Trust wide development programmes for managers and leaders, however currently engagement across divisions is variable. As national guidance develops, Trust programmes will align to these standards and competencies. The Committee wants to see evidence that management development results in improved service delivery and organisational health.	1. No escalation

Originating Committee: Involvement Committee			Reporting to: Council of Governors Meeting 13th November 2025		
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9.0 9.1	**First for Staff** Addressing Staff Engagement and West Suffolk FT	3. Partial	Report identifying significant drops in staff engagement scores over recent quarters. Review of other trusts has identified areas for improvement. Suggested actions were agreed but further diagnostic analysis needs to be undertaken with impactful actions before the Committee can be assured.	In depth discussion about how effective communications and good and empowered management is vital. Acceptance that this requires sustained activity through the organisation. Progress report to December meeting.	2. To MEG for ongoing oversight as these actions develop
9.2	Anti Racism Charter	3. Partial	Verbal u[date from Jamais Webbsmall-Eghan regarding areas of significant progress and areas for renewed focus.	Agreement that more publicity through the Trust regarding our commitment to being Anti Racist is needed. To return to December meeting as this is a current priority given the socio-political context and impact of this on our workforce.	1. No escalation
9.3	Pay Gap Reports Ethnicity Pay Gap	2. Reasonable	WSFT has a negative ethnicity pay gap – both when including medical consultants and when excluding them.	There is a disparity when looking across A4C pay bands indicating that there are barriers to career progression from Band 5 to Band 6 for global majority colleagues. Actions were agreed to support	1. No escalation

Originating Committee: Involvement Committee			Reporting to: Council of Governors Meeting 13th November 2025		
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			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 MEG / other assurance committee **3.** To Board
				more inclusive recruitment and selection.	
	Disability Pay Gap Report	2. Reasonable	The report shows a disability pay gap however data quality is poor due to low disclosure rates.	There are high non-disclosure rates on ESR so data is incomplete. There are multiple options on ESR so prevents accurate interpretation of data. Actions to address these were agreed.	1. No escalation
	Gender Pay Gap Report	2. Reasonable	WSFT has a mean gender pay gap of 21.95% and a median gender pay gap of 7.56%. This will be uploaded to the Government website. This means on average, women earn less than men across the full range of jobs and salaries. It is NOT about equal pay for work of equal value.	The GPG is because there are proportionately more men in senior higher paying roles than women in comparison to the overall workforce demographic. The supporting paper listed a number of actions in place to close the GPG which were all supported.	1. No escalation
9.5	Estates and Facilities Staff Experience Update – Neill Jackson	2. Reasonable	Detailed presentation of work to address findings of 2024 staff survey. Evidence of strong leadership and management and	Continue to address concerns of colleagues and develop more proactive approaches to maintenance issues of estate and	1. No escalation

Originating Committee: Involvement Committee			Reporting to: Council of Governors Meeting 13th November 2025		
Chaired by: Tracy Dowling Non executive Director			Date of meeting: 15th October 2025		
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			efforts to engage staff and have honest conversations about their workplace.	succession planning for our workforce	Good case study for learning throughout the organisation
10.0 10.1	**Governance** People and Culture Committee Update	2. Reasonable	Verbal update from Deputy Director of Workforce on items discussed and priorities agreed		1. No escalation
10.2	Internal Audit Assurance Committee Report	2. Reasonable	Update showing improved closure of actions arising from Internal Audit Reports	Reports in future to clarify which audits each sub committee is accountable for	
11.0	Items for Information IQPR Sexual Safety Data	2. Reasonable	Sexual safety data identifies a number of areas which are being addressed through the sexual safety action plan	Report for next meeting on Sexual Safety date specifically any sectors of our workforce where we need focussed action	1. 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?

Feedback from assurance committees: Governor observer report

Board assurance committee: INVOLVEMENT
Meeting date: 20 August 2025
Governor observer (observed by): Val Dutton

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 items were in line with providing assurance to the Trust Board to deliver quality and safety which is inclusive and engaging of our staff, patients and stakeholders.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was full and had a large agenda, but all those attending were included in discussions, and had the opportunity to participate in what were often in-depth discussions of agenda items. • All those participating were respectful and polite to each other. • Everyone was included and given the opportunity to speak and be involved in discussions.
Assurances *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.*
• Assurance was gained through some in-depth discussions and polite and appropriate interaction and polite challenges of information provided.

• Informative presentations and updates were given which everyone found interesting and were followed by constructive questions which were answered clearly and in detail. The staff story was of interest to everyone, and it was agreed that staff stories presented to the committee were of equal importance to the presentation of patient stories. • It was acknowledged some large projects and pieces of work were being undertaken and implemented within the organisation and the committee will be updated with on-going reports of the development and progress of these.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• The meeting was very informative and covered some large and importance on-going pieces of work. The chair conducted a very good meeting, ensuring everyone had an opportunity to speak. Despite the very large agenda with many paper the agenda was kept to time.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight / Improvement / **Involvement**
Meeting date: 15/10/1025
Governor observer (observed by): Sarah Hanratty

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Very detailed agenda covering broad scope of relevant INV Cttee topics for assurance/discussion or information. • Scope covered all key stakeholders including patients, staff and public. • Several items were for verbal update only – proved very useful to provide rolling awareness of where key projects are in the future agenda timeline and setting clear expectations for staff team about what Committee and Board would be seeking. • Noted some items were deferred due to staff absences/sickness and unable to present.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• All attendees warmly welcomed and observers invited to sit round table to aid observation • Trust principles and expectation of meeting conduct was clearly established and meeting reviewer appointed at the beginning of the meeting • For the first time Cttee has adopted the “taken as read” principle for all board papers which allowed sufficient time for comprehensive discussion and maximising value of staff time – worked very effectively • Agenda was flipped to give greater focus to the key patient/experience of care reports – Chair noted this will be flipped again for the next meeting to allow greater discussion of other areas. • Excellent clear and well-structured chairing – allowing sufficient time for meaningful discussion and follow up. • Actions clearly discussed and evidence of required follow up given.

- Deep diving and robust questioning were evident by most NEDs – well focused discussion and time used efficiently so NEDs with most relevant knowledge led questions on their areas of expertise.
- Meeting ran exactly to time – but two agenda items were deferred to future meeting so this may have impacted if full agenda was discussed.

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.

- Strong focus on strategic links during discussion to the Trust's overarching Strategy, Business Assurance Framework/Board focus and NHS 10 Year Plan.
- Clear knowledge of remit of INV Committee and some items flagged as belonging to other relevant 3I committee.
- Action logs thoroughly reviewed and updates provided.
- Clear requests given to exec for further information or issues to be revisited at future meetings
- Robust but respectful probe and challenge on papers – also strong strategy overview – linking to Trust strategy and other relevant areas
- Strong representation and engagement from Management executives (MEG) group.
-

Governor observer Notes

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

- Very strong demonstration of Trust values and how negative issues impact staff – clear and well expressed determination that there are some areas which must improve – a strong "we must get it done" message clearly conveyed to safeguard and protect all Trust staff from both NEDs and Exec Team.
- Honest and open reflections of why some things aren't working as well as others and clear Exec and NED engagement and deeply held determination to be the best we can be clearly demonstrated.
- Staff development/Succession planning – noted some items were deferred due to staff lead off – may be an opportunity to encourage other team members to present papers to committees in those circumstances to support staff development?

- Staff resource - Strong representation of Execs at meeting but some were not involved/relevant to large sections of the discussion – may be an opportunity to look at some staff being able to attend meetings virtually or being on standby call if Cttee requires to help free up Senior staff time.

9.4. Audit Committee

To Note

Presented by Michael Parsons

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Audit Committee			Date of meeting: 25 September 2025		
Chaired by: Michael Parsons			**Lead Executive Director: Jonathan Rowell**		
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 / MEG 3. Escalate to Board
Internal Audit (RSM)	Update on delivery of internal audit plan 2025/26 and implementation of recommendations.	Reasonable	Discussed the 3 reports issued since the last meeting: • Extra contractual sessions: partial assurance • Financial planning & governance: substantial assurance • Cyber assessment framework: high risk, but good competence level The Committee welcomed the improved processes introduced by Chief Exec for ensuring recommendations were actioned by Exec.	Executive to continue to address audit actions in a timely way.	2. Relevant Assurance Committee to consider partial assurance report on extra contractual sessions.

Originating Committee: Audit Committee			Date of meeting: 25 September 2025		
Chaired by: Michael Parsons			Lead Executive Director: Jonathan Rowell		
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 / MEG 3. Escalate to Board
Counter Fraud (RSM)	Progress report and benchmarking.	Substantial	Continuing good engagement on counter fraud across WSFT, and benchmarking report didn't raise any specific concerns. Explored "emerging risk radar" and noted that it might be useful tool when Board reviews BAF.		1. No escalation required.
Supply chain Risk	Annual report on risk within supply chain.	Substantial	Welcomed the thoughtful analysis of systemic risk within commercial relationships.		1. No escalation required.
Debt write-off	Request to agree write-offs.	Substantial	Agreed write-off of two debts relating to one overseas patient; received assurance on processes and systems and use of flags in systems to reduce risk of repeat incident.		1. No escalation required.

Originating Committee: Audit Committee			Date of meeting: 25 September 2025		
Chaired by: Michael Parsons			Lead Executive Director: Jonathan Rowell		
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:**		
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Auditor performance	Confidential discussion without auditors to discuss their performance.	Reasonable	Discussed need to ensure audit testing was robust and to increase on-site presence during audits.		2. CFO to feedback to RSM

**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!
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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.

10. Nominations Committee Report (enclosed)

To receive the report from the Nominations Committee

For Discussion

Presented by Jude Chin

WSFT Council of Governors meeting (Open)	
Report title:	Nominations Committee report
Agenda item:	10
Date of the meeting:	13 November 2025
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Paul Bunn, Acting 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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

The report summarises discussions that took place at the Nominations Committee meeting on 22 October 2025.

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

The Committee's agenda focussed on the following areas:

NEDs Terms of Office (for noting)

The terms of office for the NEDs were reviewed and noted.

Nominations Committee Terms of Reference (for approval)

The draft Nominations Committee Terms of Reference were presented for review as part of the annual process. The committee noted the changes highlighted and agreed to recommend for approval by the Council of Governors in November 2025 (Annex A for approval)

ACTION

- Approve the terms of reference.

Nomination Committee forward planner (for noting)

The Committee noted the forward plan.

NED remuneration (for approval) - a recommendation to be considered by the Council in closed session.

WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The items reported through this report will be actioned through the appropriate routes.
Action required / Recommendation:
The Council of Governors is asked to **note** the report from the Nominations Committee.

Previously considered by:	Council of Governors' Nominations Committee (22 October 2025)
Risk and assurance:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	Ensure inclusion and fair recruitment and staff management processes
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022

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 the 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 and required, when it has knowledge gaps, 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 shortlisting 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 Governors 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 of Directors or the Council of Governors.

3.8 . To regularly review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors in conjunction with the Board of Directors.

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)
- Up to two Staff Governors
- Up to two Partner Governors

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/Senior Independent Director/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 Chief People Officer 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 attend meetings, including the Trust Secretary, Foundation Trust Office Team, 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 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.

9.4 Report on the work of the Nominations Committee will form part of the Annual Report and Accounts in accordance with any direction from NHS England.

10. Monitoring effectiveness and compliance with terms of reference

10.1 The Committee shall carry out review of its effectiveness every two years 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: 22 October 2025
Date approved by the Council of Governors:
Next review date: January 2027

11. Membership and Engagement Committee Report (enclosed)

To receive a report from the Membership and Engagement Committee

For Discussion

Presented by Sarah Hanratty

WSFT Council of Governors meeting (Open)	
Report title:	Membership and Engagement Committee report
Agenda item:	11
Date of the meeting:	13 November 2025
Sponsor/executive lead:	Sarah Hanratty, Public Governor (Chair of Membership & Engagement Committee)
Report prepared by:	Sarah Hanratty, Public Governor Pooja Sharma, Deputy Trust Secretary Ruth Williamson, Senior Administrator, Foundation Trust Office

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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

The report summarises the discussions that took place at the Membership and Engagement Committee meeting on 14 October 2025.

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

Summary/Highlights

In the meeting on 14 October, the Committee focused on the following key areas:

- The Committee received an update on **patient engagement activities and VOICE**. Whilst some areas have been affected by staffing changes, engagement work continues, particularly through PALS and outreach to underrepresented groups. Positive feedback was shared on recent work with the Deaf Society, highlighting practical challenges and opportunities for improvement in outpatient settings. Discussions also covered neurodiversity and accessibility, including the use of digital flags and environmental adjustments to support patients with autism or partial sight.

- The Committee noted ongoing work with Healthwatch Suffolk on a project focused on visual impairment and hospital navigation, with input from the Eye Treatment Centre. There was a shared commitment to focusing on a few key areas and doing them well. Governors discussed the importance of closing the feedback loop with patients, particularly around comments and questionnaires. While anonymity is maintained, there was interest in exploring ways to share outcomes and demonstrate impact. The “You Said, We Did” approach was mentioned as a potential model.

- The Committee received updates **on governor activities, including 15 steps visits and observations**. These continue to highlight positive themes around staff, care and the hospital environment. Feedback was noted, including discussions on environmental improvements such

as the Butterfly Garden. The Committee reflected on the influence governors have through their activities, such as 15 Steps visits and informal conversations with staff and patients. The Governor activities coversheet is included for oversight for the CoG **(Annex 1**) and includes two 15-steps visits, one area observation, one environmental walkabout and one Courtyard Café engagement session. Key themes from the activity analysis were confirmed and will be considered through the Trust's Experience of Care and Engagement Committee.

- Governors shared examples of where their presence and feedback may have made a difference, though it was noted that formal feedback mechanisms are limited. The Chair has written to all Governors to ask for their reflections and real-life examples around their role and impact, with the aim of developing case studies content to help others better understand the governor role and its value.

- Recent activities were noted, including the Annual Members' Meeting (AMM), which was well received. Whilst attendance was strong, it was observed that most attendees were staff, with fewer members of the public. The venue was praised for its accessibility. Governors discussed the importance of promoting such events more widely, including through social media. It was also noted the college is a key focus to recruit younger Governor members and this should be explored further.

- The Committee reviewed progress on the **membership and engagement strategy development plan**. Phase II focuses on attracting younger members, including through careers fairs and student ambassador networks. Governors discussed the need for updated materials, including leaflets and QR codes, and emphasised the importance of communications team support. Ideas were shared around linking membership to personal development opportunities, such as volunteering and student engagement. Governors reflected on the importance of local accountability and the role of the Council in providing scrutiny and independence. Whilst awaiting national guidance on future models, the Committee affirmed the value of maintaining strong local engagement.

- The Committee received feedback from governor observers of **VOICE** and members attending the **Experience of Care & Engagement Committee.**

- The Committee noted the forward plan and discussed opportunities for governors to participate in upcoming events and engagement activities.

- The Committee also acknowledged and thanked Jane Skinner for her contribution as Lead Governor, noting Jane will continue to support the Committee as a member.

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

The items reported through this report will be actioned through the appropriate routes.

Action required / Recommendation:

The Council of Governors is asked to note the report from the meeting held on 14 October 2025.

Previously considered by:	Council of Governors' Membership & Engagement Committee
Risk and assurance:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A

Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022

Council of Governors' Membership and Engagement Committee	
Report title:	Governor engagement activities 2025/26 - Feedback report
Agenda item:	11a
Date of the meeting:	14 October 2025
Sponsor/executive lead:	Paul Bunn, Acting Trust Secretary
Report prepared by:	Ruth Williamson, Senior Administrator, Foundation Trust Office 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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

This paper summarises the Governor activities from July 2025 and the emerging themes from the feedback received from the observers.

15 steps visits led by Deputy Chief Nurse (Annex A)

- 30 July 2025: G4 & Day Surgery by Anna Conochie (Public Governor), Adam Musgrove (Staff Governor) and Antoinette Jackson (Non-executive director).
- 24 September 2025: APU & Theatres by Anna Conochie (Public Governor), Sarah Hanratty (Public Governor), Ben Lord (Deputy Lead Governor) and Michael Parsons (Non-executive director).

Area observations led by patient experience and engagement team (Annex B)

- 8 August 2025: Eye Treatment Centre by Anna Conochie (Public Governor)

Environmental reviews led by Estates and Facilitates (Annex C)

- 11 September 2025: Therapies by Louisa Honeybun (Staff Governor)

Courtyard Café led by FT office team (Annex D)

- 23 September 2025: Jane Skinner (Lead Governor) and Sue Kingston (Partner Governor).

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

The visits are designed to support continuous improvement and are 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 objective of the report is to highlight areas for improvement and extracting themes will help the Trust to take those initiatives.

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

The activities identified a significant number of positives across these areas including our staff, environments and the focus on patients and care.

The results will be analysed at regular intervals, ensuring area owners have been made aware of any issues, themes and trends that are identified throughout the visits and giving support to focus on improvements and sharing positive feedback.

Some themes from visiting teams are identified below:

15 steps:

- Lack of storage
- Signage
- Environment – lighting and flooring
- Pigeon Infestation – PAU – affecting natural light in office.

Area observations:

- Estate
- Paucity of Admin Staff

Environment Review:

- Environment
- Signage

Courtyard Café

- Medical matters explained well.

Action required / Recommendation:

The Membership and Engagement Committee is asked to:

- note the report and emerging themes
- consider any locations of particular focus for future visits / activities

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

12. Standards Committee Report (enclosed)

To receive a report from the Standards Committee

For Discussion

Presented by Jude Chin

WSFT Council of Governors meeting (Open)	
Report title:	Standards committee report
Agenda item:	12
Date of the meeting:	13 November 2025
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Paul Bunn, Acting 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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

The report summarises discussions at the Standards committee of the Council of Governors meeting held on 28 October 2025.

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

Summary

The committee focussed on the following key areas:

Fit and Proper Persons Test checks

As part of the FPPT process, standard Disclosure and Barring Service (DBS) checks were introduced into the onboarding procedure for governors. These checks are subsequently confirmed on an annual basis through individual FPPT self-attestations. The Committee noted compliance for the 2024/25 cycle at its April 2025 meeting. The checks are ongoing for the Governors who joined in the interim, to ensure their relevant FPPT assessments and DBS checks are completed.

ACTION
- note the update on Fit and Proper Persons Test and DBS

Governor attendance at Council meetings

Constitutional requirement

The Committee reminds Governors that it is a constitutional responsibility to attend meetings of the Council of Governors. When this is not possible, they should submit an apology to the meeting administrator in advance of the meeting.

If a Governor fails to attend three successive public meetings of the council of governors without good reason and prior explanation, as set out in the Constitution, this is grounds for dismissal from their office, unless the grounds for absence are deemed to be acceptable by the Council of Governors.

Governors are expected to attend for the duration of the meeting and maintain good practice with respect to the conduct of meetings and the views of their fellow council members. Governors should not conduct private conversations when a meeting is taking place.

There were no breaches of the constitutional attendance requirements between July and October 2025.

ACTION

- Note the constitutional requirement for Governor attendance and no breaches were reported.

Compliance with the Code of Conduct

The Trust operates a just culture for managing staff conduct and it is therefore appropriate for the Council of Governors to adopt a similar approach when dealing with any allegations of conduct breaches relating to Governors. Part of the Standards Committee's remit is to review alleged breaches of the Code by Governors and advise on the procedure for managing the Governor's conduct and expected standards.

In case of any breaches in Governors' conduct, the Standards Committee is asked to note the matters of alleged breach of Code of Conduct and approve a recommendation to the Council of Governors in terms of next course of action. No breaches were reported between July to October 2025.

ACTION

- Note that there have been no concerns or incidents raised relating to breach of Code of Conduct by the Governors that trigger review or escalation to the committee for the period.

- **Policy for Engagement between the Trust Board and the Council of Governors** (for approval)

The Policy for Engagement was presented as part of the review process. The Committee requested a minor amendment under section 3.10.1 and agreed to recommend for approval by the Council of Governors in November 2025 (Annex A for approval)

ACTION

- Approve the Policy for Engagement.

- **Standards Committee Terms of Reference** (for approval)

The draft Standards Committee Terms of Reference were presented for review as part of the annual process. The committee noted the changes highlighted and agreed to recommend for approval by the Council of Governors in November 2025 (Annex B for approval)

ACTION

- Approve the terms of reference.

- **Governors' development programme 2025**

The Committee noted the forward workplan that is developed to ensure timely consideration of relevant issues. The work programme will be maintained as a live document to reflect new issues.

ACTION

- Note the Governors' development programme 2025 (Annex C)

Lead Governor Election Process 2025 – progress update

The Committee noted that during the closed session of the Council of Governors (CoG) meeting in September, Andrew Morris (Staff Governor) was formally appointed as lead governor.

However, in light of Andy Morris' recent resignation from the role of Staff Governor, the Committee discussed next steps for appointing a new Lead Governor. Options considered included initiating a fresh nomination process and exploring interim arrangements.

The Committee agreed to rerun the Lead Governor election, acknowledging that views were mixed. Nominations will remain open until after the November CoG meeting, allowing flexibility to manage both lead and deputy elections.

The FT Office will coordinate induction support for newly appointed Governors, recognising this will be their first term in office. Tailored development support will be offered to help them fulfil their responsibilities effectively.

ACTION

- note the update on the election of the Lead and Deputy Lead Governor.

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

The items reported through this report will be actioned through the appropriate routes.

Action required / Recommendation:

The Council of Governors is asked to **note** the report and **actions** as specified above.

Previously considered by:	Council of Governors' Standards committee (28 October 2025)
Risk and assurance:	Council of Governors unable to undertake its statutory duties. There is a risk of termination of tenure of office if a Governor fails to attend three successive public meetings of the council of governors.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022 Trust Constitution- Annex 7 – standing orders for the practice and procedure of the council of governors

WSFT Council of Governors' Standards Committee	
Report title:	Policy for Engagement between the Trust Board and the Council of Governors – review 2025
Agenda item:	5
Date of the meeting:	28 October 2025
Sponsor/executive lead:	Paul Bunn, Acting Trust Secretary
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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

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.

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

This policy was implemented in September 2023 and is now due for review.

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

The items reported through this report will be actioned through the appropriate routes.

Action required / Recommendation:

The Standards Committee is invited to review the Policy for Engagement between the Trust Board and the Council of Governors and propose any amendments.

Should any material changes be identified, these will be submitted to the Board and Council of Governors for approval. If no substantive revisions are required, the policy will be considered reviewed and scheduled for its next update in 2027, in line with emerging best practice and guidance from the NHS England.

Previously considered by:	Standards Committee (October 2025)

Risk and assurance:	The governors must adhere to the Trust's values and supporting behaviours; rules and policies; and support the agreed vision and aims of the Trust in developing a successful Trust for the people of West Suffolk. Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution NHSE Code of Governance 2022 NHSE – Your Statutory Duties and Addendum – A Reference Guide for NHS Foundation Trust Governors

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

Table of Contents

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. Examples of the Governors working with the Board include:

- Regular attendance at Trust Board meetings, face to face, where Governors are encouraged to ask questions and report back to all Governors on outcomes of these discussions
- Attending Board meetings and briefings has also educated Governors on key clinical areas and developments, including the Future System programme and the Trust's infection prevention policy
- Working with the NEDs has allowed sharing of information to triangulate areas for further consideration and/or improvement
- Regular briefings have taken place focused on key developments within the operational plan and topics
- Contribution to the appraisals of all NEDs and requesting assurance on areas of concern
- Governors appointed the Chair and NEDs
- Governors' attendance at the three assurance committees of the Board as observers (the insight, involvement and improvement committees). This provides insight to the working of the Trust and supports the Governors in their role

- Learning and development which include joint sessions with NEDs held face to face and virtually through MS Teams
- An externally facilitated review was undertaken by the Good Governance Institute for the Council of Governors during 2022. The findings of this have been used to strengthen working arrangements for the Governors, including how they engage with the Board of Directors
- Governors and NEDs undertake visits to clinical and non-clinical areas of the Trust (acute and community) in line with the national 15 steps challenge approach.

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 regularly 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 other's 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 as 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 compliance with the conditions of the NHS Provider Licence. The NHS Provider Licence was introduced in 2013 following the Health and Social Care Act 2012 to regulate providers and ensure the health sector works in the best interests of patients. The Licence was modified and re-issued in 2023 to reflect current statutory and policy requirements. It ensures the Trust meets national standards for quality, governance, and financial sustainability. The annual accounts reference how the Trust has fulfilled its Provider Licence duties. 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
- 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.

FT Governors' Standards Committee
Terms of Reference

1. Purpose of the Committee

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

1.2 The purpose of the 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. The committee shall remain accountable to the Council for the work of any group reporting to it.

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

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.

4. Membership

4.1 Membership of the Committee will comprise:

- Trust Chair
- Lead Governor
- Staff Governor
- Public Governor
- Appointed/Partner 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 attend meetings, including the Trust Secretary, Foundation Trust Office Team, 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 the Foundation Trust Office.

9. Accountability and reporting arrangements

9.1 The 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 outlining the key areas of 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 a review of its effectiveness against its terms of reference, at least once in every two years.

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 Standards Committee: 28 October 2025
Date approved by the Council of Governors:
Next review date: January 2027

Governors' Development Programme 2025

Timing	Themes	Rationale	Led by
16 January 2025	Non-executive appraisals training	Interests of members and the public	Organisational Development and Learning Team
5 February 2025	Trust's strategy refresh	Interests of members and the public Interactive engagement with the governors as part of the review of the Trust's strategy and priorities	Director of Strategy and Transformation
4 March 2025	Session on Integrated Care Board introduction and provider collaboration	Interests of members and the public	ICB partners/Chair/Trust Secretary
3 April 2025	CQC single assessment framework	Interests of members and the public	Chief Nurse
17 July 2025	Patient quality and safety, incidents/never events, PSIRF	Holding the NEDs to account for the performance of the Board	Chief Nurse / others as agreed
16 September 2025	Session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Programme Director / others as agreed
21 October 2025	Session on Virtual Ward	Interests of members and the public	Senior Operational Team, Virtual Ward
TBC	Fit for the future: 10 Year Health Plan for England	Interests of members and the public	Director of Strategy and Transformation or others as agreed

Timing	Themes	Rationale	Led by
TBC	Effective questioning and holding the NEDs to account for the performance of the Board The role of the Foundation Trust Governor and practical ways to carry out the statutory roles of a governor	Interests of members and the public Holding the NEDs to account for the performance of the Board Item from annual skills audit – considering options for delivery to support working of the Council	NHS Providers
TBC	Freedom to Speak Up	Interests of members and the public Holding the NEDs to account for the performance of the Board	FSUP Guardian or others as agreed

13. Staff Governors' Report (enclosed)

To receive a report from the Staff Governors

For Discussion

WSFT Council of Governors' Meeting (Open)	
Report title:	Staff Governors' report
Agenda item:	13
Date of the meeting:	13 November 2025
Sponsor/executive lead:	Staff Governors
Report prepared by:	Pooja Sharma, Deputy Trust Secretary Ruth Williamson, Senior Administrator, Foundation Trust Office

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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

The Staff Governors met on 10 October 2025. The report summarises discussions that took place.

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

The meeting was attended by the staff governors Andy Morris, Diana Stroh, Louisa Honeybun, Sue Kingston (Partner Governor), Julie Hull (Interim Chief People Officer), Jane Sharland (Freedom to Speak Up Guardian), Paul Bunn (Acting Trust Secretary) and Ruth Williamson (Senior Administrator, FT Office).

Summary/Highlights:

Freedom to Speak Up – update on themes:

Staff Governors received an update from the FTSU Guardian, including plans for FTSU Week, which will be promoted through internal channels and a stall in Time Out. The Guardian continues to engage with staff across departments and shifts, including medical staff, and champion numbers have grown to around 70. Staff Governors were encouraged to support further recruitment of champions.

Themes raised through FTSU included:

- Communication challenges from some managers, with training now available via bite-sized sessions.
- Staff feeling under pressure due to held vacancies, though some posts have now been released.
- Delays in consultation processes causing frustration.
- Uneven promotion of the Racism Charter, with assurance that this will be prioritised.
- Relationship challenges between colleagues.
- Continued issues with smoking and litter on site, with funding support confirmed for the Smoke Free initiative.

- Estates concerns, including toilet repairs, exterior lighting, and pigeon-related cleanliness in outdoor areas. These are being addressed with support from pest control and planned maintenance.

The FTSU Guardian also shared plans to increase medical engagement through regular attendance at committee meetings and Schwartz Rounds.

Staff Reflections

Staff Governors discussed their role in encouraging colleagues to speak up and become champions. While efforts are ongoing, it was felt that more could be done to raise awareness and support staff in using the FTSU channels.

Admin Review and Transformation Update

Staff Governors discussed the impact of delays in filling administrative vacancies, particularly in relation to elective recovery targets. Staff Governors expressed concern about the prolonged uncertainty and the difficulty in supporting teams without clear information. Senior leaders acknowledged these concerns and committed to improving communication and providing updates as soon as possible.

Emergency Preparedness

Staff Governors discussed the current status of the Trust's emergency preparedness planning. It was noted that whilst significant work has been undertaken following staffing changes, there is a legal requirement for a live and rehearsed plan. Tactical teams are working with external partners to address gaps, including IT and Estates, and an audit is scheduled against national criteria. Assurance was provided that planning is progressing, with support from external emergency planning bodies.

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

The items reported through this report will be actioned through the appropriate routes.

Action required / Recommendation:

The Council of Governors is asked to note the report from the meeting held on 10 October 2025.

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

14. Lead Governor Report (enclosed)

To receive a report from the Lead Governor

For Discussion

Presented by Jane Skinner

WSFT Council of Governors' Meeting (Open)	
Report title:	**Lead Governor Report**
Agenda item:	14
Date of the meeting:	13 November 2025
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

WHAT?
Summary of issue, including evaluation of the validity the data/information

Brief summary of Governors' main activities over the last quarter.

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

The Council of Governors (COG) sits in the accountability and governance structure of Foundation Trusts. The role is defined in both the NHS Act 2006 and the Social Care Act 2012. An addendum to these duties was published in October 2022 taking into account system working and collaboration within Integrated Care Systems (ICS).

Therefore, NHS Foundation Trust Governors have both statutory and general duties to perform:

- Representing the interests of members and the public
- Holding the Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board and therefore the Trust.
- Appoint and remove Chair/NEDS as appropriate and decide on other terms and conditions of office
- Decide the remuneration and allowances of the Chair and NEDs
- Approve the appointment of the Chief Executive
- Appoint/remove as the external auditor, as appropriate
- Receive the Annual Accounts and Auditor's report
- Approve/make changes to the Trust Constitution and recommend to the Board
- Approve defined significant transactions
- Approve applications for mergers, acquisitions and dissolutions
- Be assured that the Board has considered the consequences of decisions on other partners in the ICS and on the public at large.

WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
Governors will continue to carry out activities and to develop engagement strategies, that are in line with the fulfilment of their statutory duties and responsibilities.
Action Required
The Council is asked to note the report.

Risk and assurance:	
Equality, Diversity and Inclusion:	All Governor activities are performed in line with the principles of EDI
Sustainability:	
Legal and regulatory context	NHS Act 2006 Social Care Act 2012 WSHFT Constitution WSHFT Governors Code of Conduct

Lead Governor Report

1.	**Introduction** Governors continue to fulfil their statutory duties and carry out engagement activities. The Annual Members Meeting, held on the 8th of October, was well attended by Governors who took the opportunity to meet and talk to staff and public members. Members received updates from the Trust Chair and CEO. A clinical presentation described the national targeted lung screening program, which is rolling out gradually and expected to be available nationwide by 2029. Members had opportunity to ask the speakers questions. "15 Steps" visits are always enjoyed by Governors as an opportunity to meet staff and patients and to gain insight into different departments. Staff are obviously really busy. Patients frequently express their appreciation of the care they have received. We frequently hear and observe that staff are very stretched, especially in that some previous services, such as portering and extra bank staff, are no longer as readily available due to financial controls. As always Governors thank Trust staff for their hard work.
2.	**COG Sub-Committees**
2.1	**Membership and Engagement Committee** Members are continuing to work through the strategy action plan. They are currently reviewing membership recruitment material. The aim being to increase Foundation Trust Membership and to encourage diversity and inclusion in the lead up to the next Governor elections. Governors attend the Trust VOICE and Experience of Care Groups and provide feedback to the Committee.
2.2	**Nominations and Remuneration Committee** This Committee received an update on plans to appoint a University of Cambridge NED. Recommendations, made by the Committee members, to update NED remuneration will be proposed to the COG in a closed meeting.
2.3	**Standards Committee**

	At the last COG meeting the only candidate to self-nominate for the Lead Governor role had their nomination approved. Since then however, the elected Staff Governor has resigned from the Trust and the Council. At the Standards meeting on 28th October it was agreed, but not unanimously, to proceed with a third Lead Governor election process – currently underway.
4.	**Board Assurance Meetings** Governors continue to observe monthly assurance meetings, their reports are submitted as agenda items to this COG. We also have opportunity to question the Chairs of these meetings during the presentations of their KPIs to the COG, which I encourage Governors to do. Governors are reminded that the approved Closed Board and Assurance Committees' approved minutes are available to read on Convene. Also a reminder that questions, seeking assurance from NEDs, can be submitted to the Trust office via the dedicated email address.
5.	**Governor Updates and Development** There have been two briefing sessions for Governors since the last COG. Thank you to Gary Norgate for his update on progress towards a new hospital and to Dr Hui for her presentation on the Virtual Ward. If anyone missed these sessions related slides are available on Convene.
6.	**Changes to COG membership** Dr Andy Morris has retired from the Trust and therefore his Staff Governor role, we wish him well for his retirement. Partner Governor Heike Sowa has also resigned from her role.
7.	**Governor's activities** Governors continue to carry out monthly 15 Step visits, regularly meet visitors in the Courtyard café and participate in Environmental Reviews. Feedback is given to the relevant managers and any resulting action plans are implemented and reviewed.

ITEMS FOR INFORMATION

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

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

For Discussion

Presented by Jude Chin

WSFT Council of Governors Meeting (Open)	
Report title:	Summary Report for Board of Directors meetings
Agenda item:	15
Date of the meeting:	13 November 2025
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Pooja Sharma, Deputy Trust Secretary Ruth Williamson, Senior Administrator, FT Office

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:

WHAT?
Summary of issue, including evaluation of the validity the data/information

This report is from the Board of Directors to the Council of Governors and recognises the statutory duties of the Governors to:

- **represent the interests** of the members of the NHS foundation trust and the public
- through the NEDs **hold to account** for the performance of the Board of Directors.

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

The Board of Directors recognises and respects this role of the Council of Governors.

This report summaries the activities of the Board meetings and complements the reports received from the Board's assurance committees earlier on the agenda.

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

The Council of Governors 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.
Action required / Recommendation:
The Council of Governors is asked to note and review the summary report.

Previously considered by:	N/A
Risk and assurance:	If we do not provide the Council of Governors with the right level of reporting on the performance of the Board, this will not provide them with the intelligence and context against which they can effectively hold the NEDs to account for the Board's performance and information on the principal issues for which they are responsible for representing the interests of members and the public in the governance of the Trust.
Equality, diversity and inclusion:	Ensure appropriate consideration of EDI issues
Sustainability:	Be aware of the environmental impact of decision making
Legal and regulatory context:	NHS Act 2006, Health and Social Care Act 2012 Your Statutory Duties: A reference guide for NHS Foundation Trust Governors – Monitor 2013 The NHS Foundation Trust Code of Governance July 2014

Board of Director Key Issues

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Board of Director Key Issues – September 2025			
Patient Story – The Board viewed a pre-recorded account from a mother detailing her experience of the premature birth of her baby, prompting reflections on the importance of clear, compassionate communication.	• To note learnings.	-	Verbal
WSFT Strategy –Stakeholder feedback has been incorporated. Approval granted by the Board. Strategy to be launched at the Annual Members' Meeting on 8 October.	• Ongoing assurance/ monitoring	• Deliver the Trust strategy	2.1
Future System Board Report – capacity modelling indicates reduced demand in ITU beds. Flexibility remains in balancing the number of rooms with functional spaces.	• Ongoing assurance/ monitoring • Board to receive future updates	• Sustainable service improvements	2.2
West Suffolk Alliance and SNEE Integrated Care Board - The Board received updates on rising demand for neurodevelopmental services, dementia diagnosis challenges, and the development of targeted support for high-intensity service users. Efforts are underway to improve referral clarity, enhance data-driven care management, and explore digital solutions. The ICB reconfiguration was noted, with Peter Wightman transitioning roles and expressing gratitude for his time with the Board.	• Strengthened provider collaboration	• Focus on system working	2.3
Digital Board Report – The Digital Board, originally led by the CEO, will transition into a quarterly assurance committee chaired by a Non-Executive Director. The committee will oversee digital design, prioritisation, and governance, including assurance for 50 live projects. Work is underway to draft terms of reference and integrate the new structure with existing committees, with the transition planned for January.	• Ongoing assurance/monitoring	-	2.4

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Joint Productivity Board – Report to come to Board in November, following the Productivity Board Meeting in September.	• Strengthened provider collaboration	• Focus on system working	2.5
IQPR Report - Elective recovery remains off-plan due to financial and capacity pressures, though zero 65-week waits are anticipated by end December. Diagnostic delays, especially in ultrasound, prompted calls for deeper review. A new performance framework aims to embed improvements and balance accountability with staff experience. Cancer services improved, and infection control measures reduced C.difficile cases.	• Ongoing assurance/monitoring	-	3.1
Involvement Committee – Staff engagement was highlighted through a powerful Neuro-developmental Disorder (NDD) story and EDI update stressing the need for better data and focus on six key areas. Upcoming initiatives include the national staff survey launching on 29 September and the flu vaccination campaign starting 1 October, with PULSE scores to be reviewed in October.	• Ongoing assurance/ monitoring	-	4.1
People & OD Highlight Report – The Board acknowledged the recent staff awards and expressed congratulations and appreciation to all recipients.	• Recognition of staff.	-	4.2
Insight Committee – Financial planning assurance remains minimal, though medium-term strategy work is underway to strengthen the position. Phase two of the corporate services review has now begun.	• Ongoing assurance/ monitoring	-	5.1
Finance Report – Financial performance remains on track, with strong CIP delivery and favourable August results, including reduced WTEs and bank usage. A gap persists, but targeted investment and outpatient reviews are underway. Confidence was expressed in meeting CIP targets. Cultural improvements were noted, and planning is focused on sustaining delivery into next year.	• Ongoing assurance/monitoring •	Financial sustainability	5.2

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Winter Planning - The Board approved the winter response plan, which builds on previous frameworks with added focus on Same Day Emergency Care, patient flow, and infection control. Despite strong preparedness, bed deficits remain a concern, requiring close daily oversight. Primary care and virtual ward support are in place, and wider system testing is underway. Staff vaccination, senior cover, and alliance-wide coordination are embedded in the plan.	• Ongoing assurance/ monitoring	-	5.3
Improvement Committee – Swift response to a C.difficile issue noted. PSIRF concerns were acknowledged, with assurance the Trust is ahead on improvements. A CQC review is planned, with governance updates and staff readiness highlighted. A workshop will address meeting framework complexity and improve risk focus.	• Ongoing assurance/ monitoring	-	6.1
Quality and Nurse Staffing Report – The new Deputy Chief Nurse is in post. Nursing vacancies and fill rates are stable, though Care Hour Per Patient Day (CHPPD) is low and pressure ulcers are under review. Data issues were linked to rostering and ward closure. Community referral reporting is being refined.	• Ongoing assurance/ monitoring • Overseeing quality indicators	-	6.2
Maternity Services – Civility in care and staff empowerment were promoted, with communication improvements encouraged. Personalised care examples may be showcased, and assurance discussed. Complaints data highlighted listening issues, prompting actions to improve staff practices and engagement.	• Ongoing assurance/ monitoring in areas of priority	-	6.3
Board Assurance Framework – Improvements to risk reporting reviewed, with clearer assurance and alignment to strategy underway. Two risks moved within appetite, and a revised template is being developed. Further discussion is planned for November's governance meeting.	• Board Oversight	-	7.1

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Any Other Business – The Board thanked Peter Wightman, Alliance Director, for his valued contribution, noting his departure as a loss, and extended best wishes for the future.	-	-	Verbal

16. Any Other Business (verbal)

To discuss any other matters not included on the agenda

Presented by Jude Chin

17. Dates for meetings for 2026:

- TBC

To Note

Presented by Jude Chin

18. 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

To Note

Presented by Jude Chin

CLOSE

SUPPORTING ANNEXES

Item 9 - IQPR Full Report - August, 2025

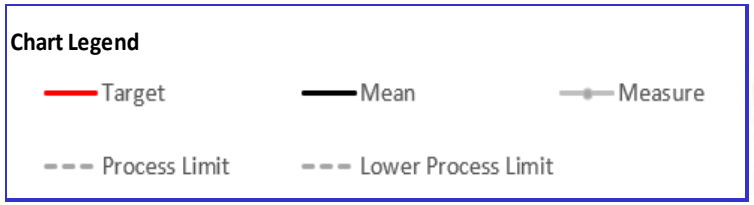
Assurance Grid

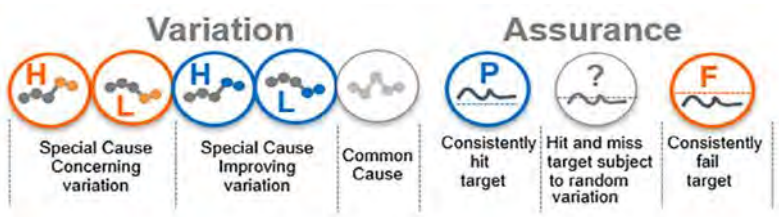
Performance in August 2025	ASSURANCE: Will we reliably meet the target based?		Not Met	
	Pass	Hit and Miss	Fail	No Target
VARIANCE: Variation from the mean The colours indicate the trend- positive (blue), Negative (orange), or neither (grey) Special Cause Improvement	**INSIGHT** Virtual Beds Trajectory	**INSIGHT** % patients with no criteria to reside	**INSIGHT** Virtual Ward Total average occupancy number RTT 65+ Week Waits RTT 78+ Week Waits	**INSIGHT** Criteria to Reside Acute RTT 52+ Weeks Wait as % of Total WL **IMPROVEMENT** % of patients with Measured Weight
Common Cause	**INSIGHT** 4 hour breaches Urgent 2 hour response – EIT Virtual Ward Total average LOS per patient **INVOLVEMENT** Staff Sickness – Rolling 12 months Staff Sickness	**INSIGHT** Ambulance Handover within 30min 12 Hour Breaches Non-admitted 4 hour performance 12 hour breaches as a percentage of attendances Virtual Ward Total average occupancy percentage 28 Day Faster Diagnosis Cancer 62 Days Performance **IMPROVEMENT** C-diff Hospital & Community onset, Healthcare Associated	**INSIGHT** Incomplete 104 Day Waits **INVOLVEMENT** Appraisal Rate	**INSIGHT** Criteria to Reside Community Virtual Ward Total bed days RTT Waiting List RTT <18 Week Waits (% All) RTT <18 Week Waits (% First OPA) **IMPROVEMENT** % of patients with a MUST/PYMS assessment completed within 24 hours of admission Post Partum Haemorrhage Inpatient Deaths **INVOLVEMENT** Active Complaints Closed Complaints % Extended Count Extended % Complaints responded to late Count responded to late % resolved in one week Total PALS resolved count
Deteriorating Special Cause Concern		**INSIGHT** Community Paediatrics RTT Overall 78 Waiting List **INVOLVEMENT** Mandatory Training Turnover	**INSIGHT** Diagnostic Performance - % within 6weeks Total	**INSIGHT** Community Paediatrics RTT Overall Waiting List Community Paediatrics RTT 52 Overall Waiting List Community Paediatrics RTT 65 Overall Waiting List **IMPROVEMENT** SHMI

Items for escalation based on those indicators that are failing the target, or are worsening and therefore showing Special Cause of Concerning Nature by area:
INSIGHT - Urgent & Emergency Care: Virtual Ward Total average occupancy number
Cancer: Incomplete 104 Day Waits
Elective: Diagnostic Performance - % within 6weeks Total, RTT 65+ Week Waits, RTT 78+ Week Waits, Community Paediatrics RTT 78 Overall Waiting List
INVOLVEMENT – Well Led: Mandatory Training, Appraisal Rate, Turnover

INSIGHT COMMITTEE METRICS

Urgent & Emergency Care summary

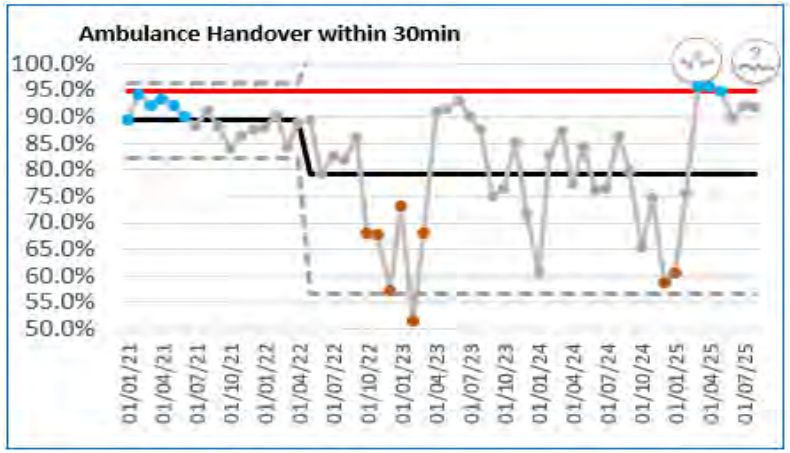


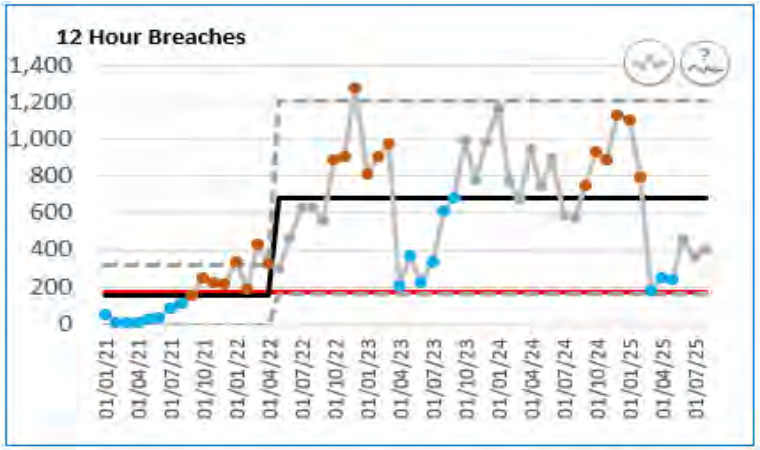


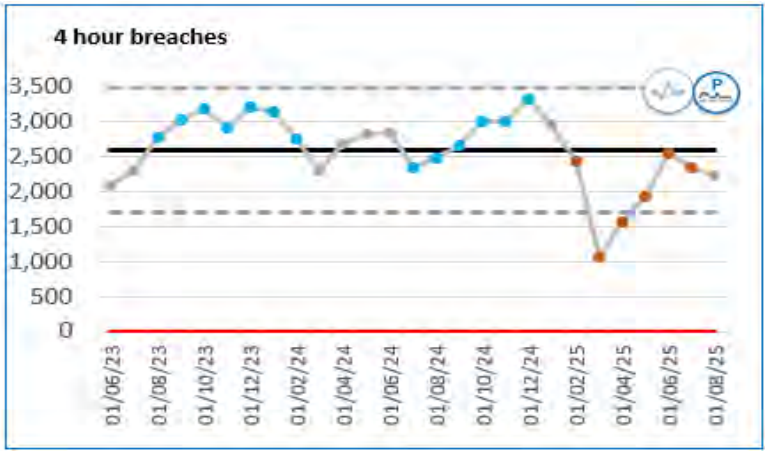
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Ambulance Handover within 30min	Aug 25	91.8%	95.0%			79.3%	56.7%	102.0%
12 Hour Breaches	Aug 25	403	167			683	161	1206
4 hour breaches	Aug 25	2231	0		P	2587	1697	3476
Non-admitted 4 hour performance	Aug 25	84.5%	85.0%			78.3%	67.7%	89.0%
12 hour breaches as a percentage of attendances	Aug 25	4.7%	2.0%			6.8%	1.5%	12.1%
Urgent 2 hour response - EIT	Aug 25	90.4%	70.0%		P	91.2%	84.2%	98.1%
Criteria to reside (Average without reason to reside) Acute	Aug 25	30		L		52	38	66
**Criteria to reside (Average without reason to reside) Community	Aug 25	37				37	27	46
% patients with no criteria to reside (acute)	Aug 25	7.6%	10.0%	L		11.9%	8.2%	15.6%
Virtual Beds Trajectory	Aug 25	53	40	H	P	48	44	52
Virtual Ward Total average occupancy number	Aug 25	34.9	47.2	H	F	25.5	17.0	34.1
Virtual Ward Total average occupancy percentage	Aug 25	66%	80%			66%	43%	89%
Virtual Ward Total bed days	Aug 25	1104				784	355	1212
Virtual Ward Total average LOS per patient	Aug 25	7.0	14.0		P	8.6	4.8	12.5

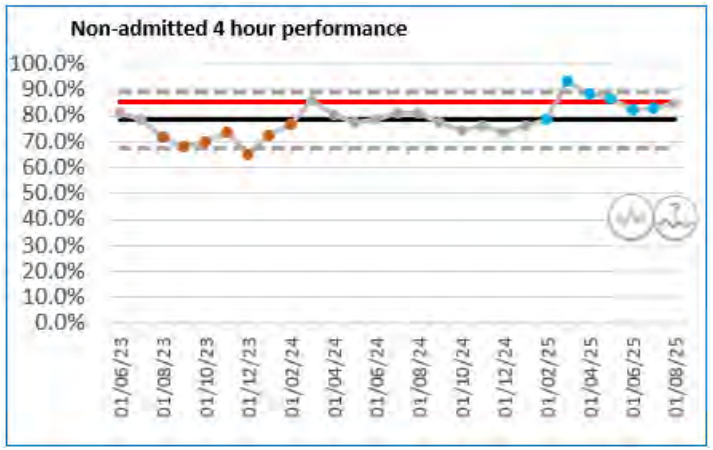
** Figures are for Glastonbury and Newmarket only, data not currently captured at Hazel Court.

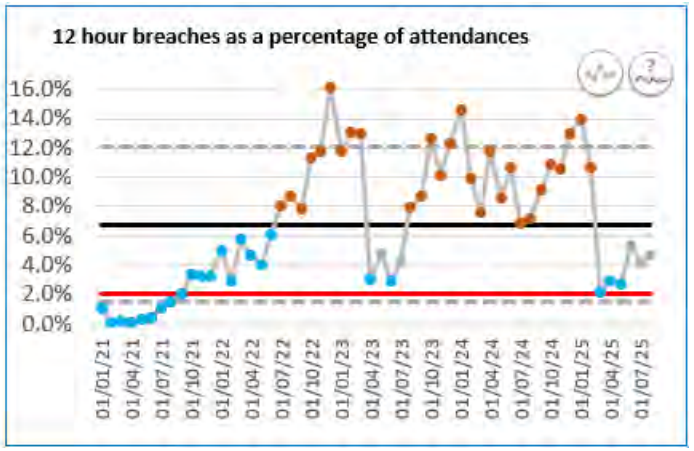
Urgent & Emergency Care: ED 4 Hour Performance

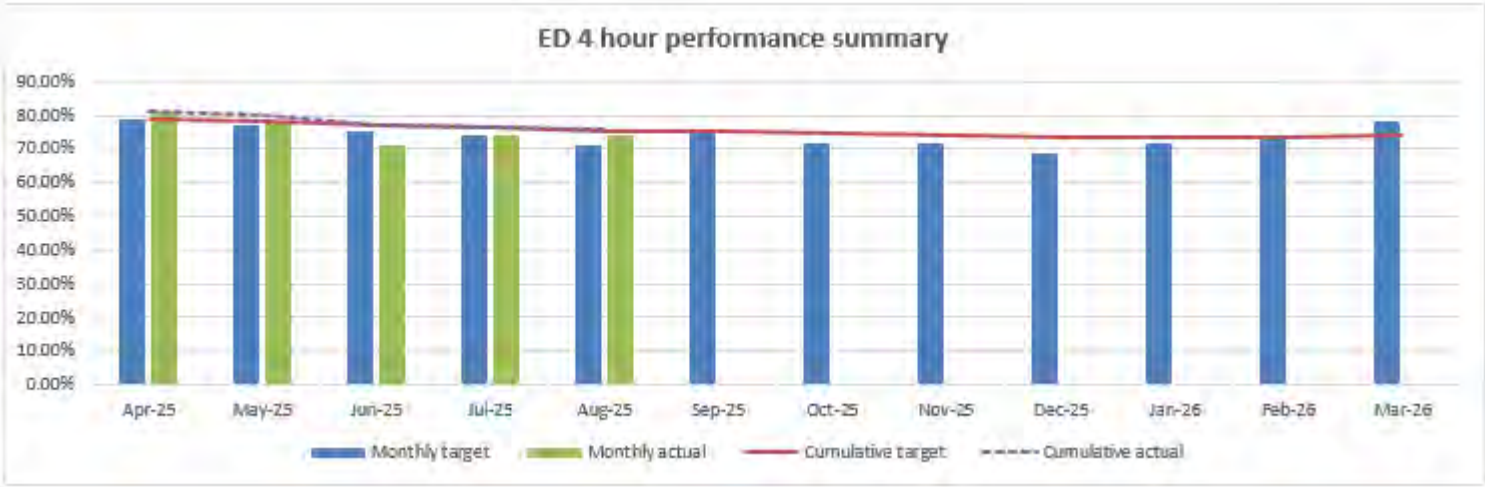












Urgent & Emergency Care

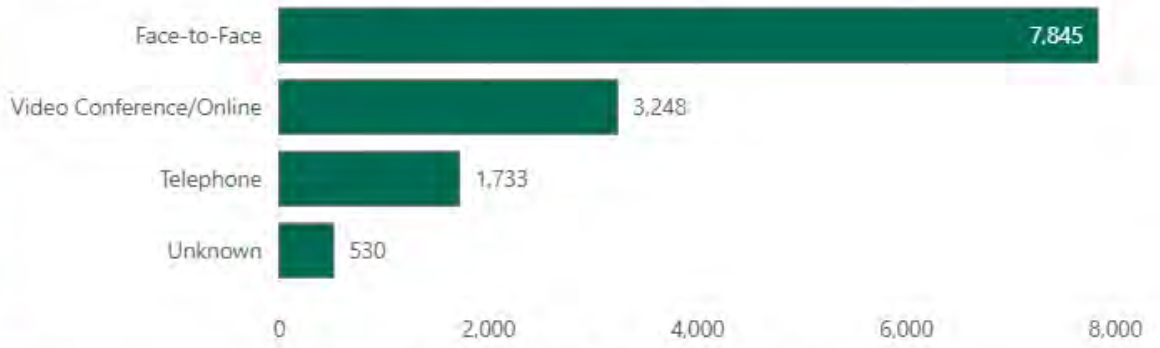
What	So What?	What Next?
In August, 30 minute ambulance handovers demonstrated no significant change, achieving 91.79% on a target of 95%. At times Rapid Assessment (RAT) was unable to function as intended, as it was used as an escalation area for patients waiting beds. Numbers of 12 hour length of stay breaches were 403 in August, an increase from 357 in July, although representing no significant change. Numbers of 12 hour breaches as a percentage of attendances demonstrated no significant change although an increase from 4% in July to 4.7% in August. Non-admitted performance shows no significant change, with 84.78% achieved in August, narrowly missing our target of 85%. The Emergency Department 4 hour performance achieved in August was 73.93% meeting our in month trajectory of 71%.	Meeting the Urgent and Emergency Care (UEC) performance metrics means that our patients receive timely, safe care. Achieving the ambulance handover metrics and the 78% 4-hour Emergency Department standard will meet the national targets. Meeting the in month trajectory for the 4 hour Emergency Department metric will keep us on track to achieve 78% by March 2026.	• Continued work to meet monthly trajectory to achieve 78% 4hr Emergency Department target by March '26. • Weekly performance meetings with the Emergency Department and Medical Division senior leaders/Executives continue. • Senior operations/nursing team continued daily support to ED. • The post of Service Manager in the Emergency Department is recruited to with a start date of 1st December 2025. • Continue to implement and monitor the cross-divisional workstreams of both the UEC and taskforce projects. • Continued focus on length of stay reductions to support flow out of the Emergency Department, including the task and finish group for board rounds/huddles. Challenges around embedding this, may require wider support. • Trial of an Ambulatory Care Unit within the ED footprint to commence in September. • "Basics done Brilliantly" event planned for early November.

Community Access Glemsford Surgery

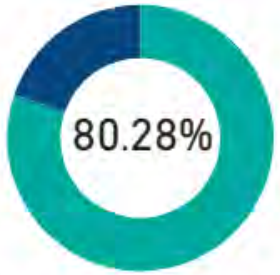
Practice Appointments

Alliance: All | PCN: All | Practice: Glemsford | Financial Year: 2025/26

Practice appointments by contact mode



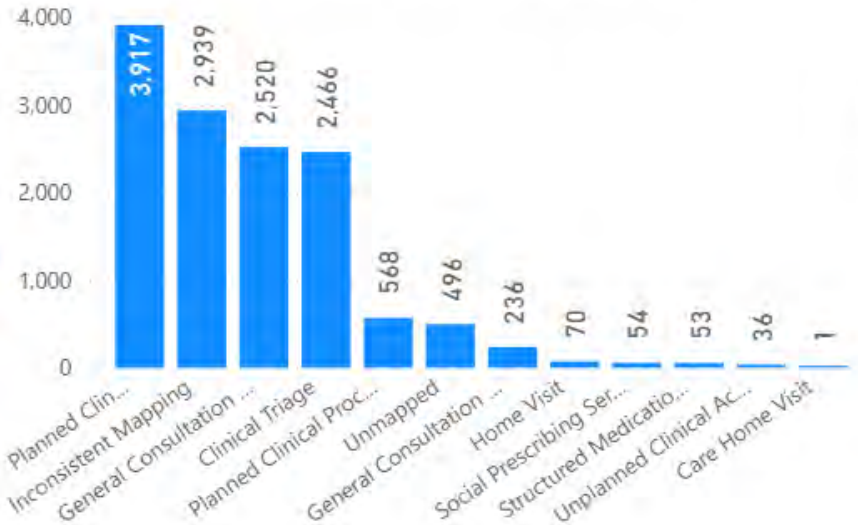
Seen within 2 weeks



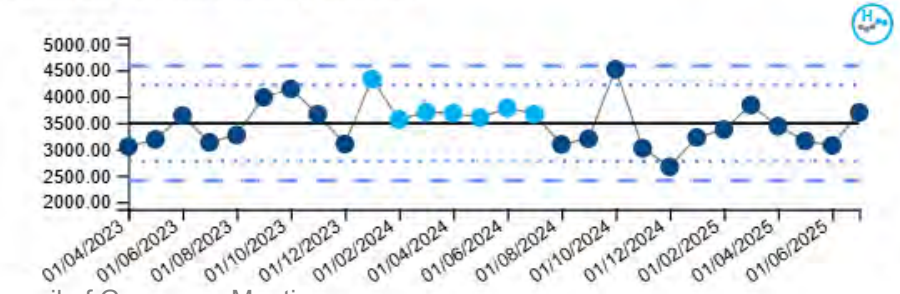
Seen within 48 hours

Practice appointments by health care professional type

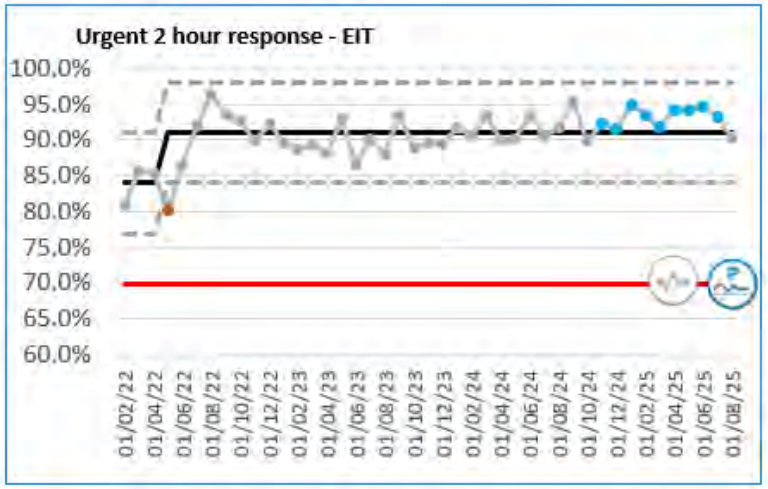
Sum of Total Appointments by National Category

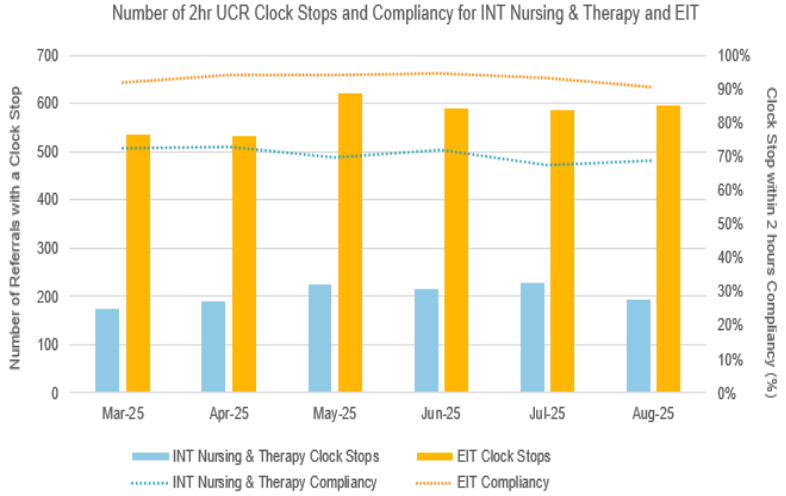


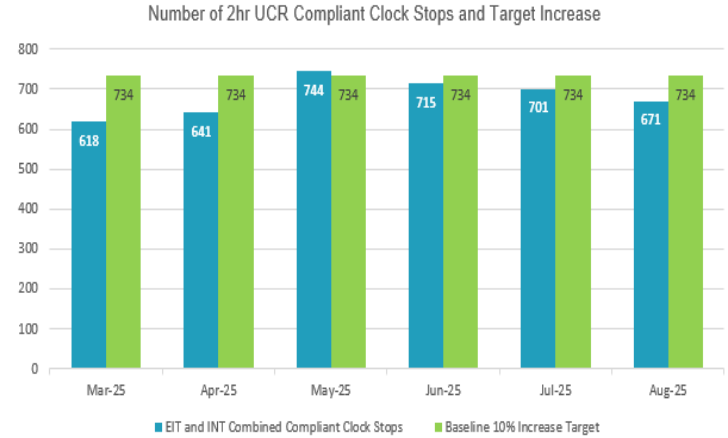
Total appointments by month



Appointments by wait time







Team	Mar-25				Apr-25				May-25				Jun-25				Jul-25				Aug-25			
	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant
Total INT Nursing & Therapy	174	126	48	72%	189	138	51	73%	225	157	68	70%	215	155	60	72%	227	153	74	67%	192	132	60	69%
Total EIT*	536	492	44	91.79%	534	503	31	94.19%	623	587	36	94.22%	591	560	31	94.75%	587	548	39	93.36%	596	539	57	90.44%
Combined Total	710	618	92	87.04%	723	641	82	88.66%	848	744	104	87.74%	806	715	91	88.71%	814	701	113	86.12%	788	671	117	85.15%

What

2 hour Urgent Care Response target met by Early Intervention Team. Compliance for Urgent care response within the Integrated Neighbourhood Team (INT) has dropped very slightly under targe (69%). INT have had capacity challenges with more incidence of OPEL level 3 reported in August.
Therapy posts in INTs have been on hold while in a review, this has resulted in a vacancy rate of 13% for registered therapy and 28% for unregistered.
The community nursing safer staffing tool has been completed
(CNSST)

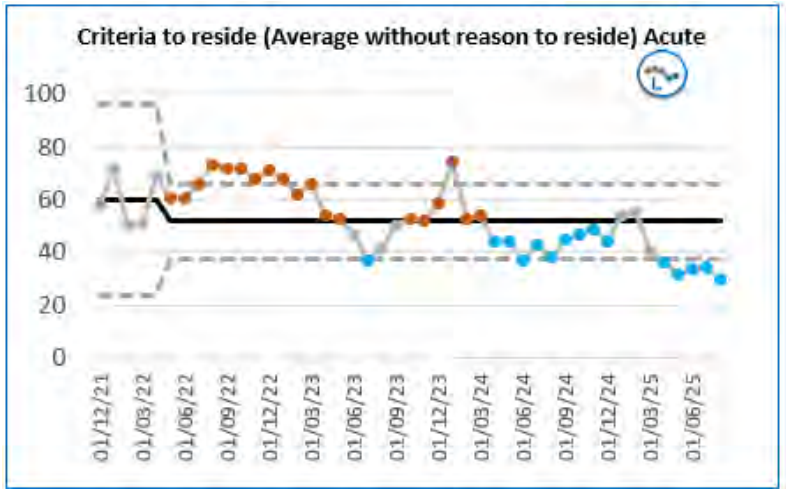
So What?

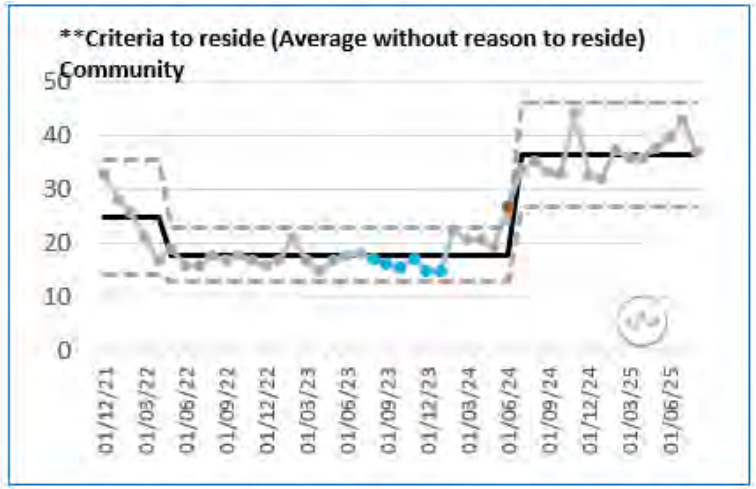
Responsiveness to urgent care target of 70% is important quality metric.

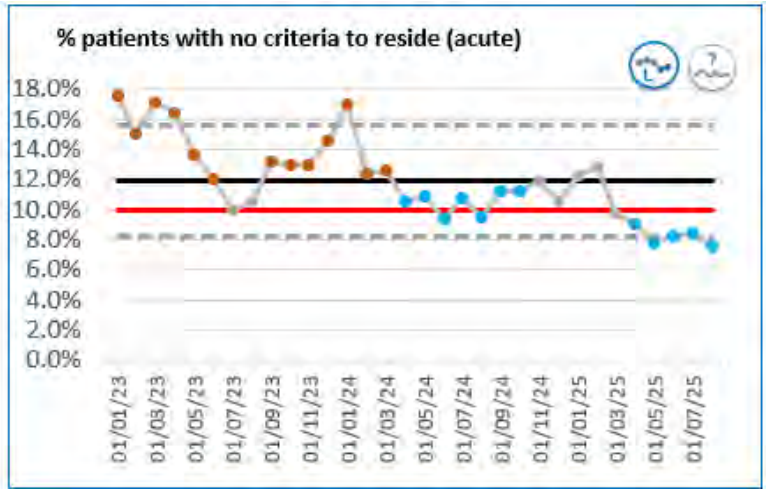
What Next?

The integration of virtual ward , early Intervention team and INTS will support capacity.
CNSST requires triangulation of data and professional judgement, which will happen over the next month. In line with National Quality board recommendations will be repeated in winter to gather a second data point.
Delays to care continue to be monitored through incident reporting and a monthly audit of patients who have had their care deferred.

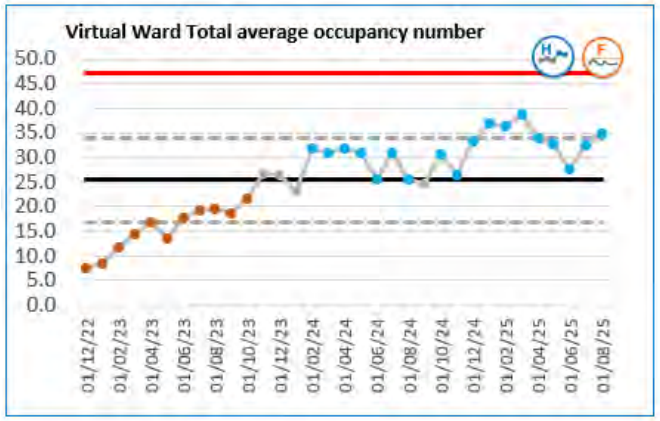
Urgent & Emergency Care: Criteria to reside

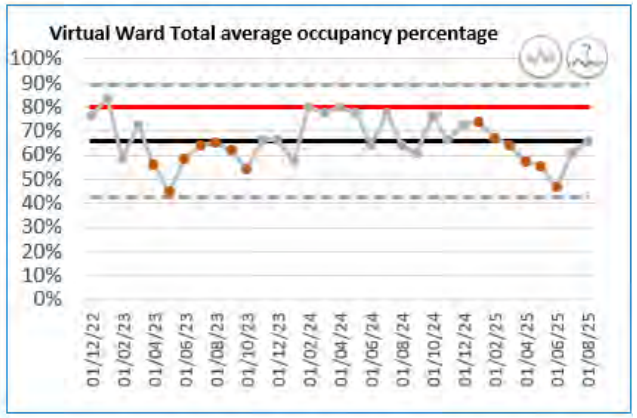


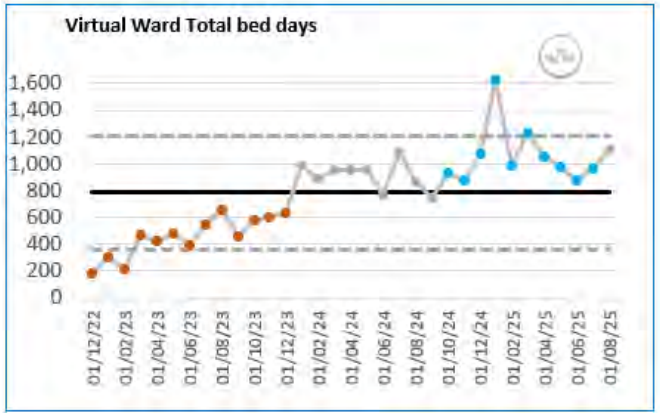


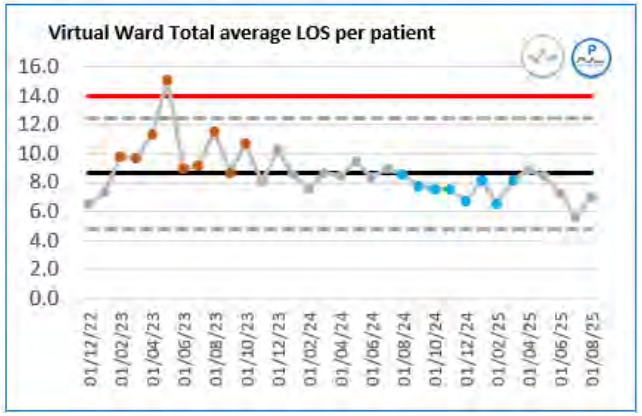


What	So What?	What Next?
The monthly average of 7.6% in August continues the positive trend for acute No criteria To Reside (NCTR) In August there continues to be high numbers of delayed non-traditional patients transferred to Community Assessment Beds (CAB) , due to the ongoing tightening of CAB criteria and the reduction in traditional CAB patients creating capacity. This has certainly been a contributing factor to the lower acute NCTR figures. From a positive perspective there has in August also been a reduction in the Community NCTR despite the continued high number of non-traditional admissions.	Patients remaining in hospital longer without criteria to reside directly impacts on bed capacity and patient flow within the Trust. Longer length of stay leads to greater deconditioning and loss of independence. With the reduction in CAB numbers, we will no longer be able to transfer such high numbers of non-traditional patients to CAB, so there is a risk of NCTR figures deteriorating as a result.	An Audit has been completed of the 150 non-traditional transfers to CAB . Analysis of reasons for delays/need for non-traditional transfer to be completed to establish trends and areas for focused work/improvement ahead of the winter. Review with Information team colleagues revised methods implemented for data collection of non-traditional transfers to CAB (September data set will be the first full month for review) - however with the closure of Kings Suite we are expecting to see a reduction in non-traditional transfers. Ongoing review of pathway one external reablement pathway – to streamline processes, minimise delays and agree a monthly data set and KPIs to facilitate ongoing effectiveness of the process.

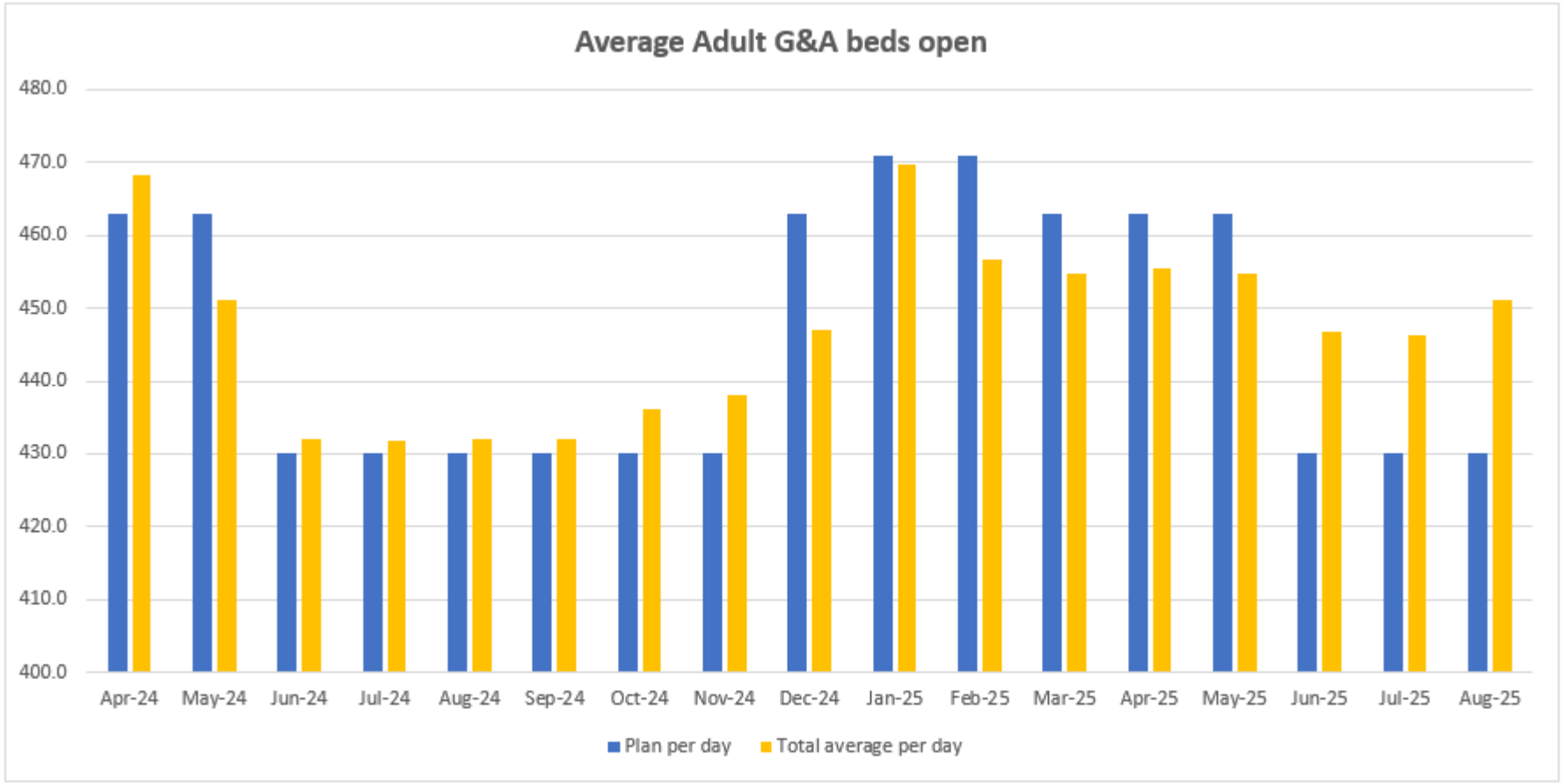




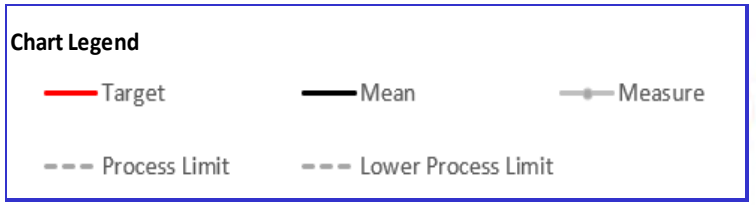


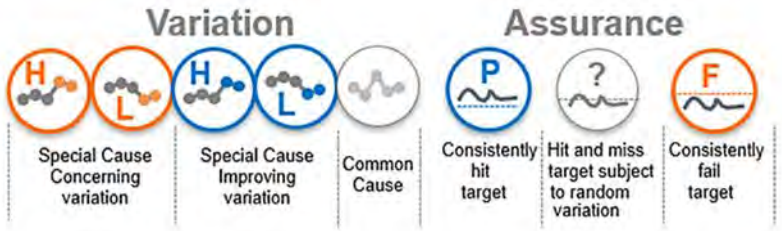


Average occupancy in August was 66% (increased from 61% in July) with total bed nights occupied of 1104 (increase from 962 in July). Patient flow is supported by effective length of stay which is well managed at average 7.0 in August (increase from 5.6 in July). This is significantly below the NHSE target of 14 days . Virtual Ward audit indicates that this is achieved whilst maintaining appropriate acuity.	Virtual Ward capacity is crucial in ensuring adequate capacity to enable patient flow across the Trust and strategic ambition of caring for patients at or near wherever possible. Appropriate length of stay is important to facilitate effective patient flow and ensure that value for money is achieved in relation to the investment in virtual care.	Step ups - continue to focus on building step up referrals from community referrers to reduce conveyances to Emergency Dept (ED). Monthly target of 30% step up patients during July was exceeded; with achievement of 46% largely due to realignment of reporting ED/AAU onboardings as step up in line with national practice. Direct referrals from all primary care practices, EIT, community matrons and district nurses enabled. Direct referral pathway being rolled out to care homes on Top 20 conveyers list. Agreement for Virtual Ward team to provide additional capacity to respond to Cleric referrals alongside EIT to reduce conveyances.



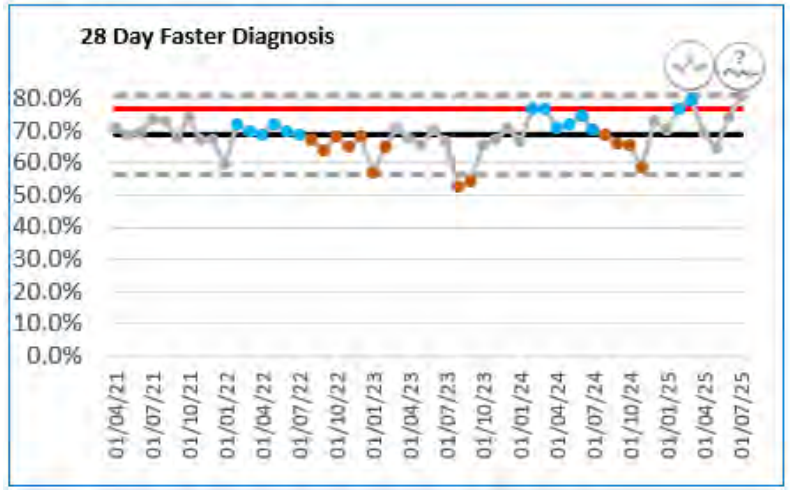
What	So What?	What Next?
August 2025 planned and actual bed capacity is similar to July, following the average core beds reduction in line with the G5 planned closure but including 6 additional beds from the G8/G9 swap. Use of escalation beds reduced again, still representing the 6 medical Same Day Emergency Care (SDEC) beds used to mitigate patient flow pressures and maintain timely departures from the Emergency Department.	Maintaining core beds open as per plan is a key requirement of the NHS operational priorities and planning guidance. Delivering the plan maximises patient flow and reduces extended waits for admission from the Emergency department, contributing to reduced 12-hour waits and improved 4-hour performance. However, using escalation beds impacts on the ability of those areas being used to fulfil their primary purpose and uses unbudgeted staffing resources.	Use of all escalation area is monitored through the daily capacity meetings in conjunction with divisional leadership teams to ensure it is in line with the Tactical Patient Flow Escalation Plan. Dynamic decision making will be applied to the opening of winter escalation ward capacity through the Trust's C3 (Command, Control and Co-ordination) structure.

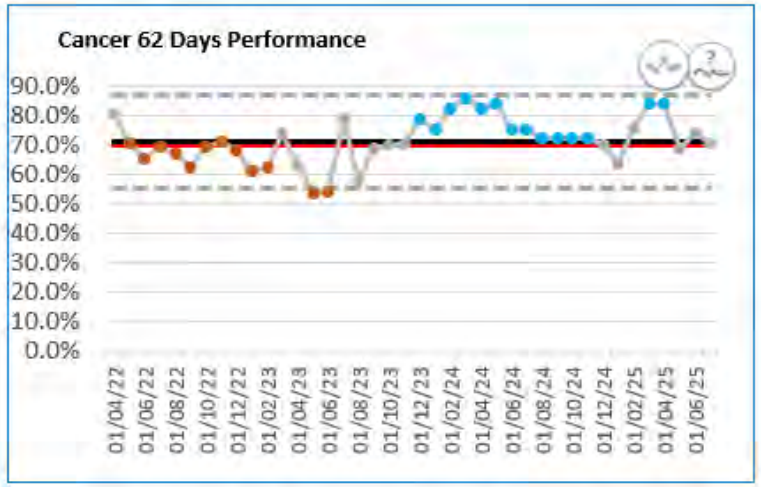


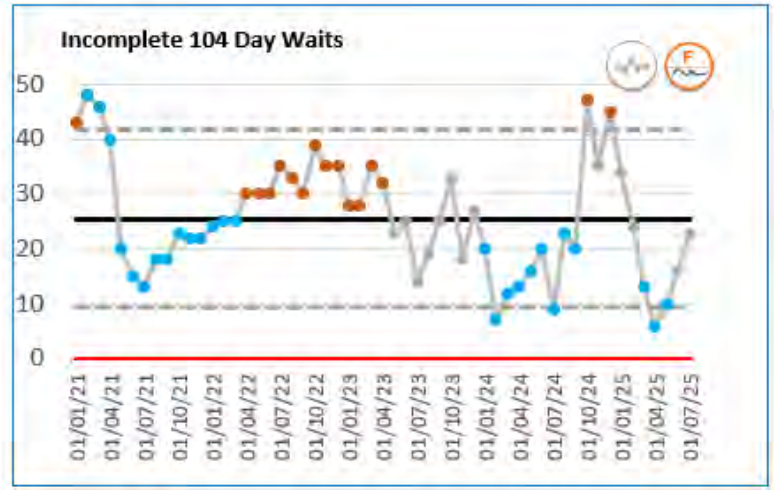


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
28 Day Faster Diagnosis	Jul 25	80.8%	77.0%			68.8%	56.4%	81.1%
Cancer 62 Days Performance	Jul 25	70.4%	70.0%			71.3%	55.5%	87.2%
Incomplete 104 Day Waits	Jul 25	23	0			25	9	42

Cancer Access (Month Behind)

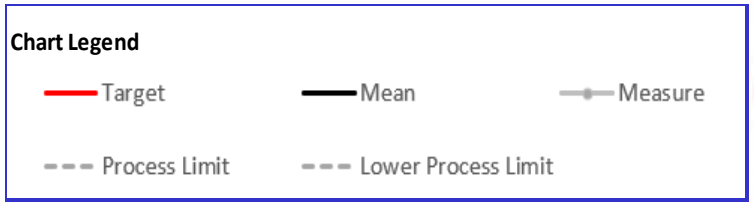


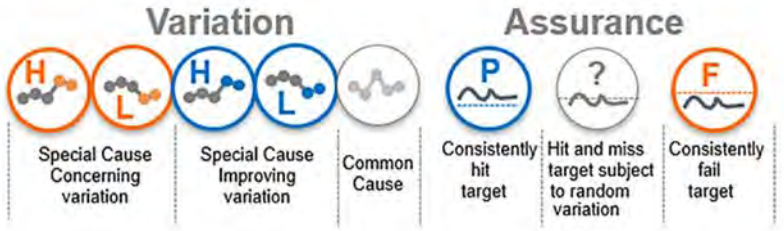




What	So What?	What Next?
28-day performance improved in July to 80.08%, which is ahead of trajectory. This is due to the Breast performance increasing to 86.7% in July as well as continued high performance in Upper GI, Skin, Head and Neck, Lung and Gynaecology. Urology and Colorectal are both below trajectory with performance dropping in July. August performance is expected to be around 79%, which is above trajectory, however we are expecting a dip in September 2025. 62 day performance dropped to 70% in July against a 74% trajectory. While Breast recovered to 80%, Urology, Colorectal and Skin continue to be below trajectory.	Recovering the cancer standards is key to the operational planning guidance 25/26. The priorities for this year focus on seeing, diagnosing and treating patients in line with national guidance to improve patient outcomes and maintain standards.	Breast Surgeon successful recruitment, due to start November 2025. External review for breast service to be completed by Cancer Alliance. Focus on Urology – particularly bladder pathway, with best practice timed pathway audit complete and actions to be agreed. Additional funding secured for radiology reporting to support cancer pathways.

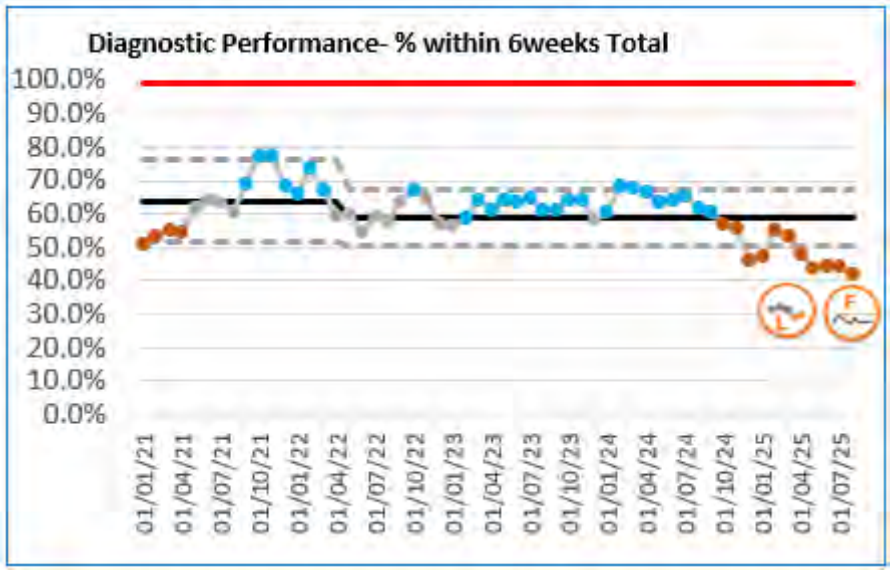
Elective Access: Summary





KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Diagnostic Performance- % within 6weeks Total	Aug 25	42.3%	99.0%			58.6%	50.3%	67.0%
RTT Waiting List	Aug 25	33671	-			33358	32054	34661
RTT 65+ Week Waits	Aug 25	178	0			362	196	529
RTT 78+ Week Waits	Aug 25	8	0			114	62	166
RTT 52+ Weeks Wait as % of Total WL	Aug 25	4.2%	-			6.5%	5.3%	7.7%
RTT <18 Week Waits (% All)	Aug 25	58.4%	-			57.5%	54.8%	60.1%
RTT <18 Week Waits (% First OPA)	Aug 25	69.9%	-			72.7%	69.9%	75.5%

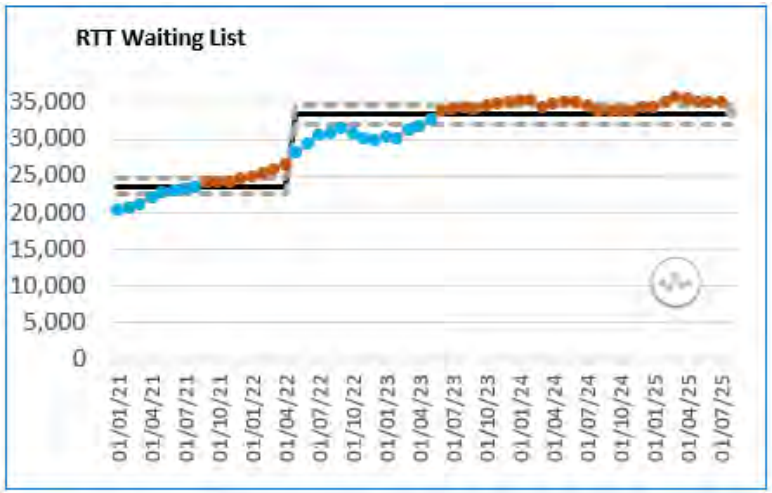
Elective Access

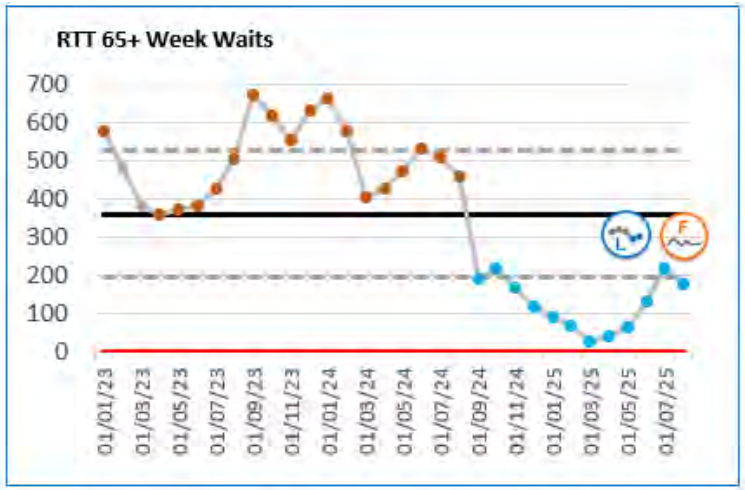


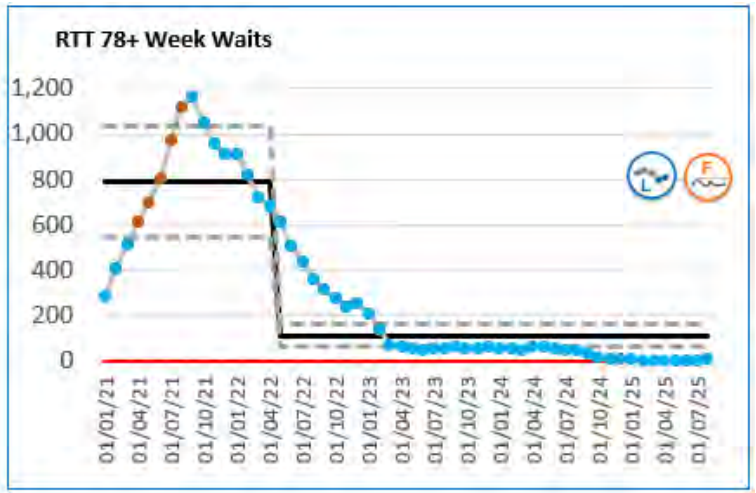
Diagnostics

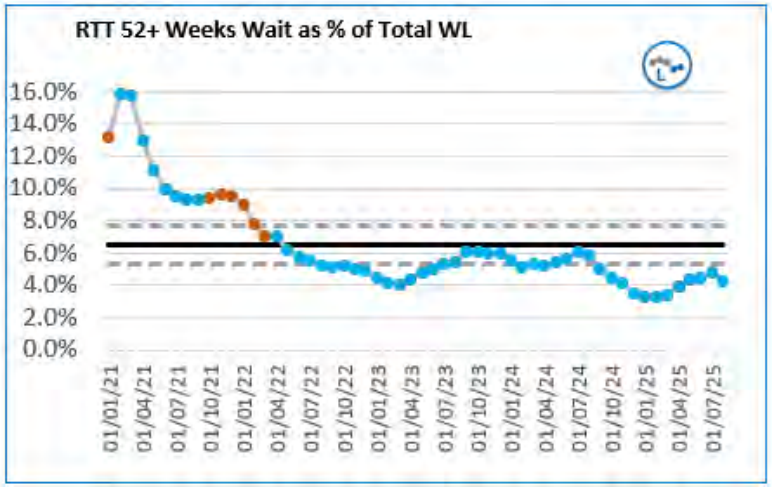
What	So What?	What Next?
MRI - Under DM01 target at 94.8% in month, performance impeded by humidity control issues in CDC MRI which re-occurred again in August. Works scheduled to install a humidifier and heater battery. **CT** – marginally under compliance with DM01 target at 98.6% in month. **US** – Bank and agency support has been enabled for US, but the availability of bank and agency staff is limited. Insourcing proposals under review with plan for insourcing of 3000 scans and reports to start with – 2 companies shortlisted, looking to commence from 4th October, 200 scans per weekend. International recruitment progressing with 2 further scheduled for interview. A full-time bank sonographer appointed from 1st October 2025 **DEXA** – Service went live in June. Phased increase in activity planned which will see compliance with DM01 standard by end of March 2026 service recovering in line with forecast. **Endoscopy –** Priority has been given to patients on a cancer pathway requiring a rebalancing of capacity to support. Cohort of low complexity, low risk patients suitable for outsourcing and nurse endoscopists (NE) has been exhausted with limited scope for flexing of the criteria with outsourced provider. This has led to a compound effect and a deterioration of DM01 performance. Impact of financial recovery is being seen on DM01 target compliance. A successful bid for cancer funding for 25/26 is supporting the stabilisation of the endoscopy cancer demand but routine endoscopy performance is vulnerable. Options appraisal approved at MEG for recovery and alignment to JAG requirements. Seed funding for Newmarket Endoscopy CDC extension business case delivery has been allocated and is being drawn down, business case progressing. Waiting list size and patients over 6 weeks has reduced from July to August, however 6 week + remains above forecast, this is due to unexpected sickness within the nursing team, which increased cancellations. Weekend lists are continuing as part of the recovery of endoscopy services, alongside elements of transformation and return from sick leave for one of the nurse endoscopists. The team are currently working seeking approval for agency nursing during this increased level of sickness. **AUDIOLOGY** Audiology continues on an upward trajectory following a period of deterioration (60.9%), driven by validation, conversations are ongoing to create a shared service across acute and community, meetings arranged between senior operational colleagues. **URODYNAMICS** Urodynamics has deteriorated (66.7%) due to staff absence and prioritisation of TP biopsies, this supporting improvements to cancer performance. **CYSTOSCOPY** Cystoscopy continues to show good progress (84.9%), a trained CNS having a positive impact on performance.	Longer waiting times for diagnosis and treatment have a detrimental effect on patients. Delay in achieving DM01 compliance standards.	**MRI** – return to compliance anticipated. **CT** – return to compliance anticipated. **US** –Staffing issues remain unresolved, and CDC capacity will not be realised until recruitment picture improves. Temporary staffing options have been approved by TSCP and ICB DL Panel while recruitment is ongoing. Insourcing to be mobilised following procurement process. **DEXA** – Recovering as forecast. Ability to move to 4 days of scanning commenced earlier than planned in August, and moving to 5 days in September. **Endoscopy** – longer term CDC endoscopy expansion at Newmarket will address demand. Additional measures approved by MEG including weekend lists (108 additional procedures per month) give an aggregated impact on DM01 performance increasing from 34.05% to 50.79% by end of March 2026. **AUDIOLOGY** Progression of shared service planning. **UROLOGY** • Review of best practice timed pathway to ensure diagnostic capacity is optimised. • CNS gaining competency in TP biopsy which will release consultants for more diagnostic lists, undertaking some experience in Ipswich. • Consultant recruitment following resignation. • Further demand versus capacity modelling.

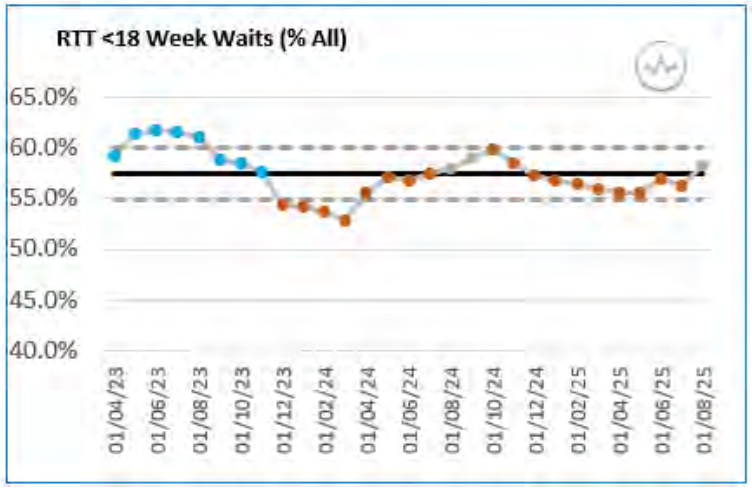
Elective Access: RTT

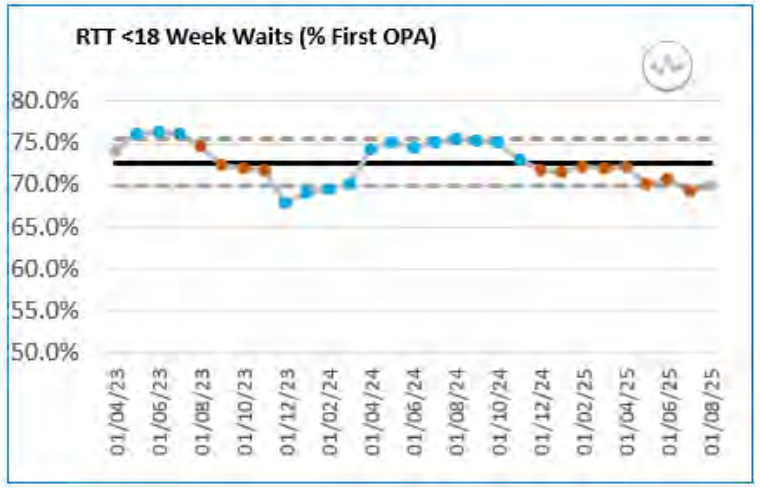




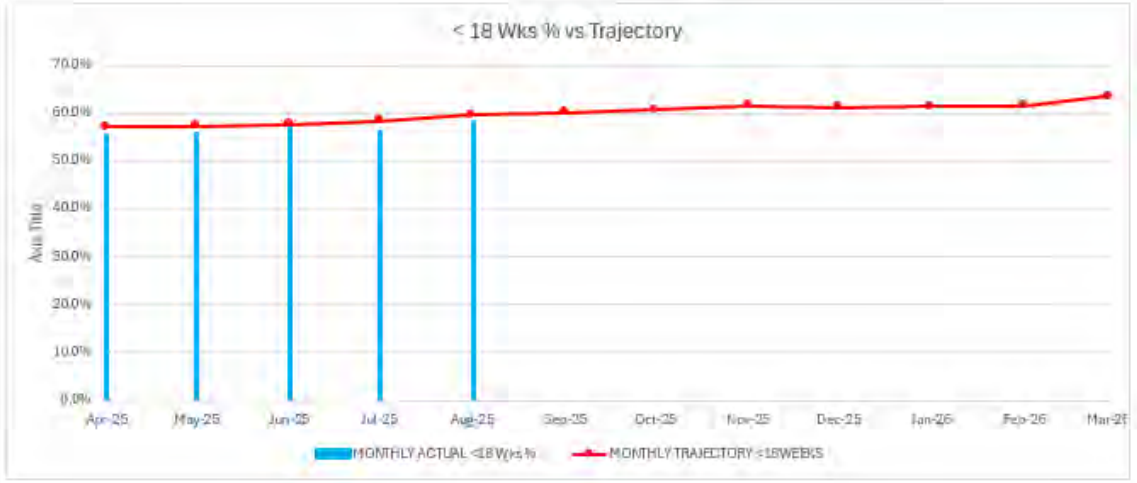


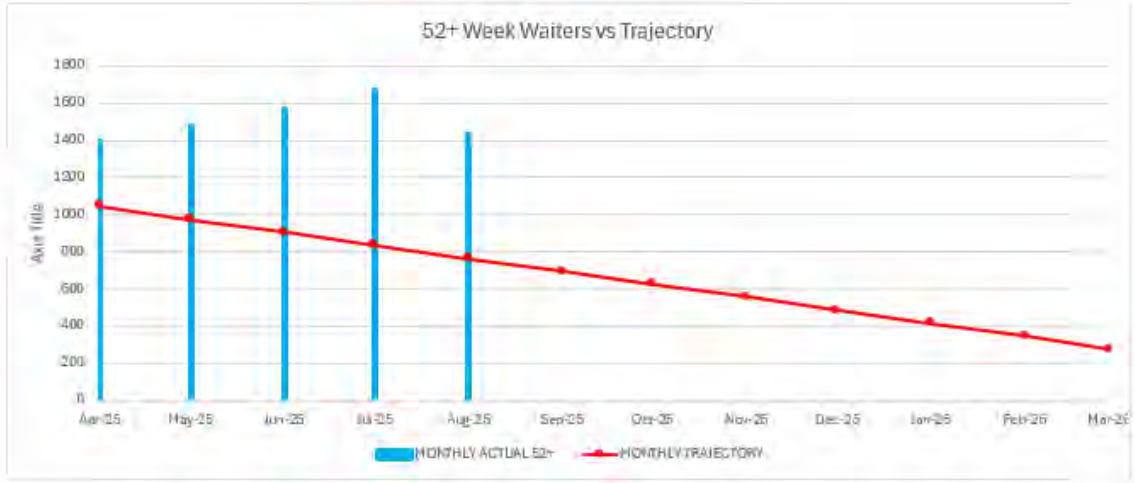


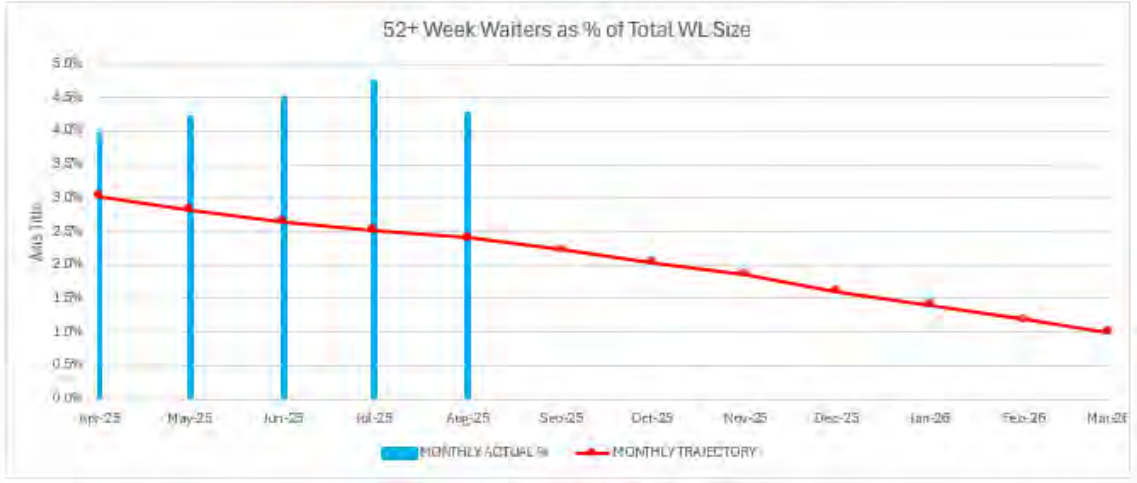




Elective Access: RTT

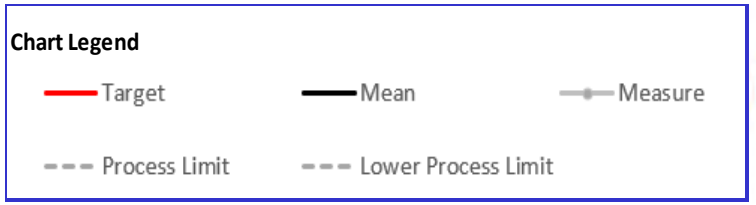


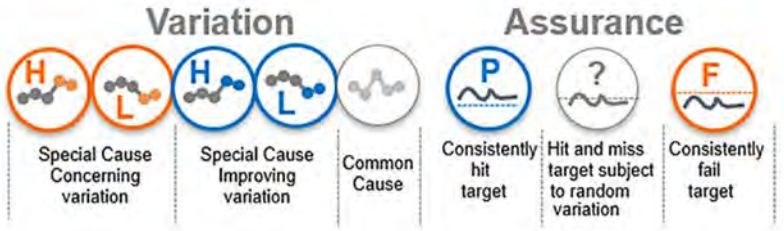




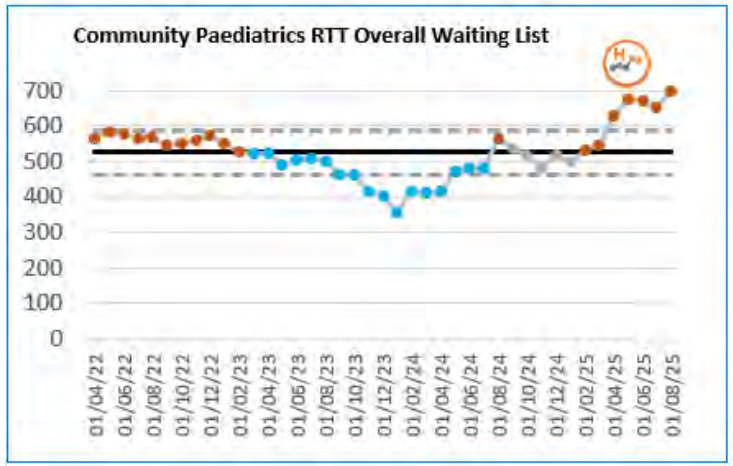
Elective Access: Activity

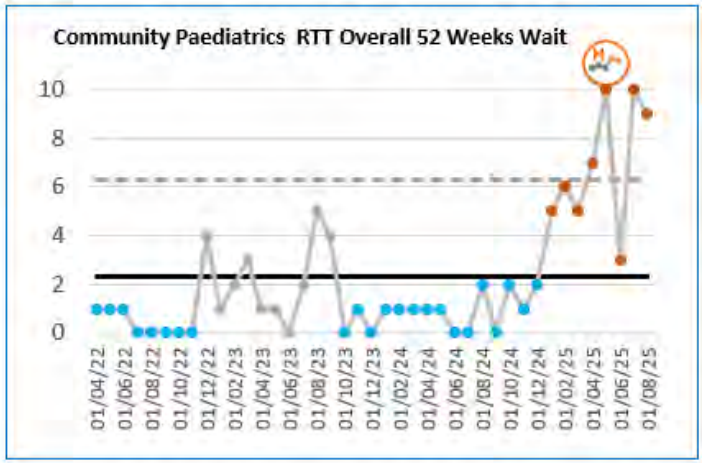
What	So What?	What Next?
End of August2025 position had 178 patients over 65 weeks, which is a reduction from July, this volume is expected to continue to reduce over the coming months with a national expectation for 0 from the 21st December. Dermatology is the main driver with 90 breaches, which is reducing. However there were also breaches in Orthopaedics (20), Gynaecology (21), Plastic Surgery (8) and Paediatrics (8). The total waiting list was 33671 at the end of August, against a planned position of 31808. Overall RTT compliance was 1.25% behind plan at 58.39%. The area's most significantly behind plan for a RTT compliance point of view are Plastics, Gynaecology and Pain Management, with most other specialities achieving their planned position. The volume of 52 week waits reduced in August to 1430 against a planned position of 765. Dermatology has reduced their overall 52 week waits to 285 from 517 the month previous but remain off plan. Pain Management, Orthopaedics, ENT Plastic Surgery and Gynaecology hold the largest cohort of 52 week waits.	Patients are at increased risk of harm and/or deteriorating the longer they wait. This increases demand on primary and urgent and emergency care services as patients seek help for their condition.	Additional validation resource continues, which is expected to enable both waiting list reduction and RTT compliance improvement. Service level recovery plans have been developed and will be presented to management executives on the 23rd September. Service level trajectories to reach 0 x 65 week waits by 21st December.

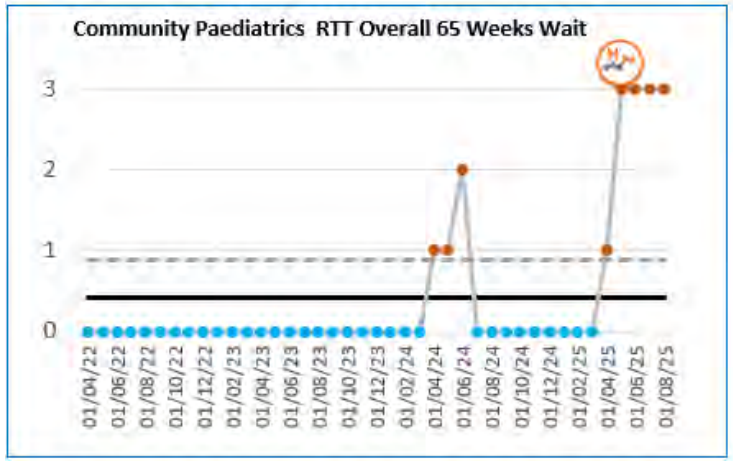


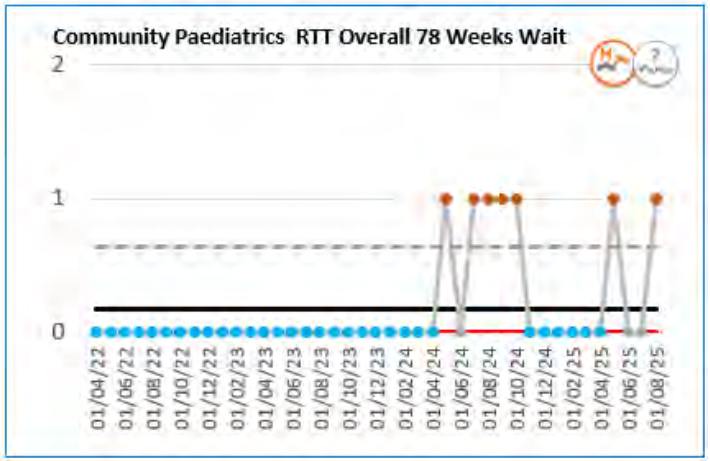


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Community Paediatrics RTT Overall Waiting List	Aug 25	700				525	462	589
Community Paediatrics RTT Overall 52 Weeks Wait	Aug 25	9				2	-2	6
Community Paediatrics RTT Overall 65 Weeks Wait	Aug 25	3				0	0	1
Community Paediatrics RTT Overall 78 Weeks Wait	Aug 25	1	0			0	0	1









What	So What?	What Next?
There is sustained deterioration in waiting times for the paediatric team due to sustained level of demand and reduced capacity within the clinical team	Children within the school age autism assessment pathway, particularly those 8-11yrs will be waiting longer for assessment as the team respond to clinical need and complex care management. Delay in triage of new referrals (impacting School age referrals) in the east team There is an increasing caseload number in the preschool cohort of children waiting for assessment.	Agency locum supporting team capacity in the east but not dealing with overall shortfall in staffing required. 1wte Specialist Nurse started in July – will also support epilepsy pathway and genetics counselling in addition to core NDD work. Skill mix of medical hours to create another 1wte Specialist – will start in Jan 26 There is a planned review of caseload and waiting times in the preschool multidisciplinary pathway in the next month. Interview panel planned for remaining 2wte Consultant vacancies in December

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NHS England - 25/26 (Monthly - IQPR)

** Outpatient weekly data only includes e-care records (no Cardiology Diagnostics or Radiology)*

West Suffolk NHS
NHS Foundation Trust

All

All

Outpatient First

Mon	25/26	24/25	Plan	Var	Var %
Apr	9,740	9,572	9,955	(215)	(2.2%)
May	10,135	9,814	10,207	(72)	(0.7%)
Jun	10,420	10,051	10,453	(33)	(0.3%)
Jul	10,500	10,645	11,070	(570)	(5.2%)
Aug	9,023	8,967	9,325	(302)	(3.2%)
Sep		10,529	10,950		
Oct		11,008	11,448		
Nov		9,814	10,207		
Dec		9,809	10,201		
Jan		10,172	10,579		
Feb		9,814	10,207		
Mar		10,893	11,328		
Total (YTD)	**49,818**	**49,049**	**51,010**	**(1,192)**	**(2.3%)**

August 2025

25/26	9,023
24/25	8,967
Plan	9,325
Var	(302)
Var %	(3.2%)

Daycase

Mon	25/26	24/25	Plan	Var	Var %
Apr	2,291	2,317	2,363	(72)	(3.1%)
May	2,411	2,405	2,453	(42)	(1.7%)
Jun	2,320	2,433	2,481	(161)	(6.5%)
Jul	2,528	2,606	2,658	(130)	(4.9%)
Aug	2,319	2,170	2,214	105	4.8%
Sep		2,549	2,599		
Oct		2,606	2,658		
Nov		2,375	2,423		
Dec		2,315	2,362		
Jan		2,462	2,511		
Feb		2,405	2,453		
Mar		2,666	2,719		
Total (YTD)	**11,869**	**11,930**	**12,169**	**(300)**	**(2.5%)**

August 2025

25/26	2,319
24/25	2,170
Plan	2,214
Var	105
Var %	4.8%

Outpatient Follow Up

Mon	25/26	24/25	Plan	Var	Var %
Apr	26,245	25,589	24,054	2,191	9.1%
May	25,850	26,236	24,662	1,188	4.8%
Jun	26,212	26,868	25,256	956	3.8%
Jul	26,996	28,456	26,749	247	0.9%
Aug	22,937	23,971	22,532	405	1.8%
Sep		28,148	26,459		
Oct		29,427	27,662		
Nov		26,236	24,662		
Dec		26,221	24,648		
Jan		27,192	25,560		
Feb		26,236	24,662		
Mar		29,119	27,372		
Total (YTD)	**128,240**	**131,121**	**123,253**	**4,987**	**4.0%**

August 2025

25/26	22,937
24/25	23,971
Plan	22,532
Var	405
Var %	1.8%

Elective

Mon	25/26	24/25	Plan	Var	Var %
Apr	244	261	267	(23)	(8.5%)
May	246	268	273	(27)	(10.0%)
Jun	215	278	283	(68)	(24.1%)
Jul	232	301	307	(75)	(24.3%)
Aug	252	251	256	(4)	(1.7%)
Sep		291	297		
Oct		301	307		
Nov		268	273		
Dec		261	266		
Jan		255	260		
Feb		268	273		
Mar		304	310		
Total (YTD)	**1,189**	**1,359**	**1,386**	**(197)**	**(14.2%)**

August 2025

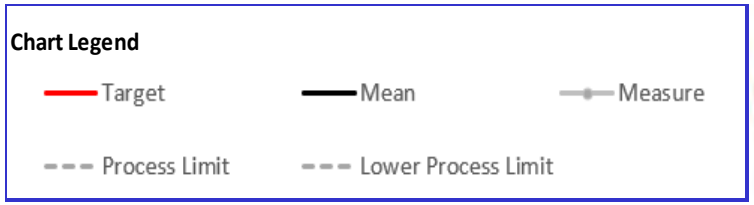
25/26	252
24/25	251
Plan	256
Var	(4)
Var %	(1.7%)

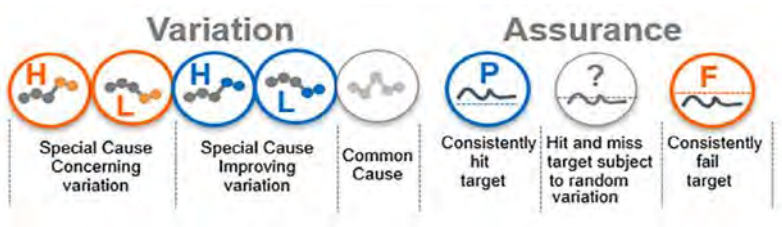
Elective Access: Activity

What	So What?	What Next?
Activity plans across elective and first outpatient attendances are not being met as at the end of August 2025, however day case activity exceeded plan for the first time this year and the gap in elective activity improved by 22.6%.	From 2025/26, ICB's and providers must agree an Indicative Activity Plan (IAP), failure of which to deliver can result in contractual penalties. Delivery of increased activity levels is also required to meet improvements in Referral to Treatment (RTT): 5% improvement in the number of patients waiting 18 weeks or less and less than 1% of people waiting 52 weeks or more.	Specialty level RTT trajectories are monitored through weekly access meetings – for most specialties the activity required to deliver these will exceed the Indicative Activity Plan totals. Specialty level plans as to how to deliver the additional activity required to meet both plans were discussed at Management Executive Group on 24 September 2025 with approval given for funding of additional targeted activity. Delivery of productivity initiatives across theatres and outpatients is supported through the Productivity Programme Board.

IMPROVEMENT COMMITTEE METRICS

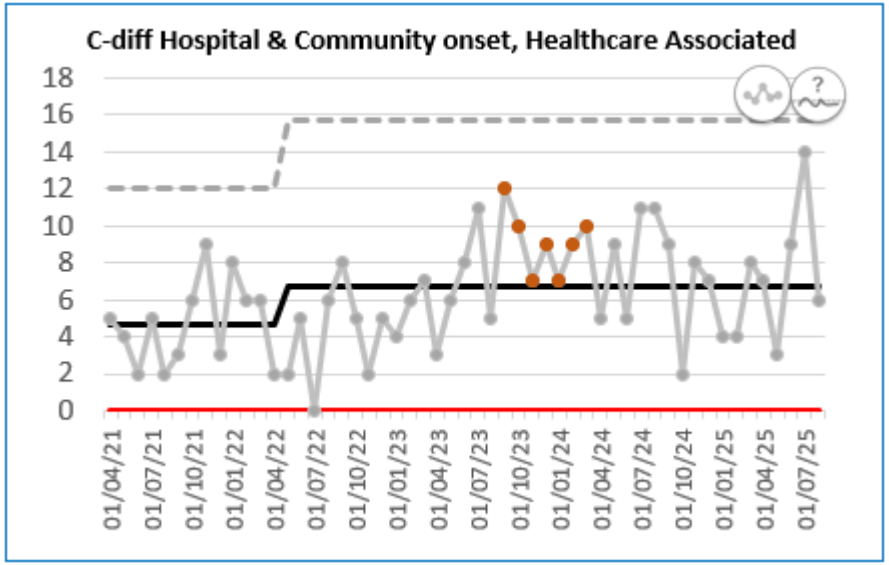
Safe- Summary





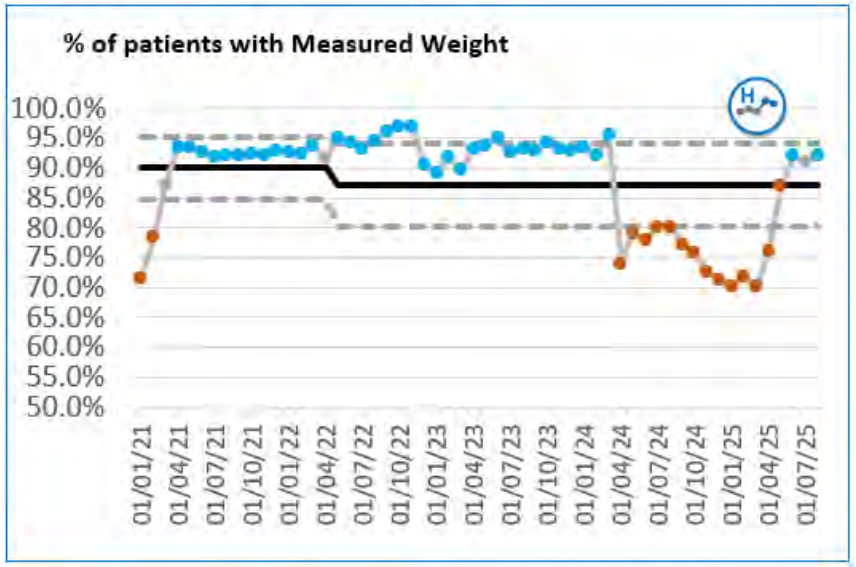
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
C-diff Hospital & Community onset, Healthcare Associated	Aug 25	6	0			7	-2	16
% of patients with Measured Weight	Aug 25	92.0%				87.2%	80.3%	94.2%
% of patients with a MUST/PYMS assessment completed within 24 hours of admission	Aug 25	97.0%				95.9%	93.4%	98.4%
Post Partum Haemorrhage	Aug 25	6				7	-1	14

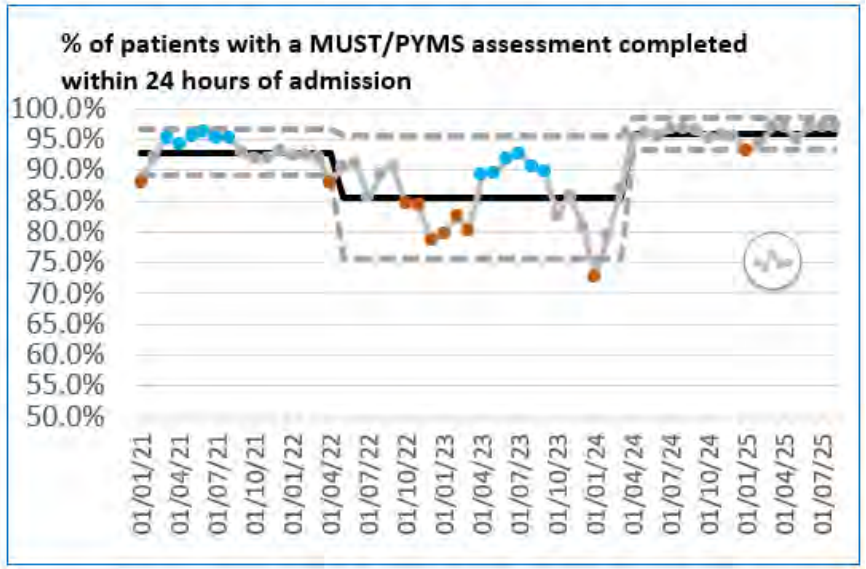
Safe



What	So What?	What Next?
August data continues to illustrate common cause variation with hit and miss target subject to random variation, with limited assurance of sustained improvement at this point. As expected, following the increased cases in July driven by an 'outbreak' of *Clostridiodes difficile* infection during June/July, there has been a downward trend in August with resolution of the outbreak following significant actions.	Infection prevention and control is a key priority for all NHS providers and will part of the NHS oversight framework. Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. They can pose a serious risk to patients, staff and visitors, *Clostridioides difficile* are bacteria found in the bowel, usually causing no harm. This bacteria can cause diarrhoea, especially in older persons, those who have been in contact with a contaminated environment, have undergone bowel procedures or in people who have been or are being treated with certain antibiotics. Data suggests that West Suffolk has a higher-than-average age population. NHS England 'Standard contract for Minimising *Clostridiodes difficile* and Gram-negative bloodstream infections' 2025/26 sets a threshold based on previous year's performance. For 2025/26 reporting year the trust threshold is 81.	At present, the service is above trajectory to meet the specified indicator following the increase cases related to the *Clostridiodes difficile* outbreak last month. However, targeted interventions have taken place, and we remain confident that with continued focus and leadership support, performance will improve and progress toward the indicator will be accelerated. The Quality Improvement Programme continues with *Clostridiodes difficile* programme board due to re-convene once the chair and newly appointed deputy chief nurse is in post. The interventions presented last month as outbreak Incident Management Team actions have been completed successfully/are ongoing as per the plan. This includes the Isolation poster role out in September 2025. The IPT continue to monitor the sluice and increase in dilution of hypochlorite remains in use for review October 2025.

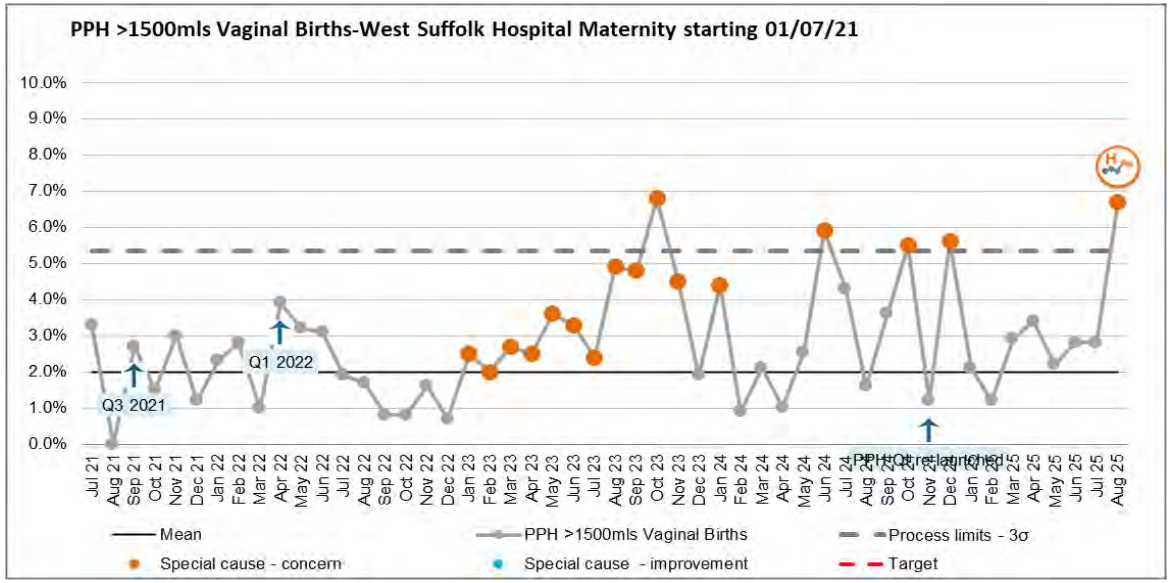
Safe

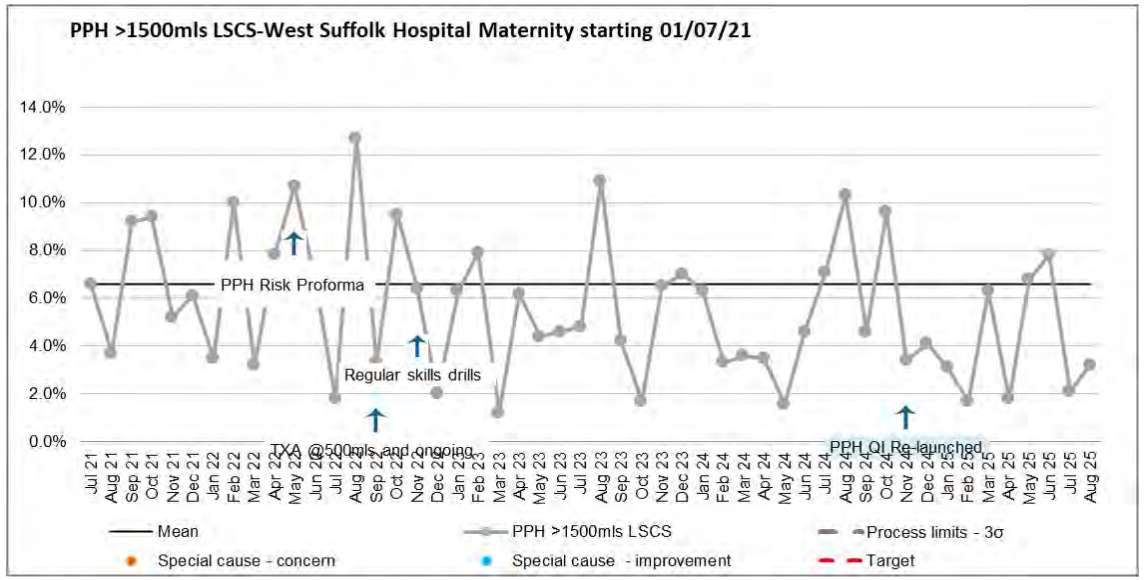




What	So What?	What Next?
Nutritional assessment (MUST) within 24hrs – 98.7% **% of Patients with a Measure Weight – 92% (special cause improving)** Nutritional assessments within 24 hours remains stable in common cause variation. This has been consistent for 9 months. We have seen a drop with percentage of patients with a measured weight which has moved the data into special cause of concern, a detailed review of the date indicates • surgery averaged 96.64 %, • community averaged 80.00%, • Medicine averaged 90.58% and • Women and children averaged 90.63% By looking at your data in a individualised way it has enabled wards to have a more targeted improvement approach. Areas which require a focus are aware of	Good nutrition is an integral component of patient care. Not only does eating correctly provide substantial physical benefits, but it also ensures psychological comfort though a patient's admission. The world health organisation agrees and from 2016 -2025 they have collectively acknowledged the concept of 'food as medicine' The trust has been engaged with running food as medicine workshop, which has developed 4 key areas, assessment, planning, patient flow and support when eating, these are being looked at individually. Overall, this is an area of focus and improvement for all the teams and there is improved awareness that this will underpin a positive experience and outcome for the patients in our care. Effective MUST scoring can be achieved with estimated weights, this is something the wards are focusing on using actual weights for nutritional scoring, MUST additional training is available within Totora	• Liaise with Dieticians to monitor impact of any delayed assessments and shared learning from this. • To build stronger working relationships with Dieticians on the ward, scheduled slot on the medical and surgical ward managers meeting. • Review weights on admission data in October 2025, one dip in data in 3 months. • Targeted approach continues, with wards now owning their own data and acting on this as required, this is then reviewed at monthly performance. This is now more important due to decline in results for this month. • Continue focus on the importance of Nutrition, reviewing protected mealtime audit data, looking at conducting peer reviews between wards, this is on hold currently due to IT issues which the governance team are working on.

Safe





Regional 12 month rolling data	Description	Target															West Suffolk Hospital				Region
MOH ≥ 1500mls	% Vaginal Birth - Massive Obstetric Haemorrhage	<3.2%	3.9%	2.8%	2.6%	4.2%	2.8%	3.0%	3.6%	2.0%	2.8%	4.1%	3.4%	2.8%	2.4%	2.0%	2.6%	2.1%	4.0%	3.4%	3.1%
	% Caesarean birth - Massive Obstetric Haemorrhage	<3.5%	3.3%	4.4%	4.4%	3.3%	4.6%	3.6%	3.1%	3.0%	3.3%	5.0%	4.4%	2.8%	2.6%	4.8%	4.4%	3.7%	4.1%	3.7%	3.8%

What

PPH is one of the most common obstetric emergencies and requires clinical skills, with prompt recognition of the severity of a haemorrhage and emphasise communication and teamwork in the management of these cases. Severe bleeding after childbirth - postpartum haemorrhage (PPH) - is the leading cause of maternal mortality world-wide.

In August 2025, there were two reported case of PPH over 1500 mls following Lower segment Caesarean Section (LSCS) and six occurring after a vaginal birth. These findings reveal a special cause for concern with a rising rate of postpartum haemorrhage after vaginal delivery, suggesting an atypical increase in cases that requires investigation to determine underlying factors.

Although previous target set by the NMPA (National Maternity and Perinatal Audit)using 2022 data has been removed due to significant changes in practice (increased induction of labour and elective caesarean births) regional team is working on reporting tool to support benchmark opportunity.

So What?

Following a PPH there is the potential increase of length of stay, additional treatment and financial implications for the organisation and family.

Following a PPH there is an increased risk of psychological impact, exacerbation of mental health issues, as well as affecting family bonding time, which can have irreversible consequences.

Twelve-month rolling data has been shared to provide a comprehensive overview of the WSH current position in the Region. All other Trusts/sites across the region have been anonymised.

What Next?

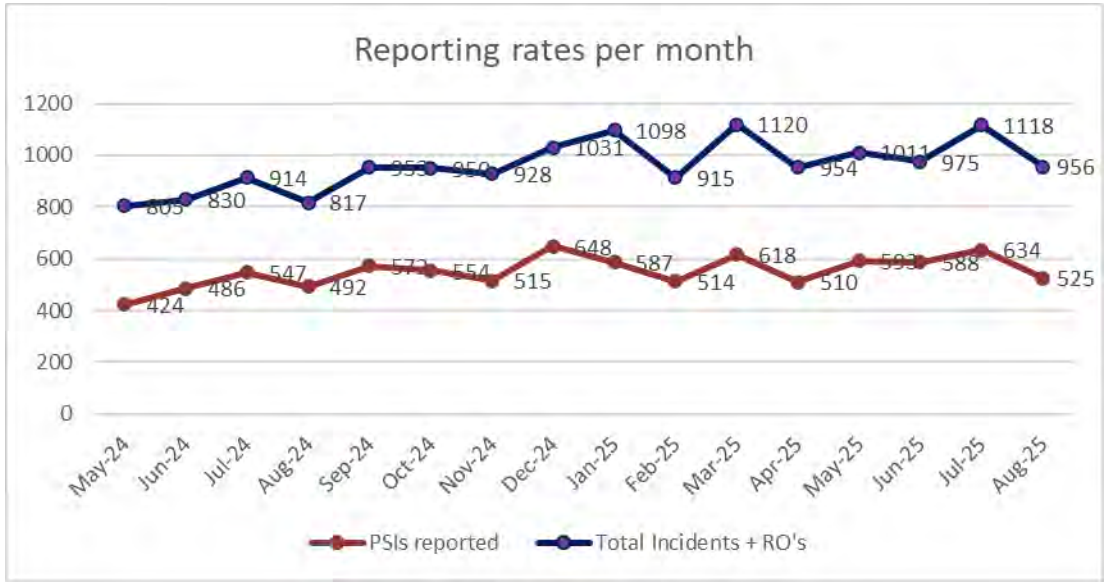
Quality Improvement project in progress focusing on three workstream:

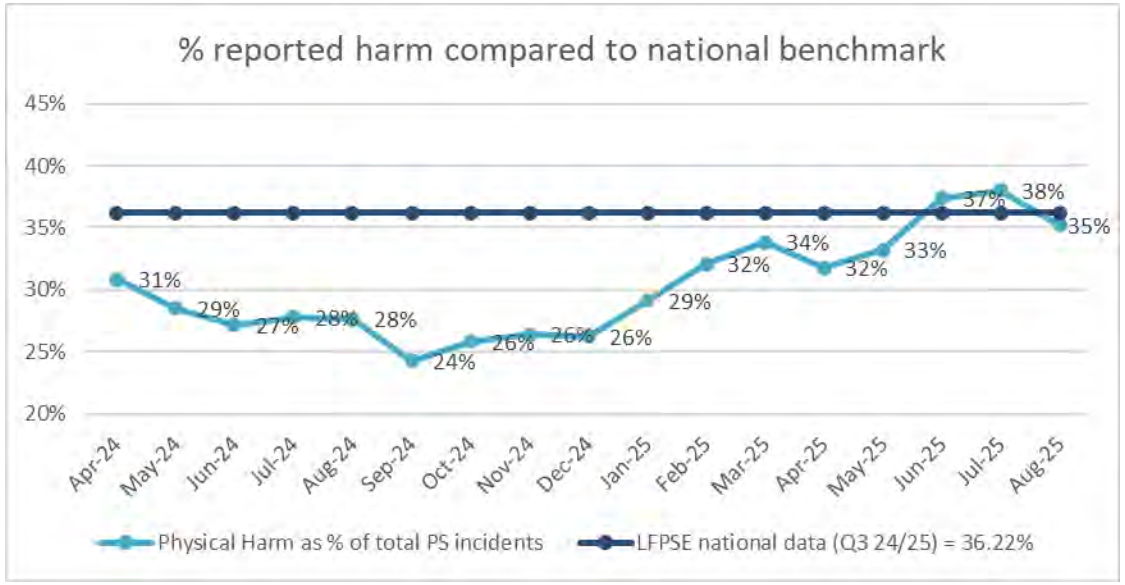
- Training and awareness
- Risk management
- Medication and timely management of PPH

Ongoing reviews of all PPH and thematic reviews are required to continue, to truly understand the factors causing the variation and subsequent solutions to be found.

With the removal of nationally set targets, performance is being monitor and is in line with maternity units across the region.

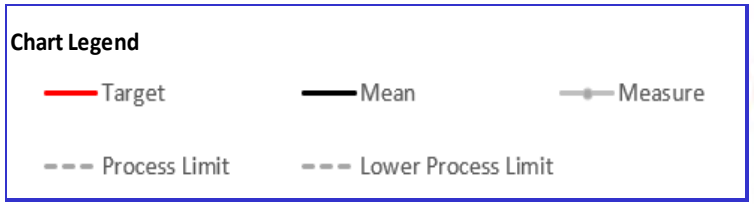
Safe

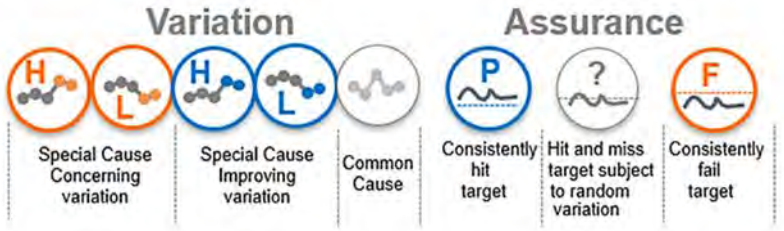




What	So What?	What Next?
We continue to see variance in our patient safety incident (PSI) and reportable occurrence (RO) data, although this remains with our expected upper and lower process limits. This is the third consecutive month in which the team has reported using the updated data set, introduced to ensure consistency. In August, we saw reduced rates of reporting across most of our clinical care categories, including discharge, transfer and follow up, falls and medication incidents and a small rise in the number pathology and specimen incidents. The patient safety team benchmarks the monthly percentage of reported harm against the national figures from the Learning from Patient Safety Events (LFPSE) data set. We have seen WSFT harm rate reduce to the national average of 35%.	We want to encourage reporting of all incidents, including low and no harm, to support insight into our improvement work and prevent future physical and psychological harm to patients. Measuring reporting rates helps us to measure our safety culture and measuring harm as a percentage of incidents reported indicates how safe our care is. All patient safety incidents and RO's reported are analysed on a quarterly basis and presented to the Improvement committee. Moderate harm incidents are managed at divisional level, whilst incidents which have been perceived to cause severe or fatal harm are presented to the emerging incident review (EIR).	The current national benchmark is based on the initial iteration of data released by NHS England. We await subsequent updates, which will be incorporated into future benchmarking. In addition to national comparisons, we also benchmark locally through the regional ICS led Patient Safety Collaborative with the objective to share and learn and improve safety for patients. The Trust Human Factor's specialist lead is presenting at the third celebrating safety event, organised by NHSE next month, to share how as an organisation we have collaborated with the theatres team following a patient safety incident investigation, to improve storge of implants in theatres and the British Orthopaedic Association (BOA) have concurred this is an important matter of safety and are currently taking this forward. Insights from this analysis, along with findings from the quarterly patient safety report, will continue to be shared with divisional governance and speciality leads across the trust to inform targeted improvement efforts.

Mortality Summary

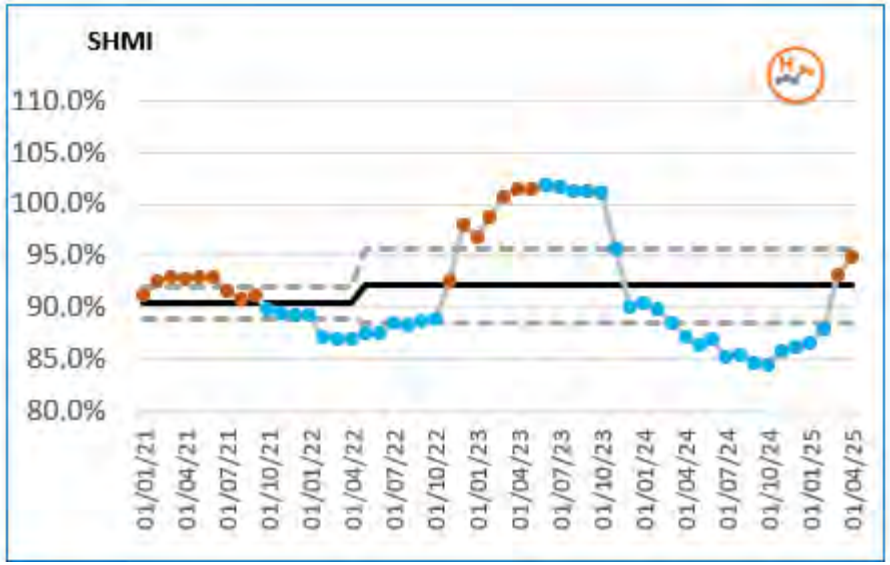


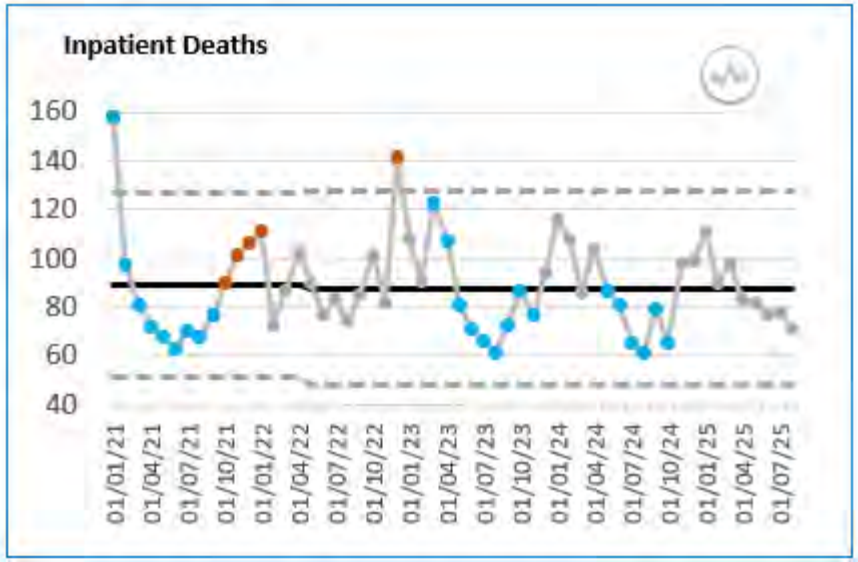


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
SHMI	Apr 25	94.9%				92.1%	88.5%	95.7%
Inpatient Deaths	Aug 25	71				88	48	127

These will be updated once the SHMI data has been published and the Deaths have been agreed

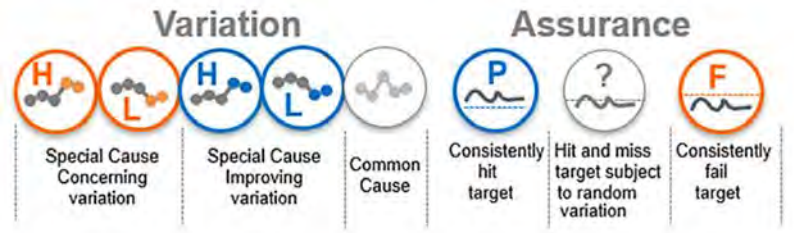
Mortality





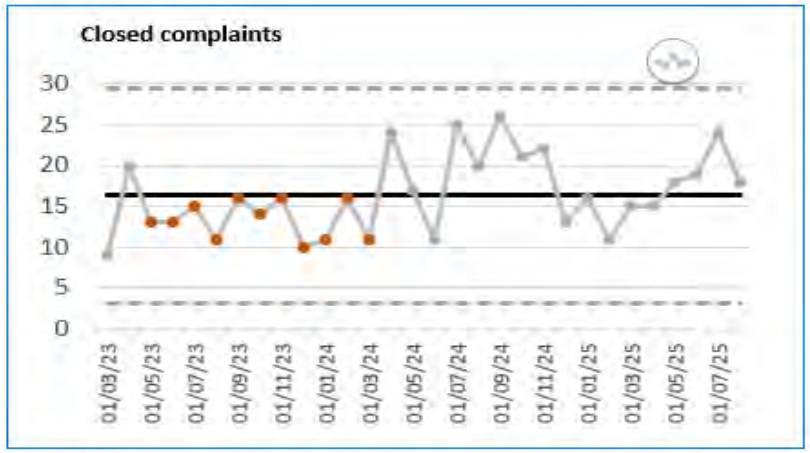
What	So What?	What Next?
An analysis of this data shows us an increased spike in our SHMI data for the reporting periods of March 25 and April 25. Having investigated the cause of the sudden spike, it was found to be a coding issue. The spike in data tend is due to uncoded episodes which are in the SHMI sub-group 'Invalid primary diagnosis'. This means that the coding delays make WSFT invalid primary diagnosis group appear to exceed what is expected (please see graph attached as appendix).	The coding team report having been unable to complete coding prior to deadlines due to staffing shortage. Although we understand this is currently an anomaly in the WSFT SHMI data, the spike in SHMI correlates with the uncoded diagnosis group (invalid primary diagnosis). It does, however, pose a risk that the continuation of the data rise due to the uncoded episodes will cause inaccuracies in other sub-groups. For example, some of the uncoded episodes will not go in the correct coded diagnosis. This means there may be more deaths than expected in a sub-group which doesn't reflect this.	All subgroup that currently sit 'as expected' or with a small margin of 'lower than expected' will require close monthly monitoring. WSFT will have to analyse the SHMI value in accordance with observed groups. It is predicted that the uncoded episodes will rise over the period of 6 months, even if the coders are able to manage coding completion due to the data being in arrears.

INVOLVEMENT COMMITTEE METRICS



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Active complaints	Aug 25	47	-			35	22	49
Closed complaints	Aug 25	18	-			16	3	29
% extended	Aug 25	66%	-			69%	36%	102%
Count extended	Aug 25	12	-			11	2	19
% Complaints responded to late	Aug 25	5%	-			10%	-20%	41%
Count responded to late	Aug 25	1	-			2	-4	8
% resolved in one week	Aug 25	67%	-			60%	30%	89%
Total PALS resolved Count	Aug 25	155	-			188	75	301

Safe


Closed complaints
30
25
20
15
10
5
0
01/03/23
01/05/23
01/07/23
01/09/23
01/11/23
01/01/24
01/03/24
01/05/24
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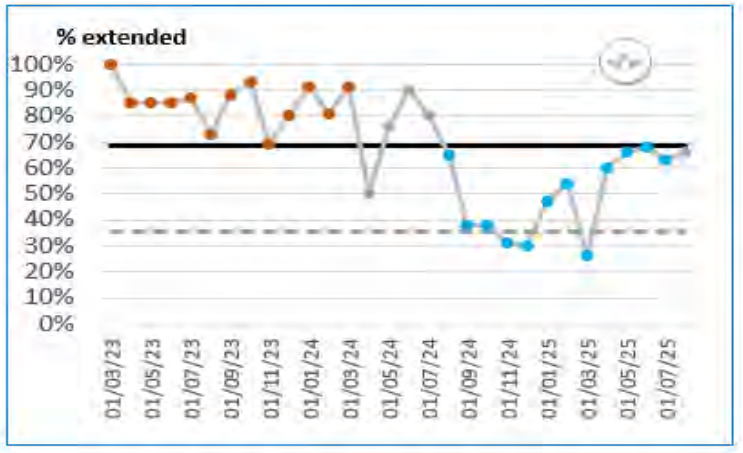
01/01/25
01/03/25
01/05/25
01/07/25


% extended
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
01/03/23
01/05/23
01/07/23
01/09/23
01/11/23
01/01/24
01/03/24
01/05/24
01/07/24
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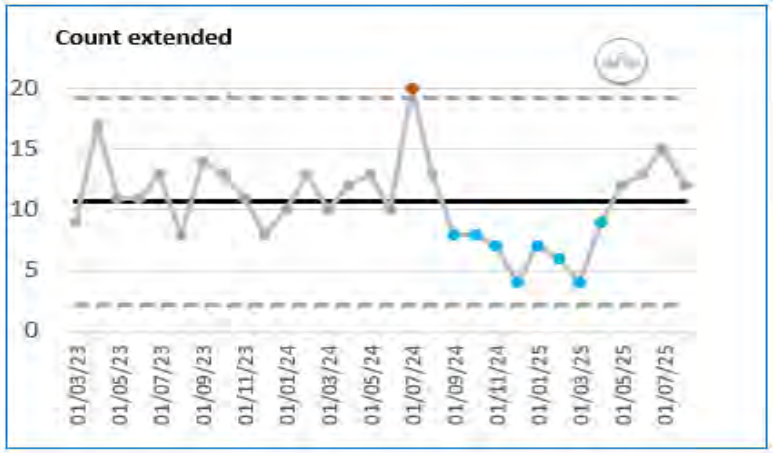
Count extended
20
15
10
5
0
01/03/23
01/05/23
01/07/23
01/09/23
01/11/23
01/01/24
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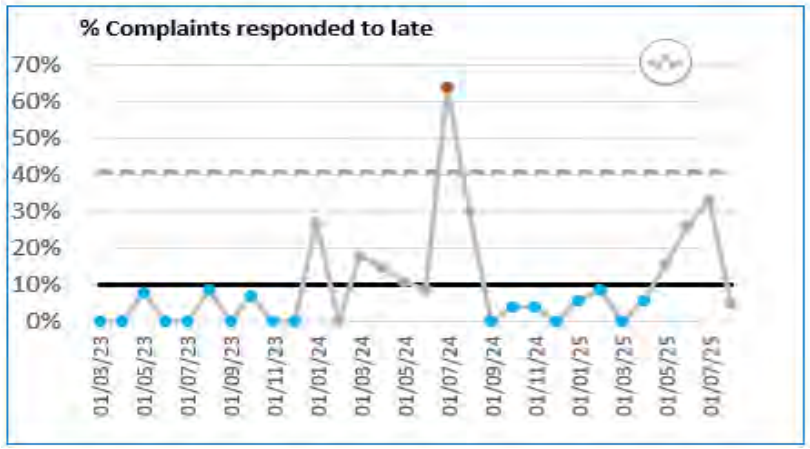
01/07/25


% Complaints responded to late
70%
60%
50%
40%
30%
20%
10%
0%
01/03/23
01/05/23
01/07/23
01/09/23
01/11/23
01/01/24
01/03/24
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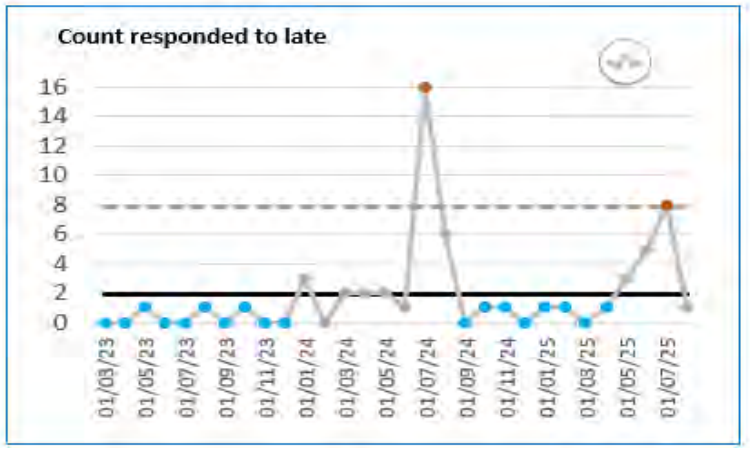
01/09/24
01/11/24
01/01/25
01/03/25
01/05/25
01/07/25


Count responded to late
16
14
12
10
8
6
4
2
0
01/03/23
01/05/23
01/07/23
01/09/23
01/11/23
01/01/24
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01/11/24
01/01/25
01/03/25
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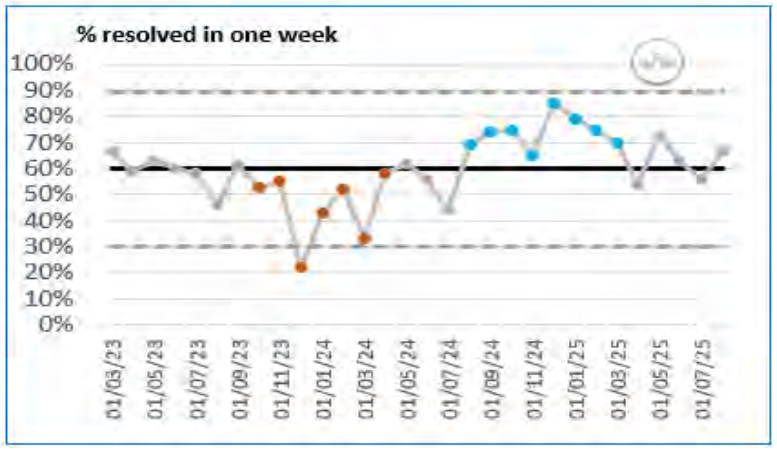
01/07/25


% resolved in one week
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
01/03/23
01/05/23
01/07/23
01/09/23
01/11/23
01/01/24
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01/09/24
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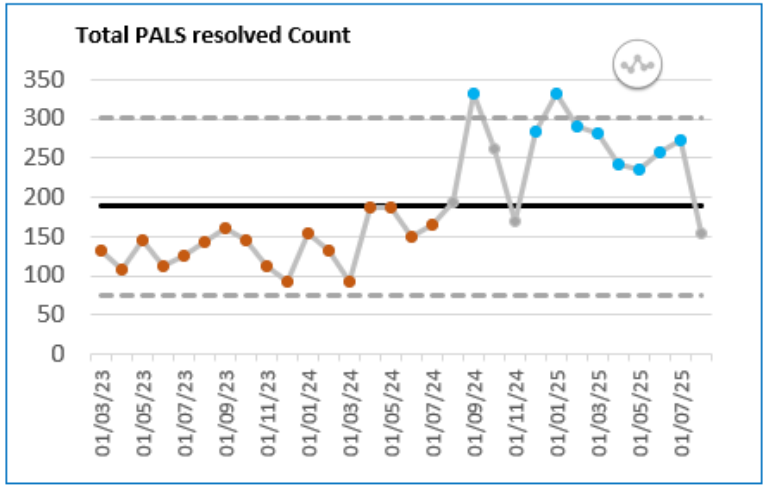
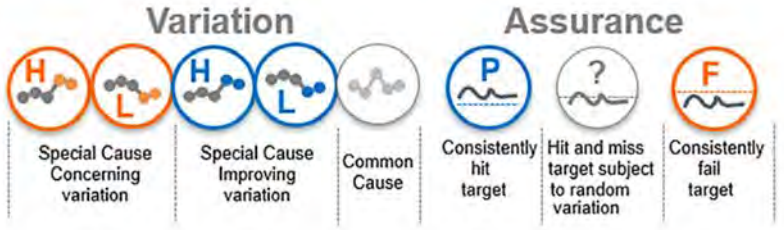
01/01/25
01/03/25
01/05/25
01/07/25


Total PALS resolved Count
350
300
250
200
150
100
50
0
01/03/23
01/05/23
01/07/23
01/09/23
01/11/23
01/01/24
01/03/24
01/05/24
01/07/24
01/09/24
01/11/24
01/01/25
01/03/25
01/05/25
01/07/25

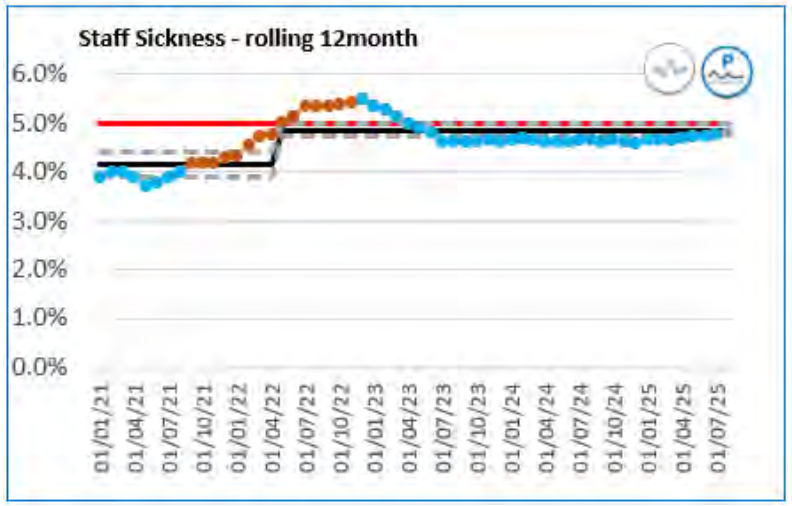
Safe

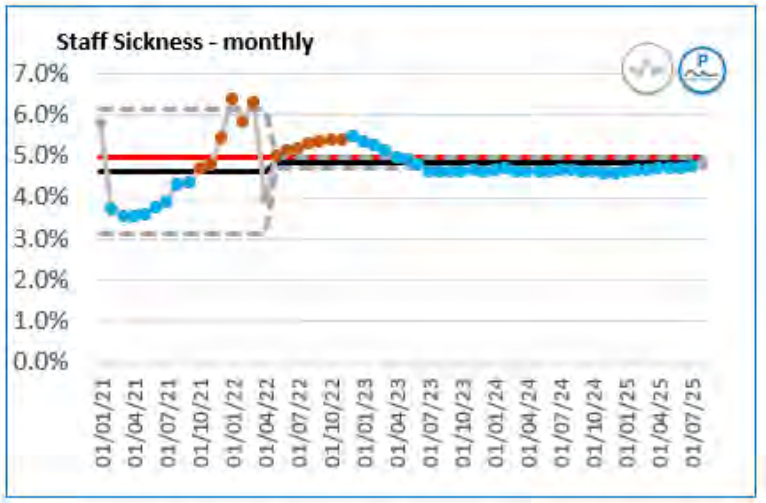
What	So What?	What Next?
Active formal complaints have decreased slightly from 53 to 47 which is a positive variation as we had previously seen increased formal complaint numbers each month prior to August. This month, we received 14 new formal complaints, compared to the previous months with an average of 23 per month. New formal complaints received require triaging, logging and in some cases discussion at incident triage panels for patient safety reviews which take additional time. These initial administration tasks are necessary at the start of the complaints journey to ensure we get it right first time. This has had an impact on the complaints extended as time is taken to complete the necessary administration tasks rather than on completing complaint responses. Percentage of complaints responded to late have decreased with only 1 being out of time, the count remains low and is now within the controlled limits. PALS cases logged have reduced due to a reduction in staffing and therefore the team are finding a balance between providing early resolution and logging full enquiries. However, percentage of PALS cases resolved within one week, is reaching an upward trend towards the 75% target.	Whilst formal complaints have increased, we ensure there is a robust process in place to ensure complainants are updated throughout the investigation on any delays, investigation pathways and updates on progress. The majority of complainants are satisfied with the level of investigation and updates provided. The team have been working hard to ensure the complaints policy timeframe of 25 working days is adhered to however some cases required additional review such as going through the incident triage meeting and then on to EIR which can cause delays. This does however provide reassurance to complainants that we are taking their concerns seriously.	We are monitoring the volume of open complaints and will review our current resource and working methods to meet our SLA's. The priority is ensuring complainants receive a timely investigation report or an update on progress. A reminder has been sent to the team to ensure that complainants receive an update email with an extension to avoid reporting of overdue/late complaints. We are trialling the use of Co-pilot (AI) to help with complaint response summaries. We are using QI methodology to test and learn how to use AI in the most efficient way. The use of AI will aim to reduce the amount of time spent on writing complaint responses and therefore, reduce the volume of complaints extended. This will allow more time to focus on obtaining staff responses in a timelier manner and carry out training with staff. Following the corporate review, we have reviewed our workstreams and some responsibilities which were previously part of the complaints team have now been shared with other teams and departments to help with workloads such as consultant appraisals, which are now completed by the revalidation/appraisal team. Staff compliments and translator requests are now completed by administration services within the team along with the engagement team supporting this.

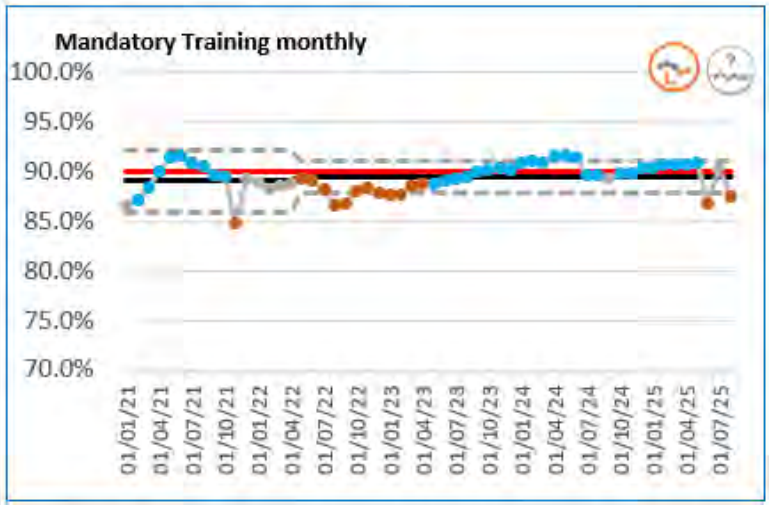


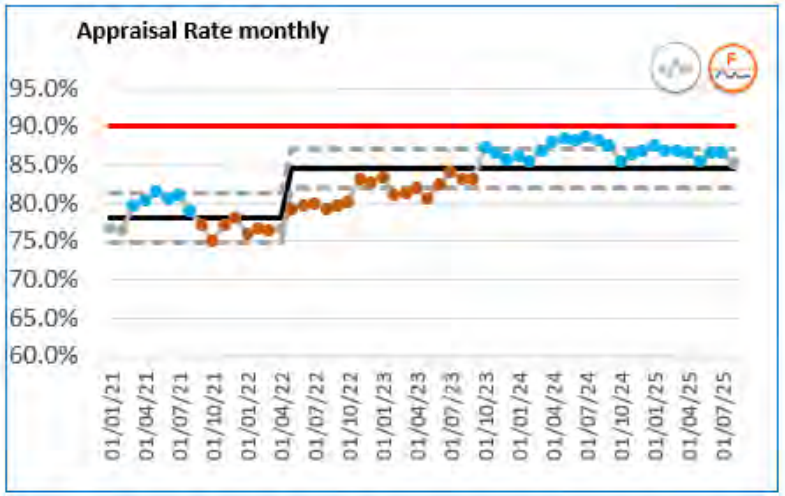
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Sickness - rolling 12month	Aug 25	4.8%	5.0%		P	4.9%	4.7%	5.0%
Staff Sickness - monthly	Aug 25	4.8%	5.0%		P	4.9%	4.7%	5.0%
Mandatory Training monthly	Aug 25	87.5%	90.0%	L	?	89.4%	87.7%	91.1%
Appraisal Rate monthly	Aug 25	85.3%	90.0%		F	84.6%	82.1%	87.1%
Turnover rate monthly	Aug 25	9.7%	10.0%	H	?	10.0%	9.1%	10.9%

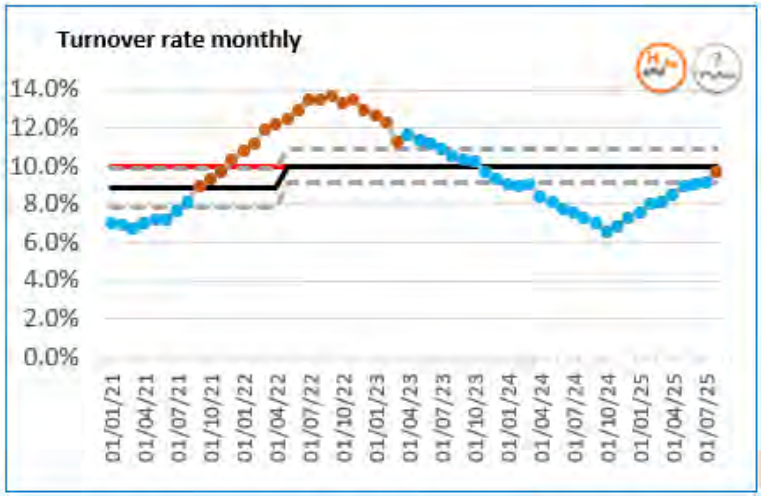
Well Led











What	So What?	What Next?
Sickness – achieving target at 4.8% versus 5% target. Mandatory Training – failing target this month at 90.3% versus 90% target Appraisal – consistently failing target, 87.5% versus 90% target. Turnover – achieving target, 9.7% versus 10% target. Mandatory training and turnover are showing special cause concerning variation as our position is deteriorating.	These workforce key performance indicators directly impact on staff morale and engagement, staff retention, and therefore, patient care and safety. Additionally, improvements in these workforce key performance indicators will strengthen our ability to be the employer of choice for our community and the recognition as a great place to work.	Monitor staff attendance at department level with focus where improvement is required. Review compliance of mandatory training ensuring areas and staff groups are identified where further focus and support may be required. Continued analysis of appraisal data to support and challenge areas in need of action and improvement. Maintain focus on the delivery of our people and culture plan and priorities.