NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday 31 March 2023, 9:15 AM — 1:30 PM BST
Venue	Conference Room, Denny Brothers, Kempson Way, Bury St. Edmunds. IP32 7AR
Description	A meeting of the Board of Directors will take place on Friday 31st March 2023 at 9:15am.
Organiser	Ruth Williamson

Agenda

AGENDA

1. 9:15 - GENERAL BUSINESS

1.1. Apologies for absence - Paul Molyneux (Ravi Ayyamuthu deputising), Jeremy Over (Claire Sorenson deputising), Clement Mawoyo
To Note - Presented by Jude Chin

1.2. Declaration of interests for items on the agenda
To Assure - Presented by Jude Chin

1.3. Minutes of the previous meeting - 2 February, 2023
To Approve - Presented by Jude Chin

Item 1.3 WSFT Minutes Open Board 02 Feb 2023 DRAFT v1 - NC Clean.docx

1.4. Action log and matters arising
To Review - Presented by Jude Chin

Item 1.4 Board Action Points after September 2022 - Active.pdf

Item 1.4 Board Action Points after September 2022 - Complete.pdf

2. 9:20 - PEOPLE AND CULTURE

2.1. Questions from Governors and the Public relating to items on the agenda

To Note - Presented by Jude Chin

2.2. Patient / staff story - Virtual Ward
To Review - Presented by Susan Wilkinson

2.3. Chief Executive's report
To inform - Presented by Ewen Cameron

Item 2.3 CEO Board report - 31 March 2023 FINAL.docx

2.4. Involvement Committee report
For Approval - Presented by Jude Chin

Item 2.4 CKI Involvement Feb '23 - draft TD comments.docx

2.4.1. People & Organisational Development Plan
To Assure - Presented by Claire Sorenson

Item 2.4.1 People OD Highlight March 2023.docx

3. 10.50 - STRATEGY

3.1. Future System board report
To Assure - Presented by Ewen Cameron

Item 3.1 WSFT FS public board April 2023_.docx

3.2. System update - West Suffolk Alliance and SNEE Integrated Care Board
To Assure - Presented by Peter Wightman

Item 3.2 - WS Alliance Update 28 march 23.docx

3.3. Establishment of the Suffolk Mental Health Collaborative
Andy Vowles, Cambridge Health Consulting in attendance
To Approve

Item 3.3 2023_03_31 WSFT Board MH Collaborative V1.0.docx

11.30 - COMFORT BREAK

4. 11.45 - ASSURANCE

4.1. Insight Committee Report - Chair's Key Issues from the meeting
To Assure - Presented by Antoinette Jackson

Item 4.1 Insight Chair's Key Issues 2023.02.06.docx
Item 4.1 Insight Committee Chair's Key Issues 2023.03.06.docx

4.2. Finance Report
To Assure - Presented by Craig Black

Item 4.2 Finance Cover - February_2023_FINAL.docx
Item 4.2 Finance Report- February_2023_FINAL.docx
Item 4.2 230327_23_24_Appendix_1_Budget Setting_FINAL_v2.docx

4.3. Improvement Committee Report - February, 2023 - Chair's Key Issues from the meeting
To Assure - Presented by Louisa Pepper

Item 4.3 - 23-02 Chairs key issues - Improvement Committee[20608].docx

4.4. Quality and Nurse Staffing Report
To Assure - Presented by Susan Wilkinson

Item 4.4 Quality and nurse staffing report.docx

4.4.1. Maternity Services inc. Quality & Performance Report and Maternity and Neonatal Services in East Kent
Karen Newbury, Simon Taylor & Kate Croissant in attendance
For Approval - Presented by Susan Wilkinson

Item 4.4.1 March 2023 Maternity Quality Safety and Performance Board Report (002).docx

4.5. Audit committee report - 15 March 2023 - Chair's Key issues
To inform - Presented by Jude Chin

Item 4.5 CKI Audit Mar '23.docx

5. 12.50 - GOVERNANCE

5.1. Estates and Facilities Strategy
To inform - Presented by Craig Black

Item 5.1 WSFT_Board_Cover Sheet_EFM Strategy_2023-28.docx

5.2. Governance report
To inform - Presented by Richard Jones

Item 5.2 Governance report.docx

Item 5.2 Annex Draft agenda items.docx

5.3. Board Assurance Framework
To Approve - Presented by Richard Jones

Item 5.3 BAF report March 23-Board.docx

6. 13:25 - OTHER ITEMS

6.1. Any other business
To Note

6.2. Reflections on meeting
For Discussion

6.3. Date of next meeting - 26 May, 2023
To Note - Presented by Jude Chin

RESOLUTION
The Trust Board is invited to adopt the following resolution:
“That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

SUPPORTING ANNEXES

4. IQPR Full report January 2023

xAnnex Board IQPR report January 2023 v1.pptx

4.2 Annex for Budget setting and capital programme update
Annex for CIP

4.4.1 Maternity Papers - Annexes

x Annex 4.4.1 CQCMaternity Survey 2022 Results for WSFT Annex A.pptx

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5.1 E&F Strategy

xAnnex EFM Strategy_2023_03_15_V3.pdf

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To Note

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1.3. Minutes of the previous meeting - 2 February, 2023

To Approve

Presented by Jude Chin

WEST SUFFOLK NHS FOUNDATION TRUST

DRAFT MINUTES OF THE BOARD OF DIRECTORS MEETING OPEN

Held on 2 February 2023 09.15 – 13.30
At Mildenhall Hub Conference Room, Mildenhall

Members:		
Name	**Job Title**	**Initials**
Jude Chin	Chair	JC
Alan Rose	Non-Executive Director	AR
Louisa Pepper	Non-Executive Director	LP
Antoinette Jackson	Non-Executive Director	AJ
Geraldine O'Sullivan	Non-Executive Director	GO'S
Krishna Yergol	Non-Executive Director	KY
Tracy Dowling	Non-Executive Director	TD
Hilary McCallion	Non-Executive Director	HM
Dr Roger Petter	Associate Non-Executive Director	DP
Craig Black	Interim Chief Executive Officer	CB
Nicola Cottington	Chief Operating Officer	NC
Sue Wilkinson	Executive Chief Nurse	SW
Nick Macdonald	Interim Executive Director of Finance	NMD
Paul Molyneux	Medical Director	PM
Jeremy Over	Executive Director of Workforce and Communications	JO
In attendance:		
Richard Jones	Trust Secretary & Head of Governance	RJ
Pooja Sharma	Deputy Trust Secretary	PS
Clement Mawoyo	Director of Integrated Adult and Social Care Services	CM
Peter Wightman	West Suffolk Alliance Director	PW
Helen Davies	Head of Communications	HD
Amanda Bennett	Freedom to Speak up Guardian (item 2.1 only)	AB
Richard Watson	Deputy CEO and Director of Strategy and Transformation, SNEE ICB (item 3.2 only)	RW
Susannah Howard	Integrated Care Partnership Director (item 3.2 only)	SH
Karen Newbury	Head of Midwifery (item 4.5.1 only)	JS
Simon Taylor	Associate Director of Operations (item 4.5.1 only)	ST
Kate Croissant	Deputy Clinical Director – Women & Children (item 4.5.1 only)	KC
Louise Kendall	Executive Assistant to Associate Medical Director, Future System (minute taking)	LK
Apologies: Richard Davies, Non-Executive Director		
Governors:		
Liz Steele	Public Governor	LS
Members of the public:		
Charlie Masters	Journalist from Suffolk News	CM

1.0 GENERAL BUSINESS		
1.1	**Apologies for absence**	**Action**
	The Chair (JC) welcomed all to the meeting, including the new Associate Non-Executive Director, Dr Roger Petter, and Ewen Cameron, new CEO-designate, and noted apologies for absence.	
1.2	**Declarations of interest**	
	No declarations of interest were received.	
1.3	**Minutes of the previous meeting**	
	The minutes of the previous meeting held on 25 November 2022 were approved as a true and accurate record.	
1.4	**Action log and matters arising**	
	• **2070** Issue of staff shifts and rota patterns to be discussed at the Involvement Committee meeting on 20th February; • **2077** System update with respect to publishing of joint vision. Steps are being taken to communicate internally and externally with the public, and to socialise the content and communicate to staff. • **2081** Regular updates on system budget (listed under completed actions). This will be brought to the next Board meeting and should remain an open action. Remaining actions were covered on meeting agenda.	
2.0 PEOPLE AND CULTURE		
2.1	**Questions from Governors and the public relating to items on the agenda**	
	<u>Concerns about leadership and management issues raised in the staff survey: Liz Steele, Lead Governor</u> This will be addressed in the People and Organisational Development Highlight report.	
2.2	**Patient/staff story**	
	The Executive Chief Nurse (SW) introduced the story of a patient with learning disabilities, who had been supported by the Trust's Learning Disabilities and Autism support nurse, Emer O'Mahony. The Board listened to a recording about the patient's experience during several admissions to hospital, which highlighted the need for staff training when interacting with him, taking into account his particular needs. Areas for improvement were explained, although some of the experience had been positive, and the patient and his sister had thanked the staff for their kind and considerate care. The patient spoke about aspects of his care during his admissions – he felt well looked after, doctors talked to him, a nurse held his hand when he was preparing for his operation, and some staff talked to him about what would be happening during his treatment. However, this did not always happen, and the experience would have been better if staff had talked to him more, in simple terms which would have been easier to understand. The patient also commented that night time was noisy and disturbing sometimes, e.g. being woken by a nurse to take his temperature, when he wanted to sleep.	

	Other issues experienced by the patient included problems with the issuing of medication on discharge which were not explained; lack of consultation about his dietary requirements; lack of explanation or forewarning of treatment; heightened anxiety due to having to wait in a busy ED environment; and lack of things to do while in bed (the patient does not read but likes to watch TV). SW explained that an external learning disabilities assurance visit to the Trust has taken place, and the Learning Disabilities Support Nurse is working with staff to ensure that all areas of the Trust become familiar with making reasonable adjustments for patients with learning disabilities and autism. The Interim Chief Executive (Craig Black) noted that there was much in the story which is pertinent not only to patients with learning disabilities, but also affects the wider community. These wider themes crop up in a number of other complaints. Questions and Answers: Q. <u>How much information is available for staff in areas such as radiology and phlebotomy?</u> Information is available, but more work is needed. Equally, staff do receive thanks from patients but we do not get it right all the time. <u>Q. Is the topic included in staff induction?</u> Yes, and Emer O'Mahony carries out further bite-size training on wards. She visits all patients and ensures that there is a plan of action in place for each patient. Sometimes there are no inpatients with learning disabilities, at other times there can be 7-8 patients at a time (1% of inpatients). <u>Q. Is there a written statement which describes reasonable adjustments, and is it shared with staff and patients?</u> It is written down in policies, but adjustments are personal to each patient. Each patient's needs should be understood and met on a one-to-one basis. It was noted that nutrition and hydration are particularly vulnerable areas for patients with learning disabilities. There is also a recurring theme of communication issues. Staff must speak directly to patients and not only to their advocates. Interactions may also have an impact on health outcomes. It is important to ask questions about waiting times and how that impacts on this cohort of patients. <u>Q. Is training and education part of core training for nurses and medical students?</u> It is, but SW will check with the education team to clarify. **Action: SW** It was noted that some staff behaviours are knowledge-based, but some are related to attitude. Staff who are under pressure are not always able to give the extra time which some patients need, although staff want to do the best for their patients. They should be given the tools to do that.	**SW**

	It was further noted that there is a broad spectrum of learning disabilities. The ability to cover at a system wide level those patients with learning disabilities is a challenge, but is needed in order for staff to be fully sighted from the beginning of the elective care journey. It was agreed that the effectiveness of these processes should be monitored by the Involvement Committee. **Action: Involvement Committee to monitor the effectiveness of processes to ensure appropriate care of patients with learning disabilities.**	**J Over / A Rose**
2.3	**CEO Report**	
	The Interim Chief Executive (Craig Black) presented the report and drew attention to the venue for the meeting (the Mildenhall Hub), which is the living embodiment of the Trust's strategy. The combination of education, health, and leisure is what should also be created in Haverhill. The impact on economic development should be measured, e.g. ease of access to the town. The Mildenhall Library has seen a 600% increase in usage because of co-location with other services, and will have a public health benefit. Traffic also moves easily from the school to the leisure facility – all of these benefits are what the strategy is set to create. CB commented on the volume of Board papers to be read for this meeting, and noted the need to make them more accessible. CB also noted the unique challenges of the hospital during a very busy period, and the ability to manage issues which is severely hampered by the estate. The Future System Programme is the solution but is still a number of years away. The Trust prepared well for the first round of industrial action, and it was noted that all staff worked tirelessly to ensure a safe service was continuously provided. Preparation for the next round of action is now underway. Physiotherapists and junior doctors are also balloting, and consultants are in discussion about the possibility. Issues need to be resolved as the Trust cannot provide an optimum service while industrial action continues. CB noted the outstanding maternity staff survey results in the Board report. Achieving those results has taken time and persistence, and is now evident in terms of morale in the department. The Board should reflect on how we respond to other staff survey results. The granting of outline planning permission for the Hardwick Manor site was noted, which was the culmination of a huge amount of work and represents the start of the next phase of work. CB drew attention to the ICS strategy, and noted that there are synergies between all of the strategies within the ICS, which is a reflection of the good system working within West Suffolk. Some of that now needs to be turned into action. Questions and Answers: <u>Q. In terms of the ICS, what are the priorities for patients, and how is the ICS doing more in-depth planning?</u> This was discussed at last week's Integrated Care Board (ICB). One of the biggest morale issues is the expectation of the quality of care we can provide, but the resources are not consistent with expectations and this causes burn out and stress. We must properly prioritise to create the environment in which staff can deliver to	

	expectations. The need to prioritise was the point made at the ICS. The joint forward plan should fall out of the ICS strategy and prioritisation will then follow. Specific strategic objectives are needed not only for the ICS, but also the Trust. The most successful changes in maternity have taken time and consistency, setting objectives and sticking to them. There is a mis-match between resources and expectations and priorities need to be made. Prioritisation is also about what needs to be done in the West of Suffolk. We need to be mindful of what the local population needs, and what local resources can be brought together to meet demand and prioritise. Q. Is there a communications plan for staff and patients during industrial action? The impact on appointment delays if industrial action continues should be considered. There is a plan. Hundreds of appointments have been lost, which represents a delay for each patient, and overall it will take longer to reach waiting time targets, which are being shifted every day of industrial action. By the end of the financial year, the latest forecasts for reaching targets should be available. It is hoped that the dispute will be settled by then. It was noted that some realism is needed about how activity can be recovered, which has a real impact on patients. Executive resilience should also be considered. There is a need to balance the ability to have a vision for the future as well as managing the present. The issue of BMA rate cards was extremely challenging and the impact of strike action is exhausting for everyone. It is important to be mindful of that, as well as patient safety and care. The level of team work on strike days was recognised. A Christmas Day model in the community can be maintained for one day, but a Boxing Day model may be needed for the second day. Safety was maintained last time, but quality was not, and this will be reflected in staff and patient surveys. Staff have to be offered real hope, and setting clear and measurable objectives is important. The key priorities across the Trust and the ICS need to be made clearer, and indicate that we are in control. The Board has a responsibility to set out key objectives and priorities to give hope and clarity. It was noted that there are a number of initiatives, but it is not always clear whether a project is really affordable and sustainable in the long term. It would be useful to look carefully at priorities, and which ones can be delivered. This plays into operational planning and the joint forward plan which will indicate what is realistic, and where finance, workforce and demand come together. Some of the requirements are currently unrealistic. Smart objectives are needed which are achievable and measurable.	
2.4	**People and Organisational Development Highlight report, including FTSU Guardian Report**	
	The Executive Director of Workforce and Communications (JO) presented his report and highlighted the Putting you First Award for Kathy Hammond, Rose Hazell-Evans and Leah Alexander. The Freedom to Speak Up Guardian (Amanda Bennett) presented the quarterly FTSU report and expressed gratitude for Board's support for staff, and the recognition of the expectations being put on staff.	

	AB noted that in quarter 3 the number of cases went down slightly to 57, which is the first time in five quarters. Nevertheless, it is good that people are speaking up and raising concerns. Subjects raised include staffing and case loads, although there were not as many as previously, which could be because of communications and recruitment. Five concerns were raised regarding facilities, and support is being offered from the Associate Director of Estates and Facilities, Chris Todd, who is offering psychological safety in that department with various strategies in place. An element of many concerns was in relation to strained relationships and what can be done to improve them. It was noted that there was specific feedback from porters that they were not well supported. Many actions have been taken including appointing a champion within the team, and the use of a noticeboard. The FTSU Guardian's engagement with this group was impressive, and a good example of outreach in the Trust. It was also good to see the triangulation of issues raised in other fora being actioned through FTSU. There was also a high number of nurses and midwives speaking up. Every issue is addressed and action taken to improve them. It was encouraging that they feel able to speak up. The Chair (JC) noted that the work of the FTSU guardian is explicitly supported, but the Board should publicise its pledge to the rest of the Trust in order to be even more explicit. **Action: Pledge of support for the work of the FTSU guardian to be drafted and agreed by the Involvement Committee for publicising to staff.** JC referred to the report about "you said, we did…", and noted that it is important to share some of those and recognise that problems cannot always be fixed. This should be incorporated in a regular communication with staff, either in briefings or in the Green Sheet. Hilary McCallion (Non-Executive Director) suggested that it would be helpful to show in graph form whether numbers are increasing or decreasing over time. HM suggested some leadership training to staff. In answer to a question about weekly pay for staff, JO explained the purpose and use of Wagestream, an initiative to enable staff to access their pay as it is earned. It also provides access to debt and monetary advice. It was borne out of reflections on weekly pay and the cost of living challenges of staff. There has however been a drop off in requests for weekly pay. A six-month evaluation will be carried out, and will factor in comments made to date. A query was raised about whether staff have received enough guidance on how to use Wagestream optimally and noted that this will be looked into. JO reported on the What Matters to You programme of staff listening and feedback events held in December. Staff had the opportunity in the autumn to undertake a survey to reflect back on the work undertaken in 2020.The feedback received will be	**J Over**

	considered by the Involvement Committee, and triangulated with the results of the national staff survey. It was noted that the theme of supportive line management had made the least progress in the last two years, and with reference to Liz Steele's earlier question about leadership and management, JO reported that significant investment had been made in leadership development in the organisation. The Trust is now recruiting to additional roles within the team to increase the level of capability and skills to develop and deliver the programme. Specific programmes have already started, e.g. on operational management essentials. The work will continue to be reported on, as well as the impact. Finally, JO drew attention to the work being done on recruitment practice, the physiotherapy service, and the relaunch of staff networks. Questions and Answers: <u>Q. In some areas the appraisal rate is below what it should be – is there a correlation between FTSU reports and appraisals not being completed?</u> Some areas are better than others, but the HR business partners delve into those reports in more detail to identify areas of greater need within clinical divisions. More information can be shared through the Involvement Committee. <u>Q. Is there an opportunity to de-bias some of our recruitment processes?</u> The relative likelihood of being appointed is examined through the Equality, Diversity and Inclusion report, and through analysis, and there is a variance. One of the actions in this year's workplan is to work with colleagues on the right solutions to address that.	
2.5	**Involvement Committee Report**	
	The Chair of the Involvement Committee (AR) presented the report and highlighted the following: • The challenge of rotas was raised in the annual survey and was noted that all the reports are examined by the Clinical Directors, and the challenge will grow over time as there is no confidence that the number of junior doctors will increase • The reach of the What Matters To You process indicates that many staff have not heard about it. This needs to be considered further. • There is a discomfort about how workforce development issues are coordinated through the system from the ICS. JO commented that this is not peculiar to workforce - the newness of the system means that all partners are still finding their feet. A very good workforce workshop was held last month which brought together many organisations to talk about how to work collaboratively across West Suffolk. The work needs to be complementary and joined up and roles and responsibilities need to be made clear.	

	• Turnover and sickness data indicates an increase in levels. It is not clear whether or not this is now the norm and whether this is being factored into workforce planning. JO noted that this is unsatisfactory. There is a mix of issues and it is crucial to focus on this. Staff need to feel valued and that they have sustainable jobs, in an organisation which cares for their development and wellbeing. It was further noted that workforce wellbeing is a recurring theme and that everything the Trust does impacts on turnover. There should be an ambition to take levels back to pre-pandemic and ideally even better.	
3.0 STRATEGY		
3.1	**Future System Board Report**	
	The Board noted the report. CB highlighted that confirmation of the budget has been approved and reflects the positioning of our project within the NHP programme. The approved budget will pay for the team and additional capital is still awaited for enabling works.	
3.2	**System Update – ICS and West Suffolk Alliance**	
	The West Suffolk Alliance Director (PW) introduced Richard Watson, Deputy CEO and Director of Strategy and Transformation at the ICB, and Susannah Howard, Integrated Care Partnership Director. SH explained the two new statutory features created by the Health and Social Care Act – the Integrated Care Board (ICB), and the Integrated Care Partnership (ICP) which brings together the ICB and all other partners in the system. A key role for the ICP is to generate an Integrated Care Strategy that sets the direction for the system across the whole system footprint. The strategy is now complete, and it will continue to evolve and iterate over time. The strategy has been produced as two main products, with a summary on the home page of the ICS website, and more detailed content which is very accessible and can continue to be developed. The ICP will be approving content to be incorporated into the strategy on an ongoing basis. Engagement has included more than 600 people across Suffolk, and it has been built on the principles of one team providing the best health and wellbeing outcomes across the area we serve. There are four ambitions in the strategy: • Best health and wellbeing outcomes; • Health equality; • Enabling everyone to live well; • A can-do health system that people can trust. The ICP is keen to include case studies from the Trust in the strategy. RW provided an update on the development of the Joint Forward Plan (JFP) for the SNEE ICB, which is a five-year plan setting out the ICB's commitment and priorities for the local population. It is aligned to the strategy but also to the requirements of NHS England, and is framed around health inequalities and equality, diversity and inclusion. It sets out why they are important for the organisation and how the ICB plans to make a difference. A draft is now complete, and a number of engagement events are taking place with partners and forums. The ICB is keen to hear from all partners about what the big	

	priorities might be. After consultation, the JFP will continue to iterate through co-production, and the aspiration is to present to the ICB Board in March, with final publication in June. Questions and Answers: Q. In terms of setting specific objectives, e.g. on diabetes, how are they arrived at and in what timescale? The document is framed with objectives, but they are not all smart. Sections should be owned by experts and objectives tightened so that they can be made clear. The new ICS website shows the detail of the strategy which is looking at improving outcomes and needs to be clear about how these are measured. These evolve more slowly, and dashboards are being built in which set out ambitions in terms of outcome measures, to be split as locally as possible. Benefits and enablers are described, which indicate how people can achieve better outcomes. Q. What is the triangulation around place-based needs, and the JFP and the strategy? Is a prioritisation framework being used? A prioritisation tool is being developed to be used in particular areas to prioritise within teams. Prioritisation of different areas is very difficult, and consideration needs to be given to critiquing those areas and pruning them down individually. A query was raised about the omission of mental health in all the domains, and the inclusion of learning disabilities and autism in the Stay Well domain. It was agreed that there is no perfect methodology for each domain, but it is more important to consider how these are approached collectively. Taking mental health as an example, it is being considered in all areas. There are some areas e.g. in Stay Well which are about living with long-term conditions and enabling them to stay well. There are similarities in some of the groups and it is not a perfect methodology. Q. To what extent is this a health and care plan? What is the extent of local authority planning as part of the five-year plan? The original plan was for the JFP to be everything - county councils have been heavily involved in its production, and through membership of the ICB they are part of this process. The finances are still being worked through, and the full financial implications for the first five years is not yet known. Q. If disproportionate investment takes place in areas where inequality is heightened, what would be the impact on other areas? We should be looking at disproportionate investment on the basis of need and inequality, and this would signal how serious we take inequality. Q. Various organisations will have different sets of challenges, so will there be sufficient opportunity to look at things which need to be dealt with before execution of the plan? Much is already underway, but consideration must be given to what is realistic. More work is needed to understand how each of the sections can be taken forward through existing and new governance arrangements. One of the reasons for the creation of	

	the ICP is to examine issues and create space to have conversations as a system before considering how to translate that into plans. Q. What is the data of the two counties telling us, and how can we track outcomes? The ICS website has an interactive map which provides information, and each section will have a dashboard showing population outcomes and benefits which will drive better outcomes. A 10-year demand and capacity model is being worked on to examine community and acute services, and what interventions might be needed. Timings do not always align, but that and other work will inform the final version of the JFP. A query was raised about the responsibility of the Trust Board and whether an opportunity to formally receive the plan could help with that commitment. It was agreed that the JFP could be presented to all major partners. Q. Where does the voluntary and community sector fit in to this work? The voluntary, community and social enterprise (VCSE) sector is an equal member of the Board, and the ICB would like to give a greater proportion of commissioning to them. The ICB is making progress with their involvement. VCSE leaders change and improve the quality of conversation. PW invited comments on the JFP, and it was agreed that a further discussion on the JFP and the alliance in West Suffolk should take place either at a Trust Board meeting or at a Board development session. **Action: To discuss the JFP and the alliance in West Suffolk at the Trust Board in May or in a Board development session.**	**PW**
3.2.1	**Presentation on example from domains – Die Well**	
	The Executive Chief Nurse (Sue Wilkinson) gave a presentation on the Die Well Domain. There are six ambitions relating to end of life care, designed to make the last stage of life as good as possible. The accompanying slides list the priorities for the alliance in relation to palliative and end of life care. A five year programme plan has been co-produced with system partners and individuals which outlines the aims and programme of work. In 2022/23 the focus has been on three priorities: the ROSI and Me App; ReSPECT (Recommended Summary Plan for Emergency Care and Treatment); and enhancing end of life out of hours support. The future end of life service will aim to identify patients in their last year of life, provide 24/7 care, and focus on the bereavement journey. Data indicates what is working well, and an end of life dashboard is being developed. The legacy of relationships built during covid is positive and is feeding into how to do things differently. Improvement is needed in some areas including coordination of care, finance, access to palliative care training for all staff, and primary care representation at the West Suffolk End of Live Programme Group.	

	Key priorities for the West Suffolk End of Life programme Board include the introduction of the ReSPECT framework to allow patients to have more say. Phase 3 of the plan will ensure that the pace of change is developed. The target is for 70% of all deaths to take place outside the acute setting within 10 years. A query was raised about the inclusion of children and young people (CYP). SW confirmed that a CYP lead is being identified to develop that part of the programme. It was noted that a spirituality element seemed to be missing. SW reported that the hospital's lead chaplain is present at the End of Life Care Group, which works closely with them to ensure that spiritual needs are met. Currently, 40% of end of life patients die outside of the acute setting. The number of patients who are re-admitted needs to be examined, and how many can be prevented. A higher than normal number return within 90 days, and there is almost certainly a link with the dementia pathway. It was noted that community teams are working well supporting patients. The ROSI project is a constructive way of delivering care planning and should see a reduction in the number of patients coming into the hospital. However, it is not ready to be rolled out yet. A query was raised about whether there is a resource allocation plan for the community. It was noted that this fits across all the domains and services will need to be provided for all patients, not just end of life. The demand and capacity model is built up from all of the workstreams. It was agreed that the Involvement Committee will carry out deep dives on the remaining domains, with short presentations to be brought to the Board. **Action: Involvement Committee to receive deep dives on remaining Domains, with short presentations to the Open Board.**	**SW/JO**
3.3	**Digital Board Report – digital prioritisation**	
	The Board noted the report. The interim Director of Resources (Nick Macdonald) noted that this work had not progressed very far. Discussion took place at the Digital Board about how the digital strategy can be prioritised alongside other strategies, and a more thorough report will be presented in due course.	
4.0 ASSURANCE		
4.1	**Insight Committee Report**	
	The Chief Operating Officer (NC) presented the report and highlighted the following points: • The strengthening of governance on financial matters; • Work ongoing to improve community paediatric services; • Patients waiting over 104 weeks – there were five in January, but this number should reduce to zero by March. There will also be a reduced number of patients waiting over 78 weeks by March. However, the impact of industrial action makes improvement difficult to maintain;	

	• Urgent and emergency care recovery needs to transition to a transformation programme. Work on implementing a recovery plan is ongoing, and focussed meetings are in place about 12-hour ED waits which are still very challenging; • Stroke services celebrated for good practice. Questions and Answers: Q. Is there data work on open referrals? Work is ongoing on data validation to ensure accuracy, with a completion timeframe to be determined . Q. Is there a prediction for the improvement plan for the 12-hour waits? That is part of the future plan. At present there is a tracker of various systems across the Trust which needs to be refined into a deliverable plan to form the trajectory for improvement. The data has been reflected back to us through a different lens, and it is important to understand what is driving performance, as it is not about volume. The number of patients waiting to be discharged has gone back to pre-pandemic levels, so there are other factors affecting performance which are not clear at present. A different governance structure is being introduced which can support improvement and have scrutiny of that improvement. Q. What are the drivers for poor performance in theatres, and how can this be improved? Some of the problems are related to booking processes, and a cultural change which is expected over time e.g. late starts and early finishes. Resources can be used in a more flexible way. There has been investment in the NHS and there is an expectation that we can improve productivity as a result. This is also key for addressing waiting lists.	
4.2	**Finance Report**	
	The Interim Executive Director of Resources (NM) presented the report and highlighted the following points: • The position for this year. The plan is still to break even, and the underlying deficit is not dissimilar to any other organisation around the country. There are risks around how the Trust will be funded, and the mitigation is a well-stocked balance sheet of reserves built up during covid. There will be no reserves left for the future, which means we have a recurring deficit going into the next FY. • There will be a cost improvement plan (CIP) of around £10m in the next FY. At present there is a forecast deficit of between £25m and £27m. Plans are being submitted to the ICB with similar deficits from other organisations, with a joint deficit of around £100m. The deficit will need to be improved by delivering the CIP, with a minimum of £10m. Allowing for slippage, the realistic plan is a deficit of £20m on the basis of a CIP of £7m. • The capital forecast is to meet the plan, although there is much indecisiveness around capital spending. There is flexibility around capital which may arrive this year or next year. The Board noted the report, with further discussion on the forecast deficit and CIP to take place in the closed Board meeting.	

4.3	**Operational Response**	
4.3.1	**West Alliance Seasonal Plan** The Chief Operating Officer (NC) provided an update on progress and stated that there are various funding streams to match demand, with direction focussed on discharge and providing additional capacity. There has been flexibility in its utilisation, with risks and mitigations in place. CM added that there has a been much work across the Alliance with regard to seasonal plans and measuring outcomes. The aim is to build plans from the bottom up with regard to strengthening resources, and to ensure that strong wrap around support is provided for those discharged from hospital. It was noted that three sets of funding have been issued in the last four weeks with recurring funding allocated for discharges. A query was raised about whether areas covered by non-recurrent funding could be turned off. This would be dependent on the level of activity, but efforts are towards investing in reablement services to support patients in the community. Work is needed on avoiding discharge delays and maintaining a good level of flow. Some of the work builds on existing workforce models, with equity among health and social care. There is an opportunity to create pathways for those entering health and social care, so that people can see that there is a future career in both areas.	
4.3.2	**Operational Planning Guidance** The Chief Operating Officer (NC) presented the report and noted that the priorities for operational planning were published in December, with the key targets listed in the report. NC recommended reading of the report annexes which are more expansive. It is useful to contextualise the current position – the Trust is not starting from a strong position, although there is greater confidence in some areas. There is a plan to reduce to zero those patients waiting more than 65 weeks by the end of March 2024, which involves significant effort. The publication of the urgent and emergency care recovery plan will feed into our response to NHSE. A query was raised about whether the process has started for deciding how the ICB will achieve targets. The importance of being open and transparent was noted, and that not all the targets can be met – the plan must be deliverable. A discussion about the organisational approach would be worthwhile, and about the right approach for the organisation in the context of the ICS.	
4.3.3	**Change and Transformation Function** The Chief Operating Officer (NC) reported that this work is progressing, following an agreed action to make better use of the large amount of capability within the organisation. It is not an HR re-structure, but a better use of resources to create a new process in order to deliver our ambitions. The Trust is working collaboratively across the Alliance and ICB to gain more clarity about what is happening across the organisation, and enable prioritisation and visibility on one single plan. The focus will be on two or three key transformation programmes per year, and will also bring	

	in quality benefits and cost improvements as well as improving the environmental impact. The triage process will be used to strengthen accountability processes. Questions and Answers: Q. Who decides that there is a change project to be submitted for appraisal? It is a two-way process. There are key transformation projects on which the Board decides, but quality improvement (QI) projects should continue, particularly in delivering the clinical care strategy which will underpin the Future System Programme and will involve changes in clinical pathways. The new change management process is still emerging and the new function is coming to the senior leadership team on 20th February. Q. It is disappointing not to see co-production mentioned. This was crucial for the FS Programme - should it not be embedded in every change process? Co-production has absolutely underpinned the process for development of the clinical and care strategy. Q. Should some of the accountability around assurance be set with the Future System Programme Board? The team is working on a specific governance structure for this with a line to the Future System, but also aligned into SLT and all the assurance committees. This is about a facilitative approach, and those delivering the change are our clinical and operational leads, not the change leads. Q. Has thought been given to how we will provide training capability for staff to deliver the change? A different type of resource may be needed, with training for staff across the Board. A cultural change is also required. A query was raised about whether co-production is now fully embedded and therefore does not need to be made explicit. There is more work to be done around change management which can feel rather remote – this needs to be developed. A number of clinical leads see the change management function as delivering rather than facilitating and this is a continuing piece of work.	
4.4	**Improvement Committee Report**	
	The Chair of the December meeting of the Improvement Committee (GO'S) noted that the meeting considered a report on transformation, and received a presentation on a QI project to reduce length of stay in orthopaedics. This was a good example of an initiative by therapists. It is important that the framework for change management does not inadvertently get in the way. There was positive assurance of the Human Tissue Authority inspection of the mortuary, with a comment about the lack of a waiting room for relatives. A timeframe for completed works is still awaited.	

	There was a lack of assurance around the sepsis bundle. An issue was raised about an increase in deaths, which will be monitored. In terms of clinical effectiveness, the Ockendon Report has implications for the wider organisation as there is not a clear pathway within the Trust to action within the wider system. More work is needed on QI priorities. The Quality Assurance Framework was agreed with co-production featuring highly. The Chair of the January meeting (LP) presented the January report. Highlights included IQPR, and issues around urgent and emergency care indicators, with a deep dive taking place in February. Duty of candour has assurance around quality of conversations as well as numbers. There was a lack of assurance around harm reviews which has been escalated. Finally, the committee received a presentation from the CQC.	
4.5	**Quality and Nurse Staffing Report**	
	The Executive Chief Nurse (SW) presented the report and highlighted the following key points: • Deterioration of staffing in December because of sickness; • Inpatient registered nurses and midwives achieved special cause improvement in November and December; • Concerns about unregistered roles - proactive recruitment continues. • Continuing work to address Band 2/3 pay rates; • An additional 33 beds in December with staff pulled from current establishments; • Highest recorded Datixes in December. • New AHP recruitment lead has started, engaging with online and international recruitment The Board noted the report.	
4.5.1	**Maternity Services**	
	Quality Safety and Performance Report The Head of Midwifery (KN) presented the report and drew attention to the compliance with the maternity improvement plan. This was presented to the Improvement Committee on 16th January, followed by the local maternity and neonatal system as it also required sign-off by the ICB. It has now been submitted to NHS Resolutions. JC congratulated the department on the results of the maternity service staff survey. KN also noted the maternity assurance visit by the NHSE regional team in November. The governance process in particular was noted by the visitors as being very good. KN reported that there was a delay of one day in reporting a neonatal death, but there appears to be no flexibility in reporting. A more robust system is now in place to ensure that there is no recurrence. A visit by the CQC is expected by the end of March. In response to a question about the Labour Suite coordinator being supernumerary, KN explained the circumstances surrounding one incident when the coordinator was not supernumerary for a short time, although patient safety was not compromised in any way. **Clinical Negligence Scheme for Trusts (CNST) Submission**	

	The Board noted the report. **Maternity and Neonatal Services in East Kent – report of the Independent Investigation** It was agreed that this will be discussed at a Board development session, and an action plan brought to the Open Board for discussion and tracking of progress. **Action: To discuss the report on Maternity and Neonatal Services in East Kent at a Board development, and to track progress at Open Board.**	**SW/KN**
5.0 GOVERNANCE		
5.1	**Audit Committee Report**	
	The Chair of the Audit Committee (AR) presented the report which focussed on the accounts of the My WiSH charity, which are in order. The finance team has been asked to give a tighter timetable for the process next year. The Board noted the report.	
5.2	**Remuneration Committee Report**	
	The Chair of the Remuneration Committee (AR) presented the report. With regard to the appointment of the Director of Workforce and Communications as a voting member of the Board, JC confirmed that this was always the intention as soon as a vacancy became available. JC also confirmed that PM's term as Interim Medical Director has been extended to the end of December 2023 to allow enough time for the process to appoint a substantive replacement.	
5.3	**Governance Report**	
	The Trust Secretary (RJ) presented the report, and noted that the approval of the charitable funds and accounts was an urgent decision which has been reported to the Board. The decision on maternity was delegated to the Improvement Committee because of timescales. The Board approved the revised Terms of Reference for the Charitable Funds Committee and Future System Programme Board. A query was raised about whether the development of the Board Assurance Framework (BAF) should be worked on collectively before it comes to the Board. RJ confirmed that the BAF to be presented would not be final - it will be a long list of identified risks, and from that a conclusion will be reached as to which meet the threshold to be included in the BAF. It will come to the Board for further discussion. Consideration will be given as to whether a Board development session could be used to discuss the BAF further.	
6.0 OTHER ITEMS		
6.1	**Any Other Business**	
	AR raised the issue of the six new categories in the CQC inspection framework. Executive preparation will be required for that for new inspections will be at ICS level,	

	and it would be sensible to discuss with partners how some of our systems should be aligned. JC proposed that a presentation or seminar on the new CQC inspection regime would be very useful, perhaps at a Board development day. **Action: RJ** JC recorded the Board's thanks to Richard Davies, outgoing Non-Executive Director, for his contribution over the last six years, particularly as senior independent director.	
6.2	**Reflections on meeting**	
	• Quality should be higher on the agenda, with clarity about what is being considered at sub-committee; • Recording of the patient story worked well; • Interaction with staff based at the Hub location would be useful. The Board acknowledged that this is Craig Black's last Board meeting as interim CEO, and offered thanks for all his work during this period.	
6.3	**Date of Next Meeting**	
	Trust Board Open**:** Friday 31 March 2023	

RESOLUTION

The Trust board agreed to adopt the following resolution: -
"That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

1.4. Action log and matters arising

To Review

Presented by Jude Chin

Board meeting - action points

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery	Date Completed
2070	Open	30/9/22	10.3	Involvement committee to consider the issue of staff shifts and rota patterns (inc in radiology)	Matter referred to Involvement Committee in February. **The Involvement Committee CKI in the Board papers refers to this issue.**	JMO	~~31/01/2023~~ 28/02/2023	Green	
2077	Open	25/11/2022	3.2	***System Update - ESNEFT -*** It was agreed that both trusts should publicise the vision and principles for the collaboration internally and externally.	Meeting planned with Comms to progress in mid-January.**Discussion has taken place with communications team. The plan was originally to include a section in the all staff update and plan future public communication. The inclusion in staff update was postponed due to industrial action. Communications team working with ESNEFT regarding public communication**	NC	02/02/2023	Green	
2086	Open	2/2/23	2.2	***Patient/staff story -*** SW to check with the education team that training relating to patients with learning disabilities is part of the core training for nurses and medical students	**There is no core/mandatory training. Learning Disibilities Training is delivered currently within WSFT as part of the Care Certificate. With respect to the current curriculum, all branches have to meet the same standards. In annex A there are quite specific descriptions of communication related to disibility.**	SW	31/03/23	Green	
2087	Open	2/2/23	2.2	***Patient/staff story -*** Involvement Committee to monitor the effectiveness of processes to ensure appropriate care of patients with learning disabilities		JO / AR (TD)	26/05/23	Green	

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery	Date Completed
2088	Open	2/2/23	2.4	***People and Organisational Development Highlight report, including FTSU Guardian Report -*** Pledge of support for the work of the FTSU guardian to be drafted and agreed by the Involvement Committee for publicising to staff		JO	26/05/23	Green	
2089	Open	2/2/23	3.2	***System Update - ICS and West Suffolk Alliance -*** To discuss the Joint Forward Plan (JFP) and the alliance in West Suffolk at the Trust Board in May or in a Board development session		PW	31/03/23	Green	
2090	Open	2/2/23	3.2.1	***Presentation on example from domains - Die Well*** Involvement Committee to receive deep dives on remaining domains, with short presentation to the Open Board		SW/JO	26/05/23	Green	
2091	Open	2/2/23	4.5.1	***Maternity Services - Quality Safety and Performance Report -*** To discuss the report on Maternity and Neonatal Services in East Kent at a Board development session, and to track progress at Open Board		SW/KN	31/03/23	Green	

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

Board meeting - action points

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery	Date Completed
2092	Open	2/2/23	6.1	***Any Other Business -*** To produce a presentation or seminar on the new CQC inspection regime, perhaps at a Board Development Session	**This has been incorporated into the draft Board development / workshop programme for 2023/24. This is captured in the workshop feedback section of the Governance report.**	RJ	31/03/23	Complete	31/03/23

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

2. 9:20 - PEOPLE AND CULTURE

2.1. Questions from Governors and the Public relating to items on the agenda

To Note

Presented by Jude Chin

2.2. Patient / staff story - Virtual Ward

To Review

Presented by Susan Wilkinson

2.3. Chief Executive’s report

To inform

Presented by Ewen Cameron

CEO Board report – March 2023

I would first like to express my thanks to Craig Black for his work during his time as interim chief executive. Craig stepped up at a particularly difficult time and delivered outstanding leadership which has left the organisation in a much stronger position.

During my first month at the West Suffolk NHS Foundation Trust I have been fortunate to have visited more than 60 teams delivering services at both the West Suffolk Hospital and Newmarket Community Hospital, as well as community services in Sudbury, Glemsford and Mildenhall. I am very grateful for the warm welcome I've received, and I look forward to visiting more teams and areas in the coming weeks and months.

Coming into this Trust, I have seen the potential and the impact that integrated community services can have in delivering personalised and joined-up care for our patients. I believe that our working more closely with social care colleagues will allow us to better support our patients once they leave hospital or prevent them from having to come in the first place. Additionally, as a global digital exemplar, we are in a good position to continue to use technology to innovate the way we deliver care or manage the processes behind it into the future. These strengths, coupled with talented and dedicated colleagues are our best assets.

Operational pressure

Our Trust, like the vast majority of NHS organisations, is operating under intense and sustained pressure due to a variety of reasons, particularly relating to urgent and emergency care demand and the industrial action being taken by multiple unions representing various staff groups.

We have seen longer ambulance handovers to our emergency department than we would like and patients waiting in this area for a bed for significant periods of time. I am sorry to anyone who experiences long waits like these. To help alleviate some of these pressures on bed availability, we will continue using our F9 ward as contingency until at least the end of May. Our latest action plan has been agreed on 22 March and is particularly pertinent as we prepare for the return to the reporting of the four-hour target in our emergency department in May.

I know colleagues are working incredibly hard in these challenging circumstances, and I would like to thank them all for their continued support and hard work during these times.

There is good news, as of 22 March the Trust has significantly reduced the number of patients who have had to wait more than 104 weeks before they receive their treatment. In March 2022, the figure stood at 268, and following a huge effort from our colleagues this is due to be in the low single figures by the end of March.

Our aim is to reduce the number of patients waiting more than 78 weeks by the end of March to 61 (from 725 in early March 2022), which remains on track. It should be noted that these 61 patients have chosen to delay their treatment, are currently unfit for their procedure or lie within areas with identified capacity deficits.

Our next target is to address our capacity issues and shift our focus to reducing those patients waiting more than 65 weeks by the end of March 2024. I will bring the Board further updates on this as it progresses.

The above progress is being made despite the ongoing industrial action, which I know brings significant disruption to colleagues both through the preparations beforehand and during those days, and to patients through the postponement of appointments and procedures. I

would like to thank all colleagues for their tireless work through this difficult time and for the way they showed each other compassion and respect. There were outstanding examples of colleagues going above and beyond to ensure patients received safe care during this time. This included retired consultants coming back to help look after patients, a GP providing inpatient care and also our colleagues from a wide range of professions who were key to keeping services safe. I would like to reassure patients that if you have had an appointment or procedure postponed or if you are affected by the upcoming industrial action in April, we will contact you to rearrange this at the earliest opportunity.

We respect all colleagues' legal right to take industrial action. However, I hope that the disputes around pay and conditions between the unions and the Government are resolved quickly, so that we can return our focus to delivering and improving the care we provide to our communities.

Workforce

While I have only been here a short amount of time, I have been humbled by the commitment and dedication shown by all our teams to delivering the highest quality and safest care possible. All the teams I have visited so far, in the acute hospital or community, and clinical or non-clinical roles, have shown pride for the services they deliver and for the organisation they are a part of. As I have stated above, I firmly believe our staff are our most important asset.

The NHS Staff Survey 2022 results have recently been published, which unfortunately shows the continued deterioration of what it's like to work in the NHS. At our Trust, this is no different, however there are areas that remain strong and for the most part we remain above or at the national average. I know there is a lot of work to do to improve the experience our colleagues have of working at our Trust, and I am committed to making this organisation an even better and more attractive place to work.

A key part of this is the Freedom to Speak Up scheme which is fundamental to how we understand the concerns of colleagues and how we learn when things go wrong so we can improve the quality of care we deliver. A strong speak up culture is something I am fully committed to upholding and fostering.

Quality and safety

I would like to end this report with a focus on some of the things of which we should be very proud.

I have been very impressed by the work that is focused on improving and maintaining the quality and safety of the care we deliver.

I would like to congratulate our stroke team for retaining an 'A' rating in the Stroke Sentinel National Audit Programme for 19 consecutive quarters. This is a massive achievement and something that should be noted and recognised.

Our maternity services exited the Maternity Safety Support Programme in November 2022, becoming the first in England to achieve this. It has been an incredible effort by the team to address some core and deep-rooted issues. The entire team should be very proud of their work over recent years, and I would particularly like to recognise the work of our head of midwifery, Karen Newbury, who has just won the Inspiring Leader Award at the NHS East of England Regional Maternity Team Maternity Awards. I look forward to seeing how this service continues to improve the quality and safety of the care they provide for their communities.

Finally, the Getting It Right First Time (GIRFT) general surgery High Volume, Low Complexity (HVLC) review was commended as the best example of system working in general surgery reviewed so far by the national team and demonstrates the importance of collaboration in improving outcomes for patients.

2.4. Involvement Committee report

For Approval

Presented by Jude Chin

Chair's Key Issues

Originating Committee:	Involvement Committee	Date of Meeting:	20 February 2023
Chaired by:	Alan Rose	Lead Executive Director:	Jeremy Over

Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref.	Paper attached?
Patient Profile (Michelle Vaughan-Williams & Cassia Nice) (FIRST for Patients)	- Update on the roll-out of the Patient Profile on e-Care, being trialled on Stroke Ward. - Staff workload eased by encouraging patients, family and volunteers to help input to these. - Discussion of broadening to Community settings, GPs and with ICS involvement, but constrained due to interface with SystmOne.	**Good Assurance** for the Board on this quality initiative. Roll-out encouraged, with language accessibility issues to be considered; Review in 1 year.	BAF Risk 1 (Quality and Safety)	

Originating Committee:	Involvement Committee	Date of Meeting:	20 February 2023
Chaired by:	Alan Rose	Lead Executive Director:	Jeremy Over

Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref.	Paper attached?
Industrial Action (FIRST for Staff & Patients)	- Update on how the Trust has been and plans to manage the serious impact of various types of industrial action. - Emphasis on supporting all staff, striking or not, with positive feedback received of this approach. - Huge commitment of resources to rearranging/postponing work and adjusting available staffing to optimise patient safety. - Learnings captured at each stage. - No specific safety incidents reported during strike days so far.	**Assurance** for the Board, of the efforts of all concerned to manage these challenges, **but huge concern** over resources tied-up to achieve this, the delay in work recovery and other management tasks, the hidden health effects of delays to patients and the continuing toll on workforce morale.	BAF Risk 1 (Quality and Safety) & BAF Risk 6 (Workforce wellbeing)	
CQC Maternity Survey (of 161 Jan/Feb '22 patients) (FIRST for Patients)	- All responses the same or better than other Trusts. - 5 areas of focus suggested by CQC, each being actioned alongside the range of ongoing maternity improvements.	**Good Assurance** for the Board, triangulating with the other regular positive updates of our intensely-scrutinised Maternity Services.	BAF Risk 1 (Quality and Safety)	
National Staff Survey (2022) **c2,000 staff (41%) responded** (FIRST for Staff)	- Early themes being analysed. - The Trust remains average or above average for many measures but disappointing to see deteriorations in several important issues vs. last year. (e.g. Freedom to Speak Up, incident reporting and appraisal /development) – upon each of which considerable efforts have been expended on improving. - Detailed analysis ongoing, especially Divisional differences and free text	**Weak Assurance** as analysis and correlation with WMTY2 still in progress. Once complete discussion at Board important	BAF Risk 6 (Workforce wellbeing)	

Originating Committee:	Involvement Committee	Date of Meeting:	20 February 2023
Chaired by:	Alan Rose	Lead Executive Director:	Jeremy Over

Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref.	Paper attached?
	- Working with staff representatives to probe 'non-responder' perspectives. - Analysis alongside parallel WMTY-2 feedback from recent months. - Issue of the huge impact of immediate line-management raised again in discussion.	Governors request a presentation.		
Staff Shifts & Rota Patterns (Sarah Turner & Paula Heading) (FIRST for Staff)	- Update on analysis and actions taken following Radiology staff consultation, addressing our rotas, overtime arrangements and related pay issues – which the use of Model Hospital had highlighted were far above the norm. - Plan to extend this kind of analysis to other areas; (e.g. Endoscopy). - Some learnings and implications for setting-up the Newmarket Clinical Diagnostic Centre (CDC).	**Good Assurance** for the Board	BAF Risk 6 (Workforce wellbeing)	

Workforce OD/Plans/Governance/KPIs
 	
(Claire Sorenson)
 	
(FIRST for Staff)
	- Update on the new 'People & Culture Leadership' Group, which includes staff-side representatives and includes focused Working Groups (e.g. EDI, Staff Support/Wellbeing).
	- Board Assurance Framework (BAF) being reviewed to more explicitly address:
	  o Internal Communications
	  o Wellbeing of Staff
	  o Training & Development
	- Update on KPIs:
	  o Improvement in Mandatory Training and Appraisal rates
		Good Assurance for the Board;
		Expect Jeremy Overs Board reports to begin to reflect initiatives and impact from this new Group.
		Involvement Committee to seek assurance of its effectiveness.
		
		Turnover/Sickness rate impact to be highlighted
			BAF Risk 6 (Workforce wellbeing)	

Originating Committee:	Involvement Committee	Date of Meeting:	20 February 2023
Chaired by:	Alan Rose	Lead Executive Director:	Jeremy Over

Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref.	Paper attached?
	o Continuing focus on challenging Turnover and Sickness concerns – with more "Stay Conversations" taking place.	to Board (again), due to knock-on effect to many other issues.		
Next time: (18/04/23)	- Ongoing learnings/actions following Industrial Action. - Initiatives following full analysis of the National Staff Survey - -			
Date Completed and Forwarded to Trust Secretary		**13 March 2023**		

2.4.1. People & Organisational Development Plan

To Assure

Presented by Claire Sorenson

x

Board of Directors

Report title:	**People & OD Highlight Report**
Agenda item:	2.4.1
Date of the meeting:	Friday 31 March 2023
Sponsor/executive lead:	Claire Sorenson, deputy director of workforce, HR services, on behalf of Jeremy Over, executive director of workforce & communications
Report prepared by:	Members of the workforce and communications directorate

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

Executive summary:	The regular People & OD highlight report to the Board is appended.
Action required/ recommendation:	To note and provide comment and/or feedback on the report.

Previously considered by:	N/A
Risk and assurance:	Research demonstrates that staff that feel more supported will provide better, higher quality and safer care for our patients.
Equality, diversity and inclusion:	A core purpose of our 'First for Staff' strategic priority is to build a culture of inclusion.
Sustainability:	Our role as an anchor employer, and staff retention.
Legal and regulatory context:	Certain themes within the scope of this report may relate to legislation such as the Equality Act, and regulations such as freedom to speak up / protected disclosures.

People and OD highlight report

1.	**Introduction**
1.1	The People & OD highlight report was established during 2020-21 as a regular report to strengthen the Board's focus on how we support our people, grow our culture and develop leadership at all levels. This format will continue to be developed, alongside the CKI report from Involvement Committee, to reflect the work that is ongoing, bringing together various reports that the Board has routinely received into one place. In addition to discussing the content of the report, and related issues, continued feedback is welcomed as to the structure and content of this report and how it might be developed in future. This month the report provides updates on the following areas of focus: • Putting You First awards (February/March) • Responding to industrial action at WSFT • NHS 2022 staff survey • Voluntary Services – post Covid recovery • Apprenticeship strategy overview We routinely measure the impact of our approach through a set of workforce key performance indicators, which are included within the integrated performance report and monitored through the Involvement Committee.
2.	**Putting You First Awards (January / February)**
2.1	**Chantelle Richardson** – stroke clinical nurse specialist, ESOT, *nominated by Nicola Butler, stroke clinical nurse specialist who wrote:* "Today (25.02.2023), we are short-staffed due to staff sickness leaving one ESOT nurse to cover TIA clinic and ED. Normally there are two nurses on at the weekend and two nurses plus two doctors during the week. Chantelle kindly agreed to come in from 09:00 to 15:00 to help cover the workload but needed to go home at 15:00 for a family event for her children where she promised she would not be late. Shortly before Chantelle was due to leave, we had a thrombolysis alert in ED and it transpired the gentleman was eligible for thrombectomy and required transferring to the Royal London. Chantelle stayed until 16:30 to support the ESOT service at the cost of family commitments. This level of dedication to her patients and colleagues needs recognising as I for one, am extremely grateful that she went above and beyond whilst disappointing her family by not being home as promised."
2.2	**Michael Round** – vaccination team lead, *nominated by Christian Jenner, communications officer who wrote:* "Michael has been leading the team since it was (speedily) set up as part of the SNEE and national vaccine rollout, once the COVID-19 vaccines were made available. The whole WSFT vaccine taskforce deserve recognition, but Michael (a paramedic by profession) has been outstanding. So many staff and colleagues from partner organisations were vaccinated so quickly undoubtedly saving lives and allowing services to be maintained. As well as the staff clinics, the team travelled all over delivering vaccine to our communities and vulnerable people. They quickly found that in areas where take-up was low, attending right in the heart of those communities was necessary and worthwhile. Michael and his team soon found that the key for many people was having time to ask questions and receive trusted information. They also attended care homes and the homes of housebound

	people - including those whose mental health meant they were unable to attend clinics. Michael once spent four hours with a very vulnerable person which ended in them accepting the vaccine. The work has been extended to include flu vaccination. Staff from across the professions and the system have joined this team and want to stay with them - this is largely because of Michael's leadership. In so many ways he has been a real driving force in this regional campaign. As a comms professional, having someone who really understood and respected the role of comms in all this has been a huge help. I honestly think lives have been saved by the professionalism, commitment and dedication of this team, and Michael would be the first to say it is a team effort - but his leadership is a big part of that."
2.3	**Lianne Thorpe** – communication aids assistant. SCARC, *nominated by Della Chubb, service lead who wrote:* "Along with Lianne's line manager Rebecca Taylor, we would like our colleague Lianne to be considered for a Putting You First award. Lianne has worked tirelessly with this family to integrate and support getting a Talkpad (communication aid) into this young lad's environments. There have been some frustrations with some environments but the feedback from the young lad's Mum (see email below) identifies how much Lianne has persevered to resolve these issues and the feedback from the Mum has identified a vast change in the young person's communication skills using his communication aid, that directly correlates to Lianne's hard work. What a wonderful piece of feedback for Lianne." *"Hi Lianne! You're an absolute star with your persistency with getting things set up for Z, thank you for this! Yes this is probably best to do now, Z has been amazing with the Talkpad at home, we're getting so many different responses from him and he's starting to engage everyone in the household more and for the first time ever, he pointed at something and asked for it, he's never pointed, even as a toddler, this is such huge progression in such a short time and I am certain the Talkpad has helped with this. I appreciate all your help and efforts with getting everything setup for Z Many thanks V"*
3.	**Responding to industrial action at WSFT**
3.1	The BMA junior doctors strike took place between 06.59am on Monday 13 March through to Thursday 16 March at 06.59am. This saw the full stoppage of work from BMA junior doctors. Junior doctors and other colleagues, who were not a member of a trade union or professional organisation, were eligible to participate in the strike action. The strike action was part of a national BMA campaign around pay restoration and working conditions, which saw over 37,000 junior doctors vote to take industrial action - 98% of the 77% who turned out to vote. We understand the reasons for colleagues taking industrial action and appreciate that pay and working conditions across the NHS are extremely challenging at the moment. We recognise the dispute wasn't between the Trust and colleagues and the Trust is supportive of colleagues' right to take legal action.
3.2	Our priorities in relation to this action were: • To minimise the risk to patients • To support our staff who wish to exercise their rights to take legitimate and legal action We undertook robust planning for those days affected by industrial action and worked to support patients and colleagues alike. Unlike the RCN strike there were no derogations so planning was done on the assumption that all junior doctors would be taking strike action.

	A range of appointments and procedures were postponed in advance, with a limited number of services continuing, covered by consultants and SAS doctors. This included: • Emergency, critical and intensive care, neonatal and stroke care was covered 24/7 • 2-week urgent cancer care continued as well as our most urgent operations and procedures (P1 and P2) • Chemotherapy and renal dialysis services also continued over the strike period as well as some emergency/specialist clinics • Time critical antenatal and maternity services were provided • On-call cover overnight across the organisation was also enabled As part of our response to the strike action we provided regular supportive briefings for colleagues. We also provided a dedicated intranet site, frequently asked questions, and ways through which colleagues could ask questions - anonymously if preferred, which the HR team then responded to. For the period of strike action, a team of 'incident responders' were based in the Northgate meeting room, led by our deputy medical director, supported by our medical director, clinical directors and members of the workforce and communications teams, who managed the days, mitigating any risks to ensure all relevant areas were safe for our patients and colleagues. Relationships with our junior doctors and BMA representatives were collaborative and co-operative, mutually respecting each other's position and feedback from junior doctor representatives was how supportive we had been in dealing with the strike action. Feedback, to inform our learnings from this period of strike action, is currently being sought from the organisation; this will then be used to inform an 'After Action Review' meeting.
4.	**NHS staff survey 2022**
4.1	The NHS national staff survey was completed during the period October – December 2022. This was during the period when the Trust undertook an 'autumn of active listening': the NHS staff survey running alongside listening sessions across 38 acute and community locations for What Matters to You 2, and a survey on travel and car parking. Results from the national staff survey were made available in mid-March 2023. I985 staff members responded to the survey, providing a 40.8% response rate. The average for the acute and community benchmark group was 44%. The results at national level saw improvement in two areas, steady state in five areas and declines in two areas. WSFT results reflect a similar pattern, scoring in line with the average or above, with some improvements and a couple of areas of decline. The detail behind these headlines is currently being reviewed and triangulated and collated alongside feedback from the What Matters to You listening sessions and Freedom to Speak Up feedback. Staff communication is being undertaken, with Trust wide and Divisional action plans planned for development. This additional analysis, recommendations and next steps will be presented to the Involvement Committee in April and updated to Board in May.
5.	**Voluntary Services – post covid recovery**
5.1	There are now just over 300 active volunteers who are supporting the Trust. In March 2020 at the start of the pandemic all volunteers were stood down, although telephone contact with them all was maintained. During this period the voluntary services team successfully developed and implemented a new on-line platform to recruit volunteers and provide an on-line mandatory training process. This has since helped streamline the recruitment process.

	Reinstatement of volunteers began in September 2020 and recruitment of new volunteers began in May 2022. There have been 70 volunteers come through the application and screening process since then and they are now actively volunteering. This has been a mixture of adults and students. Since the beginning of 2023 volunteers have given 7000 hours of their time to volunteering. There are 41 different volunteer roles in numerous clinical and non-clinical departments, and active recruitment is happening on an on-going basis. New opportunities for volunteers are always being explored and recently there has been a patient flow role created to support the site manager. From April a full rota of volunteers will also be supporting the Emergency Department again from Monday to Friday. The student programme has been running since May 2022 with 117 students attending various clinical shadowing roles in West Suffolk hospital, including medicine, nursing, cardiology and AHP roles. There are currently 14 student volunteers on the wards with an additional 9 having completed their 50-hour volunteer placements. School engagement has also been busy in the last quarter and our student and young volunteer coordinator attending 17 events supported by 60 WSFT health ambassadors.
6.	**Apprenticeship strategy overview**
6.1	The Apprenticeship Strategy reflects our commitment to progressing apprenticeships in order to help attract and retain talent and to ensure a skilled, motivated and flexible workforce for the future. The strategy reflects national initiatives, government directives and embeds the WSFT Trust values. **Key areas of focus** 1. To utilise the apprenticeship levy money effectively - the Trust is currently utilising approximately 60% of the levy money it pays in each year, and currently has a fund of just over £1.9 million to spend. Actions identified in the strategy aim to increase this proportion and spend the Levy in a way that maximises return on investment and which invests in the development of our current and future workforce 2. Provide development opportunities to colleagues through apprenticeships – there are opportunities available already although further work is planned to ensure there is equity of opportunity for all teams across the organisation 3. Increase local engagement and employment of external apprentices - we aim to engage with the local population, schools and colleges to increase the view of the Trust as an “Employer of Choice” 4. Increase retention rates and reduce staff turnover - we aim to support existing staff with their professional development through apprenticeships and recruit new staff onto apprenticeship courses to mitigate the need for colleagues to look outside the Trust for career development 5. Deliver on Public Sector Targets/Initiatives – we want to ensure we work to deliver on government public sector targets and that we work within the Alliance to support new initiatives and opportunities related to apprenticeships 6. Offer high quality apprenticeships – we want all our apprentices to receive high quality training and support whatever apprenticeship course they are on. We want them to feel valued with their learning positively recognised by the organisation. **Apprenticeship numbers** There are currently 142 apprentices at the Trust as of March 2023, growing to 160 by October 2023. There are 28 different apprenticeship courses being offered, with this increasing to 35 by October 2023. **Areas prioritised** • Offering support to existing apprentices, including supporting apprentices with declared neurodifference or disability

	• Identifying apprenticeship courses that offer the skills and training and career development required by teams and individuals across the Trust • Identifying clear recruitment and HR processes for apprenticeships • Supporting managers with information and resources A workplan has been developed to deliver the other outcomes within the strategy. **Conclusion** This apprenticeship strategy identifies how we will support our current apprentices, use apprenticeships to attract new talent as well as identifying opportunities for the development of existing employees, to ensure we have a workforce capable of meeting our communities' needs both now and in the future. Apprenticeships provide an opportunity to improve the diversity and inclusion of our workforce by providing people from all backgrounds with a greater opportunity to progress with their careers.
7.	**Recommendation**
7.1	To note and provide comment and/or feedback on the report.

3. 10.50 - STRATEGY

3.1. Future System board report

To Assure

Presented by Ewen Cameron

Public Board Meeting – March 2023

Report Title:	Future System Board Report
Executive Lead:	Craig Black
Report Prepared by:	Gary Norgate
Previously Considered by:	Future System Programme Board

For Approval	For Assurance	For Discussion	For Information
☐	☒	☐	☐

Executive Summary

As a general indication of health, the status of those tasks within the control of the Future System Programme remain unchanged as 'Green', however, delays to confirmation of our capital envelope could soon start to have a material impact on our critical path. That said, significant strides have been made in several key areas:

1. Having secured outline planning permission, the team have been working with the Local Planning authority to agree terms for a "section 106[1]" agreement. These terms have been signed by the WSFT Board, agreed by our local and county councils and are now progressing through National Highways.
2. We have now secured agreement in principle for the funding of those enabling works that underpin the pre-commencement conditions of our planning application. These include; early planting of a tree belt to protect our nearest neighbours from disruption and the execution of a compensation strategy aimed at counter-balancing the inevitable impact of building a new hospital on a green field site.
3. The Programme Business Case, covering the scope and budget for all of the "40 Hospitals" in the New Hospital Programme (NHP), made what we are told is its final appearance before the Major Projects Review Group on 24th February. We expect a positive announcement on what this means for our project by 31st March.
4. Work has commenced on a formal business case for the creation of a "Bury St Edmunds Community Hub". This work encompasses previous discussions about the use of Western Way and will ensure we identify the optimum option and that it is both deliverable and supported.
5. I'm delighted to welcome Gary Cole to our team. Gary will take responsibility for leading the workforce element of our project, focussing on identifying our future skills and resource needs and working with NHP to ensure lessons are shared across the entire national programme.
6. West Suffolk Foundation Trust has been chosen as a lens through which the National Audit Office will assess the value for money and effectiveness of the NHP.
7. Phase 5 of our co-production process has commenced with several workshops aimed at revisiting and updating our 1:200 departmental designs.
8. In the next 6 weeks we expect to; sign a Section 106 agreement, receive the first of the co-produced national standards / designs and understand the consequences of PBC / MPRG discussions (which will inform the likely size of our capital envelope).

[1] Section 106 of the Town and Country Planning Act 1990 allows local planning authorities and developers to enter into legally binding agreements and obligations that aim to mitigate the impact that a development may have upon its environment.

Estates Workstream

Business Cases and Project Plan

Key activities and milestones:

A section 106 agreement has now been signed by the WSFT Board, the local and district councils. Once signed by the Highways Authority, the agreement will allow the Local Planning Authority to formally issue our notice of planning consent.

The key points of discussion throughout the planning process have been:

- Provision of a second access road from the west of the site (e.g. from Horringer)
- Public transport
- Construction access
- Loss of irreplaceable habitat
- Landscape impact
- The means of site ingress and egress and the general impact that the replacement hospital might have on traffic and congestion.

These concerns can be seen to have heavily influenced the primary obligations contained within the Section 106 agreement, namely:

- A bond to deliver mitigation, if required, to junction 42 of the A14 after the development is brought into use.

- A highways contribution for the provision of a sustainable cycle and pedestrian route between Horringer and the hospital, including a dropped kerb and tactile paving.

- A travel plan contribution for monitoring the travel plan that promotes sustainable travel for the Development.

- A Traffic Regulation Orders (TRO) contribution to pay towards the costs of the making and implementation of TRO related to the development in Bury St Edmunds including parking restrictions on Gypsy Lane and Horsecroft Road and on Mayfield Road.

What happens if we fail to comply?

The S106 agreement states, "The Council and the County Council consider, and the Owners acknowledge, that the Development should not take place until certain restrictions regulating the use of the Site are imposed", i.e. the development cannot commence with material[2] construction until the obligations of the S106 have been satisfied.

In addition to the terms of the Section 106, the Trust's ability to commence construction is governed by a number of pre-commencement conditions that cover areas such as the execution of a suitable strategy that compensates for the inevitable loss of habitat. With this in mind, funding for enabling works has now been agreed in principle and work is underway on a formal business case for their release. In addition, the team have been seeking 'expressions of interest' from neighbouring land owners for the supply of land suitable for establishing a compensatory environment. At the time of writing, two potential partners have been short-listed and are being taken through the appraisal process to ensure we identify the optimum option whilst complying with the Trust's procurement rules.

Enabling works funding also covers utilities surveys and the early planting of screening that aims to protect our most immediate neighbours from the noise and disruption of the construction period.

[2] The terms of the S106 do not preclude the commencement of enabling works such as the provision of utilities and the early planting of buffers and screens.

Our planning journey will now progress to the "reserved matters" phase during which the absolute size and positioning of the new hospital (along with detailed access plans etc.) will all be concluded. This activity is a major undertaking and we plan to secure full planning consent by a date that compliments the position of the FSP within the wider NHP schedule.

New Hospitals Programme Update

Further to the initial presentation of the NHP Programme Business Case to MPRG in December, additional work on the potential costs of replacing all of the Country's RAAC hospitals has now been completed. The outcome of these 'deep dives' was presented to MPRG on 24th February and we await formal notification of the Government's decisions (which are likely to cover the overall capital envelope of the programme and the relative prioritisation of the respective schemes).

Members of the FSP team attended a national workshop on Hospital 2.0[3] the purpose of which was share the conclusions drawn so far and to discuss the responsibility matrix that will govern how the standards are to be applied. The workshop was very constructive and a series of other workshops are planned to ensure progress.

Without a clear and publicly communicated decision on budget and priority for schemes within the programme, NHP are restricted in terms of authorising funding for early or enabling works that would presuppose the choice of a particular build option. That said, the specific risks faced by RAAC hospitals mean that options are significantly reduced and consequently, our case for funding the early planting of tree buffers and the acquisition of land to underpin the execution of our ecological compensation strategy, has been agreed in principle and we are working towards the prompt submission of an appropriate business case.

The National Audit Office[4] have been engaged to report on the effectiveness and efficiency of the NHP and West Suffolk have been singled out as a case study. To this end, we welcomed NAO representatives to site and spent a day talking them through our progress and experiences. This engagement provides further evidence of the national credibility of our scheme and has allowed us to positively position our need and readiness to build.

Next steps are expected to be formal communication of the outcome of the last MPRG discussions and detailed discussions with each scheme on the implications.

Clinical / Digital Workstream

Further to last month's update on the creation of the business case for a "Bury St.Edmunds Community Hub" discussions on potential scope have concluded that the services to be included within said hub will be initially limited to those that are currently provided within the main West Suffolk Hospital building, i.e. elements of outpatient activity, radiology and endoscopy. This is not to say that the opportunity to co-locate community services will be ignored, they will simply be assessed within a wider estates strategy being considered by the West Suffolk Alliance. Any building being considered as a potential home for the aforementioned hospital based services will therefore be assessed for its ability to house additional services in the future.

The clinical team are continuing to engage staff and public in the co-refinement of our 1:200 schedule of accommodation. Phase 5 of our co-production process will take these designs and reconcile them with the conclusions of Hospital 2.0 and the "minimum viable product" that emerged from the deep dive

[3] Hospital 2.0 is the term used to describe the national standards that will be applied to all new hospitals within the New Hospital Programme. The FSP team have been involved in the co-production of several of these standards which include the decision that wards within each scheme will consist exclusively of single en suite rooms.

[4] The national audit office audit public sector departments and agencies and report to Parliament on the value for money, efficiency and effectiveness of government spending.

conducted by NHP and their technical consultants. Although the detail of this analysis has yet to fully emerge, feedback suggests that the two views are closely aligned which underlines and protects the integrity of our co-production process.

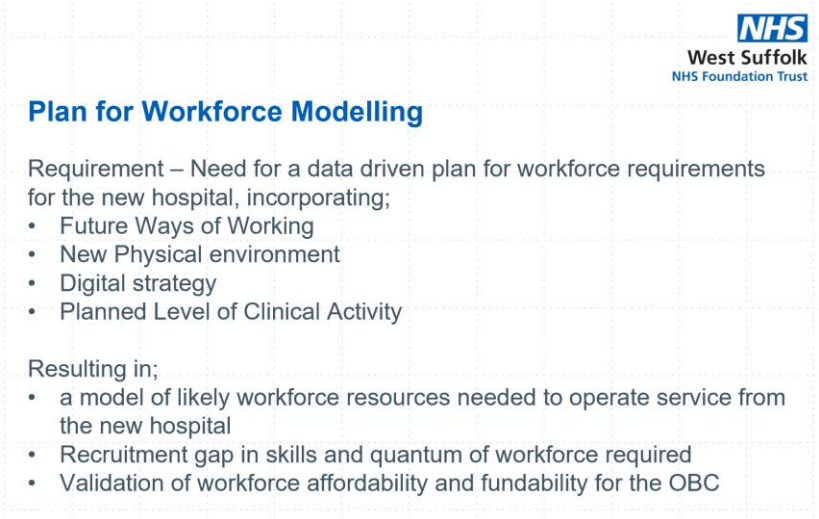
With this co-production process in mind, I am delighted to report that our team have had a paper on the role of co-production in health care design accepted for presentation at the next summit of the Royal college of surgeons.

Communications and Engagement

Our programme of site visits continues to create excitement and remains a key means of conveying the steps being taken to mitigate the inevitable impact of building a new hospital. Given the relatively high degree of disruption that will be experienced by our closest neighbours, we have recently held a face to face event that explained our plans for the new hospital and our next steps.
Emma continues to work with the less well represented members of our community to ensure their voices are heard and that their input is reflected in our co-production process.

Workforce

I am delighted to welcome Gary Cole to our team as our Workforce Lead. Gary joins us from Addenbrookes and has a wealth of experience of having worked in a range of workforce roles across our region. Gary will primarily focus on developing and executing a plan for us to understand our future workforce and skills requirements (see below). Whilst working on the specifics of our own project, Gary will also join the national workstream where he will share our own experiences whilst benefiting from those of others.



Finance

Our project continues to progress in line with its defined budget and is expected to outturn the year on target.
We have now received confirmation of "seed funding" (c.£1m) from NHP aimed at supporting our current activities from 1st April 2023 while we await confirmation of capital budget and build schedule from MPRG. Additional funding for professional resources required for the development of our outline business case will be made available in line with our respective position in the NHP build schedule.

All in all, this has been a period in which we have made progress towards the completion of our section 106 agreement, the commencement of enabling works, the clarification of our project's scope, the design of our new hospital and the understanding of our capital budget. The next period should see the culmination of several key activities:

- The results of the MPRG presentation will be known

• The first national workstreams will have been presented. • We should have a view of capital budget and our relative position within the NHP build schedule.
Action Required of the Board
To note the contents of this report.

Risk and assurance:	*[Please reference if this relates to a BAF risk or a new risk that is being escalated for the Board's attention or delete line if not applicable]*
Equality, Diversity and Inclusion:	*[Please reference any equality, diversity or inclusion implications arising from this paper or delete line if not applicable]*
Sustainability:	*[Please reference any sustainability implications arising from this paper or delete line if not applicable]*
Legal and regulatory context	*[Please reference any relevant legislation or regulatory requirements in this section or delete line if not applicable]*

3.2. System update - West Suffolk Alliance and SNEE Integrated Care Board

To Assure

Presented by Peter Wightman

WEST SUFFOLK ALLIANCE UPDATE 28 MARCH 2023

INTRODUCTION

Purpose

Update WSFT Board on key highlights from across West Suffolk Alliance Committee during February and March 2023.

System Leadership changes:

- Ewen Cameron has joined the Committee as WSFT Chief Executive
- Belinda Danso-Langley has joined the Committee as Service Director for NSFT (in place of Mark Pattison)
- Christine Abrahams announced she would be stepping down from role her as Chief Executive Officer of Community Action Suffolk at end September 2023

FUNCTIONS DELEGATED TO WEST SUFFOLK ALLIANCE

Primary Medical Care:

<u>New update to 2023/24 primary medical care contracts</u>
The changes combine a major focus on access, a reduction in the number performance indicators and further flexibilities relating to Additional Roles for PCNs. For access:

- Every GP practice is required to ensure all patients contacting their practice receive an assessment within 24 hours and where a GP team appointment is need this is to be supplied within 2 weeks.
- PCN performance funding is heavily weighted to performance by practices on access.
- This represents a major challenge for some practices and the ICB/Alliance primary care commissioning teams will need to judge the appropriate approach for offering support and contract management.

The contract also includes a 2.1% inflation uplift which is a major challenge for GP partners, given this less than pay inflation and minimum wage increase.

GP members of the Committee noted the major challenge this presents to many practices and the BMA is considering its response. The Alliance Primary Care Commissioning Group is considering the impact and will advise the WSA Committee.

<u>Quality and Support Payment</u>
The WSA Committee endorsed a Quality Support and Stability Payment (QSSP) that was implemented in light of the very high levels of urgent-on-the-day activity in December related to Group A Streptococcus (GAS), Influenza and Covid presentations. This provided assurances to practices on income in the event of preventative activity being displaced significantly (linked to minimum quality standards).

Medicines Optimisation:

WSA Committee received a report describing the causes of a year to date overspend of £1,701,159 (5% of budget) and agreed the following action plan:

Meds optimisation team:

- Focus on practices with greatest overspend (seven practices are over 10% above budget)
- Adopt different budget setting methodology for 2023/24 (using NHS England formula)
- Focus on high spending themes:
    - wound care (especially elastic hosiery).
    - Over the counter medications and Low value medicines
- Improve data provided to practices

Working as an Alliance:

- Implement NHS England guidance on self-care/OTC and LVM across primary and secondary care settings:
- Adhere to community contract requirements (relating to provision of dressings and bandages)
- Support review of the discharge process from WSFT – provision of dressings and appliances to care homes

- Support review of the discharge process from WSFT in relation to “urgent” medicines following an outpatient appointment
- Appropriate diagnosis and management of cow’s milk protein allergy
- Support for ongoing recruitment to the pharmacies and pharmacy technician funded ARRS roles

Mental Health Commissioning

Suffolk Mental Health Collaborative
The Committee endorsed the ICB proposal to move to a Suffolk Mental Health Collaborative from 1 April. This will mean the ICB will delegate responsibility for mental health commissioning to the collaborative instead of WS Alliance and I&E Alliance. The Collaborative will set strategy and outcomes, determine how resources should be deployed and how services are delivered. Detailed Terms of Reference of the Collaborative Committee will be presented for approval at the June 2023 ICB Board. Responsibility for relevant mental health budgets will move from the Alliances to the Collaborative from July 2023.

WS Alliance will
- receive regular progress updates from the Suffolk Mental Health Collaborative Committee
- agree the West Suffolk local mental health agenda as part of the collaborative

Community Services:
The Integrated Adults health and social care team having been working with system partners to agree the proposed use of national resource allocations for resources in the community in 2022/23 and 2023/24 to enable hospital discharge. For 2023/24, this presents an opportunity for

Finance:

The key 2022/23 financial issue reported is the prescribing overspend described above.

Financial planning: WSA Committee noted the actions underway to manage the ICS-wide financial deficit for 2023/24. This includes the ICB not being able to fund a range of £14 million cost pressures. These cost pressure include services funded from non-recurrent sources that are due to end (e.g. Cassius +) and identified commissioning gaps (e.g. expansion to the dementia diagnostic service). System partners are focussing on cost improvement programmes and cost control to achieve financial balance and release resources for potential investment. These changes are alongside national dedicated funding allocations for specific services e.g. mental health, cancer and discharge.

IMPROVING HEALTH THROUGH PARTNERSHIP

Health Inequalities – Suffolk County Council are establishing a committee focused on inequalities and delivering the Core20plus5 agenda, chaired by the Director of Public Health, Stuart Keeble. WSA will need to consider how to ensure this is reflected in West Suffolk actions.

Live Well – Be Well: WSFT and SNEE ICB have used non-recurrent investment to deliver the WSFT Haverhill Bus Service. Due to the financial position of the ICB, this is now under review. The Committee agreed to continue the Haverhill Bus service for a period of up 6 months to consider health related transport needs for the Haverhill community as an enabler to the Health Inequalities work.

Live Well – Age Well: The Committee supported and commented on plans to extend the current virtual ward offer as part of the overall capacity strategy during 23/24. The proposal plans to increase from 30 to 100 beds by end March 2024 and noted £2.8m of funding was assigned to deliver this, 50% WSFT, 50% NHSE.

Live Well – Estates

The alliance estates group identified the following principles:
- Service needs and design must drive the estates agenda
- Think and act as one system
- Capitalise on the role of anchor institutions to drive the estate agenda
- Make the most of all the assets we have and plan future assets carefully as one system
- Recognise estates will be a key constraint to inform service design

And following actions in 23/24**:**
1. For each live well domain area identify service and clinical requirements at locality level

2. Use Haverhill as an exemplar now

- Use of current buildings including reopened health centre and expanded GP premises
- Develop a Strategic Outline Case for the service and estate provision within

3. Use one public estate framework to promote and develop co-location and integration of key public, health, and voluntary sector partners where possible.

Peter Wightman
28 March 2023

3.3. Establishment of the Suffolk Mental Health Collaborative

Andy Vowles, Cambridge Health Consulting in attendance

To Approve

Board of Directors

Report title:	Establishment of the Suffolk Mental Health Collaborative
Agenda item:	3.3
Date of the meeting:	31 March 2023
Sponsor/executive lead:	Craig Black Executive Director of Resources
Report prepared by:	Andy Vowles

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

For some time, partners across the Suffolk system have worked collaboratively to improve mental health outcomes for local people. The existing Suffolk Mental Health Committee has been the key vehicle through which all partners have shared and aligned activities.

In order to now accelerate implementation of the Suffolk Mental Health Strategy, partners have – following an inclusive design process - agreed to establish a system Mental Health Collaborative. Establishing the Collaborative (which will be a sub-committee of the Suffolk and North East Essex Integrated Care Board) will enable partners to collectively take decisions about all aspects of mental health in the county, including determining strategy and planning, how funds are invested and how services are configured and delivered. It is envisaged that over time the Collaborative will in effect become the 'Board' for mental health.

Papers to establish the Collaborative are being taken to all partners' Boards and Committees during March 2023, including the ICB, Norfolk and Suffolk FT, Suffolk County Council, East Suffolk and North Essex FT and West Suffolk FT. Subject to approval from all Boards/Committees, the Collaborative will be formally established from April 2023.

Action Required of the Board

The Board is asked to:

- Note and endorse the establishment of the Suffolk Mental Health Collaborative
- Agree to the Trust becoming a full and active member of the Suffolk Mental Health Collaborative, including being represented on the core Collaborative Committee

Risk and assurance:	N/A
Equality, Diversity and Inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context	N/A

1. Background

In 2019 partners from across Suffolk published the *East and West Suffolk Mental Health and Emotional Wellbeing 10 Year Strategy (2019-2029)*. This document was the culmination of an extensive period of co-production with service users, families and carers, staff and the wider public.

Since 2019, considerable further work has been completed to implement the service model outlined in the Strategy. This has involved an inclusive, partnership approach, in recognition of the fact that promoting good mental health is not the preserve of any one organisation.

To date, work to implement the Strategy has largely been co-ordinated through the Suffolk Mental Health Committee. This Committee, which is chaired by the Deputy Chief Executive of the ICB, encompasses a wide range of members, including the ICB, Suffolk County Council, Norfolk and Suffolk NHS Foundation Trust (NSFT), East Suffolk and North East Essex Foundation Trust (ESNEFT) West Suffolk Foundation Trust (WSFT), Suffolk GP Federation, Healthwatch, NHS England and a wide range of VCSE partners.

To further accelerate implementation of the Strategy and improve outcomes for local people, the Suffolk system has in recent months been considering changing the way in which decisions about mental health are made, through the development of a formal Suffolk Mental Health Collaborative. The proposed Collaborative will for the first time create a single forum where all decisions about mental health in Suffolk – setting strategy and outcomes, determining how resources should be deployed and how services are delivered – are brought together in one place.

This paper sets out in more detail why the establishment of the Collaborative is the recommended way forward, how it has been shaped, what its proposed scope is and how it will operate.

2. Key Issues

Why establish a Suffolk Mental Health Collaborative?

Achieving the best possible mental health outcomes for local people requires the active contribution of partners from right across the system. A comprehensive approach needs to focus on prevention and the promotion of wellbeing and resilience, right through to treatment for people with serious mental health conditions. As a result, traditional commissioning models (which tend to be bilateral between a single commissioner and provider) are unlikely to be effective.

Learning from the existing Suffolk Mental Health Committee suggests that simply bringing partners together is not enough to make progress at the pace desired. Although sharing and alignment of existing work between system partners and agencies (the current model) is very helpful, this is not as powerful as having a single system focal point for mental health decisions.

Such a forum would enable all local partners to come together to collectively take decisions on strategic plans and priorities, how to invest the available funds to deliver agreed outcomes, and how to configure and provide services. It is this space that the proposed system Collaborative is intended to fill.

It is also clear that taking a county-based approach is likely to be the optimal model for organising many elements of mental health, given the high degree of inter-dependency between services funded and organised by the NHS and those that are the responsibility of councils. The approach being proposed for Suffolk is largely mirrored by emerging arrangements in Essex and Norfolk and Waveney and is in line with the emerging thinking within the national NHSE mental health team.

Establishing this Suffolk Mental Health 'board' is, partners agree, the logical next step in the evolution of local arrangements and will be central to accelerating progress.

Shaping the Collaborative

There has been extensive engagement with partners from across the system on whether to now develop a Suffolk Mental Health Collaborative, what its scope should be and how it might operate.

This has included 1:1 interviews with a wide range of stakeholders, discussion at a number of existing fora, and a major development workshop in January 2023 that included senior representatives from:

- The ICB (including clinical leads)
- Suffolk County Council
- NSFT
- ESNEFT
- WSFT
- NSFT
- VCSE partners including Suffolk Mind, Suffolk Family Carers and Suffolk Users Forum
- GP Federation and PCNs
- User voice organisations
- Suffolk Healthwatch

The work to develop the Collaborative has been guided by a small, senior sub-group of the existing Suffolk Mental Health Committee. This includes a Director level representative from NSFT, ESNEFT, WSFT, Suffolk GP Federation and a VCSE partner, as well as from Norfolk & Waveney ICB.

Proposed scope of the Collaborative

As part of the engagement work undertaken to develop these proposals, the broad 'shape' of the Collaborative has been discussed and agreed. The key elements are outlined below.

Delegated authority

As outlined above, the proposed model for the Collaborative is that it is decision making (rather than simply aligning activities), empowered to set direction on all relevant mental health issues and to determine how relevant financial resources are invested.

To facilitate this, it is proposed that the Committee that sits at the heart of the wider Collaborative is established as a sub-committee of the Suffolk and NE Essex Integrated Care Board. This will enable responsibility for mental health to be increasingly delegated as the Collaborative matures and becomes fully operational.

It is proposed that the membership of the Collaborative Committee is of sufficient seniority to enable members to take decisions on behalf of their organisations. This is a key enabler for increasingly aligning and pooling financial resources, with the Collaborative being able to retain an overview of the whole financial envelope, and collectively take decisions on where best to invest the Suffolk 'mental health pound'.

Age range

It is proposed that the Suffolk Mental Health Collaborative is all age, bringing together services for children and young people, adults and older people. This, it is considered, is the best way of ensuring that there is an overview of all service provision, of managing transitions between service areas (for example from youth to adult services) and of assessing opportunity costs.

Scope of services

Similarly, it is proposed that the Collaborative should be 'end-to-end', with a role in shaping the full range of services and support from prevention, resilience and wellbeing through to the provision of secondary mental health care.

This is because stakeholders recognise that mental health is a continuum from prevention through to treatment, and that there are always opportunity costs that need to be considered when organising support or services (for example, an increased investment in secondary care provision reduces the level of resource available for prevention support, and vice versa).

There are a small number of services which, it is proposed, remain out of scope of the Suffolk Collaborative, in general because there are existing arrangements in the county which work well. The main exceptions are neurodevelopmental services (NDD) and the more specialist mental health services that are provided by the East of England Mental Health Collaborative.

In addition, while the intention is for the Collaborative to be accountable for taking decisions on most 'core' mental health planning and delivery issues within Suffolk, there are a number of areas in which the Collaborative will wish to take a close interest in – in order to promote alignment and integration – but over which it will not have decision making authority. These two categories (core and non-core) will be mapped during the first phase of the Collaborative's operation, but examples of the latter are likely to include dementia and a number of public health programmes.

Waveney

One area that requires clarity in defining the remit of the Suffolk Collaborative is the position of Waveney. Whilst this area falls within the county of Suffolk, all NHS funded services are the responsibility of the Norfolk & Waveney ICB.

In developing these proposals, there has been extensive engagement between colleagues from the Norfolk and Waveney and Suffolk and NE Essex systems to determine how best to establish arrangements that are clear and practical, whilst taking into account the need to achieve consistent delivery arrangements for some integrated services.

The position that has been identified by partners as logical and pragmatic is for all NHS funded mental health support for children and young people in Suffolk (including for Waveney) to be in scope for the Suffolk Collaborative. This model reflects the recognition among partners of the key role county councils play in organising and delivering wider children's services (social care, education, public health etc) and the resulting importance of ensuring there are consistent county-based models.

Decisions about NHS funded mental health services for adults and older people in Waveney that are the responsibility of Norfolk and Waveney ICB are not within the scope of the Suffolk Mental Health Collaborative. Decision making for these services will be within the proposed Norfolk and Waveney Adult and Older People Mental Health Collaborative, which will likely include senior representation from Suffolk County Council.

The two ICBs are working together to develop and agree the best way of implementing these arrangements, and to address any final outstanding issues. The detailed arrangements will be confirmed in the final Terms of Reference of the Collaborative Committee.

Development of the Collaborative

In developing the proposed approach to the Suffolk Mental Health Collaborative, partners have recognised that having a structure which has at its core a model of collective decision making is a different way of working and is one which will take time to fully mature. It is anticipated that there will be a number of phases, and that an ongoing programme of development to ensure that appropriate value, behaviours and culture are instilled will be required.

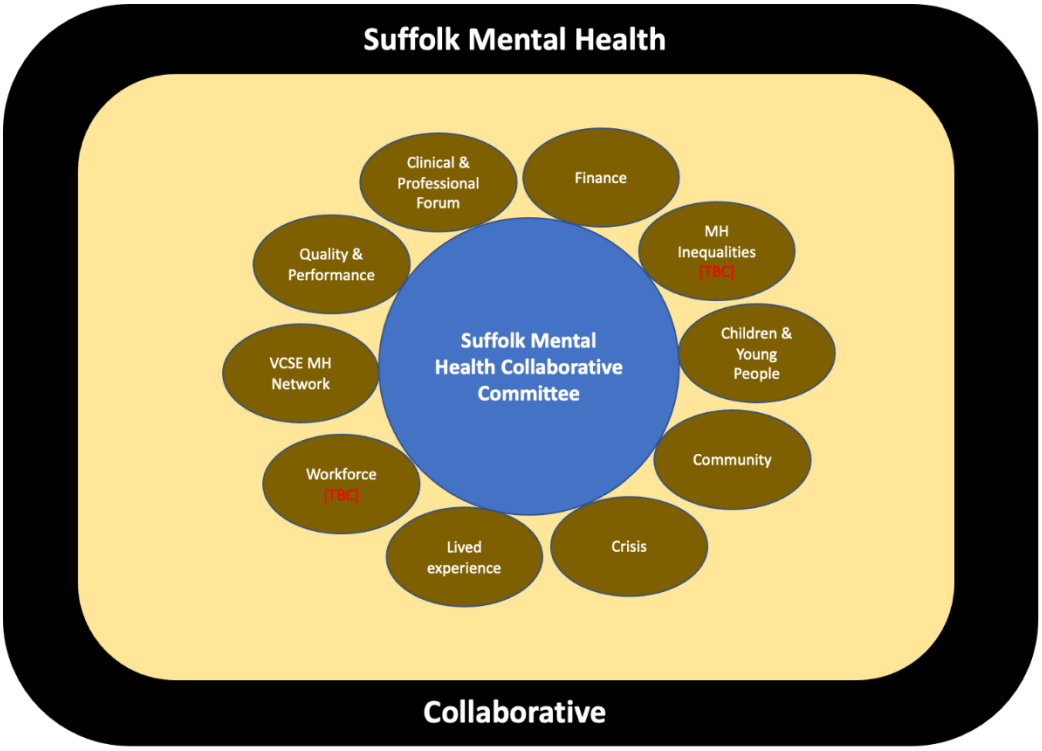
A number of potential priorities for the first phase (six months) of the Collaborative have been identified, and include:

- A stocktake of progress in implementing the existing ten-year strategy
- Development of the proposed supporting groups which will report into the proposed Collaborative Committee (see figure 1 below)
- Decisions on service priorities, including:
    - Integration of children and young people's mental health services
    - Future model of IAPT
    - Future model of PCN Mental Health Practitioners

Operation of the Collaborative

It important to reiterate that the Mental Health Collaborative is viewed as the broad concept, encompassing the organisations within it, the supporting groups and the core Collaborative Committee itself:

Figure 1 – Proposed Collaborative and supporting Groups



The key elements of the Committee that sits at the heart of the Collaborative are set out below.

Membership

As it is proposed that the Collaborative Committee will operate as (in effect) the system 'Board' for Mental Health, its core membership will be relatively small, including senior (Director-level or above) representation from:

- SNEE ICB (including Alliance Directors)
- Norfolk and Waveney ICB (in relation to mental health services for children and young people)
- Suffolk County Council
- Suffolk Police
- NSFT
- ESNEFT
- WSFT
- VCSE partners (including Chair of the proposed VCSE Mental Health Network)
- GP Federation and PCNs
- Clinical and Professional Forum – Chair of the proposed Forum
- Lived Experience Forum – Chair of the proposed Forum
- Children and Young People Lived Experience lead
- Healthwatch Suffolk

There are a number of options for chairing the Collaborative Committee that have been considered. However, in order to ensure that there is continuity, and that momentum is maintained, during the first phase the Committee will be chaired by the Deputy Chief Executive of the ICB.

Sub-groups

Although the core Collaborative Committee will necessarily be a relatively small group, the overall Collaborative is intended to be highly inclusive. To enable this, as outlined above it is proposed that a number of supporting groups will be established (or, in some cases, existing groups repurposed), each of which will directly connect with the Collaborative Committee.

There are broadly three types of supporting group:

1. Functional / service development:
    - Children and Young People – focusing on the development and delivery of the existing Thrive model for children and young people's mental health
    - Community – focusing on the new community mental health model including the integration within the integrated neighbourhood teams and PCNs
    - Crisis – focusing on the further development of the 24/7 mental health crisis model including further integration with blue light services (EEAST and police)
2. Advisory:
    - Clinical and Professional Forum – bringing together clinical and professional leads from partner members to support the development and delivery of mental health services
    - Lived Experience Forum – bringing together a representative group of people with lived experience to support the work of the Suffolk Mental Health Collaborative
    - VCSE Mental Health Network - bringing together VCSE organisations who are either directly delivering mental health commissioned services in Suffolk and others who have an interest in or are providing mental health support services
3. Operational groups:
    - Quality and performance – focusing on an system overview of quality and performance of mental health services across the Suffolk Mental Health collaborative
    - Finance – focusing on financial planning and monitoring of budgets and expenditure related to mental health services
    - Workforce – focusing on workforce planning, recruitment and development as related to mental health

Relationship with the Alliances

Getting the relationship right between the Suffolk Mental Health Collaborative and the two Suffolk Alliances (and the Integrated Neighbourhood Teams) will be vital. It is not the intention of the Collaborative to centralise planning or delivery of mental health.

Although some mental health services are best organised and delivered on a county footprint, many – in particular those focused more on prevention, wellbeing and early intervention (Feel Well) – need to be designed and delivered locally.

In order to help to strike this balance, the Directors of both the Suffolk Alliances will be full members of the proposed Collaborative Committee, and it is explicit in the draft Terms of Reference of the latter that (where appropriate) decisions about the planning and delivery of mental health services will rest at Alliance level. There are also other strong connections between the proposed Collaborative and the Alliances – for example key provider partners (NSFT, WSFT, ESNEFT) are represented at both. It is also the intention to keep this balance under review as the Collaborative develops.

Resourcing the Mental Health Collaborative

It is clear that to be effective the overall Collaborative (i.e. the supporting groups as well as the core Collaborative Committee itself) will need to be appropriately resourced. A number of skills will be required, including programme and project management, clinical, finance, quality and administration, as well as key skills and experience such as coproduction.

Over time, it is the intention that an informal 'executive' will sit under the Collaborative Committee, bringing together skills, expertise and capacity from across the wider system. In its first phase, however, the Collaborative will be largely supported by existing resources from within the ICB. Further work is currently underway to map the required level of resource, and highlight any gaps with a plan developed by the end of April 2023 for consideration and agreement by the proposed Collaborative Committee.

3. Patient and Public Engagement

The proposals set out in this paper have been developed with the contribution of key existing patient, user and carer groups, including:

- Healthwatch Suffolk
- Suffolk Mind
- Suffolk User Forum
- Suffolk Family Carers

The ICB People and Communities team has also been engaged in the development work, including considering how the proposed Collaborative might in future link into the ICB People and Communities Committee.

One of the key supporting groups outlined above is the proposed Lived Experience Forum, which will have a vital role in ensuring that the views or service users and carers are core to the work of the Collaborative. It is intended that the existing Suffolk Mental Health and Emotional Wellbeing Focus Group will be able to take on this role with the chair becoming a member of the core Collaborative Committee.

4. Recommendations

The Board is asked to:

- Note and endorse the establishment of the Suffolk Mental Health Collaborative
- Agree to the Trust becoming a full and active member of the Suffolk Mental Health Collaborative, including being represented on the core Collaborative Committee

11.30 - COMFORT BREAK

4. 11.45 - ASSURANCE

4.1. Insight Committee Report - Chair's Key Issues from the meeting

To Assure

Presented by Antoinette Jackson

Chair's Key Issues

Originating Committee	Insight Committee	Date of Meeting	6 February 2023
Chaired by	Antoinette Jackson	Lead Executive Director	Nicola Cottington

Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref	Paper attached? ✓
Items referred from Other Committees	**Improvement Committee** referred issue of Long Waiters and the cross over with Harm Reviews which sat across the two committees currently. SLT was asked to consider where this issue best sat and how to ensure appropriate cross referencing.	**Escalation to SLT**	**BAF1**	
Patience Access Governance Group	**Community Paediatric services including the neurodevelopmental disorders pathway.** There has been significant increase in referrals to the pathway co-ordinated by Barnardo's, which has resulted in a serious backlog of patients with c 1500 needing to be assessed. It is not yet clear how many will also need to be assessed by the WSFT community paediatric team. This was escalated to the ICB at the end of 2022 and a 3-month deep dive is underway that will report back to the SNEE System Oversight Assurance Committee. It is not clear what is driving increased demand and the capacity needed to deal with this. We also need to put capacity into the deep dive.	**Partial assurance**	**BAF3**	
Patience Access Governance Group	**Ambulance Handover times** Still not achieving handover standards of 65% within 15 minutes (19.2% in December) 95% within 30 minutes (57.4%) and 100% within 60 minutes (77.9%). ED attendances remain high with a 4.6% increase on previous the month. The department are taking actions to address this including agency paramedics for cohorting and are visiting James Paget to learn from the handover pod there.	**Partial assurance**	**BAF3**	

	12 Hour breaches – December saw the highest number of breaches with 1320 patients remaining in the department for more than 12 hours. The 12-hour recovery plan needs development and there is a need to focus on transformation. During December a number of improvements were made as part of a reset project and this is now transitioning into a longer term change programme.	**Partial assurance**	**BAF3**	
Patience Access Governance Group	**Glemsford** will not achieve the national standard of 85% of patients to waiting less that 2 weeks for a routine appointment by March 2023. Current performance 73%. The number of locums and space needed to achieve target is significant.	**Partial assurance**	**BAF3**	
Patience Access Governance Group	**Endoscopy performance** dropped to 35% in December and a worsening position is forecast over next few months. Recovery is forecast for March 2025in line with the national target. Priority is being given too longest waiting patients and priority RTT pathways. Biggest barriers are demand, finance, space and recruitment of endoscopists. Need to assess potential harm in harm review.	**Partial assurance**	**BAF3**	
IQPR	There a high number of indicators which are not meeting target with common cause variation. This suggests that there is not enough understanding of what will drive improved performance. The Committee agreed some deep dives were needed into these indicators as part of its future work programme.	**Partial Assurance**	**BAF3**	
Managed Service for Endoscopy and Radiology	The decision not to award the contract externally was supported and as a consequence to bring the service back in house. The report identified a number of benefits to the inhouse solution given the limitations that were inherent in the outsourced service. There will be costs to the Trust of £1.2 m over 7 years but the VAT impact has a £3.3m benefit over three years to the wider public purse.	**Assurance**	**BAF 5**	

	There may be some operational service impact during April May as the service transitions. There is also an additional risk of additional capital costs to purchase back some equipment – this is unquantified currently.			
Report of the Finance Accountability Committee	**The Trust's Financial Position** As discussed at the last Board meeting the forecast for 2023-24 remains challenging and there is a requirement for Cost Improvement savings of c3% or £10m and if achieved there would still be a deficit of £16.9m. There is not a Cost Improvement programme in place and the basis for this needs to be developed. Capital forecasts remain difficult because of uncertainty over diagnostic external funding and brokerage opportunities with ESNEFT and there could be an overspend of £5m should neither funding materialise. This may be met with slippage in the region but this cannot be relied upon. The system needs to balance at ICB level so any deficit or surplus as WSFT has a potential impact on other partners.	**Partial Assurance**	**BAF 5**	
Date Completed and Forwarded to Trust Secretary		**5.03.2023**		

Chair's Key Issues

Originating Committee	Insight Committee	Date of Meeting	6 March 2023
Chaired by	Antoinette Jackson	Lead Executive Director	Nicola Cottington

Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref	Paper attached? ✓
Action Log	**MRI Recovery Action Plan** This has been on the committee's action log since October 2022 and we are awaiting a report. We were advised that the Community Diagnostic Centre (CDC) was due to be open from next April and then possibly December 2022 o there was an action to cost a mobile scanner for a shorter period. Now the centre has been pushed out further into 2024 options are being assessed to close that gap. A mobile scanner was to be in Sudbury for two weeks in March and it was planned to see 480 patients will be seen over that period, which will aid recovery. We have requested an update report to our April meeting	**Limited assurance**	**BAF3**	
Action Log	**Community Paediatric services including the neurodevelopmental disorders pathway** The system-wide review of the Neurodevelopmental disorder pathway, led by SNEE ICB is now underway. This is one of many pathways in that service and the access to service issues and delays are wider and more complex than just that one service. An external review is planned in June to follow on from the SNEE ICB process. The Committee will keep this issue on its forward plan.	**Partial assurance**	**BAF3**	
Finance Accountability Committee	**Budget deficit and CIP programme** All divisions have been given a 3% CIP target but there is no sense yet as to where more strategic savings, for example trust wide corporate savings, will come from. The benchmarking work underway may identify some more strategic opportunities. There may also be a	**No assurance**	**BAF5**	

	realignment of those targets depending on where the big opportunities are seen to be. It is impossible to give assurance at this stage given the absence of any plan and this need to be kept under close review.			
Community Equipment Services Tender	**Community Equipment Services Tender –** recommend to the Board approval of a new contract	**Assurance**	**BAF3**	Closed board agenda
Risk Management Strategy	**Risk Management Strategy** The revised strategy was approved by the Committee	**Assurance**	**All Risks**	Convene – document library
Corporate Risk Governance Group	**Pathology Improvement Plan** in considering the risk register the Committee felt that it would be helpful to do a deep dive into the improvement journey of the Pathology service and how they have moved forward, given this had been a significant focus of attention for the Board in the past. It was agreed that this issue sat better with Improvement Committee	**Referral to Improvement Committee**	**BAF3**	
Date Completed and Forwarded to Trust Secretary		**24 .03.2023**		

4.2. Finance Report

To Assure

Presented by Craig Black

Board of Directors – 31st March 2023

Report title:	Finance Board Report – February 2023
Agenda item:	4.2
Executive lead:	Craig Black, Executive Director of Resources
Report prepared by:	Nick Macdonald, Deputy Director of Finance

For Approval	For Assurance	For Discussion	For Information
☒	☒	☒	☒

Trust strategy			
Please indicate ambitions relevant to this report	☐	☐	☒

Executive summary

Income and Expenditure Summary as at February 2023

The reported I&E for February is breakeven (YTD £0.2m deficit). A break-even position for 22/23 is forecast in line with our budget. In 22/23, a number of factors lead us to estimate that the Trust has an underlying recurring deficit of £15m. However, the SNEE ICS has been allocated non-recurrent support which will enable the achievement of the mandated breakeven position.

Capital Forecast

The forecast capital spend as at month 11 is £45.6m representing a planned overspend £6.1m.

Income and Expenditure Plan for 2023-24

The proposed Income and Expenditure (I&E) budget for the Trust is to make a deficit of £9.92m which includes achieving a Cost Improvement Programme (CIP) of 3% (£10.6m)

The paper presented to board in February 2023 noted a planned deficit of £20m to be submitted. This has improved significantly, due largely to central non-recurrent funding being made available to support our position in 23-24. However, it is important to note that the Trust needs to demonstrate a trajectory of recurring financial improvement for 24-25 due to the non-recurrent nature of the funding included in the 23-24 plan.

Action required of the Board

The Board is asked to review this report and its appendix.

Recommendation

To approve the proposed budget for 23/24.

Sustainability:	The paper highlights potential risks to financial performance in 22/23 and 23/24.

FINANCE REPORT
February 2023 (Month 11)

Executive Sponsor : Craig Black, Director of Resources
Author : Nick Macdonald, Deputy Director of Finance

Financial Summary

I&E Position YTD	£0.2m	adverse
Variance against Plan YTD	£0.2m	adverse
Movement in month against plan	£0m	on-plan
EBITDA position YTD	£16.2m	favourable
EBITDA margin YTD	5%	favourable
Cash at bank	£3.1m	

Executive Summary

- The reported I&E for February is breakeven (YTD £0.2m deficit).
- Forecast break-even position for 2022/23

Key Risks in 2022-23

- Shortfall on funding of pay awards relating to 22-23
- Unanticipated costs of industrial action.
- Risks around the costs of additional sessions
- Unfunded inflationary pressures.
- Inability to earn ERF for performance

SUMMARY INCOME AND EXPENDITURE ACCOUNT - February 2023	February 2023			Year to date			Year end forecast		
	Budget	Actual	Variance F/(A)	Budget	Actual	Variance F/(A)	Budget	Actual	Variance F/(A)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
NHS Contract Income	24.7	27.3	2.6	289.5	293.6	4.1	314.5	319.9	5.4
Other Income	3.5	5.0	1.5	35.6	36.6	1.0	38.9	39.9	1.0
Total Income	**28.2**	**32.3**	**4.1**	**325.1**	**330.2**	**5.1**	**353.5**	**359.9**	**6.4**
Pay Costs	20.2	21.2	(1.0)	220.8	218.9	1.9	241.4	239.6	1.9
Non-pay Costs	6.9	8.1	(1.2)	90.4	95.1	(4.7)	96.8	102.4	(5.6)
Operating Expenditure	**27.0**	**29.3**	**(2.3)**	**311.2**	**314.0**	**(2.8)**	**338.3**	**342.0**	**(3.6)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA	**1.2**	**3.0**	**1.8**	**13.9**	**16.2**	**2.3**	**15.2**	**17.9**	**2.8**
Depreciation	0.8	0.9	(0.2)	9.1	10.4	(1.3)	9.8	11.4	(1.5)
Finance costs	0.4	2.1	(1.7)	4.8	6.0	(1.1)	5.3	6.6	(1.3)
SURPLUS/(DEFICIT)	**0.0**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.2)**	**(0.2)**	**0.0**	**(0.0)**	**0.0**

Contents:

Key:

Performance better than plan and improved in month	
Performance better than plan but worsened in month	
Performance worse than plan but improved in month	
Performance worse than plan and worsened in month	

Performance better than plan and maintained in month	
Performance worse than plan and maintained in month	
Performance meeting target	✓
Performance failing to meet target	✗

FINANCE REPORT – February 2023

Income and Expenditure Summary as at February 2023

The reported I&E for February is breakeven (YTD £0.2m deficit). At present, it is still appropriate to anticipate a break-even position for 22/23 in line with our budget.

In 22/23, a number of factors lead us to estimate that the Trust has an underlying recurring deficit of £15m. These factors include

- the recurrent nature of some services initially introduced during the pandemic that are over and above the remaining Covid funding (including MAU and the staff psychology service),
- an underlying deficit entering into the pandemic
- reduced recurrent CIP achievement over the period and
- cost pressures relating to inflationary funding that have arisen during 22-23

In late 22/23, the SNEE ICS has been allocated non-recurrent support which will enable the achievement of the mandated breakeven position.

Summary of I&E indicators

Income and Expenditure	Plan/ Target £000'	Actual/ Forecast £000'	Variance to plan (adv)/ fav £000'	Direction of travel (variance)	RAG (report on red)
In month surplus/ (deficit)	0	0	(0)	⟺	Green
YTD surplus/ (deficit)	0	(170)	(170)	⟺	Amber
EBITDA YTD	13,915	16,190	2,274	↑	Green
EBITDA %	4.3%	4.9%	0.6%	↓	Green
Clinical Income YTD	(301,630)	(304,330)	2,701	↑	Green
Non-Clinical Income YTD	(23,501)	(25,855)	2,355	↑	Green
Pay YTD	220,751	218,900	1,851	↓	Green
Non-Pay YTD	104,390	111,478	(7,088)	↓	Red

Budget setting and planning for 23/24

The proposed budgets for both Income and Expenditure and Capital Expenditure for 23/24 are included within Appendix 1 to this report.

Cost Improvement Planning for 23/24

Details of progress on the CIP plan for 23/24 are included within the budget setting and planning report included at Appendix 1.

Capital Forecast

The forecast capital spend as at month 11 is £45.6m representing a planned overspend £6.1m. Further details can be seen on page 9.

FINANCE REPORT – February 2023

Trends and Analysis

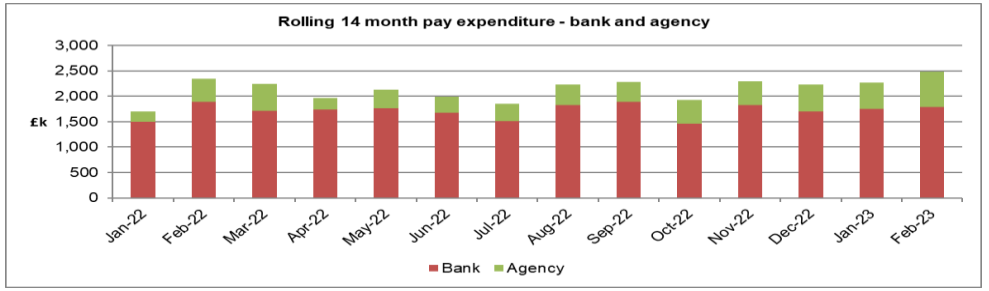
Workforce

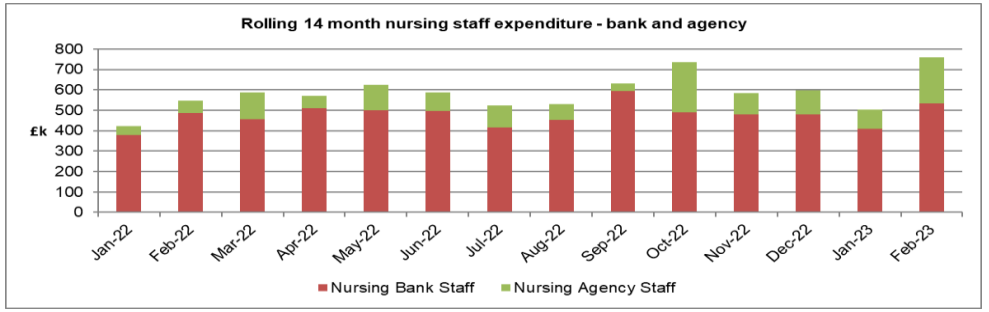
During February the Trust overspent by £1.0m on pay

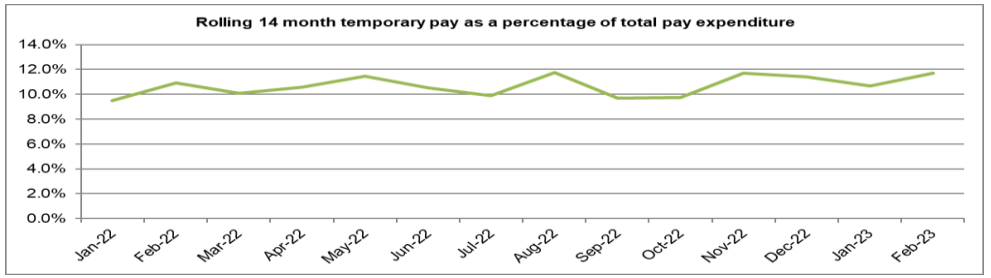
Monthly Expenditure (£)				
As at February 2023	Feb-23	Jan-23	Feb-22	YTD
	£000's	£000's	£000's	£000's
Budgeted Costs in-month	20,178	20,212	17,260	220,751
Substantive Staff	18,736	18,986	19,115	195,242
Medical Agency Staff	312	242	142	2,039
Medical Locum Staff	369	407	375	4,310
Additional Medical Sessions	246	294	249	2,737
Nursing Agency Staff	227	94	61	1,285
Nursing Bank Staff	533	409	485	5,362
Other Agency Staff	146	189	251	1,417
Other Bank Staff	234	236	384	2,629
Overtime	215	213	201	2,092
On Call	197	188	192	1,787
Total Temporary Expenditure	2,480	2,272	2,340	23,658
Total Expenditure on Pay	21,216	21,257	21,455	218,900
Variance (F/(A))	(1,038)	(1,046)	(4,195)	1,851
Temp. Staff Costs as % of Total Pay	11.7%	10.7%	10.9%	10.8%
memo: Total Agency Spend in-month	686	525	454	4,742

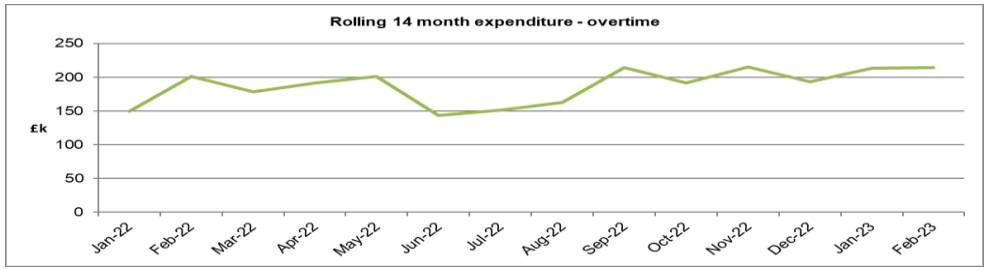
Monthly WTE				
As at February 2023	Feb-23	Jan-23	Feb-22	YTD
Budgeted WTE in-month	4,826.2	4,824.4	4,551.5	64,906.7
Substantive Staff	4,411.4	4,334.2	4,176.3	46,846.0
Medical Agency Staff	13.0	13.3	10.1	115.5
Medical Locum Staff	43.0	42.7	29.9	432.6
Additional Medical Sessions	2.8	4.0	7.2	50.7
Nursing Agency Staff	22.9	11.7	9.5	168.2
Nursing Bank Staff	130.6	110.7	122.6	1,356.5
Other Agency Staff	41.9	38.7	26.7	295.6
Other Bank Staff	80.4	78.7	71.4	880.9
Overtime	51.9	50.5	44.8	521.5
On Call	8.7	8.4	8.4	91.2
Total Temporary WTE	395.1	358.7	330.5	3,912.7
Total WTE	4,806.5	4,692.9	4,506.7	50,758.7
Variance (F/(A))	19.7	131.5	44.8	14,148.0
Temp. Staff WTE as % of Total WTE	8.2%	7.6%	7.3%	7.7%
memo: Total Agency WTE in-month	77.7	63.8	46.3	579.3

Pay Costs









FINANCE REPORT – February 2023

Income and Expenditure Summary by Division

Position by Income, Pay and Non Pay	Income		Pay		Non Pay		Capital Charges and Financing Costs		Total	
Division (groups)	In-Month Variance £	YTD Variance £	In-Month Variance £	YTD Variance £	In-Month Variance £	YTD Variance £	In-Month Variance £	YTD Variance £	In-Month Variance £	YTD Variance £
Medical Services	94K	129K	-457K	-1,557K	-381K	-1,387K			-743K	-2,814K
Surgical Services	33K	834K	-12K	1,737K	-173K	-1,481K			-152K	1,091K
Women & Children Services	134K	995K	-19K	86K	-25K	152K			89K	1,234K
Clinical Support	18K	420K	-67K	189K	780K	-726K			732K	-117K
Community Services	-8K	205K	-43K	470K	-38K	1,423K	0K	2K	-89K	2,100K
Facilities	-203K	-2,162K	-9K	127K	-249K	-797K			-460K	-2,831K
Contract Income & Corporate	4,020K	4,632K	-431K	799K	-1,143K	-1,818K	-1,823K	-2,445K	623K	1,169K
Total	**4,089K**	**5,056K**	**-1,038K**	**1,851K**	**-1,228K**	**-4,632K**	**-1,823K**	**-2,443K**	**0K**	**-169K**

Medicine (Sarah Watson)

The division reported a deficit of £743km in February (YTD £2.81m deficit).

Pay reported an overspend of £457k in month (YTD overspend £1.56m). Pay overspend in month are driven mainly by use of agency medical staff and consultant additional sessions across the division due to demand pressures and covering vacant posts - mostly in A&E and Care of the Elderly.

Non-pay recorded an overspend of £381k in month (YTD £1.39m overspend). Overspend in month was driven mostly by unbudgeted spend on GP streaming (£30k), paramedics cohort (£48k) and skin analytics (£54k), plus a contract variation for Cath lab.

Drugs spend within was another significant driver of both the in month (£102k, noted within Oncology and Care of the Elderly). Work is underway to analyse drug spend in greater depth to gain better understanding and ensure we are capturing all high-cost drugs. However, it should be noted that the YTD overspend represents a 5.1% increase against a national benchmark for drug inflation of 9%.

Surgery (Moira Welham)

The surgical division reported an adverse variance of £152k for February with a year-to-date favourable variance of £1.1m

Pay was broadly in line with budget in month (adverse variance £12k, £1.7m favourable YTD). There are significant underspends within Anaesthetics, general surgery and on the wards, all of which are actively recruiting to fill. These underspends are offset by high levels of spend on temporary staffing in urology and main theatres. The division are working on reducing expenditure on temporary staff, in particular agency where usage has increased significantly over the year, currently accounting for 46% of total temporary spend. This will be achieved by improving recruitment and retention by focussing on developing detailed recruitment strategies and staff engagement.

Non-pay reported an adverse variance of £280k in month (£1.59m year to date). Main drivers behind the adverse variance in month are:

- Main Theatres and DSU – continued high levels of expenditure (£140k adverse variance in month). Work is underway to establish the key drivers for the significant overspends against budget and any necessary corrective actions.

- Elective recovery – Continued usage of services provided by external providers (£65k adverse variance in month).
- Drugs – increased spend across the wards and critical care with increased outliers and patients with complex condition.

Women and Children's (Simon Taylor)

In January, the Division reported a favourable variance of £89k (YTD favourable variance of £1,234k). Women's income is ahead of plan both in month (£140k) and YTD (£760k). In the current month, this was predominantly due to midwifery retention support and maternity workforce funding, but YTD also reflects doctor and other training income.
Pay reported a £19k overspend in-month across paediatrics and women's services. Paediatrics was underspent by £66k in month (£44k overspend YTD) due to a year to date correction. We continue to see significant gaps in the tier 2 rota and significant locum/agency staff being utilised across the division. This was offset by an overspend within Women's pay (£85k in month, £130k favourable YTD), driven by known cost pressure to provide consultant cover. The Maternity Service continues to struggle to fill vacancies due to the national shortage of midwives.

Non-pay costs are overspent in month (£25k) but underspent YTD (£152k). There have been significant overspends on drugs, especially in obstetrics in the current month. YTD, we have seen a continuing trend of increasing number of women on the obs & gynae waiting lists and therefore drugs spend increase whilst they wait for treatment; and also in paediatrics the drug treatments for respiratory illnesses started much earlier, and this trend is expected to continue. We have seen spends on palivizumab peaking and there is no significant overspend in M11.

Clinical Support (Simon Taylor)

In February, the Division reported an adverse variance of £732k (YTD adverse £117k).
Income was £17k ahead of plan in-month (£430l YTD), higher than budgeted income on the managed service contract. The YTD shows income at £420k ahead of plan.
Pay reported an £67k overspend in-month (YTD £189k underspend), with Pathology and Diagnostics both incurring additional costs, offset by vacancies in Pharmacy, Outpatients and Support. We are continuing to carry significant vacancies in both pharmacy and outpatients.

Non-pay reported £780k overspend in-month, due to significant overspend in diagnostics (£291k), pathology (£282k) and pharmacy (£212k). We continued to overspend on recovery measures for CT and endoscopy, as well as increased activity in pathology (including Roche and Leica ongoing contracts which are unbudgeted).

In diagnostics there was also a large increase in the value of the managed service contract for the quarter, due to new services being added. Pathology had significant overspends in send away tests and "general pathology costs" due to the volume of invoices coming in at this point in time of the year. Pharmacy overspend related to drugs costs, which are currently being investigated as part of a wider pharmacy exercise.

Community Services (Clement Mawoyo)

The Community Division reported an adverse variance of £89k in M11 of 2022/23 (YTD £2,098 favourable).

Income reported a £8k under recovery in February (£205k favourable YTD), due to higher than budgeted growth and inflation funding recognised in the Division. Following the transfer of the Covid vaccination service to the Community Division, additional income from this service is now reflected in the monthly position too.

Pay reported an adverse variance of £43k in February (YTD £470k favourable). Pay expenditure has continued to increase in line with budget, to reflect recruitment to externally funded urgent community (responsive) additional roles as well as new roles funded via external business cases (such as roles supporting Autism Spectrum Disorder service recovery) or other external grants (such as MacMillan).

Due to the division's increased turnover and vacancies, bank and agency temporary staff were used to cover some vacant roles across services. Recruitment to vacant roles is ongoing and has improved despite recruitment challenges and this work should reduce expenditure on temporary staff including agency. Additional nursing and therapy agency capacity has been utilised, to provide additional capacity to support services, particularly those delivering admission avoidance and our urgent care response.

Non-pay reported a £38k adverse variance in February (£1,423k favourable YTD). Pressures noted under community equipment costs, driven by increased demand which were partially offset by additional collection credits for returned core stock items of equipment. Additional external funding has been ringfenced for Community Equipment as this service is a key enabler to supporting hospital discharge. This

has been reflected in the position (and will continue until March) and should therefore avoid an in-year cost pressure.

Additional non-pay cost pressures were from additional costs incurred by wheelchair services, in line with the recovery trajectory for the service. Prior to this we had a year to date underspend on wheelchair services so the year to date position remains favourable. This position is also reflective of the good work we have done to increase recycling of equipment, to ensure sustainability. Other cost pressures were from travel, dressings, disposables, reflecting increased activity and the higher acuity of patients supported in the Community.

Estates and Facilities (Chris Todd)

In February, the division recorded an adverse variance of £460k, (YTD adverse variance of £2.83m). The financial year shortfall in income stands at £2.16m with non-pay costs overspent by £797k, pay costs are broadly in line with budgeted values.

Significant drivers of the deficit include

- Catering - £902k YTD deficit caused by continued reduced takings in the Time Out restaurant (remaining closed to patients and visitors) and intermittent opening of the Courtyard Café.
- Reduced income from Car Parking due to free staff car parking (YTD £805k)
- Increased laundry contract prices and spending on staff uniforms causing a YTD £162k overspend in the Linen Service.
- Utilities, YTD £612k - Gas, Electricity and Water costs all above budgeted figures.
- Medical Physics, YTD an increase in the demand for repair costs causing a £235k forecast overspend.

FINANCE REPORT – February 2023

Statement of Financial Position as at 28 February 2023

STATEMENT OF FINANCIAL POSITION

	As at 1 April 2022	Plan 31 March 2023	Plan YTD 28 February 2023	Actual at 28 February 2023	Variance YTD 28 February 2023
	£000	£000	£000	£000	£000
Intangible assets	52,039	56,905	56,901	53,383	(3,518)
Property, plant and equipment	170,887	188,990	186,723	179,854	(6,869)
Right of use assets		12,425	12,778	14,500	1,722
Trade and other receivables	5,807	6,341	6,341	5,807	(534)
Total non-current assets	**228,733**	**264,661**	**262,743**	**253,544**	**(9,199)**
Inventories	3,574	3,689	3,689	3,833	144
Trade and other receivables	15,069	18,362	18,362	28,575	10,213
Cash and cash equivalents	33,323	10,767	10,650	3,069	(7,581)
Total current assets	**51,966**	**32,818**	**32,701**	**35,477**	**2,776**
Trade and other payables	(60,164)	(38,925)	(39,409)	(42,376)	(2,967)
Borrowing repayable within 1 year	(5,858)	(9,684)	(10,037)	(7,127)	2,910
Current Provisions	(38)	(46)	(46)	(5)	41
Other liabilities	(2,888)	(5,685)	(5,685)	(2,932)	2,753
Total current liabilities	**(68,948)**	**(54,340)**	**(55,177)**	**(52,440)**	**2,737**
Total assets less current liabilities	**211,751**	**243,139**	**240,267**	**236,581**	**(3,686)**
Borrowings	(44,002)	(47,927)	(48,310)	(48,941)	(631)
Provisions	(415)	(852)	(852)	(415)	437
Total non-current liabilities	**(44,417)**	**(48,779)**	**(49,162)**	**(49,356)**	**(194)**
Total assets employed	**167,334**	**194,360**	**191,105**	**187,225**	**(3,880)**
Financed by					
Public dividend capital	200,285	227,311	224,056	220,331	(3,725)
Revaluation reserve	11,704	11,704	11,704	11,704	0
Income and expenditure reserve	(44,655)	(44,655)	(44,655)	(44,810)	(155)
Total taxpayers' and others' equity	**167,334**	**194,360**	**191,105**	**187,225**	**(3,880)**

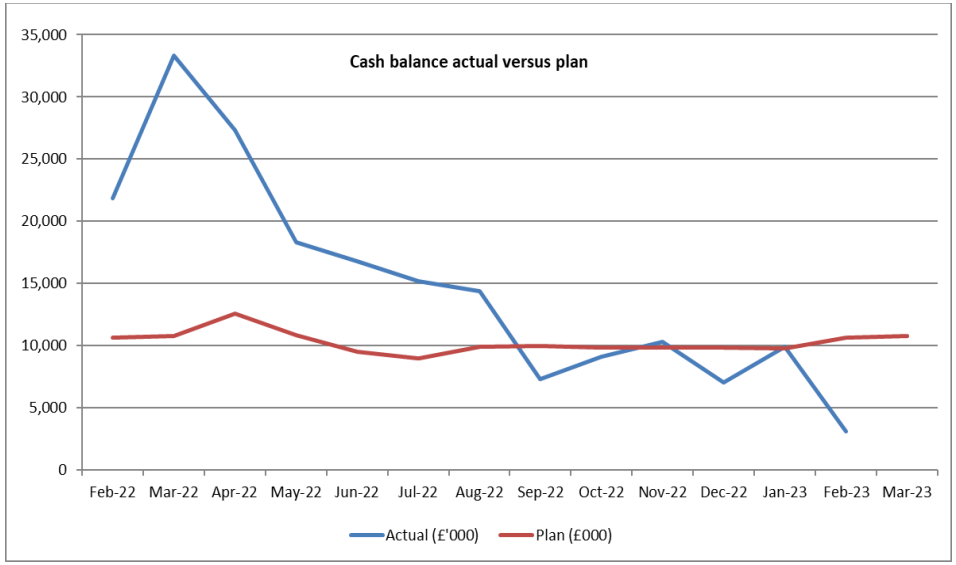
The impact of IFRS16 (right of use assets) is now reflected in the actual figures in the balance sheet above. The split in the actuals between property, plant and equipment and borrowing (current and non-current) to reflect the lease liability is now more accurate and therefore slightly different to the plan.

The phasing of the PDC is not in line with the plan, which is showing a significant movement in month 11. The same applies for trade payables and other liabilities. However, if the plan was corrected, these movements would net off to a minimal movement.

All PDC has been drawn down for 2022/23. There is an increase in trade receivables as a number of NHS bodies have outstanding invoices owed to the Trust. This has also had an impact on the cash position.

Cash Balance Forecast for the year

The graph illustrates the cash trajectory since February 2022. The Trust is required to keep a minimum balance of £1m.



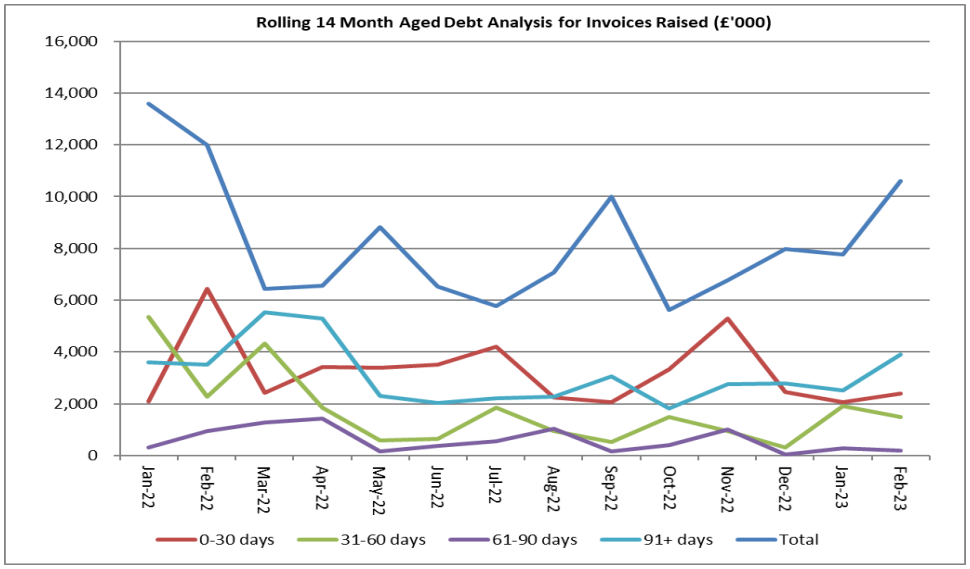
The cash position is below plan at month 11, however we will closely monitor the position to ensure that it remains in line with the year-end forecast of £10.7m. One reason is due to the number of receivables outstanding at the end of month 11, when it was anticipated that more income would have been received.

Cash flow forecasts continue to be submitted to NHS England every fortnight to ensure that adequate cash reserves are being held within the NHS.

FINANCE REPORT – February 2023

Debt Management

The graph below shows the level of invoiced debt based on age of debt.



It is important that the Trust raises invoices promptly for money owed and that the cash is collected as quickly as possible to minimise the amount of money the Trust needs to borrow.

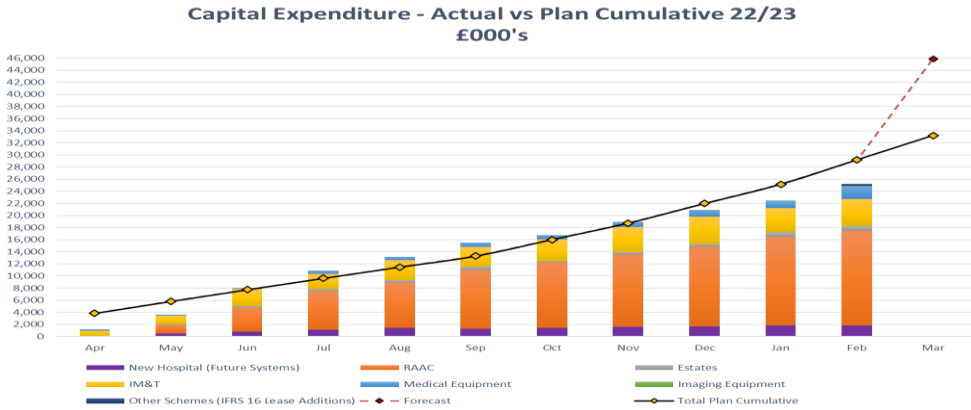
The overall level of sales invoices raised but not paid has increased as at month 11 and this is mainly in relation to debts with other NHS Organisations that have become overdue. Over 87% of these outstanding debts relate to NHS Organisations, with 36% of these NHS debts being greater than 90 days old. We are actively trying to agree a position with the remaining corresponding NHS Organisations for these historic debtor balances and a significant amount of work has been completed in this area to help reduce these historic balances.

Capital Progress Report

The 2022/23 Capital Programme was originally set at £33.2m. However since the Capital Plan was set, additional PDC funding for specific capital items was awarded during the financial year, taking the expected spend to £39.8m.

The year to date capital spend for month 11 was £25.2m. The table below shows the capital forecast as per the original plan, plus the additional PDC funding received. The forecast spend as at month 11 is £45.9m, which is an overspend of £6.1m. We are constantly monitoring this position and discussions have been held with NHSE to highlight this potential overspend.

Capital Spend - 28th February 2023	Year to Date			Forecast				
Capital Scheme	YTD Original Plan £000's	YTD Actual £000's	Variance £000's	Full year Original Plan £000's	Funding Split Internal £000's	Funding Split PDC Available £000's	Full Year Forecast to 31st Mar 2023 £000's	Total Full Year Variance Forecast vs Available Funds £000's
New Hospital (Future Systems)	972	1,855	- 883	1,060	1,000	1,332	3,652	- 1,320
RAAC	18,413	15,606	2,807	21,000		22,500	22,500	-
Estates	1,595	801	794	1,435	1,435	2,318	3,753	-
IM&T	5,038	4,433	605	5,675	5,675	1,713	10,688	- 3,300
Medical Equipment	400	1,951	- 1,551	400	400	1,424	1,824	-
Imaging Equipment	870	285	585	1,740	740	643	2,861	- 1,478
Other Schemes (incl. IFRS 16 Lease Additions)	1,891	254	1,637	1,891	-	600	600	-
Total Capital Schemes	29,179	25,184	3,995	33,201	9,250	30,530	45,878	- 6,098



Suffolk and North East Essex ICS

Financial Performance

Month 11	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Plan £000s	Forecast outturn £000s	Forecast Variance £000s
SNEE ICB (CCGs Q1)	0	0	0	0	0	0
ESNEFT	0	96	96	0	0	0
WSFT	924	754	-170	1,008	1,008	0
Sub-total	924	850	-74	1,008	1,008	0
EEAST	-1,517	-1,566	-49	-1,000	-1,000	0
NHS Sub-total	**-593**	**-716**	**-123**	**8**	**8**	**0**
SCC	301,470	305,829	-4,359	361,765	366,995	-5,230
ECC	161,538	162,604	-1,066	176,380	177,446	-1,066
Total	**462,415**	**467,717**	**-5,548**	**538,153**	**544,449**	**-6,296**

- NHS performance is reported in the table above on an income and expenditure basis; County Council submissions record expenditure only, as they have a fixed (budget) level of income with any surplus or deficit transferred to or from reserves.
- The (small) overspend in NHS organisations continues to reduce. Year to date the NHS organisations have a combined deficit of £0.716m, against a plan figure of £0.593m. The variance (£0.123m) is a small increase from month 10 (£0.058m).
- Additional resources, yet to be accounted for, add to the confidence that the planned system position (£0.008m surplus) will be achieved. Discussions are taking place between EEAST and WSFT that may result in both organisations delivering a break-even position (rather than as currently shown EEAST's deficit is offset by a surplus at WSFT).
- Draft plans were submitted in February that suggest a £58.7m deficit in 2023/24, which reflects previously reported run rate concerns (winter pressures, emerging inflation costs). Whist subsequent discussions have reduced this gap, this does point to a very challenging next financial year.
- Suffolk (month 10, being the most recent available) and Essex (month 11) County Councils are currently forecasting overspend positions (£5.230m and £1.066m respectively) with children's social services accounting for the majority of the overspend.

Appendix 1

Budget setting and planning for 23/24 paper follows on the next page.

APPENDIX 1

NHS West Suffolk NHS Foundation Trust

Board of Directors – March 2023

Report Title:	2023-24 Budget Summary
Executive Lead:	Craig Black, Executive Director of Resources
Report Prepared by:	Nick Macdonald, Deputy Director of Finance
Previously Considered by:	SLT, Execs, Insight Committee, Financial Accountability Committee (FAC)

For Approval	For Assurance	For Discussion	For Information
☒	☒	☒	☒

Executive Summary

The Trust has prepared a draft budget based on available guidance and initial allocations for 2023-24. The table below summarises the proposed budget by division, including allocation of CIP and reserves.

Income and Expenditure (I&E) Budget
The reasons for the underlying deficit in 22-23 were reported to the Board in February 2023 and are summarised here. The Trust has an underlying recurring deficit of £15m due to:

- the recurrent nature of some services initially introduced during the pandemic that are over and above the remaining Covid funding (including MAU and the staff psychology service),
- an underlying deficit entering into the pandemic
- reduced recurrent CIP achievement over the period and
- cost pressures relating to inflationary funding that have arisen during 22-23

In late 22/23, the SNEE ICS has been allocated non-recurrent support which will enable the achievement of the mandated breakeven position.

Therefore, the proposed Income and Expenditure (I&E) budget for the Trust is to make a deficit of £9.92m in line with the assumptions listed. This includes achieving a Cost Improvement Programme (CIP) of 3% (£10.6m) and details of progress against this are summarised below.

The paper presented to board in February 2023 noted a planned deficit of £20m to be submitted once 2023-24 planning assumptions and the full year effect of 22-23 costs were included. This has improved significantly, due largely to central non-recurrent funding being made available to support our position in 23-24. Ongoing discussions are taking place within SNEE ICS which could improve this planned deficit further with more non-recurrent support. If so, the board will be updated accordingly.

However, it is important to note that the Trust needs to demonstrate a trajectory of recurring financial improvement for 24-25 due to the non-recurrent nature of the funding included in the 23-24 plan.

Division	Initial (£'k)	Allocate CIPS	Budget (£'k)
Clinical Income	(322,650)		(322,650)
Medicine	85,006	(2,610)	82,396
Surgery	64,415	(1,978)	62,437
Women & Childrens	21,847	(671)	21,176
CSS	41,053	(1,260)	39,793
Community	51,707	(1,588)	50,119
Estates and Facilities	22,016	(676)	21,340
Corporate	43,200	(1,817)	41,383
Non-Pay Inflation reserve	3,000		3,000
CEAs	1,000		1,000
Pay inflation reserve	5,000		5,000
Growth Funding*	-		-
ERF Reserve	2,421		2,421
General Reserve (including winter)	1,281		1,281
Contingency Reserve	1,224		1,224
CIP	(10,600)	10,600	-
Planned Deficit	**9,920**	**-**	**9,920**

The 2023-24 budget is based on the outturn for delivering 22-23 activity. This has been adjusted for the full year effect of costs with a part year effect in 22-23, and for non-recurring items. Furthermore, the 3.2% uplift assumed on our clinical income contract is assumed to cover all inflationary issues and any growth in activity for 23-24.

There are various assumptions in the proposed 23-24 budget, including the funding of pay awards, non-pay inflation risks and the achievement of elective activity targets. Whilst the underlying position for 23-24 is a deficit of £9.92m this would worsen if these assumptions weren't met.

The key assumptions underpinning the 2023-24 budget include:

- Net uplift in funding from the ICB of 3.2% (being £6.9m) which covers growth and inflation.
    - Note that this has been reduced by £2.9m for system convergence in 23-24 (final adjustment).
- Achievement of elective recovery targets.
    - Assume there will be no clawback of funding if ERF targets are not achieved
    - SNEE ICB will receive PbR for elective activity beyond the elective activity target (which is based on adjusted 22-23 performance relative to 19-20 levels).
- COVID related funding reduced to £1.29m (22% of 22-23 funding)
    - If a new variant/wave emerges, we have assumed that central funding will be made available in the same way it was during the pandemic
- The block contract will exist for non-elective activity.
- A CIP programme of £10.6m (3.0%) in line with planning guidance (details of approach to CIP programme are outlined below).
- The budget assumes that vacancies have been funded through temporary resource in 22/23 and as such divisions are funded for the work delivered by this resource in 23/24.
- Any vacancies approved through the Investment panel or Trust initiatives have been funded in full.
- Contingency of £1.2m.
- A general reserve of £1.3m for use against any unplanned expenditure.
- Net investment funds total £3m for the year.
    - These have already been allocated and built into the divisional budgets for 23-24.
    - Any underspend against these approved investments will be available to re-invest non-recurrently or held to improve the overall position or deliver CIP.
- Pay inflation reserve is set at £5m
    - Assumed that any cost pressures arising from pay awards above 2% are funded centrally.
- Non-pay inflation reserve of £3m to fund significant inflationary cost pressures.
    - It should be noted that uplifts to Gas and Electricity have already been applied within the Estates and Facilities Budget.
- A reserve to fund Local Clinical Excellence Awards of £1m will be sufficient to fund the awards in 23-24.
- Continued central funding for the impact of IFRS16 changes.

The risks associated with this budget relate to:

- Ability to achieve elective recovery targets.
- Insufficient funding for inflationary impacts.
- CIP target is not achieved.
- Contingency funding over and above the budget.

Capital Budget
An indicative Capital Programme for 2023/24 – 2025/26 was approved by SLT in March 2023. In 23/24, we anticipate funding of £33.80m, broken down as follows:

- £11.7m CRL allocation.
- £8.4m Public Dividend Capital (PDC) to support the RAAC programme
- £12.5m PDC to support the Community Diagnostic Centre (CDC) at Newmarket
- £1.0m PDC to support the New Hospital Programme (NHP) – Future System
- £245k PDC to support Digital Diagnostics

Against this, the proposed Capital Programme identifies the anticipated cost of each scheme (if each scheme was fully delivered) to represent a £34.00m Capital Programme. This represents a proposed over-commitment of £0.18m (within 10% of the CRL) which is prudent for planning purposes.

A high-level summary of the Capital Plan for 2023/24 is included below:

Type	Description	£'000
Pre-Commitments	CDC	12,459
	RAAC	8,400
	NHP	1,200
	MRI 1 Symphony (23-24)	1,000
	Estates carry over from PY	1,000
	Digital Diagnostics	245
	IT Software	576
	IT Hardware	730
	Other	2,225
Backlog	Estates	1,086
	Equipment	400
	CT1	750
	IT Hardware	618
	Other	80
Priority spend	Additional Lamina Flow Hood in DTU + LIFT	1,500
	IT Hardware	380
	IT Software	603
	Other	750
	Total Capital Programme	**34,002**
	Total Funding	33,823
	Overcommitment	**179**

NB: There is a pre-commitment of £1.0m for schemes planned for 2022-23 that have slipped into 2023-24. However, there are a number of imaging schemes planned in 2022-23 that could slip into 2023-24 too. The full pre-commitment position will be known at the beginning of April 2023 and the Capital Programme adjusted accordingly.

The indicative capital allocations for 2024-25 and 2025-26 are £13.85m and £9.25m respectively.

Cost Improvement Programme (CIP)
As previously reported, we have engaged a consultant (Charles Simmonds from Marchina Ltd) to benchmark across SNEE (alongside ESNEFT) to enable identification of opportunities for savings across the Trust.

A summary of the progress is detailed below:

- Initial high level analysis between WSFT and ESNEFT has been performed

- Now working with Divisions investigating further for real opportunities to reduce costs.
- Meeting ADOs every week to discuss opportunities and actions to deliver savings.
- Divisions engaged and building initial CIP plans
- Divisions working across SNEE to understand opportunities more closely.

This work has led to the building of initial CIP positions for each division, a summary of which is detailed below:

Indicative CIP Programme by Division				
Division	CIPS (£'k)	Of which: *Identified	Of which: Vacancy Factor	To be identifie
Medicine	(2,610)	*(687)*	*(614)*	(1,309)
Surgery	(1,978)	*(543)*	*(560)*	(876)
Women & Childrens*	(671)	*(150)*	*(493)*	(28)
CSS	(1,260)	*(764)*	*(383)*	(114)
Community	(1,588)	*(313)*	*(200)*	(1,076)
Estates and Facilities*	(676)	*(150)*	*(230)*	(297)
Corporate*	(1,817)	*(350)*	*(722)*	(745)
Central initiatives	-	*(1,600)*	-	1,600
Total	**(10,600)**	***(4,557)***	***(3,200)***	**(2,843)**

Subjective analysis of identified CIPs	
Subjective Classification	CIPS (£'k)
Vacancy Factor	3,200
Meds Optimisation	1,159
Contract income review	1,000
Non-clinical income	606
Establishment review/productivity	518
Clinical income	488
Procurement	376
Repatriation	202
Service re-design	182
Estates rationalisation	28
Total	**7,757**

As can be seen, at present, CIP schemes with a value of £7.8m (approx. 73% of CIP target) have been identified with a remainder of £2.8m to be identified.

It is important to note that these have not passed through any form of quality impact assessment, nor risk rated to assess the viability of delivery. Whilst we are still in the initial identification and recording phase, we need to move towards quantification and delivery.

Examples of schemes identified so far include:

- Use of Generic drugs within Oncology
- Repatriation of Vasculitis/CRT-P patients
- Commissioning of Trust provided services within Medicine
- Use of Technical Equivalent products
- Estates rationalisation in Community
- Integrated pathways within Community
- Productivity and Skill mix reviews using toolkits
- T & O tender products
- Procurement savings within Theatres and Anaesthetics
- Reduction in Sugammadex usage
- Opthalmology biosimilar switch

Next steps are:

- Clarification of governance routes including impact on quality, safety and activity
- Ensure consistency of recording
- Continued Divisional focus on CIP schemes
- Quantification of financial impact of schemes
- Consideration of gain-shares to recognise effort in delivery of CIPs
- Building QIAs for individual schemes
- Work with Strategic Delivery Support team to identify how to deliver larger transformational programmes.

We have also been using a temporary senior NHS resource to conduct a review to suggest areas where the Trust could potentially secure savings in the 23-24 and beyond. This work is built on conversations with a number of people across the Trust, the regulator and with other organisations in relation to opportunities both now and in the years ahead. It has also built on model hospital and GIRFT conversations.

This work has identified a number of areas which NHS Trusts are looking at, including:

- Front Door remodelling to improve flow
- Admin workforce review
- Private Patients
- Theatre productivity – attempting to re-establish protocols and lists rates in place before the pandemic – reviewing PPE usage and standardised use of kit eg Orthopaedics joints etc
- Reducing expired medicine in pharmacy
- Reusing unused medicine on wards
- Point of care testing
- Outpatient - DNA reduction and follow up reduction
- Travel savings
- Robotic Process Automation /Automated scheduling of patients
- Hybrid mail
- Review of IT kit – 1 device per user – laptop with soft phone
- Income generation review
- Estates Utilisation
- Management of stock/consumables
- Energy usage reduction
- Expired medicines review
- Vacancy review
- Coding review – relating to ERF (specifically where counting of income related activity is not happening)
- Job planning to reduce PAs and additional sessions
- Reduction in bank and agency spend
- Corporate service sharing
- Modern equivalent asset valuations.
- Restoring pre-pandemic income – car parking, restaurants and private patients

A number of specific issues for WSFT to consider:

- Car parking Income
- ERF
- Health Rostering Opportunities
- Theatre Utilisation
- Imaging productivity
- Delayed discharges – can we improve flow?

Next steps for this review are:

- Further work on viability of bigger schemes.
- Identification of schemes to focus on.
- Compare long list of options and model hospital/GIRFT opportunities with CIP ideas in divisions
- Work with Strategic Delivery Support team to identify how to deliver programmes of work

Action Required of the Board

The Board is asked to approve this report

Sustainability:	*The paper highlights potential risks to financial performance in 23-24.*

4.3. Improvement Committee Report - February, 2023 - Chair's Key Issues from the meeting

To Assure

Presented by Louisa Pepper

Chair's Key Issues

Originating Committee	Improvement Committee	**Date of meeting**	13 February 2023
Chaired by	Geraldine O'Sullivan	**Lead Executive Director**	Sue Wilkinson

Agenda item	Details of issue	For: Approval/ Escalation/ Assurance	BAF/ Risk Register ref	Paper attached? ✓
4.1	<u>IQPR - Ambulance offloads and ED extended waits</u> Data for this indicator shows the effect of the current pressures. Improvement committee requested a deep dive into the impact of long waits in ED on patient outcomes. Two pieces of work will be provided to the March meeting: • Presentation from the ED team on the current improvement projects addressing the management of these longer stays in the department • Proposal on how a data-set can be collated to the impact of long-stay in ED on patients across the wider hospital pathways.	Limited assurance	Failure to maintain and further strengthen effective governance structures (BAF 1)	
5.1	<u>IQPR - Nutrition recording</u> Recording of nutrition (weight, eating/drinking) within 24hrs of admission is not meeting the target. This may be being impacted by the length of stay in ED extending into that 24hr period. There is a high level of confidence that a 48hr timeframe is being met, however the eCare reporting does not enable automated monitoring of that data. 24hrs is the national best practice target.	Limited assurance		
5.2	<u>Deep dive – Medication Safety Group</u> Presentation on a new group commencing in March, reporting to Drugs & Therapeutics committee. The new group will provide a focused platform for people in a position to review and make changes to improve safety, reporting etc. Representation is being sought from junior doctors, ward nurses, e-Care, non-medical prescribers as well as an ambition to include a GP/trainee GP for wider system insight.	Approval	BAF 1	

Agenda item	Details of issue	For: Approval/ Escalation/ Assurance	BAF/ Risk Register ref	Paper attached? ✓
6.1	PQAS January report provided. Updates provided for: • Hospital transfusion Group – Despite significant delays in the progression of the closed loop blood project, this has now started to progress and will be monitored closely; Mandatory training and compliance /competency are not improving with some wards showing competency around 40%; The emergency blood management plan has been updated and communicated following a recent amber alert for national blood shortages. • Human Factors (HF) - HF Practitioner recruitment now in progress; improvement work on 'scanning for safety' following HF review will be picked up by new Medication safety group. • Incidents – Q3 thematic review presented. Top six categories: pressure ulcers, falls, medication, clinical care & treatment, discharge, transfer & follow up and safeguarding/DOLS recording. Noted a consistent rise in medication incidents relating to diabetes. • Duty of candour – no specific themes/concerns or escalation noted. AOB: **Theme throughout this is that subgroups are challenged in progressing improvement through poor attendance to group and mandatory training. Recognised that Trust has faced significant challenges and the ability to release clinical staff for improvement roles. Cancellation of meetings and educational opportunities are common and the impact of this is difficult to measure. Escalation to SLT for broader discussion on management of BAU in the face of significant capacity challenges.**	Partial Assurance		

Agenda item	Details of issue	For: Approval/ Escalation/ Assurance	BAF/ Risk Register ref	Paper attached? ✓
6.2	CEGG January report provided. Updates provided for: • Radiology - Some concerns around consent, appropriate referrals and using the correct encounters on eCare. • QI - Positive report. New plans to incorporate QI (and clinical audit) formally into job plans of ACPs • CQUIN - 2022/23 CQUINs ongoing. Next year's announced. No information available yet as to whether there will be any financial implications. Concerns raised re status of items when no longer a CQUIN e.g. Discharge letters is a current concern (meeting already being convened by PM for that subject). Challenge put back to CEGG to propose a 'post-CQUIN oversight' plan – will be reported back to Improvement. **Embedding of improvements needs further assurance.** • Guidelines Editorial group - Having been non-operational for some time, in part due to key members absence (including retirement) this will need to re-start and address a backlog. Admin support issues have been resolved.	Partial Assurance	BAF 1	
7.1a	<u>Our PSIRP (patient safety incident response plan)</u> Background provided into how WSFT have developed the PSIRP in Years one and two. Now developing year three including a co-production element with divisional and specialty stakeholders through workshops in Feb/March. Data analysis also key as well as a review of year two outcomes. Data includes wider information e.g. PALS/complaints. Opportunities to involve patient safety partners in future iterations of the plan once in post. Improvement membership suggested impact of patient moves whilst in hospital and nutrition/hydration could be added to the discussion for year three's plan.	Good assurance of Trust compliance with PSIRF	Failure to maintain and further strengthen effective governance structures (BAF 1)	

Agenda item	Details of issue	For: Approval/ Escalation/ Assurance	BAF/ Risk Register ref	Paper attached? ✓
7.1b	<u>Safety Improvement Group (SIG)</u> SIG is a forum with a broad membership to move the areas of improvement from patient safety incident investigation (PSII) into measurable quality improvements. An example of a project will be brought to the next committee meeting for assurance deep dive	Approval		
7.2	<u>Update from AMD – shared decision making (SDM) and ReSPECT</u> **SDM** is a GMC and NICE requirement and is a CQUIN target (currently for specific non-WSFT specialist services only). The GMC seven principles of SDM involving patients in the care of a doctor: "*no decision without me*". A form has been created on e-Care so discussions can be documented and Concentric is to being introduced for digital consent; this will be trialled in general surgery before rolling out across the Trust. **ReSPECT** (replaces DNACPR/EPARs) is to be rolled out nationally and launched across the Suffolk ICS in March. Forms regarding resuscitation shared decision-making are to be integrated with community. This could digitalise the yellow folders currently used which patients bring into hospital.	Assurance	BAF 1	

Agenda item	Details of issue	For: Approval/ Escalation/ Assurance	BAF/ Risk Register ref	Paper attached? ✓
8.1	<u>National best practice publications and Trust response</u> The February CEGG meeting will be discussing the system principles and processes for allocation, identifying gaps, allocating actions/plans however this may not fit some types of national best practice. A high-level summary will be provided for the next Improvement committee meeting. A separate but related action to review how CEGG functions and its terms of reference is being coordinated by RJ and will report back to Improvement in March/April. A plan to use the Ockenden report to test this process has not progressed in a timely way and concern was raised that this needs to gain momentum to move from the initial gap analysis to an action/improvement plan. [*Post meeting note*, this specific concern has been followed up by PM/SW and it is anticipated that the March Improvement meeting will have an update from JM (ADQI) on how this is being now being progressed].	Limited Assurance	BAF 1	
8.2	<u>Quality Assurance (QA) framework</u> A QA framework is being developed for the organisation with input from the divisions. Community have already begun this process. A baseline assessment will enable a structure to be built onto what is already in place and formalise how this is recorded, reported and overseen and where there are external implications e.g. accreditation. Progress on this work programme will be reported bi-monthly. QA forms part of a wider quality structure and it was considered that the trust would benefit from having a quality strategy. The QA framework would be a part of that wider document alongside the already in existence patient safety and experience of care strategies.	Approval	BAF 1	
9.1	<u>Improvement forward plan 2023</u> Additions to schedule: QA framework development, quality strategy and prioritisation framework/change management.	Approval	BAF 1	

4.4. Quality and Nurse Staffing Report

To Assure

Presented by Susan Wilkinson

Trust Board – March 2023

Report Title:	Quality and Workforce Report & Dashboard –January and February 2023
Executive Lead:	Sue Wilkinson
Report Prepared by:	Daniel Spooner
Previously Considered by:	N/A

For Approval	For Assurance	For Discussion	For Information
☐	☒	☐	☐

Executive Summary

This paper reports on safe staffing fill rates and mitigations for inpatient areas for January and February 2023 It complies with national quality board recommendations to demonstrate effective deployment and utilisation of nursing staff. The paper identifies planned staffing levels and where unable to achieve, actions taken to mitigate where possible. The paper also demonstrates the potential resulting impact of these staffing levels. It will go onto review vacancy rates, nurse sensitive indicators, and recruitment initiatives.

Highlights

- Improved vacancy rates for this period for both RNS and NAs
- Inpatient RN/RM vacancy percentage achieved special cause improvement in February at 12.4%, an improvement of 2% from last reporting period
- Total RN/RM vacancy rate continues in special cause improvement and is now below 10% vacancy target at 8.4%
- Turnover in NA roles continues to be high, and actions are being taken to address the retention of this staff group
- Significant reduction in staffing shortfall [red flag] Datixs reported in this period
- Winter escalation areas remain open during this period with 4 internal critical incidents declared in February requiring the staffing of additional escalation
- Fill rates improved in January with both RN and NA night shifts above 90%
- Fill rates deteriorated in February across all shifts
- Industrial action for RCN members impacting on fill rates in both January and February

Action Required of the Board

For assurance around the daily mitigation of nurse staffing and oversight of nursing establishments
No action needed

Risk and assurance:	Red Risk 4724 amended to reflect surge staffing and return to BAU
Equality, Diversity, and Inclusion:	*N/A*
Sustainability:	*N/A*
Legal and regulatory context	*Compliance with CQC regulations for provision of safe care*

1. Introduction

The National Quality Board (NQB 2016) recommend that monthly, actual staffing data is compared with expected staffing and reviewed alongside quality of care, patient safety, and patient and staff experience data. The trust is committed to ensuring that improvements are learned from and celebrated, and areas of emerging concern are identified and addressed promptly. This paper will identify safe staffing and actions taken in January and February 2022. The following sections identify the processes in place to demonstrate that the Trust proactively manages nurse staffing to support patient safety.

2. Nursing Fill Rate

The Trust's safer staffing submission has been submitted to NHS Digital for January and February within the data submission deadline. Table 1 shows the summary of overall fill rate percentages for these months and for comparison, the previous four months. Appendix 1a and 1b illustrates a ward-by-ward breakdown for January and February 2023.

	Day		Night	
	Registered	Care Staff	Registered	Care staff
Average fill rate Sept. 2022	87%	76%	88%	95%
Average fill rate October 2022	83%	70%	87%	88%
Average fill rate November 2022	87%	74%	89%	94%
Average fill rate December 2022	84%	72%	85%	86%
Average fill rate January 2023	87%	80%	93%	95%
Average fill rate February 2023	85%	77%	88%	94%

Table 1: Fill rates are RAG rated to identify areas of concern (Purple >100%, Green: 90-100%, Amber 80-90%, Red <80).

An average of the fill rates for roles and shifts have been combined in chart 2 to illustrate the cumulative challenge to nurse staffing over the last year which has seen a deteriorating trend since summer 2021. This trend is consistent with deterioration of CHPPD which is illustrated in chart 3.

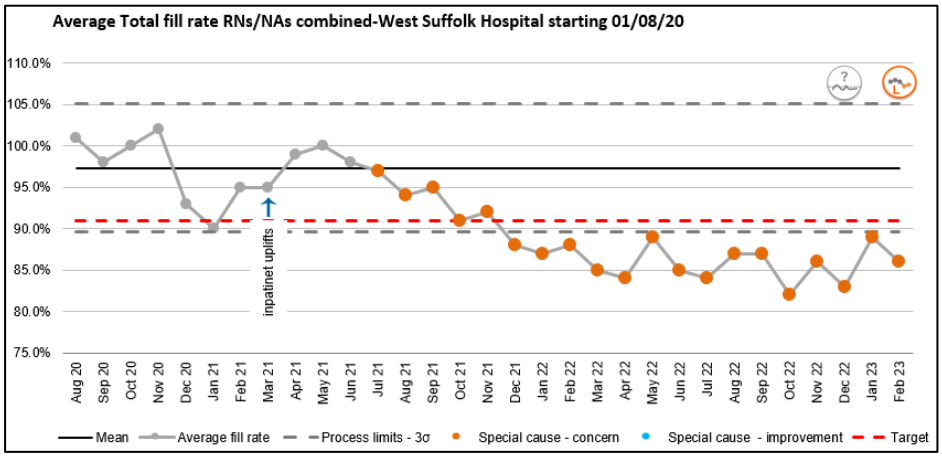


Chart 2.

Care hours per patient Day (CHPPD)

CHPPD is a measure of workforce deployment and is reportable to NHS Digital as part of the monthly returns for safe staffing (Appendix 1). CHPPD is the total number of hours worked on the roster by both Registered Nurses & Midwives and Nursing Support Staff divided by the total number of patients on the ward at 23:59 aggregated for the month (lower CHPPD equates to lower staffing numbers available to provide clinical care). Using model hospital, the average Recommended CHPPD for an organisation of our size is 7.6. The chart below demonstrates our achievement of this. Since August 2021 we are not achieving this consistently and further demonstrates the staffing challenges over the last year.

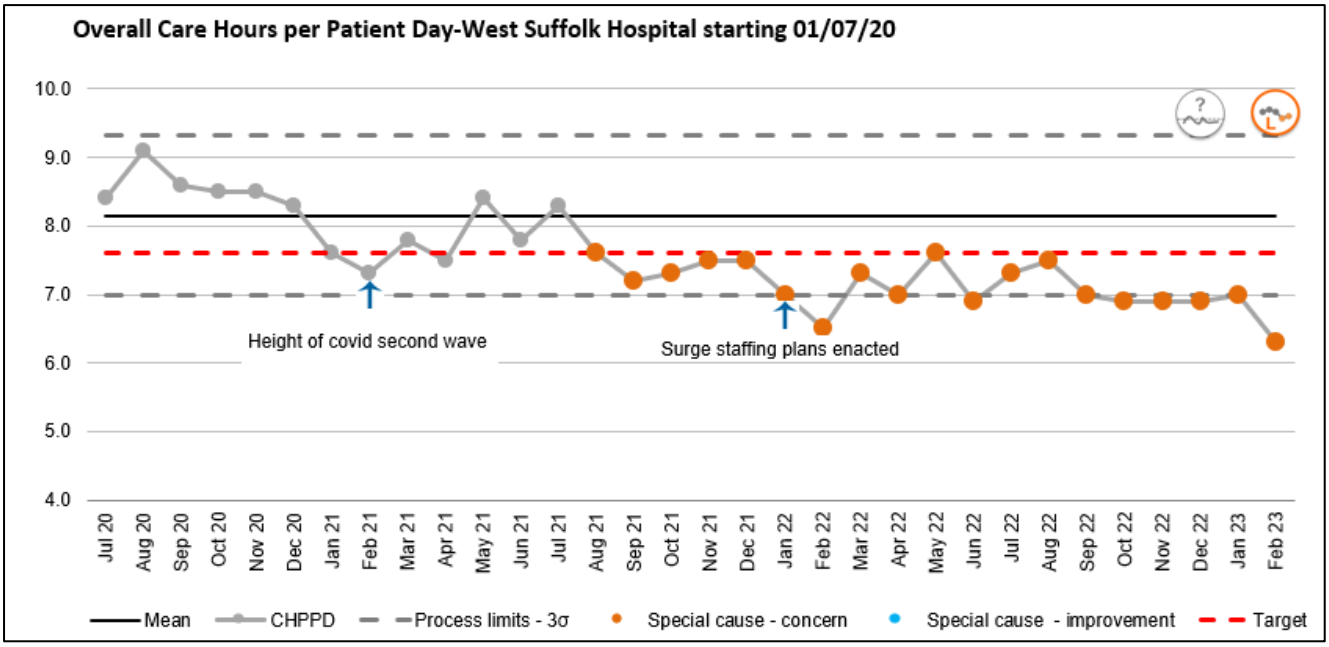


Chart 3 Adapted from model hospital/unify data

3. Sickness

Sickness rates have fallen in both staff groups and is under 5% for RNs for the first time in the last 12 months. NA sickness while consistently higher than RNS is also the lowest in the last 12 months.

	Jul-22	Aug-22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Unregistered staff (support workers)	9.66%	7.40%	6.85%	7.95%	6.39%	8.76%	7.21%	6.26%
Registered Nurse/Midwives	6.09%	4.42%	4.67%	5.45%	4.88%	6.56%	4.57%	4.89%
Combined Registered/Unregistered	**7.31%**	**5.44%**	**5.41%**	**6.30%**	**5.39%**	**7.30%**	**5.46%**	**5.35%**

Table 4

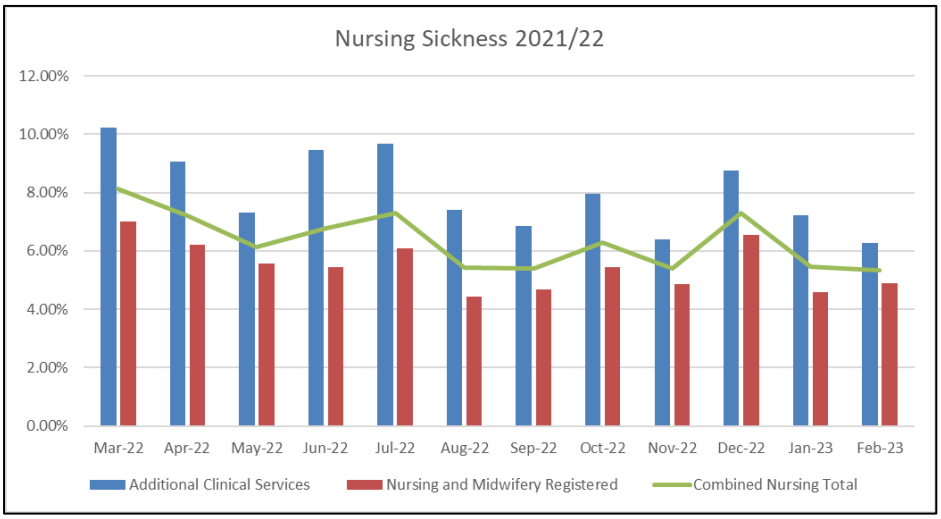


Chart 4a

4. Patient Flow and Escalation

In December following consistent challenges to patient safety and flow through the emergency pathway, an additional ward was opened. This was planned to open mid-January, however, consistent pressures in early December required this to be opened earlier than anticipated. Ward F10 was opened, and staff were sourced

from within the current nursing establishment. Senior oversight has been provided by an established matron and ward sister to provide consistency. This ward remains open at the time of writing. However, it has now moved to F9 which has further increased the bed base.

Following continued demand and capacity challenges the additional ward, now F9 has been agreed to remain open for an additional two months to close in May 2023. This further extends the challenges to staffing fill rates and will negatively impact on the potential benefits of the improved RN staffing picture

5. Recruitment and Retention

Vacancies: Registered nursing (RN/RM):

- Substantive Inpatient RN/RM WTE and vacancy rate is special cause improvement for three consecutive months
- Inpatient RN vacancy rate has improved to 12.8% (excluding Registered Midwives)
- Total RN/RM establishment and vacancy rate continues special cause improvement in this reporting period and is now below 10% target ambition of 8.6%
- Inpatient ward NA vacancies percentages over this period has improved from 14.3% to 11.8% and is in common cause variation
- Total NA vacancy rate has improved from 14.7% to 11.4% and is common cause variation.

Table 5 demonstrates the total RN/RM establishment for the inpatient areas (WTE). The total number of substantive RNs has seen an improving trend until March this year. Full list of SPC related to vacancies and WTE can be found in appendix 2. Areas of concern remain within the non-registered staff group. While recruitment for RNs is in a positive position this is yet to be reflected in fill rates. This is in part due to staffing additional escalation areas and the additional ward mentioned in section 4 which requires moving staff from other wards daily and adversely affecting their planned fill rate.

	Inpatient	Sum of Actuals Period 06 (Sept)	Sum of Actuals Period 07 (Oct)	Sum of Actuals Period 08 (Nov)	Sum of Actuals Period 09 (Dec)	Sum of Actuals Period 10 (Jan)	Sum of Actuals Period 11 (Feb)	WTE VACANCY at period 11
RN/RM Substantive	Ward WTE	617.5	612.8	624.8	629	629.3	640.3	90.9
Nursing Unregistered Substantive	Ward WTE	407	391.6	389	384.7	392.2	398.3	53.2

Table 5. Ward/Inpatient actual substantive staff with WTE vacancy

Appendix 3 provides a full list of current ward-by-ward vacancies.

6. New Starters and Turnover

International Nurse Recruitment:

A steady pipeline of international recruitment continues, with an overall target to recruit 121 staff within 2022/23. Due to continued challenges with arrival dates, often being postponed, we are on track to have recruited and landed 117 within this timeframe, a shortfall of 4 nurses but. 97% or the target has been achieved. There are no concerns from regional international recruitment teams around the organisation's performance of this target.

The education provided for this staff group to ensure that the all the international recruits obtain a UK registration, continues to have a high success rate with pass rate of 72% on first attempt and 100% following resits. The trust gas received a recent communication from the Chief Nursing Officer for England, praising WSFT for its achievements in international nurse recruitment.

New starters

	Sept 22*	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Registered Nurses	43	21	24	25	9	20
Non-Registered	31	22	40	9	23	25

Table 6: Data from HR and attendance to WSH induction program. OSN arrivals will be included in RN inductions. *Two inductions ran this month

- In January, 9 RNs completed induction; of these; 4 were for the acute, 3 for community and 2 for bank staff
- In January, 23 NAs completed induction; of these; 19 NAs are for the acute Trust, 3 for bank services and 1 for community services

- In February, 20 RNs completed induction; of these; 15 were for acute services, 1 for bank, 4 for maternity.
- In February, 25 NAs completed induction; of these; 19 NAs are for the acute Trust, 4 for bank services and 1 for community services

Turnover

On a retrospective review of the last rolling twelve months, turnover for RNs has improved again to under the ambition of 10%. Turnover is now 9.42%. NA turnover has increased again from 24.71% to 25.02%. The increasing turnover has been escalated through the finance and workforce committee and is being captured at the Trust retention group.

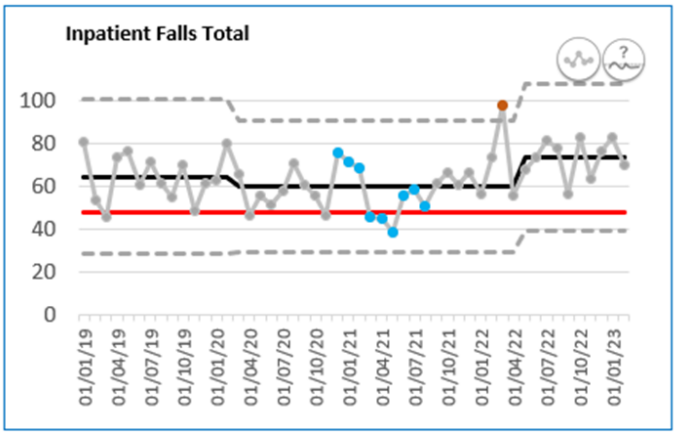
		Turnover	01/03/2022	-	28/02/2023			
Staff Group	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
Nursing and Midwifery Registered	1,358.00	1,178.47	112	88.69	141	111.01	10.38%	9.42%
Additional Clinical Services	595.00	497.57	276	248.52	153	124.48	25.69%	25.02%

Table 7. (Data from workforce information team)

7. Quality Indicators

Falls and acquired pressure ulcers

Both falls and presure ulcers incidents remain in common cause variation (chart 8 & 9). A full narraative around this qulaity measure interventions can be found in the IQPR



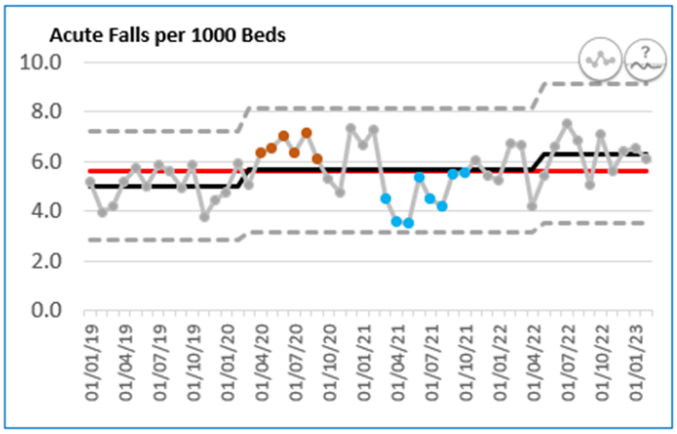


Chart 8

Pressure Ulcers

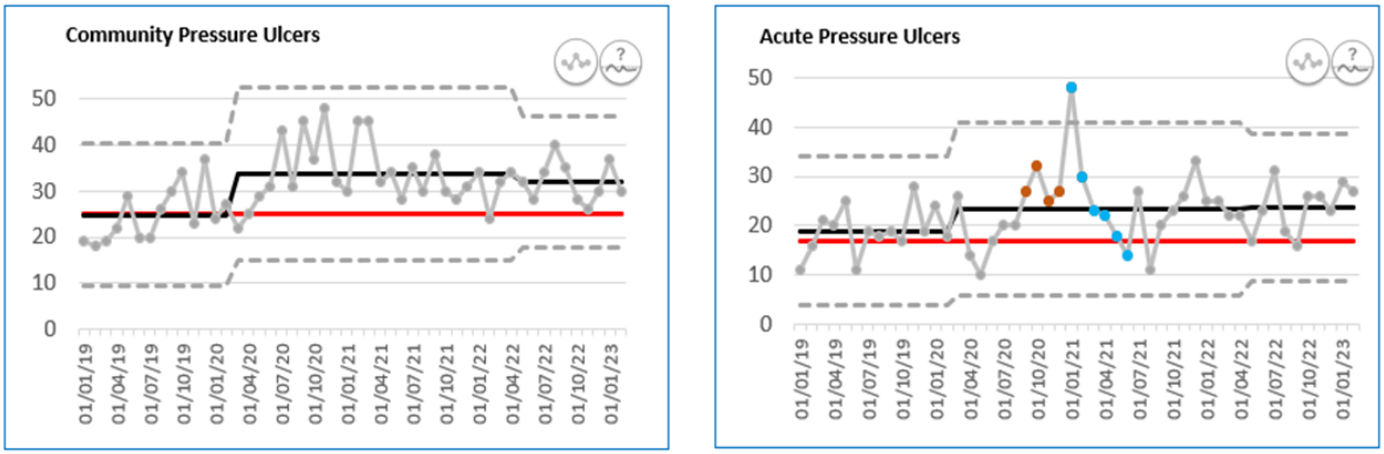


Chart 9

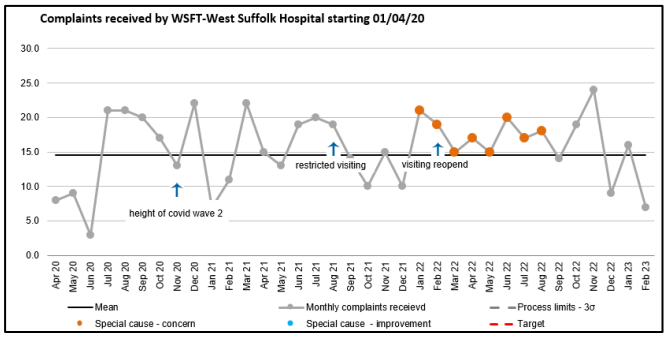
8. Compliments and Complaints

16 new complaints were received in January 2023. The emergency department received the highest number of formal complaints, with 3 being received in January 2023. Orthopaedic department and plastic surgery each received 2 formal complaints. The main theme for complaints in January 2023 was for clinical treatment with concerns about delays in treatment and missed or incorrect diagnosis. The next highest subjects for complaints were values & behaviours (staff) and appointments – including delays & cancellations with each subject receiving 3 formal complaints.

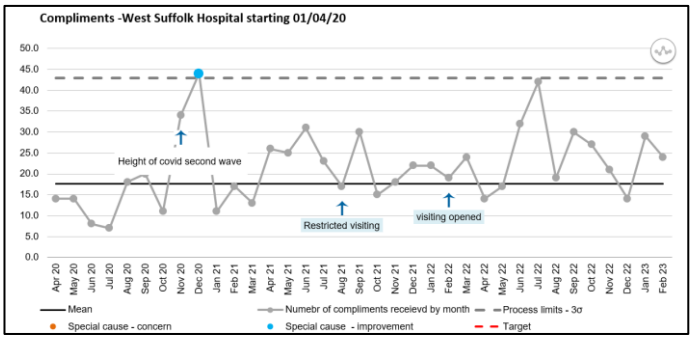
7 new complaints were received in February. No consistent themes or specific areas that received greater complaints than another

Calls to the clinical helpline continues to average around 105 per day

Chart 10a and 10b demonstrates the incidence of complaints and compliments for this period.



10a Complaints



10b Compliments

9. Adverse Staffing Incidences

Staffing incidences are captured on Datix with recognition of any red flag events that have occurred as per National Quality Board (NQB) definition (Appendix 5). Nursing staff are encouraged to complete a Datix as required, so any resulting patient harm can be identified and if necessary, reviewed retrospectively.

Red Flag	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Registered nursing shortfall of more than 8 hours or >25% of planned nursing hours	7	3	2	5	7	4	1
>30-minute delay in providing pain relief	2	3	2	2	7	4	1
Delay or omission of intention rounding	3	2	12	4	8	2	5
<2 RNs on a shift	5	8	7	5	7	3	4
Vital signs not recorded as indicated on care plan	2	1	2	3	7	1	-
Unplanned omissions in providing medication	-	-	-	1	1	-	-
Lack of appointments (local agreed red flag)	-	-	1	1		-	-
Delay in routine care (new descriptor)	18	10	17	19	20	6	8
Impact not described	-	-	1	-	-	-	-
Total	37	27	44	40	57	20	19

Table 11.

- In January 20 Datixs recorded for nurse staffing that resulted in a Red Flag event (see table 11.). No harm is recorded for these incidents at the time

- In February ? 19 Datixs recorded for inpatient nurse staffing that resulted in a Red Flag event (see table 11). No harm is recorded for these incidents

10. Maternity Services

A full maternity staffing report will be attached to the maternity paper as per CNST requirements.

	Standard	July	August	September	October	November	December	January	February
Supernumerary Status of LS Coordinator	100%	99%	98%	92%	99%	99%	99%	99%	100%
1-1 Care in Labour	100%	100%	98%	100%	100%	100%	100%	100%	100%
MW: Birth Ratio	1:28	1:27	1:27	1:29	1:29	1:27	1:29	1:26	1:25
No. Red Flags reported		13	9	15	11	9	11	6	11

Red Flag events

NICE Safe midwifery staffing for maternity settings 2015 defines Red Flag events as events that are immediate signs that something is wrong, and action is needed now to stop the situation getting worse. Action includes escalation to the senior midwife in charge of the service and the response include allocating additional staff to the ward or unit. Appendix 4 illustrates red flag events as described by NICE. Red Flags are captured on Datix and highlighted and mitigated as required at the daily Maternity Safety Huddle.

- There were six red flag events in January. No harm was recorded as in impact of these incidents
- There were eleven red flag events in February. No harm was recorded as in impact of these incidents.

Midwife to Birth ratio

Midwife to Birth ratio was 1:26 in January and 1:25 in February, both months were below Birthrate Plus recommendations of 1:27.7.

1:1 care was achieved 100% in both January and February.

Supernumerary status of the labour suite co-ordinator (LSC)

This is a CNST 10 steps to safety requirement and was highlighted as a 'should' from the CQC report in January 2020. The band 7 labour suite co-ordinator should not have direct responsibility of care for any women. This is to enable the co-ordinator to have situational awareness of what is occurring on the unit and is recognised not only as best but safest practice. In January and February 99% compliance against this standard was achieved. In January this was due to a woman arriving in the Unit in advance labour and

progressed quickly, gave birth before on call midwife arrived in the Unit and LS coordinator was the only MW able to provide care. No adverse outcome resulted from the occurrence. In February 100% compliance with this safety actin was achieved.

11. Community & Integrated services division

12.1 Demand

Demand within the community setting can be illustrated by the number of referrals each service receives. Chart 12a and 12b are examples of the rise in demand for both community nursing and community therapy experienced in the last year. The demand on community healthcare teams, and community and integrated therapies in general remain high and above pre -pandemic averages and is special cause for concern. Referrals to therapy in the INTs had been reducing, although levels are still above our average (x1 data point of reduced referrals for Therapies in last data set).

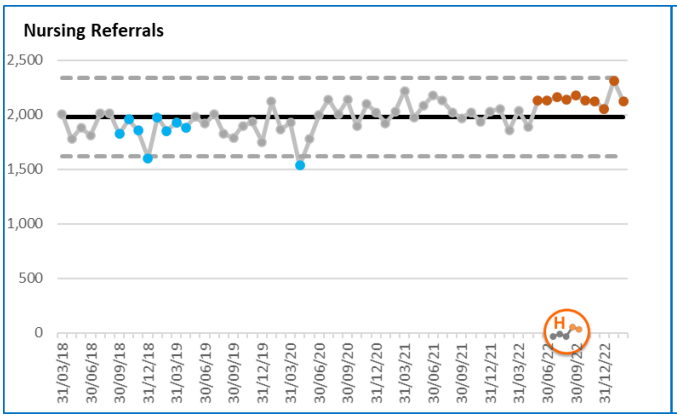


Chart 12a

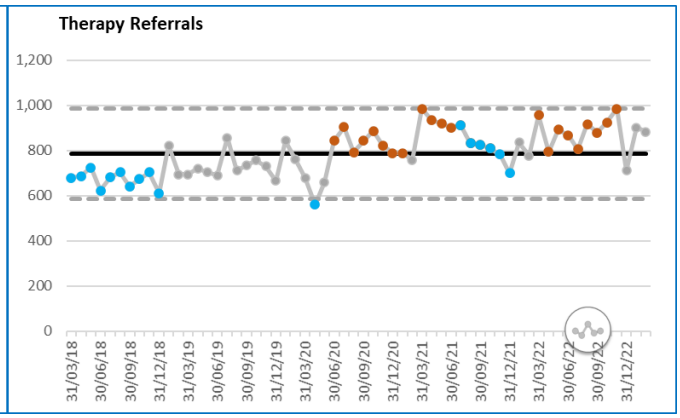


Chart 12b

12.2 Prioritisation of nursing patients

All patients are prioritised using rag rated care plans. This allows the senior team to identify, which are most urgent and require prioritisation. This allows the team to have flexibility when managing nursing/therapy resource and can defer low urgency visits to the following day. There is currently no automated method to calculate the care hours. Care plan hours are calculated manually and balanced against WTE staffing levels. Escalation is provided via an OPEL agreed framework and surge plan enacted if required.

12.3 Sickness

Sickness within the community division has improved in January (Feb data not available by division at time of writing). Possibly driven with significant improvement in sickness rates within Rosemary ward following introduction of new Matron post to provide support and oversight

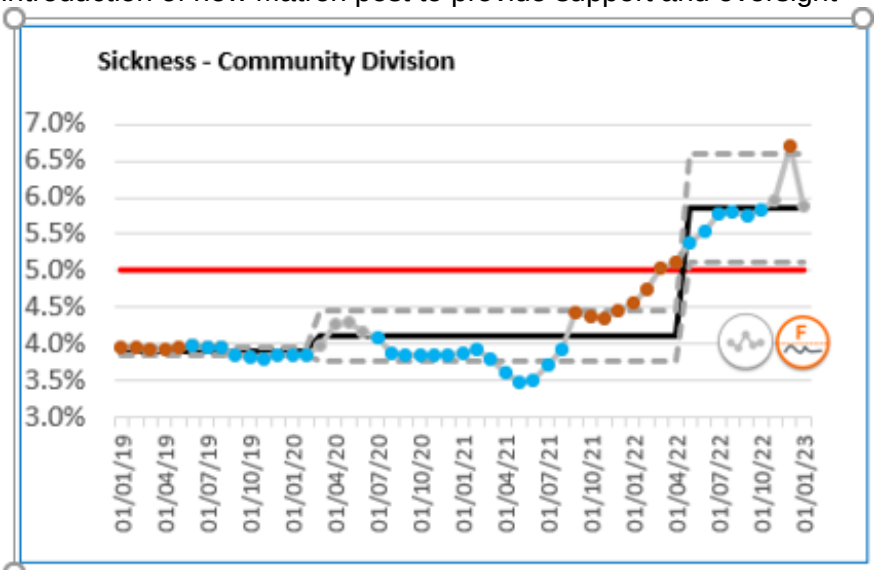


Chart 13.

2.4 Ongoing actions being taken by division

- Workforce workshop planned for 30/3/23, led by ICB transformation manager.
- First census of the Community Nursing Safer Staffing Tool (CNSST) completed in February. Work is underway to analyse the data to inform future workforce planning.
- Newmarket hospital have improved their workforce with successful recruitment of overseas staff. There is a risk that staff will not stay at Newmarket and integrate within the community because of no accommodation base at Newmarket. Currently 4 staff are taken to work via taxi to and from Newmarket. A solution to this is being scoped to support staff working in Newmarket

12. Organisation activity of note

Within this period, two separate dates of industrial action were taken by members of the royal college of nursing (RCN) namely 18th/19th Jan and 6th/7th Feb. WSFT participated in these rounds of industrial action and a robust response to the impact this was taken. Local derogations to agree life preserving staffing levels within acute and community services were negotiated well with RCN colleague.

To provide global assurance on patient safety, a 'strike hub' was convened and was run by the senior nursing team and colleagues from human resources. At the time of writing the RCN are in negotiations with the health secretary and no further dates for industrial action are currently planned

13. Recommendations and actions

- Note the information on the nurse and midwifery staffing and the impact on quality and patient safety
- Note the content of the report and that mitigation is put in place where staffing levels are below planned.
- Note that the content of the report is undertaken following national guidelines using research and evidence-based tools and professional judgement to ensure staffing is linked to patient safety and quality outcomes.

Appendix 1. Fill rates for inpatient areas (January 2023): Data adapted from Unify submission

RAG: Red <79%, Amber 80-89%, Green 90-100%, Purple >100%

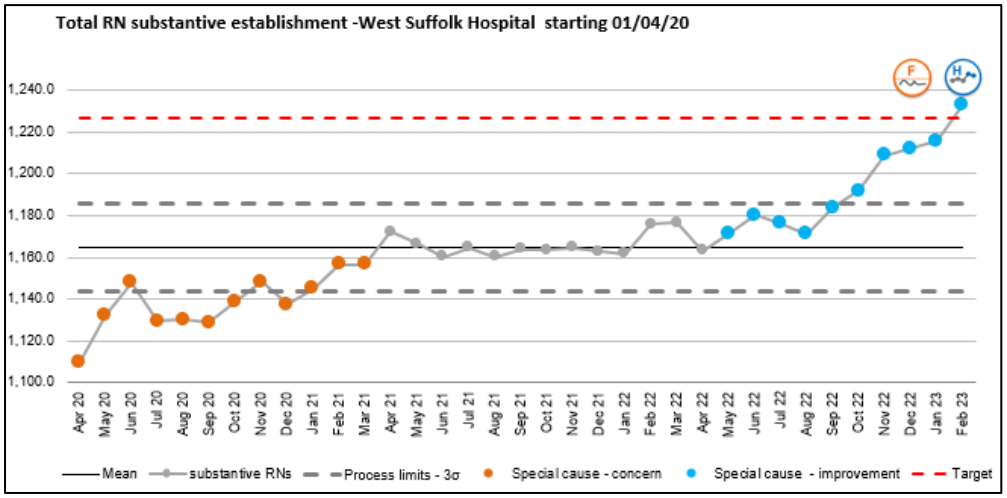
	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	RNs/RMN		Non registered (Care staff)		RNs/RMN		Non registered (Care staff)									
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average Fill rate RNs/RM %	Average fill rate Care staff %	Average Fill rate RNs/RM %	Average fill rate Care staff %	Cumulative count over the month of patients at 23:59 each day	RNS/RMs	Non registered (care staff)	Overall
Rosemary Ward	1230.5	1031	1767.25	1569.75	1051.5	988.5	1426	1299.5	84%	89%	94%	91%	993	2.0	2.9	4.9
Glastonbury Cour	706	706	1068.5	988.5	713	708.5	542.5	505.5	100%	93%	99%	93%	557	2.5	2.7	5.2
Acute Assessmen	2130.5	1914.75	2500.25	1474.75	1782.5	1647	1426	1211.66667	90%	59%	92%	85%	761	4.7	3.5	8.2
Cardiac Centre	1782.5	1476.5	869	646.75	1782.5	1484.5	713	724.5	83%	74%	83%	102%	632	4.7	2.2	6.9
G10	1622	1408.6667	1563.5	1386.5	1069.5	1035	1420.5	1370	87%	89%	97%	96%	707	3.5	3.9	7.4
G9	1418.73333	1314.3167	1426	1251.5	1426	1309.5	1065	1174	93%	88%	92%	110%	752	3.5	3.2	6.7
F12	552	637.25	356.5	335.5	708.5	640.5	356.5	288.5	115%	94%	90%	81%	240	5.3	2.6	7.9
F7	1782.5	1382.4167	1768	1350.75	1426	1155.5	1782.5	1272.5	78%	76%	81%	71%	683	3.7	3.8	7.6
G1	1390.98333	1021.4833	356	289.5	713	713	356.5	251.5	73%	81%	100%	71%	485	3.6	1.1	4.7
G3	1736.5	1341.75	1767	1581	1046.5	1037	1059	1365.5	77%	89%	99%	129%	864	2.8	3.4	6.2
G4	1782.5	1371	1841	1422.25	1069.5	874	1425	1138.5	77%	77%	82%	80%	896	2.5	2.9	5.4
G5	1424.5	1358	1782.5	1447	713	858	1426	1476	95%	81%	120%	104%	760	2.9	3.8	6.8
G8	2496.5	1914.6167	1789	1383	1782.5	1626.083333	1069.5	1010.08333	77%	77%	91%	94%	615	5.8	3.9	9.6
F8	1421.5	1309.25	2141.5	1331	1058.5	839.9166667	1426	1290	92%	62%	79%	90%	723	3.0	3.6	6.6
Critical Care	2821.5	2552.25	340.5	296	2846.5	2545.5	0	10.5	90%	87%	89%	*	388	13.1	0.8	13.9
F3	1782.5	1497	2140	1536	1069.5	1044.5	1426	1359	84%	72%	98%	95%	732	3.5	4.0	7.4
F4	1184.5	812	918	610.5	660.5	618	545.5	456	69%	67%	94%	84%	633	2.3	1.7	3.9
F5	1782.5	1491.25	1426	1075.1667	1069.5	1013.5	1069.5	936	84%	75%	95%	88%	698	3.6	2.9	6.5
F6	2003.5	1868.8333	1448.5	1033.75	1422	1196.25	713	787.5	93%	71%	84%	110%	942	3.3	1.9	5.2
Neonatal Unit	1245	1434	576	600.5	996	1034	420	408	115%	104%	104%	97%	116	21.3	8.7	30.0
F1	1879.5	1579	713	730.75	1426	1391.5	0	34.75	84%	102%	98%	*	115	25.8	6.7	32.5
F14	404	430	288	348.5	744	720.5	0	0	106%	121%	97%	*	106	10.9	3.3	14.1
F9 (winter esc)	713	904.91667	1051.5	1224.5	713	765.25	713	1058.5	127%	116%	107%	86%	744	2.2	3.1	5.3
Total	35,293.22	30,756.25	29,897.50	23,913.42	27,289.50	25,246.00	20,381.00	19,428.00	**87%**	**80%**	**93%**	**95%**	**14142**	**4.0**	**3.1**	**7**

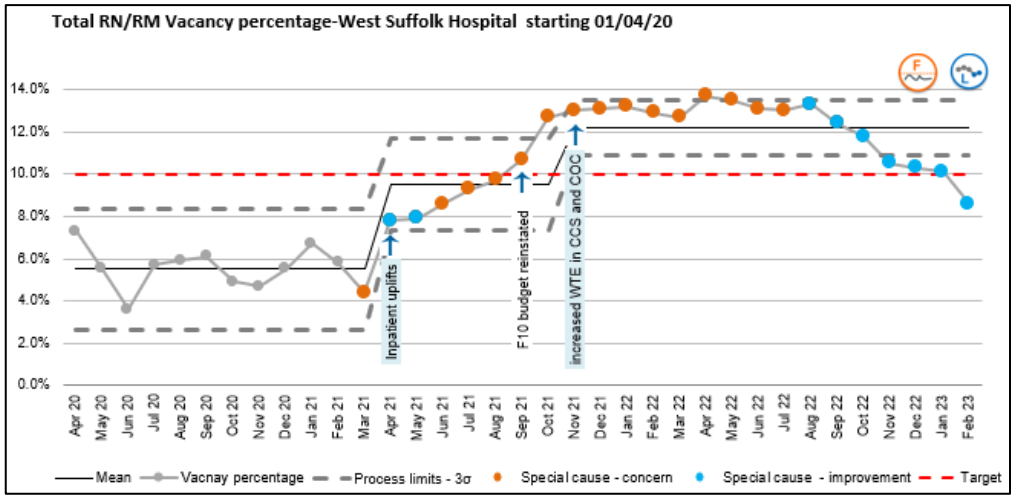
Appendix 1. Fill rates for inpatient areas (February): Data adapted from Unify submission

	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	RNs/RMN		Non registered (Care staff)		RNs/RMN		Non registered (Care staff)									
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average Fill rate RNs/RM %	Average fill rate Care staff %	Average Fill rate RNs/RM %	Average fill rate Care staff %	Cumulative count over the month of patients at 23:59 each day	RNS/RMs	Non registered (care staff)	Overall
Rosemary Ward	1154.25	853.75	1600	1360.25	966	763.5	1288	1207.5	74%	85%	79%	94%	905	1.8	2.8	4.6
Glastonbury Cour	624	644	956	920	644	644.5	490	484	103%	96%	100%	99%	506	2.5	2.8	5.3
Acute Assessmen	1915.25	1719	2251	1363.5	1610	1337	1288	1107.75	90%	61%	83%	86%	761	4.0	3.2	7.3
Cardiac Centre	1610	1321.5	837	691	1610	1312	644	609.5	82%	83%	81%	95%	632	4.2	2.1	6.2
G10	1356	1232.4167	1340.86667	1193	961	919.3333333	1276.5	1204.5	91%	89%	96%	94%	707	3.0	3.4	6.4
G9	1288.5	1204.5	1288	1131.75	1288	1118.333333	966	1156	93%	88%	87%	120%	752	3.1	3.0	6.1
F12	506	531.75	322	258	644	474.5	322	258	105%	80%	74%	80%	240	4.2	2.2	6.3
F7	1610	1306.1667	1608	1100.5	1288	1044.833333	1603.5	1221.5	81%	68%	81%	76%	683	3.4	3.4	6.8
G1	1288.5	886.5	318.75	244.5	644	644	322	194.5	69%	77%	100%	60%	485	3.2	0.9	4.1
G3	1604	1200.6667	1595.5	1403	966	900.5	966	1254.25	75%	88%	93%	130%	864	2.4	3.1	5.5
G4	1610.5	1280.75	1662	1400.5	955.25	782.75	1276.5	1151.5	80%	84%	82%	90%	896	2.3	2.8	5.2
G5	1288.5	1201.5	1610	1212.5	638.5	820.25	1288	1235.25	93%	75%	128%	96%	760	2.7	3.2	5.9
G8	2249.25	1695.7833	1619.5	1345.0833	1610	1368.75	966	946.166667	75%	83%	85%	98%	615	5.0	3.7	8.7
F8	1288	1307.5	1927	1001	954.5	740	1288	1166.83333	102%	52%	78%	91%	723	2.8	3.0	5.8
Critical Care	2562.25	2223	309.5	307	2549.5	2180.916667	0	0	87%	99%	86%	*	388	11.4	0.8	12.1
F3	1610	1352	1924.5	1288	966	917	1288	1264.5	84%	67%	95%	98%	732	3.1	3.5	6.6
F4	1092.5	722.5	851.5	511.5	644	579	546	381.5	66%	60%	90%	70%	633	2.1	1.4	3.5
F5	1603.96667	1325.2167	1283.25	853	966	887.5	954.5	853.5	83%	66%	92%	89%	698	3.2	2.4	5.6
F6	1787	1509.5833	1203.75	908.25	1289	956.5	644	738	84%	75%	74%	115%	942	2.6	1.7	4.4
Neonatal Unit	1086	1239.5	432	470.5	888	901.5	504	504	114%	109%	102%	100%	116	18.5	8.4	26.9
F1	1699.5	1423.75	644	657	1288	1161.5	0	93.25	84%	102%	90%	*	115	22.5	6.5	29.0
F14	564	625.25	288	266.5	672	659	204	0	111%	93%	98%	*	106	12.1	2.5	14.6
F9 (winter esc)	1288	923.16667	1288	1124.75	966	904.4166667	966	993.5	72%	87%	94%	103%	744	2.5	2.8	5.3
Total	32,685.97	27,729.75	27,160.12	21,011.08	25,007.75	22,017.58	19,091.00	18,025.50	**85%**	**77%**	**88%**	**94%**	**14003**	**3.6**	**2.8**	**6.3**

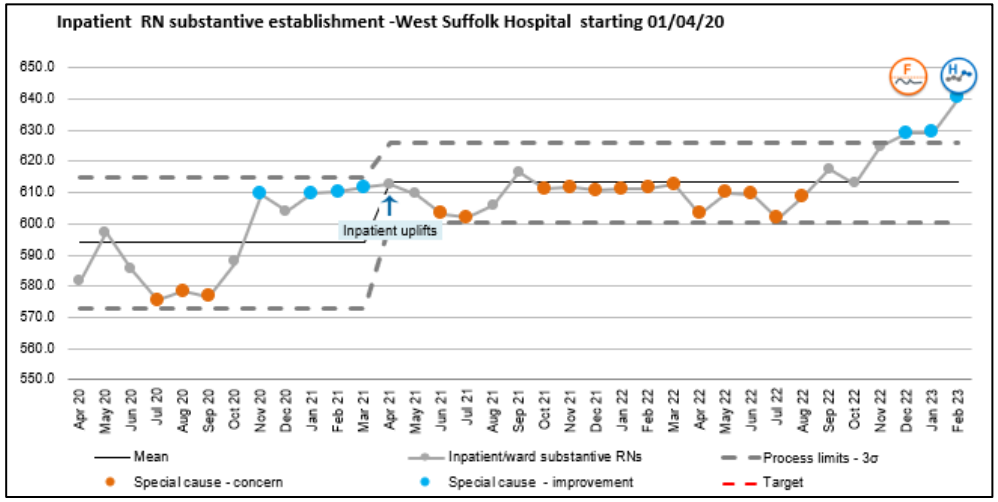
Appendix 2 SPC charts

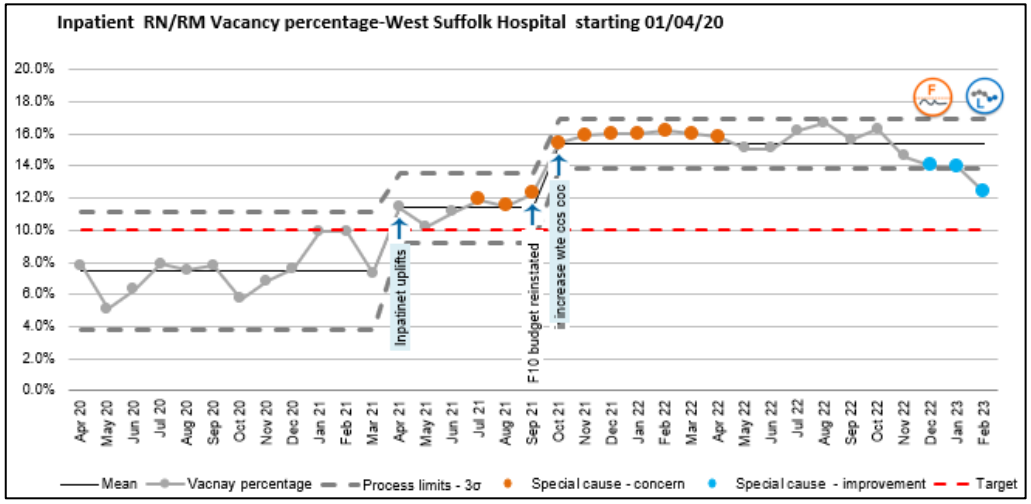
Total RN/RM establishments and vacancy percentage



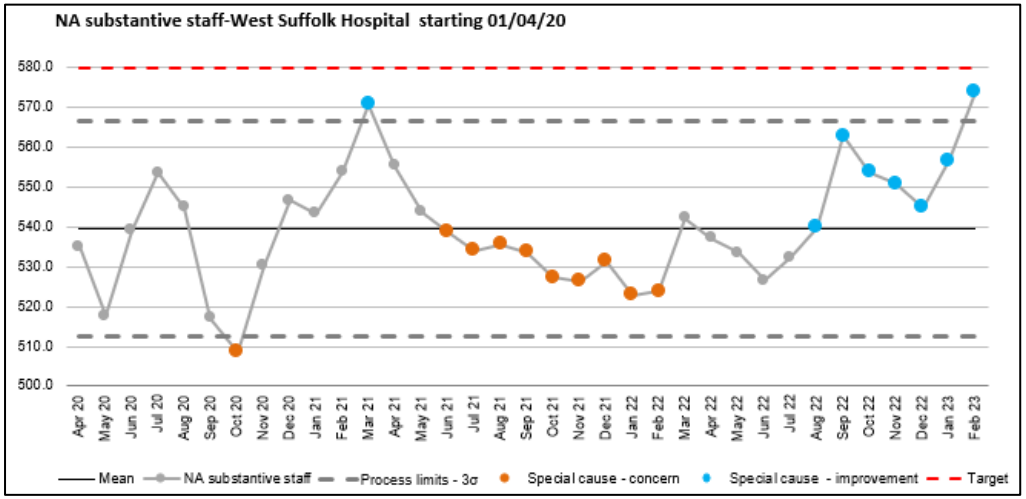


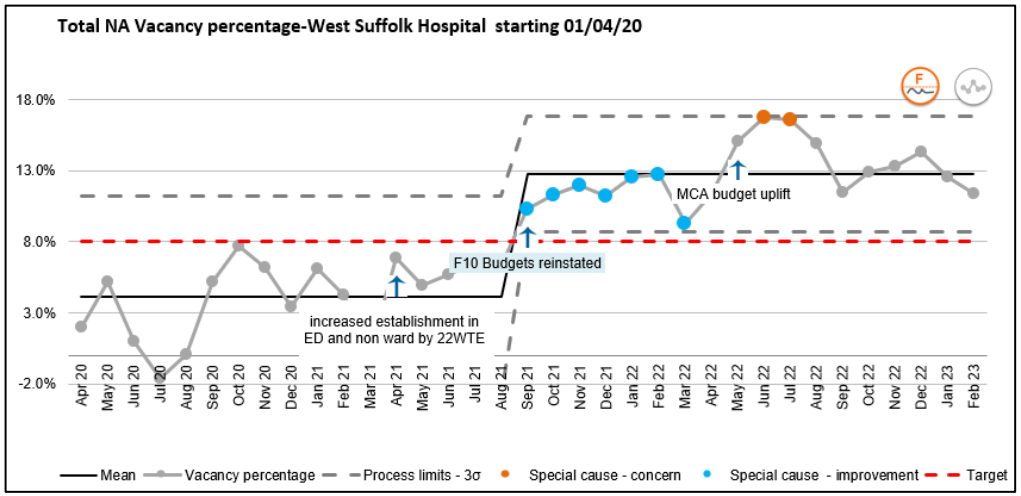
Inpatient RN/RM establishments and vacancy percentage



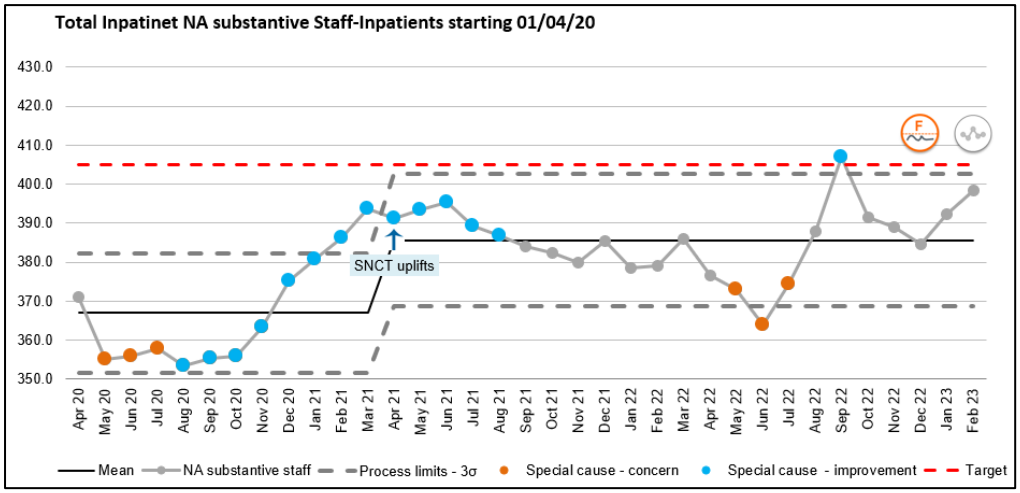


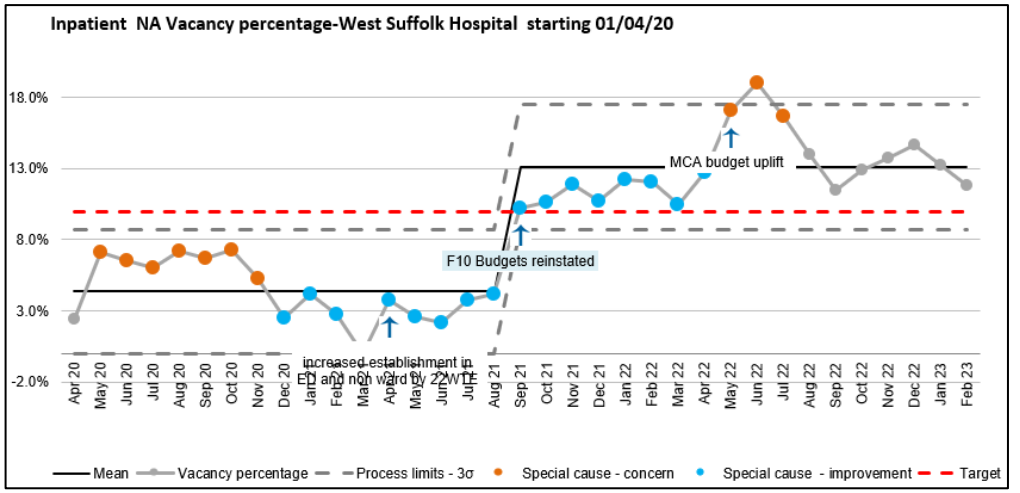
Total NA WTE numbers and vacancy percentages





Inpatient WTE numbers and vacancy percentage





Appendix 3. Inpatient ward vacancies (Feb 2022): Data adapted from finance ledger report

Feb-23										
Ward/Department	Register Nurses/Midwives				Ward/Department	NA/MCA				Combined RN/NA
	Actual establishmet	Budgetted establishment	Vacancy rate (WTE)	Vacancy percentage %		Actual Establishment	Budgeted Establishment	Vacancy rate (WTE)	Percentage Vacancy %	Total Vacancy %
AAU	28.6	30.1	1.5	5.0	AAU	18.6	28.3	9.8	34.5	19.3
Accident & Emergency	56.2	69.5	13.3	19.1	Accident & Emergency	37.1	34.5	-2.6	-7.6	10.2
Cardiac Centre	35.4	40.7	5.3	13.1	Cardiac Centre	14.4	15.7	1.3	8.5	11.8
Glastonbury Court	11.4	11.7	0.3	2.2	Glastonbury Court	11.8	12.6	0.9	6.8	4.6
Critical Care Services*	43.6	50.0	6.4	12.9	Critical Care Services	2.6	1.9	-0.7	-39.4	11.0
Day Surgery Wards	10.9	11.0	0.1	0.7	Day Surgery Wards	2.9	3.9	1.0	26.0	7.3
Gynae Ward (On F14)	13.8	13.8	0.0	0.3	Gynae Ward (On F14)	2.0	2.3	0.3	13.0	2.1
Neonatal Unit	20.4	21.4	1.0	4.5	Neonatal Unit	8.6	9.5	0.9	9.5	6.0
Rosemary ward	12.8	18.4	5.6	30.5	Rosemary ward	23.9	24.8	0.9	3.5	15.0
Recovery Unit	24.6	27.3	2.7	10.0	Recovery Unit	0.9	0.9	0.0	1.2	9.7
Ward F1 Paediatrics	23.8	25.1	1.3	5.3	Ward F1 Paediatrics	7.3	7.7	0.4	4.8	5.2
Ward F12	10.1	11.9	1.9	15.6	Ward F12	5.2	5.9	0.6	10.8	14.0
Ward F3	20.2	22.2	2.0	9.0	Ward F3	20.3	25.8	5.5	21.4	15.7
Ward F4	14.2	15.0	0.8	5.3	Ward F4	9.7	12.4	2.7	21.5	12.7
Ward F5	20.9	22.2	1.3	5.8	Ward F5	15.8	18.1	2.3	12.4	8.8
Ward F6	20.0	26.6	6.6	24.7	Ward F6	11.8	17.4	5.5	31.8	27.5
Ward F7 Short Stay	20.8	24.9	4.1	16.5	Ward F7 Short Stay	17.1	25.8	8.7	33.6	25.2
Ward G5	15.4	21.8	6.4	29.3	Ward G5	22.5	23.2	0.7	2.9	15.7
Ward G1 Hardwick Unit	23.4	29.6	6.2	20.9	Ward G1 Hardwick Unit	7.9	10.5	2.6	24.6	21.9
Ward G3	18.2	22.1	3.9	17.6	Ward G3	22.1	23.0	0.9	3.9	10.6
Ward G4	22.0	22.1	0.1	0.4	Ward G4	18.6	23.5	4.9	20.9	11.0
Ward G8	23.8	32.7	8.9	27.2	Ward G8	22.5	20.6	-1.9	-9.1	13.2
Renal Ward - F8	19.6	19.5	-0.1	-0.6	Renal Ward - F8	18.4	25.8	7.4	28.6	16.0
Ward G10	16.8	19.0	2.2	11.6	Ward G10	23.4	24.1	0.7	2.9	6.7
Respiratory Ward - G9	16.8	23.7	6.9	29.1	Respiratory Ward - G9	13.2	18.0	4.8	26.8	28.1
Escalation ward	9.9	2.8	-7.1	-253.6	Escalation ward	4.5	0.0	-4.5	N/a	N/a
Total	553.5	634.9	81.4	**12.8**	Total	363.1	416.0	52.9	**12.7**	**12.8**
Hospital Midwifery	53.0	57.8	4.8	8.3	Hospital Midwifery	25.7	28.5	2.8	9.8	8.8
Midwifery management	18.2	18.3	0.1	0.5	continuity of carer	6.8	6.5	-0.3	-4.6	-0.8
Continuity of Carer Midwifery*	31.2	39.1	7.9	20.2						
Total	102.4	115.2	12.8	**11.1**	Total	32.5	35.0	2.5	**7.1**	**10.2**

Appendix 4: Red Flag Events

Maternity Services

Missed medication during an admission
Delay of more than 30 minutes in providing pain relief
Delay of 30 minutes or more between presentation and triage
Delay of 60 minutes or more between delivery and commencing suturing
Full clinical examination not carried out when presenting in labour
Delay of two hours or more between admission for IOL and commencing the IOL process
Delayed recognition/ action of abnormal observations as per MEOWS
1:1 care in established labour not provided to a woman

Acute Inpatient Services

Unplanned omission in providing patient medications.
Delay of more than 30 minutes in providing pain relief
Patient vital signs not assessed or recorded as outlined in the care plan.
Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as: • pain: asking patients to describe their level of pain level using the local pain assessment tool • personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration • placement: making sure that the items a patient needs are within easy reach • positioning: making sure that the patient is comfortable, and the risk of pressure ulcers is assessed and minimised.
A shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift
Fewer than two registered nurses present on a ward during any shift.

4.4.1. Maternity Services inc. Quality & Performance Report and Maternity and Neonatal Services in East Kent

Karen Newbury, Simon Taylor & Kate Croissant in attendance

For Approval

Presented by Susan Wilkinson

Trust Open Board – 31st March 2023	
Report title:	Maternity quality, safety and performance report
Agenda item:	Maternity services quality & performance report
Date of the meeting:	31st March 2023
Sponsor/executive lead:	Sue Wilkinson, Executive Chief Nurse Paul Molyneux, Interim Medical Director & Executive MatNeo Safety Champion Karen Newbury, Head of Midwifery Simon Taylor Associate Director of Operations, Women & Children and Clinical Support Services Kate Croissant, Deputy Clinical Director
Report prepared by:	Karen Newbury, Head of Midwifery

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

Executive summary:	This report presents a document to enable board scrutiny of Maternity services and receive assurance of ongoing compliance against key quality and safety indicators and provide an update on Maternity quality & safety initiatives. The papers presented are for information only and issues to note are captured in this summary report. All of the attached papers have been through internal governance process including the Maternity and Neonatal Safety Champions and will then be shared with the Local Maternity and Neonatal System. **This report contains;** • Maternity improvement plan • Safety champion feedback from walkabout • Listening to staff • Service user feedback • CQC Survey results (Annex A) • Reporting and learning from incidents • 'Reading the Signals – Maternity and neonatal services in East Kent – the report of the Independent Investigation' • Compliance with NHSR Maternity Incentive Scheme Year 4 • Maternity Dashboards (Annex B)

	• Trust Review of; 'Reading the Signals – Maternity and neonatal services in East Kent – the report of the Independent Investigation' (Annex J) •
Action required/ recommendation:	For information, **Compliance with NHSR Maternity Incentive Scheme Year 4 for approval**

Previously considered by:	Maternity Quality and Safety Group Maternity and Neonatal Safety Champions LMNS
Risk and assurance:	
Equality, diversity and inclusion:	This paper has been written with due consideration to equality, diversity and inclusion.
Sustainability:	There are no sustainability issues related to this report
Legal and regulatory context:	The information contained within this report has been obtained through due diligence.

Maternity quality, safety and performance report

1.	**Detailed sections and key issues**
1.1	**Maternity improvement plan** The Maternity Improvement Board (MIB) receives the updated Maternity improvement plan on a monthly basis. This has been created through an amalgamation of the original CQC improvement plan with the wider requirements of Ockenden, HSIB, external site visits and self-assessment against other national best practice (e.g. MBRRACE, SBLCBv2, UKOSS). In addition, the plan has captured the actions needing completion from the 60 Supportive Steps visit from NHSE/I and continues to be reviewed by the Maternity Improvement Board every two weeks. It has been agreed with the exit from the Maternity Safety Support Programme (MSSP) that NHSE regional team and ICS will be invited to attend the MIB monthly for additional assurance and scrutiny.
1.2	**Safety Champion Walkabout feedback** The Board-level champion undertakes a monthly walkabout in the maternity and neonatal unit. Staff have the opportunity to raise any safety issues with the Board level champion and if there are any immediate actions that are required, the Board level champion will address these with the relevant person at the time. Individuals or groups of staff can raise the issues with the Board champion. An overview of the Walkabout content and responses is shared with all staff in the monthly governance newsletter 'Risky Business'. Unfortunately, due to unforeseen circumstances the Board-level champions were unable to undertake full walkabouts in January or February 2023. However, the Executive Safety Champion was able to meet with individual staff on an ad hoc basis to enable any safety issues to be raised.

	In addition to this, on the 25th January 2023, a Board governor and a NED carried out a '15 Steps' visit to the antenatal and postnatal ward. The feedback was extremely positive regarding friendly staff, patient information available, students and international midwives being embraced and the overall welcoming environment. Action was required regarding the need to review visiting times and completion of the welcome board. Both have now been completed. It was identified that a family required additional discussion regarding care received, that the ward manager undertook as soon as the feedback had been given.
1.3	**Listening to Staff** The National Staff Satisfaction Survey results were published in April 2022 and the triumvirate team have collated an action plan in response to this. A very short temperature check survey was sent to all staff in October 2022. 61 people completed the survey asking six questions relating to work life balance, sickness, meaningful appraisals and freedom to speak up. The maternity staff focus group has now met and action plan to follow. In addition to the Freedom to Speak up Guardians, Safety Champions, Professional Midwifery Advocates, Unit Meetings and 'Safe Space' and maternity staff focus group are all forums to listen to staff.
1.4	**Service User feedback** The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give views after receiving NHS care or treatment. The patient experience team are working with the midwifery team to look at differing ways to increase returns further, to include the Neonatal Unit (NNU).

Ward/Dept	Jan Survey returns	Jan FFT score	Feb Survey returns	Feb FFT Score
F11	28	82	24	96
Antenatal	26	100	18	94
Postnatal Community	14	100	10	100
Labour Suite	22	95	13	100
Birthing Unit	nil	n/a	8	100
NNU	21	95	11	100

In addition to the FFT, feedback is gained via our and the Maternity Voice Partnership (MVP) social media, MVP, CQC and Healthwatch surveys.

On review of enquires and complaints received during January and February 2023 the main themes continue to be regarding communication. The aim for 2023 is to develop meaningful personalised care plans from the antenatal period through to the intrapartum and postnatal stages to help address this.

1.5	**CQC Survey results** **National NHS Maternity Survey 2022** The survey was sent out to women who gave birth in February 2022. As there were less than 300 births in February, women who gave birth in January were also invited to participate. The Trust had a 55% response rate. Whilst this was lower than the 2021 response, it was higher than the Trust average nationally. Just over half of the women had given birth to their first baby. Other demographics were reflective of the overall population receiving care from the maternity services. Most of the responses were on a par with other Trusts and similar to the previous survey responses. Areas of higher than average feedback include being given appropriate information around the risks and the processes before induction of labour, having a partner with them when they needed

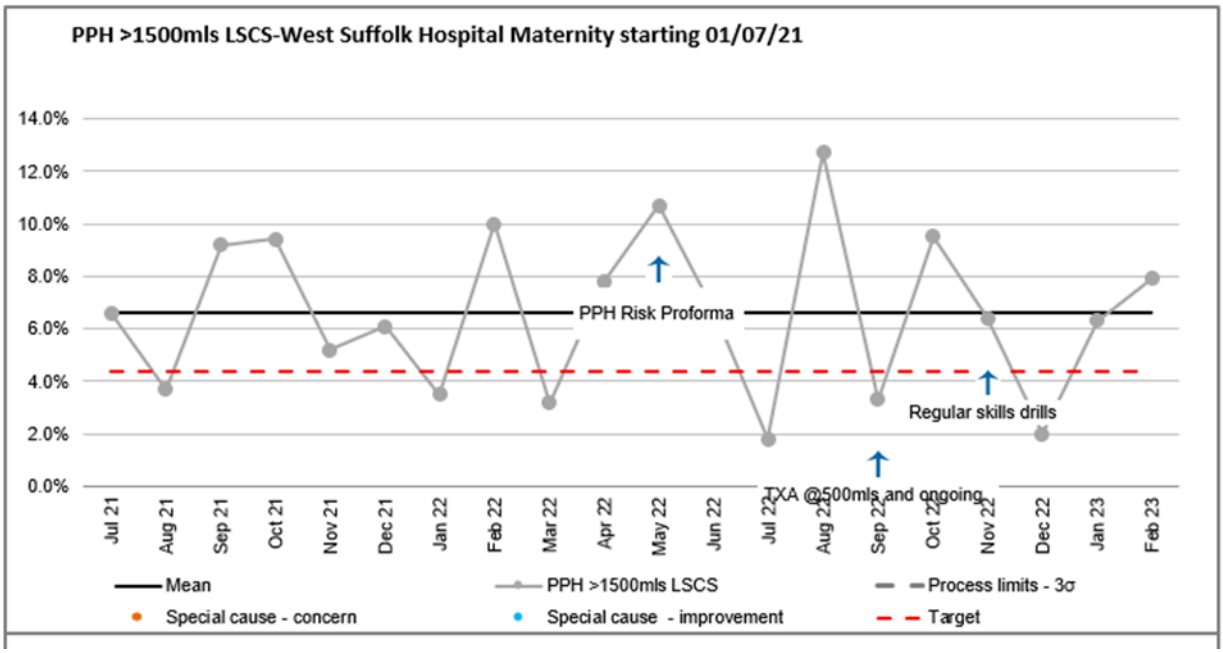
	this, being treated with kindness and consideration after the birth of their baby whilst in hospital, and being involved in decisions about their care during labour and birth. Areas where the feedback was at the national average included; being involved in the decision for induction of labour, delays in discharge home, being left alone at a time when it worried them in labour, being able to obtain help when this was needed in labour and staff introducing themselves before treating or examining them. To note; personalised care plans are being developed and the unit now has discharge coordinators in place to improve discharge processes and to avoid delays. Ongoing training and development of good communication skills amongst staff is part of the core training in all areas. Unfortunately, there were no responses for the antenatal or postnatal questions due to the current patient information system being unable to collate the data required. The digital team and maternity services continue to work to identify how improvements in data retrieval can be achieved to avoid manual processes being required.
1.6	**Reporting and learning from incidents** During January and February 2023 there were no new cases referred to the Healthcare Safety Investigation Branch (HSIB). The trust has received two final reports from cases earlier in 2022. To ensure that there is learning from incidents, recommendations have been made however neither report contains any safety recommendations. The full reports are to be shared with the Closed Board as per Ockenden instructions once the family have had the opportunity to discuss the report with maternity leads and subsequent action planning has taken place.
1.7	**'Reading the Signals – Maternity and neonatal services in East Kent – the report of the Independent Investigation'** NHS England has written to all Trust Boards asking them to review the findings of 'Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation. This report provides a brief overview of the Independent Investigation into East Kent Maternity Services by Dr Kirkup, which highlights that the repeated problems were systemic, particularly reflecting problems of attitude, behaviour and team working, and they reflected a persistent failure to look and learn. On the 23rd February 2023 the Board attended a workshop, with maternity leads in attendance, where members are asked to reflect on the report and share their insights to inform next steps. In addition to this the four key areas of; **Monitoring safe performance – finding signals among noise, Standards of clinical behaviour – technical care is not enough, Flawed team working – pulling in different directions, Organisational behaviour – looking good while doing badly** were also discussed. Next steps were agreed and action plan to follow.
1.8	**Maternity Incentive Scheme (MIS) – Compliance with safety action 5 has been declared** NHS Resolutions have reviewed our MIS declaration form and accompanying email, and informed us that based upon our description of events around midwifery staffing, the safety action lead has agreed that this would meet the criteria stated in the technical guidance and therefore we can declare compliance with Safety Action 5. Our declaration form is to be updated to reflect this compliance and to be resubmitted to them.
1.9	**Maternity dashboards (Annex A)** Indicators of maternity safety & quality are regularly reported and reviewed at monthly Maternity Governance meetings. A sub-set are provided for board level performance (the Performance &

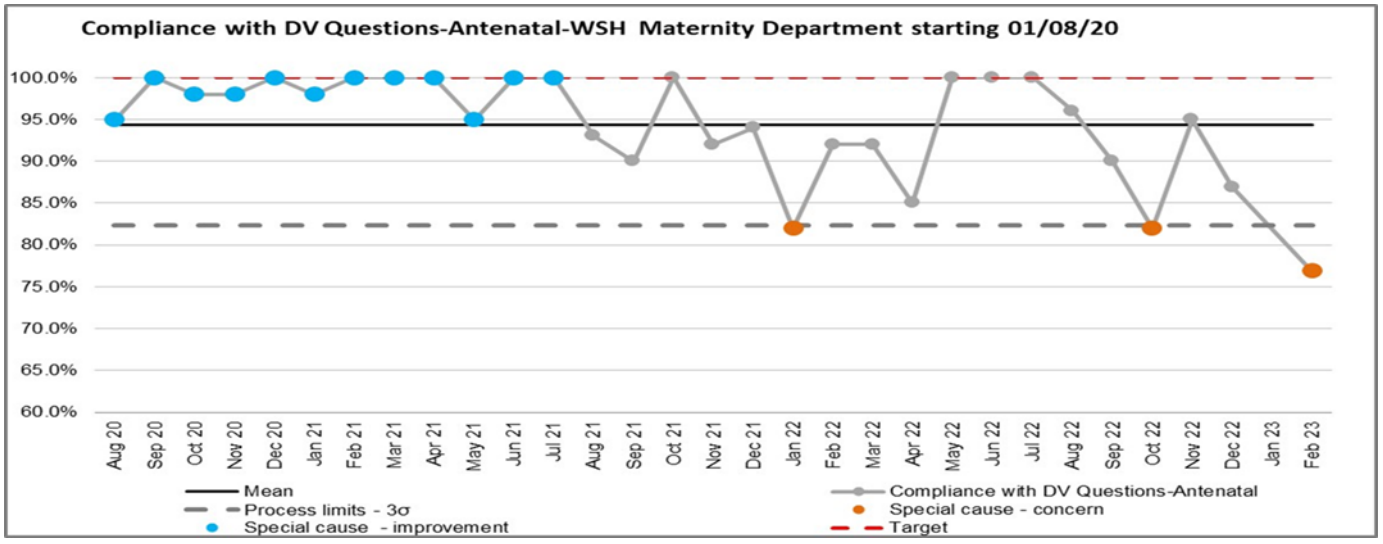
	Governance dashboard). Red rated data will be represented in line with the national NHSI model of SPC charts. Please see below: **Indicators** — **Narrative** Post-partum Haemorrhages for LSCS >1500 mls — In line with increase of caesarean section and induction of labour, however QI project continues locally and across the Local Maternity and Neonate System. Compliance with DV questions — Remains a significant drop-in compliance rate. Safeguarding Lead Midwife, Community Team Leads, Ward managers and Digital Midwife all working in collaboration to address this. Compliance data reviewed weekly to enable scrupulous oversight. Differing solutions regarding alerts for non-compliance in discussion as multiple clinicians are responsible for the completion. 3rd/4th degree tears following instrumental deliveries — Small number of cases and therefore to monitor via audit and oversight at monthly maternity Quality and Safety meetings.

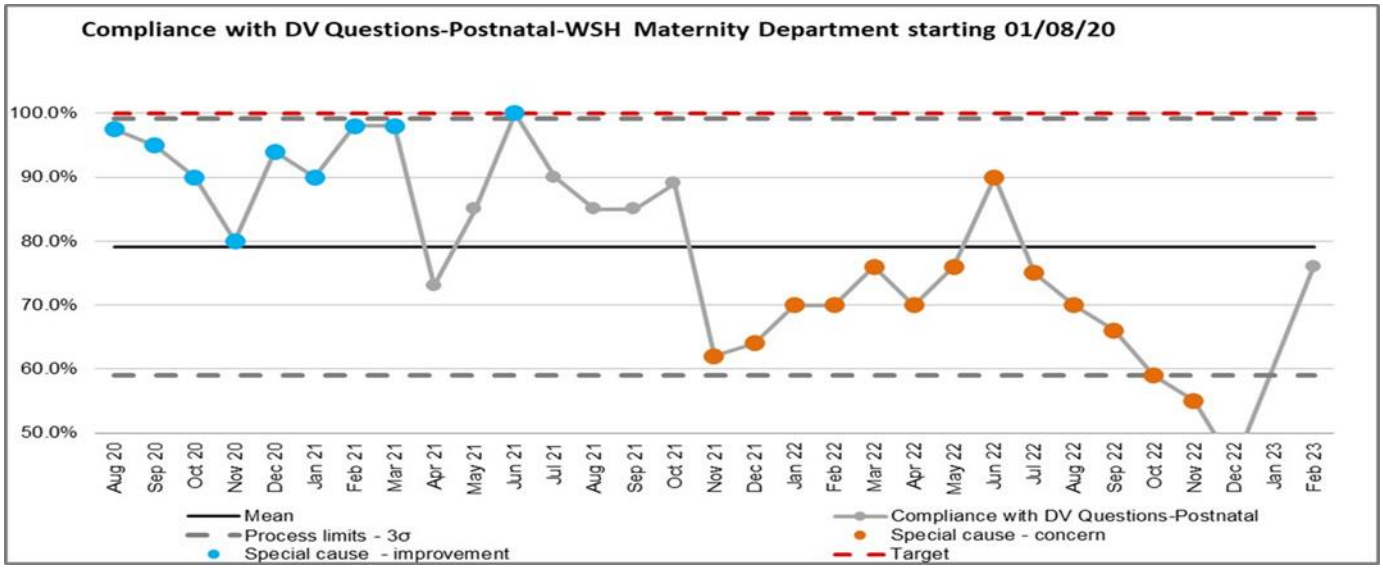
Trust priorities	**Deliver for today**		**Invest in quality, staff and clinical leadership**		**Build a joined-up future**		
Trust ambitions	*Deliver personal*	*Deliver safe care*	*Deliver joined-up*	*Support a healthy*	*Support a healthy*	*Support ageing well*	*Support all our*
Previously considered by:	Maternity Quality and Safety Meeting						
Risk and assurance:	Maternity & Neonatal Safety Champion Meeting						
Legislation, regulatory, equality, diversity and dignity implications							
Recommendation: The Board to discuss content and approve papers including action plans.							

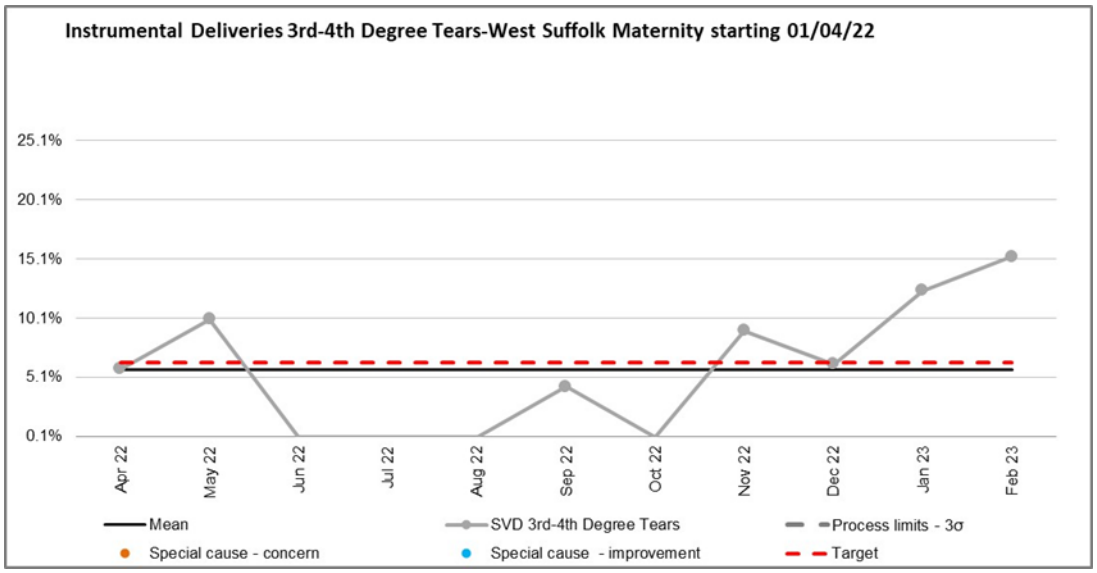
Annex B

Maternity Dashboard SPC Charts;






Compliance with DV Questions-Postnatal-WSH Maternity Department starting 01/08/20
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mean
Process limits - 3σ
Special cause - improvement
Compliance with DV Questions-Postnatal
Special cause - concern
Target


Instrumental Deliveries 3rd-4th Degree Tears-West Suffolk Maternity starting 01/04/22
25.1%
20.1%
15.1%
10.1%
5.1%
0.1%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mean
SVD 3rd-4th Degree Tears
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

4.5. Audit committee report - 15 March 2023 - Chair's Key issues

To inform

Presented by Jude Chin

Board of Directors	
Report title:	**Chair's Key Issues (CKI) report for Audit Committee.**
Agenda item:	4.5
Date of the meeting:	**15 March 2023**
Sponsor/executive lead:	**Craig Black**
Report prepared by:	**Alan Rose**

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:	Note: New trial format of an Assurance Committee CKI, designed to use assurance language that mirrors the familiar Internal Audit ratings, to enable improved consistency of understanding across the Committees and Reports.
Action required/ recommendation:	The board is asked to: - Note the report - Ratify approval by the committee of the Standing Orders and Scheme of Delegation

NHS
West Suffolk
NHS Foundation Trust

Board Assurance Committee CKI Report - Audit Committee (15/3/23)

Agenda Item	Details	Level of Assurance - Substantial - Reasonable - Partial - Minimal	Comments	Action / Escalation
Internal Audit (IA)	Freedom to Speak Up	Reasonable (RSM Report)	Largely positive on process, but need for additional training. Realism on pace at which culture change can impact the Trust overall, as perspective of staff responding on the last National Staff Survey continues to be disappointing on this issue.	More training of FTSU Champions and emphasis at Inductions. Continual support for line management, due to their crucial role on this. Involvement Committee continual review.
Internal Audit	OD Plan	Substantial (RSM Report)	Positive Report but, as above, realism and recognition of continuous improvement and several components of the plan being multi-year initiatives.	Involvement Committee continual review. Regular Reports to full Board.
Internal Audit	Management Actions	Partial	Improved achievement of completed actions than has been the case and reductions in overdue or incomplete actions; however, discomfort by all that there continue to be 28 overdue actions, most with no agreed extended timelines.	Finance team to manage the tighter oversight of setting/agreeing realistic target deadlines for IA actions. Audit Committee to be stricter on requiring timely completions.
Internal Audit (RSM)	Counter Fraud (CF)	Substantial	Continual training, vigilance and testing.	Primary Care (Glemsford) to be included in CF considerations.
Internal Audit (RSM)	Plan for '23/'24	Substantial	Good alignment with the Board Assurance Framework (BAF); 11 new projects planned, plus follow-ups. Recognition that IAs are not always the appropriate tool for reviewing every risk issue at the Trust, especially those involving cultural change.	For detail of IA Plan, see Document Library (Convene) Senior Leadership Team (SLT) currently reviewing the approach to risk assurance processes

Agenda Item	Details	Level of Assurance - Substantial - Reasonable - Partial - Minimal	Comments	Action / Escalation
External Audit (EA) (KPMG)	Plan/Progress for Annual Accounts, FY ending March ’23. (WSFT)	Substantial	All in hand, with materiality, risks, accounting standard changes, etc. all reviewed. No EA role in Quality Report this year.	Valuation of Hardwick Manor to be reviewed due to planning permission – may impact balance sheet. Quality Report to be separate from Accounts.
External Audit (Lovewell Blake)	Plan/Progress for Annual Accounts, FY ending March ’23. (MyWish Charity)	Substantial	All in hand, with clear plan for more timely execution this year.	
Internal Governance	Standing Orders and Scheme of Delegation adjustments.	Substantial	A number of relatively minor adjustments, proposed by SLT; these reflect inflation, management structure changes and other considerations. Agreed by Audit Committee, but note access to detail available to all Board Members via Convene.	**The Board is asked to ratify the approval by the Audit Committee of these documents.** For detail, please see Document Library\Board of Directors on Convene.
Working Relationships	Private discussion between NEDs and both Audit Firms of the quality and appropriateness of the relationship with WSFT Management	Substantial	Positive feedback gained and communicated to Director of Finance.	Blended working practice to continue, but expected to include more F2F in coming year.

5. 12.50 - GOVERNANCE

5.1. Estates and Facilities Strategy

To inform

Presented by Craig Black

Trust Board

Report title:	**Estates and Facilities Strategy 2023-2028**
Agenda item:	5.1
Date of the meeting:	31st March 2023
Sponsor/executive lead:	Craig Black, Interim CEO
Report prepared by:	Chris Todd, Associate Director of Estates and Facilities

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:	An Estates Strategy is part of the effective toolkit utilised by an organisation to demonstrate both good governance and planning in relation to its fixed-assets and the people supporting the delivery. For the purposes of ensuring integration of all the divisions our services, this document is an Estates and Facilities Strategy. WSFT's Estates and Facilities Strategy brings together the performance of Estates and Facilities Management (EFM), the challenges and opportunities in operating current estate and demonstrates the direction of development and service change for the next 5 years. Read alongside the Trusts Strategy, Clinical and Care Strategy, Workforce Strategy, Digital Strategy and Outline Business Case (OBC) for the Future Systems Programme, this provides a comprehensive overview for asset and service management along with assurance around risk management. The EFM Strategy should not be considered as a static document, instead dynamic and changeable; as national, regional and local opportunities and drivers change, so will the options to support this. In the context of an EFM Strategy, development over the next 12-18 months should be assured through effective planning, for the period between then and 5 years needs to be relatively clear and the period after this documented, but only as intent. This strategy covers the period between 2023 and 2028 but does describe in light detail what happens after this period as that is likely to be the timeframe for delivery of the Future Systems Programme.

	The Strategy; - Provides assurance that clinical and non-clinical services will be supported by a safe, secure and appropriate environment - A method of ensuring capital investment reflects service plans and objectives - A plan for change that enables progress towards goals to be measured - A strategic context in which detailed business cases for all capital investment can be developed and evaluated - A clear statement by the Trust to the public and staff that it has positive plans to maintain and improve services and facilities - A means by which the Trust Board and appropriate bodies can evaluate capital investment projects which will require formal approval - A clear commitment to continuous improvement to support the Green Plan - An assurance that asset management costs are appropriate, and that future investment is effectively targeted - Assurance that risks are controlled, and that investment is properly targeted to reduce risk. The previous Estates Strategy (2017-22) followed the DH EFM Standards (2005) guidance, with the focus heavily revolved around the need for a new hospital and the plans to deliver under 'How We Get There'. This EFM Strategy purposefully has a different focus as the context has changed. This document plays a supporting role for both the Trusts Strategy and the OBC for the Future Systems Programme NHP scheme – it needs to be seen as a more technical document to support and that is very much what NHSE require. The document has been shared with SLT for feedback, that feedback integrated and re-shared with SLT and approved for submission to Trust Board. Trust Board are asked to note this document will receive a review in advance of the OBC submission for the NHP to ensure it fully aligns with any changes that take place between now and that date, this will add more detail into the 'How do We Get There' section.
Action required/ recommendation:	**Trust Board are asked to approve the adoption of the 2023-28 Estates and Facilities Strategy, recognising it will receive a review in advance of the NHP OBC Submission to ensure alignment.**

Previously considered by:	**Executive Directors – 8/2/2023** **SLT – 20/2/2023** **SLT – 20/3/2023**
Risk and assurance:	**CQC Effective Use of Resources** **Consolidation of Key Risks within the EFM Division**
Equality, diversity and inclusion:	**Reference to both NZC and Green Plan objectives**
Sustainability:	**Green Plan and Net Zero Carbon implementation. Acting as an Anchor Organisation, supporting career paths in EFM and investment in the local economy.**
Legal and regulatory context:	**Statutory Compliance relating to Estates and Facilities Services (e.g. Food Hygiene Standards, Health and Safety at Work Act, L8 Management of Legionella, Management of Asbestos), Adherence to Health Technical Memoranda (HTM) Standards**

5.2. Governance report

To inform

Presented by Richard Jones

Board of Directors - Public	
Report title:	**Governance report**
Agenda item:	5.2
Date of the meeting:	31 March 2023
Sponsor/executive lead:	Richard Jones, Trust Secretary
Report prepared by:	Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary

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

Executive Summary
This report summarises the main governance headlines for March 2023, as follows: • Council of Governors report • Senior Leadership Team report • Board development workshop • Proposed developments to constitution • Use of Trust's seal • Draft agenda items for the next Board meeting
Action Required of the Board
The board is asked to note the report and its contents

Legal and regulatory context	NHS Act 2006, Health and Social Care Act 2013

Governance Report

1. Council of Governors report

The Council of Governors noted the resignation of Rachel Darrah (Staff Governor) and appointment of David Brandon (Appointed Governor). The CoG also noted the appointment of Dr Roger Petter as Non-Executive Director.

The Council of Governors noted the feedback report from chairs of the board assurance committees and governor observers. There will be an opportunity to develop the thinking on reports from the assurance committees at the training day on 17 March.

The Council of Governors noted the report from the engagement committee and approved the committee terms of reference which had been subject to annual review.

The Council of Governors received a report from Standards Committee and noted the action plan which focussed on the work being done following the recommendations from the Good Governance Institute (GGI). The committee approved the guidance note for governor observers at board assurance committees and the approved guidance note was shared with the CoG. The committee reviewed the Code of Conduct and Procedure for Managing Governor Conduct and Expected Standards. The final documents were approved by the Council of Governors.

The Council of Governors received the report from West Suffolk Review Governor Director Working Group and approved the recommendation to cease the Working Group recording the transition of responsibility for key areas to the Involvement Committee. It was emphasised that this reflected a change to monitoring through business-as-usual arrangements, not that the work was complete.

The Council of Governors noted the Code of Governance 2022 and that a report will be brought back to both the Council of Governors and the Board of Directors on any areas for development or any updates required to the Trust's Constitution.

2. Senior leadership team (SLT) report

The Senior Leadership Team is a decision-making forum which provides strategic leadership for the organisation and is responsible for the implementation and delivery of the Trust's strategic direction, business plan and associated objectives, ensuring that a cohesive decision-making process and co-operative approach is applied to issues which have an impact across the organisation.

At its meeting on 20 March SLT considered a number of strategic issues in its recent meetings, which has included discussion of: Future System digital strategy; estates strategy (available on Convene document library) and development of the strategic delivery support team.

Discussion also took place on financial planning for year end and 2023/24 (including capital programme); response to the operational planning framework for 2023/24; prioritisation for commissioning for quality and innovation (CQUIN) schemes.

The proposal changes were approved to the risk management system to support implementation of the national learning from patient safety events (LFPSE) initiative. The updated organisational framework for governance was also approved noting that further developments are being made (available on Convene document library).

3. Board development workshop

A number of areas were covered in the workshop. These are summarised below and the detailed action agreed from each session are included as an annex to this report.

- **Maintaining High Professional Standards (MHPS)** - briefing and training presentation was received from Andrew Rowland, Partner and Head of Healthcare at Capsticks. The aim of the session was to give a better understanding of informal and formal processes involving doctors, and be better equipped to handle them without significant issues arising.

  The actions focused on the provision of information to the Board relevant to medical and non-medical investigation. As well as consideration of how the Trust manages the investigator role. Responses to the actions identified will be received by the Involvement Committee.

- **Using information at assurance committees** – this session posed questions regarding the sources and quality of information received by the Board and its committees. How this information is used and how the information could be developed to support second-level questioning.

  The actions focused on development of:

  - the IQPR including for example the quality of narrative and the use of improvement trajectories
  - the assurance committees to support and foster better information and prioritise areas for improvement
  - a shared focus and approach across the Trust through including the management committees to support this different way of working. Also the importance of engaging with the Governors on this work.

- **East Kent report** – the session included representatives from maternity services and was used to develop a Board response to key questions within the report, including:

  - Monitoring safe performance – finding signals among noise
  - Standards of clinical behaviour – technical care is not enough
  - Flawed team working – pulling in different directions
  - Organisational behaviour – looking good while doing badly

  The actions focused on use of information, including the focus on user and staff feedback as well as future working on use of assurance and maternity representation on the Board.

Reflecting on the session overall it was noted that we have one more contracted session scheduled with Integrated Development and will therefore need to consider if want further support. It was recognised that the face-to-face time together is very valuable. The following points were emphasised as part of the next steps from the session:

- What will be different at the next board meeting?
- Find a way to summarise the IQPR
- More development needed to enhance the unitary board
- Look to restructuring the board agenda
- Look to shaping the format of the assurance committees (moving to face to face)
- For meetings consider a checkin at the start of the meeting
- Make space for developments around EDI
- Use the Integrated Development day for working around developing the unitary board
- Important to have ‘social time’ at all of our longer meetings – boards and development days
- Need to update our risk register/BAF
- How do we better work with our governors and understand expectations
- How do we fit into the ICS strategy? What do we need to be considering?

- From the discussions during the day, what are we going to do differently?
- Need a protocol (not TOR) for how assurance committees should work
- The importance of focusing on staff recruitment; do we need a different approach? Visibility on our workforce risk
- How do we as a board challenge ourselves on the 'so what'? Also relevant for the assurance committees
- What are we going to do about our transformation programme?
- What about the resourcing of the transformation function
- Where are we on CIP's?
- Leaning heavily into assurance feedback from AMD – issue around bandwidth
- Visibility of work coming out from our operational plan response
- Clarity on strategic objectives/priorities – need to be agreed by board

Based on these reflects the focus for future board sessions was discussed and the following topics were identified for consideration in the **programme for the future**:

Development areas

- Revisit the **unitary board and model of working** for a largely new board - with strengths and weaknesses
- **EDI** for the board – being follow-up by JMO, linked to race equality scheme priorities
- Working with **governors**
- **ICS** future working and joint meetings
- **Workforce culture** – patient and staff surveys/feedback and WMTY2
- Using **Trust strategy** to define smart objectives linked operational planning and delivery priorities (but also what not going to do but remain safe)
- Reflect on the balance between **assurance and delivery** with the bandwidth/capacity restrictions e.g. change management support versus delivering change
- Consider if want further external support for **future Board development**

Workshop topics

- **Health and safety and risk training,** including risk register and board assurance framework (BAF)
- **Workforce recruitment and development** (link to EDI and Trust values)
- **Transformation and change** programmes (including CIPs)
- Revised **CQC inspection model**
- **Safeguarding**, including impact of the Liberty Protection Safeguards (**LPS**)

4. Proposed developments to constitution

The Standards Committee of the Governor was asked to discuss and agree on a number of recommended amendments to the Trust's Constitution. All changes will be subject to legal review prior to the constitution being amended.

Subject to further these developments included:

- consolidate the Trust's existing membership area into a **single public constituency** for members living within the whole of Suffolk, Norfolk, Cambridgeshire or Essex
- review of the **Partner Governor constituency**
- options to review the **size of the Council of Governors**
- clarifying the clause relating to **non-attendance at Council of Governors meetings**
- Amending the **male language** of the Constitution (he/his) to be more inclusive
- **Alignment of other areas of the constitution** with arrangements, including NHS Code of Governance; Lead/Deputy Lead Governor roles; and the code of conduct

The Board is asked to note the developments. The final proposals will be reported to the Council of Governors in May for subsequent Board approval.

5. Use of Trust Seal

None since last meeting.

6. Agenda Items for the Next Meeting (Annex)

The annex provides a summary of scheduled items for the next meeting and is drawn from the Board reporting matrix, forward plan and action points. The final agenda will be drawn-up and approved by the Chair.

Annex A: Summary actions from Board workshop

A. Maintaining High Professional Standards (MHPS)

1. Review the discussion points and consider any developments to the confidential staffing report to the closed board meeting. While recognising the need to maintain Board independence this could include:
    a. sufficient detail in the board confidential staffing matters report to provide assurance that processes are being managed in a timely way and adequately resourced (recognizing the important of not over reporting detail)
    b. consider NED support role to provide visibility on the number of cases being handled through other routes e.g. arbitration and informal mechanism, including medical and non-medical staff support

2. Review the approach to appointed investigators. Including training, competency and availability of time for internal verses external.

    Exec. Lead: Jeremy Over (Claire Sorenson)
    NED lead: Tracey Dowling
    Timescale: Report to next Involvement Committee (18 April 2023)

B. Using information at assurance committees

1. **Develop the IQPR** to address the discussion points, recognizing the overlap with the information strategy review, including:
    a. Consider how to give greater focus on leading indicators in the IQPR i.e. indicators that look forward at future outcomes and events
    b. Develop the narrative within the IQPR to provide high quality insight for poorly performing indicators. For example, including underlying issues behind performance and the recovery interventions and trajectory
    c. Develop the reporting of improvement trajectories
    d. Develop the IQPR to highlight good practice, so that lessons can be learnt and shared
    e. IQPR include annotation with intervention to support the assurance committees knowing when to intervene if forecast performance improvements are not being delivered

    Exec. Lead: Craig Black (Nicola Cottington)
    NED lead: Antoinette Jackson
    Timescale: 26 May 2023 (Board meeting)

2. **Develop the assurance committees** to address the discussion points including:
    a. Assurance committees to review the IQPR indicators within their scope and prioritise these to agree the key indicators that they will focus on (recognizing this will be a dynamic list as performance changes).
    b. Review the structure of agendas to allow process aspects to be undertaken but create capacity for the prioritized topics to be allocated sufficient time for questioning and second level thinking
    c. Each assurance committee to agree a workplan/schedule to allow it to deliver its agreed priorities
    d. Move assurance committees to be held face-to-face, while enabling community representation
    e. As part of committee check-in at the beginning and reflections at the end of meetings ensure right focus on challenge achieved and that second level insight takes place

Exec. Leads: Assurance committee exec leads (Nicola Cottington, Jeremy Over and Sue Wilkinson)
NED leads: Assurance committee chairs (Antoinette Jackson, Tracey Dowling and Louisa Pepper)
Timescale: 26 May 2023 (Board meeting)

3. **Share the new focus and approach** with those reporting into the assurance committees and those leading the underpinning groups. Through this communication be confident that the approach is understood and is being replicated within other forums. This will also make clear what is expected of reports to the committees and the focus of questioning that will take place

   Exec. Leads: Assurance committee exec leads (Nicola Cottington, Jeremy Over and Sue Wilkinson)
   NED leads: Assurance committee chairs (Antoinette Jackson, Tracey Dowling and Louisa Pepper)
   Timescale: 30 June 2023 (final deadline after completion of action 1 and 2 above)

4. Develop **guidance for content of reports** to support the move from summarising facts to adding insight and understanding to support decision making (informed by best practice elsewhere)

   Exec. Leads: Richard Jones (Nicola Cottington)
   NED lead: Antoinette Jackson
   Timescale: 26 May 2023

5. **Engage governors in the changes** being developed to support new way of working in the assurance committees and maintain the right focus at the Council of Governors

   Exec. Leads: Richard Jones
   NED lead: Jude Chin
   Timescale: 26 May 2023

C. East Kent report

1. Review information flow and dashboards to ensure fit for purpose (effective for staff) and prioritise to ensure focus on key issues
2. Developed sharing of metrics with other units to support benchmarking and improvement
3. Provide greater assurance on patient and staff feedback processes and learning, source of evidence that improvements are embedded and sustained
4. Build on approach walkabouts to provide visibility of senior leaders and as a took for patient and staff engagement (triangulation)
5. Test the quality of appraisals, rather than simple hitting a target
6. Capture assurances (evidence) for what is working well and share good practice across the Trust and externally e.g. safety programme and focus on empowerment of staff to question each other and culture to support this
7. Consider model for maternity representation on the Board
8. Build into business-as-usual consideration of the impact for staff and public when we are open and transparent (possible trigger concerns for staff/public)

   Exec. Lead: Sue Wilkinson
   NED lead: Roger Petter

Annex A: Scheduled draft agenda items for next meeting – 26 May 2023

Description	Open		Closed	Type	Source	Director
Declaration of interests	✓		✓	Verbal	Matrix	All
General Business						
Patient/staff story	✓		✓	Verbal	Matrix	Exec.
Chief Executive's report	✓			Written	Matrix	EC
Culture						
Organisational development plan, including: safe staffing guardian, FTSU guardian reports	✓			Written	Matrix	JMO
Strategy						
Future System Board Report	✓			Written	Matrix	CB
System update: West Suffolk Alliance and SNEE Integrated Care Board	✓			Written	Matrix	PW / CM
Digital Programme Board Report	✓			Written	Matrix	CB
Assurance						
Annual review of the IQPR	✓			Written	Matrix	AJ / NC / SW
Insight Committee Report - Finance and workforce report - Urgent and emergency care improvement plan	✓			Written	Matrix	AJ / NC / SW
Involvement Committee Report - People and OD Highlight Report o Putting you First award o Staff recommender scores o appraisal performance, including consultants (quarterly) - National patient and staff survey and recommender responses - Education report - including undergraduate training	✓			Written	Matrix	TD / JMO
Improvement Committee Report - Maternity services quality and performance report (inc. Ockenden) - Nurse staffing report - Quality and learning report, including learning from deaths - Quality priorities	✓			Written	Matrix	LP / SW / PM
Serious Incident, inquests, complaints and claims report			✓	Written	Matrix	SW
Governance						
Governance report, including - Use of Trust's seal - Senior Leadership Team report - Council of Governors meeting report	✓			Written	Matrix	RJ

Description	Open		Closed	Type	Source	Director
- Annual review of governance - Foundation Trust Membership Strategy - Register of interests - Agenda items for next meeting						
Annual report and quality accounts (DRAFT)			✓	Written	Matrix	RJ
Confidential staffing matters			✓	Written	Matrix – by exception	JMO
Board assurance framework report	✓			Written	Matrix	RJ
Reflections on the meetings (open and closed meetings)	✓		✓	Verbal	Matrix	JC
Annexes to Board pack:						
Integrated quality & performance report (IQPR) – annex to Board pack	✓			Written	Matrix	

5.3. Board Assurance Framework

To Approve

Presented by Richard Jones

Board of Directors	
Report title:	**Board Assurance Framework**
Agenda item:	5.3
Date of the meeting:	31 March 2023
Sponsor/executive lead:	Richard Jones-Trust Secretary and Head of Governance
Report prepared by:	Mike Dixon-Head of Health, Safety and Risk

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

Executive summary:	The Board assurance framework is a tool used by the Board to manage its principal risks to its strategic objectives. The BAF risk assessments are being reviewed with the executive leads in order to assess against the Trust's strategy and strategic objectives. Through these reviews six key area of risk have been identified. These are listed below and described in more detail in the report, including aligning to the relevant Board assurance committee: • Patient safety • Staffing and workforce • Urgent & emergency care and elective care • Financial constraints • Maintaining existing estate • Digital, including cyber security Work has also begun to prioritise SMART objectives for 2023/24 which underpin the strategy delivery and link to the priorities within the system and nationally. This work will inform the BAF development as the risks to the objectives are assessed along with mitigations and sources of assurance.
Action required/ recommendation:	Note the report including: - Next steps to update the BAF based on agreed strategic objectives for 2023/24 - Alignment of the risks to the assurance committee with the Board to receive findings of assurance reviews that are undertaken

Previously considered by:	The Board of Directors
Risk and assurance:	Failure to effectively manage risks to the Trust's strategic objectives. Agreed structure for Board Assurance Framework (BAF) review with oversight by the Audit Committee. Internal Audit review and testing of the BAF.
Equality, diversity and inclusion:	
Sustainability:	
Legal and regulatory context:	The BAF underpins the Board's Annual Governance Statement within the annual report and is a critical part of the Head of Internal Audit's annual opinion.

BAF review update

1.	**Introduction**
	The Board Assurance Framework (BAF) provides a structure and process which enables the Board of Directors to focus on the principal risks to delivery of the strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks and the sources of assurance available to the Board regarding the effectiveness of these controls.
2.	**Background**
	The Board assurance framework is a tool used by the Board to manage its principal strategic risks. Focusing on each risk individually, the BAF documents the key controls in place to manage the risk, the assurances received both from within the organisation and independently as to the effectiveness of those controls and highlights for the board's attention the gaps in control and gaps in assurance that it needs to address in order to reduce the risk to the lowest achievable risk rating.
3.	**Detailed sections and key issues**

The previous BAF risks have been reviewed with the executive leads in order to assess against the Trust's strategy and strategic objectives.

Through these reviews six key area of risk have been identified. These are listed below including aligning to the relevant Board assurance committee.

Key risk to strategic objective	Executive Lead	Assurance committee
1. Patient safety - infection control	Sue Wilkinson (with Paul Molyneux)	Improvement
2. Staffing workforce skills, competency and supply	Jeremy Over	Involvement
3. External financial constraints impact on Trust and system sustainability and model of service provision in the west Suffolk system	Craig Black	Insight
4. Maintaining existing estate	Craig Black	Future System
5. Digital, including cyber security	Craig Black	Digital Programme Board
6. Urgent & Emergency Care and elective care	Nicola Cottington	Insight

Work has also begun to prioritise SMART objectives for 2023/24 which underpin the strategy delivery and link to the priorities within the system and nationally. This work will inform the BAF development as the risks to the objectives are assessed along with mitigations and sources of assurance.

A more detailed summary for the risks relating to finance (3), estates (4) and digital (5) is provide in Appendix A. This includes risk ratings and mitigating action. These have been subject to executive review and similar reviews and updates have been scheduled for the remaining risks these will be reported at the next Board meeting.

A schedule is being developed to review these risks through the relevant governance/management for a and through this report findings to the agreed assurance committee including recommendations to improve controls, mitigations and assurance.

5.	**Conclusion**
	The work to review the BAF risks is progressing, and this will iterate through the agreement of SMART strategic objectives for 2023/24. The Board assurance committees will update the board at every meeting when they receive updates on their assigned BAF risks.
6.	**Recommendations**
	Note the report including: - Next steps to update the BAF based on agreed strategic objectives for 2023/24 - Alignment of the risks to the assurance committee with the Board to receive findings of assurance reviews that are undertaken

Appendix A: BAF risk summary report

	Residual Risk	Target Risk
External financial constraints (Revenue and Capital) impact on Trust and system sustainability and model of service provision in the west Suffolk system (even when services delivered in the most efficient way possible. This includes failure to identify and deliver cost improvement and transformation plans that ensure sustainable clinical and non-clinical services while delivering the agreed control total	Weekly x Major = Red	Weekly x Major = Red
Description of additional controls required (actions being taken)	Lead	Due date
Delivery of year end position (Board reporting) with escalation as required	DoR	Mar 23
Agree financial position (including anticipated funding for 23-24) with the system and regional team	DoR	Mar 23
Agree budget position internally	DoR	Mar 23
Finalise CIPs to deliver financial plan for 2023/24 (dependant on response to system/regulatory framework)	COO / DoR	Mar '23
Review divisional business plans (underpinned by sustainable clinical models) to reflect the requirements to deliver additional backlog activity	COO	Mar '23
Develop a system wide information strategy with underpinning tools to improve performance monitoring	DoR	Jun '23
Respond to national guidance for operational planning cycle for 2023/24	NC	Apr '23

	Residual Risk	Target Risk
Implementation of estates strategy to provide a building environment suitable for patient care and adequately maintained with regard to backlog maintenance incorporating the acute and community estate. **Linked to structural risk assessment (ref. 24) rated as Red.**	Quarterly x Major = Red	Annual x Major = Amber
Description of additional controls required (actions being taken)	Lead	Due date
Implementation of controls associated with red risk re RAAC planks (Datix 24) potential failure of the main building structure and front residencies structure (Oak, Cedar, Birch, Larch, Pine, Willow): - Emergency planning - Assessment and repair - Bearing extension programme (to be completed Oct 21) - Remediation (failsafe installation) - Communication - Research and development - Site and system risk (including continued occupation of WSH site)	C Black	June 24
Deliver approved capital programme for 2023-24, including key capacity developments	C Black	March 24
Secure capacity as part of one public estate (OPE) development at six hubs across West Suffolk	C Black	Ongoing
Communication strategy for structural risk based on agreed remediation plan with clinical model to support capacity requirements	C Black	On going

	Residual Risk	Target Risk
If we do not progress our programme of work for digital adoption, transformation and benefits realisation, the digital infrastructure will become obsolete and vulnerable to cyber-attack, resulting in poor data for reporting and decision support, digital systems failure, loss of information and inability to provide optimum patient care, safety and experience	Annual x Major = Amber	Annual x Major = Amber
Description of additional controls required (actions being taken)	Lead	Due date
Preparation digital programme plan with funding envelope to Digital Programme Board review	Craig Black	Mar 23
Agreed plan for the delivery of HIMSS 6 and 7 (with key external organisational dependencies) with NHSD/NHSX. To include closed loop blood and medication	Sarah Judge Liam McLaughlin	Mar 23
Ensure engagement with ICS process to secure HSLI funding for developments in the west of Suffolk	Craig Black	Mar 23
Deliver programme for population health management in the west of Suffolk, working with local partners and Cerner to develop the solution	Helena Jopling	Mar 24
Key deliverable to support Future System programme: - Engagement with architects and surveyors on development of a digital twin for the new buildings		Ongoing
Regular updates from Pillar Groups to Digital Board and onto Trust Board Pillar Group 1 Acute Developments Pillar Group 2 (Wider Health Community [SNEE]) Pillar Group 3 Community Developments Pillar Group 4 Infrastructure	Craig Black Sue Wilkinson Craig Black Nicola Cottington Paul Molyneux	On-going

6. 13:25 - OTHER ITEMS

6.1. Any other business

To Note

6.2. Reflections on meeting

For Discussion

6.3. Date of next meeting - 26 May, 2023

To Note

Presented by Jude Chin

RESOLUTION

The Trust Board is invited to adopt the following resolution:

“That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

SUPPORTING ANNEXES

4. IQPR Full report January 2023

Insight Committee	
Report title:	**Integrated Quality and Performance Report**
Agenda item:	
Date of the meeting:	
Sponsor/executive lead:	Sue Wilkinson, chief nurse and Nicola Cottington, chief operating officer
Report prepared by:	Brain Alldis, information analyst. Narrative provided by clinical and operational leads.

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

Executive summary:	The Integrated Quality and Performance Report uses the Making Data Count methodology to report on the following aspects of key indicators: 1. Compliance with targets and standards (pass/fail) 2. Statistically significant improvement or worsening of performance over time. Narrative is provided to explain what the data is demonstrating, the drivers for performance, actions being taken and assurance mechanisms. Please refer to the assurance grid for an executive summary of performance.
Action required / Recommendation:	To receive and approve the report

Previously considered by:	**Component metrics are considered by Patient Safety and Quality Group ad Patient Access Governance Group.**
Risk and assurance:	BAF risk 3.1: Failure to manage emergency capacity and demand in the context of Covid activity and delivery of the RAAC remediation plan BAF risk 3.2: Delivery of elective access standards based on clinical priorities, in context of Covid activity and delivery of the RAAC remediation plan (BAF 3.2) and the emergency demand
Equality, diversity and inclusion:	Monitoring of waiting times by deprivation score and ethnicity are monitored at ICB level.
Sustainability:	N/A
Legal and regulatory context:	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

Assurance Grid

Not Met

January 2023	ASSURANCE: Pass (P)	ASSURANCE: Hit and Miss (?)	ASSURANCE: Fail (F)
VARIANCE: Special Cause Improvement (H / L)			Involvement Appraisal Rate
VARIANCE: Common Cause	Insight 2 week wait rapid chest pain Cancelled Operations Improvement VTE - all inpatients		Insight Ambulance Handover - 15min 12 Hour Breaches 28 Day Faster Diagnosis Cancer 62 Day GP ref total Incomplete 104 Day Waits Diagnostic Performance- % Improvement Nutrition - 24 hours Involvement Staff Sickness Mandatory Training Turnover
Deteriorating — Special Cause Concern (H / L)			

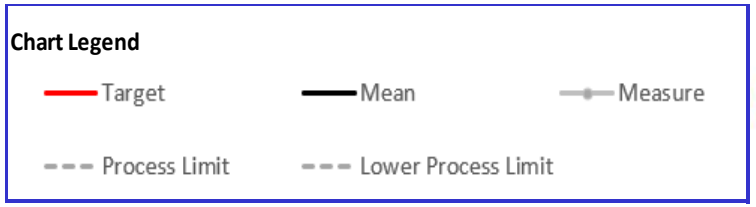
Indicators for escalation as the variation demonstrated shows we will not reliably hit the target. For these metrics, the system needs to be redesigned to reduce variation and create sustainable improvement.

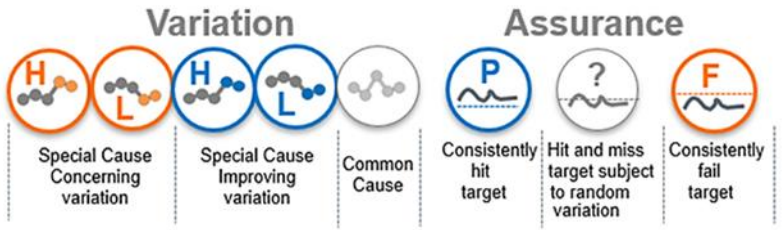
Insight
Ambulance Handover within 30min
Ambulance Handover within 60min
Cancer 2 Week Wait for Urgent GP Referrals Total
Cancer 2 Week Wait Breast Symptoms Total
Cancer 62 Day Screening
RTT 104 Week waits

Improvement
MRSA
C-Diff
Hand hygiene
Sepsis Screening for Emergency Patients
Mixed Sex Breaches
Community Pressure Ulcers
Acute Pressure Ulcers
Inpatient Falls Total
Acute Falls per 1000 Beds
Within 10 Days Duty of Candour
Overdue Responses

*cancer data is 1 month behind

Items for escalation based on those indicators that are failing the target, or are worsening and therefore showing Special Cause of Concerning Nature by area:
Insight: Urgent & Emergency Care: Ambulance Handover within 15min, 12 Hour Breaches
Cancer:28 Day Faster Diagnosis, Cancer 62 Day GP Referrals Total, Incomplete 104 Day Waits
Elective: Diagnostic Performance- % within 6weeks Total
Improvement: Nutrition – 24 Hours
Involvement: Staff Sickness, Mandatory Training, Appraisal Rate, Turnover

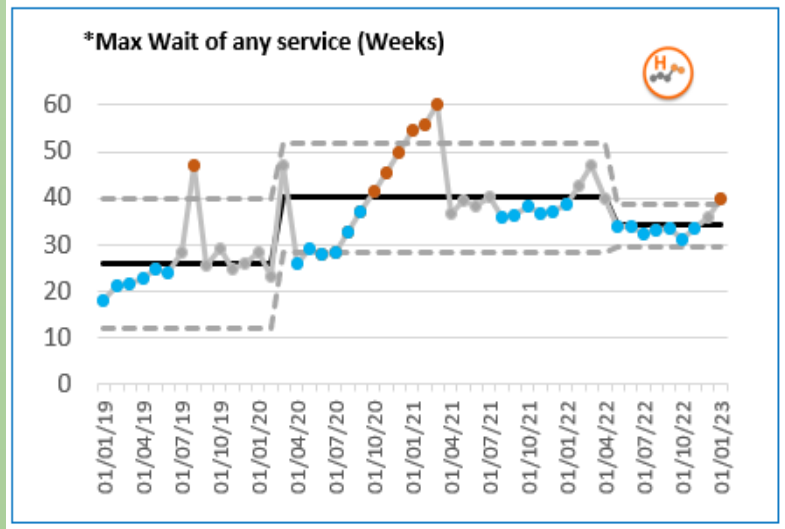


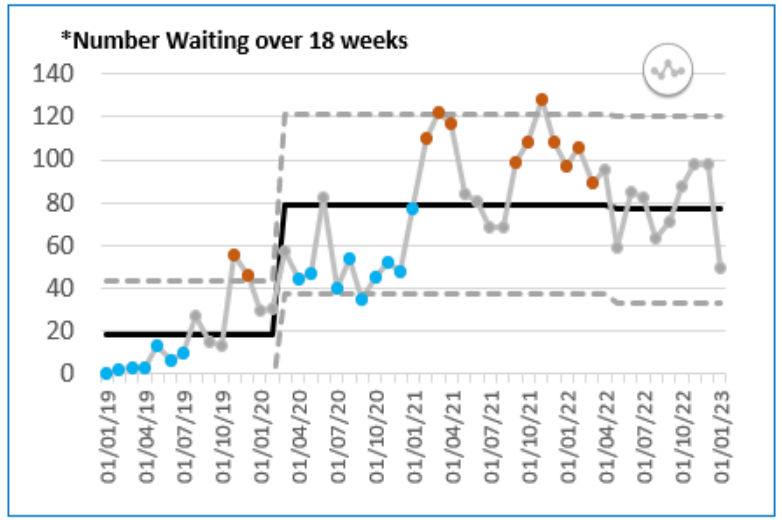


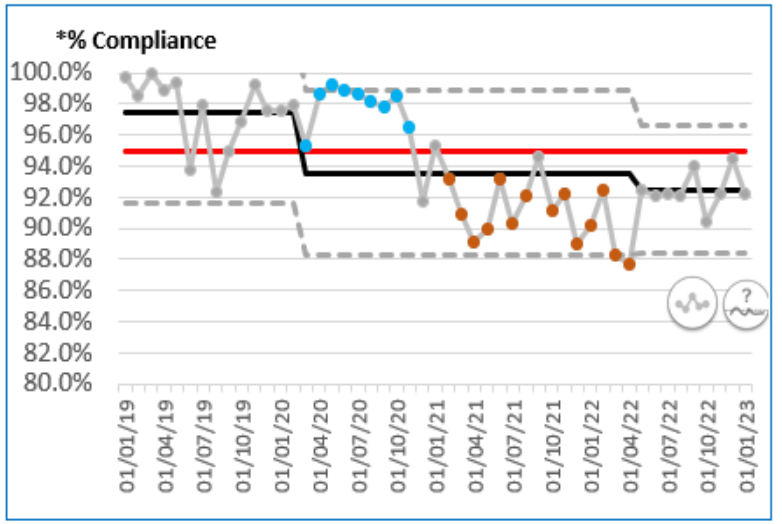
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
*Max Wait of any service (Weeks)	Jan 23	40	-	H		34	30	39
*Number Waiting over 18 weeks	Jan 23	50	-			77	34	121
*% Compliance	Jan 23	92.2%	95.0%		?	92.5%	88.4%	96.6%
Urgent 2 hour response	Jan 23	89.6%	70.0%					
Criteria to reside (Average without reason to reside) Acute	Jan 23	68	-			65	47	83
Criteria to reside (Average without reason to reside) Community	Jan 23	17	-			20	14	26

*The first 3 indicators cover all the non-consultant led community services of: Adult SLT, Heart Failure, Neurology Service, Parkinson's Nursing, Wheelchairs, Paediatric OT, Paediatric Physio and Paediatric SLT.

Community Access







Summary

- **Wheelchairs**: Compliancy has improved from 89.5% to 92% (with longest wait of 40 weeks) against a target of 95%. Revised trajectory from January as long-term sickness has affected performance against plan. IT implementation behind schedule and impacting on resource.
- **Integrated Neighborhood Teams**
- **Falls**: Ambulance falls notifications to services are low – varies according to capacity in ambulance service.
- This dataset would benefit from stratification of individual services to highlight points of success and failure.
- **Paediatric Therapy:**
    - **Speech and Language Therapy (SLT):** 91.34% - compliance impacted on by high demand and vacancies
    - **Occupational Therapy (OT):** 89.09% - Compliance has dropped due to vacancies over preceding months. Anticipate recovery as core posts appointed and will be starting imminently

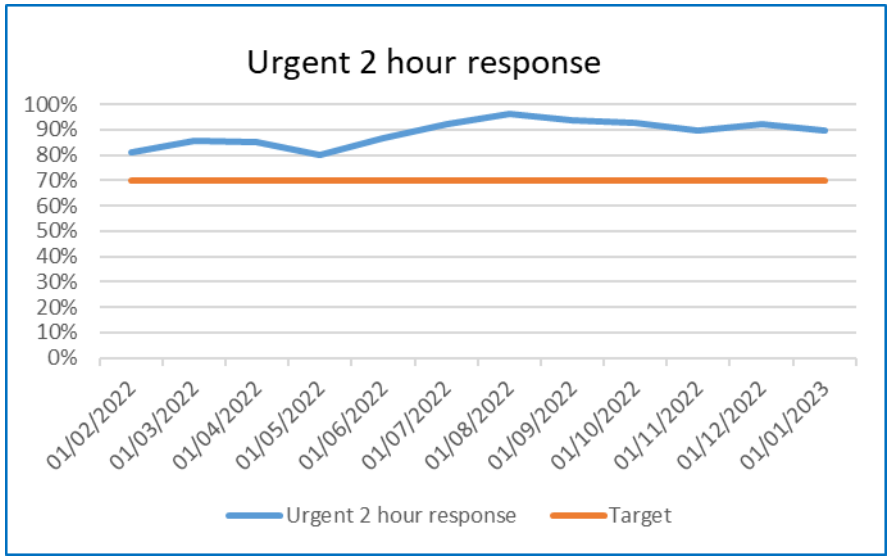
Action

- **Wheelchairs:**
- Division to fund 1 x WTE Team Support Worker in interim whilst longer term investment from Trust is sought from a business case for x 2 team support workers. Business case to be presented at divisional board when capacity allows. Bank support to provide further capacity for IT transition work.
- **Paediatric Therapy –** Review of service demand and investment identified – shared with ICB and SCC and agreement in principle that SCC need to fund SEND (special educational needs) need – action plan being devised with commissioners to review capacity assumptions.

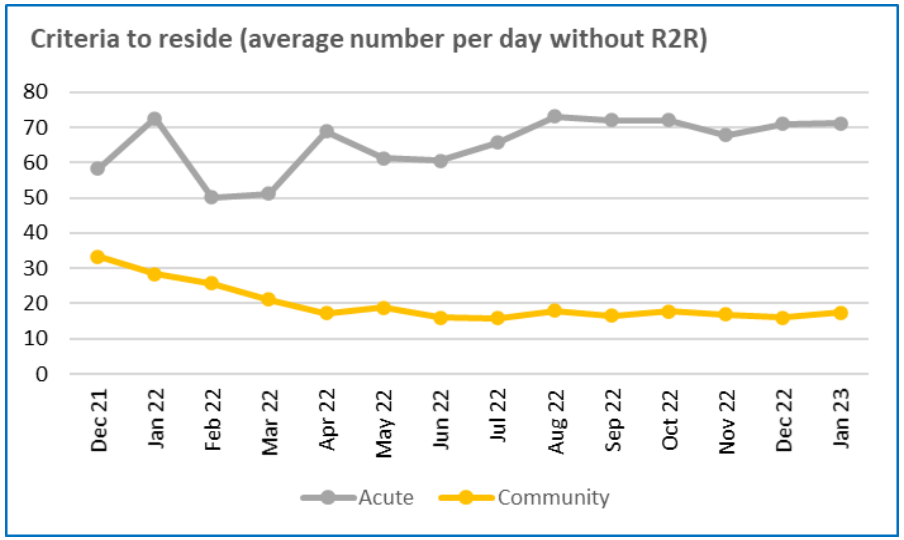
Assurance

- **Wheelchairs:**
- Assurance via Service level review, PRM, PAGG, Insight, Community Contract Meeting.
- **INT**: c. 10 patient in January waiting 18+, monitored weekly at SITREP with service managers, SLRs, will be presented as SPC in future to analyze.

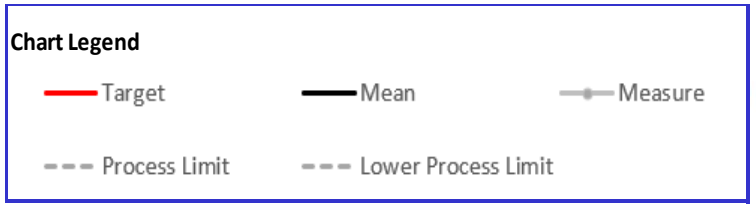
Community Access

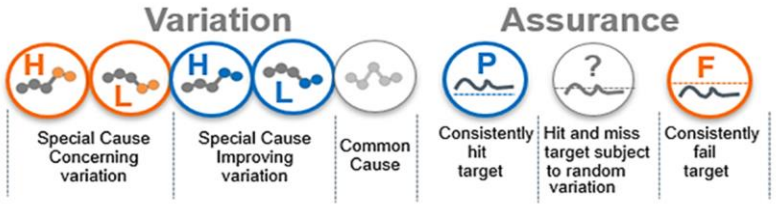


Summary	Action	Assurance
• Urgent Community Response (UCR) remains above 70% but slight dip to 89%. • There have been some challenges particularly overnight with nursing illness. • Referrals from ambulance service via Cleric portal vary in number each day • Specialist paramedic starts 20th February and will increase capacity and bandwidth for EEAST referrals • Receiving data from EEAST around times of referrals- no trends so far but will now monitor	• Early Intervention Team (EIT) to work on Patient Group Direction for medication to support paramedic and Advanced Care Practitioner (ACP) occupational therapist (meetings arranged for February) • EIT working on pathways to avoid admission to ED, such as: DVT, x ray- positive conversations and moving this forward • ED consultant spending day with EIT 17.02.23 • Requested to remove 4 hour response time • Working with INTs to extend 2 hour referral to nurses	• Monitoring data to look at trends and activity • Review use of paramedic and increase in referrals PRM, PAGG, ICB, Eastern Region, NHSE



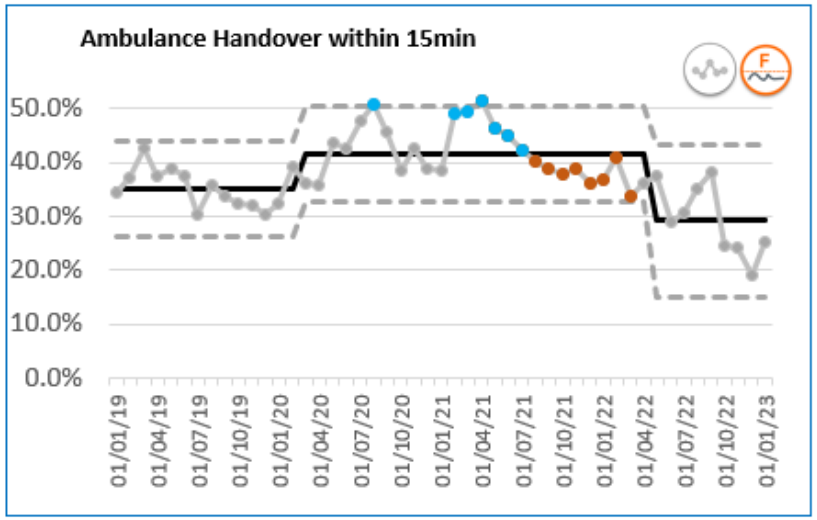
Summary	Action	Assurance
• Despite additional capacity being sourced for pathway 2 interim beds with Eastcotts and Catchpole Court care homes there was little change in the overall reason to reside data due to increased demand for interim beds for patients with cognitive issues and safety concerns around patients returning home. At the end of January commissioned block bed numbers were up to 52 with an average of 10-15 additional spot purchased beds. Community figures remain similar month on month. Patients requiring Norfolk Community rehabilitation beds are often transferred to Newmarket for their rehabilitation due to the significant waiting lists for beds in the Norfolk system – this leads to inherent delays when patients are ready for discharge as there is a longer wait for Norfolk care. • Community Assessment Bed (CAB) Service Line Review (SLR) identified significant challenges relating to therapy rehabilitation cover for interim beds and CAB beds.	• WSFT and ACS contracting teams are working with the block bed care home providers to review contract extensions to the interim pathway 2 capacity – these being funded through the additional National Discharge funds. • Airmid continue to provide agency cover to enable both home first and support to go home capacity to be maximised. • Locum social worker cover has been sourced to provide support with discharge flow through the block commissioned beds. Analysis work is being undertaken to review length of stay and discharge pathways from the interim care home beds to support future capacity planning and identify ways in which we can support more patients to return to their own homes. • Lead Therapists for CAB to provide vacancy data of deficits month to month and impact of these on length of stay. • Asset mapping for cover to each care home that have interim beds	• System and Alliance focus on building capacity to enhance transfer of care arrangements through the Alliance Operational Delivery Group and the SNEE Urgent and Emergency Care group. • Daily monitoring through Transfer Of Care Hub (TOCH) meetings of both acute and community delays. • Additional stranded patient review meetings undertaken to provide additional focus on patients both with and without reason to reside. • CAB SLR and contracts meetings to review GP and nursing cover.

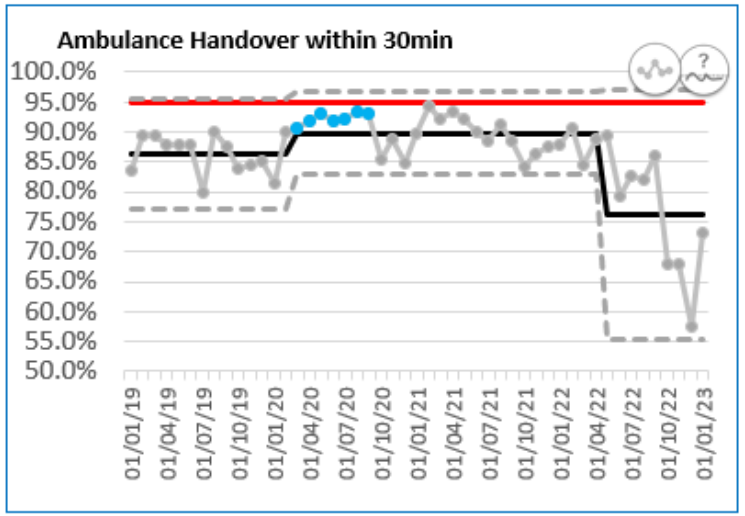


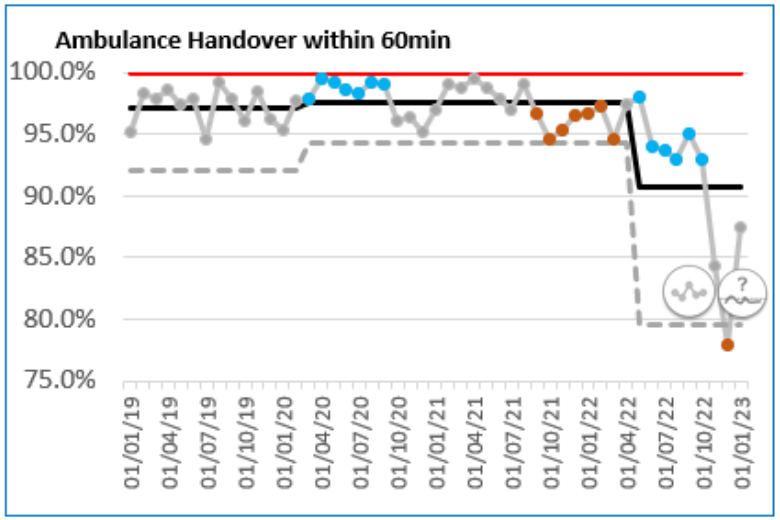


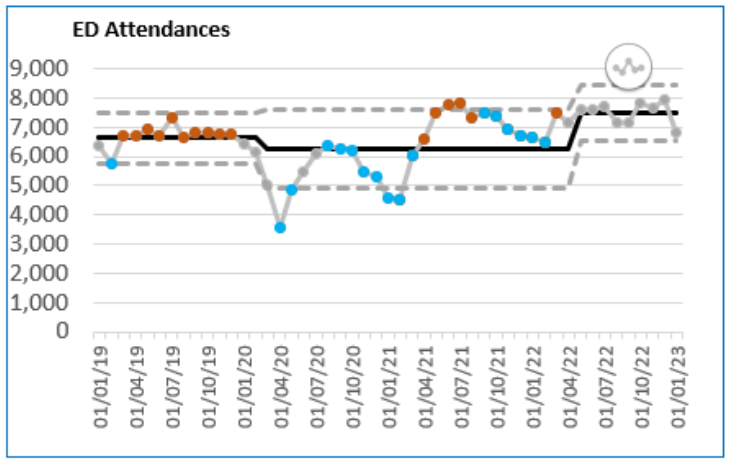
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Ambulance Handover within 15min	Jan 23	25.1%	65.0%		F	29.3%	15.1%	43.4%
Ambulance Handover within 30min	Jan 23	73.2%	95.0%		?	76.2%	55.5%	96.9%
Ambulance Handover within 60min	Jan 23	87.4%	100.0%		?	90.7%	79.5%	101.9%
ED Attendances	Jan 23	6836	-			7502	6542	8462
12 Hour Breaches	Jan 23	807	0		F	717	190	1244

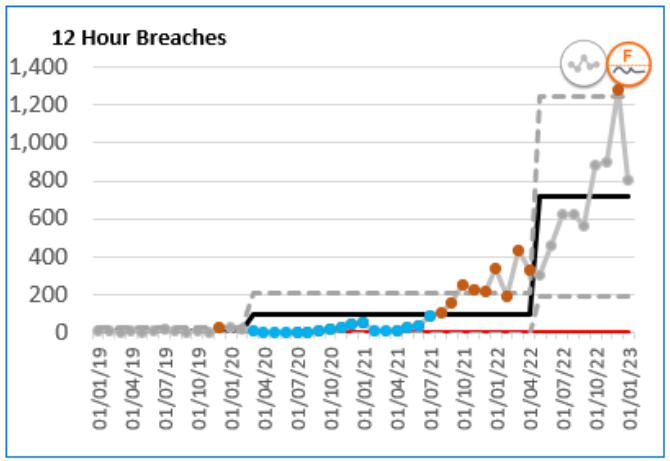
Urgent & Emergency Care (TRUST)







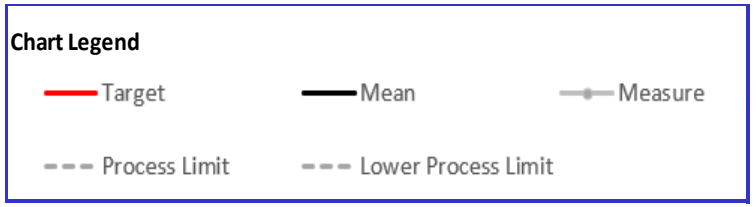


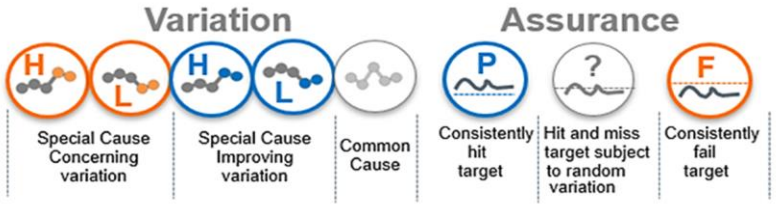


Urgent & Emergency Care (TRUST)

Summary	Action	Assurance
January 2023 has seen a 12.6% reduction in overall attendances to ED in comparison with December 2022. This decrease is seen in both the admitted and non admitted streams. This reflects the national picture of a decrease in attendances of 13.5% compared to December 2022. The reason for this decrease nationally is unclear but it is thought that strike actions and media attention could have a part to play. Ambulance handover times remain a challenging picture, although we have seen some small improvements in the month in all three targets. We continue to fail to meet the required standards. January saw a 39% reduction in the number of 12 breaches compared with December, with 807 patients remaining in the department for longer than 12 hours. In trying to understand the reasoning behind the reduced number of 12 hour length of stay patients in the department, it could be seen that a reduced number of attendances results in a reduced number of 12 hour Length of Stay. Calculations reveal that in December 16.6% of ED attendances resulted in a 12 hour length of stay compared with 11.8% in the month of January, so an improvement is demonstrated. Of those admitted patients >12 hours: • 80% Medical • 10% Surgical • 8.2% T&O • 2% Other – Oncology/Paediatric/Obs & Gynae Throughout January we saw an increase in medical patients across the organisation which resulted in F4 (surgical elective) being converted into a medical ward. As of 04/01/23 an additional 116 medical patients resided in the trust, requiring clinical support from other divisions. This impacted on our 12 hour medical breaches within ED. Although flu numbers reduced, we closed 2 wards due to norovirus outbreak. To support the flow Same Day Emergency Care was utilised for escalation on 5 occasions and RAT within ED was opened 24/7 which did negatively affect our ambulance handover times	Agency paramedic company now providing paramedic/technician crews to consistently manage reverse cohorting/ambulance cohorting areas. Service commenced 11th January, currently at cost pressure to division. Exploring use of 'flexible' cohort space within AAU corridor to provide 5 additional cohort spaces. Flexible refers to the use as either ambulance offloads or 'reverse cohort' where patients have been seen and treated and are awaiting onward transfer – this could either be from ED or from AAU. SOP currently under development. To ensure patient safety ED Consultants are reviewing and initiating investigations for patients in any queuing ambulances if cohorting area is full. Post take ward rounds continuing for long stay patients Business case presented to investment panel in Jan 23 to seek funding to continue GP service at level of 12 hours cover 7 days a week, this was approved in principle with alternative funding being sought. Successful WSFT Urgent and Emergency Care (UEC) flow day on 30th Jan 23, working with NHSE Improvement team to review processes. Attended by various stakeholders across the ICS. Action plan with focused workstream being developed. Missed opportunities audit day with NHSE planned for March 2023. 12 hour LoS recovery plan in progress. Community capacity increasing with additional community beds already on line and at capacity, further capacity being sort.	Continue to monitor GP utilisation. SDEC activity is now monitored via new reporting metrics Harm reviews ongoing for a % of all 12 hour length of stays and patient waiting on ambulances greater than 1 hour. UEC metrics monitored via Patient Access Governance group feeding into WSFT Insight group and West Suffolk Alliance Operational Resilience Group Core Resilience Team (CRT) meetings with workstreams focussing on key projects around Right Care, Right Place, Right Time

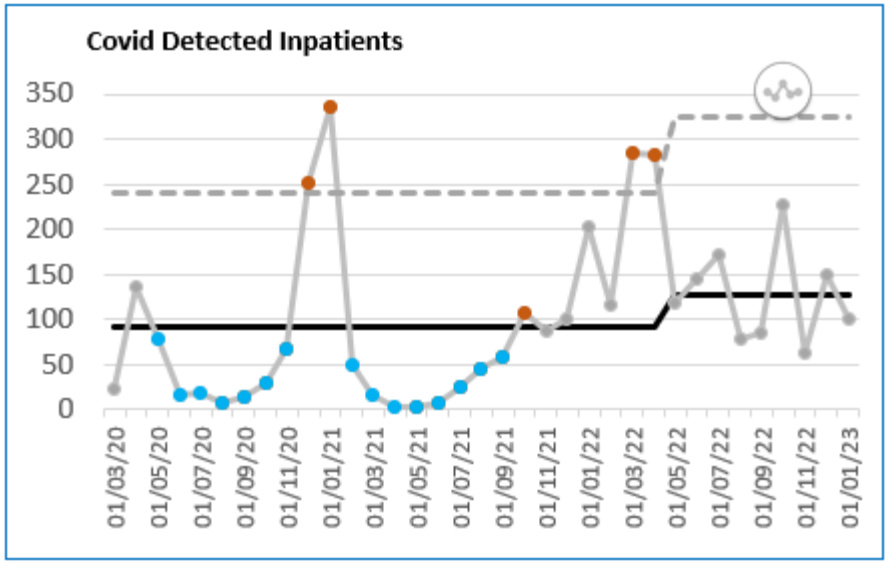
Covid Summary

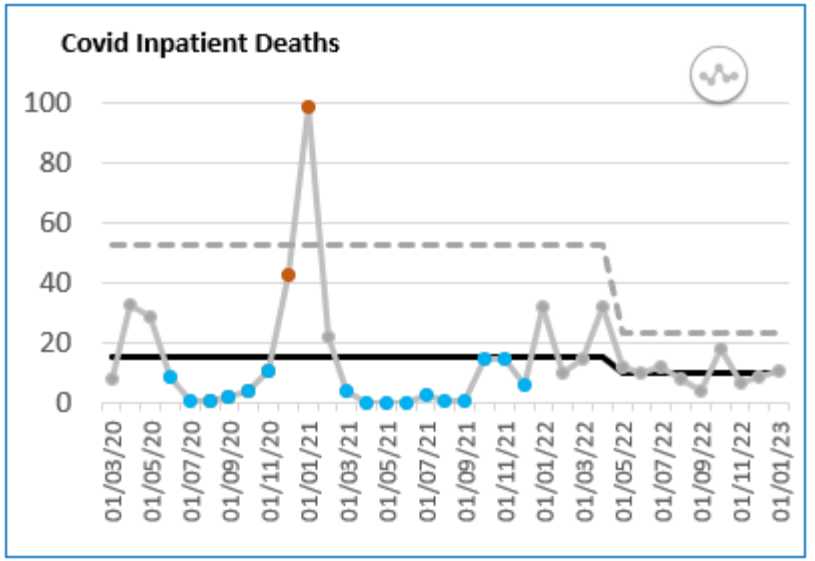




KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Covid Detected Inpatients	Jan 23	100	-			127	-71	324
Covid Inpatient Deaths	Jan 23	11	-			10	-4	24

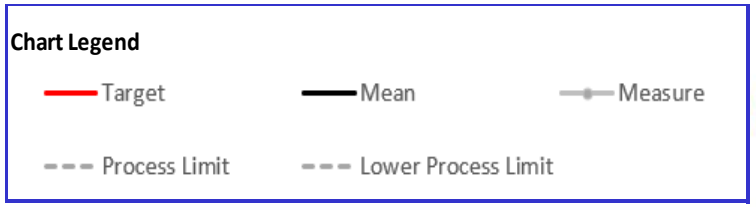
Covid

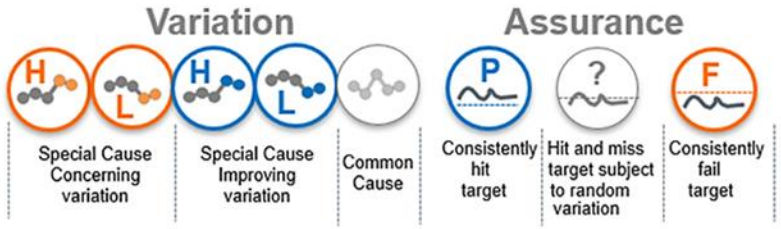




Summary	Action	Assurance
No significant variation or improvement in case seen in February, although community prevalence is reducing. Inpatient number remain static [low 20s]. Of note organisations in our system saw a rapid increase in inpatient numbers in February. However this did not translate into capacity at WSFT Nosocomial outbreak managed in Glastonbury court this month, however minimal impact on flow as single room environment	Funding and purchasing of air filtration units continues, anticipated arrival late March. These will be placed in areas with known challenges. Additional funding was received from the ICB supporting this bid. No change in current PPE practices this month	Inpatient prevalence monitored daily and capacity challenges responded to by tactical teams Oversight of potential outbreaks manged by IPC team surveillance and interventions enacted as indicated.

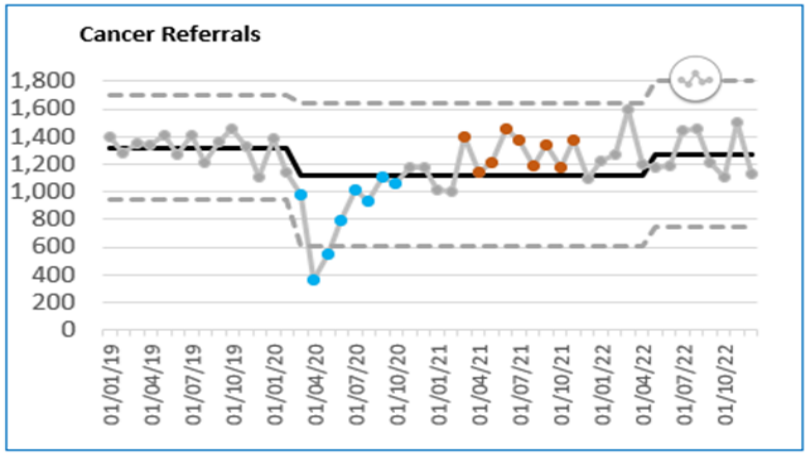
Cancer Access (Month Behind) Summary

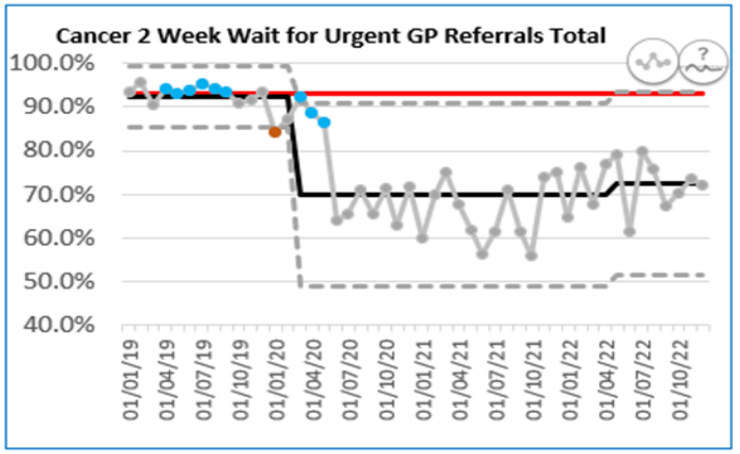


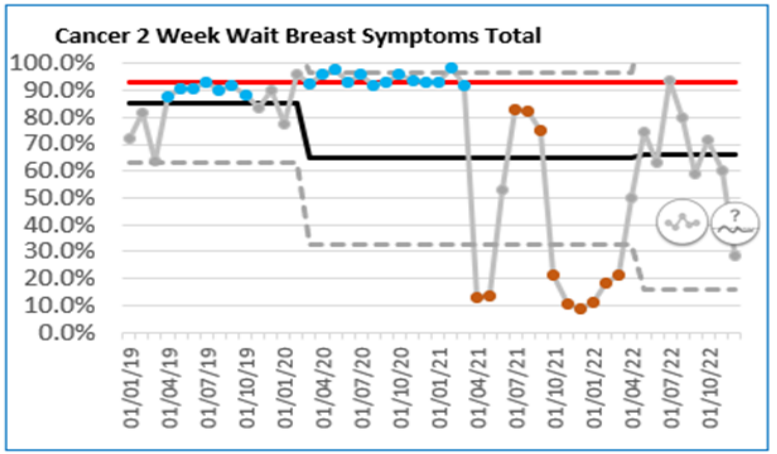


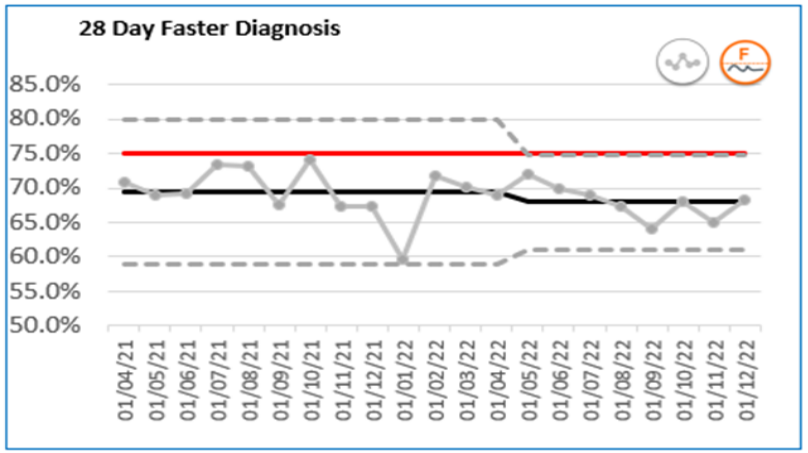
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Cancer Referrals	Dec 22	1124	-			1275	742	1808
Cancer 2 Week Wait for Urgent GP Referrals Total	Dec 22	72.2%	93.0%		?	72.4%	51.4%	93.5%
Cancer 2 Week Wait Breast Symptoms Total	Dec 22	28.5%	93.0%		?	66.4%	16.2%	116.5%
28 Day Faster Diagnosis	Dec 22	68.2%	75.0%		F	67.9%	61.0%	74.9%
Cancer 62 Day GP Referrals Total	Dec 22	68.3%	85.0%		F	67.3%	56.7%	77.8%
Cancer 62 Day Screening	Dec 22	90.5%	90.0%		?	88.0%	53.1%	122.8%
Incomplete 104 Day Waits	Dec 22	35	0		F	33	25	42

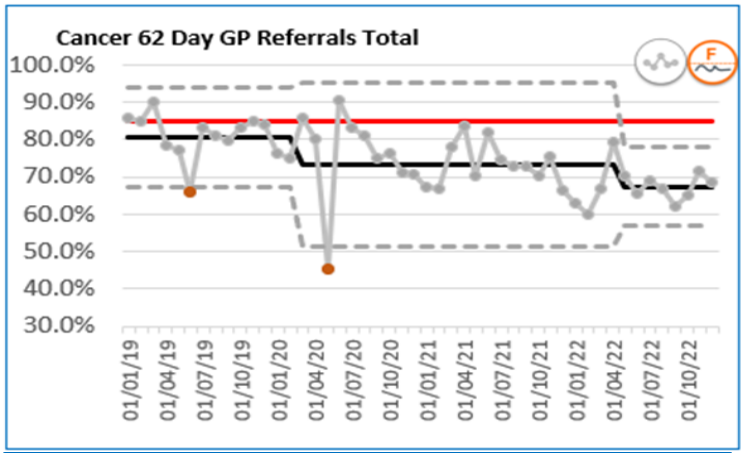
Cancer Access (Month Behind)

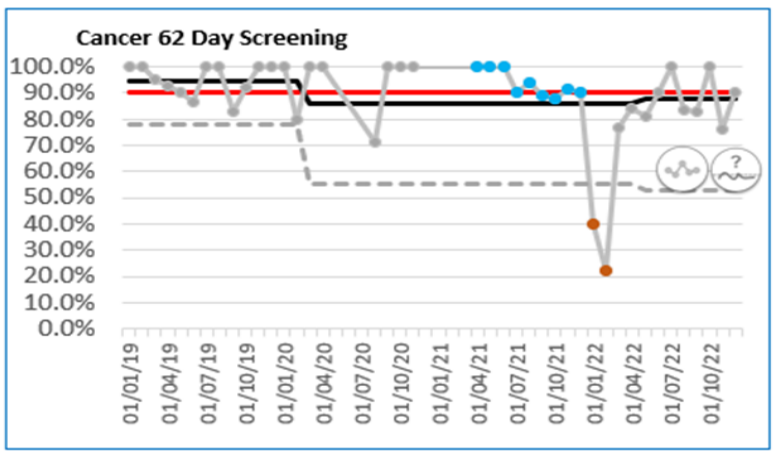


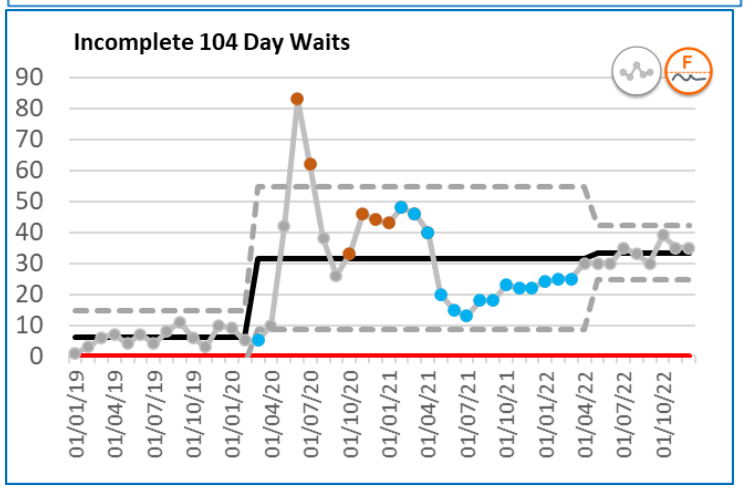










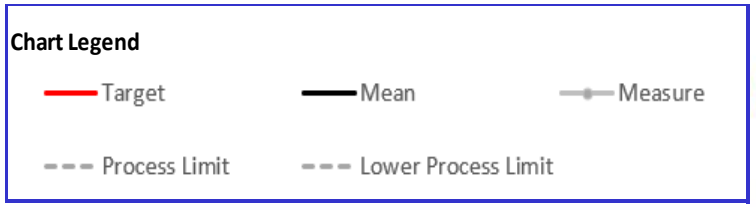


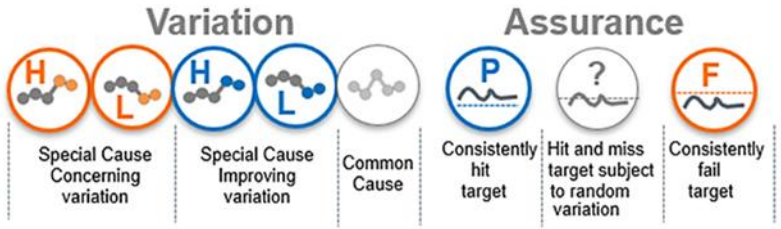
Cancer Access (Month Behind)

Summary	Action	Assurance

All of the cancer standards demonstrate a variation in compliance, with none of the KPI's demonstrating an improving trend with 28 and 62 day performance consistently failing the standard.
For the 2ww standard, Lower GI (50%) and Breast (6.5%) are the key areas driving the underperformance, as they make up over a third of the volume of total patients.
For 28 day performance, Lower GI (61.7%), Skin (48.5%) and Urology (61.5%) continue to be driving the under performance, noting that this is an improved position for both Lower GI and Urology. Breast is successfully maintaining over 90% compliance for 28 day pathways despite the 2ww under performance.
For 62 day performance, Lower GI (33%), Urology (65.2%) and Skin (78.9%) are again the main drivers for the under performance due to delay at the front end of the pathway, whilst noting an improvement in the skin performance.
The 104 day position is not yet demonstrating improving variation.
	A full quality improvement plan is in place.
	
	Some of the key actions within this include:
	• Recruitment within Breast team for longer term sustained performance
	• Following the best practice time pathway audits for Prostate, Skin and Colorectal a number of actions are in place to improve performance in these areas, this includes:
	  • Standardisation of letters
	  • Exploration of nurse led results
	  • Combined plastics/dermatology clinic appointments
	  • Improved quality of referrals
	• As well as site specific a number of generic actions are also in place:
	  • Improved reporting of results
	  • Live PTL in development
	  • Improvement of interface between Somerset and e-Care
		Recovery is monitored through local Cancer PTL meeting as well as SNEE wide Cancer Board and Cancer alliance level forums.
		
		Performance against trajectory for 62 day backlog is monitored via Insight committee.

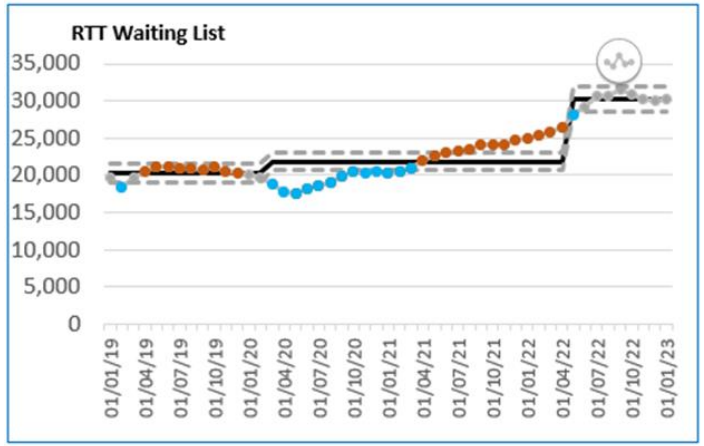
Elective Access Summary

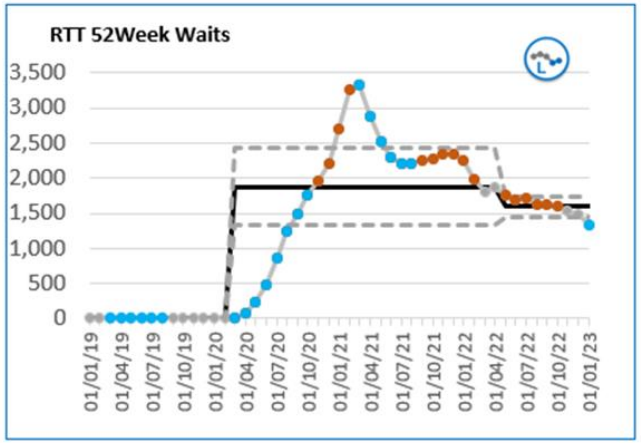


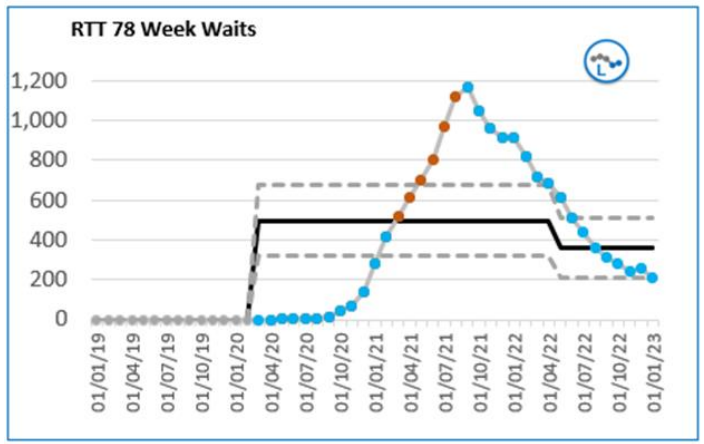


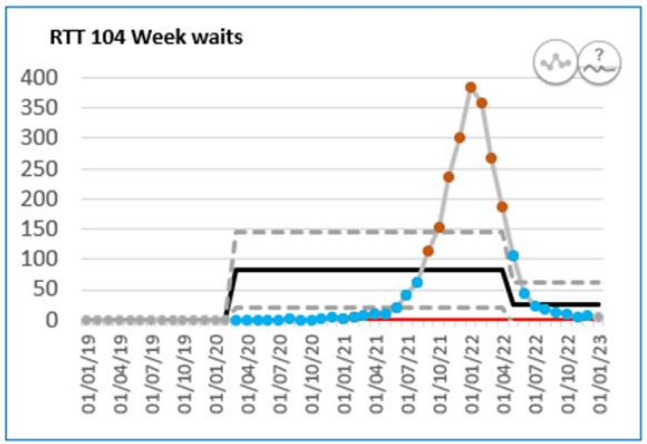
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RTT Waiting List	Jan 23	30304				30198	28500	31896
RTT 52Week Waits	Jan 23	1341				1595	1449	1741
RTT 65 Week Waits	Jan 23	581						
RTT 78 Week Waits	Jan 23	209				359	210	508
RTT 104 Week waits	Jan 23	5	0			26	-9	61
2 week wait rapid chest pain	Jan 23	100.0%	95.0%			98.9%	95.3%	102.6%
Diagnostic Performance- % within 6weeks Total	Jan 23	56.4%	99.0%			60.1%	49.1%	71.1%
Elective Operations (Excluding Private Patients & Community)	Jan 23	748						
Cancelled Operations	Jan 23	15	0			24	12	35
Cancelled Operations 2nd time	Jan 23	0				0	-2	2

Elective Access



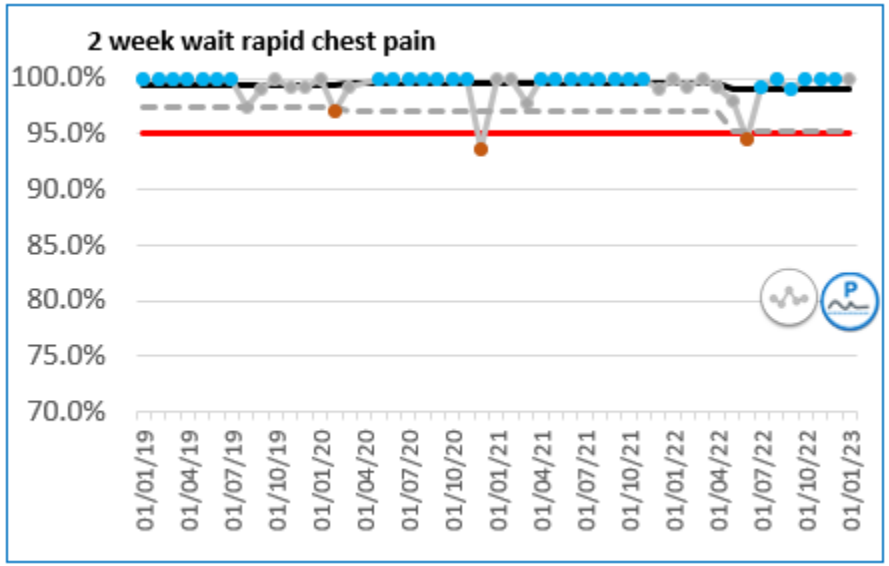


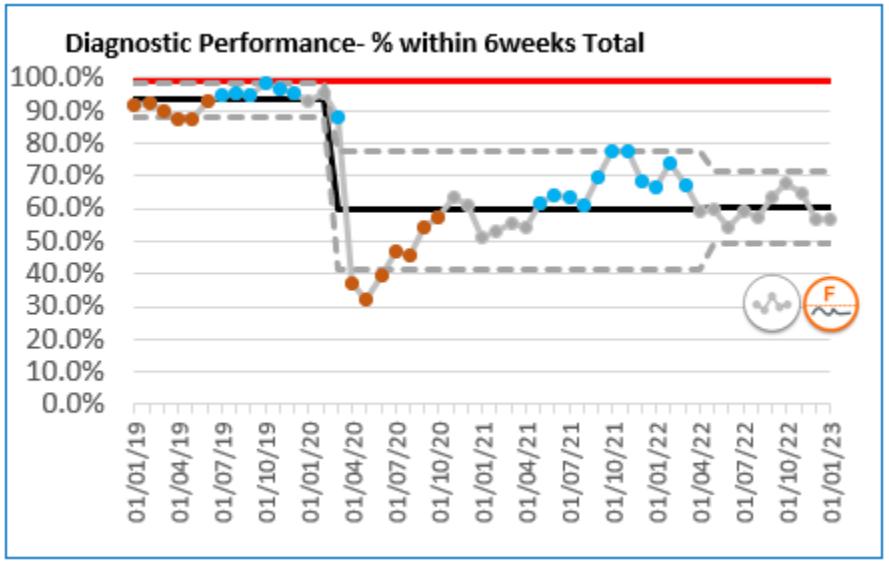


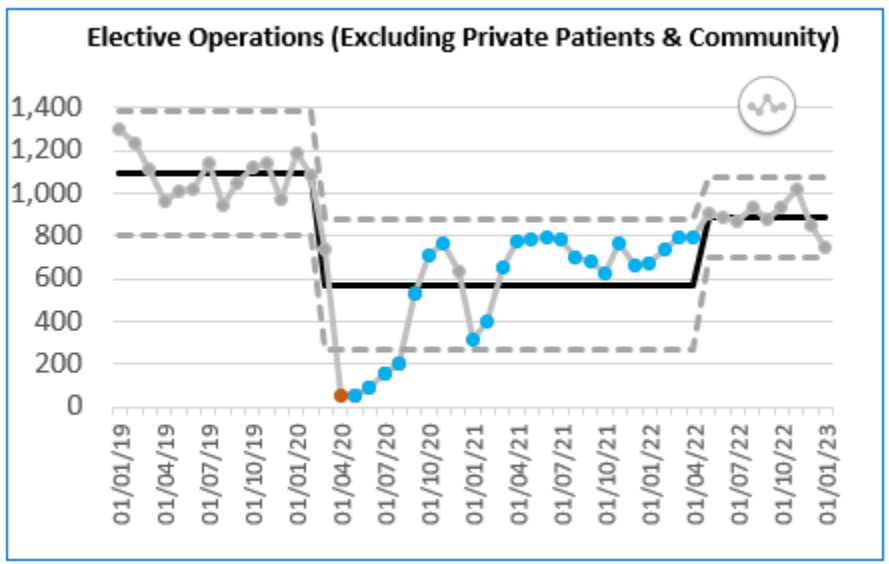


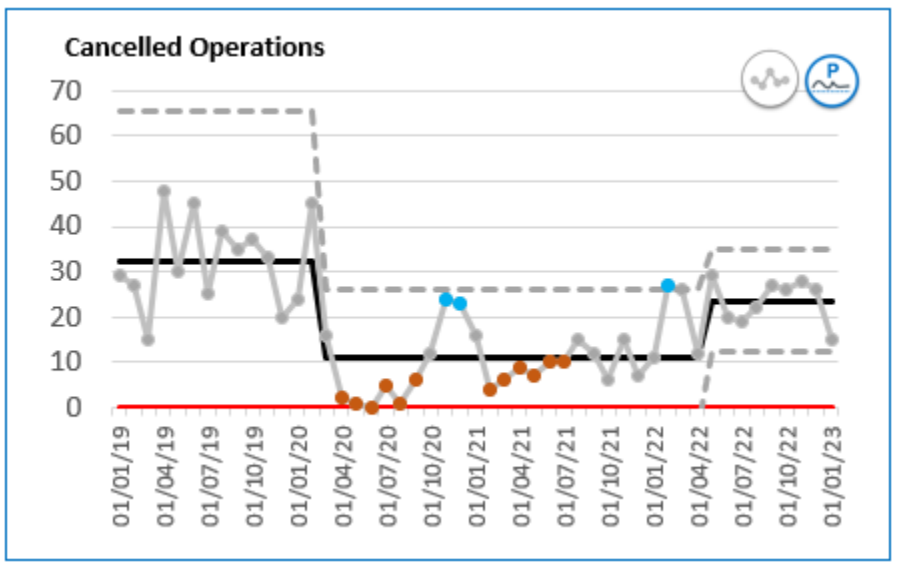
Summary	Action	Assurance
The total waiting list size continues to be stable as following the continued rise through 21/22. The 52 week and 78 week position is demonstrating continued improving variation, with the 78 week wait position at 209 at the end of January against the trajectory of 215, which is a recovered position from the end of December. The number of patients over 104 weeks reduced to 5, due to complexities and patient choice.	The focus continues to be clearing the 104 week waits and achieving the 78 week wait standard by March 2023, whilst starting to plan for the March 2024 standard to reduce the patients over 65 weeks. The actions to achieve this include: • Continued focus on theatre productivity • Increased focus on all elements of validation – technical/administrative/clinical as required to ensure waiting list is cleansed • Use of digital mutual aid system for support in areas of capacity constraints	Progress against trajectory and action plans are monitored at the weekly access meetings, which feed into the insight committee. The position is also monitored across the ICS via the operational hub meetings feeding into the SNEE Elective and Diagnostic Committee

Elective Access





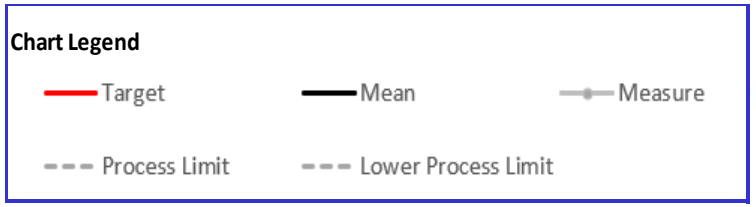


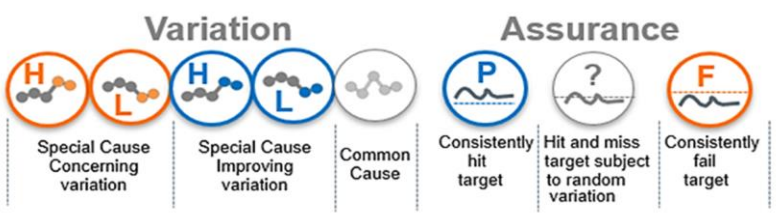


Elective Access

Summary	Action	Assurance
Common cause variation, no significant change. The system is not capable and will fail to consistently meet target without significant change. **MRI** - Running at full capacity across the seven days but current capacity insufficient. **CT** – performance negatively impacted by the replacement programme **US** –Correction of a data quality issue has also had a negative impact on the DM01 performance resulting in a lesser gain in performance than anticipated from actions already in place. Sub-speciality analysis within US demonstrates a lower DM01 performance for vascular US. This is due to a deficit of vascular trained imaging assistants and the increased complexity of procedures now requiring longer appointment slots. **Endoscopy –** 2WW pressures have increased as a result of CT downtime impacting on routine waiting times. Priority is being given to longest waiting routine patients and priority RTT pathways. December saw a reduced number of referrals against a constant level of activity. This resulted in reduction numbers waiting under 6 weeks by around 200 patients with out any impact against longer waiting patients. Additional progress has been made in reducing numbers of overdue surveillance patients which removes capacity to treat routine pathways. **Urology** diagnostics have moved to e-care which has caused issues with workflow and data input error resulted in false 100% position for December 2022. DQ review suggests data is now accurate and reflects focus on cystoscopy as part of cancer pathway and lack of capacity to deliver urodynamics. 2 days activity lost in January due to IA. Audiology remains on upward trajectory and validation is now embedded. Cystoscopy remains on upward trend. Diagnostic trajectory indicates 95% compliance 31/03/23.	**MRI** – options for temporary scanner being reviewed, case reviewed at execs meeting. Assessment against projected CDC opening to be undertaken to establish potential funding required. Immediate funding agreed to deliver two weeks additional capacity to match short term availability of temporary scanner from the 27/02/2023. Requests to NHSE/Networks for additional resources have been fed back including a staffed MRI and additional reporting capacity. Longer term CDC will begin to address. **CT** - performance continues to recover but will be further impacted by CT3 replacement programmes. Longer term CDC will begin to address. CT3 project delayed until mid May. CT2 completed on 12/01/23. **US** – Options to address vascular US performance to be reviewed and discussed at access meeting. Other sub-specialities are showing improvement but will be monitored to ensure that this is sustained. **Endoscopy** - A recovery trajectory for endoscopy has been formulated to meet the national target but this has been impacted by a number of issues including medical recruitment. A review group met 20/01/2023 to focus on actions to improve current DM01 performance and formulate a gap analysis. This analysis suggests compliance with DM01 by the March 2025 target date but is vulnerable to extrinsic factors. A further meeting held 21/02/2023 with NHSE support team to review opportunities for improvement. Visit planned to observe practice on the 06/03/2023 and a follow up meeting scheduled for the 07/03/2023. The additional IS capacity available via InHealth still requires contract signatures and has been escalated to the ICB for support to move forward. Gastroenterology consultant recruitment is still pending. Both are factors contingent for endoscopy recovery. WSFT is the highest recruiter of patients for Colon Capsule endoscopy in the region and have been asked to present to other EoE Trusts in March. **Urology -** • Instatement of local tracking report to ensure oversight and pre-emptive response to possible breaches • Escalation to SOM • Audiology administrative support in place. • Conversion o room in JFU to provide additional capacity.	• Ongoing performance will be monitored at the weekly CSS access meeting, Divisional PRM and the Elective Access Insight Meeting.

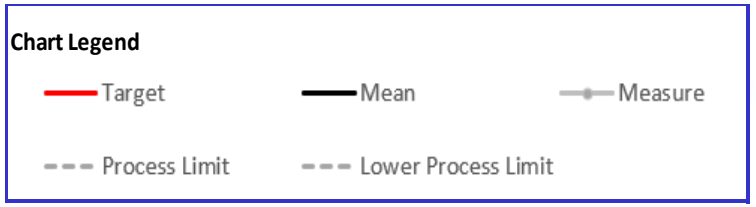
Safe- Summary

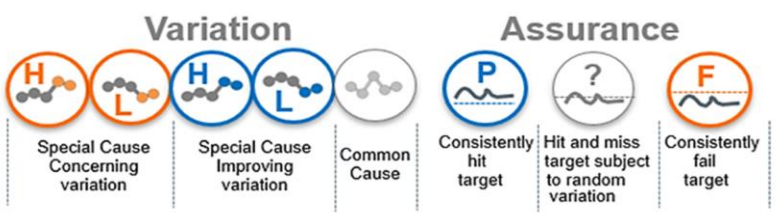




KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
MRSA	Jan 23	0	0			0	0	0
C-Diff	Jan 23	3	0			4	-4	11
Hand hygiene	Jan 23	98.8%	100.0%			98.7%	93.2%	104.2%
Sepsis Screening for Emergency Patients	Jan 23	85.7%	100.0%			84.5%	53.5%	115.5%
VTE - all inpatients	Jan 23	97.7%	95.0%		P	97.6%	96.8%	98.3%
Mixed Sex Breaches	Jan 23	6	0			5	-8	17
Community Pressure Ulcers	Jan 23	37	25			32	19	46
Acute Pressure Ulcers	Jan 23	29	17			23	7	39
Inpatient Falls Total	Jan 23	83	48			74	40	108
Acute Falls per 1000 Beds	Jan 23	6.6	5.6			6.3	3.4	9.3

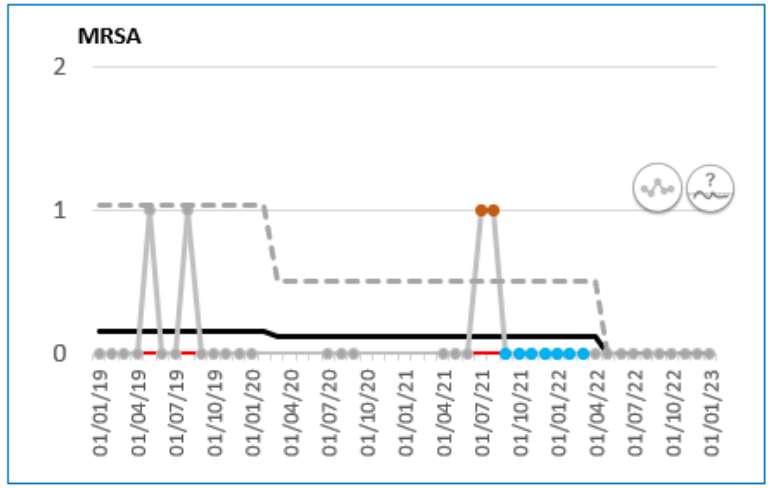
Safe- Summary

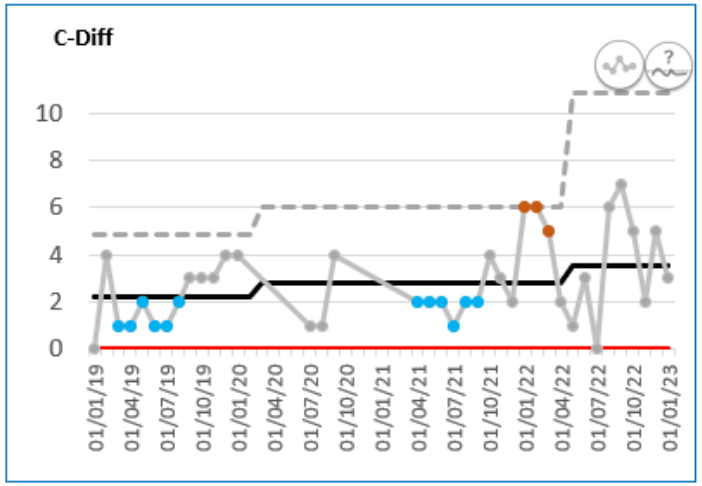


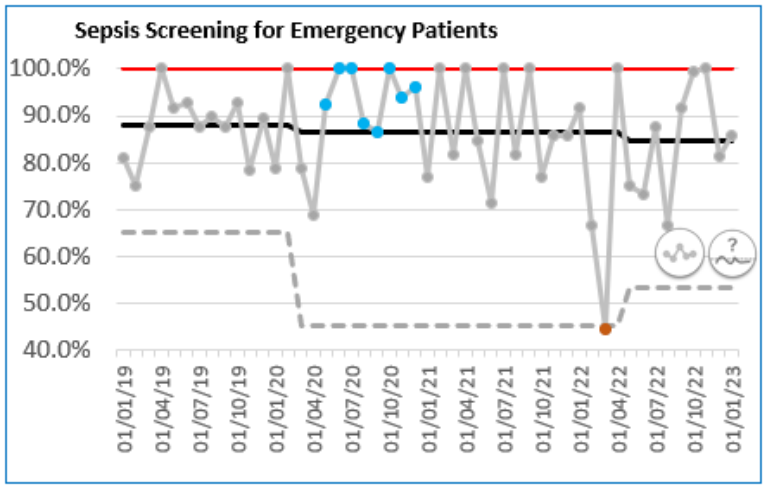


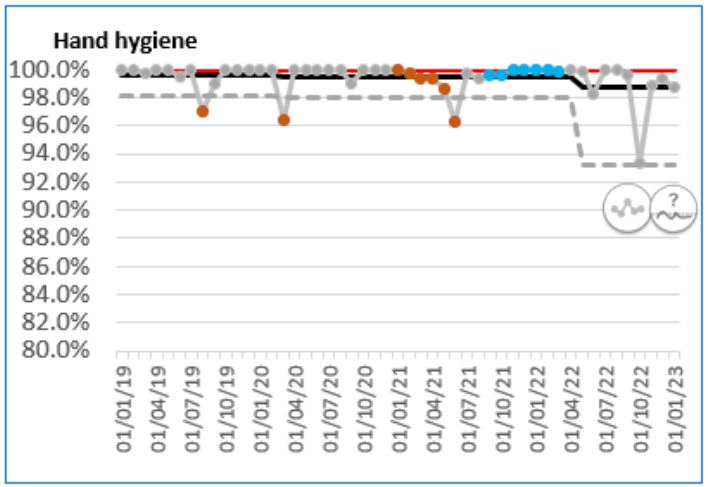
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Nutrition - 24 hours	Jan 23	81.6%	95.0%		F	86.3%	77.8%	94.9%
Patient Safety Incidents per 1,000 OBDs	Jan 23	57.7				62.0	53.3	70.7
Patient Safety Incidents Reported	Jan 23	823				818	747	890
Patient Safety Incidents Resulting in Harm	Jan 23	193				173	137	208
New Complaints	Jan 23	16				17	3	31
Closed Complaints	Jan 23	14				16	3	30
Overdue Responses	Jan 23	5	0		?	2	-1	5

Safe



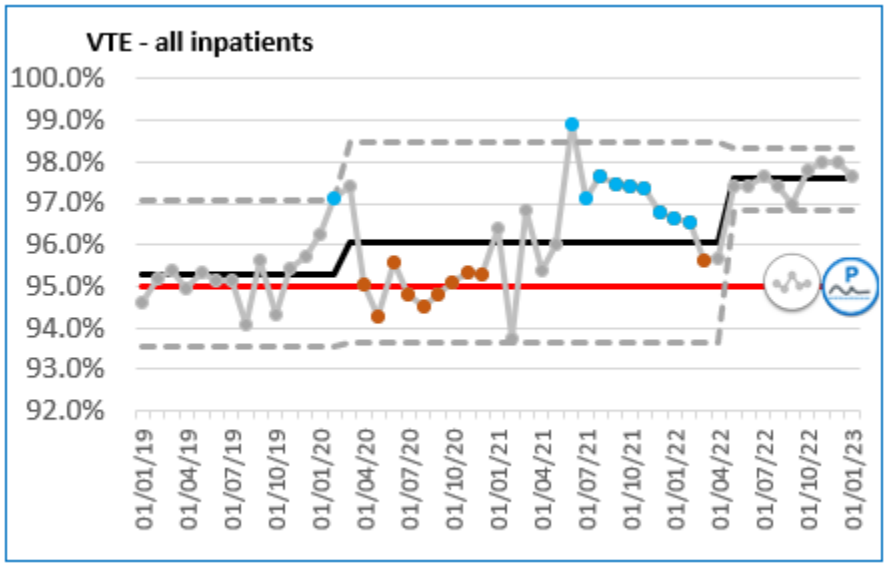


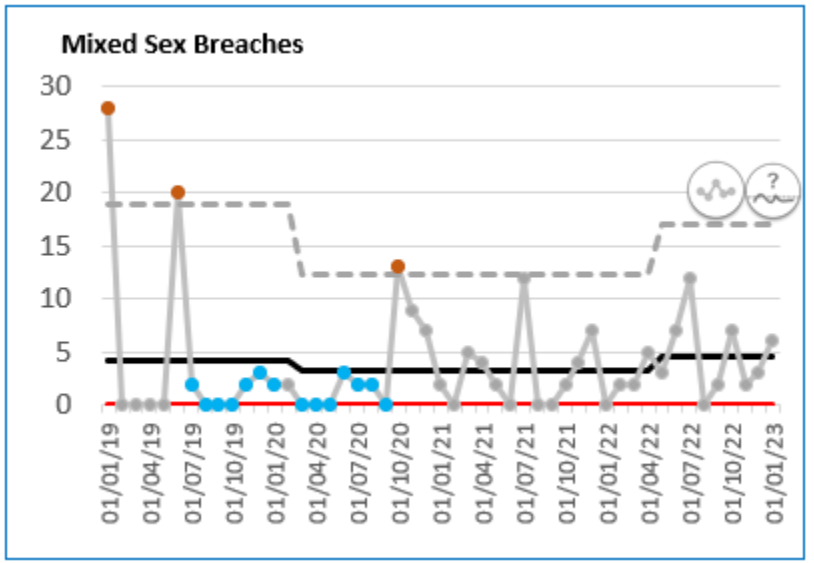




Summary	Action	Assurance
Consistent performance with MRSA Bacteraemia. 3 cases of C.diff, no links by time/place identified. • 2 patients had appropriately received broad spectrum antibiotics. 1 of the cases was on a F6 where other cases have subsequently been identified. • Post infection review meetings will take place to identify potential learnings and/or good practices.	• Surveillance continues to identify any potential links in a timely manner. • ICNet reports being produced regularly for early detection of potential clusters/periods of increased incidence with support from newly recruited IPC Administrator. • Regular post infection review meetings to be arranged– regular day/time, Ward staff to be more involved with this process. • Weekly IPC environment audits & additional antibiotic audits of F6 carried out.	• Monitored through audit and reporting into the IPC committee. • Thorough review of cases/areas if cluster/period of increased incidence identified in conjunction with Ward manager/Matrons.

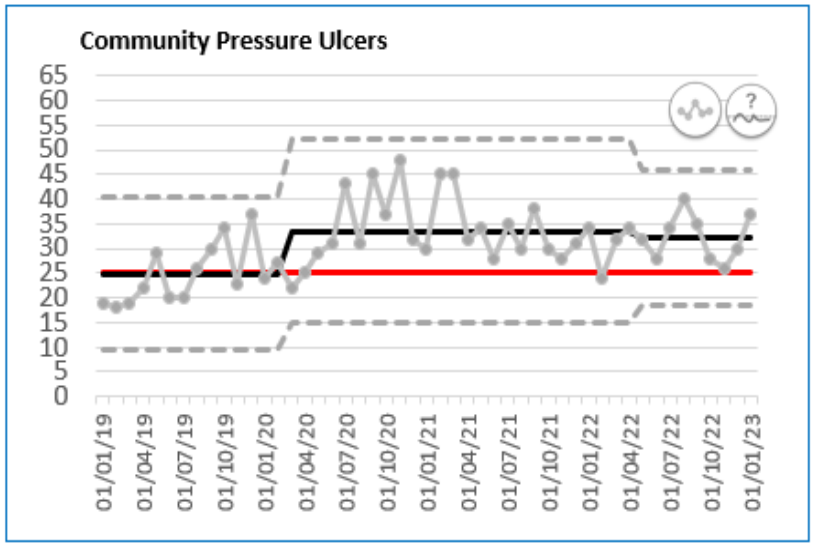
Safe

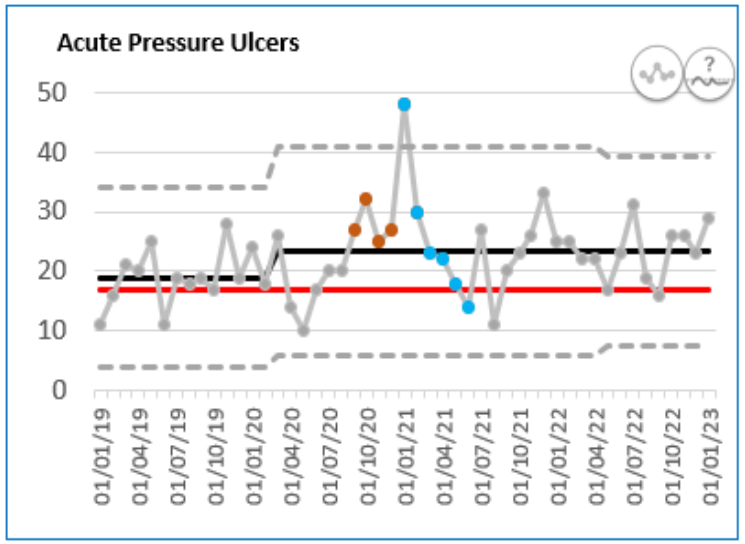


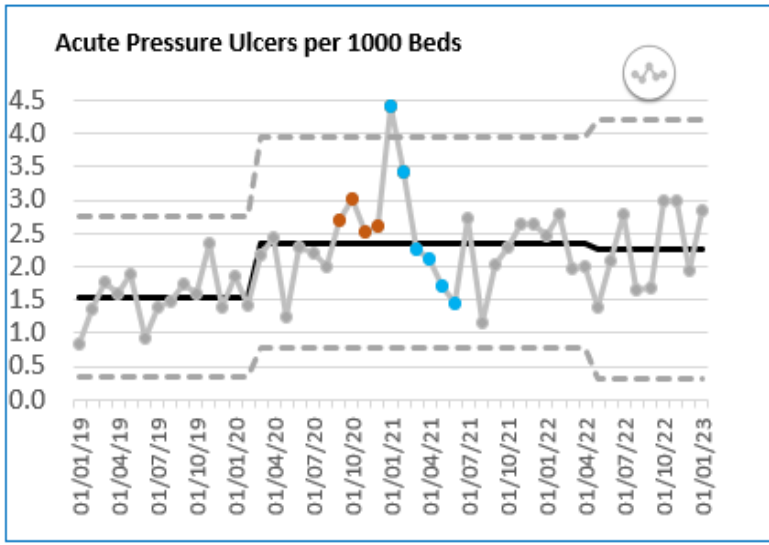


Summary	Action	Assurance
VTE: Small drop in compliance for January 23 no significant variation or declining trend. Continues to consistently achieve above target Modest drop in compliance in AAU 80.9 to 77.9 %. Similarly in DSU 96.6 to 93% AAU is likely to be explained by extreme service pressures. DSU decrease is driven by 2 surgical specialties and gynaecology MSA breaches: No significant variance although above average for this month driven by capacity pressures inhibiting step down from ITU	Continue to monitor. AAU performance is likely to improve as service pressure eases and is fed back at divisional meetings. Data sent to clinical directors in surgery and gynaecology regarding DSU so teams can be reminded to perform the assessments. Monitor DSU if performance and consider further intervention if performance continues to decline	Monthly reports sent by information include specialty and ward data.

Safe

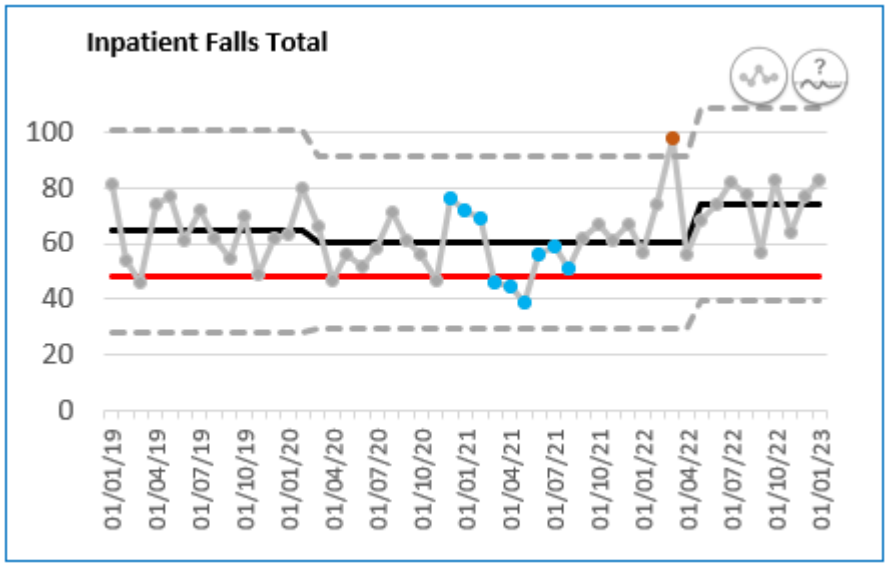


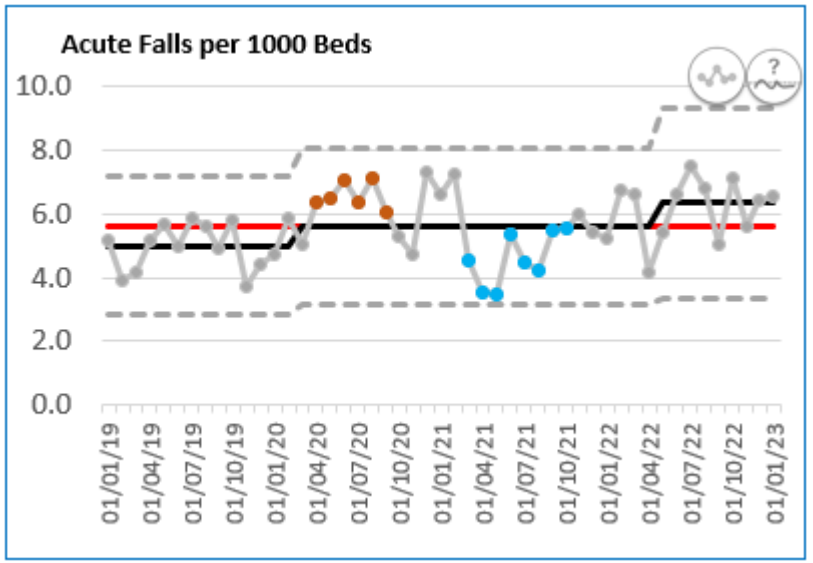




Summary	Action	Assurance
Increase in PU in January in both acute and community continues however theme of common cause variation Possibly driven by staffing issues increased pressure on our Emergency Department, leading to increased waiting times, industrial action and the continued critical internal incidence putting additional pressure on staffs ability to adequately prevent pressure ulcer damage. Emerging concerns around patients waiting a significant amount of time on trollies within ED developing pressure ulcers identified on admission to ward following prolonged LOS in ED	Tissue Viability have led a skin inspection campaign which has involved providing 600 pocket mirrors to be given to all of our acute HCAs to engage and support their practice. Digital signage to raise awareness of pressure ulcer prevention. A rapid review of incidences within ED was completed in January with ED senior team, TVN and patient safety team. Immediate actions taken including • Purchasing addition mattress overlays (increasing the quality of pressure relieving surface • Patient education resources • Designated staff on shift to identify patient with high risk	Continue to monitor PU incidents and recognise and act on themes through the Pressure Ulcer Prevention Group. Responsiveness of this process demonstrated in the interventions and assessment of ED cases These initiatives are part of wider overarching Quality Improvement works across the trust.

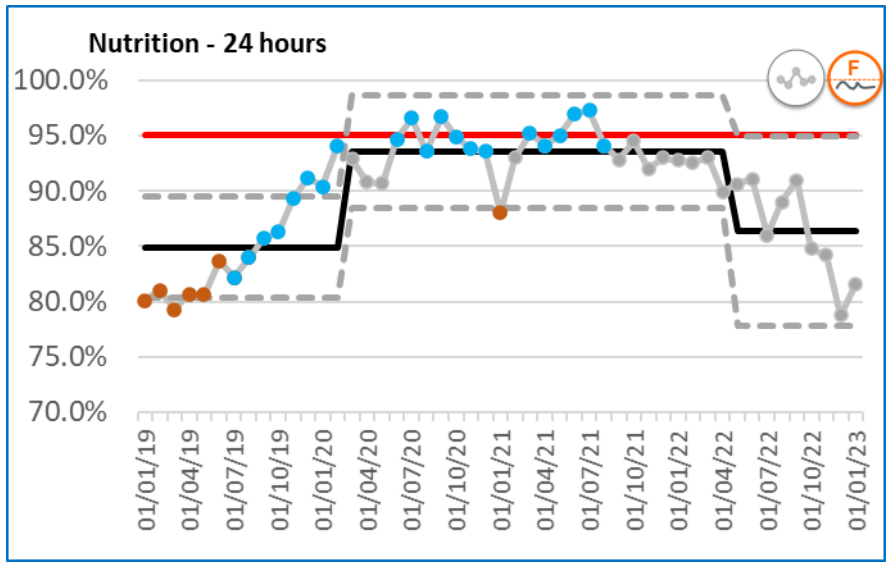
Safe





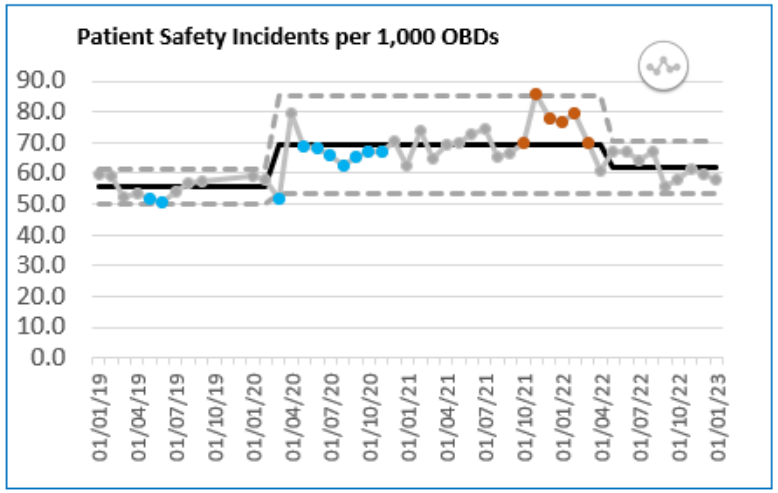
Summary	Action	Assurance
In January 2023 there was an increase in the number of inpatient falls reported compared to December 2022 however this remains common cause variation. In January there was 1 fall reported as major harm (fractured neck of femur) and 17 falls as minor harm. During the month of January there were 15 repeat fallers with 11 patients having two falls, 2 patients having three falls, 1 patient having four falls and 1 patient having six falls during the reporting month.	The dementia, delirium and falls training course has continued to be delivered to staff approximately once a month and has been receiving positive feedback from staff.	The falls group meet bimonthly and receives multiple measures related to falls including the above data. The falls improvement plan is reviewed and updated. The falls group report quarterly to the patient quality and safety governance group.

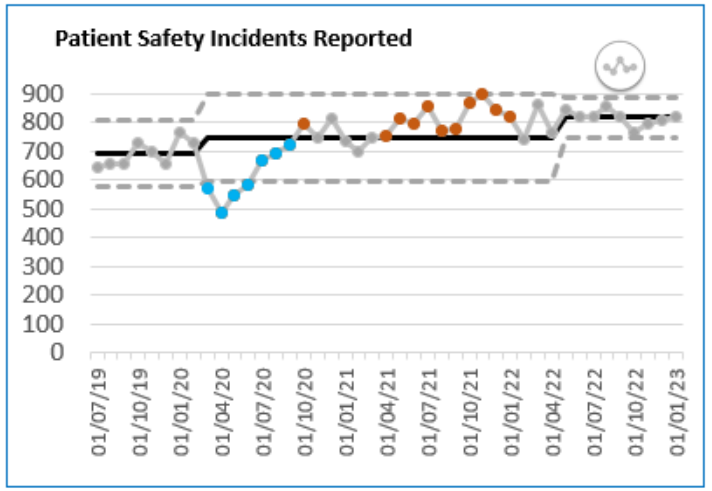
Safe

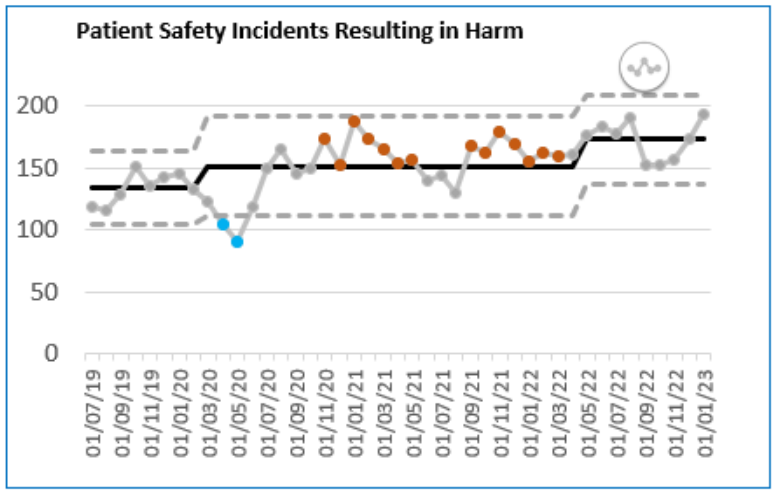


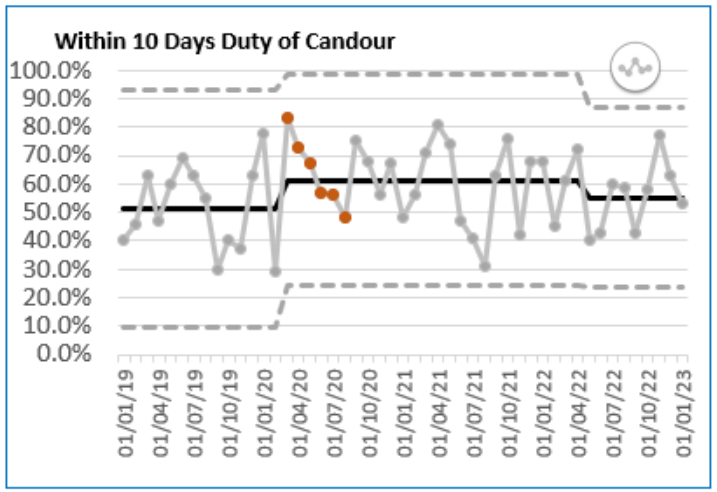
Summary	Action	Assurance
Although some improvement in month and in common cause variation, this target is consistently missed since summer 2021. This is in part driven by extensive length of stay within the ED shortening the time frame for wards to enact the assessment which should be completed within 24 hours of admission	Decline in scores highlighted at Matron meeting and in January NMCC to raise awareness and consider local interventions to support improvement Review of patient safety data on eCare to provide assurance around care provision	Continue to monitor through NSG and PQSGG. Ensure measures including assessment during stay and dietitian referral are consistently met eCare data indicates that 94.5% of patients are risk assessed during their stay inpatient stay and 94.5 % of patients with a high risk score are reviewed by dietician team within 2 days

Safe



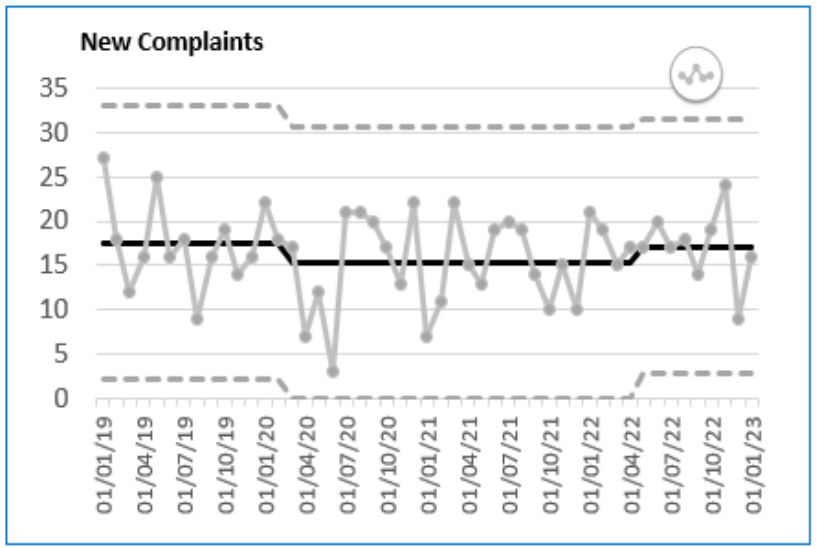


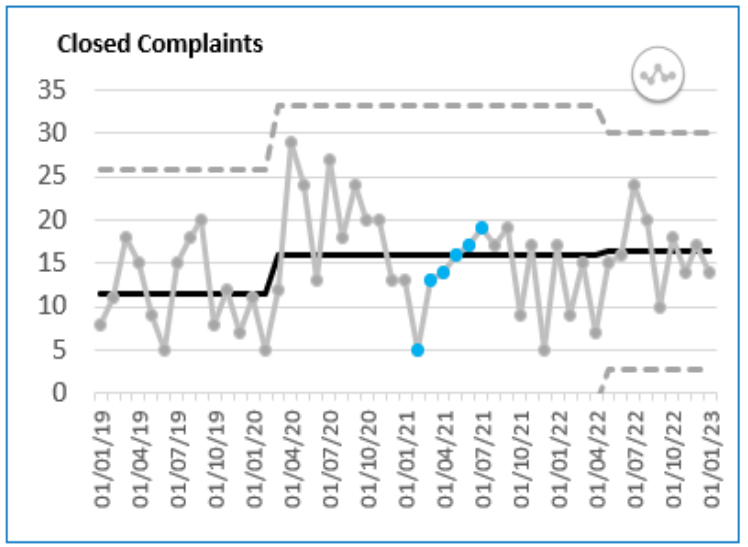


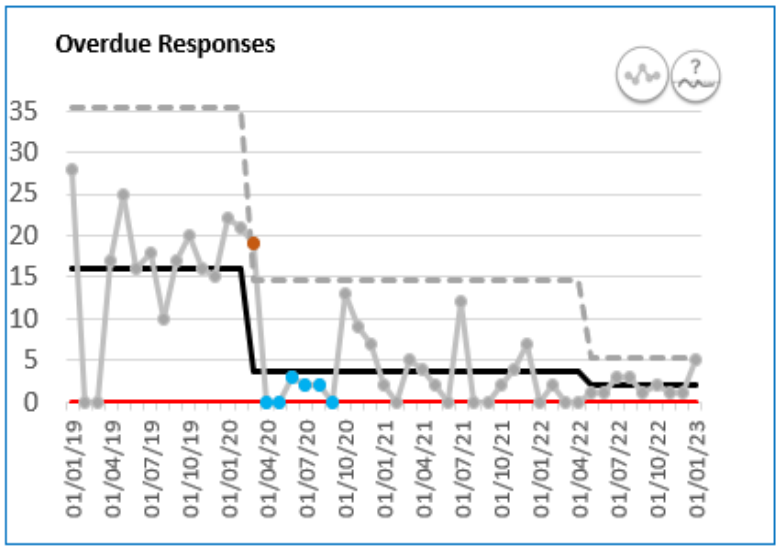


Summary	Action	Assurance
No variation in reporting of PSI's noted although there is an upward trajectory of those resulting in harm. This data will be monitored closely. Quarterly thematic review of incidents reported in Q3 underway. Top reported incidents remain falls, pressure ulcers and clinical care and treatment. Verbal DoC within 10 working days remains statistically variable due to nominal values. DoC QIP remains in place to address timely and quality completion of DoC.	Daily review of incidents continues by the patient safety team and escalated as required. Incident data used by specialist groups to formulate improvement plans. DoC audit underway to understand how we can target improvement. As an organisation we want to ensure DoC is timely but also carried out by the most appropriate person, putting the patient or family member first. This is captured as part of the QIP.	Quarterly thematic review of incidents and DoC reports to the PGSGG. DoC QIP mapped via Life QI with reports to the Improvement committee.

Safe

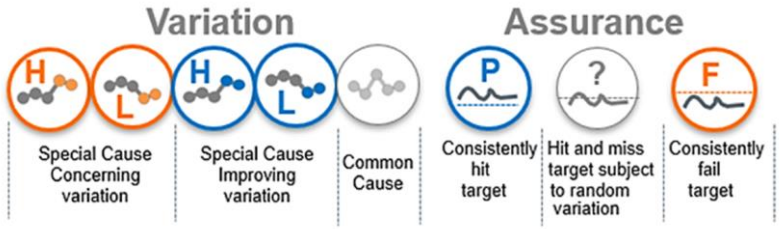






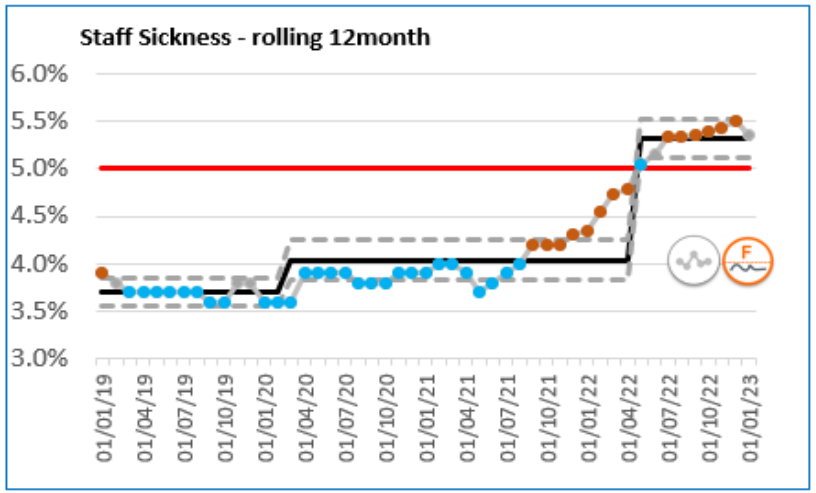
Summary	Action	Assurance
An average amount of complaints received and closed within the controlled limits. In January we experienced some challenges in managing complex complaints whereby we had to extend the response deadline however complainants were dissatisfied with the extension. These therefore go as overdue however remain at the upper controlled limit	We have met as a team and agreed to meet once a week to discuss upcoming complaint deadlines and prioritise these responses with the aim to respond within the expected timeframe. If extensions are required, complaints will be identified sooner and complainants will be updated prior to the deadline day.	Overdue responses will decrease and maintain at the lower level.

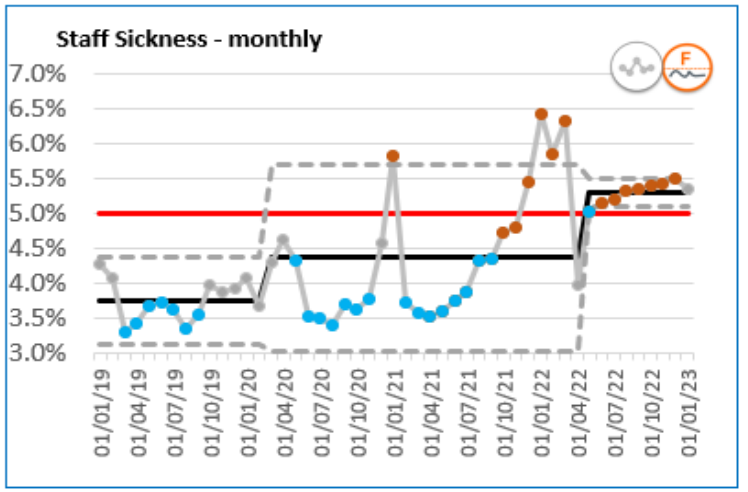
Well Led Summary

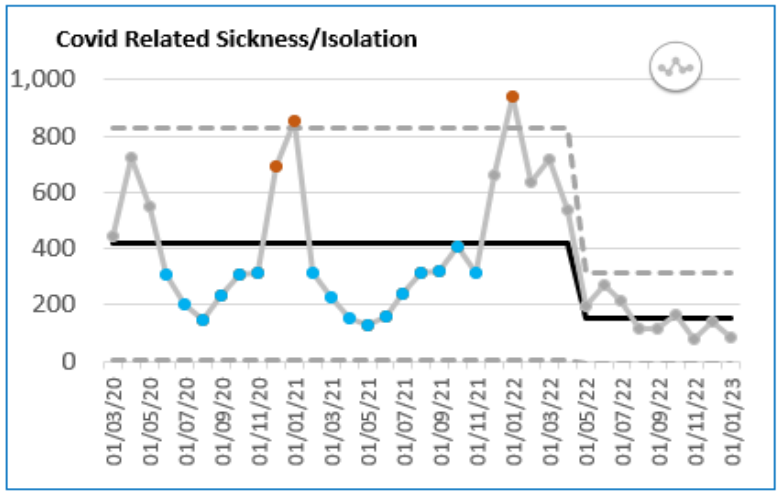


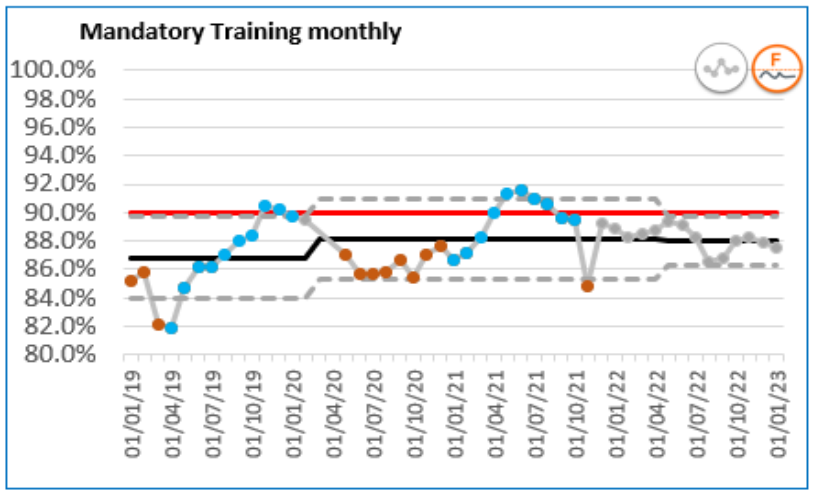
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Sickness - rolling 12month	Jan 23	5.4%	5.0%		F	5.3%	5.1%	5.5%
Staff Sickness - monthly	Jan 23	5.4%	5.0%		F	5.3%	5.1%	5.5%
Covid Related Sickness/Isolation	Jan 23	84	-			153	-8	315
Mandatory Training monthly	Jan 23	87.6%	90.0%		F	88.0%	86.3%	89.7%
Appraisal Rate monthly	Jan 23	83.4%	90.0%	H	F	80.8%	78.6%	83.0%
Turnover rate monthly	Jan 23	12.7%	10.0%		F	13.2%	12.3%	14.1%

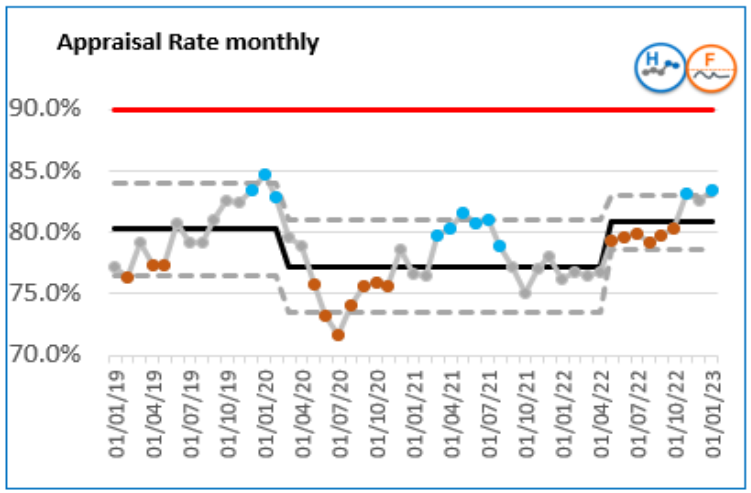
Well Led

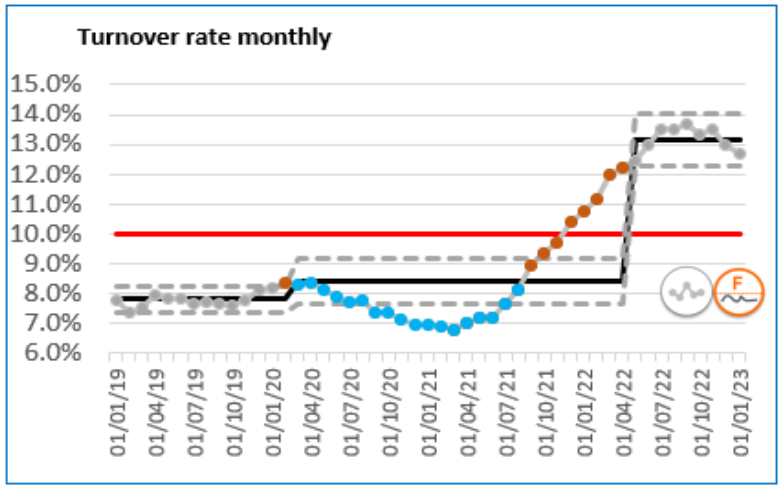












Summary

Sickness – the data continues to show a common cause with no significant change variation, consistently failing our target.
Appraisal – the data signifies a special cause of improving variation which is positive, however, focus needs to continue to ensure future assurance moves from failing to hitting our target.
Turnover – no significant change although a slight reduction on last month (13% to 12.7%)

Action

Focus on divisional action plans to improve the workforce KPI's will continue, with review and escalation where necessary.

Assurance

This will continue to be monitored through PRM at divisional level and Involvement Committee for Trust level.

Divisional leaders and HRBP's will continue with remedial actions, monitoring progress and removing any blockers to achievement.

4.2 Annex for Budget setting and capital programme update

Annex for CIP

4.4.1 Maternity Papers - Annexes

NHS
West Suffolk
NHS Foundation Trust

West Suffolk NHS Foundation Trust – NHS Maternity Services Survey 2022

Putting you first

Background and methodology

- The NHS Patient Survey Programme (NPSP) is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England, to collect feedback on maternity care.
- The CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England.
- Individuals were invited to participate in the survey if they were aged 16 years or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2022.
- If there were fewer than 300 people within an NHS trust who gave birth in February 2022, then births from January were included – the WSFT fits into this category.

Who took part in the survey?

NHS West Suffolk NHS Foundation Trust

This slide is included to help you interpret responses and to provide information about the population of mothers who took part in the survey.

300 invited to take part

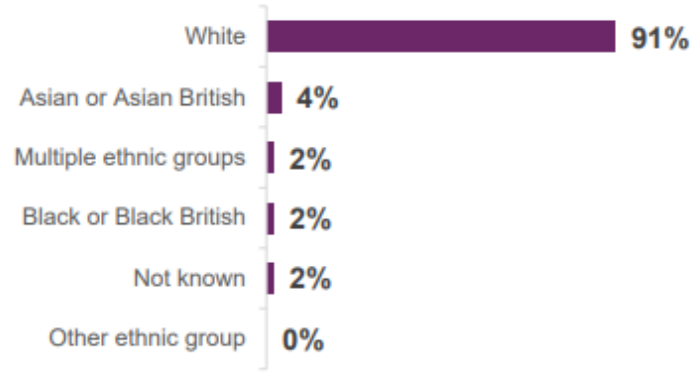
161 completed

55% response rate

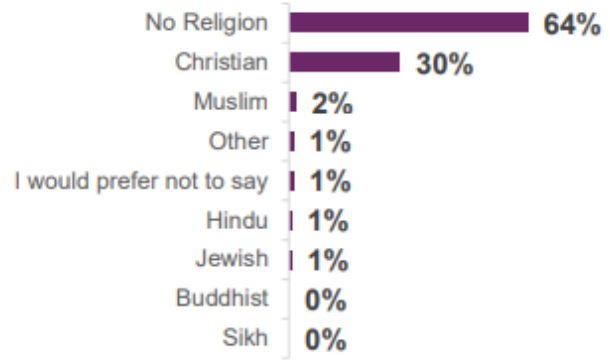
47% average trust response rate

64% response rate for your trust for 2021

ETHNICITY

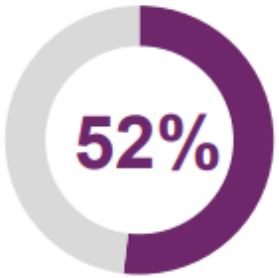


RELIGION



PARITY

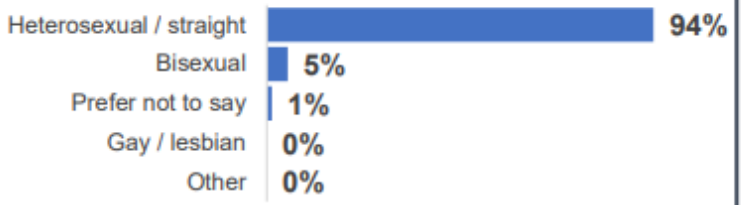
How many babies have you given birth to before this pregnancy?



of respondents gave birth to **their first baby.**

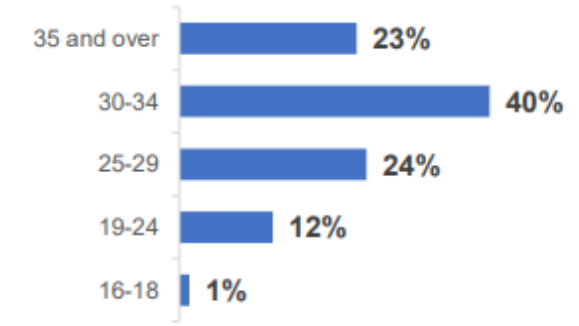
SEXUALITY

Which of the following best describes how you think of yourself?



94% of participants described themselves as heterosexual or straight.

AGE



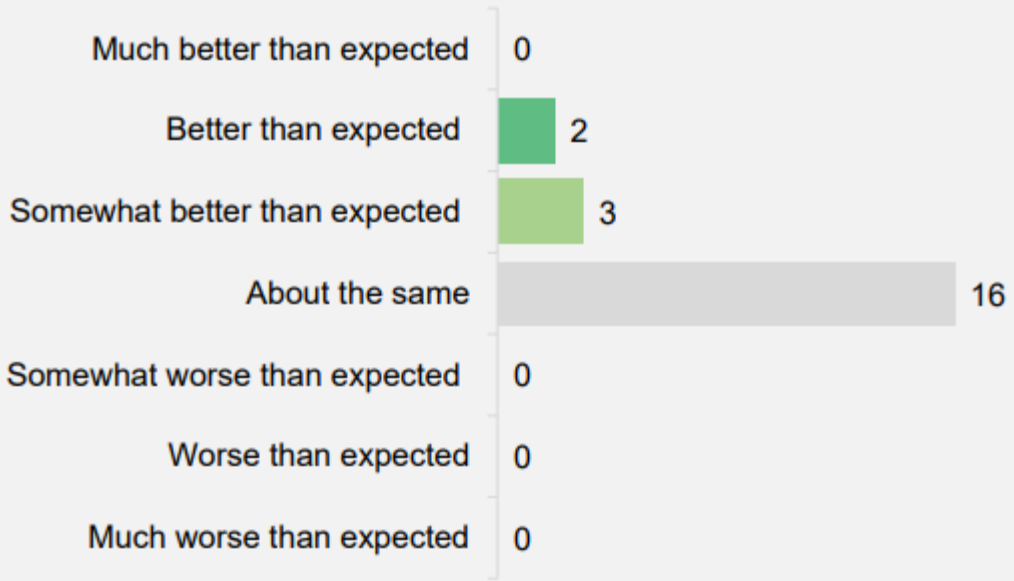
Putting you first

Summary of findings

NHS West Suffolk NHS Foundation Trust

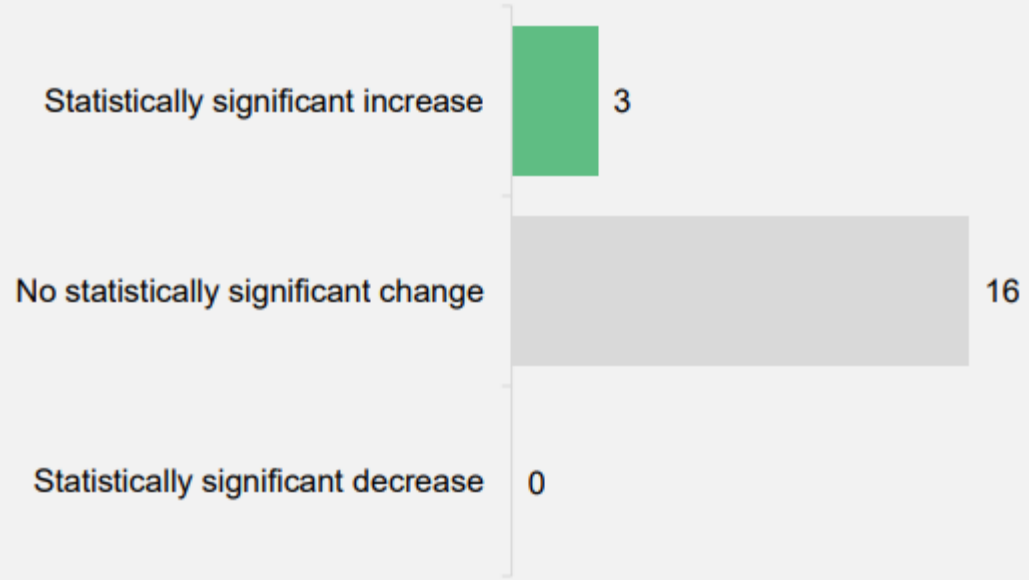
Comparison with other trusts

The **number of questions** in this report at which your trust has performed better, worse, or about the same compared with most other trusts.



Comparison with results from 2021

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2021 results.



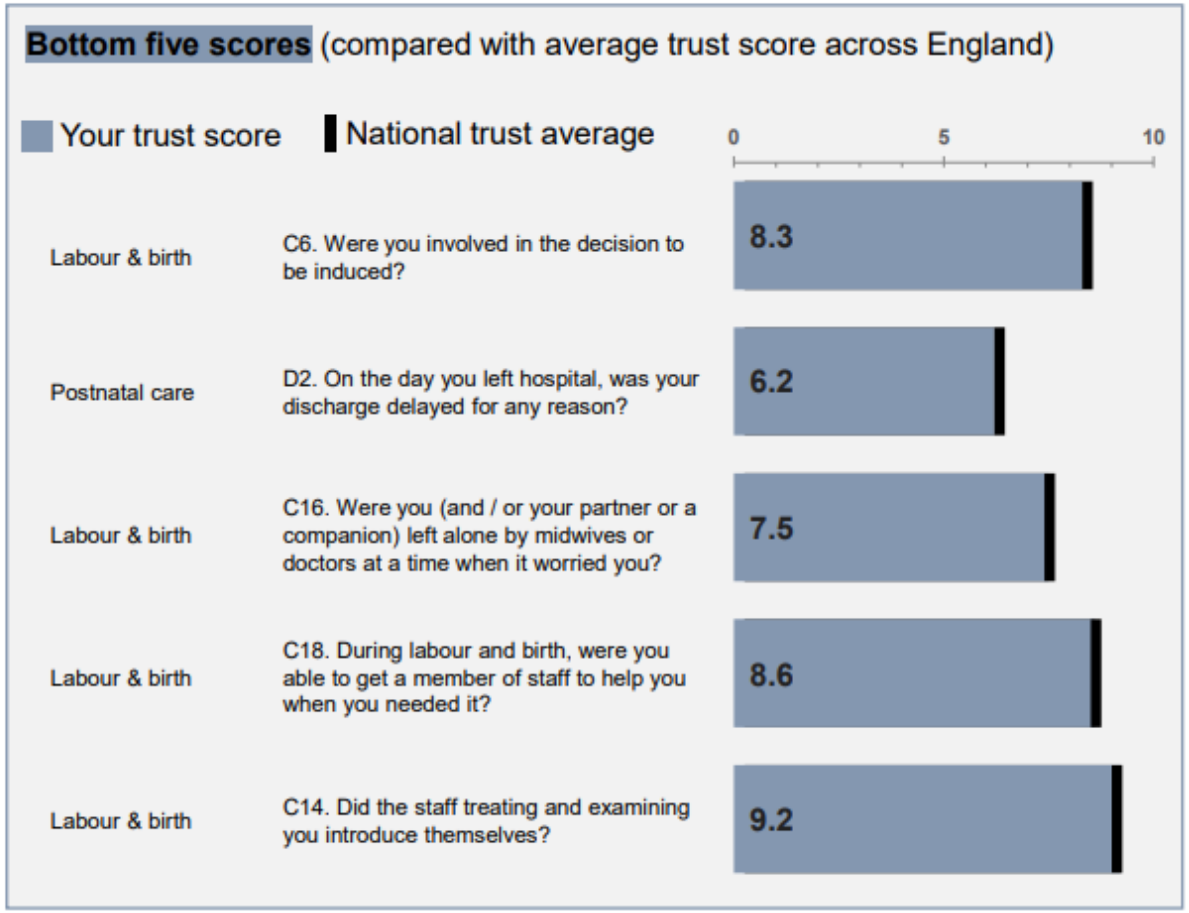
Putting you first

Best and worst performance relative to the trust average

West Suffolk NHS Foundation Trust

These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

- **Top five scores**: These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.



Putting you first

Addressing areas for focus

Based on the 5 bottom scores – Areas for focus:	In Response:
• Mothers being involved in the decision to be induced. • Mothers discharge from hospital not being delayed on the day they leave hospital. • Mothers (and / or their partner or a companion) being left alone by midwives or doctors at times when it worried them during labour and birth. • Mothers being able to get a member of staff to help when they needed it during labour and birth. • Staff introducing themselves when treating and examining mothers during labour and birth. **In addition to the above;** • No response to antenatal and postnatal questions	• Work to develop true personalised care plans to commence. • Discharge co-ordinators now in place. • Effective communication • Investigate why no attribution data was provided.

Putting you first

5.1 E&F Strategy

NHS
West Suffolk
NHS Foundation Trust

Estate & Facilities Strategy

2023-2028

Estates and Facilities Division

Delivering high quality, safe care, together

1. Foreword

We are pleased to be sharing the 2023-2028 Estate and Facilities Strategy, which embraces the Trust's Strategy, along with clinical, digital and workforce strategies; it responds to the Trust's challenges and describes how the estate and facilities services will be developed over the next five years.

The strategy is set in the new strategic context and reflects the pivotal changes within the NHS generally, the current economic climate and refers to:

- The Carter Review (2015, Revised 2016)
- NHS Property and Estates; Why the estate matters for patients (2017)
- Clinically-led Review of the NHS Access Standards (2019)
- NHS Long Term Plan (2019)
- One Public Estate (OPE)
- The New Hospital Programme (NHP) (2019)
- Delivering a Net Zero NHS (2020)
- NHS Net Zero Building Standard (2023)

The 'Future system' NHP scheme planned for West Suffolk underpins each of these strategies and allows West Suffolk NHS Foundation Trust to be at the forefront of delivering Healthcare to the People of West Suffolk and Children's Services across the county.

This strategy sets out high-level objectives to continue providing high-quality, safe healthcare from estate that is at the end of its operational life. The NHP scheme will change as we move into Full Business Case (FBC) and it's the responsibility of this strategy to be both ambitious and responsive to support that, but the detail of that scheme is retained in the Business Case Process. The strategy has been developed to reflect the plans of Future system Programme recognising the limited access to capital for other investments over the life of that programme and beyond.

This document supports the transfer of services to a community-based setting ensuring the Acute-estate is appropriately sized. Patient safety and experience challenges are clearly understood through the Premises Assurance Model assessment. The 3i's revised Governance Framework and more robust Risk Management underpin the work the Estates and Facilities Division undertake.

By recognising the positive impact our teams in Estates and Facilities provide for patients and colleagues ensures that EFM services in the Health Sector are a 'Career of choice' for both those already in the sector and those making choices about their future; as an Anchor Organisation this underpins our Trust Values.

Ewen Cameron	**Jude Chin**
Chief Executive	Chair
West Suffolk NHS Foundation Trust	West Suffolk NHS Foundation Trust

Glossary

Backlog Maintenance	Backlog maintenance costs are a measure of the condition and associated risks relating to fixed building components and engineering assets (sub-elements).
BRE	A UK government national laboratory (privatised in 1997) that provides out research, advice, training, testing, certification and standards for both public and private sector organisations in the UK and abroad.
BREEAM	Building Research Establishment Environmental Assessment Methodology - sets the standard for best practice in sustainable building design, construction and operation and has become one of the most comprehensive and widely recognised measures of a building's environmental performance. It encourages designers, clients and others to think about low carbon and low impact design, minimising the energy demands created by a building before considering energy efficiency and low carbon technologies.
CAFM	Computer Aided Facilities Management.
CIR	Critical Infrastructure Risk. Within Backlog maintenance, this is the risk that is High and Significant
DCP	Development Control Plan.
EFM	Estates and Facilities Management.
ERIC	Estates Return Information Collection: an annual return submitted by NHS organisations to NHS Estates providing data on Estates and Facilities Management.
Estatecode	NHS Estates guidance to NHS organisations for the effective management of their estate.
Estatecode Condition B	Estatecode property appraisal rating; property in physical condition B is sound, operationally safe and exhibits only minor deterioration.
FSP	Future system Programme, WSFT's New Hospital Programme (NHP) Scheme
FBC	Full Business Case. The last stage of the Treasury Business Case Process, this turns the Preferred Option into a Contracted Solution.
GIA	Gross Internal Area, the overall internal area of a property measured within the perimeter walls
NHP	New Hospital Programme, the national programme to invest in 40 new hospitals by 2030.

Optimism Bias (OB)	A worked-percentage added at the inception of a project that recognises the inherent 'overambition' to underestimate risk; this reduces to 0% at Full Business Case Stage.
OBC	Outline Business Case. The second stage of the Treasury Business Case Process, this turns the Preferred Way Forward into a Preferred Option
RAAC	Reinforced Aerated Autoclaved Concrete
SOC	Strategic Outline Case. The first stage of the Treasury Business Case Process, this identifies the challenge and the options to resolve this with the Preferred Way Forward
WAU	Weighted Activity Unit. This shows the cost against activity rather than per metre squared and is a more suitable representation of efficiency.

Tables

Figures

Appendices

2. Executive Summary

2.1 Introduction

WSFT's Estates and Facilities Strategy brings together the performance of Estates and Facilities Management (EFM), the challenges and opportunities in operating current estate and demonstrates the direction of development and service change for the next 5 years. Read alongside the Trusts Strategy, Clinical and Care strategy, Workforce Strategy, Digital Strategy and Outline Business Case (OBC) for the Future system Programme, this provides a comprehensive overview for asset and service management along with assurance around risk management.

The EFM Strategy should not be considered as a static document, instead dynamic and changeable support for the organisation; as national, regional and local opportunities and drivers change, so will the solutions identified. In the context of an EFM Strategy, development over the next 12-18 months should be assured through effective planning, for the period between then and 5 years needs to be relatively clear and the period of time after this documented, but only as intent. This strategy covers the period between 2023 and 2028.

The Strategy;

- Provides assurance that clinical and non-clinical services will be supported by a safe, secure and appropriate environment
- A method of ensuring capital investment reflects service plans and objectives
- A plan for change that enables progress towards goals to be measured
- A strategic context in which detailed business cases for all capital investment can be developed and evaluated
- A clear statement by the Trust to the public and staff that it has positive plans to maintain and improve services and facilities
- A means by which the Trust Board and appropriate bodies can evaluate capital investment projects which will require formal approval
- A clear commitment to continuous improvement to support the Green Plan
- An assurance that asset management costs are appropriate and that future investment is effectively targeted
- Assurance that risks are controlled and that investment is properly targeted to reduce risk.

2.2 Where Are We Now?

Underpinning this section is not only information about WSFT but also the national, local and Estates and Facilities context.

The Trust has a comprehensive six-facet Survey for all Trust owned properties in-line with NHS EstateCode. This is the benchmark data for all reporting, and the KPI under which the organisation will be documented against at national level for EFM.

The six-facets are;

- Physical Condition
- Functional Suitability
- Quality
- Space Utilisation
- Statutory Requirements
- Environmental Management

Physical Condition is assessed annually by reviewing 20% of the Estate on a cyclic programme as this forms the bulk of backlog management; this cycle is identified through recent investments, new knowledge relating to risk and a proportion of the remaining estate being captured. This ensures a total review every 5 years, at which point the other facets will be reviewed every 5 years.

The main challenge for WSFT is Reinforced Aerated Autoclaved Concrete (RAAC); described in detail within the document, this represents both an operational limit to the life of the WSH site and also a risk to life until appropriate protection works take place. WSFT is currently in a programme of End-Bearing and Failsafe work which will spend c£65m to remove the risk of catastrophic failure causing human harm but does not, in any way support the life of the structure.

The further complication this End-Bearing and Failsafe work present the WSFT is the ongoing operational impact of having two wards closed at any given time, significantly changing the operation of the site on a 10-16-week cycle depending on the location and extent of work, this programme will complete Spring 2024 although the End-Bearing work will be complete late spring 2023 and it is this that represents the immediate risk.

The Backlog position for WSFT is impacted on heavily by the RAAC programme; despite the £60-70m investment, this does not reduce the overall backlog risk; below is the summary described further in the document; backlog is expressed as the item cost, with 'On Costs' including fees, non-works costs etc.

Backlog Summary	£s	With on costs @ 57%
Low	£3,254,700	£5,109,879
Moderate	£24,770,000	£38,888,900
Significant	£12,999,000	£20,408,430
High	£61,656,400	£96,800,548
Critical	£74,655,400	£117,208,978
Non-critical	£28,024,700	£43,998,779
Total	**£102,680,100**	**£161,207,757**

Figure 1 Backlog Summary

Reflecting that some of the estate will be retained as part of the NHP scheme, focus in this strategy is ensuring that we do not overinvest in the assets to be demolished but continue to support patient safety and care in these environments; ongoing statutory compliance work (Fire Compartmentation, Water Systems, Piped Medical Gases etc.) support the resilience of the estate, and ensure the focus on retained estate is longer term. This strategy identifies a number of schemes that support the NHP which whilst longer than 5 years need to be shown in the development control plan.
WSFT, as all Acute, Mental Health and Ambulance Trusts, complete ERIC data. This is the defined data set that fits into the Model Hospital to show overall organisation performance

from a number of metrics. This output is described later, and in appendices, but underpinning this is enhanced internal governance around how we manage Estates and Facilities and utilise a 'Power BI' methodology so that the data visible would be understood by anybody in the organisation familiar with any other Power BI Report.

2.3 Where Do We Want to Be?

The next five years of the management of the Estate and the Facilities services that support this are focused on ensuring we keep an appropriately high level of compliance on estate to be demolished ensuring patient safety and quality, but not to over-maintain this estate beyond its operational life; some assets (such as the CHP) will need to be replaced in the next 5 years or taken out of use with increased revenue costs accepted for the time it is not in-use. Continued work to assure compliance and risk management under statutory instruments and Health Technical Memoranda (HTM) will form the core of this.

Investing in and maintaining all the estate across WSFT that is expected to be retained will be much more straightforward to plan if not always simple to fund, notably so in the large investments captured by the NHP model but not included in the submission (for example the education centre).

Supporting the drive to bring patient care closer to home, the Estates and Facilities Strategy has to support the Clinical, Workforce and Digital Strategies to ensure these are aligned. Supporting investments at Newmarket such as the Elective Surgery Unit and Community Diagnostic Centre are part of that programme but ensuring there are appropriately trained and skilled staff to safely provide that service. Investing in the Hub Programme with WSFT being one of a number of partners across the Integrated Care Partnership (ICP) in key locations supports the economic benefit of reducing the amount of time it takes for patients that need multidisciplinary support to receive care.

For the West Suffolk Site there are the two challenges; firstly, ensuring that life risk is mitigated as part of the RAAC Programme; secondly, supporting the development of the Trusts Future System Programme (FSP), WSFT's NHP scheme. The development on the Hardwick Manor site will prove complex and has the opportunity to disrupt the delivery of services on the Hardwick Lane site if not managed effectively; the engagement processes this development is taking through Coproduction minimises the risk of this happening. The FSP has the opportunity to support WSFT's credentials as an Anchor Organisation and ensure the best economic impact to the West Suffolk area; maximising positive impact and minimising negative impact in a sustainable way is a key driver to not only how we operate Estates and Facilities now but also for the Future; making WSFT EFM Services a career of choice is core to how we operate.

2.4 How Do We Get There?

The NHP is led by the FSP Team and this Estates and Facilities Strategy Supports the delivery of that Programme for the organisation, identifying those investments that sit outside of FSP and also how we continue to support the assets until the FSP is delivered. Government Soft Landings (GSL) is the public sector methodology for planning to transfer services to a new asset and this is the principles WSFT will follow with the Digital Estates playing a key part in that transfer.

The Development Control Plans (DCP) support the Masterplanning of the WSH site and Newmarket Hospital specifically, showing where the key risks are and mitigation strategies; this also illustrates any impacts should the programme need to change.

With the Integrated Care Board (ICB) now being a statutory body, the opportunity to work collaboratively across Health and Social Care has changed into an obligation, one which is welcomed. One Public Estate (OPE) supports the ability to deliver schemes across multiple organisations with no 'One Size Fits All' principle but whatever is pertinent to that locality; the need to deliver a Health Hub in Haverhill for example can now be realised through OPE.

Funding represents a real challenge and the change to accounting rules for Foundation Trusts (FT) putting limits on how much Capital can be spent via the Capital Resource Limit (CRL); WSFT needs to prioritise investment accordingly.

Resource is critical and along with making EFM at WSFT a career of choice, retaining and developing our workforce is a key part of ensuring the Division are high-performing; with the support of Organisational Development a programme of training will be implemented to deliver over the next 5 years.

3. Overview.

3.1 Introduction

In 2019 West Suffolk NHS Foundation Trust (WSFT) was announced as part of the then Hospital Infrastructure Plan (HIP) Programme of 40 new hospitals by 2025 by the then government.

Subsequently, the HIP Programme has been replaced by the New Hospital Programme (NHP) which identifies WSFT as being part of the 2025-2030 phase of 'full adopter'. The Programme at WSFT is described as Future system (FSP).

This significant update of the previous Estates and Facilities Strategy (2017-2022) supports and responds to the Strategic Outline Case (SOC) for the HIP Programme and subsequent development of the Outline Business Case (OBC) for the FSP. The OBC identifies WSFT's Clinical and Operational Strategic Planning in the context of HM Treasury's 'Green Book', this Strategy not only supports the planning for the new hospital as identified but specifically responds to the need to provide High Quality and Safe Care Patient Care for the period before the new hospital is constructed (currently planned for 2025-2027) but also how elements of the retained estate on the West Suffolk Hospital (WSH) site will be invested in during this period. WSFT, as an Integrated Community and Acute Trust, continues to support the development of non-Acute Services and the sites that support them, both those owned (Newmarket Hospital and Glemsford GP Surgery) and those we lease or occupy. In addition, this Strategy identifies our continued programme to support both the West Suffolk Alliance and One Public Estate (OPE) Programme.

The Estates and Facilities Strategy is organised into three sections addressing the questions;

- **"Where are we now?"**

This identifies the current position for estates and facilities; the challenges, strengths and risks associated with the ongoing management and support of EFM services at WSFT;

- **"Where do we want to be?"**

This paints the picture of the future state in terms of Clinical and Care strategy and organisational aspiration and;

- **"How do we get there?"**

This identifies a plan to move from the current state to the future – this is not set in stone but should be the reference over the period of the Estates and Facilities Strategy; should circumstances materially change, the EFM Strategy will need further review

4. Where are we now?

This section of the Estates and Facilities Strategy describes the constraints and opportunities around the current facilities and the way in which WSFT provides services in the property we own and lease.

4.1 NHS policy context

The Estates and Facilities Strategy has to be written in the context of national policy. This section describes that and the key drivers in SNEE (Suffolk and North East Essex) ICS including:

- A general shift from treatment to prevention, greater self-management and a person-centred approach;
- Continuous improvement of quality and health outcomes;
- Greater integration of service delivery between all health, care and wellbeing organisations by working together as integrated care systems;
- Development of integrated care partnerships (ICPs) and primary care networks (PCNs) as the system architecture for that integration;
- The need to enhance productivity and value for money;
- Greater use of technology and digitisation;
- The need to improve the utilisation of the existing estate.

4.2 NHS Long Term Plan (January 2019)

The NHS Long Term Plan was published in January 2019 and set out an ambitious vision for the future of the NHS. Over the next 10 years, NHS organisations will work together to ensure a service in which patients get more options, better support, and more joined up care.

For example, commitments made in the Long-Term Plan for urgent and emergency care services include:

- Providing a 24/7 urgent care service, accessible via NHS 111, which can provide medical advice remotely and if necessary, refer directly to urgent treatment centres (UTCs), GP (in and out of hours), and other community services (pharmacy etc.), as well as ambulance and hospital services;
- Implementing Same Day Emergency Care (SDEC) services across 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment of patients presenting with certain conditions, and discharge home same day if clinically appropriate;
- Focusing efforts to reduce the length of stay for patients in hospital longer than 21 days, reducing the risk of harm and providing care in the most clinically appropriate setting;
- Working closely with primary and community care services to ensure an integrated, responsive healthcare service helping people stay well longer and receive preventative or primary treatment before it becomes an emergency.

4.3 The Carter Review (June 2015, Revised Feb 2016)

Lord Carter's interim report in June 2015 described initial work that had carried out to review the operational productivity of NHS hospitals, working with a group of 22 NHS providers. The report provided interim recommendations and next steps for efficiency centred on workflow, workforce, pharmacy and medicines optimisation and estates and procurement management. The final report published in February 2016 went on to identify significant and unwarranted variation in costs and practice which, if addressed, could save the NHS £5bn. The report acknowledged that although there was exceptional practice already happening in the NHS, more needed to be done.

A key finding was the potential for efficiency savings of £1bn from better management of estates, such as lighting, heating and utilising floor space, with a large variation between Trusts.

The report recommended that:

> "Every Trust has a strategic estates and facilities plan in place, including in the short term, a cost reduction plan based on the model hospital data and benchmarks, and in the longer term a plan for investment and reconfiguration where appropriate for their whole estate, taking into account the Trust's future service requirements";
> "All Trust's estates and facilities departments should operate at or above the median benchmarks for the operational management of their estates and facilities functions (as set by NHS Improvement by April 2016); with all Trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner."

The Estates and Facilities Division (including Procurement) are clearly central to the delivery of Lord Carter's work; subsequent to the 2016 report, this has been developed through the NHSEI Model Hospital Programme; this takes multiple key metrics and benchmarks them internally within an organisation and externally with peers. From an EFM perspective, data is typically presented as x/m2 and the more relevant x/WAU where WAU is Weighted Assessment Unit, accounting for actual activity – the WSFT Model Hospital report for 2020-21 is included in Appendix 2

4.4 Clinically-led Review of the NHS Access Standards (March 2019)

The interim report from the NHS National Medical Director on the clinical review of standards across the NHS aimed to determine whether patients would be well served by updating and supplementing some of the older targets currently in use. The purpose of the review was to seek to remove barriers to the delivery of the Long-Term Plan.

In the interim report, recommendations were set out for doing so and as a result, patients should see four main benefits:

- Shorter waits for a far wider range of important clinical services - such as mental health and community health services that previously have been neglected;
- Standards that help improve clinical quality and outcomes - greater emphasis to be given to earlier diagnosis of cancer and faster assessment and treatment for the most urgent conditions such as heart attacks, stroke and sepsis;
- Shorter waits for A&E and planned surgery
- Standards that help, rather than penalise, hospitals who modernise their care – for example modernising and redesigning pathways in an A&E department so a patient can be treated and go home in five hours rather than needing to be admitted for onward care.

The proposals would also reinforce patient choice for those requiring elective care and ensure no return to the widespread long waits of the past.

4.5 Delivering a Net Zero NHS (October 2020)

In recognition of the climate emergency and building on the progress made by the NHS over the last 10 years towards minimising its environmental impact, the Delivering a Net Zero NHS report sets out two clear emerging targets:

- For the emissions controlled directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions that can be influenced (NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

To achieve a Net Zero NHS, providers will need to go far beyond traditional 'green' approaches and adopt a very wide range of methods to reduce resource use:

- The new models of care in the NHS Long Term Plan and understanding their role in driving carbon reduction
- medicines and the total NHS supply chain
- transport and travel for all journeys caused by the provision and delivery of healthcare
- innovation, including but not limited to digital technology
- a new Net Zero Carbon Hospital Standard for new hospitals being built under the Health Infrastructure Plan (now New Hospital Programme)
- estate and facilities management

The report also recognises the priority for resilience and adaptation to climate change and extreme weather events and that achieving a Net Zero NHS will require ward-to-board governance and responsibility to be in place.

4.6 NHS Net Zero Building Standard (February 2023)

Responding to Delivering a Net Zero NHS, this standard sets out expectations to support construction projects. Focusing on a Whole Life Carbon Assessment, the objective is set to ensure the minimum amount of carbon is emitted in the production of any new build/extension funded within the CDEL allocation and that consumption for the whole life should be factored in, finally focusing on minimising the impact of disposal.

The standard is broken into five guiding principles:

- Decision making on whether a physical asset is required referencing the clinical and care strategy, digital strategy, workforce strategy and adopting a data-driven approach
- Use the output data to continually increase the ambition of the standard over the next decade
- Clarity on the amount of energy consuming (higher-serviced) spaces, how they are constructed and serviced
- Flexibility and adaptability of the estate to extend the operational life and minimise the carbon-impact of making future changes
- Achieving Net Zero in construction recognising that offsetting does not form part of this strategy

There is recognition in the standard that in refurbishment the principles will need to be adopted to an appropriate level. The measurement of carbon consumption will require adoption of industry standards (BEIS and RICS) through adoption of the Digital Twin, monitoring this over the life of an asset will feed back into lessons learned for future projects and investments.

Adoption of the standard at WSFT will form an underpinning part of the OBC for the Future System NHP scheme, but also relates to the other schemes identified in this document as new build/extensions

4.7 One Public Estate (OPE)

OPE is an established national programme delivered in partnership by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to councils to help them deliver ambitious, property focussed programmes in collaboration with other public sector partners.
OPE has three core objectives:

- Creating economic growth
- Delivering more integrated customer-focussed services
- Generating efficiencies through capital receipts and reduced running costs.

WSFT plays an active part in the OPE work in west Suffolk and is a member of the West Suffolk Property Board. Work is in progress to develop options for six key towns – Mildenhall, Bury St. Edmunds, Haverhill, Newmarket, Clare and Brandon.

4.8 NHS Property and Estates; Why the estate matters for patients (March 2017)

In March 2017 an independent report was published, led by Sir Robert Naylor; it acknowledges that, if the NHS is to meet its pledge of better utilisation of the estate - and to release surplus land to deliver 26,000 new homes - then additional capital investment is required. It calls for Sustainable Transformation Plans to develop robust capital strategies, aligned with clinical strategies, to maximise value for money and address backlog maintenance issues.

The review also recommends a new NHS property organisation, a key function of which will be to provide a single, strengthened source of strategic estates planning expertise for the NHS.

The Naylor review identified that the need for additional capital stood at £10bn and suggested that this could be provided from a combination of public sector capital, proceeds from asset disposal and from private sector investment.

The DH responded to the report (January 2018) broadly accepting the recommendations. The response confirmed the actions outlined in the Naylor review will drive transformation of the NHS estate and help the NHS to deliver the NHS Long Term Plan. They combine targeted investment with clear leadership on estates matters from a new NHS Property Board and a strategic-estates planning team to provide on the ground support for sustainability and transformation plans.

The Naylor review was a landmark report, highlighting the challenge of making sure the NHS has the buildings and equipment it needs, but also the scale of the opportunity that the NHS estate offers to generate money to reinvest in patient care. The government's response capitalises on those opportunities.

A Property Board, chaired by Lord O'Shaughnessy, has been established to ensure the NHS estate is developed and used to best effect in supporting modern-day patient care. This includes ensuring a credible pipeline of capital investment projects over a five-year period to deliver real transformation on the ground; holding STP's to account for the successful delivery of approved capital development; reviewing the rules on the NHS trusts' use of capital funding, to make sure they are maintaining their facilities effectively.

4.9 Care Quality Commission

The Care Quality Commission ensures health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety.

Trusts are required to register with the Care Quality Commission under their category of provider to enable them to provide healthcare services. The Trust registered with the Care Quality Commission on 1st April 2009. The Trusts most recent full inspection was undertaken in September and October 2019 which saw the Trust's rating reduced from 'Outstanding' (the highest of four) to 'Requires Improvement' (The third of four). This report was published in January 2020. The score matrix is shown in Figures 2, 3 and 4

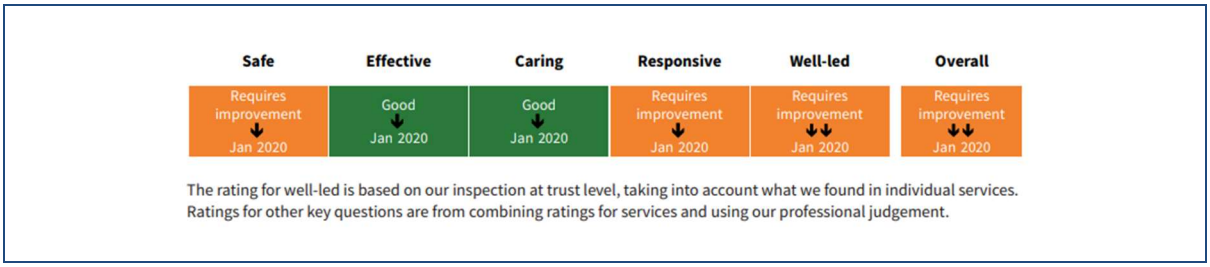


Figure 2 Overall Trust Rating January 2020

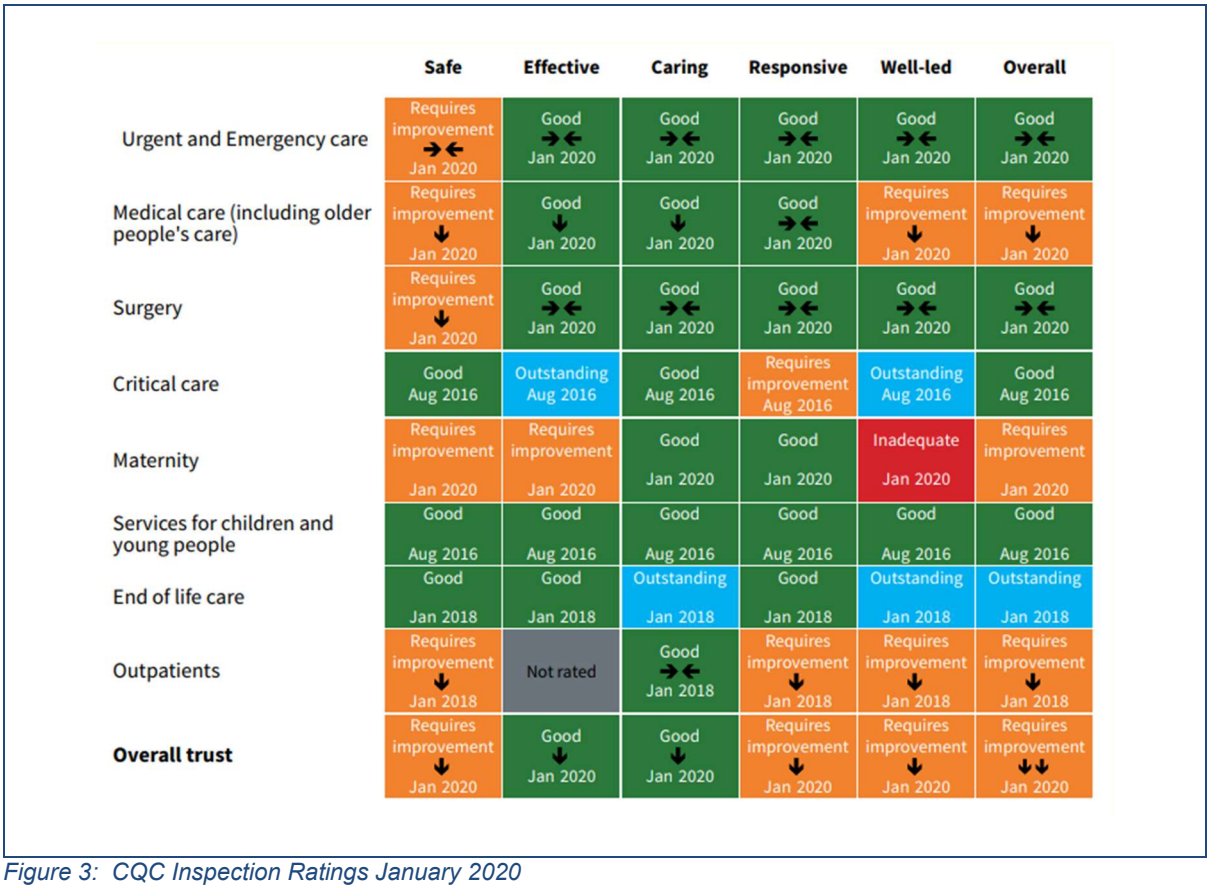
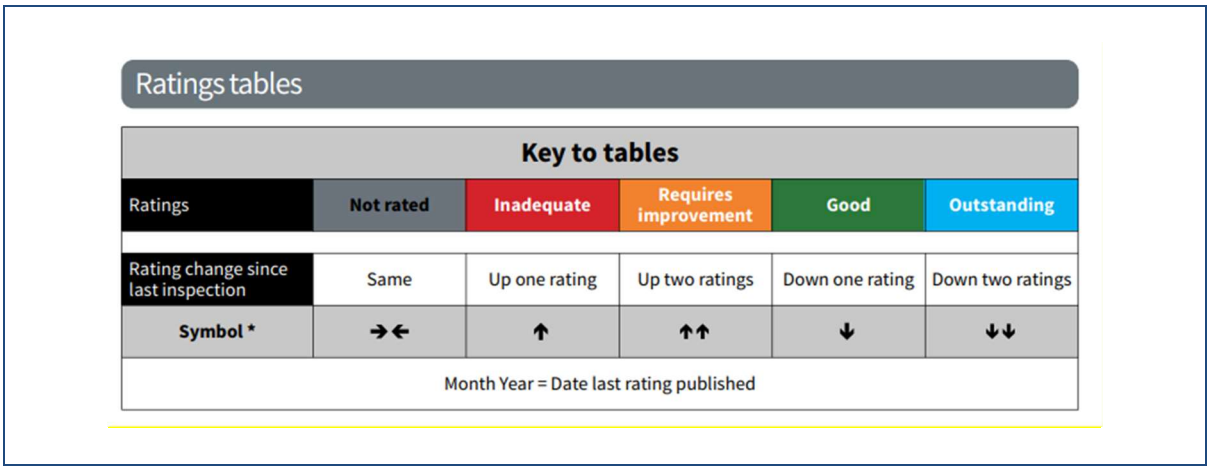


Figure 3: CQC Inspection Ratings January 2020



Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

Figure 4: CQC Inspection Ratings Table

Maternity services were re-inspected in April 2021, with Well-led upgraded from 'Inadequate' to 'Requires Improvement'.

The full reports can be read here;

https://www.cqc.org.uk/location/RGR50/reports

Key theme for Estates and Facilities related to the design, maintenance and use of facilities, premises and equipment not always keeping patients safe, specifically in elderly care environments.

4.10 Patient-led assessments of the care environment (PLACE)

Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

Not completed during the COVID-19 Pandemic under national direction, WSFT completed PLACE in the autumn of 2022. A summary is shown in figure 5. The results are shown in appendix 3 and demonstrate a reduction in scores across most facets, the headlines for this are;

- Limited staffing levels on wards unable to ensure patients receive their food in a timely manner.
- Changes made to support the COVID 19 Pandemic impacting on both Dementia and Equality and Diversity scores.
- All external assessors are new, and more work required to support their understanding of subjects such as Same Sex Accommodation.

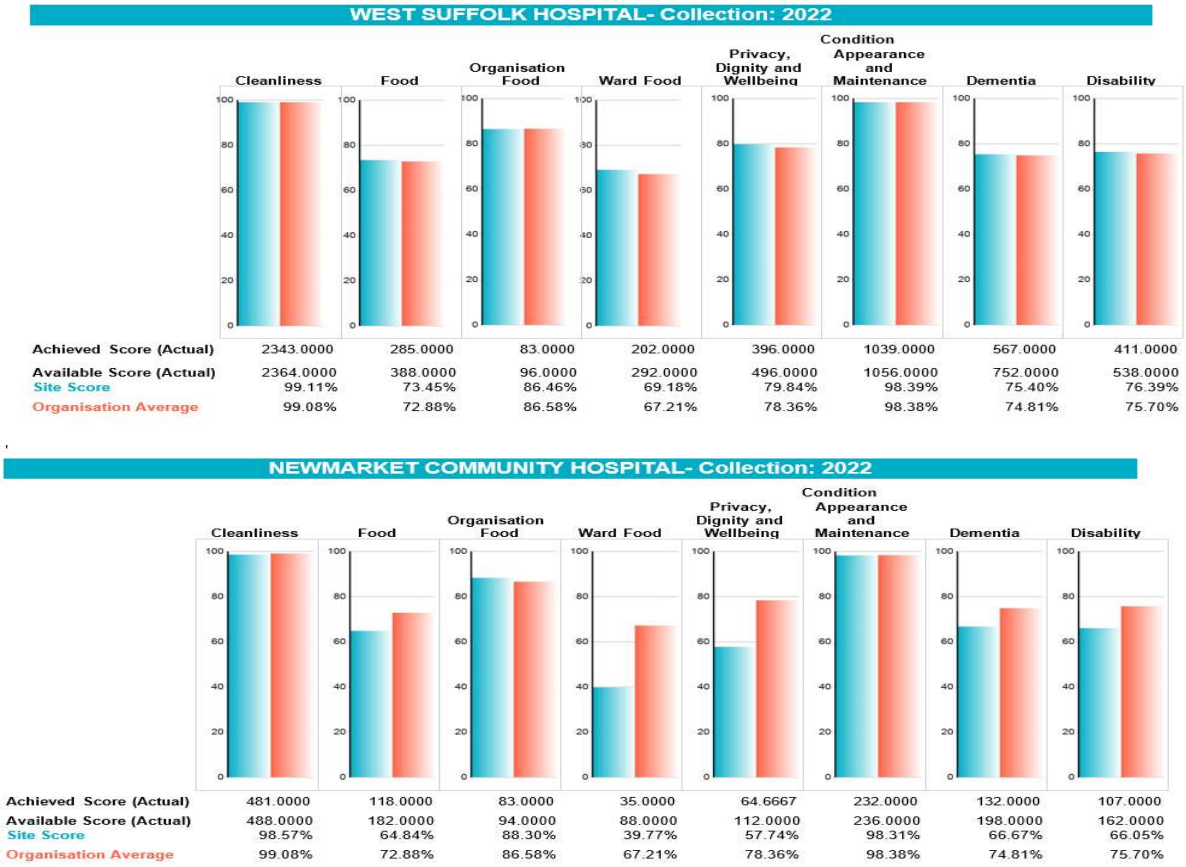


Figure 5: PLACE Summary

PLACE, nationally, is an invaluable tool, but being ten years old, it is in need of a significant refresh as a number of the questions are no longer relevant.

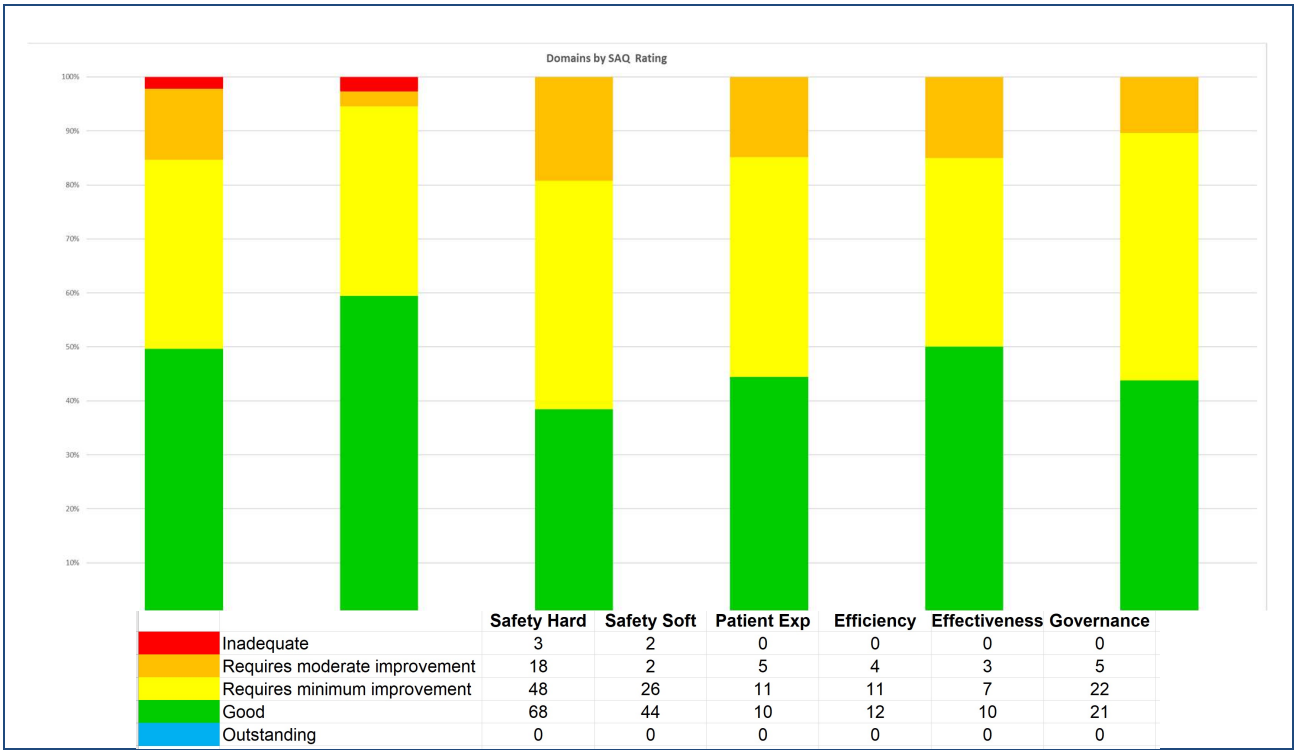
4.11 Premises Assurance Model (PAM)

PAM is an assurance and compliance tool, developed by the Department of Health and Social Care (DHSC), to provide a consistent national approach for evaluating NHS estate and facilities management performance against a set of common indicators. The main benefits of PAM are to:

- Allow NHS organisations to demonstrate to their patients, commissioners and regulators that robust systems are in place to assure that their premises and associated services are clean, safe, secure and suitable.
- Provide a consistent basis on which to measure compliance against legislation and guidance
- Allow NHS organisations to compare how efficiently they are using their premises
- Prioritise investment decisions to raise standards in the most effective way.

It is designed to be used locally by NHS organisations for Board reporting, and externally to provide assurance to regulators and commissioners. Currently the assessment is undertaken on an annual basis with the results forming part of an annual report to the Board. The PAM is a live document and in the early part of this strategy's timeframe will become a core reporting tool

A summary of the Trust's latest assessment is shown in Figure 6.



	Safety Hard	Safety Soft	Patient Exp	Efficiency	Effectiveness	Governance
Inadequate	3	2	0	0	0	0
Requires moderate improvement	18	2	5	4	3	5
Requires minimum improvement	48	26	11	11	7	22
Good	68	44	10	12	10	21
Outstanding	0	0	0	0	0	0

Figure 6 PAM Summary

4.12 Local context

4.12.1 SNEE ICB Joint Forward Plan

Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) launched the Joint Forward Plan (JFP) to support the coordination of Healthcare services under the umbrella description of the Livewell Domains, these are;

- Start Well
- Feel Well
- Be Well
- Stay Well
- Age Well
- Die Well

Figure 7 identifies the workstreams that support each domain.

Start Well	Feel Well	Be Well	Stay Well	Age Well	Die Well
• Maternity & Neonatal Care • Children & Young People incl. CAMHS, Neuro Developmental, SEND, Community and Long Term Conditions	• Mental Health & Wellbeing • Suicide Prevention • Addictions • Trauma and Abuse	• Healthy Behaviours • Personalised Care • Women's Health • Dental / Oral Health • Eye Health	• Primary Care • Elective Care & Diagnostics • Urgent & Emergency Care incl. community • Cancer • Diabetes • Respiratory • Cardiovascular Disease • Stroke & Stroke Rehab • ME and CFS • Neuro Rehab • Learning Disabilities & Autism	• Ageing Well Programme • Dementia • Carers	• End of Life

Figure 7: SNEE Livewell Domains

The Alliance-based delivery of Health and Social Care services should be structured to meet these domains. This document later describes under 'Where do we Want to Be' and 'How do we Get There' the key place-based locations for services and how WSFT supports those schemes

4.12.2 West Suffolk NHS Foundation Trust - acute and community services

West Suffolk Hospital was founded in 1832, moving to its new site in Hardwick Lane in 1973.

The Trust serves a catchment population of circa 275,000 in an area of approximately 600 square miles, which extends to Thetford in the north, Sudbury in the south, Newmarket to the west and Stowmarket to the east, outlined in Figure 7. Community paediatric services are also provided across Suffolk. Whilst mainly serving the population of Suffolk, the Trust also provides care for those in the neighbouring counties of Essex, Cambridgeshire and Norfolk.

Figure 8: Trust Catchment Area

The Trust provides acute hospital services from its 450-bed hospital set in parkland on the outskirts of Bury St Edmunds. The hospital has an emergency department, obstetrics, maternity and neonatal services, a day surgery unit, Eye Treatment Centre, Macmillan Unit and children's wards and provides the full range of secondary care services. In addition, the

Trust trains the doctors and provides the clinical base for the Cambridge Graduate Medical course.

The Trust provides Community Inpatient Therapy Services in a 32-bed ward at Newmarket Hospital. Ownership of this asset transferred to WSFT in 2019 under the Provider Transfer Process from NHS Property Services. Newmarket also hosts a number of other providers including Norfolk and Suffolk Foundation NHS Trust (NSFT), Oakfields Primary Care Services and St Johns Ambulance.

4.12.3 Outpatient services

The Trust provides outpatient services in the community which give convenient local access to our consultants and other clinical staff. Outpatient appointments are currently offered in the following locations: Brandon?

- Newmarket Community Hospital
- Thetford Healthy Living Centre
- Stowmarket Health Centre
- Sudbury Health Centre
- Botesdale Health Clinic
- Mildenhall Clinic
- Brandon Hub

The Trust recently left NHS Property Services (NHSPS)-owned Haverhill Health Centre due to concern with the management of RAAC in the building; services are temporarily dispersed to a number of locations in Haverhill; NHSPS have a programme of Failsafe in-place and reoccupation is planned for June 2023.

4.12.4 West Suffolk Community Services

In 2017, the Trust secured a 7-year contract (with the option to extend for 3) to provide community services for the residents of West Suffolk through an alliance between the Trust, Suffolk County Council (SCC), Suffolk GP Federation and Norfolk and Suffolk NHS Foundation Trust (NSFT).

The Trust delivers core community services in the west of Suffolk via locality teams who provide nursing and therapy care to people in their own homes, plus specialist heart failure, COPD, cardiac and pulmonary rehabilitation services. There is also a crisis intervention/admission prevention service that out-reaches from the acute hospital site.

A range of services such as wheelchairs, adult speech and language and specialist numerology are delivered from the Disability Resource Centre in Bury.

A county wide community specialist paediatric service is run by the Trust to offer integrated services to children and young people with disabilities and longer-term health conditions.

Community services also runs Newmarket Hospital inpatient beds along with outpatient clinics for acute and community services, and Glastonbury Court a 20 bedded in-patient unit in Bury in partnership with Care UK.

4.12.5 WSFT Strategic Framework

In response to the Long-Term Plan, the integration of acute and community services, the focus of the 2019 CQC Inspection, the FSP and the response to the COVID-19 Pandemic, WSFT has published a new Strategy - First for our patients, staff and the future (2021-26); the Vision is to Deliver the Best Quality and Safest Care for Our Local Community, delivered through three ambitions:

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

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

- *First for the future*;
  - Make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities
  - Invest in infrastructure, buildings and technology

Figure 9: WSFT Strategic Framework First For Patients, First For Staff, First For The Future

4.12.6 Integrated Care Partnerships (ICP)

All health and care organisations within the SNEE Health and Social care system have been working together since March 2016 to develop a shared vision, priorities for action and to explore benefits of partnership working. This was originally under the Sustainability and Transformation Partnership (STP), but more recently as an Integrated Care System (ICS) which as of Summer 2022 is underpinned as a statutory organisation as the Integrated Care Board (ICB). The ICB is a shared Board with representation from Healthcare Providers and Commissioners.

The organisation that sits behind the ICB and under its direct responsibility replaces Clinical Commissioning Groups (CCG); WSFT is a formal member of the SNEE ICB.

As statutory organisations ICB's have a responsibility that the non-statutory organisations of STP's and ICS's did not, and it is incumbent on those organisations represented at the ICB to act for the Health and Social Care System rather than for their own organisation alone. It is clear that there are benefits for our population if we align our goals and actions, and share knowledge and skills.

Wider than ICB's are Integrated Care Partnerships (ICP)'s – these are alliances of Health and Social Care organisations, including those not formally represented at the ICB including Local Authority and the Voluntary Sector, to be part of the formal decision-making process in delivering services.

Estates, Facilities and Procurement will form part of the ICB's plan for SNEE, but this has not been formalised; the focus of the Board of the ICB is to drive better and more effective outcomes through collaboration and partnership working. SNEE has been put forward to pilot developing a new 'Infrastructure Strategy' as one of 11 ICS' across England and Wales. WSFT is engaged in the development of this.

4.12.7 One Public Estate (OPE)

The Trust plays an active part in the OPE work in west Suffolk and is a member of the West Suffolk Property Board.

OPE has three core objectives:

- Creating economic growth - new homes and jobs
- Delivering more integrated customer-focussed services
- Generating efficiencies through capital receipts and reduced running costs.

Work is in progress to develop options for four key towns:

- Bury St Edmunds
- Haverhill
- Newmarket
- Clare

OPE has already delivered the Community Hubs in Mildenhall and Brandon, with WSFT as key stakeholders to the project and tenants; whilst each towns solution may be unique, the format for engaging across the public sector should follow this successful project. Work progresses in Bury St Edmunds and planning is at feasibility stage for Haverhill.

To ensure the process is joined up with the strategic estate planning work has been undertaken at ICS level, representatives from the west Alliance and OPE team attend the ICS estate work stream and the West Suffolk Property Board meetings.

Part of the West Suffolk estate portfolio (Sudbury) is not captured by the West Suffolk Property Board as it does not fall within the catchment area of West Suffolk District Councils, but falls within the remit of Babergh District Council.

4.12.8 Planning Policy Context

The planning policy context for West Suffolk Hospital Site is provided by the Regional Spatial Strategy East of England Plan 2008, together with the Replacement St. Edmundsbury Borough Local Plan 2016 (see reference document 28) 2031 vision.

In November 2022 the Trust successfully obtained outline planning consent for the new Hardwick Manor redevelopment. This identifies the scale and principle of the scheme but not the detail, and follows an extensive programme of engagement and workshops establishing the need to ensure the impact of the building should be as positive as feasible whilst also recognising the need for the development for the people of West Suffolk.

4.13 Management of the Trust's estate and facilities services

In 2021-22 the Trust's Estate and Facilities budget is £16.25m with 401.00 Whole Time Equivalent (WTE) Staff in the division to support our Community and Acute Integrated Services. All EFM services are in-house with the exception of laundry, waste, pest control, car park management, specialist services (e.g. Lift, Medical Gas Contractors) and Professional Technical Services including Authorising Engineers whose role is to provide external assurance for a number of our services, see Figure 9;

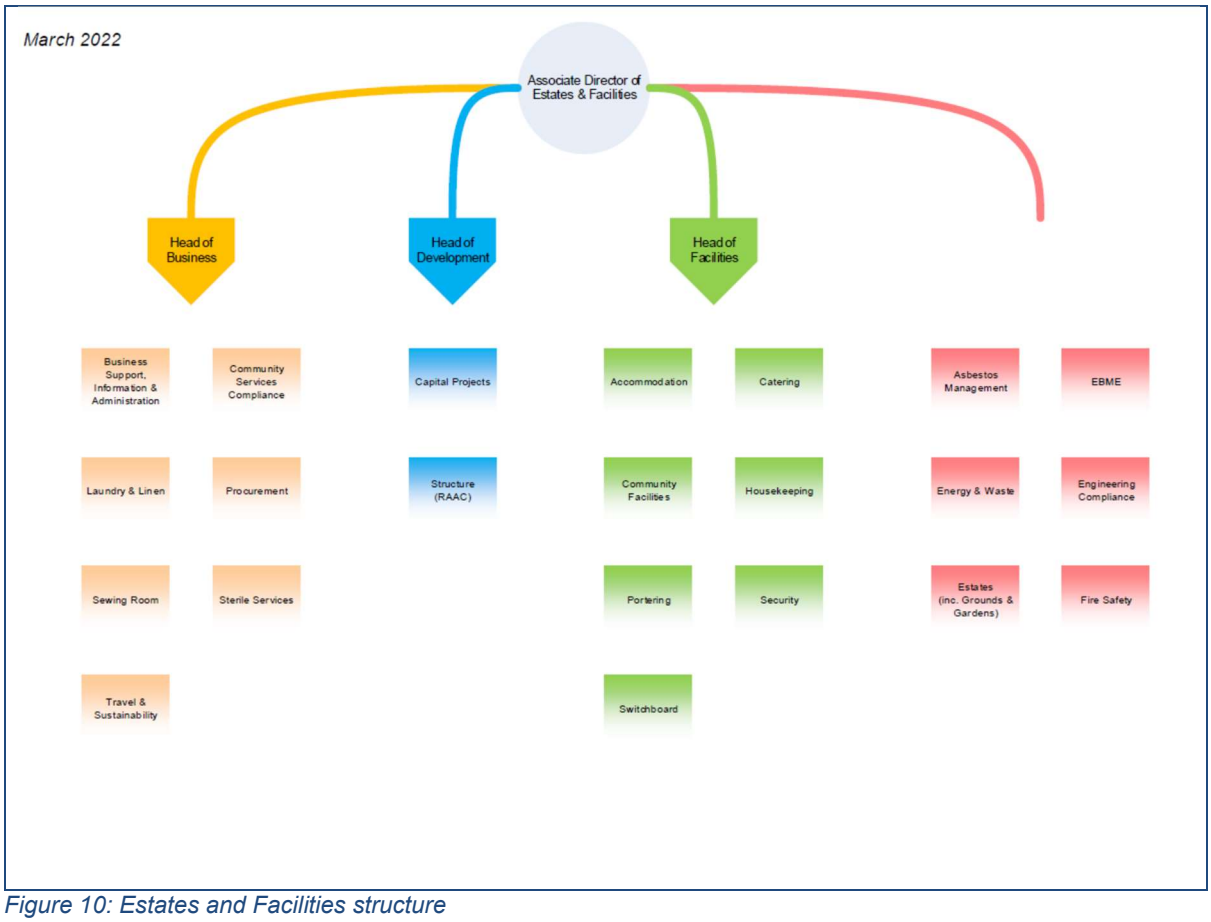


Figure 10: Estates and Facilities structure

The Division has an Associate Director of Estates and Facilities, professionally qualified to lead the EFM Function, reporting directly into the Board through the Executive Director of Resources/Deputy Chief Executive.

The Division has three senior managers with responsibility for Facilities Management, Business Services and Development – they are the Facilities Management Team (FMT); the

engineering infrastructure management, operational estate and Electro Biomedical Equipment (EBME) teams report directly into the ADEFM. A number of the teams are ISO accredited.

4.13.1 Restrictive Physical Intervention/Security team (RPI)

The RPI Security Team, consisting of 16 full time members of staff, have a statutory obligation for ensuring a safe and secure environment for Service users, staff and visitors. In addition to providing security for the site, they will manage service users who are exhibiting aggressive, violent and challenging behaviour towards staff, visitors and other service users.

The team are also responsible for protecting our property from acts such as theft or criminal damage and responding accordingly to such acts, either directly or indirectly by contacting the Police.

The RPI Security Team founded in 2018 has seen a year on year increase in incidents, with service users presenting with physical, mental health or social issues resulting in challenging, aggressive or violent behaviour towards Staff, other service users and visitors, resulting in the increase to 16 members in 2021.

The Trust is one of the first in the country to implement a 1 to 1 intervention with patients on the ward, staying with the patient, giving extra support to ward staff to manage the challenging behaviour being exhibited to not only help protect the patient from injury and also the staff that are treating them.

4.13.2 Procurement/linen/laundry

Procurement incorporates all purchasing activity outside of Pharmacy. The aim is to achieve the benefits of economies of scale, allowing specialist procurement to be managed on a centralised basis. Multi-disciplinary stakeholder groups are established for key procurements which ensure the best mix of procurement expertise and specialist medical and technical knowledge. This mix and match approach allows flexibility and adaptability which will ensure that each element of the Trust's non-pay expenditure has a procurement process that is appropriate to the level of product complexity and the value of spend.

The Trust outsources linen and laundry to a specialist contractor, who manage the delivery and collection of all Trust and community linen requirements. They are monitored by Procurement to ensure they meet all the contracted key performance indicators.

4.13.3 Domestic Services

Housekeeping is an operational department within the Trust, being responsible for the cleanliness of all Trust Assets by striving to deliver the highest standards of cleanliness, quality and safest care.

All cleaning is in line with and adheres to the National Standards of Healthcare Cleanliness 2021. The 2021 standards reflect modern methods of cleaning, infection prevention and control (IPC) and other changes since the last review, and important considerations for cleaning services during a pandemic; and emphasise transparency to assure patients, the public and staff that safe standards of cleanliness have been met.

A commitment to cleanliness charter sets out our responsibility to achieve a consistently high standard of cleanliness, the charter is published for each area within the Trusts to support assurance that the organisation takes patient safety and care seriously but also to support the control of Healthcare Acquired Infections (HAI). This is also combined with a published star rating system for each ward/area to help demonstrate our compliance to the standards.

Auditing cleanliness standards and reporting to Infection Prevention and Control Committee (IPCC) forms part of the patient-assurance loop. WSFT had historically not been auditing non-clinical areas and audit in clinical areas was insufficiently robust; this has been rectified which has seen the overall performance reduce but a clear plan to rectify deficiencies.

4.13.4 Accommodation

Here at the West Suffolk NHS Foundation Trust we want to offer efficient and modern surroundings to our valued staff who choose to live on site.

There are 200 quality furnished en-suite single occupancy bedrooms available, spread across three modern five-storey buildings, and one 2 storey building with modern communal kitchen and living areas including a dishwasher, washing machine and tumble dryer. Accessible accommodation is also available.

Rent includes utilities, council tax, Wi-Fi and on-site parking, and nightly rates are also available if required.

The accommodation admin team are responsible for the management of the 200 onsite rooms. The team work closely with HR, CGC and Medical staffing in order to provide accommodation to students and new overseas nurses and doctors.

Accommodation is available on either a short- or long-term basis. The accommodation Housekeepers are responsible for achieving high standards of cleanliness across all communal areas of accommodation.

4.13.5 Switchboard

The switchboard office is essential to the smooth operation of the hospital, it is the first point of contact for many enquires both external and internal, dealing with on average 25,000 calls per month.

The switchboard department is an integral part of directorate working closely to monitor alarms, faults and repairs, also monitoring the fire alarms, that indicate faults, pre-alarms and alarms, the panic alarms, medical gas alarms, and boiler alarms. Out of hours they are responsible for liaising with the Senior Engineer and on-call craftsman.

Communicating outside the trust, speak to all locals GP's, contacting other hospitals, being in regular contact with the Rosemary Ward at Newmarket Hospital, this includes arranging transport for staff to go over to cover shifts and contacting our Estates team for any maintenance issues they may have. Contacting the CCG for our on-call Strategic and or Tactical Managers.

Being responsible for escalating the emergency calls that are made to the switchboard, via a 2222 call, these include Maternity Emergencies, Paediatric Emergencies, Cardiac Arrests, Stroke Alerts, Stroke Thrombolysis, Massive Blood Loss, Traumas and Security, the group calls are tested on a daily basis to ensure all emergency bleeps are working correctly, following an emergency call there is a responsibility for getting the on-call teams to the right place. The switchboard is responsible for all calls to the Fire Brigade and Police.

The switchboard is responsible for issuing Trust Medic Bleep Mobile Phones and Bleeps, issuing radios to the on-call team in the event of a bleep system failure. Accommodation keys out of hours and weekends.

Switchboard are also responsible for the booking of contract taxis, to take a patient home, patients medication or belongings home if they have been discharged without them, to

transfer pathology samples to other hospitals, to transfer staff who are working at other trusts or collecting staff who have gone an a transfer with a patient to another hospital, and responsible for book the contract taxis for the psychic liaison team for patients who are being discharged from A & E.

4.13.6 Portering

The Portering Service is responsible for providing a delivery / collection and movement of items and patients Service to the WSFT.

The service operates on a 24hr 7 days a week and supports the smooth running of the hospital, ensuring essential supplies/ equipment and items are delivered where they are needed. They also make sure patients are at the right place at the right time to get the treatment they need. the department will ensure that all patient movements are completed in a timely manner, ensuring that the patient feels safe in a clean environment.

Portering staff are often people's first point of contact within WSFT. Our professional porters are adept at providing an approachable and helpful service to Patients, visitors and staff, liaising with security, housekeeping, Estates and a range of other service staff as required to ensure the efficient operation of WSFT.

Their proactive approach will ensure that a wide range of jobs are carried out professionally as soon as is possible. The Portering Service are also a part of the fire response Team and will assist Security in searching for a missing patient

4.13.7 Catering

The Catering department provides food for all patients both day and in-patients, for Staff and for Visitors.

The department is proud to provide Providing a traditional cook serve process which, in line with food safety legislation, is served via a plated meal system. Using approved suppliers that are (where possible) local to the Trust. Our Qualified Chefs have robust training to ensure we maintain quality and standards; the Chefs understand the importance of not deviating from the recipe so that we have knowledge of all allergens that are within, and are therefore able to inform either the patient or the staff member who may ask. This is also backed up by our labelling system which appears on our Sandwiches, all of which are made on-site.

Our Catering Team assist the chefs in getting the food to the patient via our belt system or by service for staff and visitors in our front of house services. They also clean down and make ready for the next stages within our processes.

Whilst there are standard menu for most of our patients which includes a vegetarian option, along with this there are menus for other needs – Low Potassium, Low Salt, Gluten Free, Milk Free Dairy Free and Vegan. We also work with the Dieticians in making sure that the Patients needs are met. For example, the chicken use is recognised as Halal, helping to accommodate the needs of some other religious beliefs.

There is also an option to provide a function service for the Trust. This includes anything from Teas and Coffees to Lunch platters to Hot Meals with Service as required.

The catering department was awarded the Hospital Catering Award in 2020 and is also compliant with ISO 2015 standard. Being awarded the Food for life – Bronze award, this is awarded and encourages "buy locally" and "Red Tractor meats", only using free range eggs and making sure that more than 75% of ingredients used come from unprocessed ingredients

on site. Sustainability of our service is fundamental to supporting both the local economy and ensuring we minimise waste and consumption.

The Trusts catering department has also been recognised in the recent hospital food review by the Government as an exemplar site, and two of our Apprentice Chef's made the final of the Hospital Chef of the Year Competition, an incredible accolade.

4.13.8 Sterile Services Department

The Sterile Services Department is responsible for releasing sterile surgical instrument packs to In Patient Theatres, Day Surgery Unit, all wards and clinics. SSD also supply local GP Surgeries and Dental practices with sterile equipment. Approximately 4,500 surgical trays are decontaminated every month with an additional 3,000 single packed instruments.

SSD also manage all the repairs of the reusable medical devices by either organising replacement Instruments or arranging loan sets to be put in service while some surgical trays are sent away to a recognised repair company or manufacturer to be repaired or replaced.
The department is ISO 13485:2016 accredited and has maintained this since 2006. SSD follows guidance in accordance to HTM 010. The IAP room (Inspection, Assembly, Pack) needs to have ISO Class 8 clean room standard as HBN 13 recommends.

SSD operates with 4 Steam Sterilizers and 6 Washer / disinfectors which includes a Trolley washer to allow cleaning & disinfection of the transport wagons. All machinery needs to have regular maintenance and validation to maintain compliance to HTM 01 01. Regular water testing & environment sampling is also needed to maintain these standards.

4.13.9 Business Continuity

The Estates and Facilities Directorate has an overarching Business Continuity Plan for managing emergency response and business continuity incidents, alongside the Trusts Business Continuity Policy. These plans ensure the resilience of the infrastructure, utilities, supplies and workforce across our departments in response to any adverse or disruptive event which may alter normal service provision.

Each department has their own Business Continuity Plan which is reviewed every two to three years or sooner should anything occur which requires change, as well as conducting an annual Business Impact Analysis. A Business Continuity Statement is also prepared every quarter and presented at the Governance Committee. A Business Support Administrator has recently been appointed to Lead on and co-ordinate Business Continuity across the division and a review is also being currently conducted to align the Estates and Facilities Business continuity plans in line with the Trust strategy.

4.13.10 EBME

The EBME (Electronic Bio-Medical Engineering) department is a team of qualified engineers whose main purpose is to support clinical and other stakeholders in the complete lifecycle of medical devices management. The service is also key in supporting the implementation of the management of medical device policy.

As part of the portfolio of specialist services within the Estates and Facilities Division, the department is accredited with an ISO 9001 in quality and has been since 2012, ensuring active medical devices conform to the Original Equipment Manufacturer (OEM) service and maintenance repairs specifications and also supports government regulatory requirements for the management of medical devices.

The majority of medical devices require utilities and service supported by other estates and facilities departments to operate correctly; Water, ventilation, gas, electricity (estates + projects), decontamination (SSD reprocessing), portering, procurement, housekeeping. To remain an integral component of the division it is essential that the EBME department has a good understanding and working relationship with these other to achieve the desired service requirements for delivering the maintenance and repair of medical devices.

4.13.10 Development Team

The Development Team are a team of Project Managers who are responsible for dealing with all Trust capital projects, their focus is on delivering value for money projects which are compliant with HTM and HBN Regulations. Currently, the remit is split into 2 areas - Infrastructure and the Trust's Reinforced Autoclaved Aerated Concrete (RAAC) Project.

4.13.10.1 Capital Projects

The annual capital programme is developed and agreed with the Associate Directors (Operations) for the Divisions, this lists projects that are a priority for the Trust in the current financial year and a plan for future years. The team also receive requests when other funding opportunities or risks are identified, Charities and external partners to deliver capital projects that are funded separate to the Trust's capital budget.

Every project is allocated to a Project Manager who will strive to deliver a project within budget, on time and to the standard/s required.

4.13.10.2 RAAC

There is a dedicated team of Project Managers to deal with the ongoing programme of the management of RAAC on the main hospital site. This is a red risk item for the Trust and the team focus on the deliverables to support the mitigation of the risks identified. The team work closely with the Trust's Core Resilience Team to support the ward decant programme and associated works. They also liaise with the RAAC Research Team based at Loughborough University and apply any knowledge gained to the project strategy and this is shared with other Trusts nationally. A Business Case is submitted every financial year to request funding from NHSEI to support the programme of works required.

4.13.11 Estates Maintenance

The Estates staff at West Suffolk Hospital look after the NHS buildings and the grounds around them, ensuring they are a safe and pleasant environment for our staff and patients. This includes the main hospital site as well as several satellite locations such as community hospitals and GP surgeries.

Like any building, WSHFT buildings need repairs and regular maintenance. The fabric of the buildings needs to be looked after – walls, floors, and windows – as well as the systems inside them – heating, power, ventilation, specialist medical services (e.g., medical gas piped systems MGPS and Sterile Services SSD). WSH has an ageing building and services, which are set in beautiful parkland surroundings which brings its own challenges, and due to this the site requires constant repairs and upgrades to ensure it is compliant and suitable for purpose.

All this work needs a lot of skilled staff. The Estates team at WSH consists of 30 people in technical positions such as Electricians, Plumbers, Carpenters, Decorators, Gardeners, and Assistants, as well as office-based specialist services such as Fire Safety, Asbestos Management, Administration Staff and a Management Team. The Estates Maintenance Department provide a 24/7 service 365 days a year to ensure the buildings and infrastructure

are maintained to the expected standard and patient care is not affected by any issues that may arise. The department handles on average 1300 jobs per month, with around 500 of these being planned works and 800 reactive tasks where issues are reported and resolved as they happen.

4.13.11.1 Asbestos

West Suffolk Hospital is an ageing building that was constructed in the 1970's. This was the peak time for asbestos imports into the UK and the Trust (and its associated building's) were built using several different Asbestos Containing Materials (ACM's). Asbestos was partially banned in the UK from 1985 for blue and brown asbestos types, but not fully banned until 1999 for the remaining white type of asbestos. The Trust therefore has a duty to manage asbestos under Regulation 4 of the Control of Asbestos Regulations (CAR) 2012. Asbestos can be found in various building products such as: Mastics, felts, floor coverings, plasters, paints, decorative finishes, cement, insulating boards, gaskets, ropes, paper, pipe and boiler lagging, sprayed applications, and many more. At WSH we have an extensive Asbestos

Management team including the Associate Director of Estates and Facilities, and their delegated P405/P402 trained responsible persons. To assist with the management compliance, we also have an independent auditor and approved asbestos removal contractor and surveying/analytical consultants. The Trust has undergone a full management asbestos survey, with additional targeted refurbishment surveys, to identify all ACM's and that are managed through a comprehensive set of records including an Asbestos Register and In-house Inspection Programme. Any work with Asbestos is carried out either by our approved removal contractors, or by our trained in-house maintenance team who conduct minor CAT B related works. The complete process is covered in our Asbestos Policy and Management plan documents.

4.13.11.2 Fire

NHS organisations with patient beds and procedural spaces have unique procedures in-place that do not support automatic evacuation. Instead, we rely on Progressive Horizontal Evacuation (PHE) which relies on training and physical interventions including the staging of the fire alarm and compartmentation between wards and clinical spaces to support the triage and transfer of patients; 'live evacuations' in clinical areas are not practical and in themselves create risk of harm, instead local risk assessment, review and a walk-through evacuation is provided in clinical areas.

The estate is ageing and continuous investment to maintain compartmentation is required; 2022 sees the re-surveying of the site to ensure the investments we are making for the remaining life are the most effective.

WSFT has a positive relationship with Suffolk Fire and Rescue Service, in their recent 2022 assessment there were no actions for WSFT to follow-up on; familiarisation programmes for the Brigade continue to take place including specific locations such as MRI, Theatres and Pharmacy Production.

4.14 Developing the Strategy

This Strategy develops on the previous 2017-2022 document in the context of updated national guidance and standards, learning from the COVID-19 Pandemic, our updated learning on the RAAC challenges and risks the organisation holds and WSFT being in the NHP with a proposed new hospital on the adjacent Hardwick Manor Site which allows the re-use of elements of retained estate.

In order to develop this strategy, the Trust has carried out a comprehensive review of its current estate, looking at the performance of buildings in connection with their current and proposed use as well as assessing the extent to which the Trust complies with current policy and best practice in connection with the operation and management of the estate.

The following analysis has been undertaken:

- A detailed assessment of the condition and performance of the West Suffolk Hospital estate (Six Facet Survey)
- A review of the Trust's performance in connection with sustainability and carbon management practice (Green Plan)
- Patient, visitor and staff perception of the estate (Friends and Family Test)
- A review of accessibility and parking arrangements (Green Plan)
- Environmental and ecological policy and constraints (Green Plan)
- Future service requirements and their impact on the estate (Future system)
- A review of risks associated with the continued operation of the estate and its infrastructure (EFM Governance and Red Risk Review)
- Structural survey/review of roof and walls for the main hospital building (RAAC Programme)
- Capacity and resilience review of site services infrastructure (Future system and HTM Compliance)
- The need to development of an updated Travel Plan and Car Parking Strategy (Green Plan)
- A masterplan review which establishes where and how the Trust could develop and replace its current Estate (FSP)

4.15 Governance

The EFM Division is in the process of implementing a robust governance and assurance programme across all services – this will report through the PAM to give that line of sight from 'Ward to Board' ensuring the appropriate level of training, accountability and support at each level. External reporting to NHSEI also forms part of that loop and with oversight where appropriate from Authorising Engineers (AE's).

4.16 Risk Management/Assessment

The Trust has established an effective system for identifying, assessing and scoring the risks to the organisation. Each risk assessment is accompanied by a description of the controls that are already in place to manage the risk, as well action plans that have been developed to further manage or reduce the risk. All identified risks are recorded on the corporate risk register (Datix system) and are referenced to the board assurance framework (BAF) where relevant.

The Trust takes a pro-active approach to risk management in order to:

- Create a culture where the staff acknowledge that risk management is a responsibility for everybody
- Ensure the safety and security of the environment for the patients, visitors and staff
- Improve the quality of the healthcare services provided
- Enhance the core business and financial systems
- Meet statutory and legal requirements.

They key risks (at the time of writing) are shown in appendix 1

Improvement of patient areas and the working environment in itself reduces risk to patients and staff, risk mitigation in this respect will be via informed discussions with staff, the Trust's in-house advisors (Health and Safety, Fire, Security, Infection Control etc) and using audits and inspections such as the Patient Lead Assessment of the Clinical Environment (PLACE). Review of each risk takes place within the team responsible and led by the Subject Matter Experts with their FMT lead overseeing this and then on a quarterly basis by FMT to ensure we both understand and articulate risk appropriately across our division. Where appropriate, risks are reviewed within a multi-disciplinary team (such as the Water Safety and Ventilation Committee, Fire Safety Action Group, Electrical Safety Group).

4.17 Land and Property Portfolio

4.17.1 West Suffolk Hospital - freehold

West Suffolk Hospital was the first of a new design of hospitals to be known as 'Best Buy' hospitals. This was the first standard design to combine a compact and economical hospital to meet modern purposes; five hospitals of this design were constructed. Four are located in East Anglia (Hinchingbrooke in Huntingdon, James Paget in Great Yarmouth and Queen Elizabeth in King's Lynn). The fifth is Frimley Park based in Surrey.
This particular type of design and construction method places considerable constraints on the efficient operation and further development of the hospital. The building, completed in 1974, was designed with a 30-year functional life (i.e. replacement by 2004).

Since the original build, further development has taken place outside the original footprint, these are:

- Extension providing facilities for older people - 1977
- Residences, Rowan House A and B - 1984
- The Day Surgery Unit - 1994
- The Education Centre - 2003
- The Eye Treatment Centre - 2004
- The Macmillan Unit – 2005
- Quince House – 2017.

Buildings accommodating St. Nicholas Hospice (a registered charity), the Wedgwood Unit, where mental health services are provided by NSFT and Busy Bees Nursery are located in the south east of the site on land subject to formal lease agreements which are due to expire on 14th August 2051 (60-year lease), 31st May 2118 (125-year lease) and 26th August 2040 (30-year lease) respectively. Figures 11 and 12 show the Hardwick Lane (current) and Hardwick Manor (FSP) sites respectively.

The Trust's land and property portfolio includes a green field site (Churchfield Road) located in Sudbury. This has been declared surplus and is in the process of being disposed of.

4.17.2 Community services – leasehold

The Suffolk Community Services contract in the west of Suffolk is currently delivered from 21 sites for which the Trust is responsible. NHS Property Services (NHSPS) is the landlord for 2 sites. The remainder of the estate comprises sixteen sites on a license to occupy or ad-hoc basis and a further three subject to formal leases with other organisations. 22 further sites, in the east of Suffolk, are used to deliver services across Suffolk which the Trust is responsible for delivering, although the responsibility of estate in the east is retained by East Suffolk and North Essex NHS Foundation Trust (ESNEFT). Further detail of the leasehold estate is at appendix 1.

4.17.3 Property Asset Value

The Trust has an estate with a Net Book Value (NBV) at 1st April 2021 of £126.63m. West Suffolk Hospital has a total site area of 20.88 hectares (third party users occupy part of the site see Table 6) and 60,689m² gross internal site floor area.

Figure 11: West Suffolk Hospital site (Hardwick Manor to the top right) - Aerial Photograph

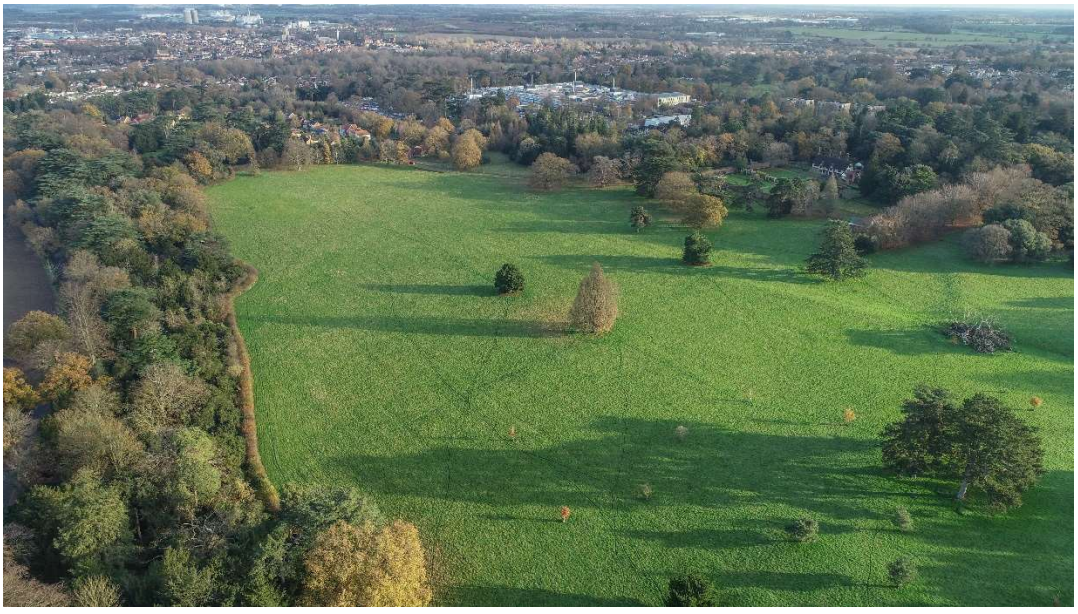


Figure 12: Hardwick Manor site (WSH in the background) - Aerial Photograph

Property	Use	In use from	NBV at 01/04/21	Land Size Hectares	Tenure	Gross Internal Area (m²)
West Suffolk Hospital	Acute general hospital (inc. Hardwick Manor	1974	£117,360,000	47.04	FH	60,689.80m²
Newmarket Community Hospital	Community Hospital with inpatient beds	1995*	£8,480,000	3.11	FH	4,480.44m²
Glemsford Surgery	Primary Care	NA	£790,000	TBC	FH	TBC

Table 1: Property Schedule

* In current form

4.17.4 Estate disposal strategy

The Trust's Sudbury estate has been identified as surplus to requirement with all sites registered on the NHS Surplus Land Register.

Site	Date constructed	Ha	GIA	Number of units	Year of sale	Capital receipt
Churchfield Road	NA	1.82	NA	Est. 60 - 80	Est. 2021/22	Est. 1,500,000

Table 2: Disposal summary

4.17.5 Tenants

There are three separate buildings on site with leases ranging 30 to 125 years and two tenants occupying space in the main hospital building; these are detailed in Table 3.

Property	Size	Lease duration	Start date	End date	Rent
Wedgwood House	1.2ha	125 years	24/01/01	31/05/2118	Peppercorn
St. Nicholas Hospice	0.7 ha	60 Years	15/08/91	14/08/2051	Peppercorn
Busy Bees Nursery	0.15ha	30 years	27/08/10	26/08/2040	Peppercorn
Renal Unit	363m²	18 years	10/09/03	09/09/2021	Commercial
WH Smiths	172 m²	5 years	17/02/22	16/02/2027	Commercial

Table 3: Third party site users

In addition, there are a number of undocumented tenancies across both the WSH and Newmarket Hospital sites; WSFT has engaged new property solicitors and these will all be regularised over the coming 24-36 months.

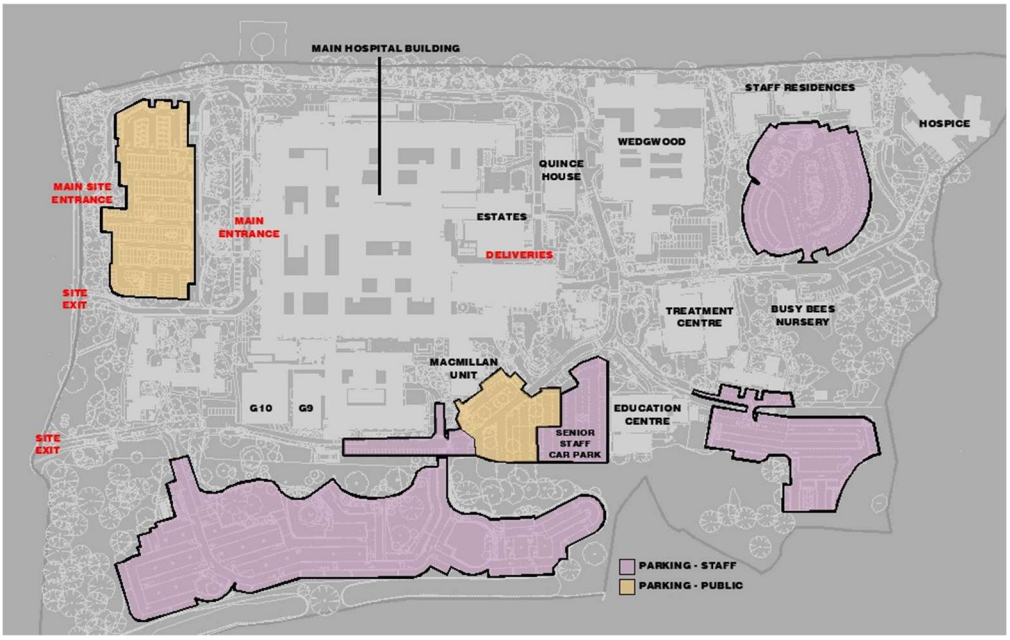


Figure 13: Site plan

4.17.6 Community estate

Two separate alliances have been formed to cover Suffolk; Ipswich and East Suffolk and West Suffolk. Across both footprints, the Trust and its partners deliver a range of services including: acute, community, mental health, primary care and social care services.

The principle of the Alliances is to:

- Improve health outcomes for patients
- Empower and support self-care
- Co-design services with patients and our staff across the alliances
- Build services, around our localities, that are seamless and which transcend organisational boundaries
- Maintain and integrate workforce across the system
- Deliver responsive but affordable services.

The operational framework for the West Suffolk Alliance is in the process of being reviewed in the context of the ICB and the wider Integrated Care Partnership (ICP).

The remit and primary function of the revised governance will be to:

- Oversee and ensure integration across the health and care system
- Oversee and ensure the successful evolution from alliance to fully functioning Integrated Care Service
- Support move to local commissioning.

The Alliance has also established an alliance steering group that brings together key operational and transformation leaders. The remit and primary functions of the steering group is to:

- Design, lead and support operational transformation across the alliance.
- Develop and mature the alliance and locality governance structures into a fully collaborative model
- Identify and support opportunities for integration and collaboration.

The SNEE ICB outlines a range of initiatives to deliver sustainable services, including improvements to community and urgent care. The East and West alliances form delivery mechanisms for those initiatives, and will need to maintain consistency with the vision and aims of the ICB.

4.17.7 Site Constraints

There are a number of environmental constraints that apply to the site which will need to be considered in the context of future development. The principal ones comprise:

4.17.7.1 Landscape and Trees

Existing West Suffolk Hospital Site: The existing buildings are set within a mature and attractive landscape setting that contains wooded areas, groups of trees and individual trees of significance. The trees within the Hospital Site are covered by two blanket Tree Preservation Orders (TPO): TPO No.28 (1960) which relate to the woodland groups within the site, and TPO No.257 (1998) which identifies the mature specimen trees.

Due to the outstanding natural beauty and parkland setting of the site, it is recognised that great care must be exercised when planning any future developments. In October 2003 landscape architects, Liz Lake Associates produced a 'Landscape and Visual Assessment and Proposed Development Strategy Plan' (reference document 14) which included a full survey of all on-site trees and topography, and made necessary recommendations with respect to landscape management.

4.17.7.2 Ecology

The recently purchased Hardwick Manor Estate comprises wood pasture and parkland, a very high distinctiveness habitat that is of principal importance, and considered irreplaceable. The arboretum behind the manor house is a mature woodland of significant value of principal importance; the orchard within the grounds is also of significant ecological value, and of principal importance as a habitat. The grassland on the estate is an ancient pasture, supporting fungi assemblages and veteran trees that can take decades to centuries to develop. Any activities that could damage any of these features, must be planned under great care, and engage with a suitably experienced ecologist to ensure any negative impacts are minimised as far as possible. The woodland along the west boundary of the site is not classified as wood pasture parkland, but is still a mature woodland that requires careful consideration during any development or maintenance activities.

The habitats within the Hardwick Manor estate are almost exclusively considered irreplaceable and/or habitats of principal importance in ecological terms. Any and all activities that could negatively impact these habitats will need to be minimised to absolutely necessary works only, as even temporary works are likely to cause permanent damage to these habitats (including grassland, woodland, veteran trees, and the orchard).

The surveys and data collected during the ecology surveys on the Hardwick Manor site shall feed into an estate management plan, that will target maximising the ecological value and condition of the retained habitats on the estate. The management plan should set out management activities permitted in different areas across the site, and identify any activities for which permission must be sought prior to undertaking.

4.17.7.3 Travel and Accessibility

The local authority will consider transport implications of any development when considering and determining planning applications. Of particular relevance, for ongoing and future developments at the Hospital, is the need to recognise that the Hospital is a major generator of travel and should have good access arrangements for emergency vehicles and non-car modes, whilst providing for those who must rely on a car.

The site can be accessed by public transport. There are bus stops on both sides of Hardwick Lane adjacent to the site frontage. The bus station is located a few minutes' walk from the town centre and provides a direct service to the Hospital every 30 minutes. The railway station is situated under a mile from the town centre and two miles from the existing hospital site.

Bury St. Edmunds town centre is within a 10-minute cycle time of the site, although cycle access is limited to the site. However, there is a cycle path and footpath link connecting the hospital to the town centre although poorly-lit and therefore only suitable for use in daylight hours. Both the station and town centre can be reached within a 10-minute drive of the site.

Parking provision on the West Suffolk Hospital site is a key factor in the consideration of re-development schemes, due to its congested nature. The requirement for on-site parking needs to be controlled and reduced. The Trust's Travel Plan promotes sustainable transport choices, including car-share schemes, cycling and walking to work, as well as use of public transport.

There is a continual trade-off between access, parking and reducing our emissions, acting as a good neighbour. The updated Staff Travel Habits Survey will inform how WSFT engage the local authority on implementing attractive alternatives to using the car wherever possible.

4.18 Asset Performance

In 2021, the Trust updated the Condition element of the 6-facet data to ensure effective investment was made in recognition both of the FSP and the limitations of WSH's RAAC Structure. The Trust also has a programme of reinspection of 20% of the assets on an annual basis to ensure a full survey takes place each 5-years in-line with Estatecode

The backlog plans are reviewed annually, through a multidisciplinary group, using a forced risk ranking methodology. The review takes account of any changes in priority and new or updated guidance.

4.18.1 Backlog

The methodology used is as defined in Department of Health and Social Care (DHSC) 'A risk-based methodology for establishing and managing backlog'.

Figures 14, 15 and 16 show the highlight of the WSH, Newmarket and Glemsford Backlog Summaries. Appendices 5, 6 and 7 respectively hold the detail that supports this.

The majority of the backlog can be attributed to the original site structures which are constructed of pre-cast autoclaved aerated reinforced concrete (RAAC) panels. The structural issues are discussed further in Sections 5 and 6.

Backlog Summary	£s	With on costs @ 57%
Low	£3,254,700	£5,109,879
Moderate	£24,770,000	£38,888,900
Significant	£12,999,000	£20,408,430
High	£61,656,400	£96,800,548
Critical	£74,655,400	£117,208,978
Non-critical	£28,024,700	£43,998,779
Total	**£102,680,100**	**£161,207,757**

Figure 14: Backlog Overview - WSH

Backlog Summary	£s	With on costs @ 57%
Low	£40,000	£62,800
Moderate	£624,600	£980,622
Significant	£713,400	£1,120,038
High	£765,000	£1,201,050
Critical	£1,478,400	£2,321,088
Non-critical	£664,600	£1,043,422
Total	**£2,143,000**	**£3,364,510**

Figure 15: Backlog Overview - Newmarket

Backlog Summary	£s	With on costs @ 57%
Low	£72,450	£113,747
Moderate	£11,100	£17,427
Significant	£86,500	£135,805
High	£500	£785
Critical	£87,000	£136,590
Non-critical	£83,550	£131,174
Total	**£170,550**	**£267,764**

Figure 16: Backlog Overview - Glemsford

4.18.1 Structural resilience

West Suffolk Hospital (WSH) was constructed in the early 1970's and was built as one of the "Best Buy" hospitals. The building was constructed utilising precast concrete construction. The central "spine" of the building and first floor are of traditional normal weight precast concrete construction. However, the external roof and wall panels and roof panels are formed from precast Reinforced Autoclaved Aerated Concrete (RAAC) panels.

RAAC panels were an innovative form of construction at the time most likely used to provide enhanced thermal performance over normal weight concrete and supported off-site manufacture to reduce cost and variation.

Across the country defects started becoming apparent within RAAC panels soon after its introduction and in the 1990's some research was undertaken by the Building Research Establishment (BRE) into panels designed and installed before 1980.

Due to the nature of the RAAC material at West Suffolk Hospital, defects became apparent and concerns began to be raised in 2009 (this issue is included on the Board Assurance Framework), about the condition of the structure at the hospital. Since that time extensive

investigations have been undertaken by SWECO Consulting Engineers (SWECO) and BRE and these have identified that the RAAC has numerous structural deficiencies and defects.

In May 2019, a Standing Committee on Structural Safety (SCOSS) Alert was issued by the Institution of Structural Engineers, which discussed the findings of an investigation into the failure of a roof panel in a school. Since then, further reports issued by SCOSS identified that a roof plank failed at another school in 2017.

The original hospital buildings at Hardwick Lane are coming to the end of their serviceable life and replacement of the hospital is required as an immediate action.

RAAC can be distinguished from normal weight concrete by:

- A much lower strength ranging from about 2 – 5 N/mm² compared to 30 – 50 N/mm² for standard concrete;
- The AAC material is permeable and the embedded reinforcement relies on a coating applied to the bars to provide protection against corrosion;
- The main reinforcement in the planks rely on the action of welded transverse bars to anchor the bars at the end bearing of the planks.

RAAC roof panels have experienced structural problems since soon after their introduction as a building material. Issues have included:

- Deflection of roof panels resulting in the ponding of water;
- Transverse cracking resulting from the large deflections;
- Corrosion of embedded reinforcement due to breakdown of the protection coating and exacerbated by water leaks or interstitial condensation;
- Short end bearing lengths which in conjunction with poor workmanship could result in inadequate bearing conditions;
- Concern about the structural integrity of the planks due to reinforcement corrosion;
- Spalling concrete resulting from corrosion or mechanical damage.

The roof panels at West Suffolk Hospital have been extensively investigated by SWECO since 2009 and defects associated with these issues have been identified at the hospital.

In addition, the external wall panels are constructed from RAAC panels. Unusually, these panels are load bearing and support the first floor and roof construction. These wall panels were subject to an extensive investigation during 2018-19 including input from the Building Research Establishment. The findings were presented in our report reference 666814-MLM-ZZ-XX-RP-S-0006 dated April 2019.

The report identified widespread defects including:

- Cracking of the AAC material;
- Surface corrosion of the embedded reinforcement;
- Spalling of concrete in isolated locations due to corrosion of embedded reinforcement;
- Localised honeycombing of the AAC material around the reinforcement.

The report concluded that the prediction of the future life of the building is difficult due to the lack of information about RAAC panels. However, if a “Do Nothing” approach is followed, the

panels could possibly become weakened and the structure, even with the installation of failsafe, will not be viable past 2030.

After consideration of the extensive defects, investigations and the SCOSS Alert guidance, a review was undertaken into the safety of the continued use of the hospital in May 2019. This assessment concluded that the future serviceable life is unlikely to extend beyond 2030 and in the interim the introduction of failsafe supports would be needed. A bid for emergency capital has been funded by DHSC to support the interim work required.

In response to the concern from the SCOSS report and the wall panel investigation, a review of the roof construction was undertaken in May 2019 and this concluded:

- The condition of the roof panels were investigated in 2010 and have been subject to ongoing consideration since that time;
- The roof has been recovered over much of the hospital since 2010 and insulation laid to falls has been added. These actions help to remove excess weight off the roof from ponding water and keeps the panels dry but other deficiencies remain;
- At the time of the commencement of the re-roofing it was estimated that the works may extend the life of the structure for about 20 years;
- Extensive management regimes have been put in place by the Trust including an extreme weather procedure, five yearly (quinquennial) reviews and day-to-day management procedures;
- During the day to day management of the buildings, defects are regularly reported and after investigation some have led to the introduction of structural strengthening measures of individual planks and some wider spread areas;
- Further proactive investigations at the hospital, carried out as a result of the SCOSS alert (May 2019), have identified structural issues in relation to RAAC planks. The hospital is part of an ageing estate and serviceable life is now considered to be no more than 10 years (i.e. up to 2030).

While the Trust is taking action to mitigate against all eventualities, we recognise that structural failure cannot be fully ruled out and is extremely difficult to predict.

4.18.2 Backlog Maintenance Liability

Figure 17 shows the 'heat map' that relates to the condition facet survey carried out during 2020 (updated 2022). The majority of the significant work is located in the main building, which is predominantly occupied with clinical services and limited decanting options.

Figure 17: Backlog heat map - WSH

A significant number of backlog maintenance capital schemes have been carried out over the period of the previous estate strategy (2017 - 2022) which have improved the condition of the estate and reduced risk. A summary is detailed below:

4.18.3 Space Utilisation

The Trust has a Space Utilisation Group (SUG) which is responsible for managing requests for additional space and amendments to existing. The group is chaired by the Chief Operating Officer, with membership comprising of senior management from the Surgical, Medical and Clinical support services divisions, along with estates and facilities, community services and nursing representation.

The WSFT estate has expanded to the point that limited options remain to provide further accommodation. Consequently, the SUG has to look at ways of amending/altering existing offices/areas to cope with growing staff groups and services.

The Naylor report highlights that non-patient floor space should not exceed 35% of the available footprint and un-utilised space should not exceed 2.5%. Based on ERIC data, the Trust currently has 37.65% of space allocated to non-clinical use and report that 0% of its footprint is vacant, see Table 4.

Summary of utilisation	
Type of accommodation	**Use**
West Suffolk	
Clinical use	62.35%
Non-clinical use	37.65%
Newmarket	
Clinical use	82.03%
Non-clinical use	17.97%
Glemsford	
Clinical use	70.00%
Non-clinical use	30.00%

Table 4: Summary of space utilisation (ERIC)

4.18.4 Functional Suitability

The Functional suitability facet is assessed on the basis of three main elements: internal space relationships; support facilities; and location. In addition to these three elements, each sub-element is assessed further in terms of 'fit for purpose' within the next five years or 'fit for purpose' in five years or more. All functional suitability assessments have been made with reference to departmental Health Building Notes (HBN) and Health Technical Memorandums (HTM) guidelines.

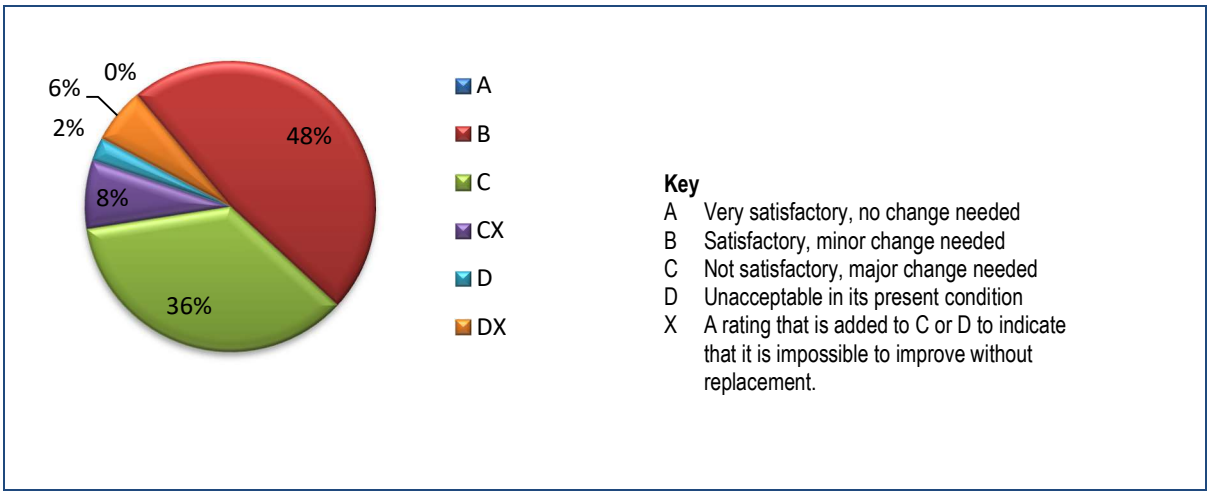
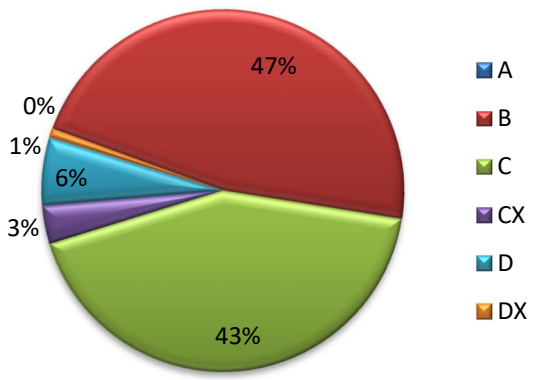


Figure 18: Function by rank

4.18.5 Quality of the Environment

Quality assessment takes into account the three main elements: amenity; comfort engineering; and design. All questions asked fall in line with the NHS Estates Land and Property Guidelines.

Figure 19 shows, 43% of the Trust's accommodation was found to be in condition 'C', with 10% in condition CX or lower; indicating that 53% of the departments/areas surveyed were a less than acceptable facility requiring investment. The areas falling into this category are mainly inpatient wards that have not yet been upgraded.



Key

A	Facility of excellent quality
B	A facility requiring general maintenance investment only
C	A less than acceptable facility requiring capital investment
D	A very poor facility requiring significant capital investment or replacement
X	A rating that is added to C or D to indicate that it is impossible to improve without replacement.

Figure 19: Quality by rank

4.19 Equality Act (EA)

The EA came into force in October 2010, superseding the Disability Discrimination Act 1995. The act places a duty on service providers to make reasonable adjustments to physical features to premises to overcome barriers to access.

An EA survey was undertaken in December 2017 covering West Suffolk Hospital. This survey does not include the Dementia Facet, and the PAM results illustrate this requires significant update; a new survey has been commissioned and the actions will fall under the timeframe of this Strategy.

4.20 Sustainability

In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero, in response to the profound and growing threat to health posed by climate change through its 'Delivering a 'Net Zero' National Health Service report. it sets a clear target for achieving a net zero health service for direct emissions by 2040 and indirect emissions by 2045.

The NHS estate has a critical role to play in achieving this ambition. It is an area where the NHS can take direct and cost-effective action with a high degree of confidence.

The Trust Green Plan describes the action we will take. It will evolve over time as we achieve our goals and set ourselves even more ambitious targets. We are committed to playing a leading role in securing a healthy and sustainable Suffolk. Green Plan 2021-25 FINAL (wsh.nhs.uk)

There is a Four step approach to decarbonise the existing NHS estate:

1. Making every kWh count: Investing in no-regrets energy saving measures
2. Preparing buildings for electricity-led heating: Upgrading building fabric
3. Switching to non-fossil fuel heating: Investing in innovative new energy sources
4. Increasing on-site renewables: Investing in on-site generation

A range of further action will also be considered to tackle climate change:

- Driving forward a circular economy – investing in our local communities wherever possible
- The electrification of the NHS fleet – where the option to move to BEV or PHEV exists this needs to be taken
- Engaging the supply chain – demonstrate the purchasing opportunities of the NHS and how their business can support our needs which supports the Circular Economy.
- Preparing the estate for severe weather, in the context of both retained estates and the NHP
- Committing to active travel by undertaking a comprehensive staff habits survey that give options to travel that are not binary in their nature but respond to the needs of the individual and local communities and environment

4.20.1 Current status

The 2015 NHS carbon footprint carried out by the Sustainable Development Unit shows an overall reduction in carbon emissions from 25.7 to 22.8 MtCO2e. This is equivalent to an 11% reduction, meaning the NHS has surpassed the 10% target set in the 2009 Carbon Reduction Strategy (target set against a 2007 baseline figure).

The Trust has seen a reduction in total 'liable carbon' from 7,573t CO^2e in 2007 to 5,979t CO^2e in 2016 - a reduction of 20.68%.

4.20.2 Energy Performance and Environmental Management

The Trust performs in-line with benchmark data on the Model Hospital (both Small Acute and Small Acute Midlands and East).

With the FSP there are limitations around what can be achieved for the current estate that is expected to be demolished and the retained estate which, from a services perspective, is linked to this same asset. The Trust procures its energy and utilities through national supply agreements negotiated by the Crown Commercial Services Governments Procurement Services Energy Division, despite this the recent volatility in Energy Prices has an impact of approximately 20% in 22/23 over 21/22 and it is unlikely this will reduce for a number of years, if at all.

West Suffolk Hospital has a heated volume of 152,939m^3

Utility	Energy Consumption		Cost	Site Energy Consumption
	kWh/year	%	£/year	kWh/100m^3
Gas	27,587,080,	82	£1,637,482.15	22,025.5
Electricity	6,098,446.5	18		
Oil	0	0		
Total Energy	**33,685,526.5**	**100**		

Table 5: Energy performance - source ERIC 21/22

As part of its Energy Strategy, the Trust installed a combined heat and power unit (CHP) in 2009. The aim of the installation was to improve energy efficiency, reduce carbon emissions

and to ensure the Trust maximises the use of its resources in generating heat and power for the estate from one primary energy source - gas.

With the decarbonisation of the electricity grid that has taken place, most notably since 2015, gas is no longer considered a low-carbon energy and contrary to the future direction travel to meet NZC. The CHP Engine is now 13 years old and will need significant investment to continue in operation until the end of the decade. The Trust has not previously had a dedicated Energy Manager, but this role is part of the revised structure to support the reduction in consumption and better decision-making around efficiency.

The Trust's Display Energy Certificate/Performance Energy Certificate rates the buildings at West Suffolk Hospital site are shown in Table 6, for the period September 2017 to August 2018.

Location	Energy asset performance rating	Benchmark	
		New build	Existing stock
Main building	100 grade D	-	-
Education Centre	66 grade C	-	-
Day Surgery Unit/Eye Treatment Centre	102 grade E	-	-
Quince House	117 grade E	41	11

Table 6: Energy asset performance rating

A typical rating for hospitals similar to the Trust is 100 grade D.

4.20.3 Energy consumption

The source of data is the ERIC returns to the Information Centre. West Suffolk NHS FT is identified by the black bar with peers in grey bars, see Figure 20. This shows that the Trust has a higher (511kWh/m²) energy consumption than the benchmark of 467kWh/m². The other best buy hospital consumption rates are:

- James Paget 368kWh/m²
- Queen Elizabeth 578kWh/m²
- North West Anglia 443kWh/m²
- Frimley Health 558Wh/m^2

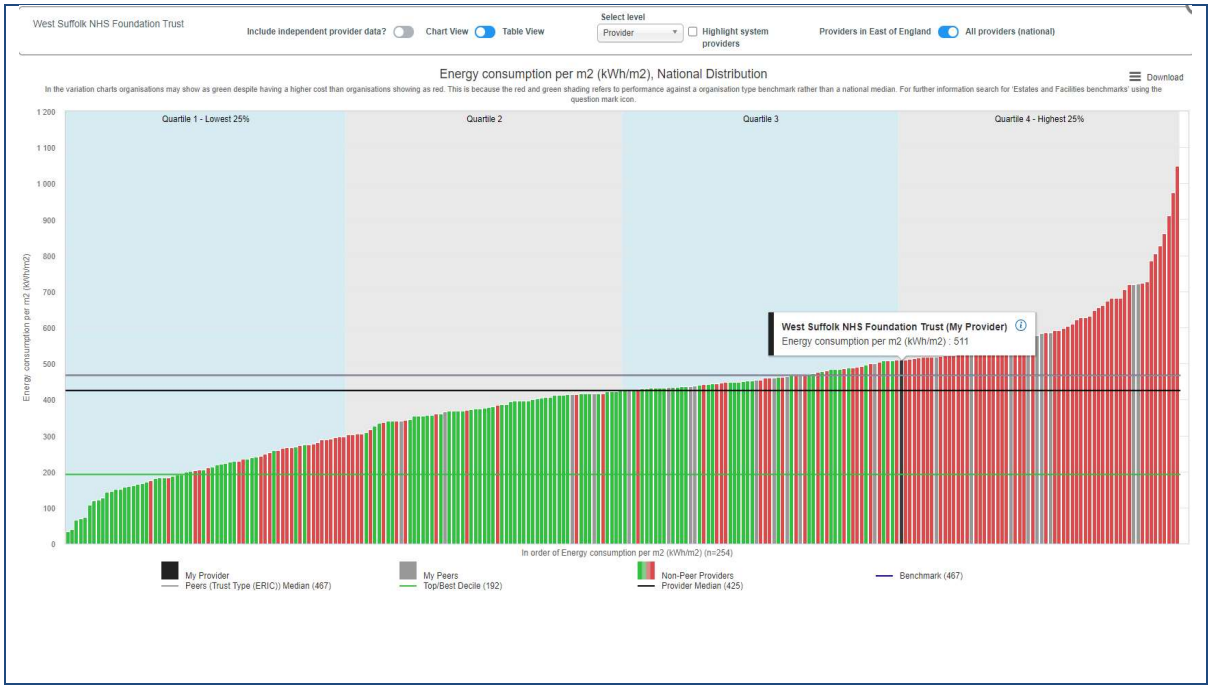


Figure 20: Energy consumption

4.20.4 Water

The model hospital data for 21/22 shows that for small acute trusts outside of London (ERIC category for WSFT) the Trust has a high water and sewerage usage (£5.29 /m²) and falls within quartile 4 against a benchmark of £4.09, see Figure 21. The other best buy hospital rates are:

- James Paget £4.02/m²
- Queen Elizabeth £2.82/m²
- North West Anglia £4.13/m²
- Frimley Health £4.03/m².

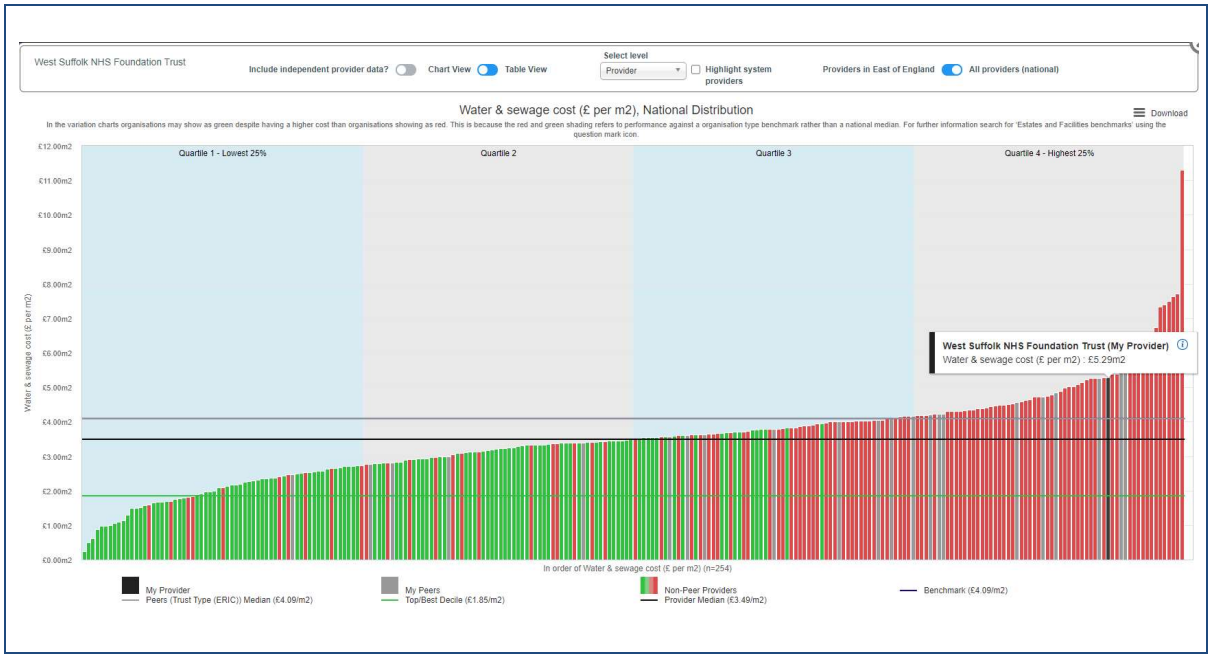


Figure 21: Water and sewerage per m²

4.20.5 Waste

The model hospital data for 21/22 shows that for small acute trusts outside of London (ERIC category for WSFT) the Trust has a lower waste cost per tonne (£341.77) and falls within quartile 2 against a benchmark of £400.47/t, see Figure 22.

The other best buy hospital rates are:

- James Paget £320.74/t
- Queen Elizabeth £588.59/t
- North West Anglia £437.57/t
- Frimley Health £412.45/t.

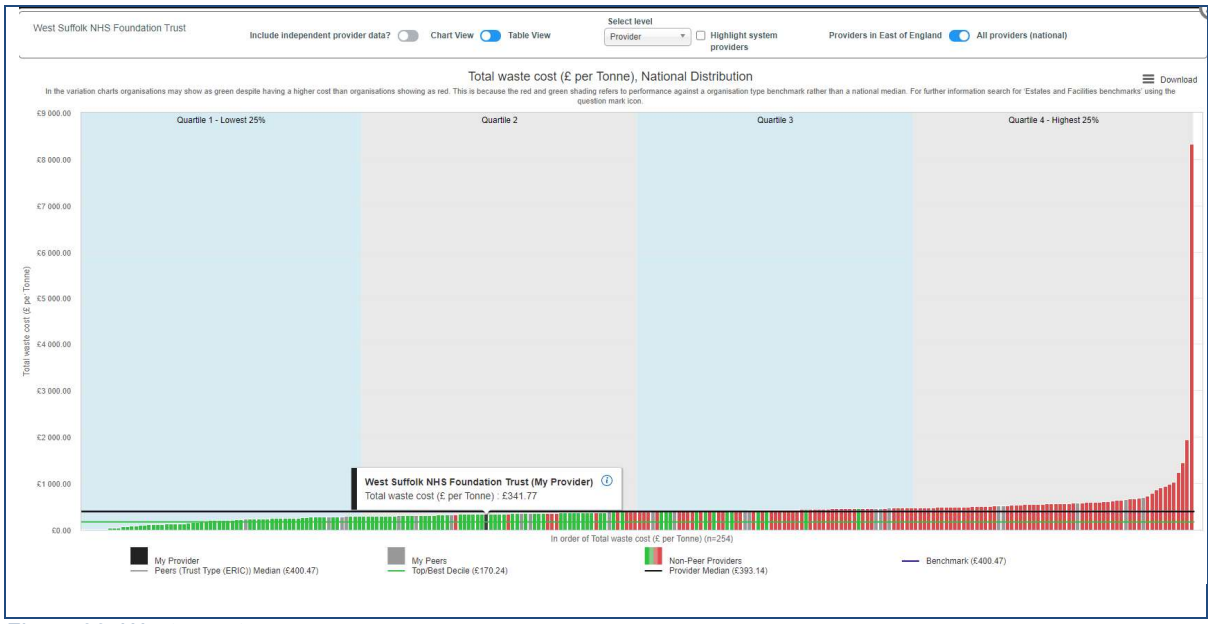


Figure 22: Waste per tonne

The waste productivity per weighted activity unit (WAU) is in quartile 3 at 20.30/Kg per WAU this cost is above the benchmark of 19.63/Kg per WAU. Table 12 identifies the weight and cost of the different waste streams between 2013/14 and 2016/17, this information is also reported in the Trust's annual sustainability report.

	2018/2019		2019/2020		2020/2021		2021/2022	
	Weight	Cost (£t)	weight	Cost (£t)	Weight	Cost (£t)	Weight	Cost (£t)
Total Waste	1057.39	£791.79	1155.34	£805.34	1140.00	£827.63	1126.37	£810.34
Hazardous /Clinical waste	462.80	£505.31	509.25	£528.59	554.57	£533.02	549.09	£530.85
Landfill	0	0	0	0	0	0	0	0
Reused/recycled	229.65	£103.82	244.10	£84.72	344	£203.61	268.13	£65.52
Incinerated with energy recovery	364.94	£182.66	401.95	£192.03	251.05	£91.00	309.15	£213.97

Table 7: Weight and cost of the different waste streams between 2013/14 and 2016/17

Any domestic waste from the hospital which is not recycled is sent to the energy-from-waste site at Great Blakenham. This facility takes domestic waste from Suffolk and Norfolk, reduces greenhouse gases by 75,000 tonnes a year and generates enough electricity to power 30,000 homes. Practically nothing goes to waste on this site. Metals are recycled and ash, left after

the incineration process, is used as an aggregate for local building projects. The Trust target for recycling is 30% of total waste. The Trust achieved 21% in 2016/17 and 23% in 2017/18

The Trust is able to recycle the following:

- WEE Waste (Waste Electronic and Electrical Equipment)
- IT waste, including toners
- Wood and furniture
- Confidential paper
- Non-confidential paper
- Cardboard
- Crushed lamps
- Waste cooking oil
- Scrap metal
- Batteries
- Uniforms
- Asthma inhalers
- Mobile phones

The recycling of cardboard, metal and cooking oil generates a small income for the Trust.

4.20.6 Travel plan

The Travel Plan, developed in September 2014, progresses a number of initiatives to encourage staff's interest in walking, cycling and car sharing as well as use of an off-site parking area and shuttle bus service.

An action plan was formulated to progress these initiatives which the Trust regularly monitors and reports status to the Trust Board as well as the Borough and County Councils.

Any new development on site is required to consider the corresponding need for cycle storage, changing and drying facilities.

The Trust remains in contact with the Borough and County Council in respect of new developments, since the success of any planning application is closely linked to the Trust's commitment to its Travel Plan. A review of the Travel Plan was carried out in Autumn 2021 to support the outline planning application for the new hospital. Charging is reimplemented in April 2023 and the Eligibility Criteria for Staff parking permits are to be formally reviewed in early 2023.

In addition, the Trust is contributing towards a 'Green NHS' with regard to Delivering a 'Net Zero National Health Service acting to reduce air pollution from fleet vehicles by moving to low emission fleet vehicles and then to ultra-low and zero emission vehicles.

WSFT is investing in additional 22KW (3-phase) chargers at both WSH and Newmarket Hospital to support electrification and decarbonisation of the fleet. Working with partners on West Suffolk Property Board, we are developing an Alliance-wide EV-charging solution that allows each consumer organisation to be billed but ensure use and availability is retained to partners. A wholesale review of the Travel Plan will be undertaken in the life of this Strategy to support the FSP.

4.20.7 Car Parking

On the West Suffolk Hospital site, there is on-site parking in marked bays for 1778 vehicles, with a further 277 spaces provided for staff and contractors off site, Monday to Friday at the Rugby Club.

The onsite parking is managed by the use of automatic number plate recognition on entry and barriers on exit.

The main area of patient and visitor parking is provided at the front of the site with additional parking near the Macmillan Unit and rear entrance to the main hospital building.

Staff parking for WSH staff is provided at the rear of the site, together with car parks for the sole use of other site users; St Nicholas Hospice, NSFT Wedgwood House and Busy Bees Nursery.

Type	No
All Trust spaces	1641
Disabled spaces	72
Car share spaces	24
Drop off points	10
Electric charging points	6
Third party users	137
Spaces available across the site	**1778**
Off-site car park	277

Table 8: Parking spaces at West Suffolk Hospital

The Trust has taken a number of actions to address parking capacity issues on the WSH site, linked to the Travel Plan and national guidance, actively encouraging cycling, walking and car sharing as well as the use of the off-site parking provision at the Rugby Club with a park and walk or park and ride option. For example:

- Additional capacity for staff parking provided in car park R in 2017
- Improved secure cycle storage linked to the replacement of open storage, and storage for additional 12 cycles linked to G10 planning consent- opened in June 2022.
-

Despite the action taken, the availability of on-site parking continues to pose problems for users particularly at peak times. Provision of off-site parking and the shuttle bus helps capacity but is a financial burden to the Trust.

Reconfiguration of the WSH site, with the majority of the site now one-way traffic control, ensures smooth flow of traffic. However, the main access road to the site cannot accommodate double lane traffic and/or emergency vehicles concurrently.

There is parking at Newmarket Hospital for 159 vehicles, including 15 designated blue badge spaces. There is no car park management system in place and the car park tariff is free for all users.

Type	No
All Trust spaces	159
Disabled spaces	15
Electric charging points	0
Spaces available across the site	**159**

Table 9: Parking spaces at Newmarket Hospital

4.21 Estate and Facilities management IT systems

The Division operates a Computer-Aided Facilities Management (CAFM) tool. Purchased in 2020, this is currently used to support Planned Preventative Maintenance (PPM), Reactive and Help Desk functions for the Estates team. It is being rolled-out across the Division to provide support for Cleaning Audits and PLACE assessments and the National Standards for Cleanliness Governance.

The Electro-Bio Mechanical Engineering (EBME) team manages electronic medical equipment through a dedicated Equipment Management software product; this illustrates the whole asset life of a piece of equipment and in conjunction with Radio Frequency Identification (RFID) allows all high-value assets to be tracked around the Trust.

The Facilities team manages support services including Housekeeping, portering, Catering and Switchboard. The Facilities team utilise the CAFM system, although porters have their tasks tracked through the Trust Electronic Patient Record (EPR) system, Cerner Millennium; whilst this ensures strong data in patient notes, for all tasks that do not involve a patient the amount of data available is limited.

The Catering team operates a solution called Menumark that manages patient meal ordering, recipes, allergens the EPOS (electronic point of sale), catering stock and generates orders. Whilst Menumark has good catering functionality, reporting is limited and it is not integrated with the Powergate (procurement system).

The Trust is in the process of replacement Powergate, which is a legacy-product; this will be in-place by the start of 2023.

The Sterile Services Department (SSD) sterilise a wide range of medical and surgical instruments, so they are safe for patient use. The Trust benefits from a modern, compliant SSD unit on the ground floor of Quince House. The inclusion of Theatres and Anaesthetics as e-care modules in phase 3 presents an opportunity to improve the identification of instruments and the tracking of theatre instrument trays.

Refer to reference document 5 for further detail on the IM&T strategy.

4.22 Customer Feedback

The Trust has not routinely undertaken an assessment of its EFM services. The CAFM system purchased has the functionality to undertake regular audits; the Division has a new role of Business Support Administrator and the post-holder will be responsible for implementing our closed-loop governance processes to ensure that we get feedback on our services to implement in the next phase of planning.

5. Where do we want to be?

This Section of the Estates and Facilities Strategy establishes the healthcare needs for the next 5 years and beyond, essentially the 'road map' that EFM can influence but more critically is required to support.

5.1 Impact of the Clinical and Care Strategy on the estate

The Trust has aligned this Estates and Facilities Strategy with the objectives as identified in the OBC for the FSP and commissioners' clinical objectives and priorities through being engaged in the ICS Estates Strategy Group.

The Trust's estate strategy has not been developed in isolation. Consultation has taken place with key clinical staff and the following table identifies some elements that have influenced this strategy, these are detailed in Table 10:

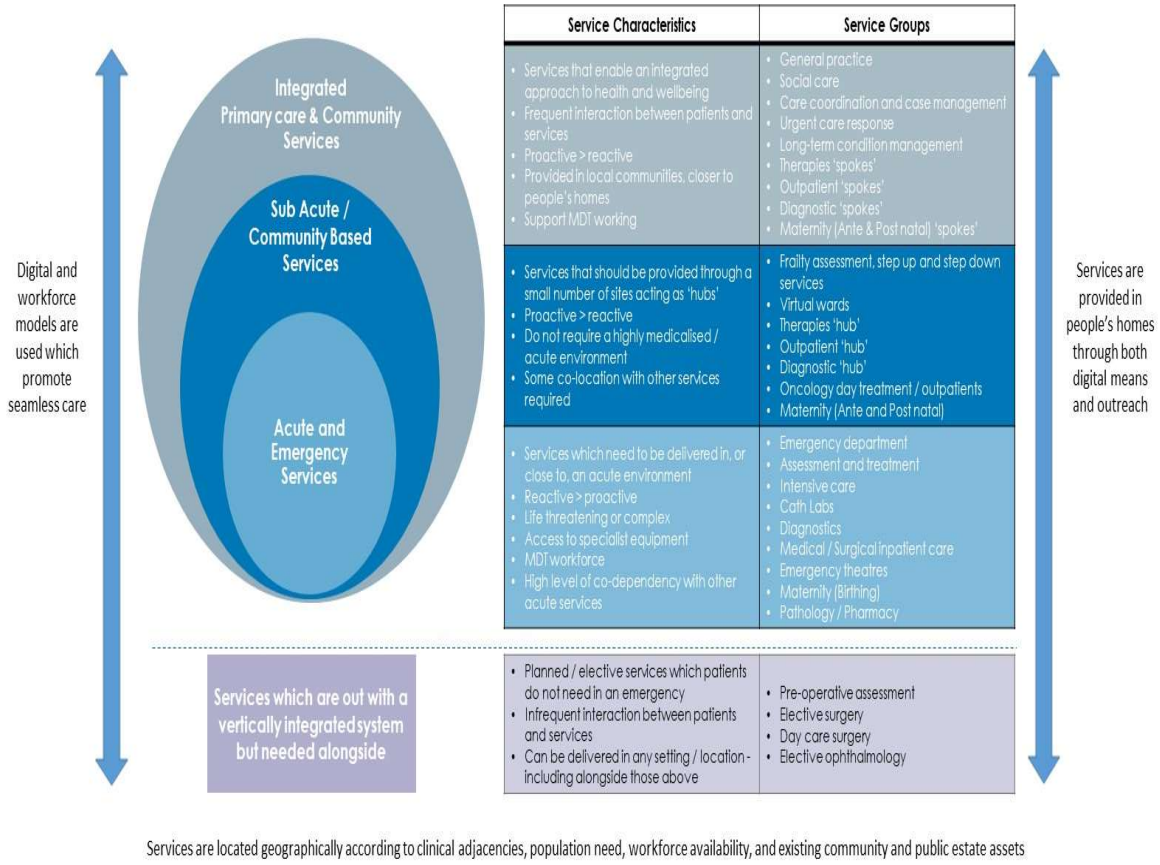


Figure 23: Summary of high-level clinical direction and possible implications

5.2 EFM Supporting the WSFT Strategic Framework

The Trust's strategic framework sets out three priorities for the Division in respect of the services it provides.

Priority	Examples
1. First for Patients	- Ensure that Patient Safety and Quality of Care are the key drivers for what the EFM Division do - Continue to deliver mandatory standards PLACE, PAM ERIC, Model Hospital. - Ensure the Capital Programme and service planning are aligned - Have business continuity and emergency plans and be prepared for a major incident/local emergency. - Continue to maintain the estate to provide a safe, fit for purpose environment for the delivery of healthcare. - Ensure effective backlog maintenance planning. - Take learning from feedback (e.g. PLACE) and implement this in changing the way we deliver services
2. First for Staff	- Ensure the Division has the appropriate skill-mix to deliver safe and high-quality services - Invest in Continuous Professional Development that supports both the organisation and individual - Develop an Organisational Development Programme to ensure each member of the team is clear on our objectives and plays their part in the development and delivery - Actively develop future leaders and provide support for education establishments as an Anchor Organisation to demonstrate a career in EFM at WSFT is a 'Career of Choice' - Aligned to this, adapt and develop roles to meet the needs of the future organisation and career aspirations of tomorrows workforce - Complete the implementation of KPI's in our service - Membership of professional groups e.g. HEFMA, IHEEM, NPAG
3. First for the future	- Embed sustainable principles, to not make a decision now that undermines future generations, in our planning, procurement, resourcing and disposal - Minimise energy consumption at source, and use NZC sources of energy where possible - Implement the SMART estate as part of the FSP, using the Digital Twin to obtain performance data of the asset to support investment, maintenance, use and disposal - Explore public sector estate opportunities through the OPE Programme. - Meet financial sustainability. - Continually review how we deliver our services based on lessons-learned, feedback and best-practice

Table 10: EFM Division priorities

5.2 Asset management

The model's emphasis on core property, which is functionally flexible, should be supported by accommodation that is flexible, both financially and from the duration which is required, to enable the estate to flex and change as determined by the core business strategy.

5.3 Space Utilisation

As discussed in Section 4.10 previous space utilisation studies have identified that under-utilised administrative space represents an opportunity across the acute and community estate portfolio.

In terms of maximising space utilisation and demands in the future, the Trust has adopted an informal strategy of relocating administrative functions away from core clinical space. To support this strategy, the Trust intends to build a satellite office block on site (in one of the few remaining areas for development). The Trust is also aiming to move away from cellular offices with the exception of staff at executive level and embrace the benefits of open plan working. Moving towards, or exceeding Cabinet Office efficiency targets for new premises of 4 desks for every 5 WTE staff and allowing no more than 8m² per desk space the Trust can reduce space requirements. Within the FSP, a strategy for office use is being developed that identifies a hierarchy based on need from full-time office-based staff requiring dedicated space through to staff that need access to touchdown space.

5.4 EFM Information Management Systems

The Trusts CAFM has the power and capability to support the Digital Twin but the EFM Division needs to ensure the resource and skill-set is appropriate to ensure we can act as a good client using the Government Soft Landings (GSL) principles.

Over the life of this strategy the implementation of the principles of the Digital Twin will begin to be adopted for the Retained Estate; whilst not fully digital, the skills and methodology for implementation will support the effective commissioning and 'Cradle to Grave' asset management for the FSP.

5.5 Carbon Reduction

As part of the NHS' objective to get to NZC by 2040 (2045 for the supply chain) WSFT has the Green Plan with early interventions to support this programme. Ultimately the main driver will be the NHP scheme when specifically referring to energy use, but as a rural community with poor public transport routes and community services, procurement and travel will be developed over the time of this strategy; implementing all procurement having 10% Social Value (as a minimum) in the scoring matrix is an early benefit and moving all Trust vehicles to Battery Electric Vehicles (BEV) or Ultra Low Emission Vehicles (ULEV – under 75g/CO2/km).

5.6 Asset Performance

Ensuring that the Trust is able to provide Safe, High Quality Care relies on the performance of our assets. Minimising the risk of failure, under-performance and the inefficiency caused by overperformance whilst meeting statutory compliance can only be achieved by the effective management of the CAFM and the training and support for those teams responsible for their management. A core focus on infrastructure has taken place over the past 18 months and this will continue into the life of this EFM strategy; this programme ensures the right governance framework is in place, the appropriate policies, procedures and management plans are utilised and training and development underpins the management of these assets.

In addition, the Board Assurance Framework (BAF) tracks the implementation of the estate strategy to ensure a building environment that is suitable for patient care is provided and adequately maintained; this incorporates the acute and community estate (see BAF reference 4.1). This is risk rated as Amber with the existing controls in place and is regularly reviewed by the Trust Board.

5.7 Statutory Compliance

It is not practical to eliminate Statutory Compliance issues in their entirety, but it is essential to risk assess services and infrastructure to ensure the organisation has a picture of both its strengths and weaknesses.

Through the oversight of AE's and external audits assessment by Environmental Health Officer (EHO), Health and Safety Executive (HSE), Suffolk Fire and Rescue Service (SFRS), the EFM Division utilises the Trusts Risk software and the governance process in-place to ensure multi-stakeholder input to managing risk.

5.8 Assets Surplus to Requirements

The Trust has previously disposed of three assets in Sudbury, see Table 5 that were surplus to requirement and has a remaining site for disposal.

5.8.1 Churchfield Road Site

This site is located in Sudbury and situated adjacent to an industrial area and is currently zoned for employment use. Part of the site (3.5 acres) was transferred to NHS Suffolk for the development of healthcare premises in 2012.

The Trust has agreed to enter into a co-operation agreement with the adjoining land owner (Caverswall Holdings) to facilitate a joint planning application for a residential scheme and disposal of the remaining 4.5 acres. An Outline application was submitted to Babergh District Council for the development of 166 Social Houses and a Care Home but refused by Planning Committee.

This site was registered on the NHS Surplus Land Collection 2011, reference plot ID 366.

5.9 Strategic Estate Development

To support both Community and Acute services, the FSP has developed the Trusts Clinical and Care strategy, the estates outputs from this are;

5.9.1 Future system Programme

The FSP OBC contains the detail of the proposed NHP Development for WSFT; this Estates and Facilities Strategy does not document that scheme in any great detail other than to capture the scope within the DCP's and recognise the investment in the retained estate before, during and after the NHP scheme takes place.

5.9.2 Health and Social Care Campus

The NHP requires asset disposal to be considered as part of the programme, and this supports the Naylor Review. WSFT is not intending to dispose of the site under property to be demolished, the Trust will have retained estate on part of the site, require continued access

through to Hardwick Lane, will continue to develop our relationship with partners to develop a Health and Social Care Campus under OPE. In addition, whilst a Multi-Storey Car Park (MSCP) is identified in the Outline Planning Application, there is no expectation this will form part of the preferred development with surface parking (at a low level) being the preferred option.

5.9.3 One Public Estate

Along with the schemes delivered in the last period of the Estates Strategy (Mildenhall and Brandon Hubs), WSFT continues to work with partners to support:

Bury St Edmunds - A Business Case has been developed to support the integration of Adult Community Services, with Outpatients, Radiology and Endoscopy Services as part of the Western Way Development (WWD); funded by WSC, WSFT would occupy the property on a lease basis, the scheme offers the opportunity to both get care closer to home and co-location with the council's Leisure Centre whilst supporting an Economic Development in the North West of the Town. The case was not approved, and a revision as part of the FSP is being made.

Children's Services – Initially scoped as part of the WWD, Children's Services have a clear co-location benefit with SCC Special Educational Needs and Development (SEND) and NSFT Children and Adolescent Services. A solution in the Hospital Road part of site with two NSFT Properties and Riverwalk School (SCC) will be developed in the life of this Estates and Facilities Strategy

Newmarket - The site has benefited from significant infrastructure improvements to support investment. The first scheme to take place is the Public-Dividend Capital (PDC)-funded Community Diagnostic Centre (CDC), which holds MRI, CT and Plain Film. This investment is planned to be completed March 2024 subject to the Cashflow NHSE have provided. Preparation (to tender) has taken place for the Elective Surgery Unit (ESU), this is on-hold subject to funding. An advantageous location for Eastern Region with good transport links to the East, West and North, Newmarket is a key location for OPE, work has commenced with WSC to utilise the site better as a community asset. Local authority partners are working through their needs to establish if co-location is beneficial

Haverhill - The Health Centre has temporarily shut due to RAAC being identified and a lack of assurance relating to the condition; services are currently undertaken from disparate locations in and around the town. WSFT are working closely with NHSPS to implement a failsafe programme for the current facility which gives a short-medium term solution whilst the West Suffolk Alliance developed a Health Needs Analysis on what services are required in the town.

Clare - focussing on GP practices and accommodating their future growth requirements.

Sudbury - The OPE programme has not moved on in Sudbury; WSFT continue to work with partners to ensure the current Health Centre is effectively utilised is at an earlier stage in Sudbury, the Trust is engaging with officers from Babergh District Council and the OPE team to explore opportunities in the town.

5.9.4 Integrated Care Board and Integrated Care Partnerships

On 1st July 2022 Integrated Care Boards (ICB) became a statutory body. The ICB formally replaces Clinical Commissioning Groups (CCG) and takes on some of the Commissioning undertaken by NHS England; the ICB is responsible for performance and spend within their given geographical footprint.

WSFT Sits in the Suffolk and North East Essex Integrated Care System (ICS), the ICS includes all of the statutory NHS Providers and Commissioners that sit on the Board but also the Integrated Care Partnership (ICP) which engaged the wider local authority, health and social care system. Further information can be found here;

SNEE ICB - About Us

The function of the Board is to ensure that decisions made in the local health and social care economy are to support the best outcome for patients and service users; historically, the Commissioner and Provider split along with Foundation Trust status has put a focus on organisation rather than service; the greatest challenge for all in that economy is to approach relationships and decision making with a collaborative output. This heavily supports acting as an Anchor Organisation and developing services and investment in a more collaborative manner.

The ICB has an Estates Committee with representation from Health, Social Care and other Local Authority providers to ensure the opportunity to support positive decision-making exists; the Associate Director of Estates and Facilities at WSFT sits on this Committee.

The Alliance formation pre-dates the ICB but has the opportunity with the support of that statutory organisation to become more effective in developing and implementing plans for Health and Social Care in the respective locality. Both East and West Alliances in SNEE are undertaking a review of their strategies in the coming 6-12 months, WSFT as a partner in the Alliance have a responsibility to ensure we support and deliver on this strategy

6. How do we get there?

This section outlines how the Trust will meet the demands placed on its estate, as outlined in Section 2 of this strategy, over the strategic period.

6.1 Critical Infrastructure Risk/Resilience

Critical Infrastructure Risk (CIR) has been a metric in the ERIC data for a number of years, invariably perception of risk relates to the items that can be seen but this deals with the elements of the Estate that are often not visible.

Along with RAAC, the age of the Trusts estate and key cyclic-investment not always being undertaken illustrates potential CIR.

Notably, the Trust has recently invested a significant amount in the on-site electrical infrastructure; local distribution systems still vary in quality with some of the site having panels and wiring that date back to the original build. Fixed Wire Testing (FWT) develops the action plan for investment.

Water Distribution Systems require continued investment to minimise the risk of waterborne bacteria (typically) Legionellosis and Pseudomonas, with the need to keep water at the right temperature, keep it moving and keep it clean minimising the risk to patient health.

Likewise heat-raising and distribution needs ongoing investment to ensure not only are we being as efficient as possible but able to meet the Business Continuity needs of the organisation; for example, there are a number of valves that are overdue investment at WSH which combined with a Constant Temperature (CT) heating circuit mean we are heating a number of areas all year around; these valves need replacing both for patient and staff comfort, but energy management.

WSH continued to perform well during the Pandemic in terms of Medical Gas supplies and ventilation (despite limited capacity in ward areas) but there are a number of areas identified across Critical Air Plant that need adaptation and investment to either achieve compliance to HTM03 or improve performance to get as close to this standard as possible, notably in-light of the increase in Surgical Site Infections (SSI) that have been subject to investigation. The limitations in our Oxygen supply have been rectified in 2022, supporting resilience and assurance.

WSFT has to safely manage the risk as we come to the end of the life of the RAAC buildings; the last patient to leave this site should be as safe as every other patient. Management of this needs to be risk-based to ensure we do not overinvest but fundamentally also underinvest for patient safety. The lessons from the business failure of Carillion and the ongoing impact of running two hospitals with an expected closure date that had to be extended by years must be taken.

WSFT has invested significantly in the Newmarket site to support future development of both the ESU and also the CDC; further work is required on the heating and hot water infrastructure which has already demonstrated failure to Gibson Centre and this is a key investment in 2022-23.

WSFT runs the Glemsford GP Practice, the team are continued to see ongoing investment in the property and in the first instance work will take place in 2023-24 on a number of backlog items identified in the 6-facet survey.

6.2 Acting as an Anchor Organisation

The Green Plan underpins WSFT's Strategy, and a key element of this is acting as an Anchor Organisation.

Through the EFM Strategy WSFT has the opportunity to ensure all procurement has a minimum 10% social benefit, this can be investing in local SME's, ensuring suppliers improve local employment, utilising low-carbon footprints for services. This gives the opportunity for the NHS to use its buying power to best effect in the local economy, ensuring ongoing investment; creating a virtuous loop.

Allied to this is the ability to show those embarking on their career and those seeking career change that their skills and values can be rewarded working in the NHS. At WSFT we have a relatively unique opportunity through diverse career opportunities to map aspiration, ability and skills. Members of the team actively take part in Health Ambassador sessions working with schools to show the variety of careers in the NHS.

EFM at WSFT is supporting the 1,000 apprentices a year NHSEI EFM challenge, with a division of over 520 members of staff, the ability to train and support new staff moving into roles as they become available turns the recruitment and retention challenge into an opportunity.

Supporting sustainability, actively ensuring there is always a Vegan option on the menu is part of this planning cycle, ultimately reducing the meat content of our nutrition offering but not eliminating it in order to provide choice.

6.3 The Digital Estate

Through the CAFM, as the Division become more effective in utilising data to manage our assets; Building Information Modelling (BIM) is the principles of ensuring the Trust has a Digital Twin for the new assets to ensure effective performance management. Typically, the main challenge is training and communication along with articulating the benefits of the digital twin; the ability to control the assets to maximise environmental performance and minimise waste whilst also making the environment more patient-focused offers positive outcomes for length of stay, patient experience and safety. The benefits also include optimising staff time to make sure they are as effective as possible and minimise waste.

The ability to implement this in advance of the FSP is limited, but where possible this will be piloted to ensure under Government Soft Landings (GSL) the organisation is as prepared as possible for the new hospital, the basic principle being 'No Surprises'. This involves working closely with the Digital team to put data into a safe but democratised location, as a 'data lake' to ensure interaction between products with appropriate security in-place.

Training to support a different way of working is critical, not only for existing EFM staff but to ensure when recruiting the Digital Estate is part of that programme.

6.4 Survey and Feedback

Showing the multi-faceted value, again through the CAFM the Division will have a greater opportunity to audit services (the audit function sits outside of the business lines they audit) we will develop patient and staff satisfaction surveys that can independently give us data on positive and negative experiences and allow us to improve the services we offer; this will allow

us to develop our services further as we plan under GSL for the Hardwick Manor site. This information will ultimately inform our KPI's and performance reporting as a division.

6.5 Estate Capital Developments over the Strategic Period

Alongside the need to address backlog, the Trust continues to invest in service developments that improve patient experience, safety and quality. In addition to the FSP, there are a number of 'Business as Usual' schemes the Trust Plans to address.

With an agreed 3-year Capital Allocation (22-23, 23-24 and 24-25) the prioritisation has been undertaken by the Division's and ratified by Trust Board; each year is subject to review to test the priorities still remain and whether any previously unidentified schemes need to be prioritised

Schemes are considered on a priority/risk basis and the outcomes are broken down into the following service categories:

- Clinical services
- Clinical support services
- Community services
- Non-clinical and corporate services.

6.6 Development Control Plans

Appendix 7 illustrates the multi-year Development Control Plans (DCP) to manage the WSH site to support not only development in the RAAC Estate, but the phasing of the schemes on the retained estate to support the FSP and the management of the site whilst work takes place.

The Hardwick Manor site construction will have limited impact on the Hardwick Lane site whilst operational, but patient, staff and visitor access will need to come through the site to ensure it is fully accessible without impacting on the safe operation of the Hardwick Lane site. Likewise, it is likely utility routes may need to come through the Hardwick Lane site.

The DCP's show longer than the 5 year of this Strategy and should be read in conjunction with sections 6.8 and 6.9.

6.7 Funding

Foundation Trusts (FT) since inception had greater autonomy to consider how to spend create assets and move funding between revenue and capital. In 2019 this opportunity was revoked to bring FT's in-line with non-FT's. FT's are now restricted by a Capital Resource Limit (CRL) which is based on the national Capital Departmental Expenditure Limit (CDEL) and these are allocated across an ICS; SNEE has approximately £46m which if shared proportionately based on depreciation in each organisation, means WSFT is limited to creating assets to the value of £9.25m per annum; this is not related to cash.

There are exceptions to this, for example any funding that comes from a National Programme arrives at WSFT as Public Dividend Capital (PDC), one such example of this is RAAC. The NHP schemes are also outside of the CRL allocation.

This challenge is further restricted by the impact of IFRS16 – this requires the capitalisation of a lease in the year it is created, so for example a new lease that is 5 years at a cost of £0.2m pa that is entered into on the 1st May 2023 will require £1m to be removed from the CRL in that year.

Appendix 9 identifies a very high-level view of the capital programme based on schemes that are described in this strategy and the ongoing investment programme the Trust needs to implement in backlog; this identifies each year WSFT overcommit the Capital Programme and in total over an 8-year period this amounts to £75m.

Further prioritisation of scheme in the programme will be required, and the opportunity to obtain PDC funding via a variety of programmes needs to be actively explored.

6.8 Clinical services

6.8.1 Pathology CAT 3 Room (2023-24)

Within the Pathology Department the Category 3 Room (CAT 3) is now at the end of its operational life and does not comply with current legislation. This room is utilised to treat highly contagious and potentially contagious pathogens and as such safety for the users of the room and those that could come into contact with the activities that take place needs to be assured; the Microbiology Service is subject to Audit by the HSE and in its current operation is unlikely to be able to continue to operate.

6.8.2 Imaging Equipment (ongoing)

WSFT has a Managed Service for Imaging equipment (Radiology) which had been extended into 2022-23; a number of pieces of equipment (notably two CT's, two MRI's and Interventional Radiology) are past their operational life and showing sign of significant operational failure, impacting on patient care and flow. The impact of IFRS16 on this Managed Service needs to be fully understood, but in the three years at the start of this programme the backlog of Imaging equipment needs to be replaced both for operational safety and performance, but also to get best use out of the assets that cannot be transferred to Hardwick Manor.

In addition, the Trust is developing plans to support a Community Diagnostic Centre (CDC) within West Suffolk not only to support SNEE ICB but also the wider Eastern Region Health and Social Care Economy; this is most likely to be in Newmarket as this will be accessible not only to West Suffolk residents but also parts of Norfolk, Cambridgeshire, Essex and of course East Suffolk. Work is at pre-business case stage and the expectation is Public Dividend Capital (PDC) will be provided to support the investment

6.8.3 Digital Programme (ongoing)

The Digital Team are developing their plans to ensure WSFT not only provides the services for today, but tomorrow and beyond; much of this includes early planning for the new Hospital and using Digital as a tool to support the use and movement around the space by patients, visitors and staff. The EFM Division will support the Digital Team to ensure power, data, space and safe access is available across the organisation.

6.8.4 Newmarket Elective Surgery Unit (2023-25)

The Trust submitted a bid under the Elective Recovery Programme to NHSE; this was unsuccessful for central funding but continues to be a strategic scheme for the delivery of both Elective Recovery and the Future system Programme. Newmarket Hospital has been 'de-risked' in terms of Planning and Infrastructure, this scheme continues to be developed into a Full Business Case for investment, subject to funding

6.9 Retained Estate

One of the many benefits of the Hardwick Manor site is the ability to continue to use existing estate that is either in a strategic location or condition for the delivery of Health and Social Care. These schemes are expected to be part of the FSP but may be delivered in advance of the NHP scheme and as such need to be identified where possible for investment in the next 5 years, subject to funding

6.9.1 Quince 2, or 'Mini Quince' (2026-27)

To support the Digital Programme the Digital Team will need to implement their new software and infrastructure in advance of the Hardwick Manor site opening, supporting GSL this will allow WSFT to understand how new ways of working will operate and learn in advance of the main scheme; there is also the need for a clear Disaster Recovery Digital Hub that has to be separate from Hardwick Manor; as such this building needs to be completed in advance. Planning has previously been submitted and lapsed, this will be developed in the programme cycle of this Estates Strategy

6.9.2 The Manor House (2027-28)

Currently vacant, the 'Manor House' is the former gardener's cottage which was developed in the 1930's when the original manor was sold; a further extension in the early 2000's supported its use as a domestic residence. Due to the location in the grounds of the former kitchen garden the therapeutic and wellbeing opportunities for this space need to be developed further. This scheme is not dependant on the programme for Hardwick Manor. The building is now Listed and has consent to be changed from Residential to Healthcare use.

6.9.3 Quince House (2027-28)

New in 2017, Quince House will require an element of remodelling. The Endoscopy Wash area will be integrated into the footprint (by reconfiguring the current office space, locating this on the first floor) ensuring a compliant and effective cleaning service. In addition to the top-floor will be remodelled to turn the current Executive Offices into Open Plan

6.9.4 Education Centre (2027-29)

Education is a key element of the FSP; our ability to offer high quality training is underpinned by the facilities to do this in – this is more around digital programme but clearly has Estates and Facilities input.

This scheme can be delivered in advance of the Hardwick Manor Site but is captured as part of that programme of work, and will support not only recruitment but retention for WSFT

6.9.5 G10 (2028-30)

Ward G10 is a volumetric Modern Methods of Construction (MMC) scheme and the most recent addition to the WSH site as a decant for the RAAC Programme and EstateCode Condition A. An excellent opportunity for the organisation to see the benefits of MMC it is unfortunately not located in a way that makes it useable for the Hardwick Manor Site; in addition, the location is directly in the route of the main access and egress to the site. The building will be relocated on the retained estate most likely as storage or administration.

6.9.6 Day Surgery Unit (DSU) (2029-31)

The DSU will continue to provide Daycase and Eye Treatment Centre (ETC) activity and be separated from the inpatient accommodation. The department requires a programme of Theatre Upgrades due to the limited opportunity for the current theatres to be maintained effectively (poor design) and age (challenging compliance). Whilst not likely to be delivered fully in advance of the FSP, some investment is required in the life of this Strategy. In order to meet Elective Recovery this will be relocated to main theatres in the End-of-Life Building for a 12-month period to support a more-extensive refurbishment

6.9.7 Catering Block (2029-2031)

Needing to be renamed, this current Catering Block holds the Kitchen and Time Out on the First Floor and MRI and IT on the Ground Floor; this is expected to retain a proportion of MRI activity along with accommodation for EFM services that do not need to be located in the Hardwick Manor facility such as Workshops and Offices. This scheme cannot be completed in advance of the opening of the Hardwick Manor site, but some of the reconfiguration may be possible.

6.9.8 Macmillan (2029-31)

Planned for redevelopment, it is currently proposed to be used as the Medical Treatment Unit. Again, this will only be complete when the Hardwick Manor site is occupied

6.9.9 Helipad (TBC)

Currently WSH has a Helipad on the Heath alongside the site which is limited by the inability to fly at night. A scheme has been developed with the support of Helicopter Emergency Landing Pads (HELP) to upgrade this location but is limited by a public right of way that dissects the pad and the longevity of the location with the New Hospital is constructed.

The proposal of the Estates and Facilities Strategy is to locate the Helipad on part of the retained estate when WSH has been demolished, this is shown indicatively but will be subject to detailed development.

6.10 Community Services

6.10.1 Developing localities and service portfolios

As part of the Alliance work, the Trust continues to develop services in six localities across the West Suffolk Alliance (WSA). This involves the development of health and care wellbeing hubs in each of the localities based at:

- Mildenhall, Brandon and Sudbury are complete, work having taken place with West Suffolk Council (for the first two) and Babergh and Mid-Suffolk District Council respectively. Health are part of the Place-based Health and Social Care Programme

- Haverhill is more complex. WSFT until summer 2021 occupied Haverhill Health Centre, leased from NHSPS; due to the complex RAAC in that building, WSFT moved services to temporary locations. The WSA is renewing its strategy for the 2023-2028 period to reflect the ICB and ICP and a Health Needs Assessment (HNA) will be undertaken for Haverhill to establish the scope of services. In the short term, conversations continue with NHSPS and Local Authority stakeholders to develop a suitable solution, currently proposed as returning to the building once a Failsafe and End-Bearing Programme has been completed.

- Investment at Newmarket for WSFT focuses on the Hospital Site. As part of OPE, WSFT works with partners to ensure the best-use of this public asset, the location is not ideal for WSC to invest in town-centre services but the opportunity to continue working with AHP, St Johns and NSFT on the site presents benefits of co-location. Newmarket is geographically ideally placed for not only West Suffolk but the East of England; excellent links to Cambridge, Norfolk, the east and to a lesser degree the south.

  As noted previously, Newmarket is an excellent location for an Elective Surgical Unit to be located as recognised with the approval of the CDC Programme to support not only West Suffolk but also Cambridgeshire.

- Bury St Edmunds. In addition to the Hardwick Lane and Hardwick Manor sites, WSFT is supporting OPE development in both the town of Bury St Edmunds and Bury Rural. Community Services take place in a number of premises, some suitable for use such as West Suffolk House and Disability Resource Centre (DRC) although the latter needs investment, and some no longer suitable such as Hazel Court. Two schemes will come through in the life of this EFM Strategy; the first is Hub Development to support spokes in Primary Care. The second is the development of Children's Services with SCC and NSFT – this is likely to be later in the term of this EFM Strategy

6.10.2 Integrated Community Paediatric services - Suffolk

The Integrated Community Paediatric Service (ICPS) consists of eight core services which operate as part of an integrated model of delivery:

- Medical services
- Audiology
- Nursing
- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Child and family psychology

In the East, services have moved from the Ipswich Child Development Centre to an interim solution has been developed at St Helens House.

ICPS recognised that in the West, Western Way was not the right model for the delivery of their service. Within the planning cycle of this Estates and Facilities Strategy and under the umbrella of an OPE Project, WSFT, SCC and NSFT will develop a solution that supports these services and their co-location with Education, Social Care and Children's and Adolescent Mental Health Services (CAMHS), working with all partners across the ICS.

6.11 Environmental and Waste Management

The Trust has conducted a number of reviews relating to compliance with statutory and NHS standards for environmental performance and compliance.

The main recommendations contained in this plan are:

- The appointment of a dedicated resource focussing on continued legislative compliance and on the reduction both in the use of energy and the production of waste.
- The development of environmental and waste management performance standards and a performance management system.
- Improvements in waste segregation, handling and education.
- Reducing the volume of waste produced.
- Increasing the percentage of waste recycled.
- Preparing and delivering a Carbon Management Strategy.

The Trust is in the process of appointing an individual to a new post with the knowledge and experience to pull together these various agendas and to draw up detailed proposals for achieving the numerous targets and obligations.

6.12 Travel

The Trust currently provides safe and secure parking arrangements at West Suffolk Hospital. The demand however exceeds capacity and the Trust has made concerted efforts to address this issue over the last two years. The most recent staff habits survey (Autumn 2022) will be used to inform Active-Travel options that minimise single car journey's, such solutions will be:

- Improvements being made to shower and changing facilities
- External secure facilities for cyclists improved
- Cycle maintenance facility
- Car sharing that works across single organisations
- Some roadways have been made "car parking free" or "restricted" to aid traffic flow, this will be supported further
- Removal of barriers and extension of ANPR which allows more effective management of those not using the site within the rules
- All staff (pre-2014 and post-2014) accessing site on the same policy
- Park and ride (shuttle bus) has been introduced between the Rugby Club and the Hospital for scheduled times in the morning and afternoon/early evening, exploring the further development of this service specifically to the West of the town
- Discussions continue with WSC and SCC in respect of increased cycle routes to the hospital; as well as improved and/or bespoke bus services.
- A bicycle user group has been established

Appendices

Appendix 1 – Top Risks

ID	Location (type)	Title	Risk level (current)	Rating (current)	Opened	Approval status	Sub category	Directorate
24	Capital Team	Potential failure of the main building structure and front residencies structure (Oak, Cedar, Birch, Larch, Pine, Willow)	Red	20	25/06/2010	Active risks		Estates and Facilities
5778	Security Department Offices	Management of Security Services at WSH and Newmarket	Amber	15	09/01/2023	Active risks		Estates and Facilities
5673	Purchasing Department	Unsupported e-procurement system	Amber	15	19/10/2022	Accepted risks		Estates and Facilities
5779	Portering Department	Management of Portering Services at WSH and Newmarket	Amber	15	10/01/2023	Accepted risks		Estates and Facilities
5201	Estates and Facilities Department	Management of Critical Ventilation Plant	Amber	12	03/12/2021	Active risks		Estates and Facilities
31	EBME Department	Compliant with Care Quality Commission Regulation 12/15, Management of Medical Devices Policy 024	Amber	12	01/11/2007	Active risks		Estates and Facilities
5661	Estates and Facilities Department	The Safe management of Healthcare waste	Amber	12	14/10/2022	Active risks		Estates and Facilities
72	Estates and Facilities Department	Non compliance to the Regulatory Reform (Fire Safety) Order 2005	Amber	10	21/07/2011	Active risks		Estates and Facilities
5686	Estates and Facilities Department	Loss of incoming mains power	Amber	9	25/10/2022	Accepted risks		Estates and Facilities
5780	Switchboard	Management of Switchboard Services at WSH	Amber	9	10/01/2023	Accepted risks		Estates and Facilities
5196	Estates and Facilities Department	Safe Use and Management of Water	Amber	8	30/11/2021	Active risks		Estates and Facilities
5768	Housekeeping Department (WSFT)	Management of Housekeeping Services	Amber	8	03/01/2023	Active risks		Estates and Facilities
19	Estates and Facilities Department	Non compliance to the waste HTM-07	Amber	8	30/09/2005	Accepted risks		Estates and Facilities
398	Estates and Facilities Department	Management of Electrical Safety	Green	5	28/10/2011	Active risks		Estates and Facilities

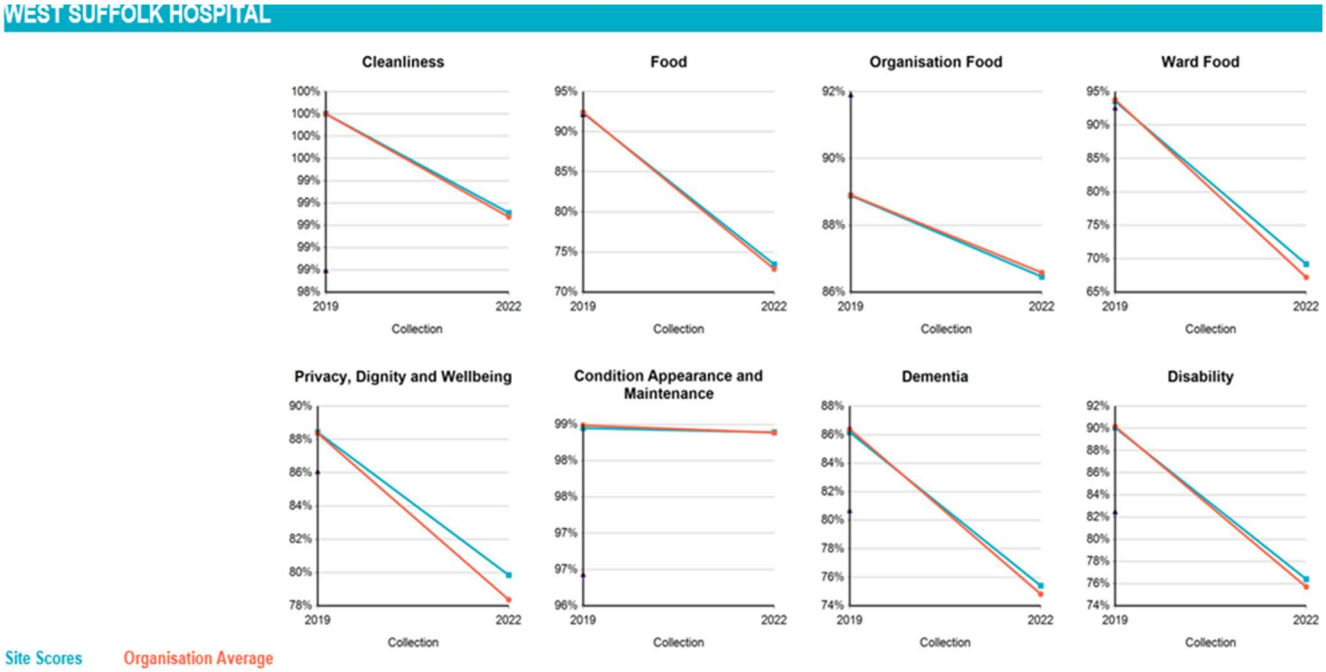
Appendix 2 - Estates Terrier

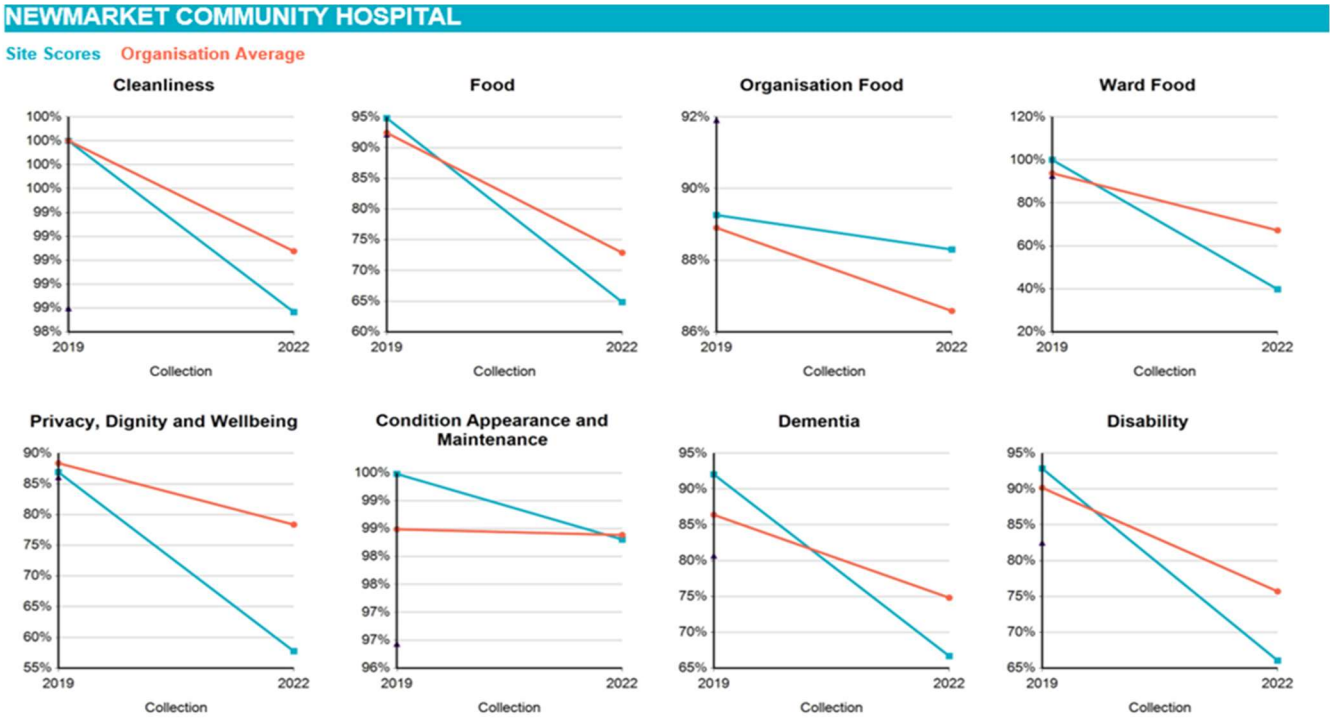
Property	Town	Occupancy Arrangements/Landlord	Estates Strategy
Abbeycroft Leisure Centre (Bury)	Bury St Edmunds	Hire Agreement	
Abbeycroft Leisure Centre (Haverhill)	Haverhill	Hire Agreement	
Abbeycroft Leisure Centre (Newmarket)	Newmarket	Hire Agreement	
Anne of Cleves House	Haverhill	Lease	Occupancy until return to Haverhill Health Centre following RAAC.
Anselm Community Centre	Bury St Edmunds	Hire Agreement	
Bluebells Children Centre	Stanton	Informal Agreement adhoc use	
Botesdale Health Centre	Botesdale	Lease	Ending on 13th April 2023.
Brandon Hub (Leisure Centre)	Brandon	WSC Lease	
Cartwheels Children's Centre	Haverhill	Informal Agreement adhoc use	
Child Development Centre	Bury St Edmunds	NHSPS Lease	Lease directly with NSFT from 1st April. Currently under discussion.
Child Health Centre	Bury St Edmunds	NHSPS Lease	Lease directly with NSFT from 1st April. Currently under discussion.
Cornfields Children's Centre	Sudbury	Informal Agreement adhoc use	
Disability Resource Centre	Bury St Edmunds	NHSPS Lease	Lease directly with Papworth Trust being considered. Head Lease directly from WSFT being assigned considered.
Drovers House	Bury St Edmunds	Lease	
Foley House Children's Centre	Newmarket	Informal arrangement adhoc use	
Glemsford Surgery	Glemsford	WSFT Asset	
Green duck Building	Bury St Edmunds	License	
Hardwick Primary School	Bury St Edmunds	Informal arrangement adhoc use	
Hardwick Children's Centre	Bury St Edmunds	Informal arrangement adhoc use	
Haverhill Health Centre	Haverhill	NHSPS Lease	Not currently occupied due to ongoing RAAC works.
Haverhill House	Haverhill	Informal arrangement adhoc use	Occupancy until return to Haverhill Health Centre following RAAC.
Hillside Special School	Sudbury	Informal arrangement adhoc use	
Kingfisher Leisure Centre	Sudbury	Informal arrangement adhoc use	
Maple House	Bury St Edmunds	Lease	
Mildenhall Hub	Mildenhall	WSC Lease	
New Bury Community Centre	Bury St Edmunds	Lease	
Newmarket Community Hospital	Newmarket	WSFT Asset	
Phoenix Children's Centre	Sudbury	Informal arrangement adhoc use	
Priory School	Bury St Edmunds	Informal arrangement adhoc use	
Stanton Health Centre	Stanton	NHSPS Lease	
Sudbury Community Health Centre	Sudbury	NHSPS Lease	
Thetford Healthy Living Centre	Thetford	Lease	Midwifery move to adjacent Keystone Innovation Centre in 2023.
Thetford Treetops Centre	Thetford	Lease	
Westgate Primary School	Bury St Edmunds	Informal arrangement adhoc use	
West Suffolk House	Bury St Edmunds	WSC Lease	
The Surgery	Wickambrook	Lease	

Pan Suffolk Property – East Suffolk Property leased and managed by ESNEFT

Property	Town	Occupancy Arrangement	Estate Strategy
Allington Clinic	Ipswich	Arrangement held by ESNEFT (NHSPS Lease)	Linked to Community Services Contract
St Helens House	Ipswich	Arrangement held by ESNEFT (NHSPS Lease)	Linked to Community Services Contract
Woodbridge Clinic	Ipswich	Arrangement held by ESNEFT	Linked to Community Services Contract
Stowmarket Health Centre	Stowmarket	Arrangement held by ESNEFT	Linked to Community Services Contract
Chantry Clinic	Ipswich	Arrangement held by ESNEFT	Linked to Community Services Contract
Felixstowe Community Hospital	Felixstowe	Arrangement held by ESNEFT	Linked to Community Services Contract
Beacon Hill Special School	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract
Bridge Primary & Secondary Schools	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract
Caterpillar Children's Centre	Woodbridge	Informal arrangement adhoc use	Linked to Community Services Contract
Comfields Children's centre	Great Cornard	Informal arrangement adhoc use	Linked to Community Services Contract
Framfield Medical Centre	Woodbridge	Arrangement held by ESNEFT	Linked to Community Services Contract
Gainsborough Children's Clinic	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract
Hadleigh Health Centre	Hadleigh	Arrangement held by ESNEFT	Linked to Community Services Contract
Highfields Children's Centre	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract
Leiston Children's Centre	Leiston	Informal arrangement adhoc use	Linked to Community Services Contract
Martlesham Pavillion	Ipswich	Arrangement held by ESNEFT	Linked to Community Services Contract
Meadow Childrens Centre	Saxmundham	Informal arrangement adhoc use	Linked to Community Services Contract
Ravenswood Medical Practice	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract
Rushmere School	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract
Saxmundham Clinic	Saxmundham	Arrangement held by ESNEFT	Linked to Community Services Contract
The Oaks Children's Centre	Felixstowe	Informal arrangement adhoc use	Linked to Community Services Contract
Thomas Wolsey School, Ipswich	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract
Whitton Clinic, Ipswich	Ipswich	Arrangement held by ESNEFT	Linked to Community Services Contract
Willows Children Centre	Ipswich	Informal arrangement adhoc use	Linked to Community Services Contract

Appendix 3 – PLACE





Appendix 4 - West Suffolk Hospital 6-facet

West Suffolk NHS
NHS Foundation Trust

oakleaf
market leading surveys for estates professionals

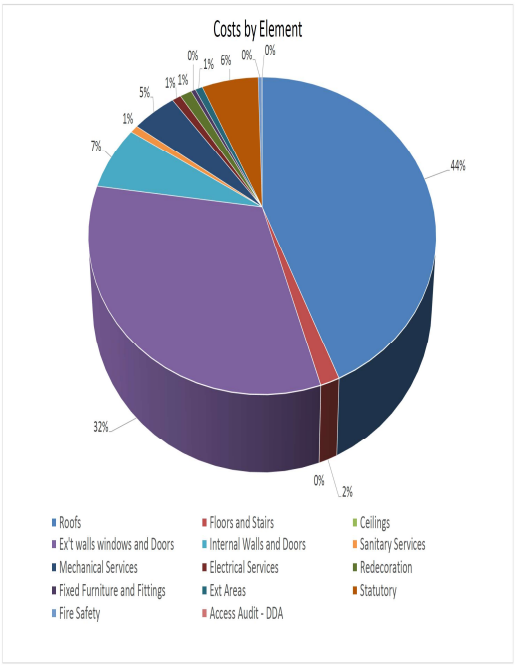
e Name	West Suffolk Hospital	Gross Floor Area	62,017
ldress	Hardwick Lane	Net Usable Area	49,614
	Bury St Edmunds	Building Year	1970-2013
	Suffolk	Total Backlog	£94,170,800
	IP33 2QZ	Total Budget	£8,509,300
rvey Date	January to March 2022	Total Cost (Exc. On Costs)	£102,680,100

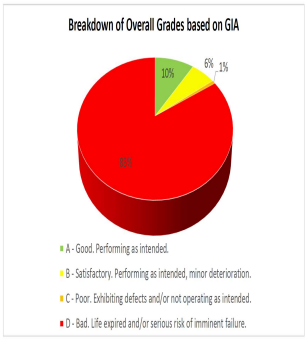
Backlog Summary	£s
Low Risk	£3,254,700
Moderate Risk	£24,770,000
Significant Risk	£12,999,000
High Risk	£61,656,400
Total Backlog Risk	£102,680,100

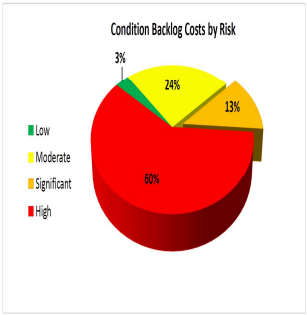
Site Location & Description

The West Suffolk Hospital is a small sized acute hospital located to the town of Bury St Edmonds, Suffolk. The site largely comprises the main ward block, constructed in the early 1970s using the Best Buy Method with later additions to the North and East.

Block Code	Block Name	GIA	Backlog Costs (2022)	Budget Costs (2023 - 2027)	Total Cost	Total Cost (Inc On-Costs)	Facet 1 Condition Grade	Facet 2 Function Grade	Facet 3 Space Utilisation	Clinical %age	Non-Clinical %age	Facet 4 Quality Grade	Facet 5 Statutory Grade	Overall Grade
00	Site	0	£7,004,500	£1,233,300	£8,237,800	£12,933,346	N/A	N/A	N/A	N/A	N/A	N/A	N/A	B
01	Main Building	50,432	£79,007,100	£6,228,300	£85,235,400	£133,819,578	D	C	F	90	10	B	B	D
02	EBME	189	£2,600	£20,200	£22,800	£35,796	B	B	F	0	100	C	B	B
03	Education Centre	1,366	£40,900	£265,100	£306,000	£480,420	B	B	F	80	20	C	B	B
04	Rowan House	490	£229,200	£86,600	£315,800	£495,806	B	C	F	0	100	C	B	C
05	Day Surgery	2,092	£150,300	£470,100	£620,400	£974,028	B	B	F	100	0	C	B	B
06	Front Residencies	1,448	£7,719,900	£0	£7,719,900	£12,120,243	D	D	U	0	100	D	B	D
07	Quince House	2,400	£16,300	£82,600	£98,900	£155,273	A	A	F	30	70	A	A	A
08	New Residencies	3,600	£0	£123,100	£123,100	£193,267	A	A	F	0	100	A	A	A
	TOTAL	52,477	£94,170,800	£8,509,300	£102,680,100	£161,207,757	-	-	-	-	-	-	-	-







ndition Backlog Maintenance Works	
ilding	£86,362,500
&E	£1,197,500
tutory Compliance	£6,142,800
e Safety	£431,500
cess	£36,500
cklog Total Cost	£94,170,800

ndition Future Planned Costs for Future Maintenance Works (5 years)	
ilding	£3,488,000
&E	£4,741,800
tutory Compliance	£279,500
e Safety	£0
cess	£0
ture Planned Total Cost	£8,509,300

mbined Total Costs	£102,680,100
mbined Total Costs (Including On Costs)	£161,207,757

- On-costs include for: Contingency, Fees, Prelims, Profit and VAT.

Facet 1 - Physical Condition Grade
- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.

Facet 2: Functional Suitability
- A - Very satisfactory, no change needed.
- B - Satisfactory, minor change needed.
- C - Not satisfactory, major change needed.
- D - Unacceptable in its present condition.

Facet 3: Space Utilisation
- F Fully Utilised
- O Over Utilised
- U Under Utilised
- E Empty

Facet 4: Quality
- A - A facility of excellent quality.
- B - A facility requiring general maintenance investment only.
- C - A less than acceptable facility requiring capital investment.
- D - A very poor facility requiring major capital investment or replacement.

Facet 5: Statutory Compliance
- A - Complies with all relevant standards and relevant guidance.
- B - Action required to comply with relevant guidance and statutory requirements.
- C - Building with known contravention of one or more standards.
- D - Building areas which are dangerously below 'B'.

Facet 6: Environmental
- A 35 - 55
- B 56 - 65
- C 66 - 75
- D 76 - 100

Overall Grade
- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.
- Not Surveyed

Building	Building Volume m3	Total Energy GJ	Energy Result GJ/100m3	Energy Rating
Whole Site	TBA	TBA	TBA	TBA

Appendix 5 - Newmarket Hospital 6-facet

West Suffolk NHS
NHS Foundation Trust

the OAKLEAF GROUP
MARKET LEADING SURVEYS

lewmarket Site		Gross Floor Area	4,900	Backlog Summary	£s	Site Location & Description
lardwick Lane		Net Usable Area	3,920	Low Risk	£40,000	The West Suffolk Hospital is a small sized acute hospital located to the town of Bury St Edmonds, Suffolk. The site largely comprises the main ward block, constructed in the early 1970s using the Best Buy Method with later additions to the North and East.
ury St Edmunds		Building Year	1930-1985	Moderate Risk	£624,600	
uffolk		Total Backlog Cost	£2,375,000	Significant Risk	£745,400	
33 2QZ		Total Impending Cost	£1,065,400	High Risk	£965,000	
Survey Date	June 2020	Total Cost (Exc On Costs)	£3,440,400	Risk Adjusted Backlog	£2,648,280	

Block Code	Block Name	GIA (m²)	Backlog Costs (2020)	Impending Costs (2021-2025)	Total Cost	Total Cost (Inc On-Costs)	Condition Grade	Function Grade	Space Grade	Clinical %	Non-Clinical %	Quality Grade	Statutory Grade	Overall Grade
000	Site	0	£32,000.00	£0.00	£32,000.00	£49,280.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	B
001	Main Building	4200	£617,000.00	£565,200.00	£1,182,200.00	£1,820,588.00	B	C	U	80	20	C	B	C
002	X-Ray Block	500	£649,400.00	£131,200.00	£780,600.00	£1,202,124.00	C	D	U	100	0	C	B	D
003	Boiler House	200	£1,076,600.00	£369,000.00	£1,445,600.00	£2,226,224.00	B	B	F	0	100	B	B	B
-	TOTAL	4900	£2,375,000	£1,065,400	£3,440,400	£5,298,216	-	-	-	-	-	-	-	-

Condition & Statutory Backlog Maintenance Works

otal remedial work required for the BUILDING, M&E, STATUTORY & FIRE Elements:

uilding Survey	£713,600
&E Survey	£1,306,000
tatutory Survey	£300,000
ire Survey	£55,400
acklog Total Cost	**£2,375,000**

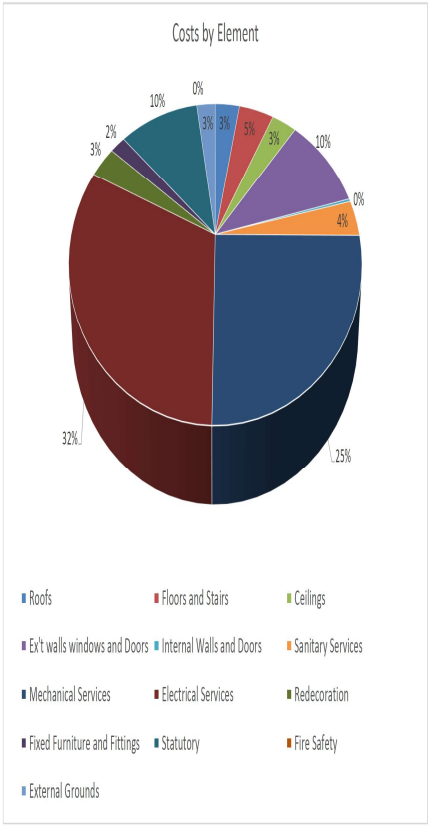
Condition & Statutory Impending Costs for Future Maintenance Works

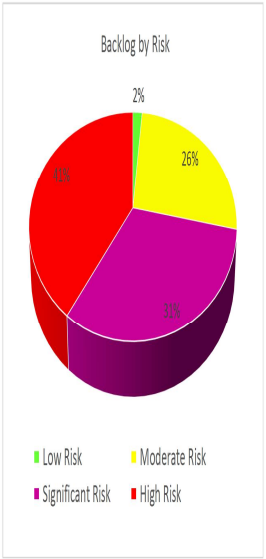
otal remedial work likely to be required within a 5 year period:

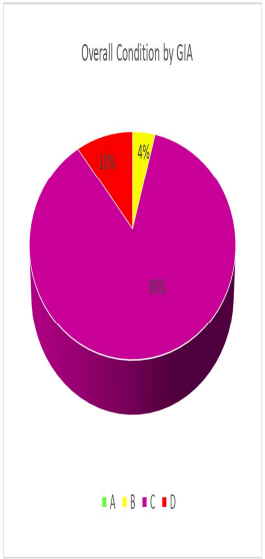
uilding Survey	£420,000
&E Survey	£645,400
tatutory Survey	£0.00
ire Survey	£0.00
npending Total Cost	**£1,065,400**

ombined Total Cost	**£3,440,400**
ombined Total Cost (Inc. On-Costs)	**£5,298,216**

Inclusive of Contingency, Fees, and VAT







hysical Condition Key
- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.

Functional Suitability Key
- A - Very satisfactory, no change needed.
- B - Satisfactory, minor change needed.
- C - Not satisfactory, major change needed.
- D - Unacceptable in its present condition.

Space Utilisation
- F Fully Utilised
- O Over Utilised
- U Under Utilised
- E Empty

Quality Key
- A - A facility of excellent quality.
- B - A facility requiring general maintenance investment only.
- C - A less than acceptable facility requiring capital investment.
- D - A very poor facility requiring major capital investment or replacement.

Statutory Compliance Key
- A - Complies with all relevant standards and relevant guidance.
- B - Action required to comply with relevant guidance and statutory requirements.
- C - Building with known contravention of one or more standards.
- D - Building areas which are dangerously below 'B'.

Appendix 6 - Glemsford Surgery 6-facet

West Suffolk NHS
NHS Foundation Trust

oakleaf
market leading surveys for estates professionals

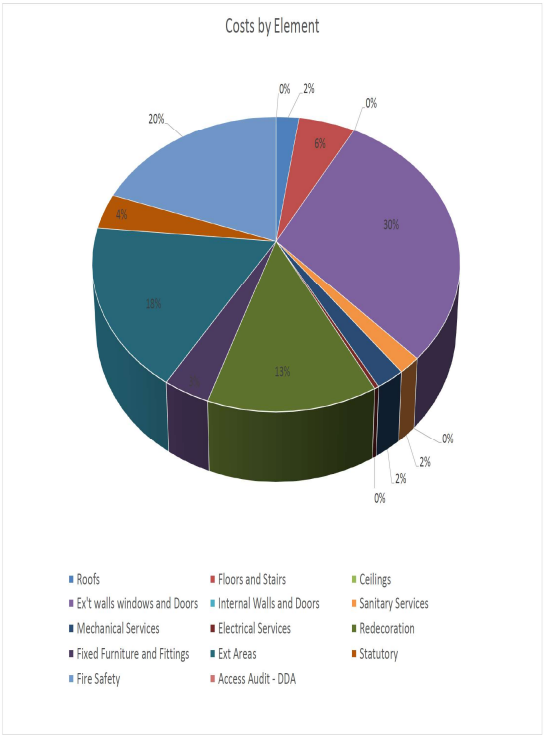
ite Name	Glemsford GP Surgery	Gross Floor Area (m²)	370
ddress	Lion Road	Net Usable Area (m²)	296
	Sudbury	Building Year	1975
	Suffolk	Total Backlog	£170,550
	CO10 7RF	Total Budget	£112,500
urvey Date	April 2022	Total Cost (Exc. On Costs)	£283,050

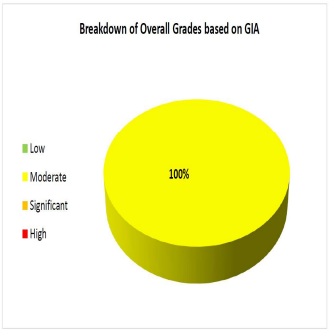
Backlog Summary	£s
Low Risk	£72,450
Moderate Risk	£11,100
Significant Risk	£86,500
High Risk	£500
Total Backlog Risk	£170,550

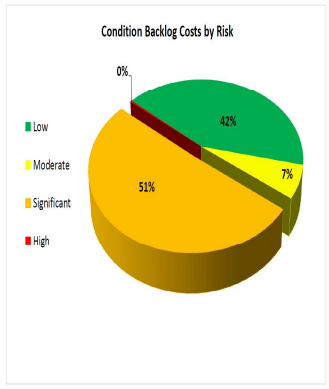
Site Location & Description

Glemsford GP Surgery is a village surgery located in Central Suffolk, just to the North of Sudbury. It comprises two former residential buildings linked together by a central flat roofed section to form a single surgery premises.

Block Code	Block Name	GIA	Backlog Costs (2022)	Budget Costs (2023 - 2027)	Total Cost	Total Cost (Inc On-Costs)	Facet 1 Condition Grade	Facet 2 Function Grade	Facet 3 Space Utilisation	Clinical %age	Non-Clinical %age	Facet 4 Quality Grade	Facet 5 Statutory Grade	Overall Grade
01	Main Building	370	£170,550	£112,500	£283,050	£444,389	B	B	F	10	90	B	B	B
	TOTAL	370	£170,550	£112,500	£283,050	£444,389	-	-	-	-	-	-	-	-







ondition Backlog Maintenance Works	
uilding	£97,650
&E	£6,300
tatutory Compliance	£11,100
ire Safety	£55,500
ccess	£0
acklog Total Cost	£170,550

ondition Future Planned Costs for Future Maintenance Works (5 years)	
uilding	£111,500
&E	£1,000
tatutory Compliance	£0
ire Safety	£0
ccess	£0
uture Planned Total Cost	£112,500

ombined Total Costs	£283,050
ombined Total Costs (Including On Costs)	£444,389

e On-costs include for: Contingency, Fees, Prelims, Profit and VAT.

Facet 1 - Physical Condition Grade
- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.

Facet 2: Functional Suitability
- A - Very satisfactory, no change needed.
- B - Satisfactory, minor change needed.
- C - Not satisfactory, major change needed.
- D - Unacceptable in its present condition.

Facet 3: Space Utilisation

F	Fully Utilised
O	Over Utilised
U	Under Utilised
E	Empty

Facet 6: Environmental

A	35 - 55
B	56 - 65
C	66 - 75
D	76 - 100

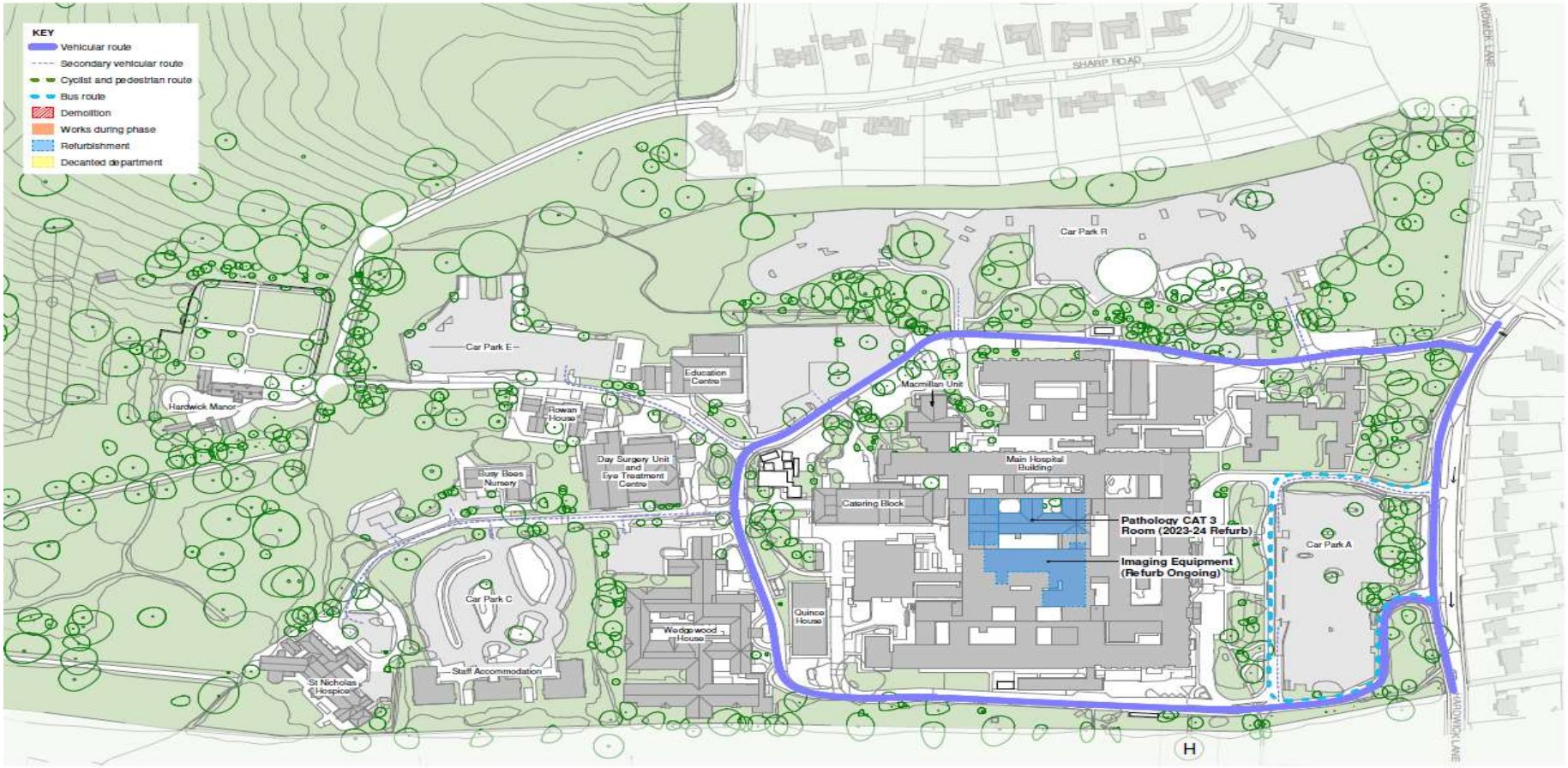
Facet 4: Quality
- A - A facility of excellent quality.
- B - A facility requiring general maintenance investment only.
- C - A less than acceptable facility requiring capital investment.
- D - A very poor facility requiring major capital investment or replacement.

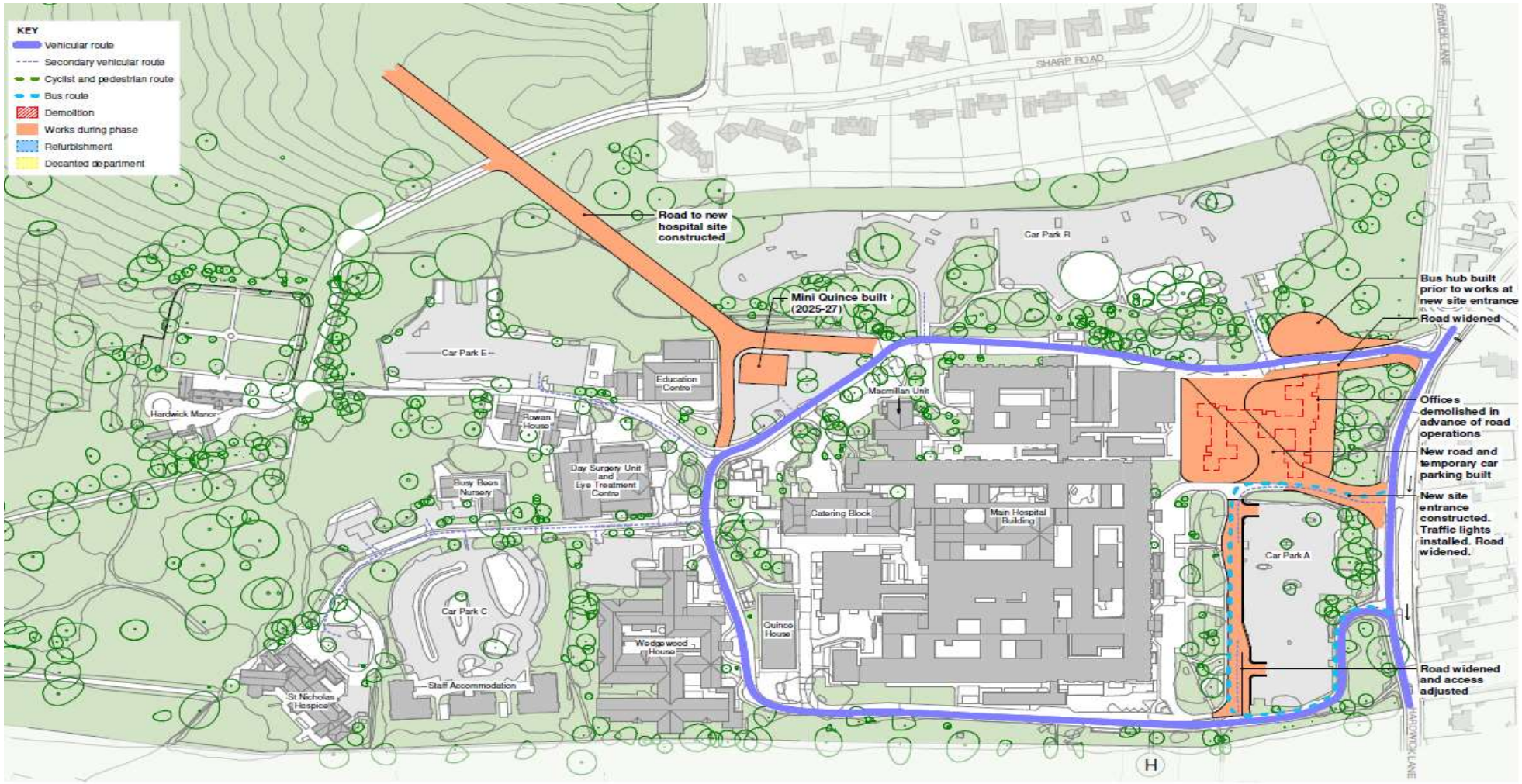
Facet 5: Statutory Compliance
- A - Complies with all relevant standards and relevant guidance.
- B - Action required to comply with relevant guidance and statutory requirements.
- C - Building with known contravention of one or more standards.
- D - Building areas which are dangerously below 'B'.

Overall Grade
- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.
- Not Surveyed

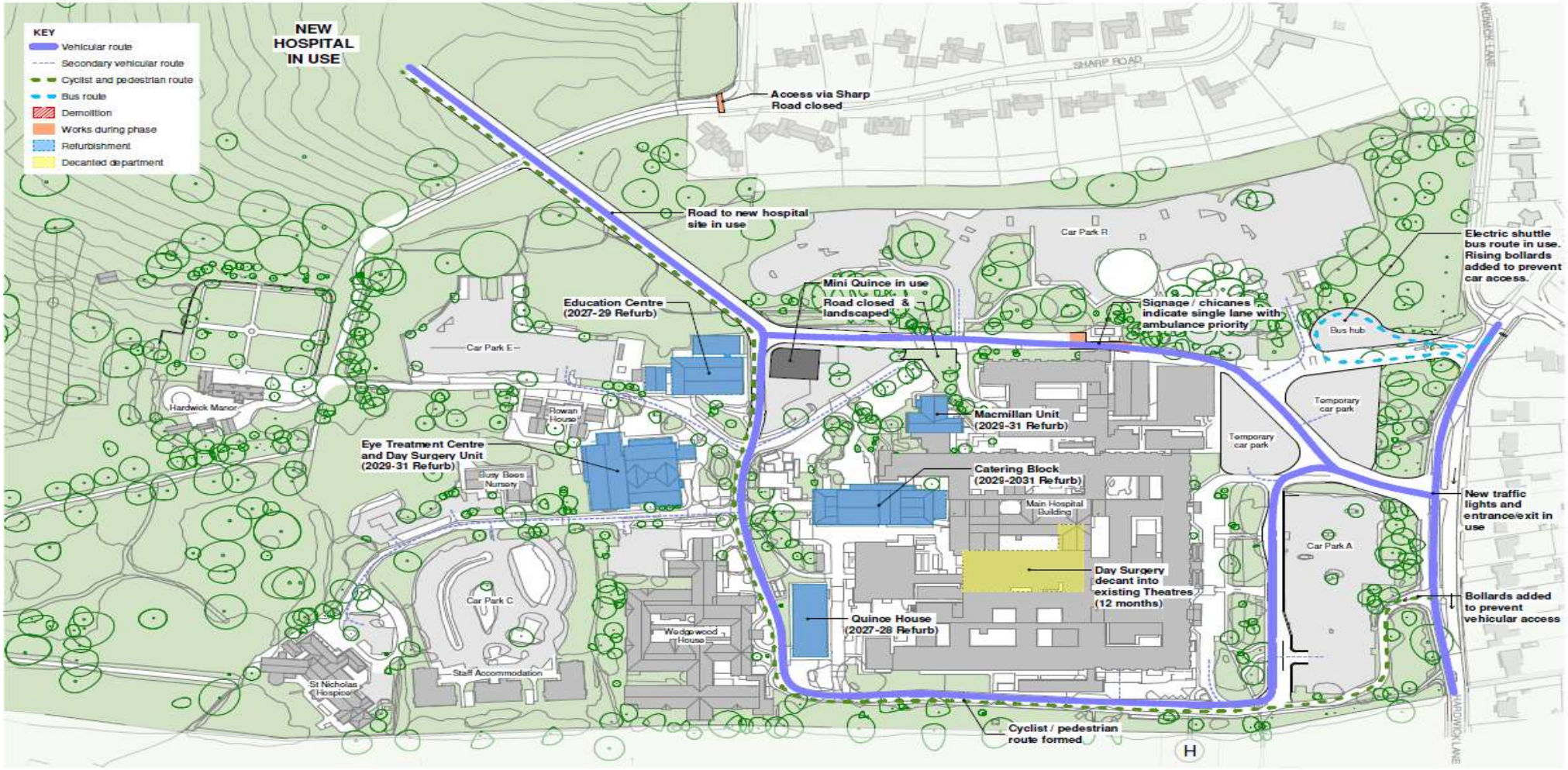
Building	Building Volume m3	Total Energy GJ	Energy Result GJ/100m3	Energy Rating
Whole Site	TBA	TBA	TBA	TBA

Appendix 7 - Development Control Plan





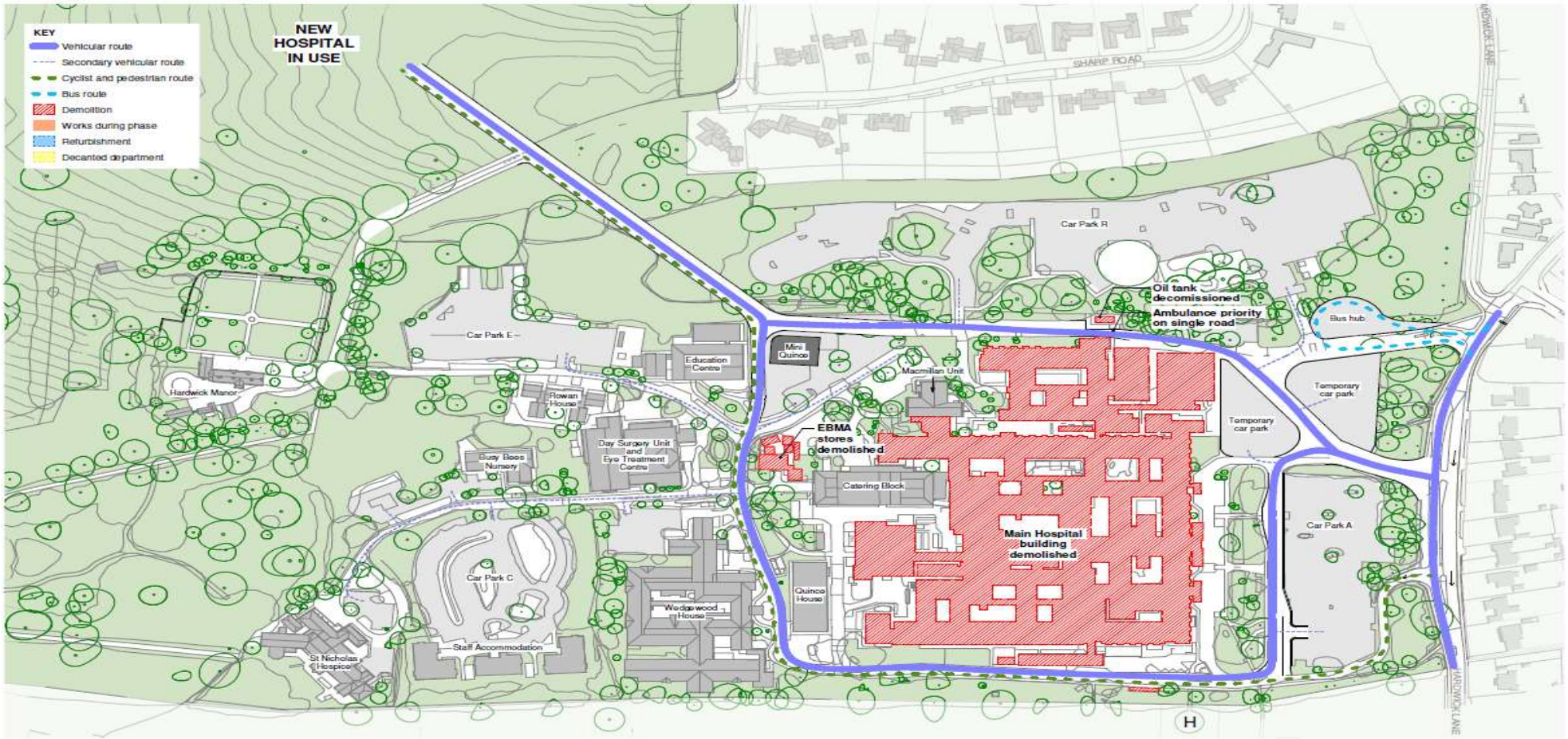
Phase 2 (2024 - 27)

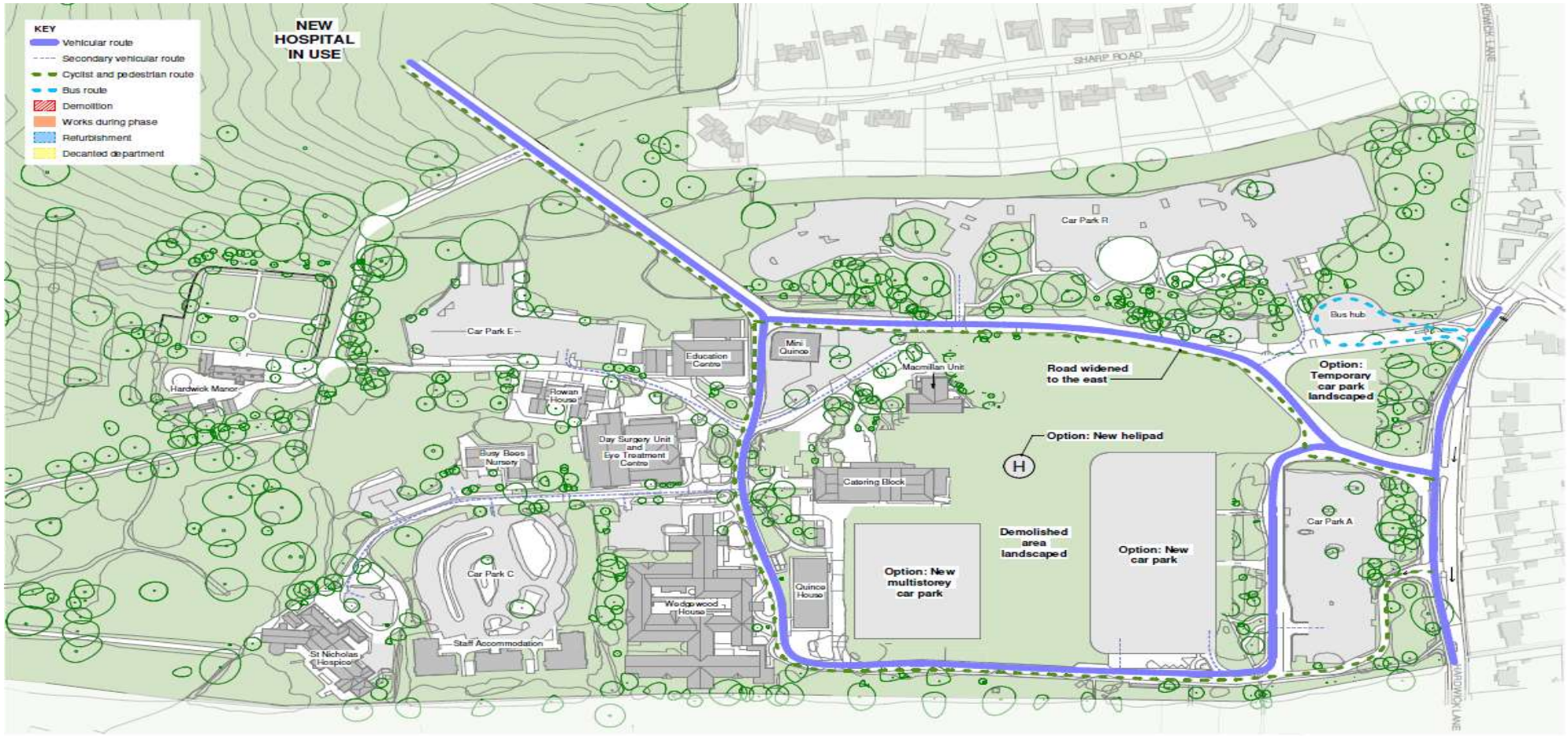


Phase 3 (2027 - 31)

AD ARCHITECTS

Development Control Plan
Development Control Plan - Phase 3 (2027 - 31)
1685-ADA-ZZ-ZZ-M2-A-0103


KEY
Vehicular route
Secondary vehicular route
Cyclist and pedestrian route
Bus route
Demolition
Works during phase
Refurbishment
Decanted department
NEW HOSPITAL IN USE
SHARP ROAD
HARDWICK LANE
Car Park R
Oil tank decomissioned
Ambulance priority on single road
Bus hub
Car Park E
Education Centre
Mini Quince
Macmillan Unit
Hardwick Manor
Rowan House
Day Surgery Unit and Eye Treatment Centre
Busy Boos Nursery
EBMA stores demolished
Temporary car park
Temporary car park
Catering Block
Main Hospital building demolished
Car Park A
Car Park C
Quince House
Wedgewood House
Staff Accommodation
St Nicholas Hospice
H
Phase 4 (2031 Onwards)
AD ARCHITECTS
Development Control Plan
Development Control Plan - Phase 4 (2031 Onwards)
1585-ADA-ZZ-ZZ-M2-A-0104



Phase 5 (2031 Onwards)

AD ARCHITECTS

Development Control Plan
Development Control Plan - Phase 5 (2031 Onwards)
1585-ADA-ZZ-ZZ-M2-A-0105

Appendix 8 - 5-year Investment Plan

WSFT Long Term Capital Planning

	Scheme	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	Total
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
PDC Funded	Community Diagnostic hub	2.00	14.50								
	RAAC	22.50	10.90	4.00							
	PDC	**24.50**	**25.40**	**4.00**	**-**	**-**	**-**	**-**	**-**	**-**	**53.90**
NHP Funded	Mini Quince House					7.80	3.90				
	Catering Block, Renal, McMillan								14.00	7.00	
	Re-purpose Hardwick Manor						1.40				
	Medical equipment new fit out						10.00	20.00			
	IT new fit out						10.00	20.00			
	Replacement Hospital, access and parking					215.90	220.00	220.00			
	Acute Relocation					40.00	20.00	-			
	NHP	**-**	**-**	**-**	**-**	**263.70**	**265.30**	**260.00**	**14.00**	**7.00**	**810.00**
CDEL funded	Newmarket Elective Surgery Unit										
	Community (equipment and capitalised rent)					20.00				9.10	
	Children's Services (capitalised rent)					3.00					
	Education Centre Refurb						4.60	2.30			
	Day Surgery Refurb and Extension								7.20	3.60	
	G10 re-use							2.50	2.50		
	Quince House changes to layout						0.70				
	Medical Equipment (inc. imaging)	3.00	4.00	3.00	2.00	2.00	1.00	1.00	2.00	2.00	
	Backlog Maintenance	2.00	2.00	2.00	2.00	1.40	1.40	1.40	1.40	2.00	
	Minor Projects (ADO)	1.00	1.00	1.00	0.50				0.50	1.00	
	IT (Backlog and investment)	5.50	5.50	5.50	5.50	5.50	3.00	3.00	3.00	3.00	
	RAAC BAU				2.20	2.20	2.20	2.20	2.20	1.10	
	Finance Leases		0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	
	Trust	**11.50**	**13.10**	**12.10**	**12.80**	**34.70**	**13.50**	**13.00**	**19.40**	**22.40**	**152.50**
	Trust v £9.25m CDEL	**(2.25)**	**(3.85)**	**(2.85)**	**(3.55)**	**(25.45)**	**(4.25)**	**(3.75)**	**(10.15)**	**(13.15)**	**(69.25)**
	Total	**36.00**	**38.50**	**16.10**	**12.80**	**298.40**	**278.80**	**273.00**	**33.40**	**29.40**	**1,016.40**