OPEN Council of Governors Meeting

Schedule	Tuesday 10 November 2026, 5:30 PM — 7:30 PM GMT
Venue	Rooms 19a & b, Education Centre, WSFT, Hardwick Lane, Bury St. Edmunds. IP33 2QZ
Notes for Participants	Please advise of apologies in advance of the meeting to the FT Office.
Organiser	Ruth Williamson

Agenda

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AGENDA:

OPEN Council of Governors meeting

Tuesday 10 November 2026, 5.30pm

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

Council of Governors Meeting- OPEN

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on **Tuesday 10 November 2026 at 17:30 in Rooms 19a & b, Education Centre, WSFT, Hardwick Lane, Bury St Edmunds. IP33 2QZ**

Jude Chin
Chair

Agenda

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

GENERAL BUSINESS			
17:30	**1.**	**Welcome and introductions** To welcome governors and attendees to the meeting and request mobile phones be switched to silent	Jude Chin
	2.	**Apologies for absence –** Diana Stroh, Louisa Honeybun, Adrian Whittle, Alison Wigg, Ewen Cameron To receive any apologies for the meeting	Jude Chin
	3.	**Declaration of interests** (enclosed) To receive any declarations of interest for items on the agenda	Jude Chin
	4.	**Minutes of the previous meeting** (enclosed) To note the minutes of the meetings held on 10 September 2026	Jude Chin
	5.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Jude Chin
	6.	**Chief Executive's report** (enclosed) To note a report on operational and strategic matters	Nicola Cottington
	7.	**Update on Finance** (verbal) To receive an update from the Director of Operational Finance	Nick Macdonald
	8.	**Chair's report** (enclosed) To receive an update from the Chair	Jude Chin

GOVERNOR BUSINESS (INC. STATUTORY DUTIES)			
18:40	**9.**	**Feedback from Board committees** (enclosed) To receive committee key issues (CKI) and observer reports from the assurance and audit committees: 9.1 Finance and Performance Committee 9.2 Quality and Patient Safety Committee 9.3 People and Organisational Development Committee 9.4 Digital & Data Assurance Committee 9.5 Audit & Risk Committee	NED chairs / Governor observers
19:00	**10.**	**Staff Governors' report** *(No formal meeting since 13 April 2026)*	Jude Chin
	11.	**Standards Committee report** (*No meeting since 21 April 2026)*	Jude Chin
	12.	**Nominations Committee report** *(No meeting since 18 May 2026)* To receive a report from the Nominations Committee	Jude Chin
	13.	**Membership and Engagement Committee report** (enclosed) To receive a report from the Membership and Engagement Committee	Sarah Hanratty
	14.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor	Ben Lord
	15.	**Governance report** (enclosed) To receive a governance update 15.1 Induction Programme 15.2 Forward Planner 2027	Paul Bunn
ITEMS FOR INFORMATION			
19:20	**16.**	**Summary report for Board of Directors meetings** (enclosed) To receive a report from the Chair and Non-Executive Directors.	Jude Chin/ NEDs
	17.	**Any Other Business** (verbal) To discuss any other matters not included on the agenda.	All
	18.	**Reflections on meeting** To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Jude Chin
CLOSE			

Supporting Annexes

Agenda item	Description
9	IQPR full report **AUGUST 2026**

GENERAL BUSINESS

1. Welcome and Introductions

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

To Note

Presented by Jude Chin

2. Apologies for Absence

To receive any apologies for the meeting

Apologies received from:

Governors - Diana Stroh, Louisa Honeybun, Adrian Whittle, Gordon McKay

Other - Ewen Cameron, Alison Wigg

To Note

Presented by Jude Chin

3. Declaration of interests

To receive any declarations of interest for items on the agenda

To Note

Presented by Jude Chin

4. Minutes of the Previous Meeting (enclosed)

To note the minutes of the meeting held on 19 May 2026

For Approval

Presented by Jude Chin

WEST SUFFOLK NHS FOUNDATION TRUST

DRAFT MINUTES OF THE
COUNCIL OF GOVERNORS' MEETING - OPEN

Held on Thursday 10 September, 2026 at 17:30
In the Education Centre, West Suffolk Hospital site, Bury St Edmunds

Members:		
Name	**Job Title**	**Initials**
Jude Chin	Trust Chair	JC
Anna Conochie	Public Governor	AC
Val Dutton	Public Governor	VD
Sarah Hanratty	Public Governor	SH
Elizabeth Hodder	Public Governor	EH
Ben Lord	Public Governor – Lead Governor	BL
Gordon McKay	Public Governor	GM
Jayne Neal	Public Governor	JN
Adrian Osborne	Public Governor	AO
Becky Poynter	Public Governor	RP
Barry Probert	Public Governor	BP
Clare Rose	Public Governor	CR
Jane Skinner	Public Governor	JS
David Slater	Public Governor	DSl
Anna Clapton	Staff Governor	AC
Louisa Honeybun	Staff Governor	LH
Diana Stroh	Staff Governor	DSt
David Brandon	Partner Governor	DB
Sue Kingston	Partner Governor	SK
Lisa Parish	Partner Governor	LP
Thomas Pulimood	Partner Governor	TP
In attendance:		
Nicola Cottington	Chief Operating Officer	NC
Sarah Ward	Deputy Chief Nurse	SW
Michael Parsons	Non-Executive Director	MP
Mike Knapton	Non-Executive Director	MK
Antoinette Jackson	Non-Executive Director	AJ
Heather Hancock	Non-Executive Director	HH
Richard Flatman	Non-Executive Director	RF
Alison Wigg	Non-Executive Director	AW
Paul Bunn	Acting Trust Secretary	PB
Ruth Williamson	Foundation Trust Office (Minutes)	RW

Apologies: **Public Governors:** Anna Conochie, Elizabeth Hodder, Gordon McKay, Becky Poynter, Jane Skinner. **Staff Governors**: Diana Stroh, Anna Clapton, Louisa Honeybun **Partner Governors**: Martin Robinson, Sue Kingston, Lisa Parish **NEDs:** Paul Zollinger Read **Other:** Ewen Cameron, Chief Executive Officer, Richard Jones, Trust Secretary, Pooja Sharma, Deputy Trust Secretary.
Members of the Public: Andy Benson, Eileen Dreyer

No.	Item	Action
1.	**Welcome and introductions**	
	Jude Chin (JC), Chair, welcomed all to the meeting and introduced Mike Knapton (MK) the newly appointed non-executive director. The Council noted the resignation of Anna Clapton, Staff Governor and recorded its sincere thanks and appreciation for her valuable contribution and commitment during her tenure. It also noted the appointment of Martin Robinson, Partner Governor, Suffolk County Council.	
2.	**Apologies for absence**	
	Apologies for absence were noted, as detailed above.	
3.	**Declaration of interests**	
	There were no declarations of interest made.	
4.	**Minutes of the previous meetings**	
	The minutes of the meeting held on 19 May 2026 were approved as a true and accurate reflection.	
5.	**Matters arising on action sheet**	
	The completed actions were discussed, **Action Ref 10: Update on Operational Performance – ED Patient Experience**. The Chair requested a formal response to the question raised be prepared and circulated to governors. **Action Ref 13: Update on Finance – Non-NHS and Private Patient Income.** The Chair requested that the Trust Secretary draft a response for circulation to governors. It was noted that non-NHS and private patient income was less than £600k, representing under 0.2% of the Trust's total income. As this was not expected to increase significantly, it remained well below the £20m threshold requiring governor approval. **Action Ref 15: People & Organisational Development Committee - Nursing Red Flag Events** – Sarah Ward (SW), Deputy Chief Nurse, advised that red flag events occur when defined staffing criteria are not met and act as an alert mechanism. These events are reviewed monthly	**PB** **PB**

	alongside staffing data to assess any impact on patient care. A robust review process is in place, with regular reporting to the Board and assurance was provided that this process would continue.	
6.	**Introduction to Accreditation of Care Excellence**	
	Sarah Ward, Deputy Chief Nurse, provided an update on the Accreditation of Care Excellence (ACE) programme, a continuous improvement model designed to enhance patient care, staff experience and clinical standards. Governors were invited to attend accreditation visits to observe the process in practice. In response to a question from DB regarding transitions of care, SW advised that discharge processes form part of the accreditation standards, including discharge planning from admission, timeliness of discharge and partnership working. Broader consideration of transitions of care could be explored in later phases of the programme. Responding to RF, SW explained that ACE is based on continuous improvement and challenging, aspirational standards. Areas not meeting accreditation criteria are supported through improvement plans, regular reviews and revisit assessments. Progression from Bronze to Silver and Gold accreditation requires sustained achievement over an extended period, with accredited ward leaders supporting and mentoring other teams to share learning and good practice. In response to a question from JC regarding anticipated impact, SW advised that improvements in staff and patient survey results would be expected from the following calendar year. Implementation is progressing well, with positive staff engagement, although rollout is dependent on the availability of trained assessors. TP sought assurance regarding the evidence base for the programme and its intended outcomes. SW advised that previous experience had demonstrated its value in maintaining and improving standards of care, reducing complaints and supporting organisational performance. Work is also underway to assess wider qualitative and financial benefits. JC welcomed the programme as an important component of the Trust's culture and improvement agenda and offered Board support for its implementation.	
7.	**Update on Elective Recovery**	
	Nicola Cottington, Chief Operating Officer, provided an update on elective recovery and performance. She advised that 2026/27 is the first year of operating under a cost and volume contract, creating financial incentives to increase activity and reduce the backlog of planned care following the Covid-19 pandemic. Performance during the first quarter had been adversely affected by planned theatre maintenance, which overran due to additional works being identified, together with the impact of industrial action and periods of	

	extreme heat that necessitated the reduction of some elective operating activity. Orthopaedic theatres reopened in July and performance had since improved. As at 16 August, Referral to Treatment (RTT) performance remained slightly behind target, with 52-week waits representing 1.7% of the waiting list. At the end of August the activity position was only 8.2% behind target and elective operations 28.2% below plan on 2 September, demonstrating positive recovery. An adverse financial variance of £2.4m was reported at Month 4, largely attributable to the reduced elective income activity levels in the first quarter. Mitigating reductions in expenditure associated with lower activity were expected to lessen the overall impact on the Trust's financial position. NC highlighted orthopaedics and gynaecology as key areas of focus. Actions taken included the reallocation of theatre time, ward reconfiguration to increase surgical bed capacity, the use of standby surgical lists to reduce lost theatre capacity from late cancellations and additional operating activity through weekend sessions as well as insourcing and outsourcing arrangements. Particular attention was being given to gynaecology through additional theatre capacity, workforce investment and partnership working with independent sector providers. Theatre productivity and elective performance were monitored daily and weekly, with plans in place to further improve delivery. Progress against trajectories was reviewed through the Elective Delivery Group on a fortnightly basis and monitored through the Trust's governance arrangements. JC noted that elective recovery remained a key area of focus for the Finance and Performance Committee. In response to a question from SH regarding the East Suffolk and North Essex Orthopaedic Centre, NC advised that activity delivered through the centre had supported the Trust during periods of local theatre closure. JC noted that opportunities for continued mutual benefit would be considered going forward.	
8.	**Chair's Report**	
	Jude Chin (JC), Chair, presented the report, which was noted. JC advised that proposed health legislation would remove the statutory requirement for NHS trusts to maintain a Council of Governors. Guidance from NHS England was awaited following the passage of the legislation, and a further update would be provided in due course. Governors were encouraged to attend the Annual Members' Meeting on 24 September 2026. JC also reported the appointment of Nick Carver as Chair of NHS East of England. The role is primarily focused on supporting and providing	

	oversight of the regional NHS team. Nick Carver is engaging with Trust chairs across the region to help shape the development of the post. His previous experience includes serving as Chair of Nottingham University Hospitals NHS Trust, where he oversaw the organisation's response to the Ockenden Review recommendations. It was noted that equivalent regional chair roles have now been established across all six NHS England regions.	
9.	**Chief Executive's report**	
	Nicola Cottington, Chief Operating Officer, presented the report on behalf of Ewen Cameron, CEO, absent from the meeting. NC advised that the Trust reported a £1.7m deficit at the end of June, driven largely by elective performance challenges. The underlying causes were understood and progress had been made in reducing the gap, with Month 5 reporting nearing completion. A Continuous Quality Improvement (CQI) programme focusing on admitted patient flow, including patients awaiting admission from the Emergency Department, had been launched. NC reported that the Orthopaedic Department had been named the region's Training Hospital of the Year, recognising its commitment to developing the future workforce. She also noted Roger Gembis' (Estates Specialist Services Manager) achievement of 50 years' service with the NHS. An update was provided on the New Hospital Programme, with Dragados appointed as the Trust's construction partner. A Board development session on the Outline Business Case had recently taken place. NC also updated governors on the Care Management Service (CMS), a key component of the Integrated Care Board's shift towards greater investment in community and primary care services. The service was due to go live in Mildenhall and Brandon shortly, with Newmarket to follow in October. DB welcomed the collaborative approach underpinning the CMS and highlighted the strong partnership working between the Trust, GP Federation and ESNEFT. NC agreed, noting that the programme's success would depend upon continued collaborative rather than hierarchical leadership. BL praised the care a relative had received in the Emergency Department. He noted that, following an inconclusive X-ray, a CT scan could not be undertaken that evening and queried whether diagnostic capacity could be used more effectively to support patient flow. In response, NC advised that the Trust was reviewing patient flow through its Continuous Quality Improvement programme, with a focus on reducing delays, improving discharge processes and maximising the use of available capacity.	

	In response to a question from CR, NC confirmed that social care partners were fully involved in the Care Management Service and had contributed to its design and governance arrangements. SH welcomed the Trust's strong performance in cancer and diagnostic services and expressed thanks to staff for their achievements.	
10.	**Feedback from Board Committees**	
10.1	**Finance & Performance Committee (previously Insight Committee)**	
	Antoinette Jackson (AJ), Non-Executive Director, presented the report and highlighted the Committee's Key Issues (CKIs). In June, the Committee revised its assurance rating for elective recovery from minimal to partial assurance, noting that whilst there was a clear understanding of the challenges, further assurance was required regarding the implementation of action plans. A deep dive into stroke services received substantial assurance, recognising the strong performance of the service. The Committee also noted that, although the new Sentinel Stroke National Audit Programme (SSNAP) indicators were more challenging, the Trust had achieved the highest score in the region and remained within the top 10 nationally. In August, a deep dive into productivity provided assurance that appropriate governance arrangements were in place, although some risks to delivery were noted. The Council noted the observer feedback. JN commented that the stroke services deep dive had been particularly informative and insightful.	
10.2	**Quality & Patient Safety Committee (previously Improvement Committee)**	
	Mike Knapton (MK), Non-Executive Director, presented the report and highlighted the Committee's Key Issues (CKIs). The Committee considered how assurance is obtained across quality and safety matters. The Committee received a presentation on SEND services, recognising the Trust's contribution to supporting children with neurodevelopmental conditions through community paediatrics and wider system partnership working. The Committee discussed paediatric waiting times and ongoing work to eliminate corridor care. A review of quality and safety management highlighted hand hygiene as an area of minimal assurance, reflecting concerns regarding compliance and the need for greater assurance that basic standards are being consistently followed. A further update has been requested. Updates were received on actions arising from the Ockenden, East Kent and Fuller reports. Discussion focused on ensuring safe care for mothers and babies, creating an environment in which staff feel able to speak up, and listening to the experiences of mothers. JC highlighted the ongoing	

	work being led by PZR within maternity services to maintain focus on the key drivers of safety and quality. The Committee noted an increase in Coroner reports and received an update on improving the quality and timeliness of **Re**commended **S**ummary **P**lan for **E**mergency **C**are and **T**reatment (ReSPECT) documentation. TP raised concerns regarding the audit programme, particularly the inclusion of national audits without benchmark comparators. PB advised that this was being actively addressed, with further reporting planned on audit ownership, actions and timescales. MK noted the need to strengthen links between audit activity and the wider quality improvement programme. NC advised that audits are reviewed through divisional performance meetings, with strengthened clinical leadership supporting accountability. The Council noted the observer feedback. JN commented that the Committee's discussion on maternity services had been open and candid, with staff engaging constructively in addressing the issues raised.	
10.3	**People & Organisational Development Committee (previously Involvement Committee)**	
	Heather Hancock (HH), Non-Executive Director, presented the report and highlighted the Committee's Key Issues (CKIs). The Committee reviewed the Band 5 nursing workforce programme, noting that delivery is planned through to 2028 and is focused on ensuring the appropriate nursing workforce profile. An update was also received on volunteering, including opportunities to increase diversity, support employment pathways and strengthen the role of volunteers within the Trust's transformation plans. The Committee received assurance that actions arising from the Staff Survey had been embedded within divisional plans. The Board Assurance Framework was reviewed and continuous quality improvement culture was highlighted as an encouraging area of progress. Results from the staff Pulse Survey showed a slight decline in staff experience, with further work underway to understand themes relating to communication, workload, resourcing, recognition and process simplification. The Committee also received a positive MyWish maternity case study and an update on the appraisal and learning framework pilot, including challenges relating to ESR and appraisal compliance. SH asked whether people and culture risks could be considered within a cross-committee assurance framework. JC noted that assurance ratings can be subjective and that some issues, such as hand hygiene, involve both compliance and behavioural factors. NC advised that there are established mechanisms for considering matters that cut across committees and escalating them to the Board where appropriate. The Council noted the observer feedback.	

	HH left the meeting at 6.41pm.	
10.4	**Digital & Data Assurance Committee**	
	Alison Wigg (AW), Non-Executive Director, presented the report and highlighted the Committee's Key Issues (CKIs). A significant portion of the meeting focused on cyber security matters, the details of which were not reported publicly due to their sensitive nature. The Committee also undertook a deep dive into access to patient records and assigned partial assurance, reflecting gaps in previous audit coverage. AW reported that appropriate processes are now in place, with ongoing auditing of access to patient records and a continued emphasis on staff awareness and at induction regarding information governance responsibilities. The Council noted the observer feedback.	
10.5	**Audit & Risk Committee (previously Audit Committee)**	
	Michael Parsons (MP), Non-Executive Director, presented the report, which was noted. The Head of Internal Audit provided an overall positive opinion, noting that audit work had been appropriately focused on areas of risk and concern. Two audits received less favourable outcomes; partnership working and Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS). These had been referred to the People and Organisational Development Committee and the Patient Quality and Safety Committee respectively for further oversight. The Committee also received reasonable assurance regarding counter fraud arrangements. MP noted that, whereas all standards had been rated green in the previous year, one area had been rated amber, following changes introduced through the Economic Crime and Corporate Transparency Act. Work is underway to address the revised requirements.	
11.	**Nominations Committee Report**	
	Jude Chin (JC), Chair, presented the report. JC reported that the previous meeting had reviewed governor feedback on the performance of Non-Executive Directors and thanked governors for their contributions. JC also thanked AJ and BL for leading the Chair's appraisal process, noting that the process had worked well and that the feedback had been valuable in supporting appraisal discussions. The increase in the number of governors providing feedback was welcomed.	
12.	**Membership & Engagement Committee Report**	
	Sarah Hanratty (SH), Chair of the Committee, presented the report. SH expressed thanks to the Foundation Trust and Communications teams for their support. SH also encouraged governors whose terms of office are	

	due to expire to consider reapplying where eligible and advised that BL would welcome an indication from those intending to seek reappointment.	
13.	**Standards Committee Report**	
	The Council noted that no meeting of the Standards Committee had been held since April 2026.	
14.	**Staff Governors' Report**	
	The Council noted that no formal meeting of the Staff Governors' Group had been held since April 2026. However, informal meetings had been held.	
15.	**Lead Governor Report**	
	Ben Lord (BL), Lead Governor, presented the report, which was noted. BL highlighted the forthcoming governor elections and encouraged governors who were eligible to seek re-election. BL also emphasised the importance of promoting equality, diversity and inclusion and continuing to encourage membership engagement despite the uncertainty arising from the Health Bill.	
16.	**Annual Report and Accounts, including Auditor's Letter**	
	Michael Parsons (MP), Non-Executive Director, presented the report. MP confirmed that the Annual Report and Accounts had been submitted to Parliament by the required deadline. The Trust reported a £5 million deficit for the year, including a positive adjustment relating to RAAC following work that had extended the life of affected buildings. The adjusted deficit position showed continued improvement compared with the previous year. MP reported that Ernst & Young, in its first year as external auditor, had issued an unqualified audit opinion. Whilst a financial sustainability risk had been identified as part of the Value for Money assessment, the Trust's arrangements were found to be adequate, resulting in a positive conclusion. SH congratulated the Trust on the achievement, highlighting the strength of its governance arrangements and the collaborative approach taken by the Board. MP also thanked governors who had reviewed the Quality Accounts. In response to a question from TP regarding how long RAAC would continue to feature within the accounts, MP advised that current planning assumptions aligned with the new hospital programme and development of the Outline Business Case. MP noted that the Trust remained on track and ahead of many organisations facing similar challenges. JC added that approval of the Outline Business Case would provide greater certainty regarding funding and welcomed the appointment of Dragados to support the design phase of the new hospital programme. BL left the meeting at 19.08 pm.	

17.	**Governance Report**	
	Paul Bunn (PB), Acting Trust Secretary, provided a verbal update, which was noted. PB thanked governors who had completed the recent questionnaire and advised that he had been working with BL to inform the development of training arrangements for the future Council of Governors.	
18.	**Summary Report for Board of Directors Meetings**	
	Jude Chin (JC), Chair, presented the report, the contents of which were noted and taken as read.	
19.	**Any Other Business**	
	None noted.	
19.	**Dates for meetings in 2026**	
	• 24 September, 2026 – Guildhall, Bury St. Edmunds • 10 November, 2026	
20.	**Reflections on meeting**	
	None noted.	

5. Matters Arising Action Sheet (enclosed)

To note updates on actions not covered elsewhere on the agenda

To Note

Presented by Jude Chin

Council of Governors' meeting - action points

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery	Date Completed
10	Public	05/03/26	7	**Update on Operational Performance - ED Patient Experience** - further detail to be provided via the formal Governor Question process.	Update on question raised to be shared with all governors, via the Quality & Patient Safety CKI at CoG in September. Today's QPS CKI report (10.9.26) refers. 10.9.26 - Action reopened. The Chair requested a formal response to the question raised be prepared and circulated to governors. **Update to follow at meeting on 10.11.26.**	~~PB~~ ~~PZR~~ PB	~~19/05/2026~~ 10/09/2026	Green	10/09/2026

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

Council of Governors' meeting - action points

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery	Date Completed
13	Public	19/05/26	6	**Update on Finance - Non-NHS and Private Patient Income** - confirm wording contained within the constitution.	Clause 3 (page 4) allows WSFT to generate income from non-health related sources. Clause 40.7 (page 21) confirms CoG approval is only needed if there is a proposal to increase the Trust's private patient income by more than 5% of its total income in any financial year. This is in accordance with the NHS Act 2006 as amended. 10.9.26 - Action reopened. The Chair requested that the Trust Secretary draft a response for circulation to governors. **Response emailed to all governors 4.11.26.**	~~JC~~ PB	10/09/2026	Complete	10/11/2026

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

6. Chief Executive's Report (enclosed)

To note a report on operational and strategic matters

To inform

Presented by Nicola Cottington

West Suffolk NHS Foundation Trust Council of Governors

Report information

Report title: Chief Executive Officer's report
Agenda item: 6
Sponsor/Executive lead: Dr Ewen Cameron, chief executive officer
Report prepared by: Dr Ewen Cameron, chief executive; Sam Green, senior communications officer
This report is for: ☐Approval ☒ Assurance ☐Discussion ☒Information

This report supports the following ambitions within the organisational strategy:

☒ **High quality care** ☒ **Joined up services**
☒ **Empowered to improve** ☒ **Responsible with resources**
☒ **Fit for tomorrow**

Executive summary

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

This report summarises the main headlines for, August, September and October.

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

This report supports the Board in maintaining oversight of key activities and developments relating to organisational governance.

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

The items reported will be actioned through the appropriate routes.

Action required by the Board: The Board is asked to note the content of the report.

Governance and compliance

Risk and assurance: Failure to effectively manage risks to the Trust's strategic objectives.
Equality, diversity and inclusion: We have a duty to reduce inequalities.

Sustainability: Sustainable organisation
Legal and regulatory context: NHS Act 2026; Trust Constitution.

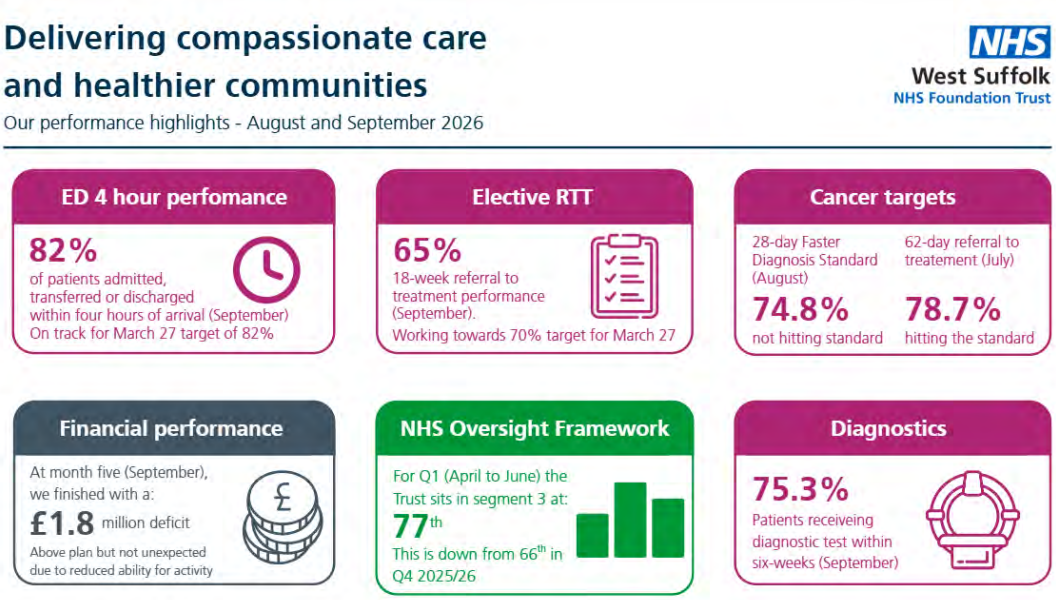
Chief Executive Officer's report

1. Introduction

1.1. We are currently experiencing the signs of 'winter pressure', where we see a greater demand for our services and an increase in the prevalence of illnesses such as flu, which has arrived earlier and stronger this year. It follows on from what has been a busy year, as we experienced a challenging summer, with numerous record-breaking heatwaves meaning more patients than usual required our care. Previously, I have talked about us undertaking essential winter planning and, while this is ongoing, this reflects our planning for a different set of challenges instead of a vast step change in how busy we are.

1.2. As ever, it is important our communities take the necessary steps to protect their health, and an easy way, is for them to get their annual flu vaccination. The 2026/27 flu campaign is now in full swing and it's important we all get our jab as it is a very simple way we can protect ourselves, our colleagues, our patients, and our communities. The vaccination is available to all staff and we are out visiting wards and community locations to encourage take-up. I urge everyone to get vaccinated at the earliest opportunity.

1.3. The NHS Oversight Framework is a league table which ranks every trust in England based on 14 metrics. There are five segments across the league table, which set out particular conditions we must meet to move between the segments. Due to our financial deficit, it is impossible for us to move out of Segment 3 to Segment 2 or 1. The NOF is updated every quarter, and we have remained in segment 3 since it began. In the latest update, we have retained our position in Segment 3, but have moved down slightly from 66 to 77. Given our position is relative, I don't have any concerns about this small change and know there is a huge effort to improve on all of the metrics that are recorded, regardless of the deficit plan limiting our potential to climb higher up the table.



2. Financial performance

2.1. At the time of writing, we have the figures for month six (September) of the 2026/27 financial year, and we are continuing to work hard to meet our financial targets, as we have done previously.

2.2. Delivering more activity remains one of our top priorities as we are under a contract based on payment for activity rather than a block contract. Increasing activity is a critical part of how we will achieve financial success this year, as well as being extremely important for patients by bringing down waiting times.

2.3. As I mentioned last time, we have experienced difficult conditions so far this financial year, which include industrial action and extreme weather conditions, alongside planned theatre downtime for important upgrades. These have resulted in a slight reduction in activity, which in turn, impacts the revenue we generate. At the end of September, the Trust reported a deficit of £1.8 million, which is £0.9m above our planned position at this point in the year. However, we are working hard to deliver more activity to turn this around by the end of March 2027.

3. Performance

Elective recovery

3.1. Our performance in September against the 18-week target was 65%, meaning we continue to be broadly on plan despite having operational pressures.

3.2. As ever, we continue to work hard to reduce the number of patients waiting 52-weeks or more. Our September 2026 performance for those patients waiting 52 weeks is off plan at 671. Now that our refurbished West Suffolk Hospital theatres are back online, we are taking good strides to bring this figure down.

3.3. Those waiting more than 52-weeks makes up less than 2% of our total waiting list. The numbers are still too high but, having dealt with these operational challenges, we move forward with greater confidence and an improved estate, meaning we are primed to deliver more activity and recover our position.

Diagnostics

3.4. In September, 75.3% of patients had their diagnostic test within six weeks. The drop in performance since my last report to the Board is due to unplanned equipment downtime affecting MRI and CT, meaning some outpatient cancellations occurred.

Urgent and emergency care

3.5. Our emergency department performance for the 4-hour standard in September 2026 was 82%. This is overwhelmingly positive and this puts us in a position to meet the 82% target by the end of March 2026/27. Thank you to all colleagues for their incredible work delivering timely and high quality care in our emergency department which is experiencing increasing demand.

Cancer

3.6. 28-day Faster Diagnosis Standard (80% target):
May 2026 – 83.9%
June 2026 – 80.6%
July 2026 – 79.2%
August 2026 – 74.8%

3.7. 31-day Diagnosis to Treatment (96% target):
May 2026 – 100%
June 2026 – 100%
July 2026 – 100%
August 2026 – 100%

3.8. 62-day Referral to Treatment (75% target):
May 2026 – 76.1%
June 2026 – 75.7%
July 2026 – 75.6%
August 2026 – 78.7%

3.9. Our performance against the 28-day Faster Diagnosis Standard has over successive months dropped from above target to below, due to a range of issues. These include staff shortages across our breast service, capacity constraints in radiology due to the unplanned downtime and an unprecedented number of urgent suspected cancer referrals from GPs due to the lack of capacity in the community skin analytics service which has now been re-established.

4. Quality

4.1. On Thursday, 17 September, we ran a free Community Health Connect Event, where a wide range of free health information, advice, and support was available, all under one roof. The event saw many from our community access free health checks for blood pressure and cardiovascular risks, bowel and breast screening, smoking cessation services, and support for carers and families with expert help from our maternity services. It was fantastic to hear how many people turned up to the New Bury Community Centre in Bury St Edmunds and we are looking to do more community engagement events in the future, which includes the frailty team's 'Ageing Well' event on Monday, 19 October 2026 at the Southgate Community Centre, and the breast cancer screening open day at Glasswells on Tuesday, 27 October 2026.

4.2. High Quality, Safer Care Week took place between Monday, 14 September and Friday, 18 September, which saw teams across the Trust shine a light on the importance of quality improvements in the care we provide our patients, and the way we engage with staff and enhance their experience at work. Taking place at the same time as national Quality Improvement Week, World Sepsis Day on 13 September, and National inclusion Week, our colleagues visited the quality improvement showcase stands and attended inclusion sessions, which aimed to further embed the culture of continuous quality

inclusion across the Trust. Our Allied Health Professionals (AHPs) also marked AHP Day on Wednesday, 14 October by offering colleagues the opportunity to shadow them across their range of roles, which supports the national strategy which aims to realise the transformative potential of these groups of highly skilled healthcare professionals.

5. Workforce

5.1. The transformation work on our divisional structures has been completed and the changes are now in place, meaning we have moved from having five divisions to four. Our divisions are now known as Medicine, Surgery and Anaesthetics, Community and Clinical Support Services, and Women, Children and Families. As part of these changes, each division has a divisional director who will be a doctor to improve clinical leadership, supported by an associate director of operations and an associate head of nursing / allied health professionals. We have been working with the teams affected by these changes. I'd like to thank all those involved in these changes as a significant amount of work has been undertaken to get this project finished in a timely fashion.

5.2. The NHS Staff Survey is currently open until 27 November, and we are working through our thorough plan to encourage as many colleagues as possible complete it. The aim this year is to achieve a response rate of 50%. The feedback we get through surveys like this is invaluable and gives us insight into what it's like working at our Trust, and the things that matter to our colleagues at all levels. We frequently talk about making sure when colleagues give us their thoughts we take action. I read through every free-text comment left anonymously by colleagues in the quarterly surveys we run, and there are clear themes where we will need to focus our attention going forward. Some of our colleagues feel the pressure to free-up capacity is driven by a desire to hit targets at the expense of the quality of care. As you will know, the reality is that failure to create capacity for admissions through our emergency department leads to worse outcomes and experience for our patients and that is what drives our efforts. This is why we are beginning a Trust-wide continuous quality improvement programme to improve flow through the system and make sustainable changes so that beds are available when needed for patients.

6. Future

The project to deliver a new West Suffolk Hospital is making good progress. The Trust has now been matched with its construction partner and can confirm Dragados Sociedad Anonima as the organisation who will work alongside us. In addition, we have submitted our Outline Business Case for the new hospital and are finalising the hospital design (RIBA Stage 3). These are important milestones for the programme and another step forward in the development of our future hospital. We now look towards the coming years and have greater clarity on the timeline of this project.

7. Update on Finance (verbal)

To receive an update from the Director of Operational Finance

To inform

Presented by Nick Macdonald

8. Chair's report (enclosed)

To receive an update from the Chair

To inform

Presented by Jude Chin

West Suffolk NHS Foundation Trust Council of Governors

Report information

Report title: Chair's report
Agenda item: 8
Sponsor/Executive lead: Jude Chin, chair
Report prepared by: Jude Chin, chair; Sam Green, senior communications officer
This report is for: ☐Approval ☒ Assurance ☐Discussion ☒Information

This report supports the following ambitions within the organisational strategy:

☒ **High quality care** ☒ **Joined up services**
☒ **Empowered to improve** ☒ **Responsible with resources**
☒ **Fit for tomorrow**

Executive summary

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

This report summarises the main headlines from May to August 2026.

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

This report supports the Council of Governors in maintaining oversight of key activities and developments relating to organisational governance.

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

The items reported will be actioned through the appropriate routes.

Action required by the Council of Governors: The Council of Governors is asked to note the content of the report.

Governance and compliance

Risk and assurance: Failure to effectively manage risks to the Trust's strategic objectives.
Equality, diversity and inclusion: We have a duty to reduce inequalities.
Sustainability: Sustainable organisation
Legal and regulatory context: NHS Act 2026; Trust Constitution.

Chair's report

1. Since we last met in September, there have been a significant number of developments which will have or are already having an impact on the way we deliver our services. The Thirlwall Inquiry has outlined a number of recommendations which we are working through, and in October we received confirmation from NHS England that patients should receive care on single-sex bays or wards. This guidance is pragmatic and recognises our need to prioritise timely care. This means we can

make decisions on a case-by-case basis to ensure clinical needs are met, alongside upholding our responsibility to safeguard dignity.

2. Many of you may have noticed our most recent NHS Oversight Framework position fell from 66th last quarter to 77th. I would like to reassure you this is not because of a significant reduction in our performance as we're continuing to show good progress in many key areas, such as in the emergency department and our elective recovery. How the league table works means our position is relative to the performance of all other trusts, therefore, a trust can achieve during that period, but others can achieve more which results in a fall in their position. We are still in segment 3 due to our financial deficit, however, we are making good progress against that also.

3. Our strategy underpins everything we do, particularly at Board-level. It sets our focus, informs the decisions we make, and outlines to our patients, staff, and visitors, how we will deliver high quality and safe care in a way that's sustainable now, and in the future. It's been one year on since it was agreed, and we have since reviewed it to ensure it's an active document and one that is still fit for purpose. Following rigorous assessment, I am pleased to say we agreed the strategy still guides us to where we want to be in two years' time.

4. As I've said, our performance is strong, and there is much we can celebrate. We have of course been under considerable pressure this year with theatres being renovated and extreme temperatures during the summer. We are also, as I write this, under significant strain. There has been a great focus in our emergency department to meet the 82% 4-hour target, which is supported by the patient flow CQI project, and in September we managed 82%. I would like to thank the staff for their incredible work during challenging times, as this goes a long way to making sure we are providing the right care at the right time. It was also good to see our new-in-post deputy medical director, Dr Patricia Mills, recently completing interviews with Good Morning Britain regarding the implementation of Martha's Rule in the ED and our involvement in the pilot. This shows how strong clinical leadership can have a real impact and even as a smaller Trust we can showcase the quality of our care on the national stage.

5. With that, we have recently changed the way our divisions are structured to focus on improving clinical leadership and eliminate variation in how they are formed. We have gone from five divisions to four, merging community and clinical support services together, and our new division directors now have support in the form of an associate director of operations and an associate director of nursing/AHPs. There are some incredibly talented people in these positions, and I have no doubt this change means we are set up for success. Furthermore, we now also have Sarah Hodds who has been appointed as our substantive Chief People Officer, and Paul Bunn who is now our Trust secretary.

6. Looking forward, we are continuing to assess how we deal with situations which would put our patients, staff, and visitors at risk. We know from continuous reports in the news that cyber attacks are becoming increasingly common, particularly in the era of ever-advancing artificial intelligence. We also know the impact this could have on us as other trusts have experienced this to devastating effect. We have been looking at this with our teams and held sessions where we practice working through

our response.

7. There is an exciting project being worked through which aims at keeping the 2% of the population who use the majority of our services' capacity where they're most comfortable. That could be their home, a care home, or another care setting. This is a collaborative project which speaks to our strategy perfectly by joining-up services and working with our partners – GP Fed, our community colleagues, and the care sector. Once this goes live and we have initial data I will provide an update on how this project is going, as it has the potential to help us achieve a sustainable approach to healthcare and improve the patients' experience of care.

8. At the time of writing, the notification for the governor election has been sent out, allowing our staff and members to vote on their governors for the next three years. This is an exciting time; however, I would like to acknowledge those public governors who have reached the end of their third term meaning they are ineligible to stand again – Jane Skinner, Jayne Neal and Adrian Osborne. They have made an outstanding contribution to this Trust and have helped us through some very challenging times. In addition, there are a number of public governors who, while eligible, have decided not to stand for re-election, I would like to thank them for their contribution. I wish them all the very best for the future. Voting closes at 5pm on Friday, 20 November 2026, and we will announce the new cohort once the votes have been counted.

GOVERNOR BUSINESS (INC. STATUTORY DUTIES)

9. Feedback from assurance committees (enclosed)

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

For Discussion

Presented by Jude Chin

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Feedback Report from Board Assurance Committees and Audit & Risk Committee
Date of the meeting: 10 November 2026
Agenda item: 9
Sponsor/Executive lead: Non-Executive Directors / Governor observers at the Board's assurance committees
Report prepared by: Chairs of the assurance committees, Governor Observers at the assurance committees, Pooja Sharma, Deputy Trust Secretary, Ruth Williamson, Senior Administrator, FT Office
This report is for: ☐Approval ☒ Assurance ☒Discussion ☒Information

This report supports the following ambitions within the organisational strategy:

☒ **High quality care** ☒ **Joined up services**
☒ **Empowered to improve** ☒ **Responsible with resources**
☒ **Fit for tomorrow**

Executive summary

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

The Trust supports Governors to observe Board and relevant assurance committees to provide greater oversight of Board and NED activities. A guidance note for governor observers at board assurance committees sets out clear expectation of observer role for governors, chair, NEDs and Execs.

So what?
The report highlights the summary of the agenda items discussed in the Board assurance committees, committees' key issues and respective governor observers' reports to provide an update to the Council.

Annex A of the report details the exception slide from the Trust's IQPR. This information helps to focus discussion within the assurance committees.

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

Action required:
The Council of Governors is asked to note the feedback from Board assurance committees and audit committee.

Governance and compliance

Risk and assurance: Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion: We have a duty to reduce inequalities.
Sustainability: Sustainable organisation
Legal and regulatory context: West Suffolk NHS Foundation Trust Constitution, Health & Social Care Act 2022, NHSE Code of Governance 2022.

BOARD ASSURANCE COMMITTEES - FEEDBACK REPORT

Finance and Performance Committee:

16 September 2026 (observed by Jane Skinner)

Responsible with resources
Finance

- Financial Accountability Committee
- Month 5 Reporting
- CIP Update
- QIA Panel Outcomes
- National Cost Collection
- Internal Audit Report
- Board Assurance Framework - BAF 7 (Performance) and BAF 3 (Finance)

High quality care

- Operational Performance
- July 2026 IQPR and Patient Access Governance Group
- Elective Delivery Plan Update
- Winter Plan 26/27

Joined up services

- No reports

Empowered to improve

- Update on Finance Transformation Project

Fit for tomorrow

- No reports

Governance

- Review of the Work Programme/Forward Plan
- Escalations to and from other board assurance committees and board

21 October 2026 (observed by Jayne Neal)

High quality care

- Operational Performance
- August 2026 IQPR and Patient Access Governance Group
- Elective Delivery Plan Update
- Cancer performance deep dive – what is performance against targets and trajectories? What is the improvement plan?
  Incorporating:
  Breast Service deep dive – creating sustained performance following Cancer Alliance review

Joined up services

- Community Contract Renewal Update

Responsible with resources
Finance

- Financial Accountability Committee
- Month 6 Reporting

- CIP Update
- QIA Panel Outcomes
- Update on Financial Transformation
- Board Assurance Framework - BAF 2 (Estates)

Empowered to improve

- No reports

Fit for tomorrow

- No reports

Governance

- Corporate Risk Governance Group
- Annual Review of Committee Effectiveness
- Review of the Work Programme/Forward Plan
- Escalations to and from other board assurance committees and board

Quality and Patient Safety Committee:

16 September 2026 (observed by Sue Kingston, Jayne Neal and Jane Skinner)

- Risk register
- General risk update
- Quality Performance / KPIs
- Experience of care and engagement update report
- Maternity services - 10-point plan, Triage standards report and Perinatal workforce report
- Quality priorities 2026/2027 report
- Clinical Effectiveness Governance Group
- Quality Delivery Governance Group report
- IQPR

21 October 2026 (observed by Sue Kingston)

- Risk register
- Risk update
- IPC service update - Antimicrobial resistance findings, Hand hygiene assurance
- Approach to health inequalities
- Medication safety action plan
- Quality Performance / KPIs
- Clinical Effectiveness Governance Group
- Quality Delivery Governance Group report
- IQPR
- BAF 6 – Quality of care
- Discussion on strategic priorities for Committee
- Review of Committee Effectiveness results

People and Organisational Development Committee:

21 October 2026 (observed by Becky Poynter and David Slater)

Recent announcements affecting workforce.
Empowered to improve

- Staff Survey
- Staff Survey – Score for Divisions and Women and Children's
- Outcome from self-evaluation process
- Staff Standards
- Leadership and Management Framework
- Framework for Quality Assurance and Improvement (NHS E)

High quality care

- Guardian of Safe Working
- 10 Point Plan Update

Joined up services

- No report

Fit for tomorrow

- Future Systems Update
- QI reporting

Responsible with resources

- IQPR extract for the Committee (staff KPIs) for information

Escalations to and from other board assurance committees and board

Digital & Data Assurance Committee

Scheduled for 5 November 2026 (to be observed by Jane Skinner)

National updates or mandates

Risks, governance and safety

- Risks for assurance/escalation
- Access to clinical systems
- Cyber hygiene summary report

Governance

- BAF 1 – cyber

Digital and data programme

- Digital and data programme board report, including items for escalation
- Delivering on our strategy
- Future System programme digital update
- Data and BI report

Service Focus - Data Quality

Audit & Risk Committee
Audit & Risk Committee's key issues report (24 September 2026) presented by the Committee Chair.

Annex A: IQPR – exception summary slide

Summaries | Finance & performance | Quality and patient safety | Workforce & OD | Appendices

Variance – are the measures being met?

August 2026	Assurance – can the target be consistently achieved? Consistently hitting target - celebrate (P)	Target not consistently achieved or failed (?)	Consistently fail target - investigate (F)	No target set – celebrate, monitor or investigate
Special cause improvement- celebrate (H, L)		**F&P** 28 Day Faster Diagnosis **POD** Turnover	**F&P** Diagnostics Performance % within 6weeks Total RTT 65+ Week Waits **Q&PS** Patient Safety Incidents	**F&P** RTT 52+ Week Waits RTT 52+ Weeks Wait as % of Total WL RTT <18 Week Waits (% All) RTT <18 Week Waits (% First OPA) **Q&PS** Incidents Reported
Common cause – monitor & understand	**F&P** Urgent 2 hour response - UCR	**F&P** Non-admitted 4 hour performance Virtual Ward Total average occupancy percentage **POD** Mandatory Training	**F&P** Ambulance Handover within 15min Incomplete 104 Day Waits	**F&P** 12 Hour Breaches 12 hour breaches as a percentage of Type 1 attendances RTT Waiting List **Q&PS** Inpatient Deaths Formal complaints resolved late (>25wd) PALS Received
Special cause concerns - investigate (H, L)	**POD** Staff Sickness – Rolling 12months Staff Sickness	**F&P** Cancer 62 Days Performance	**POD** Appraisal	**F&P** Community Paediatrics RTT Overall Waiting List Community Paediatrics RTT Overall 52 Weeks Wait **Q&PS** INT Nursing Deferred by Service SHMI Formal Complaints Received

Items for escalation

Finance and performance (F&P) - Elective: Ambulance Handover within 15min, Diagnostics Performance % within 6weeks Total, RTT 65+ Week Waits

Finance and performance (F&P) - Cancer: Cancer 62 Days Performance, Incomplete 104 Day Waits

Quality and Patient Safety (Q&PS): Patient Safety Incidents

People and Organisational Development (POD) - Well Led: Staff Sickness – Rolling 12months, Staff Sickness, Appraisal

For noting: Trajectory in place for ED 12 hour breaches. 92% target for RTT 18 weeks still in place as well as monthly trajectory. Trajectory in place for 4 hour ED waits.

9.1. Finance & Performance Committee (previously Insight)

To Note

Presented by Antoinette Jackson

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Finance and Performance			Date of meeting: 16 September 2026			
Chaired by: Antoinette Jackson			**Lead Executive Directors: Nicola Cottington and Jonathan Rowell**			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / MEG 3. Escalate to Board
7.1 and 7.2	**Finance Month 5 report and CIP Update** The reported surplus for August 2026 is £223k, £283k better than plan (£717k worse than plan YTD). This is largely due to a non-recurring VAT refund of £385k. Income has improved now that the refurbished theatres are fully operational and it is anticipated that the shortfall on income in Q1 will continue to be recovered. The Trust has identified £21.6m/£20.7m of unweighted/weighted CIP opportunities respectively against a full year target of £29.7m, which is a small improvement on the previous month's performance. A gap of £8.0m/£9.0m remains when considering the unweighted /weighted CIP position respectively.	**3.Partial**	The Trust is forecasting to break even in 2026/27 after receiving deficit support funding. Performance is moving in the right direction. There remain risks in relation to delivering our CIP Plan, recovering our elective activity plan and achieving productivity improvements.	Those divisions / teams that are not yet meeting their target are receiving support to ensure that ideas are converted into schemes. A 27/28 CIP pipeline has been started and will include large schemes which have implementation costs in 26/27.	Alert	1 No escalation

Originating Committee: Finance and Performance			Date of meeting: 16 September 2026			
Chaired by: Antoinette Jackson			Lead Executive Directors: Nicola Cottington and Jonathan Rowell			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / MEG 3. Escalate to Board
8.1	**Operational performance** RTT percentage performance for July was slightly above plan but long waits and total waiting list size remain significantly off trajectory Urgent and Emergency Care July four-hour performance improved during August and early September following poor performance in July (caused by extreme heat and capacity issues). Treatment capacity in Breast and Urology services led to a drop in 62-day cancer performance but faster diagnosis metrics remain stable. The Virtual Ward continues to under-perform.	**3 Partial**	A Continuous Quality Improvement (CQI) project has been set up to address UEC performance and flow taking a Trust-wide approach.	The UEC CQI project will continue. The Trust continues to engage with the Cancer Alliance's review of Breast services and the Committee is undertaking a deep dive into cancer performance at it's October meeting The Committee asked for a detailed trajectory and action plan for virtual ward improvement to be provided to a future meeting.	Escalate	2 Escalate to MEG
8.2	**Elective Recovery Plan Update** The Committee looked at activity information for	**3 Partial**	Outpatient performance is improving and the gap is closing in elective but there is still an 18% variance	Recovery plans are in place across all divisions, focused particularly on General Surgery,	Alert	1 No escalation

Originating Committee: Finance and Performance			Date of meeting: 16 September 2026			
Chaired by: Antoinette Jackson			Lead Executive Directors: Nicola Cottington and Jonathan Rowell			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / MEG 3. Escalate to Board
	Month 5 and Finance performance for Month 4. Current performance shows elective inpatient activity remains significantly below plan at 29.40% below expected levels, while outpatient and day case activity are closer to plan. Overall elective income is £2.4m below plan at Month 4.		between plan and what is required to achieve year end recovery. There remains a risk that planned elective and financial recovery trajectories will not be achieved.	Orthopaedics and Gynaecology. CQI methodology is being used to identify how improvements can be made in areas of under-performance which are in the Trust's control to improve e.g. number of cancelled lists.		
8.3	**Winter Planning** The committee reviewed the detailed plans for tackling winter pressures across the system	**2 Reasonable**	The plans have been informed by learning from last winter; recent summer pressures and a business continuity test of the plans with system partners.	The committee recommended that the Trust Board approve the plans subject to additional information being provided to the Board meeting.	Approve	3 Escalate to Board
10	**Update on Financial Transformation Project** Go-live remains scheduled for 1 December 2026.	**2. Reasonable**	This is a major change project. Risks include user engagement and training compliance, integration with procurement stock management systems,	The Committee received assurance that implementation remained on track and risks were being actively managed. A go/no go decision on will be	Inform	1 No escalation

Originating Committee: Finance and Performance			Date of meeting: 16 September 2026			
Chaired by: Antoinette Jackson			Lead Executive Directors: Nicola Cottington and Jonathan Rowell			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / MEG 3. Escalate to Board
			temporary reporting disruption during the transition and impacts on the finance workforce.	made in early November based on the risk assessment at that point.		

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
So what? Increasing **appreciation** of the **value** (importance and impact) – what this means for us	**Value** – the degree to which the evidence… • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture	• What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• Recommendations for action • What impact are we intending to have, by when and how will we know we've achieved it? • How will we hold ourselves accountable?

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Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Finance and Performance			Date of meeting: 21 October 2026			
Chaired by: Richard Flatman			**Lead Executive Director: Nicola Cottington and Jonathan Rowell**			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
7.1	**Operational performance** The committee noted stable performance in relation to operational performance targets. There is increased focus on ambulance handovers and challenges remain in terms of virtual ward occupancy, elective RTT and diagnostics.	**3.Partial**	Meeting our performance metrics means that our patients receive timely and safe care.	Continued focus on agreed actions and recovery plans A detailed trajectory and action plan for virtual ward improvement is being developed and it was agreed that this would come to Committee for review in December 2026.	Alert	1 No escalation
7.2	**Elective Recovery Plan Update** The Committee looked at activity information and Finance performance for Month 6. Current performance shows elective inpatient activity remains significantly below plan at 23.80% below expected levels (improved from 25%), while outpatient and day case activity are closer to plan.	**3.Partial**	Elective recovery continues to improve but there remains a risk that planned elective and financial recovery trajectories will not be achieved. Significant challenges remain within	The trust continues to implement targeted recovery actions and there is evidence that recovery actions are beginning to have impact. Recovery schemes are established across all divisions, including additional outpatient and theatre	Alert	1 No escalation

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	Overall elective income is £2.1m below plan, a small improvement on previous month.		gynaecology, orthopaedics and aspects of CDC delivery, with waiting list performance continuing to lag behind trajectory.	capacity, insourcing, outsourcing and specialty-specific recovery plans.		
7.3	**Cancer performance** The Committee received a deep dive presentation into cancer performance. FDS performance was strong April-June but performance has fallen subsequently. September performance is currently c58% against the 80% standard. 62 day performance has declined slightly June-August due to Breast surgical capacity constraints but remains around 77%.	**3.Partial**	A range of recovery actions are in place. Despite performance challenges and likely scrutiny the team expressed confidence about achieving the 80% FDS and 80% 62-day standards by March 2027	Continue with the agreed recovery actions. A deep dive into Breast which had been scheduled to come to F&P this month was deferred. This is going to MEG first for management review and possible action. This was discussed as a priority given current performance levels and committee was assured that this will be	Alert	1 No escalation

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				reported back to Committee in December. Ensure that regional / alliance /ICB colleagues are aware of the position through existing arrangements.		
9.1 and 9.3	**Finance Month 6 report and CIP Update** In September the Trust reported a £134K deficit position, representing a small improvement against plan and remaining broadly in line with budget expectations. Year to date the trust has a £1.8m deficit, £0.9m worse than planned, primarily due to lower than expected clinical income as activity has not met planned levels to date. September expenditure increased due to higher pay costs, mainly from non-recurring factors. Activity performance is expected to improve from October, with income recovery anticipated to strengthen the	**3.Partial**	The forecast full year position remains unchanged at break even after receiving deficit support funding. Risks remain in relation to delivering our CIP Plan, recovering our elective activity plan and achieving productivity improvements.	The trust will ensure schemes are developed, costed and added to the tracker as quickly as possible. Non-recurring reporting will be strengthened. Targeted support will be provided to those parts of the CIP programme that most need it, and high impact mitigations are being developed by the executive team as part of closed	Alert	1 No escalation

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	trust's financial position in the second-half of the year. The Trust has identified £21.5m/£19.3m of unweighted/weighted CIP opportunities respectively against a full year target of £29.7m, which is a decrease on the previous month's performance. However, the gap to target has closed in month following recognition of £3.6m of non-recurrent CIP from the year to date positive run rate (pay and non-pay) and £0.7m/ £0.6m (non risk-adjusted/ risk adjusted) planned (month7-12) non-recurrent CIP.A risk adjusted gap of £6.2m remains which is a £2.8m improvement on previous month.			Financial Recovery Group (FRG) sessions.		

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9.5	**Update on Financial Transformation Project** Go-live remains scheduled for 1 December 2026.	**2. Reasonable**	This is a major change project. Risks include user engagement and training compliance, integration with procurement, stock management systems, temporary reporting disruption during the transition and impacts on the finance workforce.	The Committee received assurance that implementation remained on track and risks were being actively managed. A go/no go decision will be made by MEG in early November based on the risk assessment at that point.	Inform	1 No escalation
11	**Newmarket CDC business case** The committee reviewed plans for the case to expand the existing Newmarket Community Diagnostic Centre (CDC) to deliver community based endoscopy capacity. Committee recommended approval to Board.	**2. Reasonable**	The proposal does not come without risk as there is no guarantee of activity level. However, the activity risk is considered low and the potential worst case financial exposure manageable. The risk of not proceeding is considered greater in terms of lost capital	Review and approval by Closed Board	Escalate for Board approval	3 Escalate for approval

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			funding and impact on the new hospital.			
13	**Annual review of Committee effectiveness** The committee received a summary of its activities for the year 2025/26 setting out how it met its Terms of reference and key priorities.	**1. Substantial**	The findings (10 responses were received) were broadly positive and the report concluded that F&P had delivered its responsibilities. Overall the results indicated a high performing committee with particularly strong scores around a positive culture, open discussion, constructive challenge and its ability to provide oversight of key risks, performance and organisational priorities	Some opportunities for improvement were identified and these will be taken forward by the committee and governance team.	Assure	1 No escalation

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
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What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• Recommendations for action • What impact are we intending to have, by when and how will we know we've achieved it? • How will we hold ourselves accountable?

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Feedback from assurance committees: Governor observer report

Board assurance committee:
Finance & Performance (Insight)
Meeting date: September
Governor observer (observed by): Jane Skinner

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Finance was discussed first followed by performance issues. • Reports as always were clear and well presented, but complex.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Reflection: Agenda shorted than usual with more time for discussion. Observers were asked for their reflections, which was appreciated
Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• The CFO provided assurance that the Trust was on track with the financial plan but also highlighted risks around elective recovery and some activity such as endoscopy. • Governors have expressed concerns previously that CIP plans were introduced with risk outlined, it was assuring to know that work is being undertaken to review these CIPs assessing whether or not risks materialised.

Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• Elective recovery remains the highest operational risk. Governors can review the IQPR attached to COG papers to read the data on capacity, ED performance, breast and urology services and total waiting list together with explanation and mitigations. The virtual ward underuse was discussed again.

Feedback from assurance committees: Governor observer report

Board assurance committee: Finance and Performance

Meeting date: 21 October 2026

Governor observer: Jayne Neal

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• The meeting included discussions concerning Financial and Operational performance. • The August IQPR data report was presented alongside discussions on progress with the elective delivery plan and cancer treatment performance deep dive • The Finance report focussed on the Trust's month 6 position against plan, CIP updates and the Finance & Procurement transformation project • Verbal update on the Community Contract renewal

Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The meeting was conducted throughout in line with Trust values • Good level of challenge and debate, significant issues were covered • The meeting was well chaired, with the Chair seeking clarification where appropriate to get a clear understanding of specific points, particularly with regard to some aspects of the CIP schemes
Assurance *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• September expenditure was increased due to staff pay arrears having to be paid. Increased activity levels along with a robust approach to CIP schemes mean October is expected to show improvements. Overall, the Committee has assurance the Financial Recovery Plan will be met. • The Community Contract Renewal is in early stages and is focussing on building strong joint working with partners; eg GP Federation • Partial assurance around the elective delivery plan was agreed. The Trust continues to be in a 'catchup' phase after the refurbishment of two operating theatres with additional outpatient clinics and weekend working • The deep dive discussions concerning cancer services highlighted workforce challenges and the information which patients present with (or sometimes lack of) at their first appointments. The Committee will revisit this work area at the December meeting.

Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• The agenda was particularly long. However, the Chair ensured all important items were fully explored and where necessary will be included again in future meetings.

9.2. Quality & Patient Safety Committee (previously Improvement)

To Note

Presented by Paul Zollinger-Read

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee Quality & Patient Safety Committee			Date of meeting: 16 September 2026			
Chaired by: Dr Paul Zollinger-Read			Lead Executive Director: Dan Spooner – Executive Chief Nurse / Dr Richard Goodwin – Executive Medical Director			
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7.3	**NICE guidance assurance**	3. Partial	NICE guidance is regularly updated and Trusts need to undertake a gap analysis of current practice vs new guidance and then act on the findings. Currently not all new guidance is reviewed in a timely manner with some reviews being 6 months delayed.	WSFT is currently strengthening its clinical divisional leadership model and this should lead to improved accountability. However, there is no agreed date on which we will be compliant. Nicola Cottington will report back at the next Quality and Patient Safety Committee meeting on when compliance will be achieved.	Inform	1. No escalation
7.3	**Trauma Committee**	3. Partial	The Trauma Committee has not met recently and the Chair is currently changing. Oversight of action plan to address areas of underperformance following recent audit is not being adequately undertaken. There were 9 areas to review from independent trauma network assessment. 5 rated serious and 4 areas for	CEGG to report back on current position re action plan and Committee re form at next Quality and Patient Safety Committee meeting New chair being recruited to progress actiond along with new clinical leadership model. Executive Risk group did not feel this needed adding to Trust-wide corporate risk register as action plans are	Assure	1. No escalation

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			development, all have local action plans in place to address these and work ongoing	addressing this. Medical participation and admin time also being reviewed through consult job planning.		
6.2.1	**Maternity**	2. Reasonable	Maternity presented gap analysis of the National 10-point plan. The plan was discussed in detail. Areas of improvement have been identified such as Triage and Patient Voice. Action plans have been developed.	The Quality and Patient Safety Committee will continue to monitor the implementation of the plan in detail.	Assure	1. No escalation, but report progress to Board

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The practice of scrutiny and assurance

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What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• Recommendations for action • What impact are we intending to have, by when and how will we know we've achieved it? • How will we hold ourselves accountable?

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6.1	**IPC - Antimicrobial stewardship:** Sustained improvement with performance reported in the second quartile and best in the region. **Cleaning standards:** Good compliance with national standards reported. **Hand hygiene:** audit methodology reviewed, with the revised approach and live dashboards scheduled to launch on 2 November 2026.	Reasonable	There is positive assurance in specific areas, but outstanding risks prevent confidence that infection risks are fully controlled. Revised auditing should reduce false assurance, but its effectiveness has not yet been demonstrated. Policy and infrastructure issues remain unresolved, while early influenza activity reinforces the importance of winter preparedness. Above-trajectory infection rates require further understanding of local and regional drivers, including community burden and repeat testing.	Confirm the revised hand hygiene auditing arrangements go live, then review compliance and improvement actions. Reduce the IPC policy backlog and progress alignment with national guidance where appropriate. Continue investigation of C. difficile with national/regional support and reinforce basic infection prevention controls.	Alert and assure.	1. No escalation, reporting for information

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	Policies: Work progressing to reduce outdated IPC policies and rationalise the policy suite. **C. difficile:** rates remain above trajectory, with further investigation and regional advice being sought.					
6.4	**Medication safety** - Assurance had strengthened. Medicine storage compliance was 91%; the digital locker solution trial was due to go live at the end of November. Six pharmacists had been recruited, and	Partial	Time-critical medicine delays can cause harm. Storage and workforce improvements are positive, but stronger triangulation of incident, audit and outcome data is required.	Complete the locker trial to enable full implementation. Embed recruits, evaluate the ED pilot and improve service-level reporting through care accreditation audit dashboards.	Assure	1. No escalation, reporting for information

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	an ED pharmacy pilot was under way. Incident data are monitored for harm from delayed or omitted time-critical medicines; medicines reconciliation was 37% overall.					
7.1	**Pressure ulcers and falls** - Falls audit gaps partly reflected eCare recording limitations; falls with harm were lower. Pressure ulcer assessment accuracy was 63%. Admission photography improved accuracy in pilot areas; tissue viability analysis	Partial	Current evidence does not yet fully demonstrate that required falls intervention is completed and recorded. Assessment accuracy may affect prevention and identification of pressure ulcer deterioration.	Improve eCare documentation evidence for reporting. Continue photography to enhance pressure ulcer assessment accuracy, progress mattress replacement. Reinstate the December 2024 (Purpose T) graph flag.	Alert and assure	No escalation, reporting for information

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	includes age, condition and other risk factors. Mattress availability had caused some delays, with mitigation in place.					
7.2	**Clinical effectiveness and NICE best practice** NICE gap analyses in progress and strategy to support review was being implemented. Unclear ownership of organisation-wide GIRFT recommendations were also identified	Partial	Incomplete analysis and unclear ownership may weaken assurance, accountability and clinical challenge.	Implement the review strategy, strengthen medical representation, and allocate GIRFT ownership through the divisional structure.	Alert and assure	No escalation, reporting for information
7.3	**Complaints increase and AI -** Complaints rose	Reasonable	Complaints are an important area for the Trust to monitor and changes in levels of complaints require investigation to	Assurance remains reasonable; however the Committee requested a	Alert	No escalation,

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Chaired by: Dr Paul Zollinger-Read			Lead Executive Director: Dan Spooner – Executive Chief Nurse / Dr Richard Goodwin – Executive Medical Director			
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	from 17 to 25 in the latest month, following 33 in August. Generative AI may enable longer, more complex complaints, FOIs and subject access requests, but the increase should not be attributed to AI without evidence. Divisional engagement had improved.		understand and determine if there has been a change in the quality of care. Anecdotally there appears to be a rise in complaints generated through AI as noticed by all other NHS Trusts. The increase may represent changing patient concerns or submission behaviour. Higher volume and complexity may affect capacity and obscure recurring themes.	deeper understanding of this increase in the next quarterly report. Use the next quarterly report to analyse trends, themes, complexity and evidence of AI use, and identify resource, quality or governance implications.		reporting for information

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
So what? Increasing **appreciation** of the **value** (importance and impact) – what this means for us	**Value** – the degree to which the evidence… • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture	• What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• Recommendations for action • What impact are we intending to have, by when and how will we know we've achieved it? • How will we hold ourselves accountable?

Assurance level

1. Substantial	Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively. There is substantial confidence that any improvement actions will be delivered.
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Escalate	Formally raise an issue, concern, or risk to a higher level of authority so that it can be reviewed and acted upon appropriately	**Assure**	Information to demonstrate that appropriate action is being taken within a reporting committees' TOR.
Approve	A formal decision-making step by the reporting committee that something meets required standards and can proceed or be implemented.		

Feedback from assurance committees: Governor observer report

Board assurance committee:
Patient Safety and Quality
Meeting date: September
Governor observer (observed by): Jane Skinner

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• A significant proportion of meeting was given to maternity issues due to another report being published with a new 10 point plan.
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• As usual the Chair was clear in his expectations of members who had work to bring back, including timescales. However, comment was made that the action log was too positive, as slippage of timescales happened frequently, causing delays in reports and actions. It was agreed that the RAG rating needed to be reviewed along with setting realistic deadlines. • No formal meeting reflection
Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• PALS data and workload was presented. For assurance - policies were good but actions and learning needed more work. The complexity of complaints, especially those involving the AI tool, caused delay in responding within the current standard timeframe. More realistic timeframes are to be introduced. • Lots of assurance on maternity safety and compliance with all the standards and data collection requirement. On a recent 15 Steps visit to Ward 11 and the labour suite the NED and I were impressed with the staff, team work, cleanliness and care and professionalism in evidence. We met the Lead midwife for the triage service, which is to be expanded in compliance with new standards discussed in this meeting.

- Assurance provided from the CEGG Chair around improved compliance with national audits and updating NICE guidance, - highlighted as concerns in previous meetings.

Governor observer Notes

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

- It is not possible for observers, or those without Trust Intranet access, to open embedded papers, these need to be appendices
- This current COG will not now receive the brief on Trust risk and understanding BAF. Risks highlighted in this meeting were ED long waits, elective and diagnostic delays and cyber security.
- Corporate nursing will now be responsible for mortuary services following divisional restructuring. (Governors may have heard for some time (and discussed at this meeting) that it was hoped that a bereaved family room could be provided, but funding was an issue. This room has been completed and as a desk volunteer I have seen it, it is private and comfortable)

Feedback from assurance committees: Governor observer report

Board assurance committee: Quality & Patient Safety Committee
Meeting date: 16th September 2026
Governor observer (observed by): Sue Kingston

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Maternity Services – 10 point Plan/ Triage Standards Report/Perinatal Workforce Report • Patient Experience and Engagement Update/Complaints Timeframe Analysis • CEGG Reporting
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Good participation from members, 2 NED's in attendance, plus Chair. • Much discussion around the very large maternity services report and challenges from NED's. • Chair once again, sought actions and timelines. • Good Time keeping, agenda was reasonable but the Maternity Services required a lot of the meeting time with necessary updates and discussion. • All members once again, polite and respectful and trust values adhered to.

Assurance *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• Following NHS England's introduction of the National & Maternity and Neonatal 10 point plan, urgent action is required to strengthen safety, quality, leadership and culture across maternity and neonatal services. Trusts must submit the standardised national assurance template to their NHS regional team at two key milestones. The report was to seek assurance and obtain approval from the board for submission and approval of the September baseline assessment. • An excellent presentation by the head of patient experience to introduce a new complaints response framework based on severity and complexity. It is hoped that this will provide a more realistic, transparent and patient centred framework for complaint handling. • CEGG reporting is showing only minimal assurance in NICE/Best practice compliance. Minimal assurance also in trauma governance which may affect regional standard and delivery of trauma services.
Governor observer Notes *Use this section to highlight any other areas for example good practice or 'even better if'*
• Chair gave reflections of the meeting and highlighted the necessary actions. He thanked attendees for their contributions and challenges.

Feedback from assurance committees: Governor observer report

Board assurance committee: Quality and Patient Safety Committee

Meeting date: 16 September 2026

Governor observer : Jayne Neal

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• The Patient Quality and Safety committee included: • The Clinical Risk Register report highlighted ED waiting times, potential risk of harm due to delays with elective care and diagnostic pathways. And cyber security. • There was an update report on patient experience of care and engagement. This was followed by an in-depth discussion on the current timeframes for managing responses to complaints. Proposals on how the Trust could develop the complaints process, proportionate to the complexity of received complaints were explored. • Update on the next steps for maternity services following the introduction by NHS England of the Maternity and Neonatal 10 Point Plan in response to the recent national independent reports on maternity services by Donna Ockenden and Baroness Amos.

Any issues to highlight in terms of how the meeting was conducted or behaviours
• The meeting adhered to Trust principles throughout. • It was a productive meeting with good participation and challenge from attendees. The discussion around the complaints procedures was analytical and focused. • At the conclusion of the meeting the Chair clearly stated the agreed actions to be taken forward, the future date for review of the actions and the individual responsible for responding to those work areas
Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• The committee had continued, good assurance on maternity services at West Suffolk. • Medication security is improving but community services need to be addressed as so far acute / hospital-based issues have been the focal areas for attention. • There was only limited assurance concerning some areas where the Trust is lacking evidence of meeting NICE and National Best Practice compliance. This will improve as the new Divisional structure and clinical leadership become embedded and will be reviewed at the October meeting.
Governor observer Notes *Use this section to highlight any other areas, for example good practice or 'even better if'*
• The report and detailed discussions focusing on complaints procedures was a thorough analysis of the severity and complexity of why some cases make a 25-day turnaround almost impossible. The Committee agreed it is better to give a full and comprehensive response and speak and meet with complainants early in the process, rather than quicker but less detailed reply. • The Committee acknowledged the huge volume of work for the maternity team in a short timeframe, in addition to their usual workloads.

Feedback from assurance committees: Governor observer report

Board assurance committee: Quality and Patient Safety
Meeting date: 21st October 2026
Governor observer (observed by): Sue Kingston

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Risk Register update • IPC Update • Health Inequalities Report • QDGG • Improving Communication
Meeting conduct *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• Professional, well attended meeting. Chair plus two NED's in attendance. • Trust Values adhered to. • Once again, clear actions sought by the chair. • Challenges and respectful open discussions with good engagement from members.

Assurance

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

- Risk register showing no red risk scores. However,12 currently scored at Amber. All organisational risks are reviewed monthly by the EROG. Still only partial assurance in many arears. All divisional risks are being reviewed through the PRM process at monthly governance meetings.
- Infection prevention control showing mixed but improving assurance. Trust now performing above the national average and leading the region in the use of access antibiotics. Workforce capacity within IPC and microbiology continue to impact progress.
- The developing trust wide approach to addressing health inequalities is underway but without a coherent approach, the activity is currently fragmented. Partial assurance given to the committee that control gaps have been identified and that a structured response is proposed. No assurance at this stage over delivery or measurable impact.
- QDGG has highlighted arears of partial and limited assurance requiring continued oversight. Key concern with Nutrition showing emerging risks relating to parental nutrition cost and insufficiency of mitigation. Dietitian capacity and menu safety gaps are limiting assurance. Worrying trend that we are not meeting national standards in some arears.
- Improving communication within healthcare seems to be a complex challenge. The committee is looking to support the work of a multidisciplinary task group to explore communication challenges and opportunities to improve.

Governor observer Notes

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

- The chair reflected on the good work and progress made in many arears discussed today but asked the members to remain mindful of recognising where we can and should improve.

9.3. People & Organisational Development Committee (previously Involvement) (to follow)

To Note

Presented by Heather Hancock

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: People Organisation & Development			Date of meeting: 21st October 2026			
Chaired by: Heather Hancock			**Lead Executive Director: Sarah Hodds**			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
(item 4)	NHSE guidance on privacy safety and dignity within hospital accommodation	1	The work would consider the interests and perspectives of all affected parties as to implications and also staff facilities.	The previously established task-and-finish group would be reconvened. The group would examine the documentation, assess what the guidance meant for the organisation and identify the steps needed to embed it effectively.	Inform	POD Dec (CKI plan).
(item 4)	Pay action plan Previously reported to the Board; ongoing review	2	Board requires an updated position as soon as award confirmed and then awareness of implementation plan, & and outstanding actions.	Awit guidance	Inform	POD Dec (CKI plan).
(item 4)	Anti-racism MEG considered next steps. REACH and other networks will test proposals before further MEG and POD review.	2	Staff testing is needed to establish whether proposals are workable and inclusive.	Consult networks, refine actions and return to MEG; POD report Dec/Feb (CKI timing to confirm).	Inform	POD Dec/Feb (CKI plan).
(item 6.3)	POD self-assessment Eight responses received; strengths noted, with gaps in skills mix, BAF linkage and strategic discussion.	3	These areas affect the quality of scrutiny and assurance.	HH, SH, PB to review findings; SH to review subcommittee governance. Agree improvement actions in December.	Inform	POD December (CKI plan).

Originating Committee: People Organisation & Development			Date of meeting: 21st October 2026			
Chaired by: Heather Hancock			**Lead Executive Director: Sarah Hodds**			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
(item 6.4)	Staff Standards Six workstreams established and staff-survey baseline reviewed; gap analysis is outstanding.	2	Actions, ownership and interim milestones are needed for assurance.	SH to bring gap analysis, actions, owners and impact measures to POD in December, as minuted.	Inform	POD December (minuted).
(item 6.5)	Leadership and Management Manager framework Self-assessments required; scale, implementation route and NHS England training offer being clarified.	3	The delivery trajectory and development needs remain uncertain.	Define population, route, support and milestones; update POD forward plan, provisionally Dec/Feb.	Inform	POD Dec/Feb (CKI plan).
Item (6.5, 7.1, 7.2, 8.4)	Regular reviews required - request regular written paper on Future Systems updates, -a leadership and management training review and -CQI deep dive at ~six months to ascertain impact	2	Integrated reporting is needed to evidence workforce risks and improvement impact. Papers should have progress assumptions risks and next steps.	Review plan in December; schedule written workforce assurance and CQI deep dive around April 2027.	Inform	POD December (CKI plan).

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
So what? Increasing **appreciation** of the **value** (importance and impact) – what this means for us	**Value** – the degree to which the evidence… • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture	• What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
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Approve	A request by the reporting committee that something meets required standards but needs higher authority permission to proceed/sign off before being implemented.		

Feedback from assurance committees: Governor observer report

Board assurance committee: People & Organisational Development
Meeting date: 21 October 2026
Governor observer (observed by): David Slater

Agenda: scope and coverage *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
• Good agenda format and papers were available before the meeting. • Excellent papers, easy to follow and understand any issues.
• *The meeting covered all the items on the agenda.*
Assurances *Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.*
• *The meeting was very well organised and run by the chair and the meeting finished on time. All agenda items discussed and reviewed with comments and ideas taken away. The Future Systems update process needs to be reviewed before the next meeting.*
• *Leadership and Management Framework* • *Staff Survey* • *Staff Survey*

9.4. Digital & Data Assurance Committee (verbal update)

To Note

Presented by Heather Hancock

9.5. Audit & Risk Committee

To Note

Presented by Michael Parsons

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Audit & Risk Committee			Date of meeting: 24 September 2026			
Chaired by: Michael Parsons			**Lead Executive Director: Jonathan Rowell**			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
5	Medical Devices – deep dive following previous Minimal Assurance audit report.	Reasonable	Provided assurance that all high priority actions implemented.	Ongoing work to address remaining recommendations and embed culture change in relation to responsibilities.	Assure	1
7.1	Internal Audit progress report – completion of 4 audits (including 1 negative assurance opinion: Complaints & PALS – partial assurance) and progress on implementation of recommendations.	Reasonable	Delivery of risk-based audit plan provides assurance on internal control arrangements. Security management review to be added to 27/28 audit programme.	Assurance Committee to consider negative assurance opinion on Complaints & PALS. MEG continues to ensure audit recommendations implemented.	Assure	2 – Complaints & PALS to QPS Cttee
7.2/7.3	Counter Fraud progress report and Reactive Benchmarking report.	Reasonable	Discussed Trust response to attempts to impersonate key individuals. Although the Trust continued to receive relatively fewer referrals	Continued awareness raising and training – and encouraging reporting of concerns.	Assure	1

Originating Committee: Audit & Risk Committee			Date of meeting: 24 September 2026			
Chaired by: Michael Parsons			Lead Executive Director: Jonathan Rowell			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
			than similar-sized peers, the number had increased and LCFS colleagues reported no barriers to concerns being raised.			
9.1	Supply Chain risk report – annual risk assessment of top 50 suppliers to the Trust in relation to credit worthiness, criticality to Trust, and ease of sourcing replacement.	Substantial	Good overall assurance, with some improved credit ratings noted. The one 'red' rated supplier was due to assessment of the difficulty of replacing the relevant system.	ARC discussed cyber risk in the supply chain and asked that this be explored, alongside financial risk.	Assure	2 – Digital and Finance Exec Leads to discuss supply chain cyber risk
9.2	Debt write-offs – one write-off required ARC approval for a debt within the Procurement Hub in relation to a company that had gone into administration.	Reasonable	Approval process provides assurance that SFIs, Scheme of Delegation, etc. are being followed and appropriate controls in place.	Finance to reflect on learnings and greater oversight of Procurement Hub debt, including year-end bad debt provisions.	Approve	2 – Finance Exec Director to review learnings

Originating Committee: Audit & Risk Committee			Date of meeting: 24 September 2026			
Chaired by: Michael Parsons			**Lead Executive Director: Jonathan Rowell**			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity of the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Alert, Inform, Assure, Escalate, Approve**	**Escalation for action:** 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
10.1	Risk Management – received an update on ongoing work to strengthen both clinical and corporate risk oversight. Discussed climate risk following severe heat over summer.	Reasonable	Oversight of risk management arrangements is a key focus for the Committee.	Report back to future ARC.	Inform	1
13.	Annual confidential session without auditors present to discuss performance of external and internal audit and counter-fraud.	Reasonable	Explored quality, timeliness and responsiveness in relation to EY and RSM. Discussed progress on re-tendering IA/CF and potential for joint tender with ESNEFT to attract greater interest and potentially better pricing.	Conclude discussions with ESNEFT and then re-tender IA/CF services accordingly.	Inform	1

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
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10. Staff Governors' Report (No formal meeting since 13 April 2026)

To Note

Presented by Jude Chin

11. Standards Committee Report (No meeting since 21 April 2026)

To Note

Presented by Jude Chin

12. Nominations Committee Report - (No meeting since 18 May 2026)

To receive a report from the Nominations Committee

To Note

Presented by Jude Chin

13. Membership and Engagement Committee Report (enclosed)

To receive a report from the Membership & Engagement Committee

For Discussion

Presented by Sarah Hanratty

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Membership and Engagement Committee report
Date of the meeting: 10 November 2026
Agenda item: 13
Sponsor/Executive lead: Sarah Hanratty, Public Governor (Chair Membership & Engagement Committee)
Report prepared by: Sarah Hanratty, Public Governor, Pooja Sharma, Deputy Trust Secretary, Ruth Williamson, Senior Administrator, Foundation Trust Office

This report is for: ☐Approval ☒ Assurance ☒Discussion ☒Information

This report supports the following ambitions within the organisational strategy:

☒ High quality care
☒ Joined up services
☒ Empowered to improve
☒ Responsible with resources
☒ Fit for tomorrow

Executive summary

What?
The report summarises the discussions that took place at the Membership and Engagement Committee meeting on 6 October 2026.

So what?

Summary/Highlights

In the meeting on 6 October, the Membership and Engagement Committee focused on the following key areas:

- **Communications Update –** The Committee received an update on Trust communications activities, including the recent Annual Members' Meeting and Governor elections. Members noted that attendance at the AMM had increased compared with the previous year, with the event reaching venue capacity and attracting positive feedback from attendees, with some opportunities to improve for future meetings. Appreciation was expressed to all those involved in organising and supporting the event. The Committee also received an update on Governor election communications, noting encouraging levels of engagement through a range of promotional channels, including strong website engagement on social media. Discussion highlighted the effectiveness of different platforms in supporting election awareness, together with ongoing efforts to engage younger audiences. The Committee further noted the uncertainty surrounding proposed NHS legislative and Health Bill changes but agreed that potential applicants should continue to be encouraged to stand for election pending further clarity regarding future arrangements.

- **Patient Experience and VOICE –** The Committee received an update on patient engagement and the development of the Trust's engagement strategy. Noted that responsibility for engagement and addressing health inequalities remains a Trust wide commitment, supported by insight gathered through patient surveys, engagement events and the work of patient VOICE Partners. Updates were also provided on progress towards patient engagement accreditation, achievement of the Trust's Reasonable Adjustments implementation target, and plans to increase awareness and utilisation. The Committee welcomed the proposed complaints response framework, which would introduce proportionate response times based on the complexity of complaints, and noted ongoing work to improve patient experience, including initiatives informed by patient feedback and engagement. The Patient Experience and Engagement team and patient VOICE Partners were thanked for their continued contribution to improving services and patient experience across the Trust.

- **Governor Elections 2026 –** The Committee received an update on the 2026 Governor elections and engagement activities undertaken since the previous meeting, with particular focus on staff engagement and reaching staff groups that are traditionally less engaged. Members noted that effective engagement requires sustained and ongoing investment and agreed this should be reflected in the future membership and engagement strategy. An update was also provided on Governor training and development, current Governor vacancies, and planning for the commencement of the new Council of Governors from 1 December 2026. The Committee discussed the continued uncertainty regarding future governance arrangements and agreed that, pending further national guidance, it would be practical to keep developments under review while ensuring the Trust remains well placed to maintain effective community engagement and local representation. The Committee noted that the 2026 Governor elections had attracted a good number of nominations across both Public and Staff constituencies, demonstrating positive engagement with the election process and interest in supporting the work of the Trust as a Governor. The results of the Governor elections are due to be announced on 23 November 2026.

- **Membership and Engagement Strategy and Development Plan –** The Committee reviewed progress against the membership and engagement strategy and development plan, which focused on membership development, improving communication with members and strengthening engagement. Members noted that good progress had been made in growing membership and building relationships, however, progress in engaging underrepresented groups and younger people had been more limited. The Committee recognised that meaningful engagement requires sustained investment and a coordinated Trust wide approach. It was agreed that the findings of the review and lessons learned would help inform future priorities and the development of a refreshed strategy for the new Council of Governors.

- **Feedback from Committees (People & Organisational Development, VOICE and Experience of Care & Engagement) –** The Committee considered feedback from the committees and noted discussion around the importance of maintaining clear boundaries between the roles of Governors and committee members, whilst recognising the value that Governors can bring through their observations and contributions. The Committee agreed that clarity regarding Governor responsibilities, accountability and assurance processes would be important for the new Council of Governors and should form part of future Governor induction and development. All welcomed ongoing feedback from Governors to help inform future governance and engagement arrangements.

- **Governor Activities –** The Committee considered feedback from the recent governor activities, including 15 step visits and area observations. They remain a powerful tool for gathering insight into patient experience and the care environment. Governors were encouraged to continue participating in engagement opportunities, including 15 Steps visits and Courtyard Café sessions, to strengthen visibility and engagement with patients, staff and members. The Governor activities coversheet is included for oversight for the CoG (Annex 1) and includes one 15 steps visit in August (September visit not included as held after the committee papers were circulated), one Courtyard Café engagement session in September. No environmental review and area observation were held during the period. Key themes from the activity analysis were confirmed and will be considered through the Trust's Experience of Care and Engagement Committee.

- The Committee formally recorded its thanks to those members who would not be standing for re-election, for their commitment, contribution and engagement during time as Governor, expressed sincere appreciation for valued contribution to the work of the Council and its Committees.

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

Action required

The Council of Governors is asked to note the report from the meeting held on 6 October 2026.

Governance and compliance

Previously considered by: NA
Risk and assurance: Council of Governors is unable to undertake its statutory duties.
Equality, diversity and inclusion: Duty to reduce inequalities.
Sustainability: An active membership is an important part of our sustained governance processes.
Legal and regulatory context: West Suffolk NHS Foundation Trust Constitution, Health & Social Care Act 2022, NHSE Code of Governance 2022

COUNCIL OF GOVERNORS' MEMBERSHIP AND ENGAGEMENT COMMITTEE

Report information

Report title:	Governor Engagement Activities
Agenda item:	9
Meeting Date:	6 October 2026
Sponsor/Executive lead:	Paul Bunn, Trust Secretary
Report prepared by:	Ruth Williamson, FT Trust Office, Pooja Sharma, Deputy Trust Secretary

This report is for: ☐Approval ☐ Assurance ☒Discussion ☒information

This report supports the following ambitions within the organisational strategy:

☒ **High quality care** ☒ **Joined up services**

☒ **Empowered to improve** ☒ **Responsible with resources**

☒ **Fit for tomorrow**

Executive summary

What?

This paper summarises the Governor activities from July 2026 and the emerging themes from the feedback received from the observers.

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

- 29 July 2026: Rainbow Ward & Paediatric Outpatients and ED by Clare Rose and Jane Skinner (Public Governors) and Antoinette Jackson (Non-executive director).

Area observations led by Patient Experience and Engagement team

- None undertaken prior to publication of papers.

Environmental reviews led by Estates and Facilitates

- Dates for 2026 remain outstanding.

Courtyard Café led by FT office team

- 24 September 2026 - Newmarket: Val Dutton (Public Governor) and Sue Kingston (Partner Governor)

So what?

The visits are designed to support continuous improvement and are a valuable source of qualitative information that aligns patient and staff experience to collectively promote a positive experience for all and support staff to initiate local service improvement.

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

What next?

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

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

Some themes from visiting teams are identified below:

15 steps:

- Positive and caring staff culture, with strong teamwork and commitment to patient care.
- Child-friendly, welcoming environments across ward, outpatient and ED services.
- Workforce and capacity pressures, including staffing resilience, increasing demand.
- Estates and facilities issues requiring attention, including maintenance and environmental concerns.
- Challenges with digital communication systems and patient access.
- Concerns regarding future service planning and the New Hospital Programme.
- Ongoing focus on service improvement and innovation to enhance patient experience.

Action required

The Membership and Engagement Committee is asked to:

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

Governance and compliance

Risk and assurance: Council of Governors is unable to undertake its statutory duties
Equality, diversity and inclusion: The Trust supports an inclusive governance culture
Sustainability: Supports the sustainability of effective governance structures and long-term organisational resilience across the Board.
Legal and regulatory context: West Suffolk NHS Foundation, Trust Constitution/Health & Social Care Act 2022

14. Lead Governor Report (enclosed)

To receive a report from the Lead Governor

To inform

Presented by Ben Lord

Council of Governors Meeting (Open)

Report information

Report title: Lead Governor's Report
Meeting Date: 10 November 2026
Agenda item: 14
Sponsor/Executive lead: Ben Lord, Lead Governor
Report prepared by: Ben Lord, Lead Governor
This report is for: ☐Approval ☐ Assurance ☒Discussion ☒information

This report supports the following ambitions within the organisational strategy:

☐ High quality care ☒ Joined up services
☒ Empowered to improve ☒ Responsible with resources
☒ Fit for tomorrow

Executive summary

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

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

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

- Representing the interests of members and the public
- Holding the Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board and therefore the Trust.
- Appoint and remove Chair/NEDS as appropriate and decide on other terms and conditions of office
- Decide the remuneration and allowances of the Chair and NEDs
- Approve the appointment of the Chief Executive
- Appoint/remove as the external auditor, as appropriate
- Receive the Annual Accounts and Auditor's report
- Approve/make changes to the Trust Constitution and recommend to the Board
- Approve defined significant transactions
- Approve applications for mergers, acquisitions and dissolutions
- Be assured that the Board has considered the consequences of decisions on other partners in the ICS and on the public at large
- Approve any proposed increase in the Trust's non-NHS income by 5% or more in any one year before it takes effect.

What next?
Governors will continue to carry out activities and to develop engagement strategies, which are in line with the fulfilment of their statutory duties and responsibilities.

Action:
The Council is asked to note the report.

Governance and compliance

Risk and assurance: Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion: All Governor activities are performed in line with the principles of EDI
Sustainability: Sustainable organisation and Council of Governors
Legal and regulatory context: NHS Act 2006, Social Care Act 2012, WSFT Constitution, WSFT Governors Code of Conduct

Lead Governor Report

1. Introduction

I and David Slater, Deputy Lead Governor, continue to meet Jude Chin, Trust Chair, every month, along with Paul Bunn, Trust Secretary. We are updated and provided with assurance on many areas of Trust activity.

The Annual Members Meeting, held on the 24th of September, was well attended by Governors who took the opportunity to meet and talk to staff and public members. Members received updates from the Trust Chair and CEO. A clinical presentation focused on the improvements digital technologies are bringing to healthcare, from robot-assisted surgery to enabling patients to be cared for safely in their own homes. Members had opportunity to ask the speakers questions.

2. CoG Elections 2026

Governor election process is ongoing, and current Governors were involved in promoting the Governor role to Trust staff and the public:

- Supported information desks in various areas of the Trust, including at the Newmarket site
- Supported an awareness stand at the Annual Members' meeting at the Guildhall, BSE, on 24 September

Nominations for Public and Staff Governor positions have now closed and out to the membership for votes, the results being announced on 23rd November 2026.

Some current Governors are standing for re-election, while others will be standing down, including those who have reached the maximum term of office. I would like to take this opportunity to express my sincere thanks to all Governors who have served during this term of the Council of Governors. In particular, I would like to recognise those who are stepping down after completing their full term of office, having dedicated significant time and commitment to representing their constituents and supporting the work of the Trust. Their voluntary service, dedication and contribution have been invaluable, and I extend my best wishes to them for the future.

3 Council of Governors' Sub-Committees

3.1 Membership and Engagement Committee

The meeting in October discussed the governor elections and the continuing Membership & Engagement Strategy and development Plan.

3.2 Nominations Committee

No meeting held after 18 May 2026.

3.3 Standards Committee

As the July meeting agenda was relatively light and had no time critical items requiring consideration, the Standards Committee meeting was stood down with the agreement of both the Chair and the Lead Governor.

4. Board Assurance Committee Meetings

Governors continue to observe board assurance committee meetings, and their reports are submitted as agenda items to this CoG. Governors have an opportunity to question the Chairs of these meetings during the presentations of their Committee's Key Issues reports to the CoG and are encouraged to do so.

5. Governor Updates and Development

The Governors, as part of their continuous development, received a briefing on Future System Programme, by the Programme Director on 7 October 2026, where governors received insight on various stages of new hospital programme.

An induction programme and development plan for 2027 is currently being developed to support the onboarding and ongoing development of the newly appointed Council of Governors.

6. Partner Governor

We note the commencement of Councillor Adrian Whittle as Partner Governor (West Suffolk Council) and welcome to the CoG. We look forward to working with him in the future.

7. Governor's activities

Governors continue to carry out monthly 15 steps visits, regularly meet visitors in the Courtyard café and participate in Area Observations. Feedback is given to the relevant managers and any resulting action plans are implemented and reviewed. The 15 steps programme provides staff with an opportunity to showcase their ward/department and to benefit from a governor's listening ear and earnest attempts to aid in highlighting any issues.

Many thanks to all governors for their continued efforts, support and engagement around our functions and in general supporting the Trust.

15. Governance Report (enclosed)

To receive a governance report

To Note

Presented by Paul Bunn

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Governance report.
Date of the meeting: 10 November 2026
Agenda item: 15
Sponsor/Executive lead: Paul Bunn, Trust Secretary
Report prepared by: Pooja Sharma, Deputy Trust Secretary, Ruth Williamson, Senior Administrator
This **report is for:**☐ Approval ☒ Assurance ☒Discussion ☒Information.

This report supports the following ambitions within the organisational strategy:

☒ High quality care ☒ Joined up services
☒ Empowered to improve ☒ Responsible with resources
☒ Fit for tomorrow

Executive summary

What?
This report summarises the main governance headlines for November 2026, with an overview of the proposed development and planning activity for the incoming Council of Governors following the 2026 Governor Elections:

- Governors' induction programme 2026/27 – *for discussion*
- Governors' work programme 2027 – *for noting*
- Governors' forward planner 2027 – *for noting.*

So what?

This report supports the Council of Governors in maintaining oversight of key activities and developments relating to organisational governance.

The forward planning arrangements provide visibility of governance activities across the year and support the effective organisation and delivery of Council and Committee business.

What next?
The items reported in this report will be actioned through the appropriate routes.

The proposed induction programme will commence following the start of the new Governors' terms of office on 1 December 2026.

Both the induction programme and work programme are indicative at this stage and remain subject to agreement. Some session dates are yet to be confirmed and will be added to Governor diaries once elections results are declared. Feedback from Governors will be incorporated, where appropriate, and any outstanding sessions and dates will be confirmed and communicated in due course.

Action required:
The Council of Governors is asked to note the actions as detailed in the report.

Governance and compliance

Risk and assurance: Council of Governors role in holding NEDs to account is vital for maintaining transparency and accountability within the governance structure.
Equality, diversity and inclusion: All election and appointment process are open to all, are fair and transparent. The CoG represents all members of the community and wider population of WSFT.
Sustainability: Sustainable governance
Legal and regulatory context: WSFT Constitution, Health & Social Care Act 2022, NHSE Code of Governance 2022.

GOVERNANCE REPORT

1. Governors' Induction Programme 2026-27

A structured induction and development programme will support Governors in fulfilling their statutory duties effectively and enable them to contribute positively to the work of the Council of Governors from the outset of their term of office.

The Governors' induction programme has been developed to support new and returning Governors in understanding their statutory responsibilities, the role of the Council of Governors, and the wider activities of the Trust. The programme includes a range of induction, development and engagement sessions throughout 2026-27. Feedback from the recent governors' questionnaire has been incorporated in the programme.

Headlines and key topics for Governors' induction schedule, include:

- Induction / Introductory meeting – **14 December 2026** (includes meet and greet with the NEDs, IT set up, pictures for governor profiles with the comms team and introduction to induction handbook with the trust secretary and role of governors)
- Governors' training session – **28 January 2027**
    - Governors are asked to comment on whether they would prefer a half or full day training on 28 January 2027
    - Proposed topics to be finalised with governors to include core skills; Information Governance; Equality, Diversity and Inclusion; Risk & Board Assurance Framework
    - effective questioning and challenge – to follow at a subsequent session once future of CoG determined.
- Introductory session with the chief finance officer on Trust and NHS finances
- Introductory session with the chief nurse on quality and patient safety
- Post-election introductory meetings and information and training sessions:

Appendix 1a provides information on content of the Governors' induction handbook: A Governor's Handbook containing generic information to be shared with the new CoG.

A document library will be available on Convene for key information and supporting material.

ACTION

- Note and discuss the content of the Governors' Induction Programme 2026-27.

2. Governors' Work Programme 2027

The Trust is committed to provide a continuous support and development programme for all the governors. Whilst we develop the Governor induction and development programme for our new council of governors which is intended to reflect the skills and knowledge needed to undertake statutory responsibilities as Governors, we will also take into account areas arising from the Governor skills audit scheduled for summer 2027. The purpose of the Governor skills audit is to assess a Governors' current knowledge of the key functional areas within which they are expected to perform their statutory and general duties. All newly elected Governors will be expected to undertake this skills audit to help identify potential areas for development and attend the sessions offered.

Potential topics for the Governors' work programme for 2027 (commencing from April 2027 and subject to any changes arising from the Health Bill), are presented to provide an overview of the key areas of focus and development opportunities during the year:

- Session on Trust strategy
- Living the Trust values
- CQC inspection framework
- Future Systems Programme update
- Patient and Liaison Services (PALS)

The annual programme schedule is aimed to be reasonable in terms of time commitment and spread. To achieve the set priorities, it is proposed that the Governors' Work Programme 2027 runs across the next year for WSFT Governors to include various briefing and development sessions.

ACTION

- Note and comment on the topics of the Governors' Work Programme 2027.

3. Council of Governors' forward planner 2027

The draft forward planner for the CoG meetings is attached for discussion **(Appendix 1b).** The forward planner is a live document that will be frequently reviewed or amended and is not an exhaustive list of items.

The Governors' forward planner for 2027 is attached at Appendix 1 and sets out the scheduled business for Council of Governors and Committee meetings during the year.

The Governors' forward planner will continue to be reviewed and updated throughout 2027 to reflect any changes to governance requirements or organisational priorities.

ACTION

- Note and comment on the Governors' forward planner 2027.

15.1. Induction Programme

Appendix 1a

Table of Content – WSFT Governor induction handbook index - DRAFT

Page No.	Content
1	Welcome and introduction
2	a WSFT governance & structure b Biographies of Members of the Trust Board c Summary information for Governors - public, partners and staff
3	Governor Code of Conduct (further detail on managing conduct in section 20)
4	Summary of working between Council of Governors and Board of directors (further details within Policy for Engagement between Board and CoG in section 20)
5	Summary of role for the Lead Governor and Deputy Lead Governor (further detail in section 20)
6	Summary of governor engagement activities – 15 steps, area observations, environmental reviews, assurance committee observations
7	Short summary of Council of Governors' committees' roles - Nomination Committee, Standards Committee and Engagement Committee (detailed appendices in section 20)
8	Dealing with the Media
9	Providing feedback and raising concerns
10	Policy for remuneration of governor expenses
11	Travel Expenses Form-Governors
12	Car parking
13	Key Contacts: FT team, Chair, CEO, Lead/Deputy Lead governor
14	NHS Acronym & Jargon Buster
15	Governors' forward plan and work programme 2027 including meeting dates
16	Induction Programme 2026-27
16a	Schedule of Governor Meetings
17	NHS structures and accountability summary (further detail in section 20)
18	Consent to use personal email address – Governors
19	Declaration - receipt of code of conduct, confidentiality clause and receipt of handbook

Page No.	Content
20	Appendices of useful documents and links:
20a	WSFT Constitution
20b	Our statutory Duties - A reference guide for NHS Foundation Trust Governors' https://www.gov.uk/government/publications/nhs-foundation-trust-governors-your-legal-obligations
20bi	NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors
20c	NHSE Code of governance for NHS provider trusts NHS England » Code of governance for NHS provider trusts
20d	Trust Council of Governors Webpage: Council of Governors (wsh.nhs.uk)
20e	Terms of Reference of Council of Governors' Committees - Nomination Committee, Standards Committee and Membership and Engagement Committee
20f	Lead & Deputy Lead Governor – role specification and election process
20g	Policy for Engagement between Board and CoG
20h	Procedure for Managing Governor Conduct and Expected Standards
20i	Quality accounts
20j	Annual accounts and annual report

15.2. Forward Planner 2027

West Suffolk NHS Foundation Trust

WSFT COUNCIL OF GOVERNORS' FORWARD PLANNER 2027

		Mar'27	Jun'27	Sept'27	Nov'27	
Date		**09/03/27**	**10/06/27**	**TBC**	**11/11/27**	
Venue		WSH site	WSH site	WSH site	WSH site	
Paper circulation (min 5 working days before the meeting)		-	-	-	-	
Item	**Lead**					**Notes**
Standing Items						
Minutes	Chair	Y	Y	Y	Y	For approval
Chair's report	Chair	Y	Y	Y	Y	For information
Chief executive's report	CEO	Y	Y	Y	Y	For information
Feedback on assurance committees	Chairs/Governor observers	Y	Y	Y	Y	For information
Lead Governor Report	Lead Governor	Y	Y	Y	Y	For information
Summary report for Board of Directors meetings	Chair/NEDs/TS	Y	Y	Y	Y	For information
Reflections on meeting	Chair	Y	Y	Y	Y	For noting
Recurring Items						
Report from Governors' Nomination & Remuneration Committee	Committee Chair	Y	Y	Y	Y	For information
Membership & Engagement Committee report	Committee Chair	Y	Y	Y	Y	For information
Standards Committee report	Committee Chair	Y	Y	Y	Y	For information
Staff Governors' Report	Staff Governor	Y	Y	Y	Y	For information
Future System update	CEO	Y				For information
Review of Governors' sub-committees - membership and composition	TS	Y				For discussion/approval
Annual Items						
Strategic planning and priorities	CEO	Y				For discussion
Membership and Engagement Strategy	TS		Y			For approval
Forward Plan including briefing & development sessions	TS			Y	Y	For discussion/approval
Quality Accounts – commentary from Governors	TS/CN		Y		Y	For information/approval
Annual report and accounts, including Independent Auditor's report	AC chair/TS/Auditors			Y		For information
Fit and Proper Persons Test	TS	Y				For information
Other / As Required						
Changes to the Constitution	TS					For approval
Audit and effectiveness as recommended by the Standards Committee	TS					
Any items requested by Executives/Governors	TS					

Notes:										

ITEMS FOR INFORMATION

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

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

To inform

Presented by Jude Chin

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Summary Report for Board of Directors Meetings
Date of the meeting: 10 November 2026
Agenda item: 16
Sponsor/Executive lead: Jude Chin, Trust Chair
Report prepared by: Ruth Williamson, Senior Administrator, FT Office, Pooja Sharma, Deputy Trust Secretary,
This report is for: ☐Approval ☐ Assurance ☒Discussion ☒information

This report supports the following ambitions within the organisational strategy:

☒ High quality care
☒ Joined up services
☒ Empowered to improve
☒ Responsible with resources
☒ Fit for tomorrow

Executive summary

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

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

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

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

What next?
The Council of Governors to review this report in order to consider any elements relating to the **performance of the Board** arising from this report which they wish to raise with the non-executive directors, consider any **areas of priority** identified in this report for future engagement with members and the public.

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

Governance and compliance

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

Board of Director Key Issues

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Board of Director Key Issues – 10 September 2026			
Quality Improvement (QI) Staff Story - The Board received a staff story from a community nursing colleague describing the impact of a racist abuse incident experienced during a patient visit and the subsequent handling of the case. The presentation highlighted the emotional impact on the member of staff, concerns regarding the timeliness and victim-centred nature of the Trust's response and the importance of appropriate support, communication and safety measures for staff experiencing abuse. The Board reflected on a number of recommendations to strengthen support for affected staff, improve reporting and investigation processes, enhance engagement with staff networks and ensure learning is embedded. It was agreed that the recommendations would be taken forward through the appropriate committee and progress reported back to the Board.	• To note learnings.	-	Verbal
CEO Report - The Board received the Integrated Quality and Performance Report and noted the contents. Discussion included assurance on the timeliness of staff survey reporting and the incorporation of Pulse Survey findings within future performance reporting. It was noted that response rates had reduced in the previous quarter and that updated national survey results were expected shortly.	• Ongoing assurance/ monitoring	-	1.7
BAF & Risk Report – The Board reviewed the Board Assurance Framework, including key finance, performance and estates risks. It was noted that no risks had been escalated or de-escalated, with further work underway to review risk appetite, strengthen assurances and support risk mitigation. The Board also noted the positive internal audit opinion on the Trust's risk management arrangements.	• Ongoing assurance/ monitoring		1.8

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Strategic Priorities Update Report - The Board received an update on delivery of the Trust Strategy, noting progress across all strategic ambitions during the first year of implementation. Discussion focused on the development of the strategic dashboard, staff engagement, delivery timescales and alignment with system partners. Areas for further improvement were acknowledged and it was agreed that the dashboard and supporting measures would continue to be refined.	• Ongoing assurance/monitoring		2.1
West Suffolk Alliance, Norfolk & Suffolk ICB and NHS Essex ICB - The Board received an update on the system-wide approach to end of life care (EoL), including investment in community and hospice services, advance care planning and support for patient choice. Early indicators were encouraging and assurance was provided regarding the further development of specialist palliative care services. Discussion also covered partnership working, equity of access and the rationale for changes to overnight EoL provision. It was agreed that the impact of the investments would be evaluated and reported back in six months.	• Strengthened provider collaboration	Focus on system working	2.2
IQPR Report - The Board received an update on operational performance, noting improvements in Emergency Department performance and progress with elective recovery. Ongoing challenges within Community Paediatrics, particularly autism assessment waiting times, were highlighted. The Board also discussed patient flow, support for children and young people in mental health crisis and plans to expand virtual wards and community-based care to support performance improvement ahead of winter.	• Ongoing assurance/monitoring	-	3.1
Quality & Patient Safety Committee Report – The Board received the report and noted discussion on end of life care, including the practicalities of completing ReSPECT forms, ongoing engagement with coroners, support for children and young people experiencing mental health crises and Basic Life Support training provision for resident doctors.	• Ongoing assurance/ monitoring	-	3.2

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Nursing Staffing Report – The Board received an update on nursing and workforce indicators, noting positive mandatory training compliance, ongoing challenges with sickness absence and deferred community visits and actions to reduce staff moves and improve staff experience. Assurance was provided regarding staffing incident reporting, workforce resilience and mitigation of service risks, with ongoing quality improvement work focused on community services, patient care delivery and workforce sustainability.	• Ongoing assurance/ monitoring • Overseeing quality indicators	-	3.3
R&D Annual Report - The Board received an update on research performance, noting increased participation in research studies and progress towards the 90-day target. Plans to strengthen the profile and governance of research activity were highlighted, alongside discussion on oversight arrangements, funding, data access and the development of a more strategic approach to research, aligned with organisational priorities.	• Ongoing assurance	-	3.4
Maternity Services – The Board received an update on maternity services, noting ongoing improvement work in response to national reviews and programmes, progress towards implementation of the maternity care bundle and action to address themes arising from patient feedback. Discussion highlighted compliance with national requirements, triage standards, workforce and reporting pressures, patient and staff engagement and the continued focus on maintaining safe, high-quality care whilst delivering improvement priorities.	• Ongoing assurance/ monitoring in areas of priority	-	3.5
People & Organisational Development Committee – The report was noted by the Board.	• Ongoing assurance/ monitoring	-	4.1
Gender, Disability and Ethnicity Gap - The Board approved publication of the pay gap data and discussed opportunities to improve the completeness of workforce equality data, strengthen the link between findings and improvement actions and better understand trends in workplace adjustments. Further review of workplace adjustment arrangements was requested through the People and Organisational Development Committee.	• Ongoing assurance/ monitoring	-	4.1.1

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Putting You First – The Board offered its congratulations to all award recipients.	• Ongoing assurance/ monitoring	-	4.2
Freedom to Speak Up - The Board received the Freedom to Speak Up report, noting stable reporting levels and an increase in anonymous concerns. Discussion focused on improving the quality of information provided through anonymous reporting, promoting psychological safety and demonstrating the impact of speaking up. The Board noted themes relating to bullying and racism, ongoing staff engagement and awareness activities and opportunities to strengthen feedback mechanisms for those raising concerns.	• Ongoing assurance/ monitoring	-	4.3
Finance & Performance Committee – CKIs – The report was noted by the Board.	• Ongoing assurance/ monitoring	-	5.1
Finance Report - The Board received the financial report, noting a surplus position supported by deficit and non-recurrent funding, with the underlying position remaining in deficit. Progress continued on delivery of recurrent CIP savings, cash remained strong and work was underway to maximise use of the capital allocation. The Board noted that elective recovery was expected to support delivery of the financial plan and that there was no risk to planned deficit support funding.	• Ongoing assurance/monitoring	Financial sustainability	5.2
Winter Planning - The Board received an update on winter planning, noting strengthened system governance, progress in elective recovery and preparedness arrangements to support operational resilience. Lessons learned from recent business continuity incidents, vaccination plans, infection prevention measures, communications activity and mutual aid arrangements were highlighted. The Board approved the Winter Planning Statement, having noted prior scrutiny by the Finance and Performance Committee.	• Ongoing assurance/monitoring		5.3

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Future System Board Report – The Board received an update on the Future Systems Programme, noting positive progress with submission of the Outline Business Case, ongoing programme delivery and the mobilisation of construction activity. The Board highlighted the importance of maintaining focus on transformation and digital developments alongside the new hospital programme and agreed to receive a future update on priorities and the delivery roadmap. Assurance was provided that programme oversight and milestones continued to be subject to Board and committee scrutiny.	• Ongoing assurance/ monitoring • Board to receive future updates	Sustainable service improvements	6.1
Governance Report – The Board noted the report, including an update that responsibility for quality improvement, strategy and transformation would transfer to the People and Organisational Development Committee.	• Board oversight	-	6.2
Annual Health & Safety Report - The Board noted the report, including an increase in moving and handling incidents and incidents of violence and aggression, with improvement work underway. Discussion focused on oversight arrangements; staff support following incidents and strengthening analysis and reporting to support organisational learning and risk reduction.	• Board oversight	-	

17. Any Other Business (verbal)

To discuss any other matters not included on the agenda

For Discussion

Presented by Jude Chin

18. Reflections on meeting

To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed

To Note

Presented by Jude Chin

CLOSE

SUPPORTING ANNEXES

Item 9.1- IQPR Full Report - August 2026

NHS
West Suffolk
NHS Foundation Trust

Integrated quality and performance report (IQPR)

August 2026

Compassionate care,
healthier communities

Executive summary:

This report is for **Assurance.**

This reports supports the following ambitions within the organisational strategy:

- High quality care
- Joined up services
- Empowered to improve
- Responsible with resources
- Fit for tomorrow



What?

The purpose of this report is to provide information and analysis relating to key performance indicators for quality, safety, operational standards and workforce during May 2026. This enables Trust Board to scrutinise performance and engage in an assurance process which supports continuous improvement and learning. The performance metrics are allocated to assurance committees as part of this process.

So what?

The Integrated Quality and Performance Report (IQPR) uses the Making Data Count (MDC) methodology to report on the following aspects of key indicators:
1. The ability to reliably meet 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 (what?), the drivers for performance, what the impact is (so what?) and the remedial actions being taken (what next?). An explanation of MDC is available in the appendices.

What next?

The narrative alongside the data summarises the actions being taken to improve performance where this is not meeting standards and/or is worsening over time.

Executive lead: Daniel Spooner, chief nurse. Nicola Cottington, chief operating officer and deputy chief executive and Julie Hull, chief people officer
Report prepared by: Andrew Pollard, information analyst. Narrative provided by clinical and operational leads.

Delivering compassionate care and healthier communities

West Suffolk NHS Foundation Trust

Our performance highlights- August 2026

ED 4-hour performance

76.0%
of patients admitted, transferred or discharged within four hours of arrival (August)
On track for March 27 target of 82%

Elective RTT

64.6%
18-week referral to treatment performance (August)
Working towards 70% target for March 27

Cancer targets

28-day Faster Diagnosis Standard (July)
79.7%
hitting the standard

62-day referral to treatment (July)
61.4%
hitting the standard

Financial performance

At month four (July), we finished with a:
£1.8 million deficit
Above plan but not unexpected due to reduced ability for activity

NHS Oversight Framework

For Q1 (April to June) the Trust sits in segment 3 at:
77th
This is down from 66th in Q4 2025/26

Diagnostics

74.7%
Patients receiving diagnostic test within six-weeks (August)

Summaries

Finance & performance

Quality and patient safety

Workforce & OD

Appendices

Variance – are the measures being met?

August 2026	Assurance – can the target be consistently achieved? Consistently hitting target - celebrate	Target not consistently achieved or failed	Consistently fail target - investigate	No target set – celebrate, monitor or investigate
Special cause improvement- celebrate		**F&P** 28 Day Faster Diagnosis **POD** Turnover	**F&P** Diagnostics Performance % within 6weeks Total RTT 65+ Week Waits **Q&PS** Patient Safety Incidents	**F&P** RTT 52+ Week Waits RTT 52+ Weeks Wait as % of Total WL RTT <18 Week Waits (% All) RTT <18 Week Waits (% First OPA) **Q&PS** Incidents Reported
Common cause – monitor & understand	**F&P** Urgent 2 hour response - UCR	**F&P** Non-admitted 4 hour performance Virtual Ward Total average occupancy percentage **POD** Mandatory Training	**F&P** Ambulance Handover within 15min Incomplete 104 Day Waits	**F&P** 12 Hour Breaches 12 hour breaches as a percentage of Type 1 attendances RTT Waiting List **Q&PS** Inpatient Deaths Formal complaints resolved late (>25wd) PALS Received
Special cause concerns - investigate	**POD** Staff Sickness – Rolling 12months Staff Sickness	**F&P** Cancer 62 Days Performance	**POD** Appraisal	**F&P** Community Paediatrics RTT Overall Waiting List Community Paediatrics RTT Overall 52 Weeks Wait **Q&PS** INT Nursing Deferred by Service SHMI Formal Complaints Received

Items for escalation

Finance and performance (F&P) - Elective: Ambulance Handover within 15min, Diagnostics Performance % within 6weeks Total, RTT 65+ Week Waits

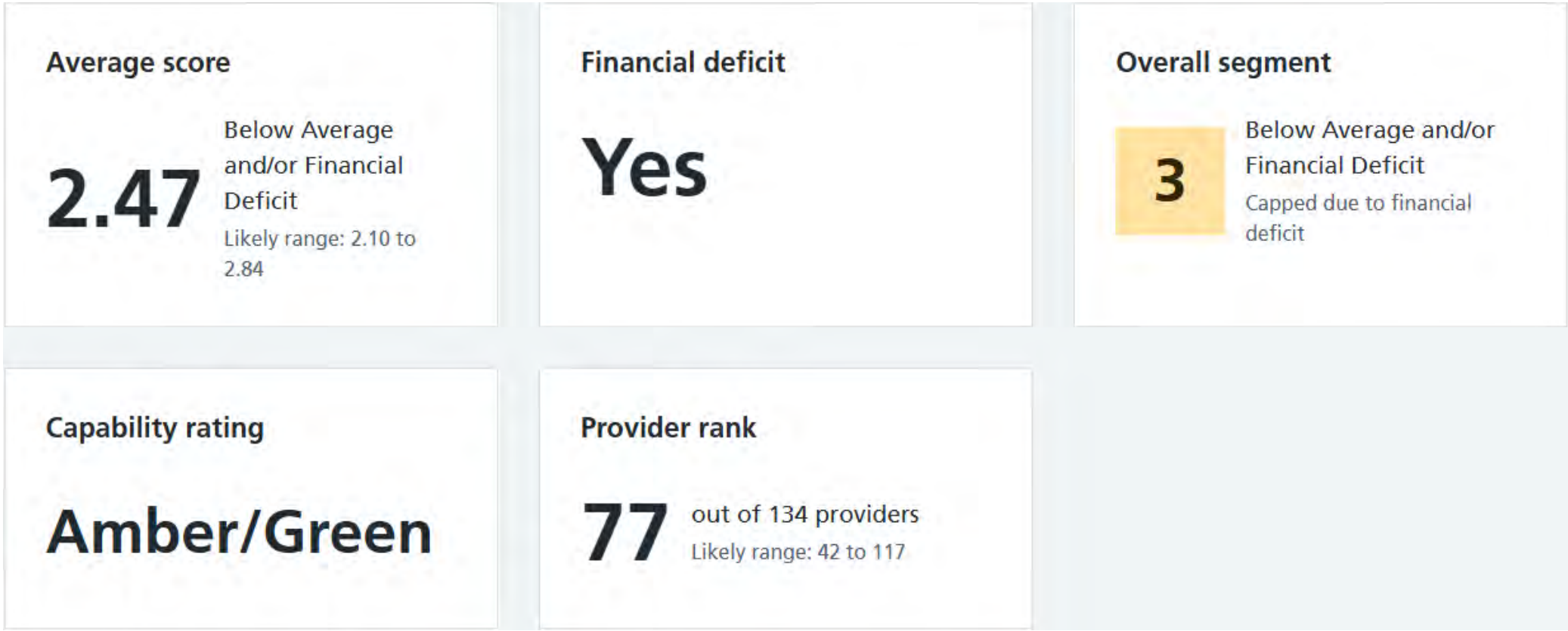
Finance and performance (F&P) - Cancer: Cancer 62 Days Performance, Incomplete 104 Day Waits

Quality and Patient Safety (Q&PS): Patient Safety Incidents

People and Organisational Development (POD) - Well Led: Staff Sickness – Rolling 12months, Staff Sickness, Appraisal

For noting: Trajectory in place for ED 12 hour breaches. 92% target for RTT 18 weeks still in place as well as monthly trajectory. Trajectory in place for 4 hour ED waits.

National oversight framework (NOF)



What?

- The National Oversight Framework (NOF) score for WSFT is 77 out of 134 Trusts for quarter 4 of 2025/26. The previous rank was 66. The segment remains unchanged at 3.

So what?

- The NOF is a consistent and transparent approach to assessing integrated care boards (ICBs) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement. The components of the NOF have been updated and the Executive Team are taking actions to address areas of underperformance.

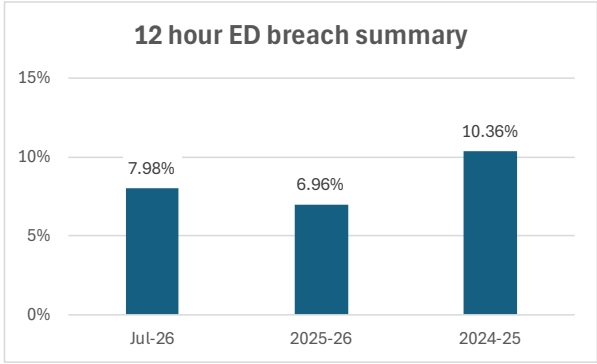
What next?

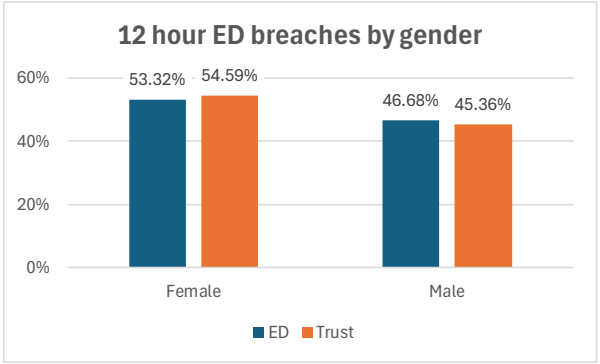
- NOF domains are reflected in other metrics so we can monitor changes and improvements. Financial recovery continues, in order that the financial override can be overcome once the Trust is in financial balance.

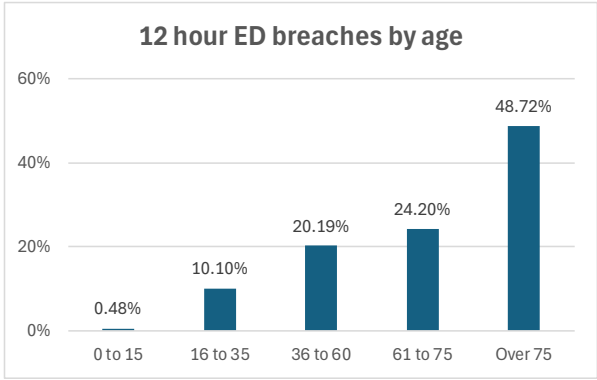
Health inequalities – ED 12-hour breaches

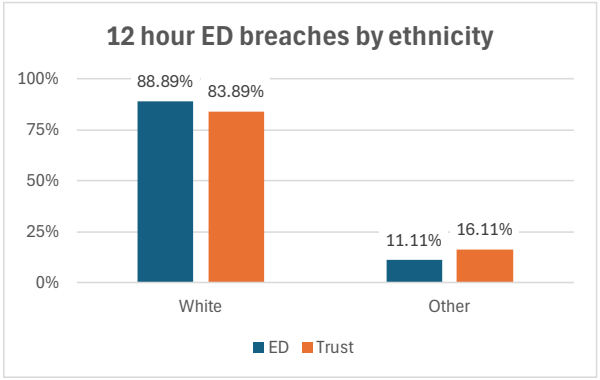
What?

- August 2026 saw 8,108 Type 1 patients depart ED at West Suffolk. 647 of those patients were in ED for 12 hours or more – 7.98% of all Type 1 departures. This is higher than the average for 2025/26 overall, when 6.96% of Type 1 patients spent over 12 hours in ED but is an improvement on what was seen in July 2026 with an average of 9.41% of all Type 1 patients spending more than 12 hours in ED
- 53.32% of patients who experienced a stay in ED of 12 hours or more in August 2026 were female, 46.68% were male and 0% were unspecified. Trust level data shows that in 2025/26 54.59% of patients who accessed acute services at WSFT were female, 45.36% were male and 0.05% were unspecified
- 48.72% of patients who experienced a stay in ED of 12 hours or more were over 75 years old. The next highest group was of patients aged 61 to 75 years old (24.20%)
- 88.89% of patients who experienced a stay in ED of 12 hours or more were white (British, Irish or other). Data from the 2021 census stated that 83.89% of Suffolk residents were white
- Trust level demographic data is based on inpatient admissions and outpatient and emergency department attendances in 2025/26 at West Suffolk









So what?

Reporting on health inequalities helps us understand potential areas for improving access and waiting times and ensuring the care we provide is equitable and fair.

What next?

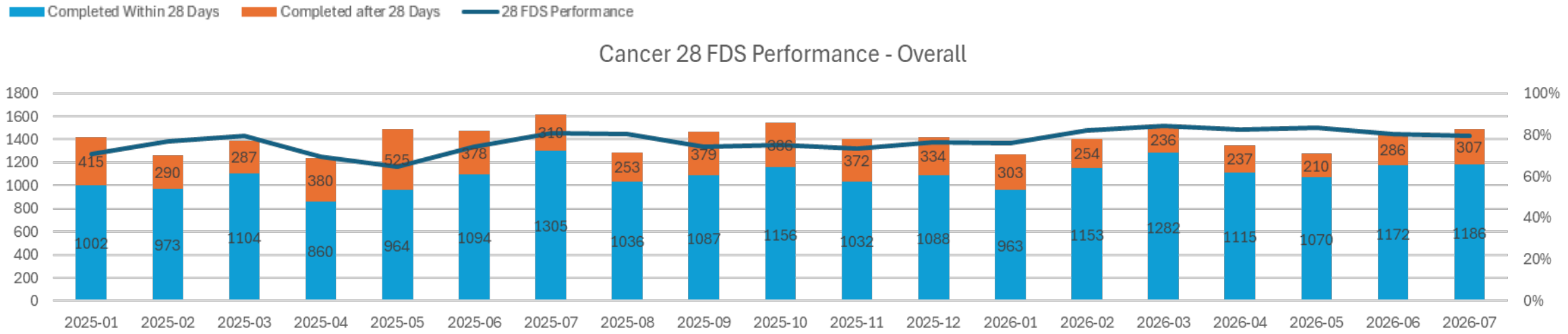
These data demonstrate that most long waits in ED are experienced by people over 75 years, and that there appears to be a disparity between ethnic groups, although ethnicity is not stated for 5.45%. We know that long waits in ED cause harm and it is critical that understand the drivers of inequalities, and that we design and deliver services that better care for older people, including avoiding ED attendance wherever possible.

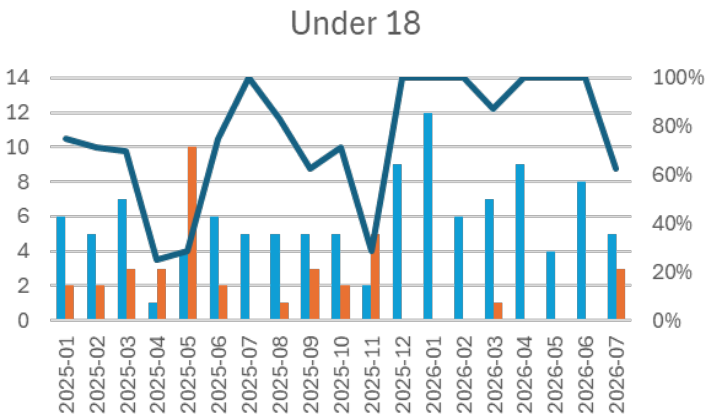
Additional reporting is being built for the Referral to Treatment (RTT) total waiting list.

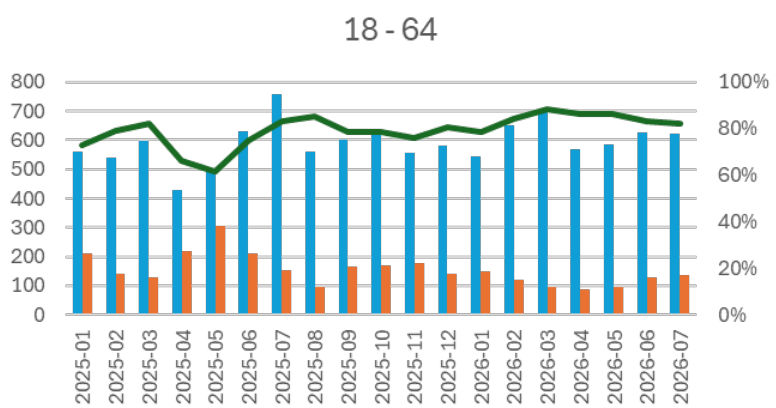
The Executive Team are reviewing the strategic approach to investigating and addressing health inequalities.

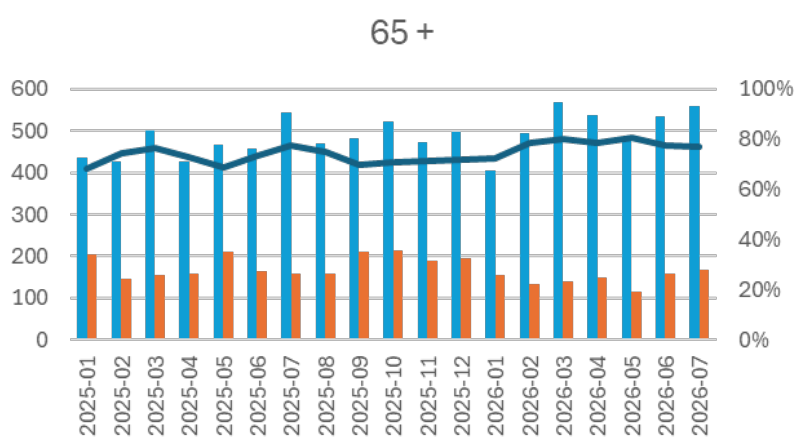
White - British	529	81.64%	Black or Black British - African	2	0.31%
Other - Not Stated	54	8.33%	Asian - Any Other Asian Background	2	0.31%
White - Any Other White Background	46	7.10%	Black or Black British - Caribbean	1	0.15%
Other - Any Other Ethnic Group	7	1.08%	Mixed - White and Asian	1	0.15%
Asian or Asian British - Pakistani	2	0.31%	Other - Not Known	1	0.15%
Black - Any Other Black Background	2	0.31%	White - Irish	1	0.15%

Health inequalities – 28 days FDS performance by age group





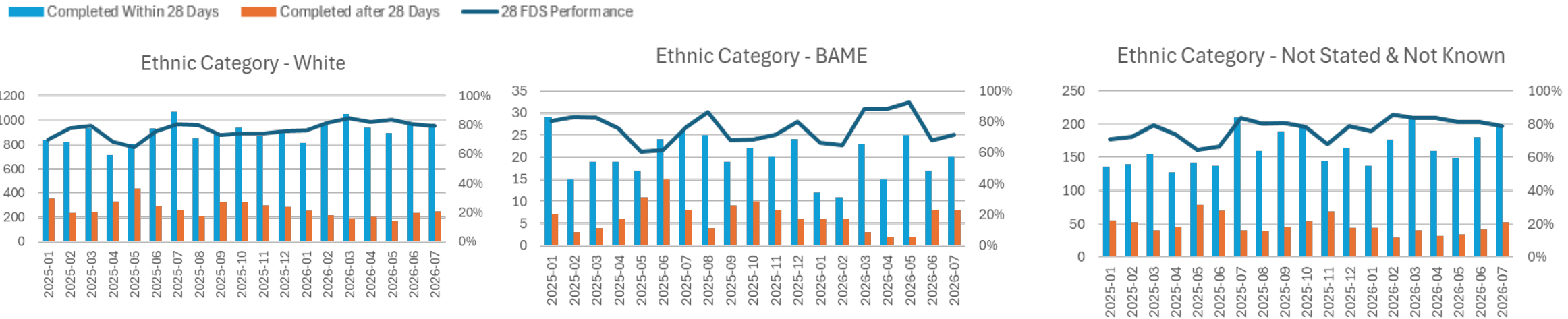




What?

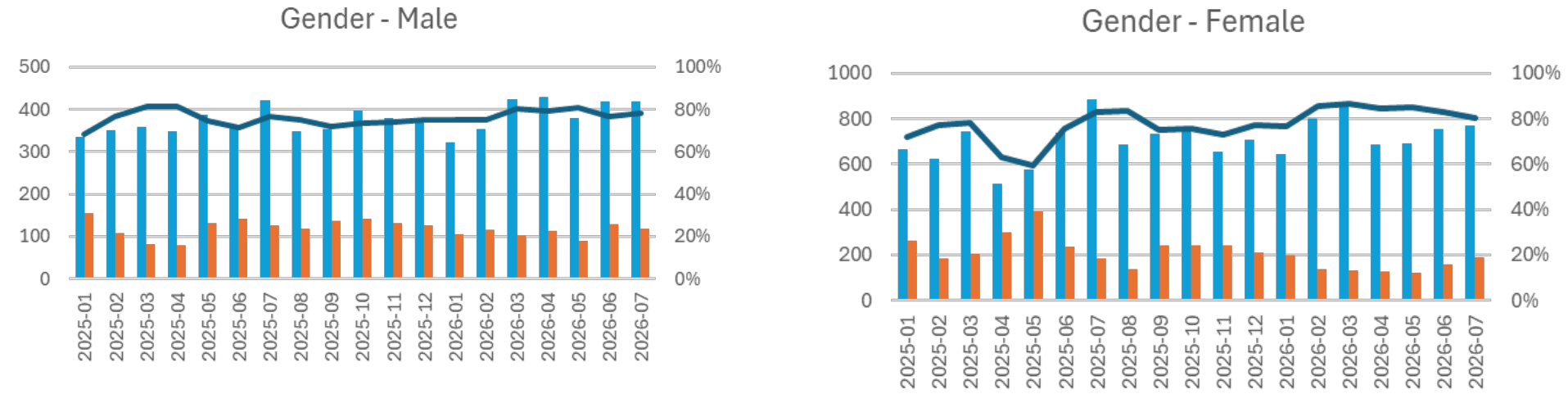
- Under 18: Performance varies due to low volumes but improves sharply, meeting or exceeding the 75% target by year-end.
- 18 - 64: Consistently strong, staying at or above the 75% target for most of the period.
- 65 +: Falls below target mid-year but steadily improves, finishing close to the 75% benchmark.
- Overall: Differences in performance across age groups are primarily due to pathway complexity (older patients) and external provider dependencies (Under 18), not unequal access. The system performs broadly around the 75% target once these age-specific factors are accounted for.

Health inequalities – 28 days FDS performance by ethnicity and gender



Performance across groups sits around the 75% target; month-to-month dips align with operational factors (case-mix, capacity, coordination).

Focus actions on faster booking, shared diagnostic slots for cross-site referrals, proactive management of complex pathways and improved ethnicity recording.



Both male and female groups track close to the 75% target, with similar mid-year dips that align with wider system pressures, not differences in access. Unfortunately, data volumes were too low to publicly report performance for genders outside male and female. This limits interpretation but does not indicate poorer access.

NHS
West Suffolk
NHS Foundation Trust

Finance and Performance committee metrics

Compassionate care, healthier communities

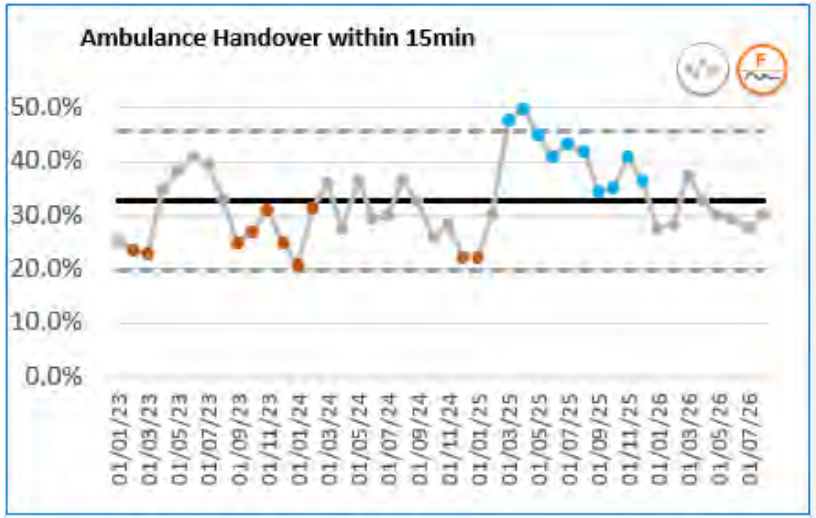
Urgent & Emergency Care: ambulance and 4-hour performance

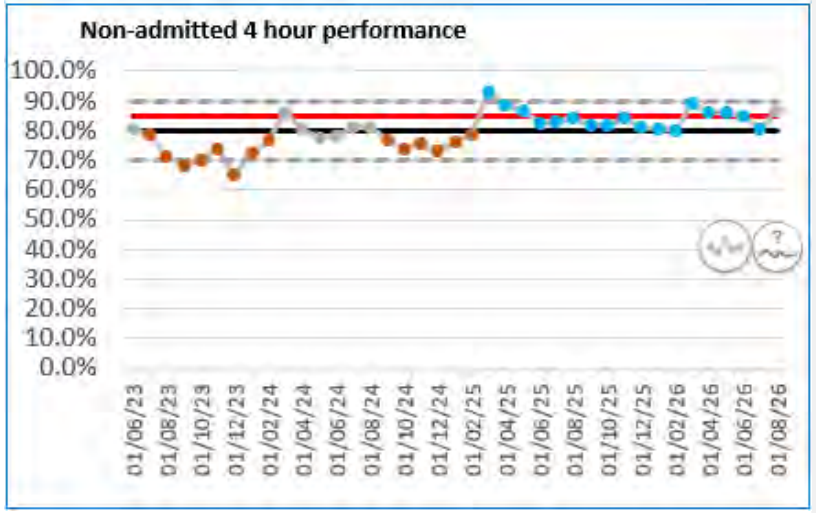
What?

- In August, no significant change was demonstrated in the ambulance handover within 15mins metric. 30.3% of ambulance handovers were achieved within 15 minutes, against a target of 65%.
- Non-admitted 4-hour performance in August was 86.94%, meaning we achieved our internal target of 85%.
- Overall 4-hour ED performance for August was 75.98%, meaning we met the monthly trajectory of 75%.

So what?

- Meeting the Urgent and Emergency Care (UEC) performance metrics means that our patients received timely, safe care.
- Meeting the in-month trajectory for the 4-hour Emergency Department metric will keep us on track to achieve 82% by March 2027.
- **What next?**
- Weekly performance meetings with the ED Tri and divisional TRI, Senior Leaders/Executives and some specialities continue.
- Focus on the use of EDSDEC (ED Same Day Emergency Care), particularly out of hours, 3-month Band 6 nurse pilot has commenced to embed this.
- FRAT (Front Door Rapid Assessment and Triage) – relaunched model continues with increased consultant input. FRAT consultant can stream direct to EDSDEC following review if appropriate.
- Continued focus on all SDEC pathways.
- Working through focussed streams, identified in the UEC Delivery Group.
- Focus on recruitment – Consultants and Registrars, with limited agency registrars whilst this happens.







Urgent & Emergency Care: ED 12-hour performance

What?

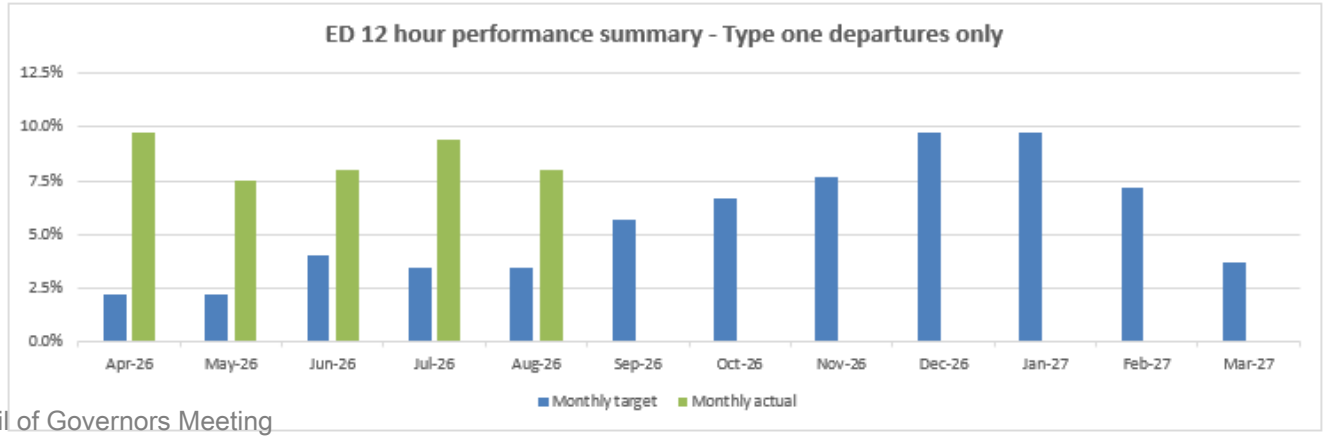
- The number of 12-hour length of stay breaches in August was 647.
- 7.98% of all Emergency Department (ED) attendances were 12-hour breaches.

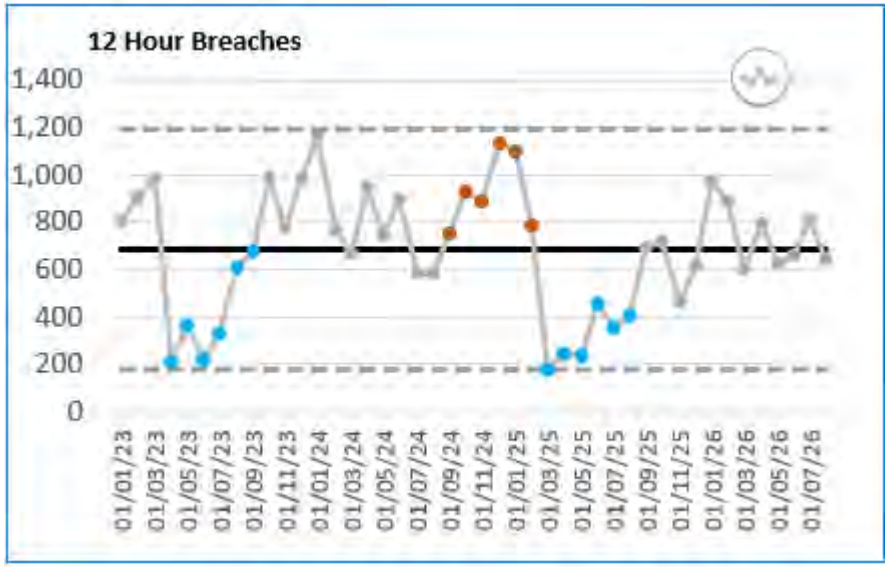
So what?

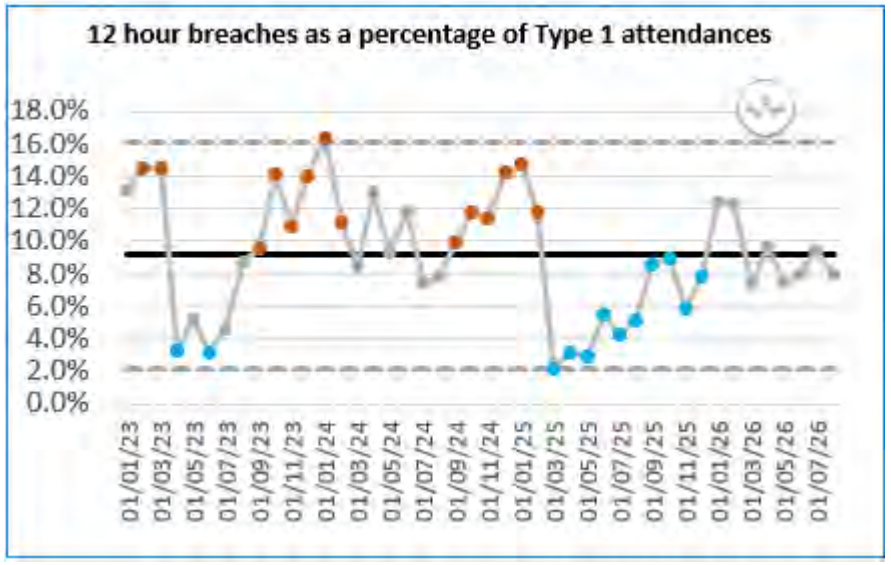
- 7.98% of patients attending ED spent more than 12 hours in the department, which is a poor patient experience. There was however a 20% reduction in the number of 12 hours LOS breaches when compared to July.
- We did not meet our monthly trajectory of 3.5% for 12-hour LOS in ED
- The impact of more 12 hours breaches in the ED is that temporary escalation spaces were regularly used, including Rapid Assessment Triage (RAT) and Same Day Emergency Care, both of which impact on our ability to offload ambulances and the flow in and through the department.

What next?

- Continued focus on length of stay (LOS) reductions to support flow out of ED including the ongoing task and finish group for board rounds/huddles.
- Focus on right patients being placed in correct speciality, supporting specialist needs & LOS reductions.
- Working with Transformation team to process map patient discharge pathway within clinical wards to highlight any themes that are delaying discharges with aim to bring on day discharge times earlier.
- "Stop Stop Go" admitted flow Continuous Quality Improvement (CQI) project







Urgent & Emergency Care: Urgent Community Response (UCR)

What?

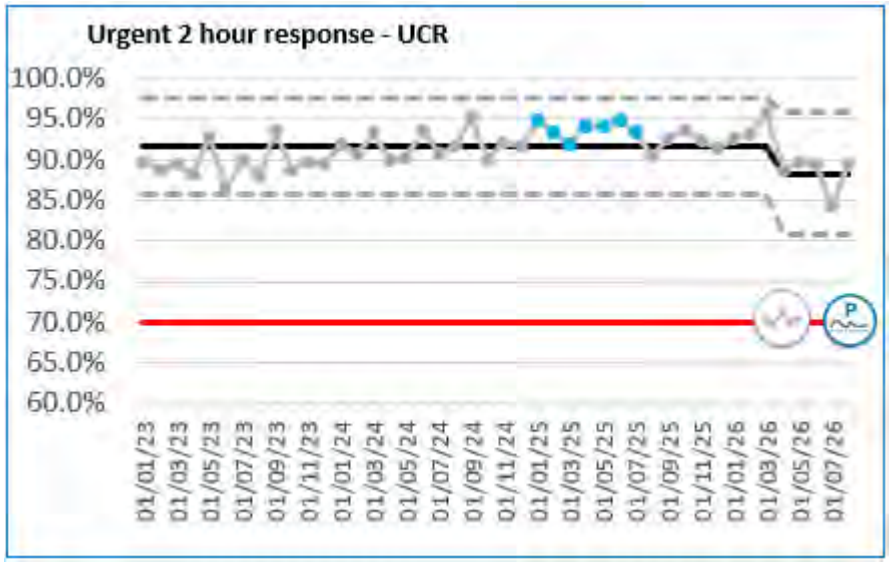
- UCR is above target overall.

So what?

- Whist the performance is on target there is a risk to patient safety , as target is met by increasing deferrals, or cancellations .

What next?

- Investment in community nursing business case- recruitment underway. The model of shared service delivery (SSD) continues to develop and will bring efficiencies in service delivery.
- Number of deferred or cancelled visits and harm audit are monitored. See slide 21.
- Workforce review, utilising community Nursing Safer Staffing Tool (CNSST) occurring every 6 months and will occur Oct or November , and use NHS benchmarking data.
- Continuous Quality Improvement projects support the division to maximise efficiencies such as reviewing documentation and reducing sickness.



Urgent & Emergency Care: virtual ward

What?
There was an increase in Virtual Ward (VW) utilisation during August aligned to Trust pressures and business continuity incidents. Average occupancy was 38.2 patients compared to 30.5 in July. Total bed nights occupied were 1183, an increase from 944 in July.

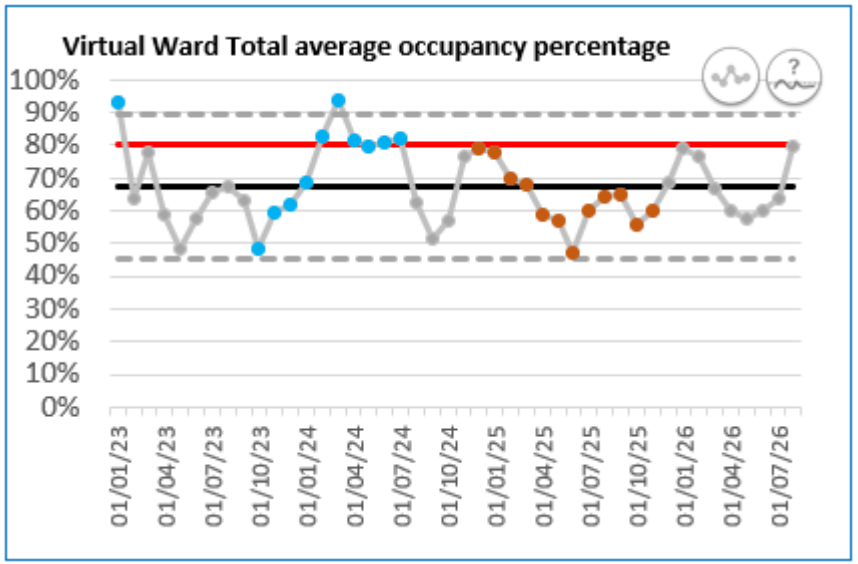
Length of stay is consistently well managed and is significantly below the NHSE target of 14 days.

So what?
Virtual ward capacity is critical in ensuring patient flow across the Trust and ensuring the strategic ambition of caring for patients at home whenever possible.

What next?
Audit to capture learning from increased utilisation during August commenced.

Centralised triage of Cleric referrals via Unscheduled Care Coordination Hubs (UCCHs) went live in July. Ongoing engagement and collaboration with UCCH leads alongside development of VW Advanced Care Practitioner (ACP) team to participate in Cleric response.

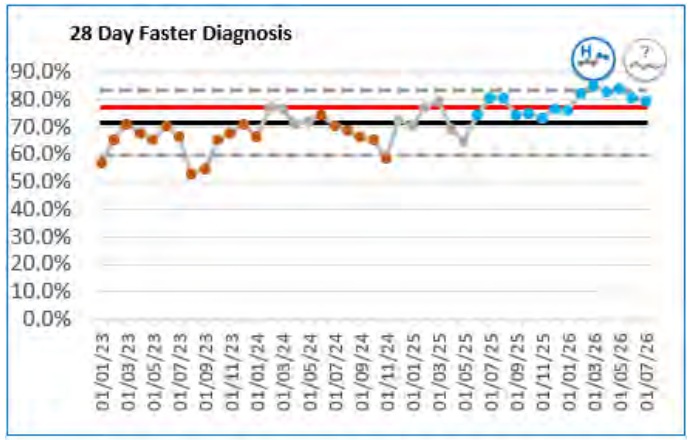
Consultant Clinical Lead – interim plan in place. Long term medical leadership agreed with WSFT execs Sam Tappenden and Dr Richard Goodwin, aim is to commence recruitment shortly pending confirmation of funding arrangements.

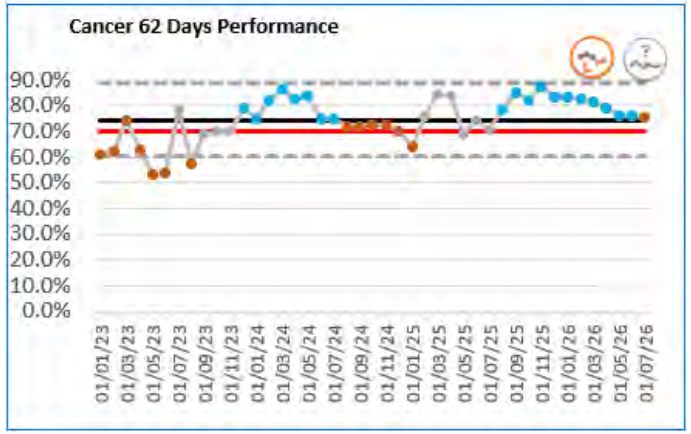


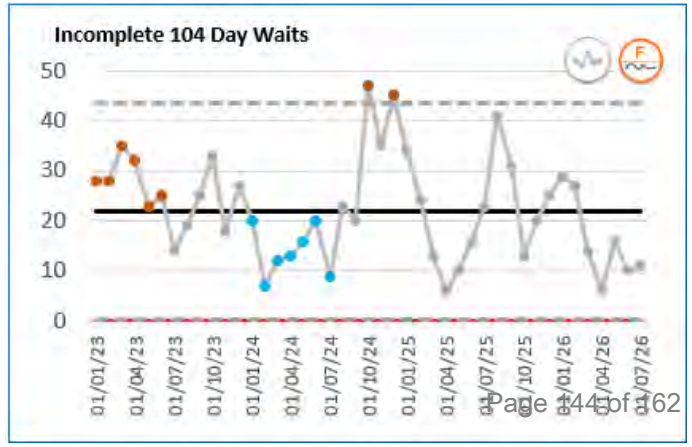


Cancer access

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
28 Day Faster Diagnosis	Jul 26	79.7%	77.0%			71.7%	59.9%	83.5%
Cancer 62 Days Performance	Jul 26	75.6%	70.0%			74.4%	60.4%	88.5%
Incomplete 104 Day Waits	Jul 26	11	0			22	0	44







What?

- 28 day performance dropped to just below 80% in July, which is slightly below trajectory.
- Urology performance remains challenged and under trajectory and there was a drop in Gynaecology due to high referrals.
- 62-day performance has also dropped, which is a direct impact of Breast capacity due to sickness.

- So what?
- The priorities for 2026/27 this year focus on seeing, diagnosing and treating patients in line with national guidance to improve patient outcomes and maintain standards.

What next?

- Breast insourcing for first appointment will continue throughout 2026/27.
- Nurse led template biopsy training is now complete and independent lists have commenced
- Locum in place for Breast surgery to mitigate sickness
- Contracting agreements for the community skin pathway to be resolved, and agreement needed on the future of the pathway.

Diagnostic performance

What?

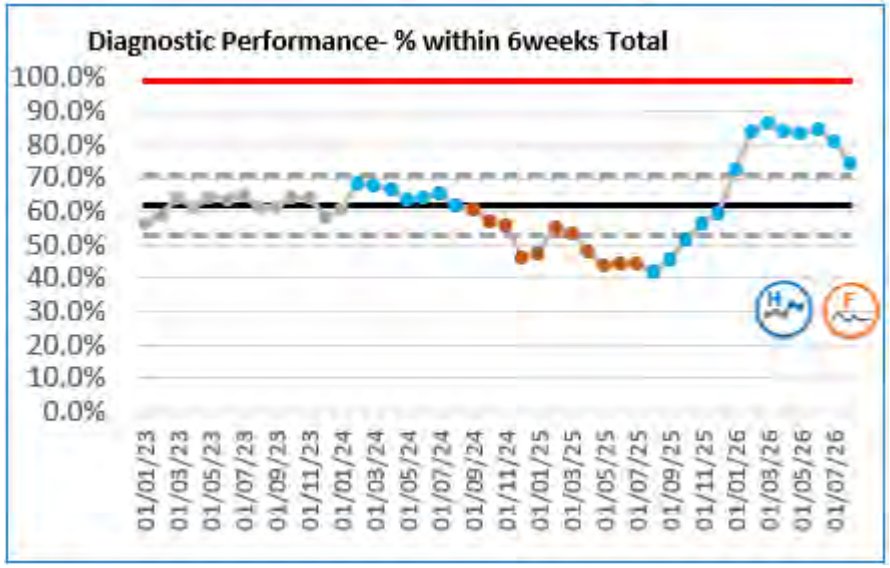
- The monthly Diagnostics Waiting Times and Activity Data (DM01) measures the number of patients waiting six weeks or more for 15 key diagnostic tests.
- WSFT is behind the agreed recovery trajectory of 85.10%, with 74.7% of patients in August receiving their tests within six weeks, which is a large drop from July performance by around 6%.
- The most significant performance drop is in ultrasound and endoscopy, with performance improvements in Audiology

So what?

- Longer waiting times for diagnosis and treatment have a detrimental effect on patients.
- Delay in achieving DM01 compliance standards and Referral to Treatment (RTT) standards.
- Reputational harm and lack of confidence in our services for our patients.

What next?

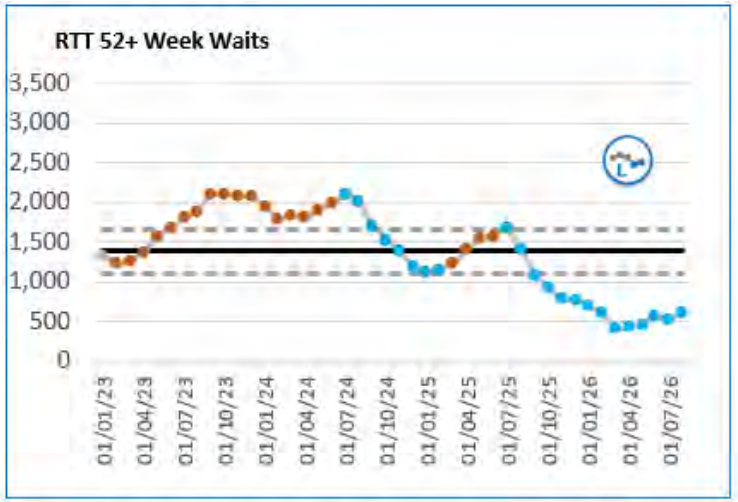
- Insourcing of Ultrasound activity commenced in August, with full recovery expected by December 2026
- Insourced endoscopy activity to take place in-week in addition to the weekends
- Recovery actions forecast improvement to 88% in March 2027 in line with the agreed plan for DM01 performance.

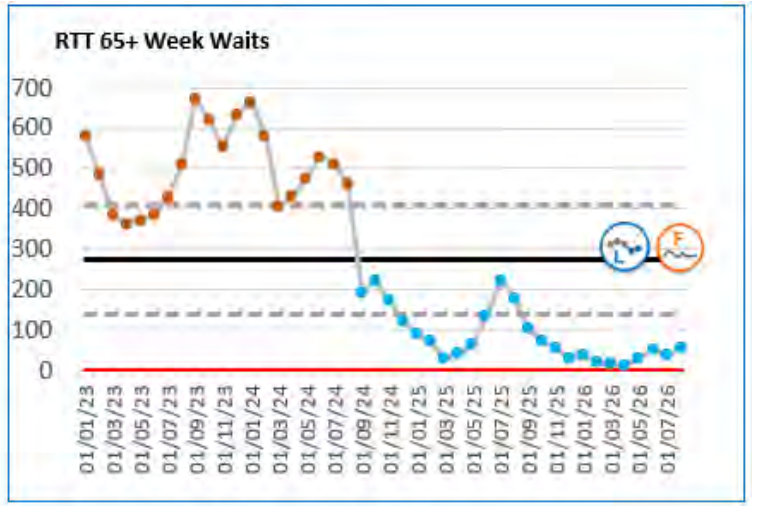


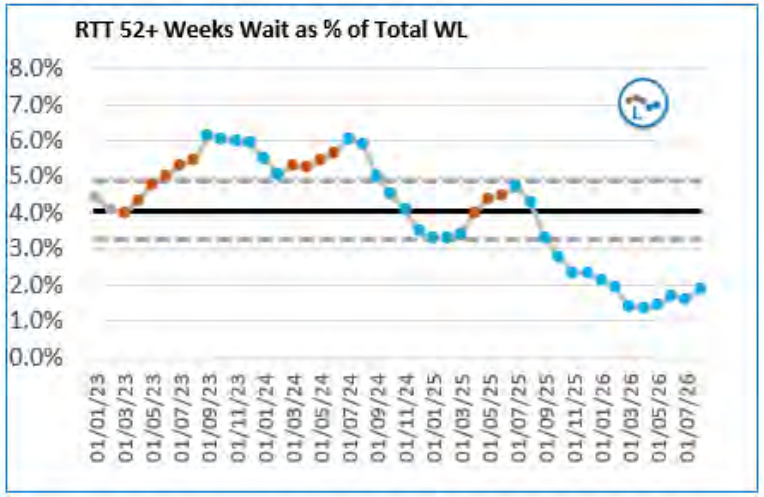


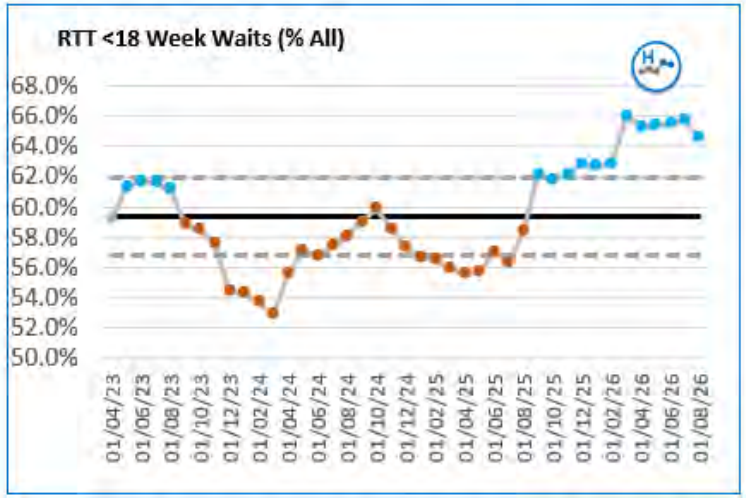
Referral to treatment (RTT) performance

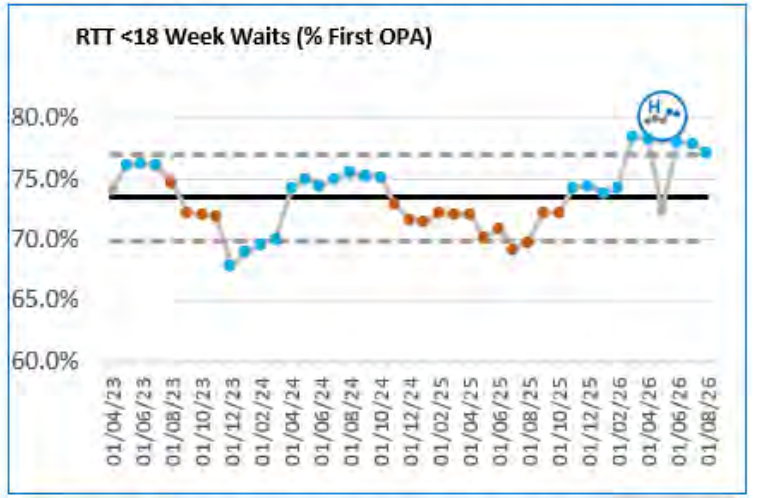












Referral to treatment (RTT) performance

Overall 18-week compliance August 2026	Patients with 65 week wait August 2026	Patients with 52 week wait August 2026	Total waiting list	% of patients being seen for first OPA within 18 weeks
64.6%	56	613	32866	77.1%

What?

- Overall RTT compliance was at 64.6%, which is below the trajectory position for August of 66%.
- The volume of patients waiting 65 weeks has increased again, with ongoing constraints in Gynaecology and an increase in Vascular, which was impacted by a delay in an insourcing solution. The 52 week waits increased from July to August.
- The areas with the highest cohort of 52 weeks are Gynaecology, Orthopaedics and Vascular.
- The total waiting list size reduced slightly again in August, but remains above plan.

So what?

- Patients are at increased risk of harm and/or deteriorating the longer they wait. This increases the demand on primary and urgent and emergency care services as patients seek help for their condition.

What next?

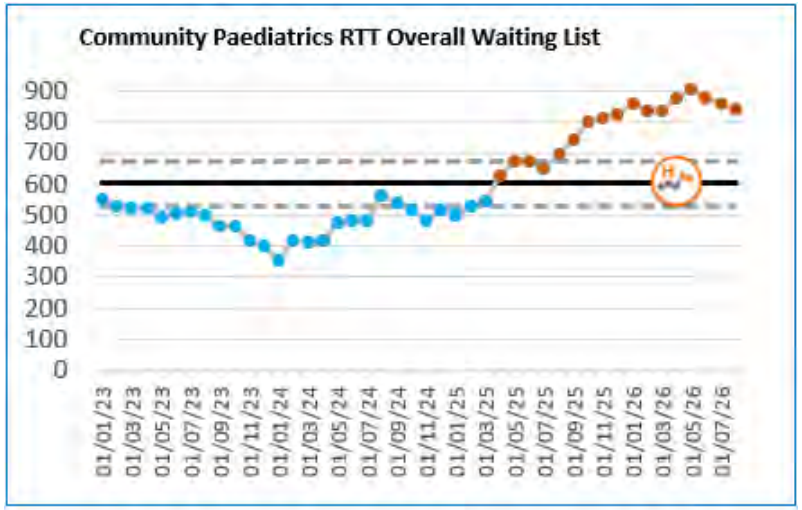
- Delivery against 2026/27 activity schemes, which will be monitored via the Elective Delivery Board.
- External validation resource to increased October – December to validate 14,500 records whilst new staff members start and are trained.
- Insourcing of Vascular activity now to commence fully in October.
- Focus on additional Gynaecology activity to reduce the longest waits, in line with increased female ward capacity with ward moves.

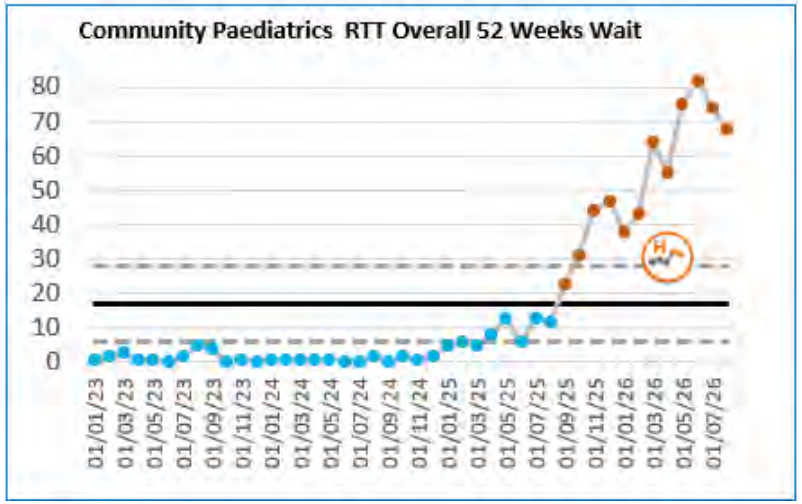
Community paediatrics

What?
- There is sustained low compliance levels with waiting times for the paediatric team due to ongoing level of demand above the available capacity within the medical team.
- Longest waiting times, above 52 weeks, are primarily associated with autism assessments although average waiting times for preschool assessments are also increasing.

So what?
- Children are waiting longer for autism assessments in the school age pathway.
- There are increasing waiting times in preschool pathway as the service responds to high demand alongside the requirement to manage children with complex care needs/reviews and prioritise clinician time.

What next?
- ICB-led recommissioning of neurodevelopmental diagnostic assessment pathway. Implementation of new pathway scheduled to be April 2027
- Monthly monitoring of long waits continues.
- Outsourcing of autism assessments for longest waiters is progressing well with identified long wait cohort being cleared next month (October)





KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Community Paediatrics RTT Overall Waiting List	Aug 26	842				603	532	675
Community Paediatrics RTT Overall 52 Weeks Wait	Aug 26	68				17	6	28

Elective activity plans

What?

- First outpatient attendances YTD remain behind plan, though the August in month plan was achieved.
- The deficit in elective activity is significant but reducing; this is due to the continuation of overrunning refurbishment works in main theatres which concluded on 20 July 2026, as well as low benchmarked theatre utilisation.
- Day case activity was not affected by the refurbishment works although is behind plan, with the June and July deficit recovering from the May position but an increase in August.
- Outpatient follow ups are above plan, whereas they need to be at or below this level, however July and August are lower than previous months.

So what?

Delivery of our activity plan is required to meet both financial and operational performance objectives in response to the NHS Medium Term Plan, with further activity required that has been identified as part of the 2026/27 Cost Improvement Plan.

What next?

- Specialty level RTT trajectories are monitored through weekly access meetings.
- The Elective Delivery Board oversees specialty level recovery plans which identify when and where additional activity will take place to recover the running deficit.
- A set of actions to deliver recovery against our Indicative Activity Plan has been agreed with commissioners.

Outpatient First

Mon	26/27	Plan (B)	Plan (T)	Var	Var %
Apr	9,664	9,449	9,830	(166)	(1.7%)
May	9,336	9,332	9,713	(377)	(3.9%)
Jun	11,146	10,631	11,252	(106)	(0.9%)
Jul	11,086	10,631	11,262	(176)	(1.6%)
Aug	9,665	8,855	9,591	74	0.8%
Sep		10,393	11,279		
Oct		10,156	11,094		
Nov		10,156	11,094		
Dec		10,160	11,133		
Jan		9,446	10,419		
Feb		9,571	10,544		
Mar		9,805	10,778		
Total (YTD)	**50,897**	**48,898**	**51,649**	**(752)**	**(1.5%)**

August 2026

26/27	9,665
Plan (B)	8,855
Plan (T)	9,591
Var	74
Var %	0.8%

Daycase

Mon	26/27	Plan (B)	Plan (T)	Var	Var %
Apr	2,386	2,140	2,409	(23)	(1.0%)
May	2,204	2,115	2,384	(180)	(7.6%)
Jun	2,602	2,356	2,633	(31)	(1.2%)
Jul	2,691	2,409	2,722	(31)	(1.2%)
Aug	2,236	2,004	2,317	(81)	(3.5%)
Sep		2,356	2,669		
Oct		2,303	2,598		
Nov		2,304	2,599		
Dec		2,140	2,435		
Jan		2,168	2,463		
Feb		2,220	2,515		
Mar		2,356	2,651		
Total (YTD)	**12,119**	**11,024**	**12,466**	**(347)**	**(2.8%)**

August 2026

26/27	2,236
Plan (B)	2,004
Plan (T)	2,317
Var	(81)
Var %	(3.5%)

Outpatient Follow Up

Mon	26/27	Plan (B)	Plan (T)	Var	Var %
Apr	26,546	24,251	24,569	1,977	8.0%
May	25,304	23,954	24,272	1,032	4.3%
Jun	29,174	26,682	27,035	2,139	7.9%
Jul	27,878	27,284	27,665	213	0.8%
Aug	23,680	22,732	23,113	567	2.5%
Sep		26,682	27,091		
Oct		26,069	26,531		
Nov		26,074	26,536		
Dec		24,248	24,724		
Jan		24,556	25,032		
Feb		25,168	25,644		
Mar		26,685	27,161		
Total (YTD)	**132,582**	**124,903**	**126,655**	**5,927**	**4.7%**

August 2026

26/27	23,680
Plan (B)	22,732
Plan (T)	23,113
Var	567
Var %	2.5%

Elective

Mon	26/27	Plan (B)	Plan (T)	Var	Var %
Apr	183	270	314	(131)	(41.6%)
May	215	268	312	(97)	(31.0%)
Jun	226	299	346	(120)	(34.6%)
Jul	271	306	353	(82)	(23.1%)
Aug	277	254	301	(24)	(7.8%)
Sep		299	346		
Oct		290	337		
Nov		290	337		
Dec		270	317		
Jan		274	321		
Feb		279	326		
Mar		299	346		
Total (YTD)	**1,172**	**1,397**	**1,624**	**(452)**	**(27.8%)**

August 2026

26/27	277
Plan (B)	254
Plan (T)	301
Var	(24)
Var %	(7.8%)

NHS
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Quality and Patient Safety committee metrics

Compassionate care, healthier communities

Community nursing: deferred care

What?

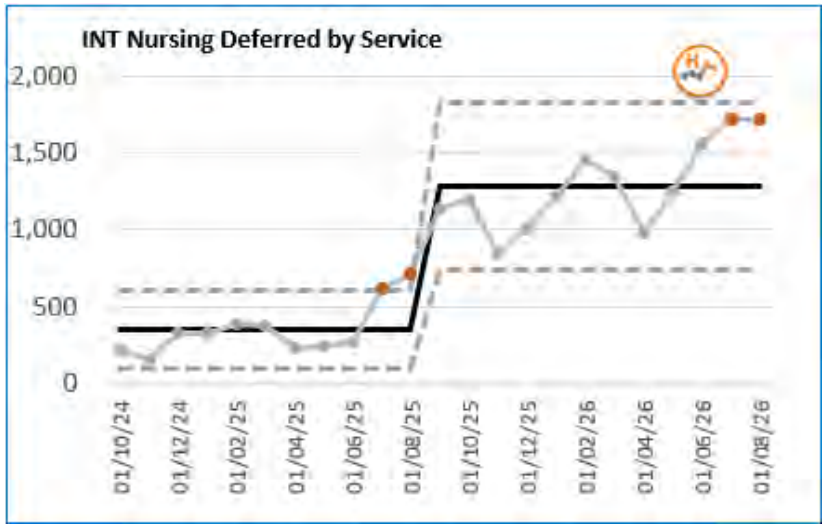
- Deferred or cancelled visits are a cause of concern for community nursing and align to the higher than average referrals received since Sept 25.
- August was the highest deferral number (1722 visits) in the past year, and constitutes nearly 11% of nursing visits.
- Harm audit is showing numbers and level of harm is low, although this is on low numbers in the audit.
- See risk register RSK 206.

So what?

- Consistent high deferral rates a cause of concern (Queen nursing institute).

What next?

- Business case is fully recruited to, with benefits expected to be seen when people come into post .
- Benefits realisation will be examined in November.
- A Continuous Quality Improvement Project to reduce the time it takes to defer has a start date of 30/9/26.
- A improvement into System One is in development to create a "patient activity dashboard" which will include any deferred visits at initial glance.



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
INT Nursing Deferred by Service	Aug 26	1722				1288	742	1833

Quality and patient safety: post-partum haemorrhage

What?

Post-partum haemorrhage (PPH) >1500ml remains a key maternity safety indicator due to the potential for significant maternal morbidity and the requirement for timely multidisciplinary management.

In August 2026, **seven cases of major PPH (>1500ml blood loss)** were reported:

- **Six cases followed caesarean birth**
- **One case followed vaginal birth**

All cases have undergone initial review through established governance processes, with no immediate themes or concerns requiring escalation identified.

So what?

August shows a reduction in major PPH compared with the previous month. The decrease is largely associated with fewer cases following caesarean birth, although caesarean-associated haemorrhage continues to account for most major PPH events.

The vaginal birth PPH rate remains low, with one case reported during the month, continuing the generally positive position seen over recent months reflecting embedded control measures.

Review of cases to date has not identified a consistent theme or systemic concern. The variation seen month to month is influenced by relatively small numbers, however the service continues to scrutinise caesarean-associated haemorrhage to ensure any emerging themes are identified early. Completion of the surgical review remains dependent on availability of the identified consultant reviewer and is being followed up through established governance arrangements and Safety Champions.

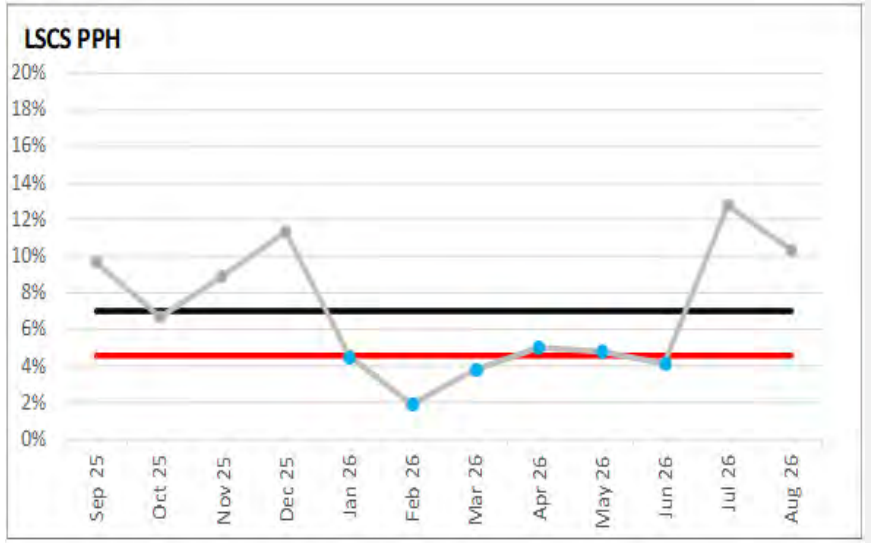
Overall, the August position provides assurance that the increase reported in July has not continued, whilst recognising that ongoing oversight is required.

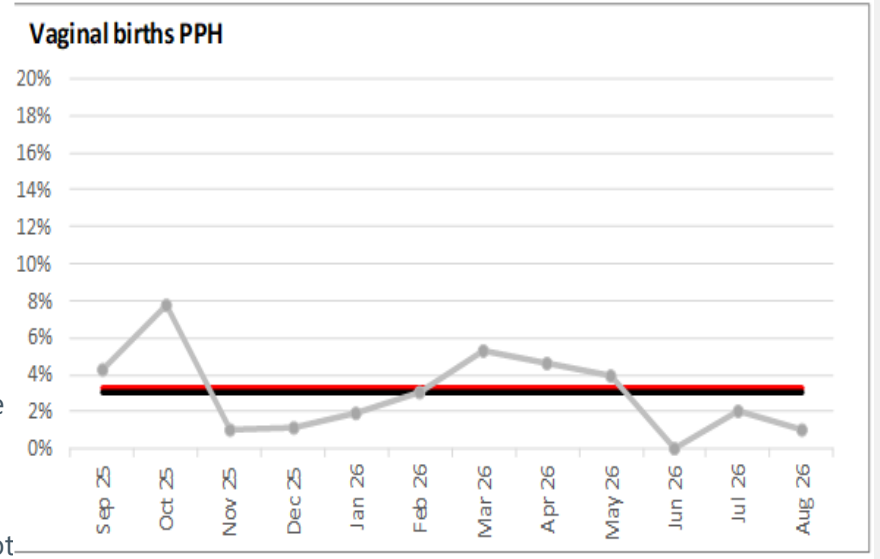
What next?

The service will continue to monitor PPH rates through routine governance arrangements and review all cases of major haemorrhage for learning opportunities.

Particular focus will remain on cases associated with caesarean birth, including consideration of maternal risk factors, operative complexity and adherence to local management pathways. Audit of compliance with the Massive Haemorrhage Protocol and multidisciplinary training will continue, with any themes or required actions reported through the Quality and Safety framework.

The number of major PPH events reduced in August. Vaginal birth PPH remains low and current case review has not identified any systemic concerns. Continued scrutiny of caesarean-associated haemorrhage remains in place through established governance processes.





Quality and patient safety: patient safety reports

What?

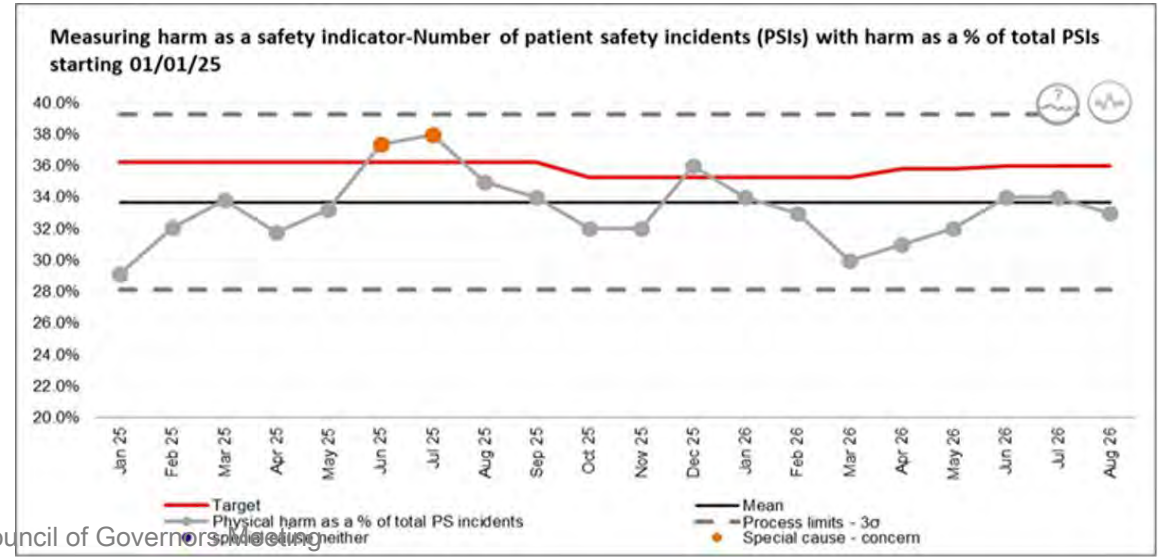
In August, the total number of reported events decreased by 67 compared with the previous month. The patient safety team continues to compare the monthly proportion of reported harm with national figures from the Learning from Patient Safety Events (LFPSE) data set. WSFT's reported harm rate decreased slightly to 33% in August, continuing to sit below the current national average of 36.01%. Reports of incidents resulting in physical harm were broadly consistent with the previous month, decreasing slightly from 208 in July to 203 in August.

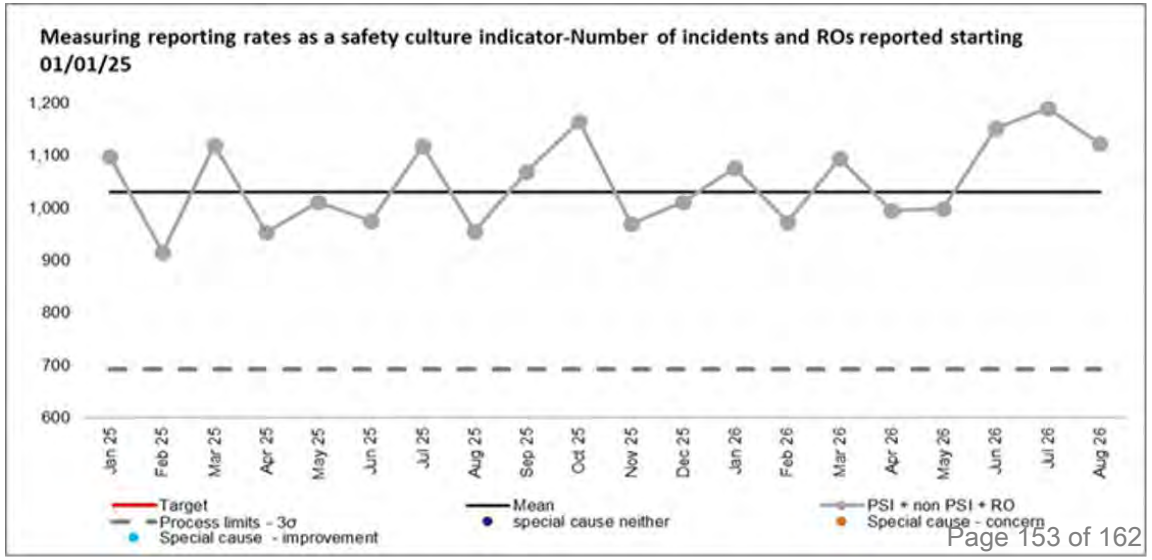
So what?

We continue to promote the reporting of all incidents, recognising that effective reporting supports organisational learning and drives improvement. Reporting activity provides an important measure of our safety culture, while harm data helps us assess the safety of our services. Patient safety incidents and reportable occurrence events are reviewed quarterly and reported to the Quality and Patient Safety Committee. Incidents resulting in moderate harm are managed within divisions, while those involving potential serious or fatal harm are escalated to the Emerging Incident Review (EIR). Through EIR, the most appropriate learning response is agreed in line with the Patient Safety Incident Response Plan (PSIRP), ensuring learning is identified, shared and translated into meaningful safety improvements across the organisation.

What next?

The insights gained from this analysis, together with the outcomes of the quarterly patient safety report, will continue to be shared with divisional governance teams and speciality leads to inform focused improvement initiatives. These insights also contribute to trust-wide safety discussions, supporting timely escalation and action whenever harm levels or incident trends indicate the need for further scrutiny.





Quality and patient safety: Summary Hospital-level Mortality Indicator (SHMI)

What?

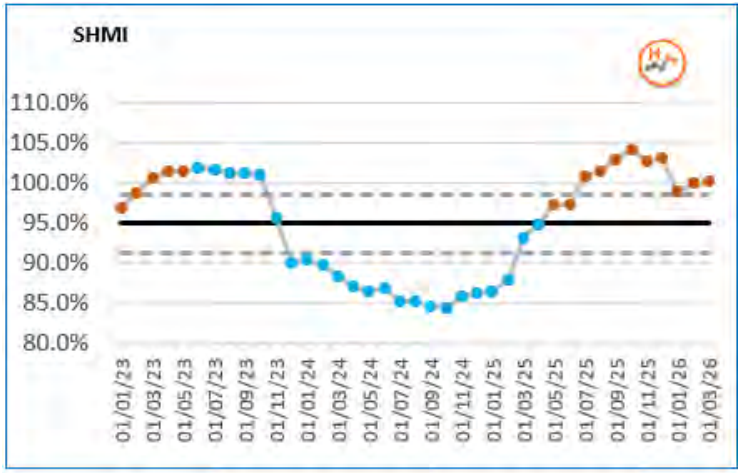
- In August 2026, there were 76 adult inpatient deaths at WSFT.
- The Trust's SHMI data is currently showing an elevated trend due to a coding anomaly relating to the March 2025 reporting period, which became apparent in September 2025.
- As a result, the number of deaths recorded within the "invalid primary diagnosis" category showed higher than expected, creating an artificial spike in the Trust's SHMI data.

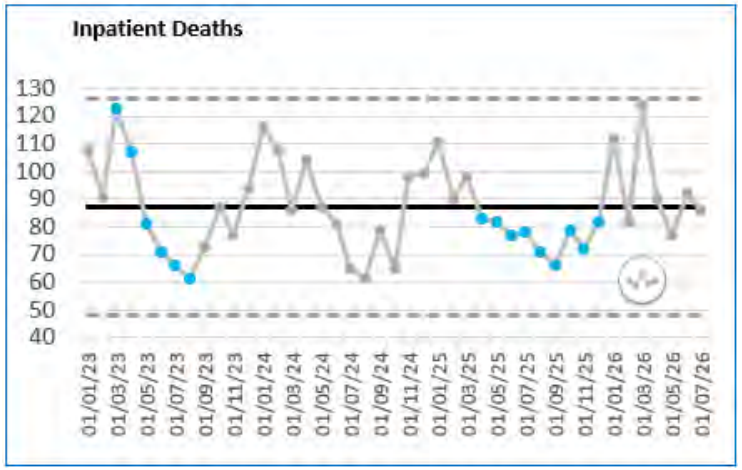
So what?

- The increase in the Trust's SHMI is not indicative of a deterioration in the quality of care. Rather, it reflects a coding backlog that occurred when clinical coders were unable to meet national submission deadlines.
- Since April 2026, all current episodes have been coded within required timescales and live coding activity remains up to date.
- All outstanding deaths from February and March 2026 were coded by 1 September 2026. As SHMI is reported with a six-month time lag, the Trust's SHMI data is expected to remain unstable for up to six months following that completion.

What next?

- The Trust will continue to monitor and analyse mortality data through the Mortality Oversight Group and the independent Medical Examiner Service.
- Assurance is provided through monthly mortality reporting within the Learning from Deaths programme and through ongoing review of National Cardiac Arrest Audit data. These sources currently indicate that the Trust is performing as expected, with no unusual trends, concerns, or areas of increased mortality identified.





KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
SHMI	Mar 26	100.3%				95.0%	91.4%	98.6%
Inpatient Deaths	Jul 26	86				87	48	126

Quality and patient safety: complaints

What?

- Formal complaints received into the Trust have increased significantly over the last 3 months (Jun,Jul,Aug) with an average of **25** per month compared to the previous 3 months (Mar,Apr,May) with an average of **17** per month with the highest amount received in August of **33**. The complaints team have utilised AI from September 2025 which initially saw positive results when we had 2 complaint officers which saw a 72% relative drop in extended complaints. The trend now reflecting an average of 31% of complaints extended following a reduction to 1 complaints officer.
- The graph reflects a slight reduction in PALS cases logged from 12 months ago due to reduced staffing which had subsequently caused an imbalance between logging all enquiries and resolving matters. Furthermore, the reduction reflects the capacity within the PALS service.

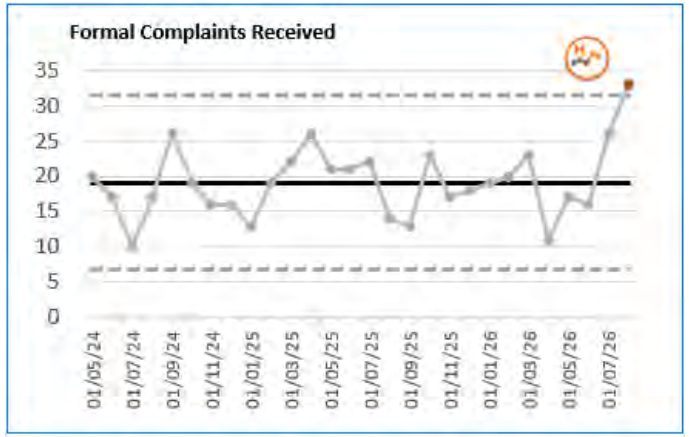
So what?

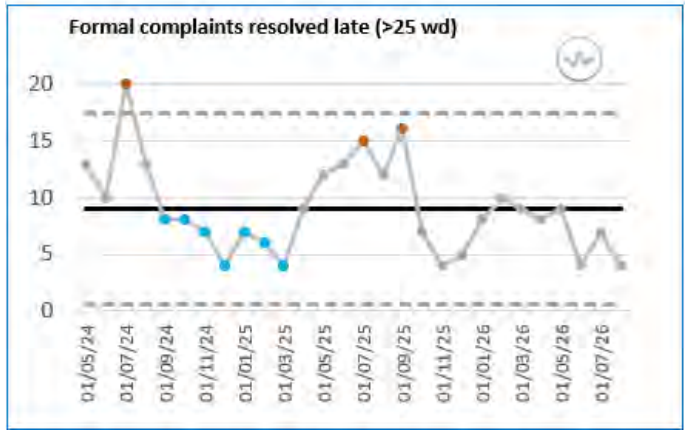
- Complaints resolved late have decreased to 4, all due to delayed staff responses.
- PALS are logging all concerns following from a refresher session with the team and amendments made with RADAR to ensure compliance.
- There is still a high number of formal complaints requiring extension past the 25-day policy timescale (31%), there is a robust process in place to ensure complainants are updated throughout the investigation on any delays, investigation pathways and updates on progress. A review and analysis of the formal complaint timeframes has been undertaken to provide more proportionate timeframe for complaints.
- Discussions have taken place within PALS to review if there is still an imbalance in PALS activity due to the time required to formally log cases is acting as a barrier, resulting in a proportion of concerns being resolved informally without formal recording. Reassurance can be provided that the graph is an accurate reflection of the cases we receive into PALS. A main factor for the reduction in cases, is the reduction in staff and therefore naturally time allocated to log new cases has decreased.

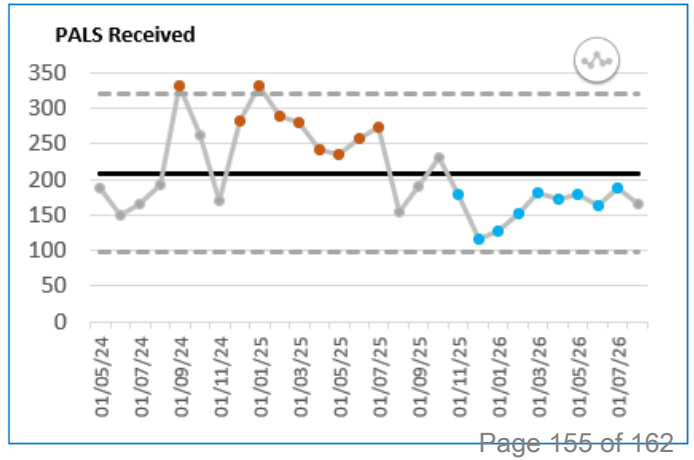
What next?

- We will review complaint numbers received on a regular basis to review themes and trends. No identifiable trend has been noted with the increase. Complainants are using AI which is making it more accessible for patients and families to submit complaints.
- A review of the formal complaint timeframes has been undertaken and signed off by the experience of care and engagement committee with the new proposed timeframes welcomed by clinical staff. The new timeframes will be based on a complexity and severity matrix which provides a more proportionate and timelier response to complainants. We will aim to get this implemented and communicated to staff by November 2026.
- 1 new PALS officers recruited who started on 3rd Aug. 1 further vacancy has also been recruited to however awaiting start date (approx November start date). Reminders have been sent to PALS staff to ensure all PALS activity is logged on RADAR.

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Formal Complaints Received	Aug 26	33				19	7	31
Formal complaints resolved late (>25 wd)	Aug 26	4				9	1	17
PALS Received	Aug 26	165				209	98	320







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People and Organisational Development committee metrics

Compassionate care, healthier communities

Workforce & organisational development metrics

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Sickness - rolling 12month	Aug 26	4.9%	5.0%			4.8%	4.7%	4.9%
Staff Sickness - monthly	Aug 26	4.9%	5.0%			4.8%	4.7%	4.9%
Mandatory Training monthly	Aug 26	89.6%	90.0%			89.6%	88.1%	91.2%
Appraisal Rate monthly	Aug 26	78.9%	90.0%			85.2%	82.8%	87.6%
Turnover rate monthly	Aug 26	8.4%	10.0%			9.3%	8.5%	10.1%

What?

- Sickness – 4.9% 12-month rolling performance versus 5% target.
- Mandatory Training – marginally achieving target this month at 89.6% versus 90% target.
- Appraisal – consistently failing target, 78.9% versus 90% target.
- Turnover – achieving target, 8.4% versus 10% target.

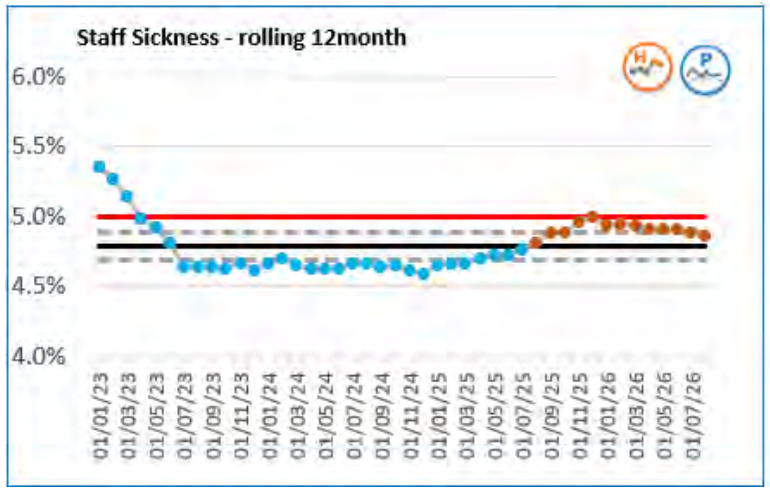
So what?

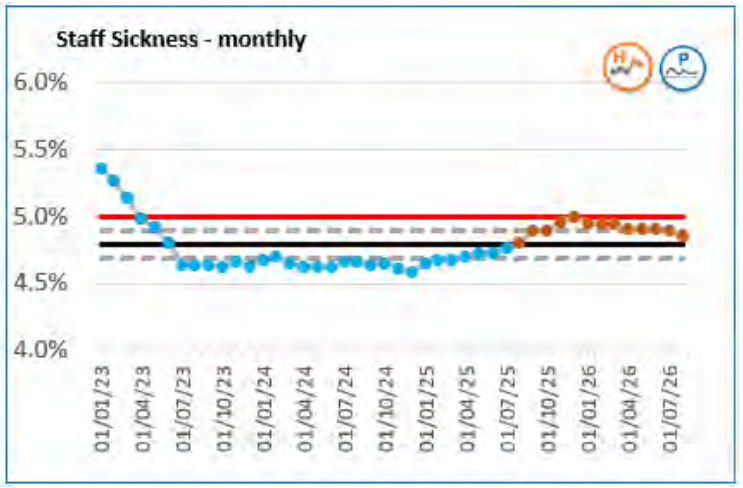
- These workforce key performance indicators directly impact on staff morale and engagement, staff retention, and therefore, patient care and safety.
- Additionally, improvements in these workforce key performance indicators will strengthen our ability to be the employer of choice for our community and the recognition as a great place to work.

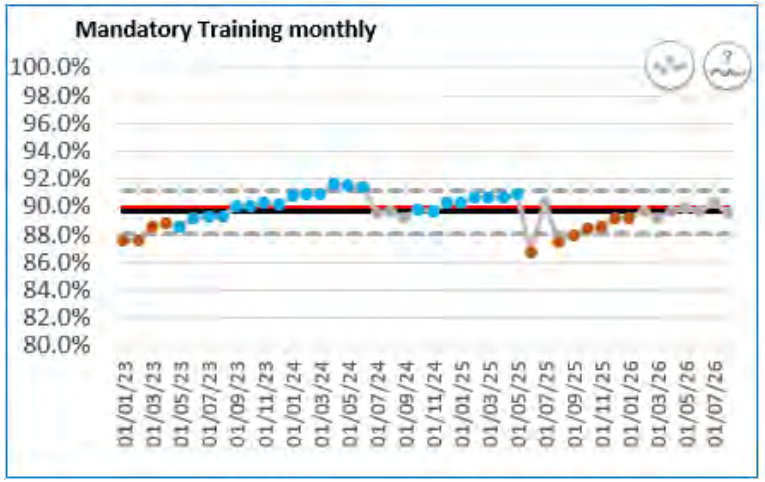
What next?

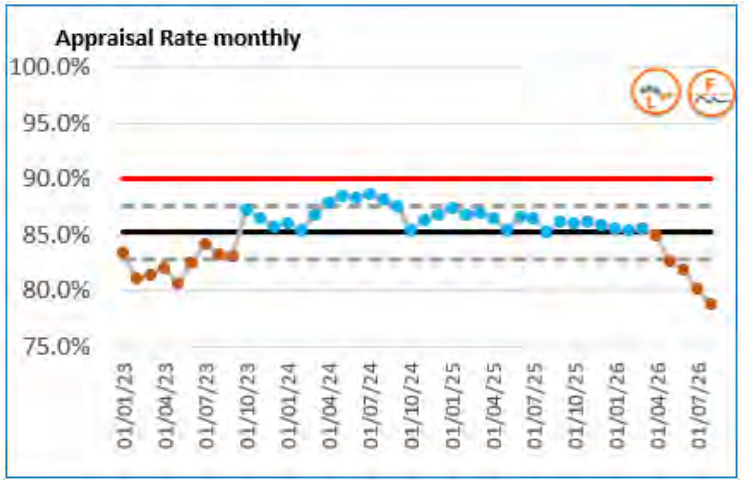
- Monitor staff attendance at department level with focus where improvement is required.
- Review compliance of mandatory training ensuring subject matter and staff groups are identified where further focus and support may be required.
- Continued analysis of appraisal data to support and challenge areas in need of action and improvement.
- Maintain focus on the delivery of our people and culture plan and priorities.

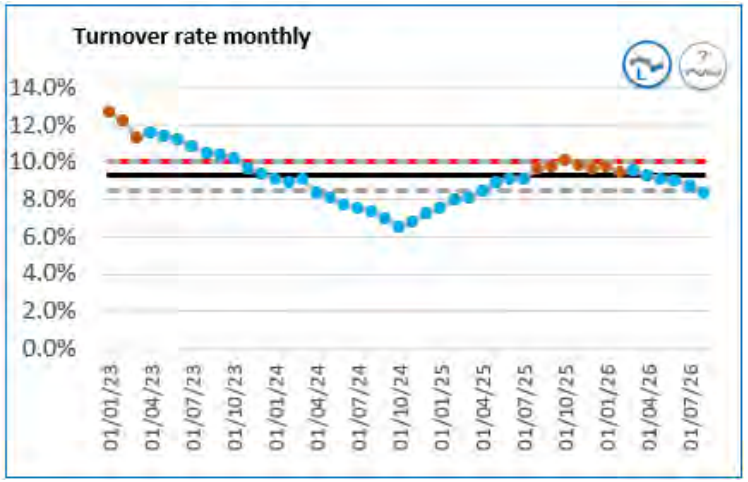
Workforce & organisational development metrics











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Appendices: understanding MDC

Compassionate care,
healthier communities

Making Data Count (MDC): understanding the charts

NHS England's 'Making Data Count' programme uses statistical process control charts to provide an 'at a glance' method of understanding performance.

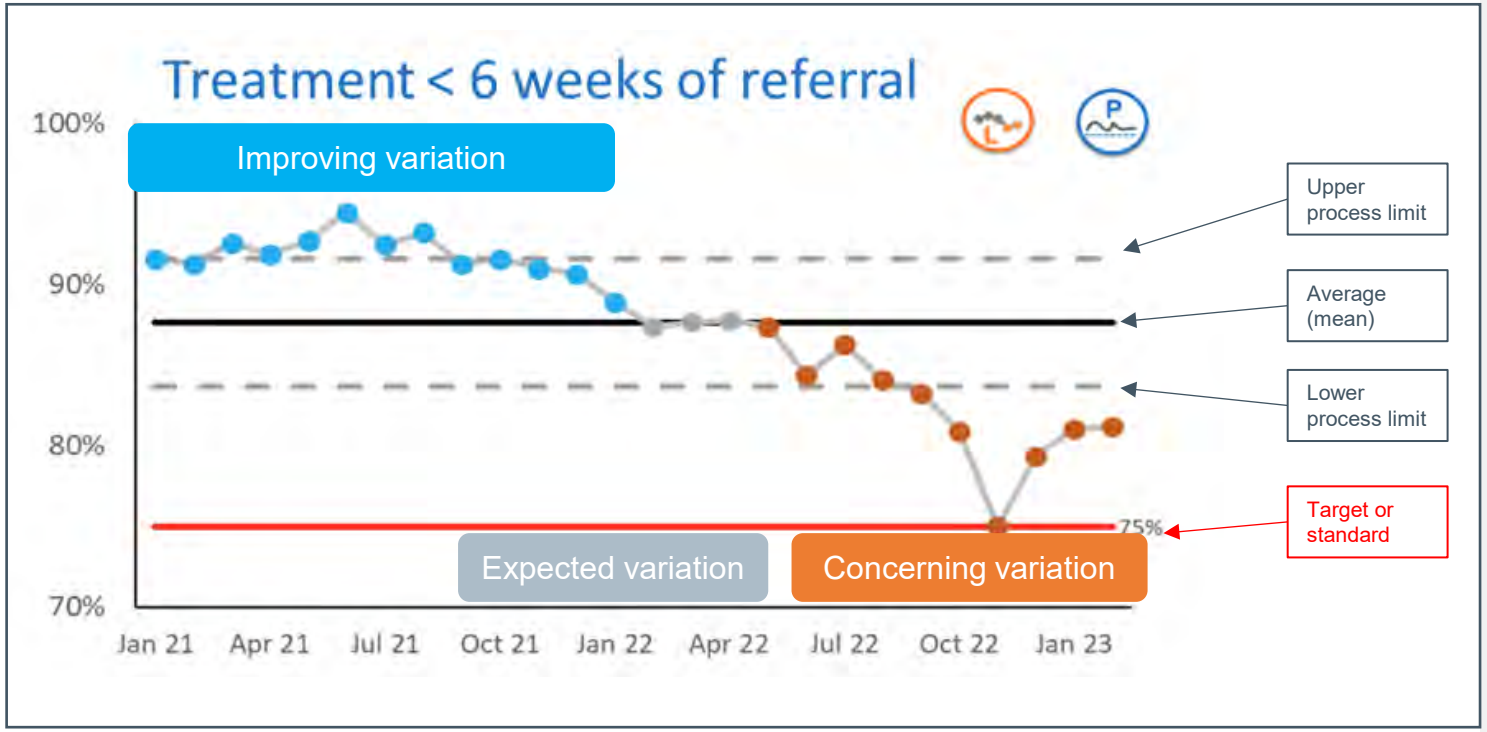
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated, and improvement actions implemented.

Blue – there is a pattern of improvement which should be learnt from.

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable.



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.
Process limits are very helpful in understanding whether a target or standard (the red line) can be achieved always, never (as in this example) or sometimes. SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a glance view. These are described on the following page.

Concerning and improving variation are statistically significant patterns in data which may require investigation, including:
- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Example data only

Making Data Count (MDC): interpreting SPC icons

Icons for variation and performance

Icon	Description	What does this mean?	What do we do next?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly. It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature.	Something's going on! Something, a one-off or a continued trend or shift of numbers in the wrong direction.	Investigate to find out what is happening / has happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an IMPROVING nature.	Something good is happening! Something, a one-off or a continued trend or shift of numbers in the right direction.	Find out what is happening / has happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation where neither high nor low is good.	Something's going on!	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something

Icons for assurance

Icon	Description	What does this mean?	What do we do next?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Making Data Count (MDC): reading the assurance grid

The assurance grid provides an overview of performance, summarising where our metrics are landing and what action is suggested.

Variance – are the measures being met?	Assurance – can the target be consistently achieved?			
	Consistently hitting target 	Target not consistently achieved or failed 	Consistently fail target 	No target set
Special cause improvement 	**Excellent** Consistently achieving the target and metric is improving **Celebrate and learn**	**Good** Target will not be consistently achieved but metric is improving **Celebrate and understand**	**Concerning** Metric is improving but target is consistently failing and won't be achieved without change **Celebrate but take action**	**Excellent** Metric is improving, no target has been set **Celebrate**
Common cause 	**Good** Consistently achieving the target and metric is not changing significantly **Celebrate and understand**	**Average** Target will not be consistently achieved, and metric is not changing significantly **Investigate and understand**	**Concerning** Metric not changing significantly, but target is consistently failing and won't be achieved without change **Investigate and take action**	**Average** Metric is not changing significantly and shows levels of natural variation that is expected, no target has been set **Understand**
Special cause concerns 	**Concerning** Target is being achieved but metric is deteriorating **Investigate and understand**	**Concerning** Metric not consistently achieved and metric is deteriorating **Investigate and take action**	**Very concerning** Metric is deteriorating and target won't be achieved without change of process **Investigate and take action**	**Concerning** Metric is deteriorating, no target set **Investigate**