
















OPEN Council of Governors Meeting

Schedule	Tuesday 19 May 2026, 5:30 PM — 7:30 PM BST
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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	OPEN Council of Governors meeting Tuesday 19 May 2026, 5.30pm in Rooms 19a & b, Education Centre, WSFT, Hardwick Lane, Bury St. Edmunds. IP33 2QZ	
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AGENDA:

OPEN Council of Governors meeting

Tuesday 19 May 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 19 May 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	
	<p>(a) To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.</p> <p>(b) To represent the interests of the members of the corporation as a whole and the interests of the public.</p> <p>The Council's focus in holding the Board to account is on strategy, control, accountability and culture.</p>

GENERAL BUSINESS			
17:30	1.	Welcome and introductions To <u>welcome</u> governors and attendees to the meeting and <u>request</u> mobile phones be switched to silent	Jude Chin
	2.	Apologies for absence To <u>receive</u> any apologies for the meeting	Jude Chin
	3.	Declaration of interests (enclosed) To <u>receive</u> any declarations of interest for items on the agenda	Jude Chin
	4.	Minutes of the previous meeting (enclosed) To <u>note</u> the minutes of the meetings held on 5 March 2026	Jude Chin
	5.	Matters arising action sheet (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda	Jude Chin
	6.	Update on Finance To <u>receive</u> an update on finance including CIP	Jonathan R / Sam T
	7.	Chair's report (enclosed) To <u>receive</u> an update from the Chair	Jude Chin
	8.	Chief Executive's report (enclosed) To <u>note</u> a report on operational and strategic matters	Ewen Cameron

GOVERNOR BUSINESS (INC. STATUTORY DUTIES)			
18:40	9.	Feedback from Board committees (enclosed) To <u>receive</u> 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.	Nominations Committee report - <i>(No meeting since Feb 2026)</i>	Jude Chin
	11.	Membership and Engagement Committee report (enclosed) To <u>receive</u> a report from the Membership and Engagement Committee	Sarah Hanratty
	12.	Standards Committee report (enclosed) To <u>receive</u> a report from the Standards Committee	Jude Chin
	13.	Staff Governors' report (enclosed) To <u>receive</u> a report from the Staff Governors	Staff Governor
	14.	Lead Governor report (enclosed) To <u>receive</u> a report from the Lead Governor	Ben Lord
	15.	Quality Accounts 2025/26 (enclosed) To <u>approve</u> the commentary for quality accounts	Paul Bunn
	16.	Governance report (enclosed) To <u>receive</u> the governance report	Paul Bunn / Pooja Sharma
ITEMS FOR INFORMATION			
19:20	17.	Summary report for Board of Directors meetings (enclosed) To <u>receive</u> the report from the Chair and Non-Executive Directors.	Jude Chin/ NEDs
	18.	Any Other Business (verbal) To <u>discuss</u> any other matters not included on the agenda.	All
	19.	Dates for meetings for 2026 To <u>note</u> dates for meetings in 2026: 5.30 pm to 7.30 pm, Rooms 19a/b, Educations Centre, WSFT <ul style="list-style-type: none"> • 10 September 2026 • 10 November 2026 Annual Members' Meeting – 24 September 2026	Jude Chin
	20.	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
9.1	IQPR full report

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, Liz Hodder

NEDs - Michael Parsons

Other - Richard Jones

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 5 March 2026

For Approval

Presented by Jude Chin

WEST SUFFOLK NHS FOUNDATION TRUST

DRAFT MINUTES OF THE

COUNCIL OF GOVERNORS' MEETING - OPEN

Held on Thursday 5 March, 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
Robin Howe	Public Governor	RH
Ben Lord	Public 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 – Lead Governor	JS
David Slater	Public Governor	DSI
Anna Clapton	Staff Governor	AC
Louisa Honeybun	Staff Governor	LH
Adam Musgrove	Staff Governor	AMu
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:		
Ewen Cameron	Chief Executive Officer	EC
Jessica Hulbert	Public Health Manager (Item 6 only)	JH
Matt Keeling	Deputy Chief Operating Officer (Item 7 only)	MK
Michael Parsons	Non-Executive Director	MP
Richard Flatman	Non-Executive Director (Chair)	RF
Alison Wigg	Non-Executive Director	AW
Paul Bunn	Acting Trust Secretary	PB
Pooja Sharma	Deputy Trust Secretary	PS
Ruth Williamson	Foundation Trust Office (Minutes)	RW

Apologies:

Public Governors: Anna Conochie, Barry Probert, Adrian Osborne, Sarah Hanratty, Gordon McKay.

Staff Governors: Adam Musgrove.

Partner Governors: Lisa Parish, Rowena Lindberg, Thomas Pulimood, David Brandon.

NEDs: Jude Chin, (Chair), Antoinette Jackson, Tracy Dowling, Paul Zollinger-Read, Heather Hancock.

Other: Richard Jones, Trust Secretary.

Members of the Public – none in attendance.

No.	Item	Action
1.	Welcome and introductions	
	RF chaired the meeting in the absence of the Chair. RF extended a warm welcome to all.	
2.	Apologies for absence	
	Apologies for absence were noted, as detailed above. The Council noted the resignation of Rowena Lindberg, Partner Governor and recorded its thanks for her valuable contribution to the role.	
3.	Declaration of interests	
	There were no declarations of interest made.	
4.	Minutes of the previous meetings	
	The minutes of the meeting held on 13 November 2026 were approved as a true and accurate reflection.	
5.	Matters arising on action sheet	
	Action Ref 7 – Freedom to Speak Up (FTSU) – noted a governor briefing by the FTSU Guardian has been arranged for 23 June 2026. Action complete. The closed action was noted.	
6.	Stop Smoking Campaign Update	
	Jessica Hulbert, Public Health Manager, presented an update on the Trust’s Stop Smoking Campaign. In response to a question from RF regarding whether vaping on site is permitted under the new policy, JH confirmed that vaping is allowed provided it takes place away from windows and doors and across the road from Trust buildings. Smoking remains prohibited, and signage reflects this position. BP raised concerns about staff, security, or site teams who may feel unable to challenge individuals smoking on site. JH explained that a key element of the policy is to empower and encourage staff to approach individuals	

	<p>where they feel confident to do so. Training and fleeces are being provided to support these conversations in a constructive manner. JH acknowledged that not all staff will feel comfortable with this approach and confirmed that volunteers will be sought.</p> <p>AC highlighted that conversations with staff who vape or smoke can be difficult and asked whether further work is planned to support staff in promoting the policy. AC noted challenges faced when asking a staff member to move across the road. JH confirmed that the same training will be available to managers as to all staff. Appraisal and induction documentation is being updated to include smoking-related content, and the Organisational Development team is progressing this work. A reference will also be included in the All-Staff Update, and JH is exploring the use of a banner with an accessible link, following the model used for vaccine and sexual safety campaigns.</p> <p>AC queried whether the reduction in smoking activity relates only to the front of the site or other areas as well. JH confirmed that improvements are seen at the front, including ED, the former ED entrance, main outpatients, identified as a problematic area, and along the route to G10. Some hidden areas near G10 have also been identified. Additional signage has been installed on the ramp. JH stated that more work remains to be done.</p> <p>AC asked whether the designated smoking area is being used, and JH stated that bins require regular emptying, which indicates activity. Litter monitoring continues, supported by hotspot photographs and AI counting undertaken quarterly. The intention is to monitor trends over the coming year.</p> <p>JN asked whether the campaign applies Trust-wide and whether signage will be consistent across sites. JH confirmed that work is currently focused on this site, with plans to extend to others. Newmarket will adopt the same approach with site-specific adjustments. A working group is in place with the community team, and work is ongoing.</p> <p>JS asked about the regular clearance of litter. JH confirmed that Estates holds responsibility for this and that she is working with them to ensure smoking-related litter is removed promptly, as accumulation can imply permissibility and encourage further smoking. Discussions have taken place with the local Council regarding the use of an industrial hoover, though capacity constraints and associated costs present challenges.</p> <p>RF asked whether council support includes funding, and JH confirmed that it does.</p> <p>RF thanked JH and noted that the campaign is beginning to have a positive effect. RF confirmed that next steps will focus on communications and expressed an expectation of continued improvement.</p> <p>JH left the meeting at 6.00 pm.</p>	
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7.	Update on Operational Performance	
	<p>Matt Keeling (MK), Deputy Chief Operating Officer, presented the performance update.</p> <p>MK reported that the NHS Oversight Framework has now been in place for six months and is the primary measure of national performance. Two data releases have been published to date, with the Trust improving its overall ranking. This reflects progress across a range of measures, including quality and safety.</p> <p>MK highlighted Emergency Department (ED) performance as a key area of focus, particularly achievement of the four-hour standard. March is a critical month, and last year the Trust achieved 88%, its highest position for three years. The Integrated Quality Report demonstrates how ED performance is measured and used to drive improvement. A performance plan for the remaining months of the year was submitted and achieved, evidencing improvement against the standard. Ambulance handover performance remains strong, although recent regional data shows some variance against plan over the past two to three weeks. Handover times were noted as a key determinant of wider ambulance performance and an ongoing area of risk.</p> <p>MK reported on long ED waits of more than 12 hours. Whilst there is no national target, performance below a 10% threshold is widely referenced. The Trust has generally performed well against this benchmark, despite a sharp increase in January. Performance remains better than at the same point last year, with an overall improving trend during 2023/24. September appeared to reflect an early onset of winter pressures. Nationally, the Trust is one of ten organisations showing improvement, and NHS England has visited to review and share the Trust's learning.</p> <p>MK outlined arrangements for monitoring patient quality and experience, noting this forms part of routine daily governance. Where performance falls short, actions are identified and implemented. Patient feedback is gathered through the Friends and Family Test. Monthly samples of 12-hour waits are subject to clinically led harm reviews, and daily matron walkarounds provide assurance through direct staff engagement and real-time issue resolution. Corridor care is used only minimally and in line with the patient flow escalation plan, providing temporary capacity to mitigate ambulance offload delays and applied on a clinically led basis.</p> <p>MK emphasised that urgent and emergency care and planned care are balanced, and it is not acceptable to prioritise one at the expense of the other. The Trust continues to perform well against the Faster Diagnosis Standard and the 62-day cancer target, notwithstanding continued national underperformance. Elective performance has exceeded the required 7% improvement towards the 18-week standard. Dermatology performance has benefited from the use of AI-supported skin analytics to improve triage and activity. Progress in reducing long waits continues, with 65-week waits close to elimination and work now focused on reducing 52-week waits.</p>	

	<p>Diagnostics performance against the six-week standard has historically been challenging, with performance previously at 40%. MK reported that recovery actions, including ultrasound improvements and the Community Diagnostic Centre, have doubled performance and are on track to reach 80%. The overarching aim for 2026/27 is continued recovery towards constitutional standards.</p> <p>JS referred to a recent patient account in the Bury Free Press involving a wait approaching 24 hours, raised through the governor question process. JS asked whether 24-hour waits are recorded and raised concerns regarding transparency. MK confirmed that such waits can occur and that all 12-hour waits are reviewed. MK explained that patients experiencing long waits are usually awaiting admission and are cared for on trolleys in assessment cubicles, with seated care used only rarely. JS raised concerns about comfort, availability of pillows and blankets, and whether corridor beds might offer improved conditions. MK advised that additional oversight is in place for patients with very long waits to ensure they are not overlooked and to support decisions on appropriate placement. JS also highlighted concerns around food, hydration, pressure area care and medication; MK confirmed ongoing work to maintain standards of care in sub-optimal conditions. RF emphasised the importance of this issue and suggested further review through the Finance & Performance Committee. It was agreed that a detailed response would be provided to governors via the formal governor question process.</p> <p>BP asked about the reasons for the January increase in long waits. MK advised that January is consistently the most pressured month, with causes including post-Christmas demand, delayed discharges and flu outbreaks leading to ward closures. MK confirmed that performance was nevertheless better than the previous year and reflected similar regional and national pressures.</p> <p>BP also queried whether targets applied to mental health services. MK confirmed that mental health providers operate under separate targets, although greater system alignment is developing.</p> <p>The Council thanked MK for the presentation. MK left the meeting at 6.30pm.</p>	PB
8	Chair's Report	
	Richard Flatman (RF), Non-Executive Director presented the report in the absence of Jude Chin (JC), Chair, which was noted and taken as read.	
9.	Chief Executive's report	
	Ewen Cameron (EC), Chief Executive Officer, presented his report and reflected on the impact of industrial action and winter pressures, thanking staff for maintaining safety and continuity of services. He noted additional pressures arising from Norovirus but confirmed that mitigating actions had been effective. EC advised that, based on the current position, the Trust remained on track to deliver its financial plan and that focus would now turn to planning for the next financial year. He emphasised the importance of	

	<p>recognising the Trust's overall performance, whilst acknowledging it remained below the desired level.</p> <p>In response to questions, EC gave assurance that private patient activity remained limited, operated within agreed thresholds, and would not adversely affect NHS services.</p> <p>Jane Skinner (JS) sought clarification on income projections, and EC confirmed that the referenced 5% increase related to total Trust income.</p> <p>JS also raised concerns regarding parking arrangements and the move to digital payment systems, particularly impacts on elderly visitors and those without digital access. EC confirmed that an Equality, Diversity and Inclusion (EDI) assessment had been undertaken.</p> <p>Ben Lord (BL) referred to recent increases in Norovirus and raised concerns regarding cleanliness ratings in some areas. EC confirmed that the Chief Nurse scrutinises infection prevention and agreed to follow up on cleaning frequency with Estates.</p> <p>Becky Poynter (BP) raised concerns regarding accessibility and engagement for new hospital events, particularly limitations affecting online participation. EC acknowledged these concerns and confirmed that events were being widely promoted; however, due to their "live" nature, it is not possible to provide access to links in advance of the event.</p>	<p>EC</p>
<p>10.</p>	<p>Feedback from Board Committees</p>	
<p>10.1</p>	<p>Finance & Performance Committee (previously Insight Committee)</p>	
	<p>Richard Flatman, (RF), Non-Executive Director, presented the report.</p> <p>It was noted that meeting frequency would continue on a monthly basis. The Trust was no longer subject to Cancer tiering, although performance remained challenging under current operational pressures. Financial performance was reported as broadly on track to plan, supported by revenue incentive funding, whilst recognising the continuing of an underlying deficit.</p> <p>Assurance was provided that deep dives into the consultancy contract and Emergency Preparedness, Resilience and Response (EPPR) arrangements were progressing well and meeting required standards.</p> <p>CR queried the impact of a return to tariff-based funding. EC advised that whilst cost control remained important, future improvement would be supported by increased activity, with reductions in waiting times enabling increased activity and income. The Committee noted that wider funding formula changes were not expected to have a significant adverse impact.</p> <p>Reports from governor observers were noted and clarification provided in relation to previously referenced performance measures.</p>	

10.2	Quality & Patient Safety Committee (previously Improvement Committee)	
	<p>The Council noted the Committee Key Issues (CKIs).</p> <p>PB highlighted the most significant change, namely that patient safety has moved from the People and Organisational Development portfolio to Quality & Patient Safety. PB advised that the work programme had been reviewed and that there had been minimal assurance for clinical effectiveness in December. The Medical Director and the patient safety team have undertaken mapping of reporting structures and timeframes, and patient experience has now been incorporated into patient safety processes. PB reported that a position of minimal assurance had been identified in relation to risk. However, it was noted that substantial work has since been undertaken to strengthen this position, including further development of the Board Assurance Framework and dedicated Board development sessions. Key strategic risks have now been clearly articulated, with the next steps focused on ensuring alignment with organisational risk management processes.</p> <p>JS reminded the Committee that there had been minimal assurance in November and that this was to be escalated to the Senior Leadership Team. JS asked when this would return to the Committee. PB confirmed that the matter is on the agenda for the March meeting. PB noted that the position on risk has moved, stating that this reflects both follow-up actions and a step change.</p> <p>The Committee noted the reports from the governor observers. SK referred to the risk register and the considerable number of changes within it. Noted risks are to be discussed at the next QPS meeting.</p> <p>BL asked whether the meeting frequency had changed. EC confirmed that one meeting had been stood down to enable development work but emphasised that the Committee will continue to meet monthly.</p>	
10.3	People & Organisational Development Committee (previously Involvement Committee)	
	<p>The Council noted the Committee Key Issues (CKIs).</p> <p>JS sought clarification on the February position, noting limited assurance regarding workforce planning for the new hospital and asking whether escalation was required. EC advised that further work is needed to bring the various elements together and confirmed that no escalation had been made, as this activity forms part of routine collaborative working. EC noted the seven-year planning timeframe and advised that if minimal assurance were to persist, escalation would need to be reconsidered. BP confirmed that a further update will be provided at the next P&OD meeting.</p> <p>Reports from the governor observers were noted. BP reported on attending the February meeting and commented on the significant volume of papers. BP stated that the meeting had been well chaired but noted that discussion can feel constrained due to the volume of reports. PB observed that this challenge is consistent across committees and at executive level,</p>	

	describing it as a shared issue. PB confirmed that committees are increasingly taking reports as read to allow greater focus on discussion and scrutiny.	
10. 4	Digital & Data Assurance Committee	
	<p>Alison Wigg (AW), Non-Executive Director, presented the report, which was noted.</p> <p>AW confirmed that the Committee held its inaugural meeting in January and that governors are welcome to attend. The next meeting is scheduled for 30 April. AW advised that matters are appropriately allocated, with cyber security issues considered in closed session due to the sensitivity of the information. AW highlighted the new Digital Strategy as a strong and well-developed piece of work.</p> <p>AW reported that there is currently less assurance in relation to data and Business Intelligence, reflecting the scale of need and demand. She emphasised the importance of clearer information and defined milestones to support improvement and advised that she expects this to be available for review at the next committee meeting.</p> <p>AW confirmed that the Committee will meet on a quarterly basis.</p>	
10.5	Audit Committee	
	<p>Michael Parsons (MP), Non-Executive Director, presented the report.</p> <p>MP reported that three internal audit reviews had been completed. Substantial assurance had been received in respect of the Investment Panel; Establishment Control had received partial assurance; and the audit of medical devices had received minimal assurance. He confirmed that the areas attracting partial and minimal assurance were being progressed through the relevant assurance committees.</p> <p>In discussion, JS sought clarification regarding the minimal assurance rating for medical devices. MP advised that the findings related to record-keeping, inventory management and equipment maintenance.</p> <p>The Audit Committee had received a detailed report from PB on risk management arrangements. The Committee was assured by the progress made and by the continued emphasis on strengthening risk management processes. PB confirmed that this work would return to the Audit Committee to support delivery and ongoing oversight.</p>	
11.	Nominations Committee Report	
	<p>Paul Bunn (PB), Acting Trust Secretary, presented the report.</p> <p>The Non-Executive Director and Chair appraisal process was noted and formally approved. PS asked that any governors interested in volunteering for the role of governor appraiser contact her direct.</p>	

12.	Membership & Engagement Committee Report	
	Noted no meeting held since October 2025.	
13.	Standards Committee Report	
	<p>Paul Bunn (PB), Acting Trust Secretary, presented the report.</p> <p>PB presented the Code of Conduct, highlighting minor amendments in relation to roles. The Council approved the revised document.</p> <p>The Council also approved the recommendation to hold vacant the current Staff Governor vacancy until the next election cycle.</p>	
14.	Staff Governors' Report	
	Louisa Honeybun (LH), Staff Governor, presented the report, the contents of which were noted and taken as read.	
15.	Lead Governor Report	
	Ben Lord (BL), Lead Governor, presented the report, the contents of which were noted and taken as read.	
16.	Governance Report	
	Pooja Sharma (PS), Deputy Trust Secretary presented the report, which was noted. BL encouraged governors to stand for vacancies within the Nominations Committee.	
17.	Summary Report for Board of Directors Meetings	
	The report was noted and taken as read.	
18.	Any Other Business	
	<p>Digital – Newmarket - JN had raised previously concerns regarding digital issues at Newmarket, noting the absence of television facilities and ongoing technical difficulties. JN thanked RF for his support. RF confirmed he had spoken with the Chief Information Officer and will follow up with a further discussion.</p> <p>Staff Briefing – Phlebotomy - JN referred to feedback from the Staff Briefing regarding patients attending for phlebotomy without appropriate paperwork. JN noted that this can be managed on site where forms can be printed; however, at other locations patients may be required to return to their GP practice to obtain documentation and rebook appointments, leading to frustration. CR confirmed having experienced similar issues, noting that some GP practices had not clearly communicated changes to patients. It was reported that practices in Bury often assume attendance at hospital sites, although alternative locations may be available, and that obtaining a timely alternative appointment can be difficult.</p> <p>The briefing indicated that a solution was being explored. JN sought an update. Agreed this would be followed up and reported to the next meeting.</p>	EC

	Putting You First Nomination – Volunteer Service - BL referred to the Council of Governors' "Putting You First" nomination for the volunteer service, noting that a strong case had been presented and encouraged governors to support this nomination.	
17.	Dates for meetings in 2026	
	<ul style="list-style-type: none"> • 19 May, 2026 • 10 September, 2026 • 10 November, 2026 	
18.	Reflections on meeting	
	<p>BL expressed thanks to RF for chairing the meeting.</p> <p>BL also placed on record concern regarding the number of absences among Governors and Non-Executive Directors, observing that such levels of absence impede the Council's ability to discharge its statutory duties. It was suggested that this may have been as a result of the change of date for the meeting.</p>	

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.	Verbal Update to be provided at the meeting.	PB	19/05/2026	Green	
11	Public	05/03/26	9	Chief Executive's Report - Ward Cleanliness ratings - follow up frequency of cleaning assessments with Estates.	Verbal Update to be provided at the meeting.	EC	19/05/2026	Green	
12	Public	05/03/26	9	Any Other Business - Staff Briefing Phlebotomy - update on potential solution to patient attendance without paperwork to come to next meeting.	Verbal Update to be provided at the meeting.	EC	19/05/2026	Green	

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

6. Update on Finance (presentation)

To receive an update on finance,
including CIP

To inform

Presented by Jonathan Rowell and Sam
Tappenden

7. Chair's report (enclosed)

To receive an update from the Chair

To Note

Presented by Jude Chin

West Suffolk NHS Foundation Trust Council of Governors

Report information

Report title: Chair's report

Agenda item: 7

Sponsor/Executive lead: Jude Chin, Trust chair

Report prepared by: Greg Bowker, head of communications; 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?

This report summarises the main headlines from February to April 2026.

So what?

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

What next?

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 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, we have ended the 2025/26 financial year, which provides an opportunity to reflect on the Trust's operational and financial performance. There has been progress across the board; we've made notable improvements in our cancer, diagnostic, and elective performance; we achieved the urgent and emergency care 4-hour target of 78% for March; we have improved in 59 out of 99 questions in the 2025 NHS Staff Survey, and; we have surpassed our financial deficit plan, giving us forward momentum as we begin the new financial year. This has all been achieved in spite of winter pressures, industrial action, and increased sickness during the peak of the flu season and norovirus outbreaks. Our staff have expertly negotiated these challenges while providing safe, compassionate and high-quality care to our patients.
2. This financial year, we have a planned deficit of £12.8m and a total cost improvement programme (CIP) target of £29.7m – of which we already have around £7.9m in place. This is alongside delivering a 7% improvement in our referral to treatment (RTT) target to 70.6%. As was discussed in my last update, we've previously been on a block contract but we've now agreed with the ICB to move to a model where we're able to earn money from our activity. This means we can balance cost saving activity with income we earn from delivering additional activity. All this means that, while the focus last year was largely on reducing our costs, the emphasis this year is on improving our efficiency and productivity – doing more with what we have. If we can sustain the energy and innovation from last year, I am confident we will steadily reduce our organisational deficit until we are breaking even by March 2028.
3. Our performance is dependent on strong leadership and I have thanked members of the Trust Board for their commitment and contributions to our progress. As part of our Board development, we've recently conducted workshops exploring continuous quality improvement, CQC preparedness, and becoming an anti-racist organisation. All of this work connects to our new strategy, the Trust values, and a model of leadership I believe is needed to build on the foundations we've laid over the past 18 months. And, having welcomed Dr Mike Knapton to the Trust Board, I'm delighted we now have a fully established senior leadership team.
4. There are leaders, however, at every level and in every area of the Trust. Empowering them to take greater ownership of our strategic ambitions and priorities will ensure we can sustain the improvements we've made. Over the coming years, our new strategy will create – and be dependent on – all leaders getting the support they need to drive improvements and transform our services to meet the evolving needs of the communities we serve. Our Council of Governors will continue to play a central role in this space – even if there is long-term uncertainty arising from the changes proposed in the 10-Year Health Plan for England.
5. We have formally moved under the auspices of the newly created NHS Norfolk and Suffolk Integrated Care Board (ICB), led by Dr Ed Garrett. We remain in a period of adjustment but have strong relationships with our partners across the two counties, as well as with neighbours who have moved into their new ICBs. In amongst this change, Professor Frankie Swords has been appointed National Medical Director for the Department of Health and Social Care and NHS England. Professor Swords becomes the most senior NHS doctor in England, having previously held the role of Executive Medical Director at the Norfolk and Suffolk ICB. Professor Swords has a

longstanding relationship with this region, and we look forward to working with her as she begins this new position shaping the future direction of health and social care across the country.

6. Continuing the theme of change, ministers have approved the creation of three unitary councils in Suffolk as part of major restructures of local government. What we know so far is that the county council and its five district councils (Babergh, East Suffolk, Ipswich, Mid Suffolk and West Suffolk) will be replaced by authorities broadly described as East Suffolk, West Suffolk, and Greater Ipswich. The exact names and boundaries are yet to be confirmed, with the election of 'shadow councils' expected next year and the formal transition taking place in 2028. We will work closely with our local authorities throughout this period to ensure we retain our strong partnerships which put the health and wellbeing of our communities at its heart.
7. Lastly, it has been a busy period for our Future Systems Programme team. Following a window of busy public and staff engagement, we have now submitted the Reserved Matters planning application for the new hospital. This is a standard stage in the planning process and moves the scheme forward following outline approval. The design will continue to evolve as we progress through detailed design and ongoing assurance with the New Hospital Programme.

8. Chief Executive's Report (enclosed)

To note a report on operational and strategic matters

To Note

Presented by Ewen Cameron

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Chief Executive Officer's report

Agenda item: 8

Sponsor/Executive lead: Dr Ewen Cameron, chief executive officer

Report prepared by: Dr Ewen Cameron, chief executive; Sam Green, senior communications officer; Greg Bowker, head of communications

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 headlines for January 2026, February 2026, and March 2026.

So what?

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

What next?

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.

Chief Executive Officer's report

1. Introduction

- 1.1. May means Spring is now in full swing, as the warmth, flowers, and leaves return. It also means we are in a new financial year, with a new set of challenges that we will need to meet. We finished the previous financial year in a strong position, having achieved the ambitious financial plan we committed to. At year-end, we had achieved the agreed £20.7 million deficit, which is an incredible feat. We knew it was going to be difficult to do this, however, thanks to every member of staff across the Trust, we've done it.
- 1.2. As of 1 April 2026, the Suffolk and North East Essex Integrated Care Board dissolved. Now, the functions and responsibilities of the SNEE ICB have been absorbed by the newly formed NHS Norfolk and Suffolk ICB (N&S ICB) and NHS Essex ICB. This change means we have greater opportunity to collaborate with other Trusts across Norfolk and Suffolk to improve the quality and safety of the care we provide, and I look forward to continuing working with Dr Ed Garratt and other colleagues at the N&S ICB over the coming years.
- 1.3. I have recently marked my third anniversary at our Trust, which in comparison to many of our staff (some of whom have marked half a century here), makes me a relatively new member of staff. Over the last three years we have dealt with numerous tough challenges, such as our financial position, industrial action, and the drive to bring down waiting times. However, we are seeing signs of progress against all of the above, which ultimately means our patients, visitors, and staff can benefit from a better experience. Our improvements against cancer, diagnostics, elective activity, and urgent and emergency care performance over the past year has been excellent. There are also very exciting projects that will be making excellent progress over the coming three years, such as the expansion of the Newmarket Community Diagnostic Centre, and our new West Suffolk Hospital.
- 1.4. I'm incredibly proud to be the CEO of the West Suffolk NHS Foundation Trust. I am fortunate to work with talented and motivated colleagues at all levels of the organisation, and when getting out and about to meet our teams, I am inspired by their innovation and commitment. I also get to present many of these colleagues with Putting You First awards, which recognise those who've gone the extra mile, such as Jabay Khwazi in digital services, Damian Towns in portering, Rosie Cawston on ward G4, and Kirsty Millard in the Haverhill integrated neighbourhood team. This is an honour that I love doing, and we're currently looking at developing more ways to show our gratitude for their energy and passion.

2. Financial performance

- 2.1. We agreed a £20.7 million deficit for 2025/26, which as I have said before, was an ambitious target. However, I am pleased to say our current reported position for the end of March 2026 is £20.7 million, which is very positive. As we work out our final reported figure this will be lower, due to one-off funding from the system and any technical adjustments we need to make.
- 2.2. Finishing an incredibly tough year having met our target deficit shows how we have turned a corner financially, and means we start to move from our 'recover' phase into the 'renew' phase with heightened confidence. It is important to say, though, global events do pose a threat to the pace of our return to financial sustainability. As always, we remain vigilant to financial risks and will make any adjustments as necessary.

3. Elective recovery

- 3.1. The number of patients waiting over 52 weeks has continued to decrease, reducing by a third from March 2025 to 414 at the end of March 2026. The number of patients waiting 65 weeks also reduced from 20 at the end of February to 16 at the end of March.
- 3.2. We are also continuing to make excellent progress in reducing our patients waiting over 18 weeks, with 66% of our patients waiting under 18 weeks by the end of March. The hard work of our teams means the number of patients waiting for treatment within this timeframe has reduced by around 6,000 from March 2025. This is a fantastic achievement and means we have exceeded our target of 63.6% by the end of March 2026. Our focus remains on bringing the number of people waiting down to meet the 92% target by the end of this parliament as required.

4. Urgent and emergency care

- 4.1. We were tasked with meeting a target of 78% for our 4-hour performance by the end of March, and our teams worked so incredibly hard to achieve this. I'm proud to say they met this with a performance of 78.3%. I would like to congratulate the team, it was in no way an easy feat, and it puts us in good standing in the region.
- 4.2. While we usually see pressure ease slightly later in the Spring (although there's never a quiet period), at the end of April, we were performing at 75.1%. We have seen some very busy days throughout the month, so our teams have been working extremely hard to manage demand.

5. Cancer

- 5.1. 28-day Faster Diagnosis Standard (80% target):
 - December 2025 – 73.3%
 - January 2026 – 75.9%
 - February 2026 – 82.4%

5.2. 31-day Diagnosis to Treatment (96% target):

December 2025 – 99%
January 2026 – 100%
February 2026 – 99.6%

5.3. 62-day Referral to Treatment (75% target):

December 2025 – 81.7%
January 2026 – 75.8%
February 2026 – 82.6%

5.4. Our cancer services are achieving against their targets across the board, which is great news and testament to the quality of the care we provide to our patients.

6. Quality

6.1. There's a lot we're doing to support our patients as they receive care, both in the community and in our hospitals. We're also facilitating patient groups and services which provide support as they go through treatment. In February, we launched a new cancer support group at the Newbury Community Centre in Bury St Edmunds. This drop-in space gives those living with cancer and their loved ones access to confidential, free sessions so they can share their views, learn about the support available, and to meet new people. The first of its kind in the town, this joint initiative with the charity Cancer Support Suffolk aims to help our patients and their loved ones share their experiences have dedicated support from our Macmillan Information Unit who are in attendance. With the next meeting happening at 1pm on 13 April, I encourage everyone who is affected by cancer to attend, or share this message with their friends and family.

6.2. In March, My WiSH Charity launched a £1,000,000 appeal to fundraise for a surgical robot, which will modernise surgery for the region and improve patient experience. The robot enables our surgeons to carry out procedures with greater precision while maintaining the same highly skilled clinical leadership patients expect. Patients can expect a faster recovery, spending less time in hospital and with minimal scar tissue. Within a decade, NHS England predicts nine in 10 keyhole surgeries will be performed using a robot and, at the start of May, we carried out our first procedure. This is very exciting development and the fundraising appeal is something I hope our Governors will endorse and share through their networks.

7. Workforce

7.1. It is important we live up to our Trust's FIRST values (fairness, inclusivity, respect, safety, and teamwork), so in the spirit of inclusivity, in March, we marked International Women's Day. This included in-person and online events, which included talks and sessions on subjects such as technology and sexual harassment, resilience, and wellbeing. There were also conversations focused on leadership,

overcoming challenges, and celebrating achievements.

- 7.2. Having now had the opportunity to read the full set of results from the 2025 NHS Staff Survey, we see there is some progress in important areas. At the same time, our colleagues have told us there is more we need to do. This is such an important opportunity for us to make changes which enhance how it is for our almost 5,000 members of staff to work here. They are delivering important services for our communities and dealing with an ever-expanding population, alongside making continuous transformative improvements for the benefit our patients.
- 7.3. Of all the 99 questions, 59 had improved scores, with 19 having been improved significantly. I'm pleased to see questions relating to 'your manager' increased across the board, and there have been uplifts for questions around speaking up and how we respond to errors or near misses.
- 7.4. I'd like to thank every one of the more than 2,400 colleagues who completed the survey. By submitting your response, you're telling us how we're doing so we can make informed decisions to make this Trust a great place to work.
- 7.5. We are continuing to work through the transformation of our administration and clerical services. We have engaged and work with the affected teams to agree a model going forward, which aims to deliver an accessible, high quality, and effective service. This will reduce the amount of variation, complexity, inefficiencies. This will mean three hubs will be created, which will improve the experience our staff and patients have when delivering or accessing administration and clerical services. They focus on a centralised administration hub for end-to-end support for outpatient booking and referral processing, a hub for outpatient reception and health records for the front-of-house reception teams, and the centralised medical resource hub for medical workforce rota coordination and support. I must stress, this does not mean dedicated administrative support is being withdrawn or specialist roles lost. This is a complex set of changes, and it will be delivered in a phased approach over the next two to three years.

8. Future

- 8.1. The project to deliver a new West Suffolk Hospital is making good progress. We have now submitted the Reserved Matters application to our local planning authority, which is another big step made.
- 8.2. We are also continuing to develop our plans to expand the Community Diagnostic Centre in Newmarket. These plans include providing endoscopy and paediatric audiology services, and means patients in and around Newmarket would additional services closer to where they live. Bringing the care patients need to them is a key part of the Government's 10-Year Health Plan for England, and this represents an opportunity to further develop the Newmarket Community Hospital site.

GOVERNOR BUSINESS (INC.
STATUTORY DUTIES)

9. Feedback from assurance committees (enclosed)

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

To Note

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: 19 May 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:

18 March 2026 (observed by Jane Skinner and David Slater)

High quality care

- Operational Performance
- January 2026 IQPR and Patient Access Governance Group

Joined up services

Sustainable Dermatology Provision – internal and system plans

Responsible with resources

Finance

- Financial Accountability Committee
- Month 11 Reporting
- CIP Update
- QIA Panel Outcomes
- Board Assurance Framework - BAF 6 Estates and BAF 7 Finance
- Patient Level Information and Costing Scheme

Empowered to improve

- No reports

Fit for tomorrow

- Medium Term Capital Programme

Governance

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

15 April 2026 (observed by Jane Skinner, David Slater and Jayne Neal)

High quality care

- Operational Performance
- February 2026 IQPR and Patient Access Governance Group
- Deep dive on validation and year end sprints and summary of RTT business cases

Joined up services

Community Contract Renewal

Responsible with resources

Finance

- Financial Accountability Committee
- Month 12 Reporting
- CIP Update
- QIA Panel Outcomes
- Medium Term Plan Update

Empowered to improve

- No reports

Fit for tomorrow

Governance

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

Quality and Patient Safety Committee:

18 March 2026 (observed by Jane Skinner and Sue Kingston)

- Reports from governance sub-groups: Patient Quality & Safety, Clinical Effectiveness Governance Group
- Quality Performance / KPIs – Clinical accreditation model, PSIRP, Patient safety quarterly report, IQPR - data for January 2026, IQPR metrics review PRM packs
- Approach to GIRFT
- Quality account priorities
- Antimicrobial resistance
- Maternity services – claims scorecard
- Patient experience update report
- PSIRP plan
- Risk register
- BAF 4 – Continuous improvement and innovation
- Discussion on strategic priorities for Committee
- Review of Committee terms of reference
- Review of Committee Effectiveness
- Escalations to and from other board assurance committees and board

15 April 2026 (observed by Jane Skinner)

- Reports from governance sub-groups: Patient Quality & Safety, Clinical Effectiveness Governance Group report
- Quality & patient safety insight: IQPR, PRM packs
- CEGG function update (action 238)
- IPC service update
- Quality priority 1 (TES)
- Clinical Effectiveness Governance Group report
- Quality Delivery Governance Group report - MCA/DoLS compliance (action 235)
- IQPR metrics review briefing paper (action 240)
- BAF 9 – Patient engagement
- Discussion on strategic priorities for Committee
- Reporting template for assurance Committee
- Escalations to and from other board assurance committees and board

People and Organisational Development Committee:

15 April 2026 (observed by Becky Poynter)

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

Recent announcements affecting workforce – Transforming People Services and Resident Doctor Strikes

Empowered to improve

- Staff Story
- Staff Survey Results 2025

High quality care

- Instances of unacceptable behaviour sanctions for patients and visitors following abuse of staff
- Basic Life Support (BLS) Compliance
- Collaboration BAF
- Nursing Profile Update

Joined up services

- REACH Network update

Fit for tomorrow

- Implementation of MaLD at WSFT
- Communications & Engagement Enabling Strategy

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









30 April 2026 (observed by NONE)

- National updates or mandates
- Digital and data programme
 - Digital and data programme board report
 - Delivering on our strategy
 - Future System programme digital update
 - Data and BI report
- Risks, governance and safety
 - Risks for escalation
 - Information governance steering group report
 - Cyber hygiene summary report
 - Technical infrastructure risk
- Governance
 - Approval of Terms of Reference (approval)
 - BAF 5 – digital
- Items for assurance
 - Digital inclusion and accessibility
 - Horizon scanning: AI and AVT progress

Audit & Risk Committee

Audit & Risk Committee's key issues report (17 March 2026) presented by the Committee Chair.

Annex A: IQPR – exception summary slide

Assurance – can the target be consistently achieved?				
February 2026	Consistently hitting target - <i>celebrate</i> 	Target not consistently achieved or failed 	Consistently fail target - <i>investigate</i> 	No target set – <i>celebrate</i> , monitor or <i>investigate</i>
Special cause improvement- <i>celebrate</i>  			F&P Diagnostic Performance- % within 6weeks Total RTT 65+ Week Waits	F&P RTT Waiting List RTT 52+ Week Waits RTT 52+ Weeks Wait as % of Total WL RTT <18 Week Waits (% All)
Common cause monitor & understand 		F&P Ambulance Handover within 30min Non-admitted 4 hour performance Virtual Ward Total average occupancy percentage 28 Day Faster Diagnosis Cancer 62 Days Performance O&D Mandatory Training Turnover	F&P Incomplete 104 Day Waits O&D Appraisal	F&P 12 Hour Breaches 12 hour breaches as a percentage of Type 1 attendances RTT <18 Week Waits (% First OPA) Q&P Inpatient Deaths Active Complaints Closed Complaints % Extended Count Extended % Complaints responded to late Count responded to late % resolved in one week Total PALS resolved Count
Special cause concerns - <i>investigate</i>  	O&D Staff Sickness – Rolling 12 months			F&P Community Paediatrics RTT Overall Waiting List Community Paediatrics RTT Overall 52 Weeks Wait Q&P SHMI

Items for escalation Finance and performance (F&P) - **Cancer:** Incomplete 104 Day Waits
 Finance and performance (F&P) - **Elective:** Diagnostic Performance- % within 6weeks Total, RTT 65+ Week Waits
 Workforce & organisational development (O&D) - **Well Led:** Staff Sickness – Rolling 12 months, Staff Sickness, Appraisal

9.1. Finance & Performance Committee (previously Insight)

To Note

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Finance & Performance Committee		Date of meeting: 18 March 2026			
Chaired by: Antoinette Jackson		Lead Executive Director: Nicola Cottington/Jonathan Rowell			
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
Deep Dive Sustainable dermatology provision	<p>Dermatology is a complex service, involving large numbers of patients across urgent, non-urgent and routine pathways. The Trust is a trail- blazer for use of AI (skin analytics) in the urgent suspected skin cancer pathway.</p> <p>There is a national shortage of dermatologists but the WSFT service is considered clinically sustainable, with stable staffing and success in recruiting and retaining skilled clinicians, including GPs with special interests.</p> <p>The strategic direction of the service is to continue to shift care closer to home and reduce reliance on acute hospital settings.</p>	2 Reasonable	<p>Whilst the direction of travel is clear, full implementation of the community pathway and the transition of AI usage has been delayed by system wide issues, including variable engagement from Primary Care Networks, unresolved funding and incentive arrangements and more recently, the ICB restructuring. Numbers treated in the hospital would reduce significantly if the system wide issues could be addressed.</p> <p>There are known limitations of AI in reliably detecting lesions on darker skin tones. Safeguards are in place to ensure a direct clinical overview of usage of AI on darker skins.</p>	<p>A date is being arranged to do a deep dive into dermatology across the new ICB.</p> <p>The issues of system engagement were escalated to MEG to clarify next steps and system responsibilities.</p> <p>The Committee also requested that the Executive should consider how the Trust (or the NHS more widely) can influence suppliers to address inbuilt biases in AI algorithms</p>	2 Escalate to MEG

Originating Committee: Finance & Performance Committee		Date of meeting: 18 March 2026			
Chaired by: Antoinette Jackson		Lead Executive Director: Nicola Cottington/Jonathan Rowell			
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk	WHAT NEXT? Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
PAGG/IQPR	<p>Cancer Targets</p> <p>28-day Faster Diagnosis Standard performance reached 76.5% in December, showing improvement from November but remaining below trajectory.</p> <p>The main area of underperformance continues to be Breast, which improved on previous months achieving 74.5% but is still below target. Urology and Lower GI remain challenged due to diagnostic pressures. Performance in Gynaecology, Head and Neck, Skin, and Lung was maintained.</p> <p>62-day treatment performance increased to 83.3%, supported by strong results across all tumour sites. The volume of patients waiting over 104 days rose slightly in December, driven by several complex Skin pathways and ongoing delays within the Breast service.</p>	3 Partial	Longer waiting times for diagnosis and treatment have a detrimental effect on patients.	<p>The Cancer Alliance is leading an external review of the breast service. Weekend insourced capacity began in February to help reduce the backlog and shorten waits to first appointment.</p> <p>In Urology, work is focused on improving clinic flow, with further improvement expected once the new consultant starts in February 2026.</p> <p>For Lower GI, attention remains on improving scan and reporting turnaround times, which are forecast to strengthen following the return of a radiology consultant from maternity leave.</p> <p>Additional cancer sessions in endoscopy will continue to support improved performance.</p>	1 no escalation

Originating Committee: Finance & Performance Committee		Date of meeting: 18 March 2026			
Chaired by: Antoinette Jackson		Lead Executive Director: Nicola Cottington/Jonathan Rowell			
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk	WHAT NEXT? Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
PAGG/IQPR	<p>Elective Recovery</p> <p>Overall RTT compliance remains ahead of plan at 62.63% against the 62% requirement, supported by a continued focus on outpatient activity and validation. The number of patients waiting over 65 weeks reduced to 38 at the end of January and is expected to continue falling through February, reaching zero by March 2026.</p> <p>The volume of 52-week waiters is also improving, with targeted efforts to reduce the total cohort before the end of March 2026.</p> <p>In outpatient services WSFT is performing well regionally and achieving a 73.7% rate for first appointment within 18 weeks.</p>	2 Reasonable	<p>There is a risk of patient harm if patients are not treated in a timely way.</p> <p>Additional theatre sessions, increased use of the independent sector, insourcing, and a sustained focus on productivity have all contributed to the progress that has been made.</p>	<p>Three NHSE funded sprints are underway looking at Waiting list Validation, Outpatients and 52 week waits.</p> <p>The outpatient sprint in quarter 4, has a strong focus on increasing outpatient activity at WSFT, supported by additional in-week and weekend sessions and supplemented by insourcing in specialties such as Breast, Vascular and Dermatology.</p> <p>The Committee will be undertaking a deep dive into waiting list validation at its April meeting.</p>	1 no escalation

Originating Committee: Finance & Performance Committee			Date of meeting: 18 March 2026		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
PAGG/IQPR	<p>Diagnostics</p> <p>Diagnostic performance is demonstrating an improving trend, January DMO1 performance was 71.32%. Weekly performance as at 17/03/2026 was 79.55%.</p> <p>In January WSFT was the most improved Trust and is on target for 86% performance in March.</p>	2 Reasonable	<p>Longer waiting times for diagnosis and treatment have a detrimental effect on patients, as well as delay in achieving the diagnostic 6-week DMO1 compliance standards.</p> <p>The improvements made in diagnostics are the result of a targeted improvement plan, which includes additional capacity from private providers over a range of modalities. The equipment replacement programme is now complete and the time taken for certain scans has been reduced.</p>	<p>MRI and CT performance is expected to return to compliance, while challenges remain in Ultrasound, where ongoing staffing issues continue to limit the ability to utilise CDC capacity. Insourced capacity will therefore be maintained to support service delivery until recruitment improves and the backlog is reduced.</p> <p>DEXA activity is anticipated to return to its recovery trajectory as forecast. In Endoscopy, ongoing insourcing and temporary additional capacity will be required in the interim, with longer term plans addressed through the 2026/27 business planning cycle.</p>	1 No escalation

Originating Committee: Finance & Performance Committee			Date of meeting: 18 March 2026		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk	WHAT NEXT? Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
PAGG/IQPR	<p>Urgent and Emergency Care</p> <p>Against the 4-hour performance standard the Trust achieved 67.92% in January against a trajectory of 72%, reflecting significant operational pressure across Suffolk and North East Essex.</p> <p>There was a steep drop from December for ambulance handovers within 30 minutes, achieving 70.8% against a target of 95%.</p> <p>There was a further increase in the number of 12-hour length of stay breaches from 619 in December to 971 in January – 12.39% of attendances against a target of 4.04%.</p> <p>The IQPR included an analysis of health inequalities against 12-hour waits for the first time.</p>	3 Partial	<p>Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be and being nursed in escalation areas which makes for a poor patient experience.</p> <p>Initial equalities access data shows 12-hour breaches are more likely to be experienced by females and people from other ethnic backgrounds, compared to the Suffolk population. Over 75's experience the greatest proportion of 12-hour waits. Future analysis will look at the profile of ED attendances to further refine understanding of the data and potential action points.</p>	<p>The Urgent and Emergency Care Delivery Group has rationalised its focus to increasing timely discharges and maximising alternative non-admitted pathways, with additional "sprint" actions planned for March.</p> <p>A review of medical and nursing staffing in ED is also being undertaken to ensure appropriate cover is aligned to departmental activity. A continued focus on length of stay reductions to support flow out of ED includes a task and finish group for board rounds/huddles.</p>	1 No escalation

Originating Committee: Finance & Performance Committee			Date of meeting: 18 March 2026		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
Finance Accountability Committee	<p>Month 11 Reporting</p> <p>The Trust has agreed a forecast deficit budget of £17.8m for the year. At month eleven, there is a year-to-date underspend of £2.7m against plan. Income and Expenditure (I&E) for month eleven shows a year-to-date deficit of £16.1m, compared to the planned deficit of £18.8m.</p> <p>The CIP plan is currently on plan at £29.0m YTD.</p> <p>The Trust has been successful in its application for further cash support in receiving £2m in February, and will receive a further £4m in March.</p>	2 Reasonable	<p>The cash support funding received is in line with the Trust's plan</p> <p>The Trust is currently forecasting to be £2.9m ahead of the planned deficit for the year, by year end.</p> <p>The underlying position is important in planning for 2026/27. In M11 the underlying deficit has marginally improved to £1.46m.</p>	<p>The focus is now on delivery of the CIP programme and plans for 206/27 need continued focus – see below</p>	1 No escalation

Originating Committee: Finance & Performance Committee		Date of meeting: 18 March 2026			
Chaired by: Antoinette Jackson		Lead Executive Director: Nicola Cottington/Jonathan Rowell			
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
Cost Improvement Programme (CIP) delivery	<p>The Trust has identified £32.0m/£31.9m of unweighted/weighted CIP opportunities respectively against a full year target of £32.8m. A gap of £0.7m/£0.9m remains when considering the unweighted/weighted CIP position respectively. As at M11, the Trust reported delivery of £29.0m of CIP year to date, against a budgeted plan of £29.0m.</p> <p>Looking forward to 2026/27 the report suggested circa £8m of CIP had been identified for 26/27 against a starting target of £21.9m. The committee expressed concern about this but it became clear that this figure did not yet include full-year effects from 2025/26 schemes, known restructures, pharmacy savings, or several large transformation initiatives, meaning the headline position understated progress.</p>	2 Reasonable	<p>The Committee discussed the tension between ensuring schemes are sufficiently developed and costed before being formally committed to the tracker and the need for earlier inclusion of schemes with indicative or provisional values. It was agreed that incomplete visibility carried a greater risk than early inclusion, as it could precipitate blunt cost-control actions, such as vacancy freezes, later in the year and potentially impact quality unnecessarily.</p> <p>Whilst the programme remains challenging, the Committee took assurance from the level of underlying activity, the improving financial run-rate, and the emphasis on aligning savings delivery with quality, productivity and sustainability.</p>	<p>The Business Planning process will help identify ideas for 2026/27, as well as exploring the full year effect of 2025/26 schemes.</p> <p>CIP governance structures had been strengthened, with programme boards, executive challenge sessions, and gateway processes re-established. The ambition is to have 60% of savings identified by the end of March and 90% by the end of April, in order to protect delivery time.</p>	1 No escalation

Originating Committee: Finance & Performance Committee		Date of meeting: 18 March 2026			
Chaired by: Antoinette Jackson		Lead Executive Director: Nicola Cottington/Jonathan Rowell			
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk	WHAT NEXT? Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
Board assurance Framework (BAF) BAF 7 Finance	<p>An emerging financial risk was highlighted concerning the transition from system-level to regional financial control totals, creating uncertainty around accountability, financial oversight and assurance arrangements. The Committee noted that regional finance capacity and capability were less developed than at system level, increasing the risk of weaker challenge and control.</p>	<p>2 Reasonable</p>	<p>The Committee was assured by progress made against key mitigations, including the development of a three-year medium-term financial plan, clearer deficit trajectories, and strengthening links between financial recovery, productivity and workforce planning. These developments were helping to improve overall financial grip and sustainability.</p> <p>Overall, the Committee took assurance that finance risks were being actively managed, with appropriate controls in place, while noting the need for continued vigilance as regional arrangements continue to evolve.</p>	<p>A number of actions in the BAF were listed as ongoing. Further work is needed on the trajectory to break even in 2027/28 so that the Board can assess whether sufficient progress is being made against plan in year.</p>	<p>2 Escalate to MEG</p>

Originating Committee: Finance & Performance Committee			Date of meeting: 18 March 2026		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
Board assurance Framework (BAF) BAF 6 Estates and Facilities	The Committee noted that risk scores remained unchanged, with updates largely reflecting progress against mitigation actions rather than changes in overall risk exposure.	2 Reasonable	<p>The Committee were assured by the significant work undertaken to address historic estates backlog and business continuity risks, including improved compliance, competency-based training and strengthened governance.</p> <p>The Committee welcomed confirmation of additional national capital funding being secured for estates backlog, but acknowledged that the Trust continues to face pressures from ageing infrastructure, including emerging risks related to drainage and sterilisation systems, which will require ongoing monitoring and prioritisation.</p>	<p>There is a need to transition from a largely reactive, maintenance-focused approach towards greater alignment with the future clinical model and service strategy.</p> <p>This is a developing area and further work is required to ensure estates and facilities planning supports long-term transformation ambitions alongside immediate safety and compliance requirements.</p>	2 Escalate to MEG

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Finance & Performance Committee			Date of meeting: 15 April 2026		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
Agenda item	WHAT? Summary of issue, including evaluation of the validity the data*	Level of Assurance*	For 'Partial' or 'Minimal' level of assurance complete the following:		
		1. Substantial 2. Reasonable 3. Partial 4. Minimal	SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee /MEG 3. Escalate to Board
PAGG/IQPR	Cancer Targets Cancer 28-day Faster Diagnosis Standard performance was 76.1% in January, which was above trajectory and 62-day cancer treatment performance continues to be strong in all tumour sites, at 83.3%. The areas that are under performing against trajectory are still Breast and Urology.	2 Reasonable	Longer waiting times for diagnosis and treatment have a detrimental effect on patients. For Breast the wait to first appointment continues to be an area of concern due to workforce shortages and sickness within the department. Within Urology, high demand and workforce gaps are contributing to the low performance. Performance in Head and Neck, Skin, Gynaecology, Lung and Upper GI have been consistent throughout the year.	The Cancer Alliance is leading an external review of the breast service. Weekend insourced capacity began in February to help reduce the backlog and shorten waits to first appointment. In Urology, work is focused on improving clinic flow, with further improvement expected once the new consultant starts in February 2026. For Lower GI, attention remains on improving scan and reporting turnaround times, which are forecast to strengthen following the return of a radiology consultant from maternity leave. Additional cancer sessions in endoscopy will continue to support improved performance.	1 no escalation

<p>PAGG/IQPR</p>	<p>Elective Recovery</p> <p>Overall RTT compliance continues to improve, with performance of 62.88% in February and remains on track to achieve 64.1% for March 2026 in line with the improved trajectory submitted to NHS England.</p> <p>The volume of patients waiting 65 weeks or more continues to reduce, as does the volume of patients over 52 weeks, whilst this is over the trajectory position, it is reducing month on month. The total waiting list size is also reducing at 31,094 for the end of February.</p>	<p>2 Reasonable</p>	<p>There is a risk of patient harm if patients are not treated in a timely way.</p> <p>Additional theatre sessions, increased use of the independent sector, insourcing, and a sustained focus on productivity have all contributed to the progress that has been made.</p>	<p>Three NHSE funded sprints are underway looking at Waiting list Validation, Outpatients and 52 week waits.</p> <p>The outpatient sprint in quarter 4, has a strong focus on increasing outpatient activity at WSFT, supported by additional in-week and weekend sessions and supplemented by insourcing in specialties such as Breast, Vascular and Dermatology.</p>	<p>1 no escalation</p>
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<p>PAGG/IQPR</p>	<p>Diagnostics</p> <p>We are ahead of the agreed recovery trajectory for 6-week diagnostic performance, with 84.01% of patients in February receiving their tests within six weeks. This is a significant improvement in performance from earlier in the year.</p>	<p>2 Reasonable</p>	<p>Longer waiting times for diagnosis and treatment have a detrimental effect on patients, as well as delay in achieving the diagnostic 6-week DM01 compliance standards.</p> <p>The improvements made in diagnostics are the result of a targeted improvement plan, which includes additional capacity from private providers over a range of modalities. The equipment replacement programme is now complete and the time taken for certain scans has been reduced.</p>	<p>MRI and CT performance is expected to return to compliance, while challenges remain in Ultrasound, where ongoing staffing issues continue to limit the ability to utilise CDC capacity. Insourced capacity will therefore be maintained to support service delivery until recruitment improves and the backlog is reduced.</p> <p>DEXA activity is anticipated to return to its recovery trajectory as forecast. In Endoscopy, ongoing insourcing and temporary additional capacity will be required in the interim, with longer term plans addressed through the 2026/27 business planning cycle.</p>	<p>1 No escalation</p>
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<p>PAGG/IQPR</p>	<p>Urgent and Emergency Care</p> <p>4-hour performance in February achieved 68.17% against a trajectory of 73%. February was a very challenged month, including increased outbreaks of norovirus resulting in closed beds and wards.</p> <p>No significant change was demonstrated for ambulance handovers within 30 minutes, achieving 71% on a target of 95%. There was a decrease in the number of 12-hour length of stay breaches in February, falling from 971 in January to 887 in February.</p> <p>12.28% of all Emergency Department (ED) attendances were 12-hour breaches on a monthly trajectory of 3.68%.</p>	<p>3 Partial</p>	<p>Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be and being nursed in escalation areas which makes for a poor patient experience.</p>	<p>The Urgent and Emergency Care Delivery Group has rationalised its focus to increasing timely discharges and maximising alternative non-admitted pathways, with additional “sprint” actions planned for March.</p> <p>During March, a series of targeted initiatives are being implemented, including allocating a registrar to the twilight minor stream, extending GP hours to midnight, providing extended senior operational support until 10pm and trialling surgical same-day emergency care on Saturdays.</p>	<p>1 No escalation</p>
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<p>Community paediatrics</p>	<p>There is sustained deterioration in waiting times for the paediatric team due to the continued level of demand and reduced capacity within the medical team.</p> <p>Longest waiting times, above 52 weeks, are associated with autism assessments although average waiting times for preschool assessments are also increasing.</p>	<p>3. Partial</p>	<p>Children are waiting longer for autism assessments in the school age pathway.</p> <p>There are increasing waiting times in preschool pathway as the service responds to high demand and the requirement to manage children with complex needs, whilst prioritising clinician time.</p>	<p>This remains an area requiring system-wide focus and transformation and the ICB is recommissioning the neurodevelopmental delay pathway.</p> <p>A full-time agency locum consultant is covering a vacancy in the East team</p> <p>A 0.7wte consultant has been offered a post the West team and starts at the end of March</p>	<p>1. No escalation</p>
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<p>Deep Dive – Validation of RTT waiting lists</p>	<p>Waiting list validation helps ensure Right to Treatment (RTT) pathways are accurate and clinically appropriate. The Committee noted that recent year-end validation sprints, supported by additional internal and external capacity, had delivered significant benefits. A substantial proportion of validated pathways resulted in appropriate RTT clock stops, contributing to reductions in waiting list size and improved RTT performance at year end.</p>	<p>1 Substantial</p>	<p>The validation process has improved reported performance and also strengthened patient safety, pathway oversight and confidence in the data used for operational decision-making.</p>	<p>Plans are in place to strengthen day to day administrative processes, clarify accountability across clinical and non-clinical teams and address cultural barriers to accurate recording. It is also hoped to increase use of automation and analytical tools to support real-time data quality improvements.</p> <p>The Committee agreed that mainstreaming good practice was crucial and this should be raised with MEG. The committee will review progress in a year's time.</p>	<p>2 Escalate to MEG.</p>
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<p>Community contract renewal</p>	<p>The community services contract for Suffolk, valued at c.£101m annually (£51m for WSFT), expires on 27 September 2027. Suffolk and Norfolk ICB have begun early thinking on commissioning options for the next contract cycle, however, no final decision has yet been taken.</p> <p>The Trust has established a Community Contract Renewal Steering Group, which provides strategic oversight of the process and will shape the Trust's approach.</p>	<p>2 Reasonable</p>	<p>The renewal process presents material financial, operational, and strategic risks for the Trust.</p> <p>It also presents a significant opportunity to shape community services for the medium to long term, aligning with national policy direction, the emerging 10-year plan and system priorities, including greater integration with primary care, neighbourhood teams and mental health services.</p>	<p>The Trust needs to remain proactive and influence the process, regardless of the commissioning route. The Trust will seek to inform the ICB's approach whilst developing the Trust's preferred future community model, aligned with the Medium-Term Planning process and the Trust's strategy.</p> <p>The committee will continue to receive regular reports on progress.</p>	<p>1. No escalation</p>
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<p>Finance Accountability Committee</p>	<p>Month 12 Reporting</p> <p>The Committee received an initial report on Month 12 performance. The Trust has an amended deficit budget for the year of £14.8m. This is the result of local funding to enable to system to break even and national deficit support funding- both are one-off sources of funding.</p> <p>The provisional reported income and expenditure for the year suggests the Trust is on plan will break even.</p>	<p>1 Substantial</p>	<p>The Trust has consolidated its position throughout the year and it is likely that the underlying run rate will also have improved once detailed figures are available.</p>	<p>The focus is now on delivery of the CIP programme and plans for 206/27 need continued focus – see below</p>	<p>1 No escalation</p>
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<p>Cost Improvement Programme (CIP) delivery</p>	<p>The Trust has a total CIP target of £29.7m for 26/27.</p> <p>The FYE of 25/26 CIPs have provided £7.8m of this year's target bringing the required CIP target for 26/27 to £21.9m.</p> <p>The Trust has provisionally allocated targets for the required CIP across the respective programme boards. To date, £4.1m of schemes have been formally recorded on the tracker.</p> <p>Whilst acknowledging the work in hand it was hard for the committee to take fuller assurance when the ambition to have 60% of schemes on the tracker by March had not been achieved.</p>	<p>3 Partial</p>	<p>The total CIP target is likely to be impacted positively by the underlying run rate coming out of 2025/26.</p>	<p>CIP governance structures had been strengthened, with programme boards, executive challenge sessions, and gateway processes re-established. The current ambition is to have 90% of schemes on the tracker by the end of April, in order to protect delivery time.</p>	<p>2 Escalate to MEG</p>
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Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence...	Further consideration...
<p>What? </p>	<p>Validity – the degree to which the evidence...</p> <ul style="list-style-type: none"> • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight 	<ul style="list-style-type: none"> • Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!

<p>Deepening understanding of the evidence and ensuring its validity</p>		
<p>So what?</p> <p>Increasing appreciation of the value (importance and impact) – what this means for us</p>	<p>Value – the degree to which the evidence...</p> <ul style="list-style-type: none"> • provides real intelligence and clarity to board understanding • provides insight that supports good quality decision making • supports effective assurance, provides strategic options and/or deeper awareness of culture 	<ul style="list-style-type: none"> • What is most significant to explore further? • What will take us from good to great if we focus on it? • What are we curious about? • What needs sharpening that might be slipping?
<p>What next?</p> <p>Exploring what should be done next (or not), informing future tactic / strategy, agreeing follow-up and future evidence of impact</p>		<ul style="list-style-type: none"> • Recommendations for action • What impact are we intending to have and how will we know we've achieved it? • How will we hold ourselves accountable?

Assurance level

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

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight

Meeting date: 18 March 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 paper were available for review a few days before the meeting.
- Excellent papers, easy to follow and understand any issues.
-
- *The meeting ran very well continuing to use a format of papers assumed to be read and then questions rather than wasting time reading points from the paper before discussions.*

Assurances

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

- *The meeting was very well organised and run by the chair, the meeting finished earlier than planned. All agenda items discussed and reviewed with comments and ideas taken away.*
- *CIP – in line with plans for this financial year and plan being confirmed for 2026/27.*
- *IPQR – improving in all areas*
- *Plans for 2026/27 submitted and how NEDs could help supporting the plan.*

- *EPRR – improved over last year, assurances required every year.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Finance and Performance

Meeting date: March 18th 2026

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

- Full agenda

Meeting conduct

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

- General reflection on meeting rather than volunteer
- Thoughtful chairing, all made welcome, introductions as appropriate. If only committee members would project their voices or microphones could be used!

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.

- Positive news on finance in that on course for agreed deficit and monthly run rate goal.
- An analysis of health inequalities against 12 hour waits was included in the IQPR, Governors have access to the IQPR via Board papers. 12 hour waits are most likely to be experienced by over 75s, females and people from other ethnic backgrounds. Lots of questions and further work generated by this data.
- There is now an appendix to the IQPR entitled "Understanding Making Data Count (MDC)" this is a useful tool for interpreting the data we might read. I recommend Governors have a look at this section.

- The dermatology service remains under pressure and current reliance on extra contractual hours was stated as unsustainable. The committee was informed that system wide transformation was required long term. Detailed data and papers outlining the problem, progress and recommendations were presented to the committee. Governors hear a lot about left shift and I thought the across system collaboration described in the paper illustrated this move really well.

Notes

Feedback from assurance committees: Governor observer report

Board assurance committee: Finance and Performance

Meeting date: April 15th 2026

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

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

- Agenda items fall into clear sections in line with the Trust Strategy ambitions: high quality care, joined up services, responsible with resources, empowered to improve and fit for tomorrow
- The Chief Information Officer is now a member of the committee

Meeting conduct

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

- Chair as always conducts the meeting in line with Trust values, introduces visiting speakers and on this occasion the new University appointed NED who was attending for the first time

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.

- **Early** data appears to show inequalities in over 75s' and predominantly elderly women's access to care in that they make up the majority of over 12 hour waits in ED . More time to collect data is required and analysis to be brought back in July.
- Really interesting Referral to Treatment (RTT) Validation Overview paper presented. The committee was informed that inaccurate or absent data in the patient pathway, or missing outcome, is a problem. It was stated that clinicians are accountable and need to be held accountable for maintaining records accurately but this is not always happening and is a patient safety issue. Recent Trust communication via Facebook listed the number of appointments missed by patients, I wondered how missed appointments were managed in the validation process.
- Good news financially in that the target deficit looks to have been met, due to efforts of all trust staff

Notes

- A question was asked about the virtual ward. There was under use and subsequent disinvestment discussed at a previous meeting. Transfer to this was further impeded by norovirus; a consultant post is being recruited to.
- For improved understanding of operational performance, and therefore patients access to care, Governors have access to the full IQPR in Board and CoG papers. There is further health inequality data to read and a very easy to understand 3 page guide to “making data count” understanding the charts.
- Some patients requiring eye treatment/surgery will be seen as private patients on site. It is a statutory duty of Governors to seek assurance that non NHS work will not disadvantage NHS patients in any way. We are not able to do this unless we are informed so we can ask for appropriate assurance..

Feedback from assurance committees: Governor observer report

Board assurance committee: Finance and Performance (formerly Insight)

Meeting date: 15 April 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 new style IQPR will be revised further next month to concentrate on enhanced data and no covering written report.
- The IQPR discussion included;
- A) Health inequalities data with regard 12 hour breaches in ED indicated higher numbers of older patients were waiting longer (but that could be because those individuals were waiting for beds rather than being discharged home).
- B) Diagnostic performance
- C) Virtual Ward usage
- Deep dive into waiting list / RTT Validation
- Year end Financial Report
- The approach to the renewal of the community services was discussed

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 probing questions in order to facilitate good understanding of the subjects discussed
- Good time-keeping

Assurance

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

- The Committee had good level of assurance with regard to the end of year financial recovery situation and the positive way forward for 2026 / 27
- High level of assurance due to significantly higher performance of diagnostic services, therefore, improving RTT times and patient progress
- Low level of assurance around the processes around the validation data. The report highlighted the complexities of the system and the scope for errors. This is part of patient treatment records so better understanding and use of the system is required by clinical staff who are responsible for the input of patient information

Governor observer Notes

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

- AJ advised the committee the three Chairs of the Assurance Committees will be meeting soon to discuss how their CKI reports are written to ensure the information will be presented consistently.
- The meeting was well Chaired with all attendees being able to contribute and offer their thoughts and opinions on all the agenda items
- The Committee agreed the validation report should be shared more widely with clinicians in order to highlight inconsistencies and how to improve more accurate inputs

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 (formerly known as the Improvement Committee)			Date of meeting: 18 March 2026		
Chaired by: Dr Paul Zollinger-Read			Lead Executive Director: Dan Spooner – Executive Chief Nurse / Dr Richard Goodwin – Executive Medical Director		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
6.2.2	Antimicrobial resistance - 44% of ABs prescribed are narrow spectrum; National target 70%. There has also been a sustained reduction in proportional access antibiotic use since 2022 putting WSH in bottom quartile of NHS Trusts.	3	Use of brand spectrum antibiotics in preference to narrow spectrum can lead to the increasing development of antibiotic resistance.	Exec to consider implications of paper and report back to committee with an analysis of the issues and solutions.	1. No escalation
5.2	Violence and aggression against staff. Discussion had around appropriate oversight of such incidents other than the 'unacceptable behaviour group'. Is this adequate oversight for sub board committees	2.	Violence and aggression have a significant impact on NHS staff wellbeing, safety and retention. Exposure to physical assaults, verbal abuse and threats is strongly associated with anxiety, burnout, sickness absence and reduced job satisfaction.	Exec team to consider oversight options for incidents and output of 'unacceptable behaviour group'. Possible referral to People and Organisational Development sub board.	3.
	Clinical effectiveness covered by January's CKIs				1.

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Quality & Patient Safety Committee			Date of meeting: 15 April 2026		
Chaired by: Dr Paul Zollinger-Read			Lead Executive Director: Dan Spooner – Executive Chief Nurse / Dr Richard Goodwin – Executive Medical Director		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
7.3	Following review of reporting groups. Medication safety group now reports directly into QDG. This is a positive step for better oversight of meds safety. The first iteration illustrated minimal assurance in two domains and assurance and 5 with partial assurance	3	Medicines are one of the most commonly used treatments and one of the greatest sources of preventable harm; errors can occur at any stage of prescribing, dispensing, administration, or monitoring and may result in serious patient harm, avoidable deaths, regulatory action, and significant legal and reputational risk.	Report in 2/12 detailing relevant action plan to support all items to at least reasonable assurance.	1
6.2	Following review of reporting groups IPC committee reports directly to QPS. Year report illustrated Cdiff and eColi infections above trajectory. Cdiff 82 against trajectory of 81	3	HCAI will feature heavily in the NOF because they cause preventable patient harm, increase mortality, prolong hospital stays, and place significant pressure on staff, capacity, and healthcare resources.	<ul style="list-style-type: none"> • Gloves off campaign drive May 26 • AMS prescribing rates continue to be monitored through IPCC • Update on hand hygiene compliance across professional groups in 3 months 	1

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Feedback from assurance committees: Governor observer report

Board assurance committee Quality and Patient Safety

Meeting date: 18th March 2026

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

First meeting since January. Decision made to keep meetings monthly due to workload.

Meeting conduct

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

- Professional. Chair gives clear directions on devolved responsibility and timescales in bringing items back.
- Full agenda but finished on time. Brief general reflection.

Assurance

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

- Governors will have heard already that there is an issue with drug storage at the bedside (absent, broken lockers and lost keys), in some clinical areas, this seems to have been ongoing for a long while with no immediate resolution. There is not a common standard across clinical areas. Work continues with pharmacy, finance and estates (asbestos in walls makes fixing new cupboards difficult).
- Lots of work on the clinical risk register. If risk is not managed effectively then the Trust could be in breach of regulations. It would be helpful for Governors to have a development session on understanding risk and also the BAF. We frequently encounter papers on each at various meetings. There are also changes to organisational governance in progress, when completed, it would be useful for Governors to be updated.

- ToRs for the Committee were reviewed. Given the critique/feedback provided by a Chair of an assurance committee, when she was the only NED present, I was curious to read that the committee would be quorate with only one NED present.
- Governors have previously raised concerns re PALS staffing and the adverse experience of patients/carers, the target for resolving PALS cases within one week is 75%, this has not been achieved since Feb 25. Recruitment to the team is now in progress.

Notes

Very long agenda generating complex discussions by the committee. It is difficult to pick out items, which would inform other Governors and which are not in the Chair's CKIs. Hopefully, Governors will have opportunity to gain assurance from the Chair of this meeting when he attends a Council of Governors' meeting.

Feedback from assurance committees: Governor observer report

Board assurance committee: Quality & Patient Safety Committee (formerly known as the Improvement Committee)

Meeting date: 18th March, 2026

Governor observer (observed by): Sue Kingston

<p>Agenda: scope and coverage</p> <p><i>Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place</i></p>
<ul style="list-style-type: none"> • Antimicrobial Resistance Presentation • CEGG • Patient Experience & Engagement Update
<p>Meeting conduct</p> <p><i>Any issues to highlight in terms of how the meeting was conducted or behaviours</i></p>
<ul style="list-style-type: none"> • Good level of challenges to obtain understanding and clarification. • Engagement was focused and open discussions followed. • Clear actions sought by the Chair. • Meeting was polite and respectful. • Good time keeping by the Chair despite large agenda.
<p>Assurances</p>

- Very interesting presentation on antimicrobial resistance because of Governments 5-year action plan and the risk that it poses if not tackled. A National action plan for trusts is in place with key targets. Gaps in assurance are shown as, inadequate pharmacy workforce to support AMS activity. No long-term plan for local IPC surveillance. No formal process for executive level oversight. No designated data analyst support.
- CEGG Report still showing significant areas of concern regarding assurance. Many issues are coming from the CEGG itself and a lack of engagement and attendance resulting in a complete re-organisation of the group in late 2025. The group is now in the process of rebuilding, which will hopefully lead to an accountable attendance structure able to oversee clinical effectiveness and gain reassurance to the board.
- The Patient Experience update was informative and detailed. Gave reassurance in four key focus areas for which on going progress is being made. Significant progress has been made with the use of AI across PALS and feedback functions. This has helped increase effectiveness with presenting and analysing data.

Governor observer Notes

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

The Chair gave reflections on the meeting. Which he felt was good and engaging. Once again, the Chair raised that he feels many items come back again month after month to the table and have still not shown assurance to the committee and he wants to see a positive drive to get these actioned and sorted.

Feedback from assurance committees: Governor observer report

Board assurance committee Quality and Patient Safety

Meeting date: April 15th 2026

Governor observer (observed by): Jane Skinner

<p>Agenda: scope and coverage</p> <p><i>Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place</i></p>
<p>The agenda has been developed to include time allocated for each item, which fall into the following sections: Items for approval, Items for assurance, Reports from clinical services, Quality performance/KPIs and Items for information i.e. Trust Strategy</p> <p>The committee welcomed new members: Director of Midwifery, Chief Information Officer, new University appointed NED (observed for part meeting as he was on his induction day)</p>
<p>Meeting conduct</p> <p><i>Any issues to highlight in terms of how the meeting was conducted or behaviours</i></p>
<ul style="list-style-type: none"> • Good time keeping, rich discussion, general reflection, feedback was asked for one of the guest presenters. • Chair maintained focus on assurance, gave clear directions on who was to take an action away and when feedback was expected, welcoming and gave thanks/appreciation to those presenting.
<p>Assurance</p> <p><i>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.</i></p>
<ul style="list-style-type: none"> • Governors have raised concerns to the NEDs re patients waiting many hours in the ED waiting areas for a bed to be available. They sit on wheelchairs or waiting room chairs and Governors have heard of, and in one case experienced, lack of fluid/nutrition, blankets, pillows, privacy, observations. A paper was presented to the Committee on use of Temporary Escalation Spaces (TES) however, ED waiting room chairs are not included as a TES. This paper provided assurance on

the use of these spaces but not on the care of fit to sit in a waiting room patients. Work is to be brought back to a future meeting.

- Governors also asked NEDs about clinical area hygiene standards/audits (some displayed in clinical areas are scored quite low) and infection control. The infection control lead nurse, who is to be a regular presenter, will bring back work on improvements to hand hygiene. There was a lot of discussion on the subject and around the non-compliance of some staff.
- Problems around bedside storage of medication persist
- Work ongoing to improve assurance on clinical effectiveness in terms of audit completion/ownership and updating guidelines.
- Much work on clinical risk rescoring, as clear understanding of the highest risks for the organisation is needed.

Notes

Governors should be updated on top risks so that appropriate assurance can be sought.

9.3. People & Organisational Development Committee (previously Involvement)

To Note

Presented by Heather Hancock

COMMITTEE/SUBGROUPS REPORT



Originating Committee: People & Organisational Development		Reporting to: Council of Governors Meeting			
Chaired by: Alison Wigg Non-executive Director		Date of meeting: 15 th April 2026			
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To MEG / other assurance committee 3. To Board
3.0	Matters Arising	2. Reasonable			
4.0	Recent announcements affecting workforce	2. Reasonable	Julie Hull shared insights on the National Transforming People Services (TPS) programme and implications for West Suffolk and updated on the impact of recent Industrial Action by resident doctors.	CPO will bring further updates to this Committee	
5.1	Staff Story	2. Reasonable	Kelly Somerset shared her experience of working for the Trust and within Community frailty services.	Increased awareness of the definition of frailty, current care pathways and need for a preventative approach.	
5.2	Staff Survey Results 2025	2. Reasonable	Scores have improved overall from a very low base.	Monitoring progress against agreed actions.	
6.1	Instances of Unacceptable behaviour sanctions for patients and visitors following abuse of staff.	3. Partial	Neil Jackson presented a report on unacceptable behaviour sanctions. This work supports the continued emphasis on a culture of response and accountability. The committee	One action to improve the breakdown of the report by protected characteristic. One action to understand the level of support for the victims in these cases,	1. No escalation

Originating Committee: People & Organisational Development			Reporting to: Council of Governors Meeting		
Chaired by: Alison Wigg Non-executive Director			Date of meeting: 15 th April 2026		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To MEG / other assurance committee 3. To Board
			requested some enhancements to the report to understand the support for victims and greater visibility of any trends regarding protected characteristics.		
6.2	Basic Life Support Compliance	3.0 Partial	As a trust we are at 80% compliance for clinical staff. There are mitigation actions in place.	Action to include mandatory training and compliance during appraisal discussions.	1. No escalation
6.3	Collaboration BAF	2.0 Reasonable	Good progress made on the BAF	Action to discuss the risk with other system partners.	
6.4	Nursing Profile Update		Lou Bland attended the meeting to give the update. West Suffolk is progressing at a similar place to other trusts. Potential financial risk that may need to be monitored through MEG	Financial risk to be monitored through MEG.	2. To MEG
8.1	Implementation of MaLD (Management & Leadership Development) at WSFT	2.0 Reasonable	Update on implementation of MaLD against objectives.	To review impact of the offer on manager performance	
8.2	Communications & Engagement Enabling Strategy	2.0 Reasonable	Greg Bowker presented the Comms & Eng strategy.	Actions on Stakeholder engagement and adding coms around high quality care into year one.	

Originating Committee: People & Organisational Development			Reporting to: Council of Governors Meeting		
Chaired by: Alison Wigg Non-executive Director			Date of meeting: 15th April 2026		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To MEG / other assurance committee 3. To Board
9.1	Items for Information IQPR extract		Items for information received for information		

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence...	Further consideration...
 <p>What?</p> <p>Deepening understanding of the evidence and ensuring its validity.</p>	<p>Validity – the degree to which the evidence...</p> <ul style="list-style-type: none"> measures what it says it measures. comes from a reliable source with sound/proven methodology. adds to triangulated insight 	<ul style="list-style-type: none"> Good data without a strong narrative is unconvincing. A strong narrative without good data is dangerous!
 <p>So what?</p> <p>Increasing appreciation of the value (importance and impact) – what this means for us</p>	<p>Value – the degree to which the evidence...</p> <ul style="list-style-type: none"> provides real intelligence and clarity to board understanding. provides insight that supports good quality decision making. supports effective assurance, provides strategic options and/or deeper awareness of culture 	<ul style="list-style-type: none"> What is most significant to explore further? What will take us from good to great if we focus on it? What are we curious about? What needs sharpening that might be slipping?

<p>What next?</p> <p>Exploring what should be done next (or not), informing future tactic / strategy, agreeing follow-up and future evidence of impact</p>		<ul style="list-style-type: none">• Recommendations for action• What impact are we intending to have and how will we know we've achieved it?• How will we hold ourselves accountable?
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Feedback from assurance committees: Governor observer report

Board assurance committee:

Finance & Performance (Insight)/Quality & Patient Safety (Improvement)/**People & Organisational Development** (Involvement)

Meeting date: 15th April 2026

Governor observer (observed by): **Becky Poynter**

Agenda: scope and coverage

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

The papers provided were relevant to the committee's remit, and NEDs benefited from contributions by numerous executive and hospital colleagues. Members received comprehensive information on various subjects, including an overview of Transforming People Services and the progress achieved at WSHT, an update regarding recent Industrial Action and its effects on patients and staff, results from the staff survey, a briefing on the unacceptable behaviour panel, compliance matters, updates on people policies, and the communication and engagement strategy. The inclusion of the staff story agenda item continues to enhance the meeting, with discussion following the presentation from a physiotherapist specialising in frailty, exemplifying the commitment of NEDs and the executive to use direct experience to inform strategic thinking.

Meeting conduct

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

The new Chair wasn't present, but the meeting was chaired effectively by Alison Wigg. As usual the meeting was conducted professionally and courteously.

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 discussions aimed to provide reassurance in several key areas: ongoing attention to protected characteristics, staff support and wellbeing, effective communication, and managing expectations. Members acknowledged progress shown in parts of the staff survey but also pointed out areas where further improvements were needed. These could potentially be addressed by some of the strategies currently being developed.

Governor observer Notes

The information presented was consistent, creating a unified and comprehensive approach to both people and organisational strategies.

9.4. Digital & Data Assurance Committee

To Note

Presented by Alison Wigg

Board assurance committee - Committee Key Issues (CKI) report Public (open) Trust board report

Originating Committee: Digital and data assurance committee			Date of meeting: 30 April 2026		
Chaired by: Alison Wigg, Non-Executive Director			Lead Executive Director: Nicola Cottington		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation for action: 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
7.4	Technical Infrastructure Risk	Reasonable	The committee recognised the importance of managing older technical infrastructure and plans to remove it. It is a vital stepping stone to future work.		
8.2	Terms of Reference for Digital & Data Programme Board.	Substantial	Terms of Reference approved.		
9.1	Digital & Data Programme Board Report	Reasonable	First programme board report to the assurance committee.	Enhance programme board reporting with high level metrics on delivery and benefits.	
	Delivering on our Strategy	Reasonable			

Originating Committee: Digital and data assurance committee			Date of meeting: 30 April 2026		
Chaired by: Alison Wigg, Non-Executive Director			Lead Executive Director: Nicola Cottington		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation for action: 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
	Future System Programme Digital update	Reasonable			
7.3	Data and BI report	Partial	Huge demand for analytics and data reports. 75 projects ongoing in this area. Moving towards tools to help people generate the reports they want from the data.	Strategic metrics in this area will be overseen by the programme board and selected higher level measures to be reported to this committee.	No escalation
10.1	Digital Inclusion and accessibility	Reasonable	Presentation by Maximilian Clark (Thinklusive) on comms and technology to be more inclusive. Impactful presentation to help set standards and guide thinking for future work.	Think how we can apply this thinking more widely in the trust. Bring draft digital inclusion and accessibility policy to a future committee.	
10.2	Horizon Scanning	Reasonable	Feedback of community based trial on use of Ambient Voice Technology (AVT) to help automatically generate clinical	The initial feedback has been positive with a couple of different technology options being trialled. Looking forward to a full report	

Originating Committee: Digital and data assurance committee			Date of meeting: 30 April 2026		
Chaired by: Alison Wigg, Non-Executive Director			Lead Executive Director: Nicola Cottington		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation for action: 1. No escalation, reporting for information 2. To other assurance committee / SLT 3. Escalate to Board
			documentation during consultations.	once the trial has been evaluated.	

Assurance level

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

9.5. Audit & Risk Committee

To Note

Presented by Antoinette Jackson and Paul Bunn

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Audit Committee			Date of meeting: 17 March 2026		
Chaired by: Michael Parsons			Lead Executive Director: Jonathan Rowell		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / MEG 3. Escalate to Board
Internal Audit (RSM)	Update on delivery of internal audit plan 2025/26 and implementation of recommendations. Approval of Internal Audit Plan for 2026/27.	Partial	<p>Discussed the 3 reports issued since the last meeting:</p> <ul style="list-style-type: none"> Decentralised Finance Processes: partial assurance Payroll and Organisational Change Policy: reasonable assurance Key Financial Controls – Treasury Management: substantial assurance <p>The Committee welcomed the reported effectiveness of Treasury Management and commented on the payroll and organisational change findings (see later for workforce assurance and pay integrity programme), but the Committee was concerned</p>	Executive to continue to address audit actions in a timely way.	<p>2. Relevant Assurance Committee to consider negative assurance report on Decentralised Finance Processes (partial).</p> <p>2. MEG to continue to progress outstanding actions.</p>

Originating Committee: Audit Committee			Date of meeting: 17 March 2026		
Chaired by: Michael Parsons			Lead Executive Director: Jonathan Rowell		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / MEG 3. Escalate to Board
			<p>about the issues identified in relation to decentralised finance processes. The importance of skills development for the Finance Team and for Budget Holders was stressed – especially with the significant changes coming this year in relation to finance processes.</p> <p>A multi-year schedule of audit coverage was presented which gave a helpful overview of audits in recent years and when the topics might next be reviewed. With this as context, the Internal Audit Plan for 2026/27 was agreed.</p>		
Counter Fraud (RSM)	<p>Progress report.</p> <p>Approval of Counter Fraud Workplan for 2026/27.</p>	Substantial	<p>Continuing good engagement on counter fraud across WSFT.</p> <p>2026/27 Workplan approved.</p>		1. No escalation required.

Originating Committee: Audit Committee			Date of meeting: 17 March 2026		
Chaired by: Michael Parsons			Lead Executive Director: Jonathan Rowell		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / MEG 3. Escalate to Board
Establishment Control & Payroll	Deep dive into workforce assurance and pay integrity programme.	Reasonable	Welcomed the comprehensive review and the analysis of current situation. The review has the potential to deliver significant transformation and much improved assurance.	Will return to AC in due course.	1. No escalation required.
Annual Governance Statement	Review of significant internal control issues.	Reasonable	Agreed the significant internal control issues for inclusion in the AGS would remain as for 2024/25 (with updated wording).	Annual Report & Accounts to be presented to next meeting.	1. No escalation required.
Code of Governance	Self-assessment for 2026.	Reasonable	Agreed the self-assessment, with some minor changes.		1. No escalation required.
Committee Terms of Reference	Review of Audit Committee ToR.	Substantial	Agreed to recommend minor changes; and proposed changing name to "Audit & Risk Assurance Committee (ARAC)" to better reflect current remit.	For Board to consider/approve.	3. Escalate to Board

Originating Committee: Audit Committee			Date of meeting: 17 March 2026		
Chaired by: Michael Parsons			Lead Executive Director: Jonathan Rowell		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / MEG 3. Escalate to Board
Year-end matters	External Audit plan. Year-end consideration of significant accounting estimates and other matters. Progress with External Audit recommendations from previous years.	Substantial	External Auditors (EY) presented workplan and were very positive about early engagement with WSFT Finance. Committee had no concerns about any of the standard year-end matters. Update on previous years' recommendations showed all had been addressed.	Annual Report & Accounts to be presented to next meeting.	1. No escalation required.

**See guidance notes for more detail*

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

10. Nominations Committee Report - no meeting since February 2026

For Discussion

Presented by Jude Chin

11. Membership and Engagement Committee Report

To receive the report from the
Membership & Engagement Committee

To Note

Presented by Sarah Hanratty

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Membership and Engagement Committee report

Date of the meeting: 19 May 2026

Agenda item: 10

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

Executive summary

What?

The report summarises the discussions that took place at the Membership and Engagement Committee meeting on 29 April 2026.

So what?

Summary/Highlights

In the meeting on 29 April, the Committee focused on the following key areas:

- The Committee received an update on the **Governor Election Plan 2026**, noting the proposed election timetable and considering a range of engagement activities to encourage interest in standing for election. Discussion focused on approaches to secure nominations, including holding a 'Medicine for Members' event during the summer, linking election promotion with existing engagement activity such as future system work, charity events, recruitment and system partner initiatives. The Committee also discussed the value of hosting structured drop-in sessions within the membership area for members seeking further information about the Governor role, alongside targeted outreach to underrepresented groups through established links with the Patient Experience team, VOICE, and attendance at relevant forums and events. The Communications team will be asked to support this work through media coverage of the elections and the opportunity to stand. In addition, the Committee noted the recommendations from the Standards Committee, including the recommendation to continue with elections as normal, and agreed to request key messaging and a Q&A from Communications team to support Council in explaining, to the public and members, potential longer-term changes to the Council of Governors, including possible restructuring or removal, in light of NHS 10 Year Plan.
- The Council of Governors noted the update on the **Membership and Engagement Strategy Development Plan**, which supports delivery of the strategy. The Committee discussed progress across the phased actions, with particular focus on Phase III activities in 2026 to ensure engagement activity is well aligned with the forthcoming Governor elections. Members emphasised the importance of moving from planning to delivery, strengthening reach to underrepresented groups, and using a flexible mix of digital and face to face engagement. Discussion covered the use of the Trust website, social media, QR based materials, partnership events, alongside opportunities to learn from other organisations' election approaches. The Committee agreed that actions should continue to be refined with Communications and Patient Experience input, with a clear focus on impactful engagement and encouraging applications ahead of the 2026 elections. The Committee also noted Governors' case studies and discussed how these real-life examples could be better

shared to demonstrate where Governor presence and feedback have made a difference, with the aim to help others better understand the Governor role and its value.

- The Committee received an update on **patient engagement activities**, including survey feedback, **VOICE**, and work to improve inclusivity and experience. The Committee noted the value of qualitative survey comments and supported ongoing pilot work to help wards better analyse feedback and identify meaningful improvements. Progress was highlighted in Friends and Family Test feedback through the reintroduction of patient survey volunteers, continued use of patient stories at Trust committees and Board, and the development of communication packs to support patient engagement on wards. Updates were also provided on Patient Voice Partner, digital inclusion, and equality initiatives, including the Reasonable Adjustments Quality Improvement Programme and collaborative work with Public Health. The Committee welcomed the work being undertaken with Deaf and other communities, acknowledged ongoing work to strengthen resources, and encouraged continued momentum to embed patient voice and engagement across the organisation.
- The Committee received and noted the report from **governor activities and engagement, including 15 steps visits and area observations**, which highlighted many positives across staff attitude, leadership visibility, patient safety and care. Patients consistently reported feeling safe, respected and well looked after, and staff were described as warm and approachable. The Committee also noted some recurring themes requiring attention, including staffing pressures linked to redeployment, estates and maintenance issues, storage constraints and IT. The Committee welcomed the use of thematic feedback from the visits and supported proposals to broaden the 15 steps approach, including more structured engagement to capture what teams are proud of, barriers they face, and areas for improvement. The Governor activities coversheet is included for oversight for the CoG (**Annex 1**) and includes five 15-steps visits, two area observation, one environmental walkabout and two Courtyard Café engagement session. Key themes from the activity analysis were confirmed and will be considered through the Trust’s Experience of Care and Engagement Committee.
- The Committee noted the forward plan and discussed opportunities for governors to participate in upcoming events and engagement activities.
- The Committee considered the Membership and Engagement Committee **Terms of Reference (Annex 2)** as part of periodical review and proposed no changes. The Council of Governors is asked to approve the draft. (**FOR APPROVAL**)

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 29 April 2026
- approve the Committee terms of reference
- participate in upcoming events and engagement activities to support Governor Elections 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: 8

Sponsor/Executive lead: Paul Bunn, Acting 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
- Empowered to improve
- Fit for tomorrow
- Joined up services
- Responsible with resources

Executive summary

What?

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

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

- 29 October 2025: G5 & Endoscopy by Anna Conochie (Public Governor), Jane Skinner (Public Governor) and Paul Zollinger-Read (Non-executive director).
- 26 November 2025: Rosemary Ward, Newmarket APU & Theatres by Jane Skinner (Public Governor), Jayne Neal (Public Governor) and Richard Flatman (Non-executive director).
- 10 December 2025: G8 & F4 by Jane Skinner (Public Governor), Sue Kingston (Partner Governor) and Antoinette Jackson, (Non-executive director)
- 25 February 2026: Diabetes Centre & Mortuary by David Slater, (Public Governor), Jayne Neal, (Public Governor) and Anna Clapton, (Staff Governor)
- 25 March 2026: G3 & F9 by Clare Rose, (Public Governor) and Jude Chin, (Chair).

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

- 10 November 2025: Pain & DVT Clinic by Jane Skinner (Public Governor)
- 10 March 2026: Breast Screening by Anna Conochie (Public Governor)

Environmental reviews led by Estates and Facilities (Annex C)

- 11 November 2025: Radiology & CT by Jane Skinner (Public Governor)
- Dates for 2026 awaited

Courtyard Café led by FT office team (Annex D)

- 20 November 2025: Sarah Hanratty (Public Governor) and Val Dutton (Public Governor)
- 3 March 2026: 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:

- Staff warm, friendly and approachable.
- Patients report feeling safe, well looked after and respected.
- Visible leadership.
- Concerns expressed by staff at frequent episodes of redeployment and staffing gaps.
- Estates issues, e.g. faulty taps, toilets and flooring.
- Equipment – necessity to share equipment, WIFI reliability issues and missing keys for drug cupboards.
- Limited storage, leading to clutter in some areas.

Area observations:

- Changing Room Signage
- Transport access

Environment Review:

- Estate
- Cleanliness

Courtyard Café

- Staff friendly and helpful
- Parking an issue

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

COUNCIL OF GOVERNORS' MEMBERSHIP AND ENGAGEMENT COMMITTEE

Report information

Report title: Membership and Engagement Committee Terms of Reference

Date of the meeting: 29 April 2026

Agenda item: 9

Sponsor/Executive lead: Paul Bunn, Acting Trust Secretary

Report prepared by: 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?

As part of periodical review, the Committee terms of reference are presented for discussion and agreement. No changes are made to the draft.

So what?

The Committee is asked to review to the terms of reference to make a recommendation to the council of governors for approval in the next meeting.

What next?

After approval by the council, the Membership and Engagement Committee functions in accordance with the revised terms of reference.

Action required:

The Membership and Engagement Committee is asked to **review** the terms of reference and **endorse** the terms of reference to the council for approval.

Governance and compliance

Risk and assurance: If we do not review terms of reference annually, then the terms of reference may not reflect current best practice relating to the governance and may contain duties which are no longer relevant to the organisation.

Equality, diversity and inclusion: Ensures that all committee activities support an inclusive culture and consider the impact on equality, diversity and inclusion

Sustainability: Promotes sustainable practices

Legal and regulatory context: NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

WSFT Council of Governors' Membership and Engagement Committee Terms of Reference

1. Purpose of the Committee

The Membership and Engagement Committee (the Committee) is constituted as a sub-committee of the Council of Governors (the "CoG") of West Suffolk NHS Foundation Trust (the "Trust"). The constitution and terms of reference of the Committee are subject to amendment by the CoG, to which it remains accountable.

The Committee shall embody the principles of the NHS Constitution and the Trust's FIRST values, at all times. The purpose of the Committee is to support Governors in fulfilling their statutory duty to represent the interests of the members of the foundation trust and the public.

- 1.1 Build and maintain an active membership.
- 1.2 Ensure our membership is representative of the community we serve.
- 1.3 Sustain, review and improve communication with our members and the public to keep them informed through engaging communications that reflect their interests.
- 1.4 Promote the work of the Trust's Governors, as representatives of our members and the public.
- 1.5 Sustain, review and improve engagement activities with our members and the public.
- 1.6 Ensure effective mechanisms are in place to capture feedback from members, patients and public.
- 1.7 Use feedback mechanisms to enable Governors to canvass the opinion of members and the public on the Trust's forward plan, including its objectives, priorities and strategy.

2. Level of Authority

- 2.1 The Membership and Engagement Committee is accountable to the Council of Governors to deliver its key duties and responsibilities. The Committee will have an authority to establish working groups reporting to it. They shall remain accountable to the Committee for the work of any group reporting to it.
- 2.2 The Committee has authority to make processes and procedures which fall within its terms of reference.

3. Duties and responsibilities

- 3.1 The Membership and Engagement Committee shall undertake the following, making recommendations for any changes or action to the Council of Governors:
 - To develop membership and engagement strategy
 - The Committee will undertake a key role in leading and managing the implementation of this strategy and its future development.
 - to deliver the responsibilities of the strategy for the Council of Governors i.e. reporting plans and findings to the Council
 - to monitor on behalf of the Council of Governors and report progress on implementation, evaluating success and impact

- Any other relevant matter as may arise from time to time.

4. Membership

- 4.1 The Membership and Engagement Committee will have a membership of at least 6 governors, including the lead governor and a staff governor.
- 4.2 The Committee will elect one of its members as Chair.
- 4.3 Additional members may be co-opted to the Committee as necessary.
- 4.4 Representatives from the Trust may also be in attendance at meetings, including the Trust Secretary, representative from communications team, foundation trust office manager, representative from patient experience and engagement or future systems programme teams, head of fundraising and others as required.

5. Quorum

- 5.1 The number of members required for a quorum shall be three governors.
- 5.2 Deputies appointed by the governors from the council of governors will be counted for the purposes of the quorum.
- 5.3 Virtual attendance will count towards the quorum.

6. Frequency of meetings

- 6.1 Meetings will normally be held no more than quarterly. Additional meetings or workshops may be held as required.

7. Sub Committees

- 7.1 The Committee shall have the ability to establish working groups as and when required, with ultimate discretion to disband such groups, in accordance with this provision.

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

- 8.1 The Committee shall be supported by the Foundation Trust Office.
- 8.2 The minutes of the Committee meetings shall be formally recorded and submitted to the next meeting of the Membership and Engagement Committee.
- 8.3 Minutes will be prepared after each meeting of the Committee and once confirmed by the chair of the committee, to be circulated to members of the Committee and others as necessary, in sufficient time to support the working of the Committee.

9. Accountability and reporting arrangements

- 9.1 The Membership and Engagement Committee will be accountable to the Council of Governors.
- 9.2 The Committee will report to meetings of the Council of Governors on its activities. The Committee Chair shall provide a report to the Council of Governors after each meeting to outline areas of key discussion and any actions taken or issues for escalation.

10. Monitoring effectiveness and compliance with terms of reference

10.1 The Committee shall carry out a two-yearly review of its effectiveness against its terms of reference.

11. Ratification of terms of reference and review arrangements

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

Date approved by the Membership and Engagement Committee:

Date approved by the Council of Governors:

Next review date: April 2027

12. Standards Committee Report

(enclosed)

To receive a report from the Standards
Committee

For Discussion

Presented by Jude Chin

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Standards Committee report

Date of the meeting: 19 May 2026

Agenda item: 12

Sponsor/Executive lead: Jude Chin, Trust Chair

Report prepared by: Paul Bunn, Acting Trust Secretary, 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?

The report summarises discussions at the Standards Committee of the Council of Governors meeting held on 21 April 2026. The Committee focussed on the following key areas:

- Trust Constitution review amendments
- Governor Election timetable 2026
- Quality accounts 2025-26 Governors commentary
- Fit and Proper Persons Test and Disclosure and Barring Service checks (for noting)
- Governor attendance at Council meetings (for noting) – no breaches noted
- Governor attendance at Governors' sub-committees 2025/26 (for noting) - no breaches noted
- Cases/concerns regarding compliance with the Code of Conduct (for noting) - no breaches noted
- Governors' development programme 2026 (for noting)

So what?

The Council of Governors (CoG) play a critical statutory role in ensuring that NHS Foundation Trusts remain accountable, transparent and aligned with the needs of the communities they serve. As a body representing patients, the public, staff and partner organisations, the CoG strengthens governance by providing independent oversight, acting as a vital link between the Trust and its stakeholders.

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 and **actions** as specified in the body of the report, including:

- approval of Constitution review and amendment
- approval of recommendation to proceed with governor elections.

Governance and compliance

Previously considered by: Governors' Standards committee (21 April 2026)

Risk and assurance: Council of Governors unable to undertake its statutory duties.

Equality, diversity and inclusion: 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, Trust Constitution- Annex 7 – standing orders for the practice and procedure of the council of governors

STANDARDS COMMITTEE REPORT

1. Trust Constitution review & amendments

All Foundation Trusts are required by law to have a Constitution. The Constitution provides details of how the Foundation Trust will operate, its membership area, the size and composition of its Council of Governors and its Board of Directors and other information relating to the governance of the organisation and the conduct of meetings. The Constitution can only be changed with the approval of both the Council of Governors and the Board of Directors.

As part of the Standards Committee’s responsibilities, the Committee considers proposed amendments to the Trust’s Constitution prior to submission to the Council of Governors and the Board of Directors.

Following an Internal Audit report issued in March 2026 on key financial controls (Treasury Management), a recommendation was made that *‘the Constitution should be updated to document approval, date of approval and scheduled date for next review’*. To allow the change a paragraph as set out below would be added to the Constitution.

Trust Constitution - review & amendments

To strengthen governance and version control, it is proposed that the Constitution includes a clearly defined approval and review record. This will document the approving body, the date of approval, and the scheduled date of the next review. This approach responds to the Internal Audit recommendation and provides clarity and assurance that the Constitution is reviewed and maintained in a timely and transparent manner.

Proposed insertion on page ‘2’ of Annex A

Document	Lead / Owner	Approving Body	Date of Approval	Next Scheduled Review
WSFT Constitution	Trust Secretary	Council of Governors / Board of Directors	-	Month / Year

The Standards Committee discussed and recommended one amendment to the Trust’s Constitution for consideration.

This change is not material in nature and does not affect any of the requirements as laid out in Schedule 7 of the NHS Act 2006, which governs the legality of the Constitution.

As this is a minor technical amendment recommended by the auditors it is not proposed to seek independent legal advice on this proposed amendment. The proposed amendments will be shared with the Board of Directors for formal adoption/approval. Once approved, NHS England will be notified of the change too.

ACTION

- recommend the amendment to the Trust’s Constitution to the Board of Directors

2. Governors’ Election timetable 2026

The Standards Committee considered the proposed approach to the 2026 Governor elections, as set out in Appendix A. The paper outlined the proposed election timetable, key milestones and the recommended approach to appointing an election service provider.

The Committee noted the ongoing national uncertainty regarding the future role of Councils of Governors and acknowledged that Governors have not yet reached a final view on this matter. In light of this, the Committee discussed the options available for the 2026 elections in order to make a recommendation to the full Council of Governors. Three options were proposed for consideration, whether to:

- continue to run elections as normal
- reduce the size of the COG to reduce expenditure of forthcoming elections
- delay the elections

During discussion, a range of views were expressed. Some members raised concerns about value for money and engagement levels, particularly given uncertainty at national level about the longer-term future of Councils of Governors. These concerns were balanced against the risks associated with delaying or varying elections, including potential impacts on constitutional compliance and democratic legitimacy. Other factors that were considered in favour of continuing to run elections are explained under 2.2 in Appendix A.

The Committee concluded that, despite the concerns raised, proceeding with elections as planned represented the least risky option at this time. It was agreed that the recommendation should include an explicit caveat that the position could be reviewed should formal national direction be issued.

The Committee also agreed to proceed with Civica Election Services as the election service provider. While Civica submitted the lowest quotation, the decision also reflected their proven quality of service, experience acting as Returning Officer for the Trust’s 2020 and 2023 elections, and their existing role as the Trust’s membership database provider, which reduces operational risk and complexity.

ACTION

- approve the option to proceed with the governor elections as planned, with the caveat that this decision may be reviewed should formal national guidance be issued.
- note the proposed 2026 Governor election timetable, as set out in Appendix A.

3. Quality accounts 2025-26 Governors commentary (FOR APPROVAL agenda item 14)

The Standards committee considered the draft commentary for discussion and recommendation to the Council of Governors for inclusion in the quality accounts 2025/26. This is covered under a separate agenda item.

4. Fit & Proper Person Test and Disclosure and Barring Service (standard) checks

All the Governors were contacted in early March and requested to complete the annual FPPT self-attestation and declaration of interests including gifts and hospitality forms. The Committee also noted the update on DBS (standard) checks and will review progress with this at its next meeting.

ACTION

- note the compliance for the financial year 2025-26.

5. Governor attendance at Council meetings

Constitutional requirement

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

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

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

The Committee reviewed attendance records and noted that one Partner Governor had missed three consecutive public Council of Governors' meetings. In line with the Constitution, this raised the possibility of dismissal unless acceptable reasons were provided.

To assess the situation, the Committee considered Governor's mitigation responses and overall engagement. It was acknowledged that the individual had a valid reason from non-attendance and had demonstrated a clear commitment to attending future Council meetings.

It was confirmed that the absences were due to reasonable causes with the apologies for absence sent in advance, and the explanations provided were deemed acceptable by the Committee on behalf of the Council of Governors. As a result, no further action was required.

Following the Committee's resolution, a reminder was sent to the governor to emphasise the importance of attending formal Council meetings and to gain assurance of their intention to resume attendance at future meetings.

To strengthen future attendance processes, the Foundation Trust Office has introduced a system to issue reminders to any Governor who has missed two consecutive meetings. This aims to support attendance at the third meeting and avoid triggering the constitutional clause. The Trust remains committed to offering support to Governors to help improve attendance, particularly at face-to-face meetings.

ACTION

- note the constitutional requirement for Governor attendance
- note the case of non-attendance and the Committee's approach in accepting the mitigating circumstances, allowing them to continue in their roles.

Governor attendance at Governors' sub-committees 2025/26

The Standards Committee oversees the attendance at subcommittees to support individuals and the effective working of the committees. The Committee maintains oversight of this issue and concerns regarding non-attendance highlighted for any sub-committee. Attendance at the governors' committee meetings is not a statutory requirement, but it is important for the smooth functioning and valuable feedback from governor members, ensuring the effective working of the committees.

All meetings remained quorate. Reminders were issued to Governors to support compliance with attendance requirements and to invite expressions of interest in joining committees where vacancies have arisen following recent staff and partner Governor resignations.

ACTION

- note the attendance at governors' sub-committee meetings.

6. Cases/concerns regarding compliance with the Code of Conduct

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

In case of any breaches in Governors' conduct, the Standards Committee is asked to note the matters of alleged breach of Code of Conduct and approve a recommendation to the Council of Governors in terms of next course of action. No breaches were reported between March to April 2026.

ACTION

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

7. Governors' development programme 2026

The Committee reviewed the development workplan, which is designed to support timely consideration of key issues throughout the year. The workplan will remain a live document and will be updated regularly to reflect emerging priorities.

ACTION

- note the Governors' development programme 2026 **Appendix B**

COUNCIL OF GOVERNORS' STANDARDS COMMITTEE

Report information

Report title: Governor election timetable 2026 and discussion re the future of COG

Date of the meeting: 21 April 2026

Agenda item: 6

Sponsor/Executive lead: Paul Bunn, Acting Trust Secretary

Report prepared by: 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 sets out the timetable and associated chain of events for the Council of Governors (CoG) elections scheduled to take place in 2026. It also outlines the proposed approach to appointing the election service provider.

Table 1: Schedule for elections 2026 including pre- and post-election activities

Annex A: Proposed timetable for Governor elections

It is acknowledged that there is still uncertainty around the future of the COG and that Governors have not made a final decision on this. The Standards Committee are invited to consider the options around governor elections and discuss this further so that a recommendation can be put forward for the full COG in May 2026.

NHS Alliance (Formally NHS Providers) have produced a briefing paper "Navigating Uncertainty around COG", dated 20 March 2026. It suggests practical approaches to sustaining an effective COG - [Navigating uncertainty around Councils of Governors](#). Three options are put forward for discussion in the paper. **It is the authors recommendation that we proceed with elections (option 1)** for the reasons outlined.

So what?

Timely agreement of the election timetable and service provider is required to ensure the elections are delivered in line with the Trust's Constitution, achieve good participation from members, and support effective planning and engagement activity before, during and after the formal election period.

What next?

Continue to liaise with external agencies re the future of the COG and report back any significant changes or developments. If agreed by the Standards Committee, proceed with the proposed schedule for governor elections. Thereafter, provide progress reports on delivery of the plan at future meetings including options to abort at any time of the advice changes.

Action required

The Standards Committee is asked to:

- **consider** and discuss the proposed election schedule / timetable set out in Annex A
- **note** the proposed approach to engagement with Public and Staff members to support a sufficient and diverse number of Governor nominations

- **approve** the appointment of Civica Election Services as the Trust’s election service provider
- **approve option 1** – to recommend to COG to proceed with elections

Governance and compliance

Previously considered by: NA

Risk and assurance: Failure to hold Governor elections would risk non-compliance with Foundation Trust legislation and impact the lawful functioning of the Council of Governors. Council of Governors are unable to undertake its statutory duties.

Equality, diversity and inclusion: Duty to run fair and accessible elections that enable broad participation and help reduce inequalities in representation.

Sustainability: Delivering elections in accordance with statutory requirements to support the long-term sustainability of the Trust’s governance arrangements.

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

1. Purpose

To consider the proposed timetable for Governor elections scheduled to take place in 2026 and discuss options for the future of the COG.

2. Background

The term of office for all Governors comes to an end on **30 November 2026**. At this point the existing Governors will be eligible for re-election (subject to an elected governor not holding office for longer than 9 years (clause 12.4 of the Constitution). Nominations will also be invited from FT members to nominate themselves for election as a Governor.

Experience since the previous elections and recent vacancies has demonstrated that it is important to achieve a good number of nominations for election of both Public and Staff Governors (target of 25 Public and 12 Staff). This approach allows the Trust to appoint the next highest polling candidate in either category should a Governor step down during their term (Clause 11.5 of the Constitution).

2.1 Selection of Election service provider (Tendering process)

The Foundation Trust Office undertook a tendering process for the appointment of an election service provider. Organisations offering comparable election services were approached and invited to submit quotations.

A summary of the costs is set out below. A detailed cost breakdown is available on request.

Service providers	Project Grand Total
Civica Election Services	£10,540
Pin Communications	£11,429.32

Following review, it is recommended to proceed with **Civica Election Services**. Not only are they the lowest quote, but they also have:

- proven quality of service
- experience of acting as Returning Officer for the Trust’s 2020 and 2023 elections
- existing role as the Trust’s membership database holder, reducing operational risk and complexity.

2.2 Future COG Options

NHS Alliance confirms the likely timetable for abolishing COG as set out in the 10 year Health Plan is for this to be included as part of the Health Bill, which is due to become law by 1 April 2027. NHS Alliance says that:-

*“Because there is no certainty that any piece of legislation will pass, nor whether it will pass to the timescales intended by the government, uncertainty remains. Based on previous experience, we can say that it is **likely but not certain** that the measures will pass into law, and likely but not certain that this will happen by 1 April 2027.”*

NHS Alliance goes on to say:-

“Councils of governors retain their legal functions and powers until the new law comes into force, and so routine activities such as elections, council meetings, inductions for new governors, essential governor training, and communications between the council and board should continue”

There are three options available:-

1. Continue to run elections as normal
2. Reduce the size of the COG to reduce expenditure of forthcoming elections
3. Delay the elections

Regarding **Option 2**, we have spoken to the election service providers and they have confirmed there is no reduced fee for running a smaller election service as much of the costs are associated with engagement with the membership upfront. Therefore, there is no merit in running reduced elections which will only dilute the current governance arrangements.

Regarding **option 3**, the requirement to hold elections after every three-year term is in primary legislation (Section 10(1) Schedule 7 of the NHS Act 2006. NHS Alliance confirms that:

“NHSE have confirmed that they will not issue a dispensation to halt elections and hold vacancies, nor seek to change the law to reduce the minimum numbers on a council or extend the statutory three-year term length. However, FTs do have the option to postpone or not hold elections and allow vacancies to remain open for a period of time. There is a small risk that they may receive public challenge for doing so, or, more likely, that a governor who wishes to re-stand finds this difficult to accept ...”

As WSFT, already has a number of staff and partner vacancies, Option 3 may not be considered in the best interests of WSFT especially as we have no idea how long the postponement would be needed for as primary legalisation could be delayed.

The Committee is asked to discuss and consider the options further. Any proposal to delay elections would need amends to the Constitution, this would amount to a substantial amendment and need to be ratified by (i) the full COG; (ii) Board of Directors; and (iii) the membership. It is possible that at the annual members meeting the membership refuses this if so, any proposed amends to the constitution would revert back to the current position.

The Authors recommend proceeding with option 1 because:-

- There is no mechanism in the current constitution to postpone elections.

- Analogy should be made with local council elections, deferral was debated and then rejected as not in the public interest - elections provide governors with a clear democratic mandate.
- Postponement may not be agreed by the members/external stakeholders – it also loses an opportunity to stimulate activity amongst members.
- Timeframes are unclear – agreeing an open-ended delay, or needing to delay several times might be seen as unconstitutional and unrepresentative.
- The COG’s statutory accountability function is rooted in representation. Proceeding with elections: refreshes scrutiny with new perspectives; reduces the risk of group think or over familiarity; reinforces the separation between governance and executive management.
- Delaying elections will only see costs increase in the future.
- Delaying elections will not solve the current Governor vacancies.
- Elections allow the opportunity to renew representation; increase diversity of experience and insight; and, support the opportunity to engage with harder-to-reach groups.
- Even if COGs are disbanded, there is likely to be a transition period meaning the COG in all probability will exist for longer than 6 months. If disbanded, any new Governors could be co-opted into future public engagement work the Trust is still required to do therefore their skills and expertise can be transferred.
- Proceeding with elections: (i) fulfils the statutory and legal obligations of the COG; and (ii) prevents any likely challenge by the members or the public at large. It preserves the reputation of WSFT to follow its statutory duties. It demonstrates sound governance to regulators and auditors.
- Running elections shows that the Trust: values openness and participation; is prepared to be scrutinised; takes member engagement seriously – all principles that align with NHS England’s governance expectations.

3. Proposal

Subject to agreeing to continue with elections, the election schedule is comprised of following parts:

- a. **Pre-election communication and engagement** with members and the public, prior to the formal elections. This will be used to secure adequate Governor nominations and engagement with membership in the election process. The methodology used for Public and Staff members in this phase will be different.

This phase also provides an important opportunity to encourage applications from a diverse range of candidates and to engage with groups that are traditionally underrepresented.

- b. **Formal election process**, the details for which is set out in Annex A as prescribed by the Trust’s Constitution. The methodology used for Public and Staff members in this phase will be the same.

Table 1 below sets out the indicative election schedule. The schedule is determined by the end of the term for our existing Governors (30 November 2026). Working backwards from this date the formal election therefore starts in September. This avoids the summer holiday period and allows nominations to be made during both September and October (including promotion at the Annual Members Meeting).

Engagement with the Public and Staff membership starts in June in order to allow events to be held for those interested in standing as a Governor and before the summer holiday period.

Table 1: Schedule for elections 2026 including pre- and post-election activities

May '26	<ul style="list-style-type: none"> • Prepare election communication and briefing material • Engagement with hard-to-reach groups and representatives – linking with Trust and ICS engagement leads • Schedule engagement events
Jun '26	<ul style="list-style-type: none"> • Publicise the elections and briefing events for those interested in standing for election (Members Newsletter for Public Governors and Green Sheet, Staff Brief and Time Out for Staff Governors)
Jul – Aug '26	<ul style="list-style-type: none"> • Continue communication as required to secure sufficient nominations • Targeted mail outs to members and postcards for interest
Sept '26	<ul style="list-style-type: none"> • Notice of elections and nomination forms made available for members • Development and approval of induction programme for new Council after elections
Oct – Nov '26	<ul style="list-style-type: none"> • Election process followed (see Annex A)
Nov '26	<ul style="list-style-type: none"> • Results of election reported
Dec 26 – Feb '27	<ul style="list-style-type: none"> • Induction of new Council of Governors

Annex A: Timetable for Governor election 2026

The election of Public Governors, Staff Governors, Appointed/Partner Governors (*all three-year terms*)

Election Stage	Timetable
Trust to send nomination material and data to CES	2 weeks prior to notice of election w/c 24 August 2026
Notice of Election – nomination papers available from Civica	w/c 7 September 2026
Governor awareness session for potential candidates via Microsoft Teams	Session to be scheduled in the nomination period and AMM to be one of the platforms to promote/engage
Deadline for nominations to be submitted	w/c 5 October 2026
Civica to publish statement of candidates upon validation / publication of Statement of Nomination	w/c 5 October 2026 (post deadline for nominations)
Last date for candidate withdrawal	Friday 9 October 2026
Notice of Poll published	w/c 26 October 2026
Voting pack / ballot papers dispatched by Civica	w/c 26 October 2026
Closing date for election / close of poll	Friday 20 November 2026
Election result announced	Monday 23 November 2026
Term begins for new governors	Tuesday 1 December 2026
Induction for new governors	w/c 7 December 2026

Governors' Development Programme 2026

Timing	Themes	Rationale	Led by
16 January 2025	Non-executive appraisals training	Interests of members and the public	Organisational Development and Learning Team
5 February 2025	Trust's strategy refresh	Interests of members and the public Interactive engagement with the governors as part of the review of the Trust's strategy and priorities	Director of Strategy and Transformation
4 March 2025	Session on Integrated Care Board introduction and provider collaboration	Interests of members and the public	ICB partners/Chair/Trust Secretary
3 April 2025	CQC single assessment framework	Interests of members and the public	Chief Nurse
17 July 2025	Patient quality and safety, incidents/never events, PSIRF	Holding the NEDs to account for the performance of the Board	Chief Nurse / others as agreed
16 September 2025	Session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Programme Director / others as agreed
21 October 2025	Session on Virtual Ward	Interests of members and the public	Senior Operational Team, Virtual Ward
24 February 2026	Effective questioning and holding the NEDs to account for the performance of the Board	Interests of members and the public Holding the NEDs to account for the performance of the Board	NHS Providers

Timing	Themes	Rationale	Led by
	The role of the Foundation Trust Governor and practical ways to carry out the statutory roles of a governor	Item from annual skills audit – considering options for delivery to support working of the Council	
3 March 2026	Session on Future Systems Programme (Reserved matters pre-application planning engagement)	Holding the NEDs to account for the performance of the Board	Programme Director / others as agreed
28 April 2026	Fit for the future: 10 Year Health Plan for England, including an overview of how the Trust is developing its plans to deliver the NHS 10 Year plan	Interests of members and the public	Director of Strategy and Transformation or others as agreed
23 June 2026	Freedom to Speak Up	Interests of members and the public Holding the NEDs to account for the performance of the Board	FSUP Guardian or others as agreed
TBC	Session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Programme Director / others as agreed

13. Staff Governors' Report (enclosed)

To receive a report from the Staff

Governors

For Discussion

Presented by Anna Clapton (nee Mills) and

Louisa Honeybun

COUNCIL OF GOVERNORS MEETING (OPEN)**Report information****Report title:** Staff Governors' report**Date of the meeting:** 19 May 2026**Agenda item:** 13**Sponsor/Executive lead:** Staff Governors**Report prepared by:** 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?**

The Staff Governors met on 13 April 2026. The report summarises discussions from the meeting.

So what?

The meeting was attended by Anna Clapton (Staff Governor), Louisa Honeybun (Staff Governor), Sue Kingston (Partner Governor), Ben Lord (Lead Governor), Julie Hull (Chief People Officer), Paul Bunn (Acting Trust Secretary) and Pooja Sharma (Deputy Trust Secretary).

Summary:*Freedom to Speak Up – update on themes*

Deferred to next meeting

Raising concerns outside of Freedom to Speak Up

Staff Governors discussed how staff can raise concerns that do not feel appropriate for the Freedom to Speak Up process. It was clarified that concerns of this nature should normally be raised initially with the individual's line manager, with the expectation that issues are resolved informally where possible, using the resolution policy or, if required, the grievance procedure. Where organisational learning or formal recognition of the issue is required, staff were reminded that incidents should be logged on formally. This allows appropriate tracking, review of actions taken, identification of themes and assurance that learning and any necessary training have taken place.

It was noted that managers play a key role in acknowledging the impact on affected staff, including offering apologies where appropriate, and reinforcing correct processes within teams. While sharing learning from complaints is important, this must be balanced with confidentiality and sensitivity for individuals involved.

Team pressures linked to Cost Improvement Programme (CIP)

Staff Governors discussed the ongoing pressures experienced by teams in relation to CIP delivery. While staff continue to feel the impact of workload and operational challenges, it was noted that recent finance messages at staff briefings have been more reassuring than in previous years. Clarification was also provided that compulsory redundancies last year were limited, with many colleagues supported through redeployment or voluntary moves.

Governors noted that attendance at staff briefings can be difficult for frontline teams due to clinical pressures, meaning key messages are not always reaching all staff groups and discussed opportunities to improve how information is shared, including more accessible and flexible communication approaches.

It was suggested that a short update from a senior finance lead at a future staff briefing could help provide clarity on the current CIP position and support understanding across teams. Feedback from the discussion will be shared with the leadership team.

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 13 April 2026.

Governance and compliance

Previously considered by: Staff Governors meeting (13 April 2026)

Risk and assurance: Council of Governors unable to undertake its statutory duties.

Equality, diversity and inclusion: 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.

14. Lead Governor Report (enclosed)

To receive a report from the Lead
Governor

For Discussion

Presented by Ben Lord

Council of Governors Meeting (Open)

Report information

Report title: Lead Governor's Report

Meeting Date: 19 May 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:

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

What next?

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 required by the Council of Governors:

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 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

Since the last Council of Governors meeting, governors have been engaged in matters relating to the extension of the Chair's tenure. This has been a complex area for many, providing an opportunity for reflection and supporting ongoing learning and development in our governance processes and engagement.

In addition, I have commissioned a survey that has been shared with governors to gather feedback on their experiences, effectiveness, and perceptions of the governor role. The aim is to use this insight to help shape a continued programme of improvement, development and stronger engagement in our governance arrangements.

2. COG Sub-Committees

2.1 Membership and Engagement Committee

The meeting in April discussed the proposed Governor Election plan and the continuing Membership & Engagement Strategy Development Plan.

2.2 Nominations and Remuneration Committee

Next meeting to be held on 18 May 2026.

2.3 Standards Committee

May's meeting made recommendation to proceed with the governor elections and the CoG Statement for inclusion in the Quality Accounts to come to the Council for approval.

3. 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 KPIs to the COG and are encouraged to do so.

4. Governor Updates and Development

We have had two development sessions since the last meeting. An update on the Future System Programme from their Engagement Lead, Emma Jones, Engagement & Comms Lead, noting the reserved matters pre-application engagement events in March and the 10 Year Plan, Fit for the Future, from Sam Tappenden, Director of Strategy and Transformation, stimulating good discussion and feedback.

Slides for both events will be made available on Convene.

A briefing from the Freedom to Speak Up Guardian, Jane Sharland, will be provided on 23 June, 2026.

5. Non-Executive Directors

We note the commencement of Mike Knapton as NED, on 1st April, currently completing a period of induction. We welcome Mike to his first CoG meeting and look forward to working with him in the future.

6. Governor's activities

Governors continue to carry out monthly 15 Step 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. Quality Accounts 2025/26 (enclosed)

To approve the commentary for Quality
Accounts

For Approval

Presented by Paul Bunn

COUNCIL OF GOVERNORS' MEETING (Open)

Report information

Report title: Quality accounts 2025/26 – Governors' commentary

Date of the meeting: 19 May 2026

Agenda item: 15

Sponsor/Executive lead: Paul Bunn, Acting Trust Secretary

Report prepared by: Pooja Sharma, Deputy Trust Secretary, 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?

The Council of Governors provides commentary for inclusion in the annual quality accounts.

So what?

The Council of Governors in the meeting on 05 March 2026 agreed the approach for the Standards Committee to develop and agree the draft governors' commentary. To support this, the lead governor was approached to draft the commentary based on a copy of content in last year's report, updating the content to be relevant for 2025/26.

The Standards Committee received the updated draft for discussion and approval.

What next?

The Standards Committee considered the draft commentary (**Annex A**) for discussion and made a recommendation to the Council of Governors to approve the draft for inclusion in the quality accounts 2025/26.

Action required

The Council of Governors is asked to:

1. **Approve** the draft of the Governor commentary for the quality accounts (**Annex A**).
2. **Seek** nominations from governors to act as readers of the quality accounts.

Governance and compliance

Previously considered by: Standards committee (21 April 2026)

Risk and assurance: Council of Governors unable to undertake its statutory duties.

Equality, diversity and inclusion: 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

Annex C: Comments from third parties - DRAFT

WSFT Council of Governors

The Council of Governors (CoG), with support from the Board and Trust colleagues, continues to embrace its role to represent both the interests of the Trust as a whole and the interests of the population that it serves. The Governors recognise and fully support the Board of Directors' commitment to improving the high standard of care for our patients.

The governors are keen to harness the power of our local community and collaborate with health and care partners as part of the Suffolk and North East Essex Integrated Care System (ICS). We also collaborate with West Suffolk Alliance and regional partners.

The governors recognise the importance of the West Suffolk Alliance in the delivery of health and care services in the west of Suffolk as well as collaboration with our wider system partners as part of the ICS.

The lead governor and deputy lead governor work with the chair to facilitate effective relations between the Board of Directors and the CoG. This includes joint meetings/workshops with the Board of Directors and attendance of non-executive directors (NEDs) at CoG meetings.

There are three sub-committees of the CoG – the Membership and Engagement Committee, Standards Committee and Nominations Committee.

- **Engagement with members and public:**

- Governors, in collaboration with Trust staff such as clinical teams, the Trust's engagement team, Future System team and My WiSH Charity, participate in various public engagement activities and events
- While carrying out engagement activities they encourage members of the public to take interest in Trust services by becoming members of the Foundation Trust. Friends, relatives and acquaintances are also encouraged to join.
- Members receive regular information about the Trust via a newsletter. They can meet the experts to find out more about modern treatments and how to prevent ill health by attending the Trust events. Members have voting rights in governor elections and can stand for election themselves. They are invited to attend the Annual Members' Meeting (AMM) where they can meet and question the Trust chair, chief executive officer and governors.
- The AMM was held in the Eastern Education Group University and Professional Development Centre, 73 Western Way, Bury St Edmunds in October 2025. This offered everyone in our community the opportunity to learn more about local health and wellbeing services, as well as a special interest talk about respiratory health from local experts. In addition, the meeting included service updates from the CEO and Trust chair and a review of Governor activities delivered by the lead governor
- Governors join the VOICE network meetings as observers. VOICE is a network of groups, charities and individuals aiming to improve local healthcare services
- Governors are invited to attend as members of the Committee and have a representation on Experience of Care and Engagement meetings.

- **Governor Engagement Activities:**

- Governors participate in regular “15 Steps” visits to clinical and non-clinical areas. This is a national initiative from NHS England. Governors, a non-executive director and clinical staff visit a department in order to look at the care provided and the environment as if through the eyes of a patient or visitor. Feedback is given to the department staff
- Under the guidance of the patient experience team, governors act as ‘secret shoppers’, by positioning themselves in various waiting areas in order to observe the patient experience. Feedback is provided to the department manager
- Governors join the estates and facilities team to carry out environmental reviews. Department staff and the accompanying estates manager compile action plans with the aim of improving the department environment
- Governors meet visitors in the Courtyard Café at the West Suffolk Hospital and the Newmarket Community Hospital White Lodge Café in order to conduct a short patient experience questionnaire. The opportunity is taken to have a conversation with the visitor about their experience of the Trust and to encourage them to join as a member.

- **Working with the Board:**

The respective powers and roles of the Trust Board and CoG are set out in their standing orders and Trust Constitution.

- Governors receive the bi-monthly Board meeting agenda and papers. Governors and members of the public have an open invitation to attend these meetings as observers. Questions relating to the agenda may be asked at the appropriate time on the agenda
- Governors do not attend the closed Board meeting where matters of a confidential nature are discussed. However, governors do have access to the meeting agenda and approved minutes
- An interactive engagement session was organised with the director of strategy & transformation to gather input from governors on updating the Trust's strategy. The governors had the opportunity to contribute and found the session very helpful
- Governors volunteer to observe four Board assurance committee meetings (Quality & Safety, Finance & Performance, People & Organisational Development and Digital and Data Assurance Committee), on a rota basis. They complete reports on the meetings which, are submitted to the CoG. All governors will have access to the agenda for these meetings and to the approved minutes. Attendance at these meetings provides insights into the working of the Trust and supports governors in their role
- The CEO attends CoG meetings and presents a report on which, governors have opportunity to ask questions
- Executive directors also attend CoG meetings when they have a specific topic to present, for example, the executive director of strategy and transformation recently presented the update on transformational programmes and the sustainability review commissioned by SNEE ICB and the chief finance officer provides financial updates
- Governors can request, via the Chair, that specific items are added to a CoG agenda.
- Working with the NEDs has allowed sharing of information to triangulate areas for further consideration and/or improvement
- Governors, through effective questioning, hold the NEDs to account for the performance of the Board
- Governors provide feedback to inform the appraisals of the chair and all NEDs to a schedule. The lead governor and senior independent director (SID) conduct the annual appraisal of the Trust chair.
- The lead and deputy lead governors meet with the Trust chair and Trust and deputy Trust secretary monthly

- **Development of knowledge and skills:**

- A training and development programme was provided for governors, including sessions on CQC inspection framework and virtual wards, and an externally facilitated session delivered by the NHS Providers on 'effective questioning and challenge'.
- A recent briefing session was delivered by the director of strategy and transformation, to give an overview on NHS 10 year Health Plan and how the Trust is developing its plans to deliver plan.
- Governors may suggest subjects to the Trust Secretary or Chair, they would like to understand better by receiving a brief,
- Informal governors' meetings and joint governor and NED meetings, facilitated by the lead governor, enhance effective working relationships.

The Governors recognise the contribution made by the staff and volunteers and would like to thank them for their dedication and hard work during continued challenging times. We will continue to develop opportunities for engagement with the public and our members over the next year. The feedback we receive helps us understand people's experiences and priorities.

16. Governance Report (enclosed)

To receive the governance report

To Note

Presented by Paul Bunn and Pooja Sharma

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Governance report

Date of the meeting: 19 May 2026

Agenda item: 16

Sponsor/Executive lead: Paul Bunn, Acting 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 February 2026, as follows:

- Register of interests – Appendix 1 for noting
- Confirmation of transition to Full Non-Executive Director (NED) – Paul Zollinger Read
- Readers for Quality Accounts and Annual Report - *Identify up to four Governors as readers for the draft annual report (including quality accounts).*

So what?

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

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 and actions set out in the body of 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. Register of Governors' Interests

The Register of Governors' Interests is reviewed and updated on an annual basis. At each Council of Governors (CoG) meeting declarations are also received for items to be considered as part of the agenda.

Individual Governors are reminded of their responsibility to inform the Chair or Trust Secretary of any changes to their declared interests.

ACTION

The Council of Governors is asked to:

- **receive** and **note** the report and updated Register of Governors' Interests (Appendix A)

2. Confirmation of transition to Full Non-Executive Director (NED) - Paul Zollinger Read

The Council of Governors is asked to note that Paul Zollinger Read, who was previously appointed as an Associate NED, became a full NED with effect from 1 July 2025, following the departure of NED Roger Petter on 30 June 2025.

At the closed Council of Governors meeting on 26 June 2024, it was agreed that appointed Associate NEDs would operate with full NED responsibilities as non-voting members of the Board and would be appointed into future NED vacancies as they arose. In line with this agreement, Paul Zollinger Read was appointed into the vacancy created by Roger Petter's departure.

ACTION

- The Council of Governors is asked to note the appointment of Paul Zollinger Read as a full Non-Executive Director with effect from 1 July 2025.

3. Readers for Quality Accounts and Annual Report

The Trust's timetable for final submissions of annual report and accounts 2025-26 is the end of June. This impacts on the preparation of the quality accounts as the information for these documents does overlap. **It is proposed that up to four Governors are identified as readers for the draft Annual Report and associated Quality Accounts.** This will be to ensure that the report, while complying with the requirements of national guidance, remains accessible for the public in terms of language.

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

ACTION

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

REGISTER OF GOVERNORS' INTERESTS SUMMARY

The register of governors' interests is constructed and maintained pursuant to the National Health Service Act 2006. All governors should declare relevant and material interests. Any changes in interests should be declared at the next Council of Governors meeting following the change occurring.

Signed copies of individual governor's declarations are held by the Foundation Trust office.

Interests which should be regarded as "relevant and material" are:

1. Directorships, including Non-Executive Directorships held in private companies or public limited companies (including dormant companies).
2. Ownership, part-ownership or Directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
3. Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
4. A position of trust in a charity or voluntary organisation in the field of health and social care
5. Any connection with a voluntary or other organisation contracting for NHS services
6. To the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial agreement with the NHS Foundation Trust, including but not limited to, lenders or banks.
7. Any other commercial interest in the decision before the meeting

Supplementary Information: In the case of spouses and cohabiting partners the interest of the spouse/partner shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

	Declared Interest	Date Reviewed
Trust Chair		
Jude Chin	<ul style="list-style-type: none"> ▪ Director of SSAT (The Schools Network) Ltd ▪ Director of Woodbridge School Enterprises Ltd ▪ Shareholder of SSAT (The Schools Network) Ltd 	14/04/2026

	Declared Interest	Date Reviewed
Staff Governors		
Anna Clapton (nee Mills)	<ul style="list-style-type: none"> None 	01/04/2026
Louisa Honeybun	<ul style="list-style-type: none"> Director of Gedunk Ltd – food services company 	09/03/2026
Andy Morris <u>Resigned 20.10.25</u>	<ul style="list-style-type: none"> None 	13/03/2025
Adam Musgrove <u>Resigned 6.5.26</u>	<ul style="list-style-type: none"> None 	13/03/2025
Diana Stroh	<ul style="list-style-type: none"> None 	17/03/2025
Nominated Partner Governors		
Dr David Brandon <u>(Resigned 20.6.24. Rejoined 7.1.25)</u>	<ul style="list-style-type: none"> Deputy Medical Director, SNEE ICB Clinical Director of Unity Healthcare (GP practice) National Medical Directorate Lead for Gender Incongruence, NHS England 	25/03/2025
Sue Jane Kingston	<ul style="list-style-type: none"> None 	25/03/2026
Cllr Rowena Lindberg <u>Resigned 4.3.26</u>	<ul style="list-style-type: none"> Sits on Health and Wellbeing Board, Suffolk County Council 	07/05/2025
Lisa Parish	<ul style="list-style-type: none"> Group Assistant Principal, West Suffolk College (WSFT is a partner provider of apprenticeships receiving payments from the college) 	31/03/2026
Dr Thomas Pulimood	<ul style="list-style-type: none"> Chair of the Friends of Vellore UK (supporting Christian medical college) 	24/03/2026
Cllr Heike Sowa <u>Resigned 9.10.25</u>	<ul style="list-style-type: none"> Director of Richpicks Ltd Nurse, working for Cambridge University Hospital 	02/05/2025
Public Governors		
Carol Bull <u>Resigned 12.5.25</u>	<ul style="list-style-type: none"> West Suffolk Council – District Councillor 	25/03/2025
Anna Conochie	<ul style="list-style-type: none"> None 	09/03/2026

	Declared Interest	Date Reviewed
Val Dutton	<ul style="list-style-type: none"> None 	30/03/2026
Sarah Hanratty	<ul style="list-style-type: none"> Sole Director of Footwork Reflexology Ltd – Company Number 15228384 	10/04/2026
Elizabeth Hodder	<ul style="list-style-type: none"> None 	12/03/2026
Robin Howe <u>(Joined 3.4.25)</u>	<ul style="list-style-type: none"> None 	09/03/2026
Ben Lord	<ul style="list-style-type: none"> Director, Speedbird Promotions Ltd Director, Speedbird Supplies Ltd Director, Speedbird Concorde Ltd Director Finn Associates Ltd 	09/03/2026
Gordon McKay	<ul style="list-style-type: none"> None 	12/05/2026
Tom Murray <u>Resigned 22.7.25</u>	<ul style="list-style-type: none"> None 	13/03/2025
Jayne Neal	<ul style="list-style-type: none"> Volunteer on Patient Participation Group at GP practice, Market Cross Mildenhall. 	23/03/2026
Adrian Osbourne	<ul style="list-style-type: none"> District Councillor – Babergh District Council 	30/04/2026
Rebecca Poynter	<ul style="list-style-type: none"> Company Secretary – Belchamp Consulting Services Ltd 	08/04/2026
Barry Probert <u>Joined 13.8.25</u>	<ul style="list-style-type: none"> Family member is a CQC inspector. 	12/03/2026
Clare Rose	<ul style="list-style-type: none"> Account Manager for Crown Commercial Service, supporting customers in the East of England with non-clinical health procurement. West Suffolk Hospital and SNEE are current customers. Role does not contract or commission services but does support those that do. Partner has 50% share of a local electrical business (PP Electrics). They have previously completed work at West Suffolk Hospital, both as the primary and secondary contractors 	24/03/2026
Jane Skinner	<ul style="list-style-type: none"> Volunteer on reception at West Suffolk Hospital 	24/03/2026

	Declared Interest	Date Reviewed
David Slater Joined 1.6.25	<ul style="list-style-type: none">▪ None	09/03/2026

ITEMS FOR INFORMATION

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

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

For Discussion

Presented by Jude Chin

COUNCIL OF GOVERNORS MEETING (OPEN)

Report information

Report title: Summary Report for Board of Directors Meetings

Date of the meeting: 19 May 2026

Agenda item: 17

Sponsor/Executive lead: Jude Chin, Trust Chair

Report prepared by: 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
- Empowered to improve
- Fit for tomorrow
- Joined up services
- Responsible with resources

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 summarises 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 – 27 March 2026			
Patient Story – Presentation received from F7 ward staff on their “End of Life Lantern” initiative, a visible symbol supporting compassionate care for patients nearing the end of life.	<ul style="list-style-type: none"> To note learnings. 	-	Verbal
CEO Report – strong progress over the last 12 months noted. Thanks given to staff for contribution to delivery.	<ul style="list-style-type: none"> Ongoing assurance/monitoring 	-	1.7
BAF & Risk Report – Update received on developments to the Board Assurance Framework (BAF), noting improved depth and quality of discussions. Members emphasised the need for a clear, usable framework aligned to strategic priorities and supported ongoing refinement. Whilst some risks remain high, overall progress has been made in reducing risk levels, with further updates and a review of risk appetite planned.	<ul style="list-style-type: none"> Ongoing assurance/monitoring 	-	1.8
IQPR Report - The Board reviewed performance updates, noting progress in cancer care, diagnostics, and long waits, alongside ongoing challenges in emergency care performance and discharge delays. The introduction of health inequalities data was welcomed, with further analysis planned. Members highlighted the importance of consistent year-round performance, workforce wellbeing, and continued improvements in productivity, reporting, and system-wide pathways.	<ul style="list-style-type: none"> Ongoing assurance/monitoring 	-	2.1
Quality & Patient Safety Committee Report – Board updated on work to strengthen clinical effectiveness assurance, including improved governance structures, clearer accountability, and enhanced reporting arrangements. Members noted that whilst delivery is progressing, focus remains on demonstrating effectiveness consistently. Ongoing work will support stronger assurance flows, with progress to be monitored through committees over the coming months.	<ul style="list-style-type: none"> Ongoing assurance/monitoring 	-	2.2

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Quality and Nurse Staffing Report – Review of safer staffing updates received. Actions to improve recruitment, retention, and workforce management are underway, alongside efforts to reduce temporary staffing reliance. Members emphasised the need for continued focus on staffing sustainability, data accuracy, and workforce wellbeing.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Overseeing quality indicators 	-	2.3
<p>Maternity Services – Report noted, highlighting positive safety improvements and reduced harm indicators. Members discussed staff engagement, cultural development, and the importance of capturing patient feedback. Ongoing work to embed safety actions and strengthen multidisciplinary involvement was acknowledged, with further benchmarking data expected.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring in areas of priority 	-	2.4
<p>Strategic Priorities Update - Update received on delivery of the corporate strategy, noting positive early staff engagement and progress in embedding the approach. Further analysis of survey results is underway, alongside development of a framework to measure delivery and track progress against strategic objectives.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring 	Deliver the Trust strategy	3.1
<p>West Suffolk Alliance & SNEE Integrated Care Board - System partnership and local government developments update received, noting progress in establishing the new Integrated Care Board and neighbourhood working models. Members highlighted ongoing collaboration, digital integration, and planning to align services, alongside continued investment through the Better Care Fund.</p>	<ul style="list-style-type: none"> • Strengthened provider collaboration 	Focus on system working	3.2
<p>People & Organisational Development Committee – update received on capability development and the Board Assurance Framework, noting progress alongside areas of challenge. Members highlighted the importance of workforce planning, aligning programmes, and reviewing mandatory learning requirements, with further detailed work and updates planned.</p> <p>Putting You First – congratulations were offered to those staff receiving awards.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring 	-	4.1 4.2

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>National Staff Survey Report – review of staff survey results, noting improvements in engagement, speaking up, and wellbeing, alongside ongoing concerns around staffing, patient care, and incidents of violence. Targeted actions are being taken to address burnout, equality gaps, and workforce experience, with progress to be monitored through divisional plans and organisational development programmes.</p>	<ul style="list-style-type: none"> Ongoing assurance/monitoring 	-	4.3
<p>Finance & Performance Committee – CKIs – report noted.</p>	<ul style="list-style-type: none"> Ongoing assurance/monitoring 	-	5.1
<p>Finance Report - financial update received, noting an improved deficit position supported by non-recurrent funding, with confidence in achieving the year-end forecast. Members acknowledged the significant effort required and highlighted the ongoing challenge of delivering future savings whilst maintaining financial stability and workforce commitments.</p>	<ul style="list-style-type: none"> Ongoing assurance/monitoring 	Financial sustainability	5.2
<p>Audit Committee – approval given to internal audit and internal counter fraud plans.</p> <p>Committee terms of reference approved.</p>	<ul style="list-style-type: none"> Board visibility and oversight 	-	5.3 7.2
<p>Future System Board Report – update on progress with the planned development, noting completion of public consultation and confidence in the upcoming planning submission. Members highlighted ongoing work to address capital affordability and welcomed strong contractor interest, alongside opportunities to support local economic benefits through procurement.</p>	<ul style="list-style-type: none"> Ongoing assurance/monitoring Board to receive future updates 	Sustainable service improvements	6.1
<p>Governance Report – changes approved to committee arrangements, including renaming the Audit Committee to the Audit and Risk Committee and endorsing updated Terms of Reference. Ongoing work to strengthen governance structures and align reporting, including a review of the Board Assurance Framework, was noted.</p>	<ul style="list-style-type: none"> Board oversight 	-	7.1

18. Any Other Business (verbal)

To discuss any other matters not included
on the agenda

Presented by Jude Chin

19. Dates for meetings for 2026:

5.30 pm to 7.30 pm, Rooms 19a/b,
Educations Centre, WSFT

- 10 September 2026
- 24 September 2026 - Annual Members'
Meeting - Venue TBC
- 10 November 2026

To Note

Presented by Jude Chin

20. 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 - February
2026

Integrated quality and performance report (IQPR)

February 2026 report

Compassionate care,
healthier communities

Executive summary: February 2026

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 February 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. A task and finish group has been set up to review the content of the IQPR to ensure the correct metrics are being measured and monitored with regard to workforce data. The outputs from this work will become part of the IQPR. Other metrics are being reviewed in line with the new NHS National Oversight Framework (NOF) and new Trust Strategy, and to include health inequalities, digital and productivity metrics.

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



Executive summary: February 2026









Highlights this month

- The Trust's NHS Oversight Framework (NOF) average score improved to **2.39 in quarter 3**, although the ranking compared to other Trusts fell to **68** (57 in Q2). The Trust remains in **segment 3** and cannot be assigned to a higher segment due to the financial deficit plan.
- The trajectory for 4-hour performance was not met with performance at **68.17%** against a plan of 73% and **887** patients spent over 12 hours in the Emergency Department - 12.39% of all patients. February was a challenged month, with two prolonged episodes of Business Continuity Incidents owing to capacity issues. A contributing factor was increased outbreaks of norovirus resulting in closed beds and wards.
- Urgent Community Response performance remains above target at **86.88%**.
- Average occupancy in the Virtual Ward in February was **77%**, just below the 80% target, and impacted by the norovirus outbreaks in the acute hospital.
- Cancer 28-day Faster Diagnosis Standard performance was **76.1%** in January, which was above trajectory and 62-day cancer treatment performance continues to be strong in all tumour sites, at **83.3%**.
- We are ahead of the agreed recovery trajectory for 6-week diagnostic performance, with **84.01%** of patients in February receiving their tests within six weeks.
- Referral to Treatment (RTT) is on plan at **62.88%** , with a focus on outpatient activity and validation supporting continued improvements. There were 20 patients waiting over 65 weeks, with ongoing reduction forecast during March.
- There is sustained deterioration in waiting times for the paediatric team due to sustained level of demand for autism assessments and reduced capacity within the medical team, with **40** children waiting over 52 weeks.
- Health inequality data is included for cancer 28 day FDS performance for the first time.

Assurance – can the target be consistently achieved?

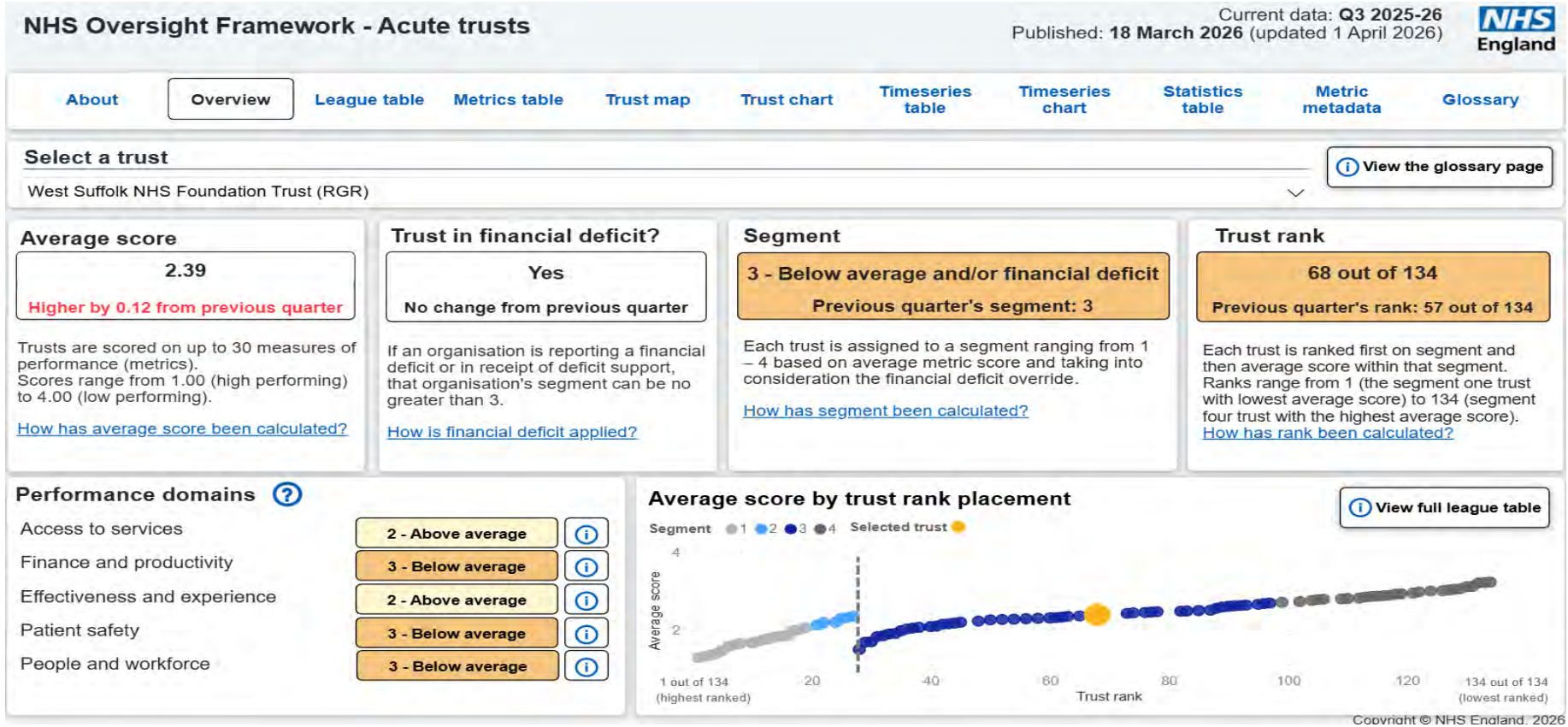
Summaries
 Finance & performance
 Quality and patient safety
 Workforce & OD
 Appendices

Variance – are the measures being met?

February 2026	Consistently hitting target - <i>celebrate</i> 	Target not consistently achieved or failed 	Consistently fail target - <i>investigate</i> 	No target set – <i>celebrate</i> , monitor or <i>investigate</i>
Special cause improvement- <i>celebrate</i>  			F&P Diagnostic Performance- % within 6weeks Total RTT 65+ Week Waits	F&P RTT Waiting List RTT 52+ Week Waits RTT 52+ Weeks Wait as % of Total WL RTT <18 Week Waits (% All)
Common cause monitor & understand 		F&P Ambulance Handover within 30min Non-admitted 4 hour performance Virtual Ward Total average occupancy percentage 28 Day Faster Diagnosis Cancer 62 Days Performance O&D Mandatory Training Turnover	F&P Incomplete 104 Day Waits O&D Appraisal	F&P 12 Hour Breaches 12 hour breaches as a percentage of Type 1 attendances RTT <18 Week Waits (% First OPA) Q&P Inpatient Deaths Active Complaints Closed Complaints % Extended Count Extended % Complaints responded to late Count responded to late % resolved in one week Total PALS resolved Count
Special cause concerns - <i>investigate</i>  	O&D Staff Sickness – Rolling 12 months			F&P Community Paediatrics RTT Overall Waiting List Community Paediatrics RTT Overall 52 Weeks Wait Q&P SHMI

Items for escalation Finance and performance (F&P) - Cancer: Incomplete 104 Day Waits
 Finance and performance (F&P) - Elective: Diagnostic Performance- % within 6weeks Total, RTT 65+ Week Waits
 Workforce & organisational development (O&D) - Well Led: Staff Sickness – Rolling 12 months, Staff Sickness, Appraisal

National oversight framework (NOF)



What?

- The National Oversight Framework (NOF) score for WSFT is 68 out of 134 Trusts for quarter 2 of 2025/26. The previous rank was 57. The unadjusted segment is 2 (higher is better), but due to the Trust's planned deficit, there is a financial override meaning WSFT cannot be ranked higher than segment 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.

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?

- February 2026 saw 7,221 Type 1 patients depart ED at West Suffolk. 887 of those patients were in ED for 12 hours or more – 12.28% of all Type 1 departures. This is higher than the number for February 2025, when 789 (11.73%) Type 1 patients spent over 12 hours in ED
- Gender: 50.85% of patients who experienced a stay in ED of 12 hours or more were female (49.03% were male and 0.17% were unspecified). Data from the 2021 census states that 50.7% of Suffolk residents were female and 49.30% were male
- Age: 52.65% 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 (22.32%)
- Ethnicity: 91.77% 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 93.1% of Suffolk residents were white
- Data comparisons will be using WSFT data going forwards, but census data has been used this month for information. All census data is from ONS/NOMIS

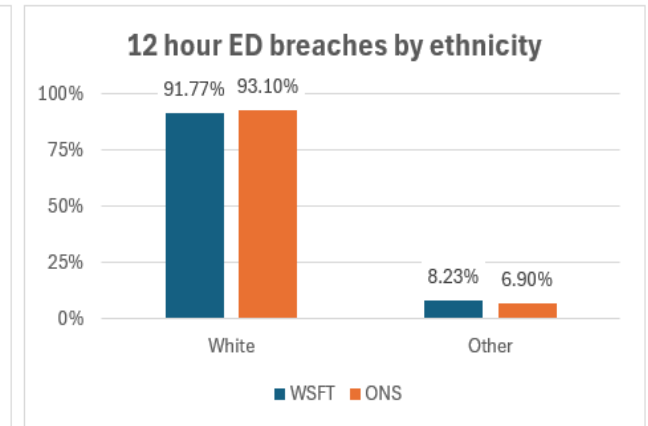
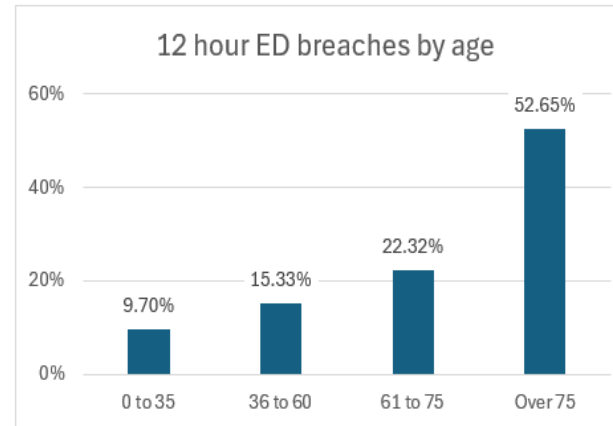
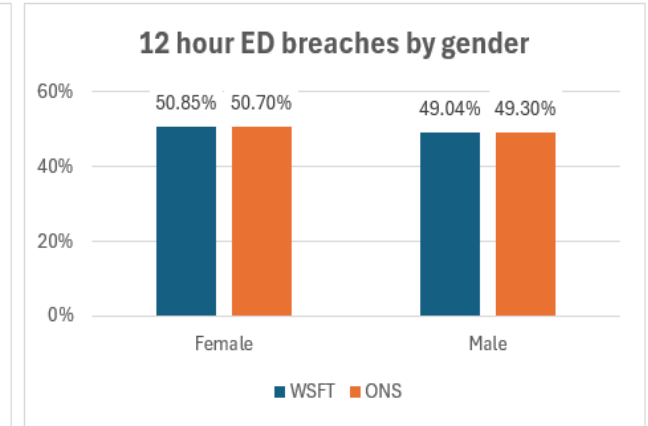
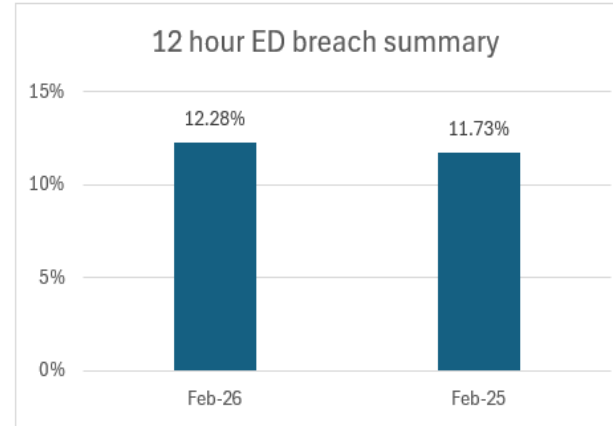
So what?

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?

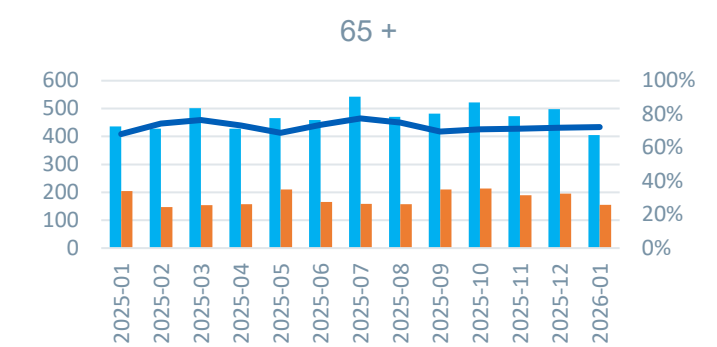
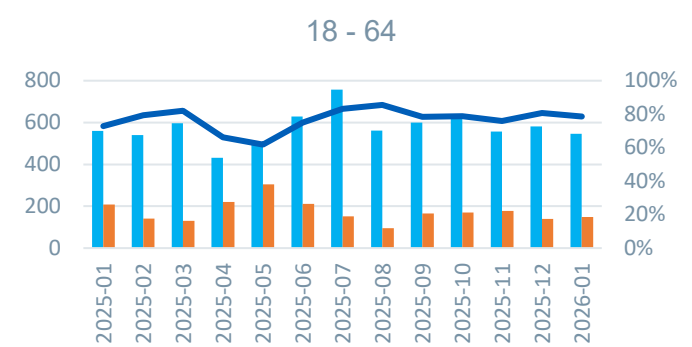
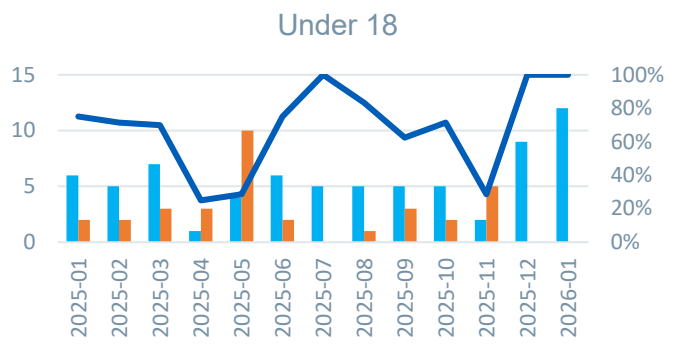
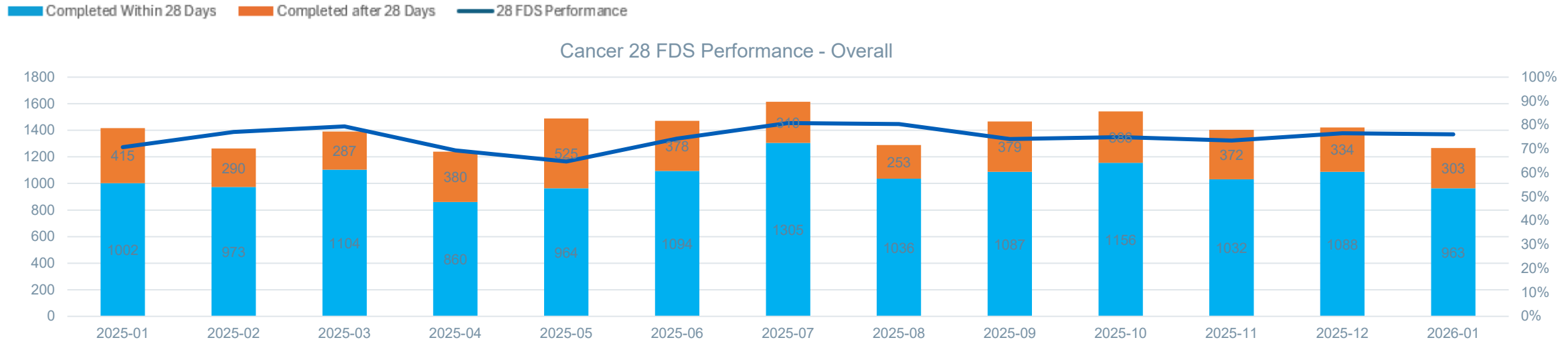
These data demonstrate that most long waits in ED are experienced by people over 75 years. We know that long waits in ED cause harm and it is critical that we design and deliver services that better care for older people, including avoiding ED attendance wherever possible.

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



White - British	752	84.78%
White - Any Other White Background	62	6.99%
Other - Not Stated	58	6.54%
Other - Any Other Ethnic Group	7	0.79%
Asian or Asian British - Indian	2	0.23%
Black - Any Other Black Background	2	0.23%
Mixed - Any Other Mixed Background	2	0.23%
Mixed - White and Black African	1	0.11%
Other - Chinese	1	0.11%

Health inequalities – 28 days FDS performance by age group

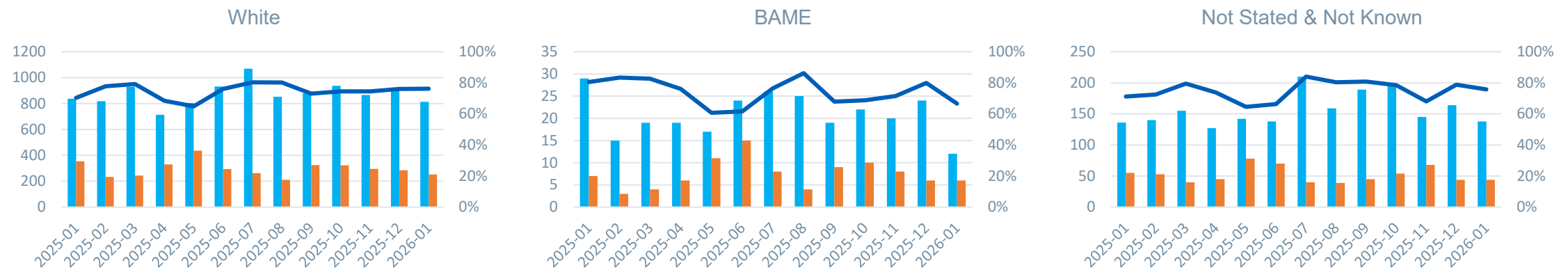


What?

- 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.

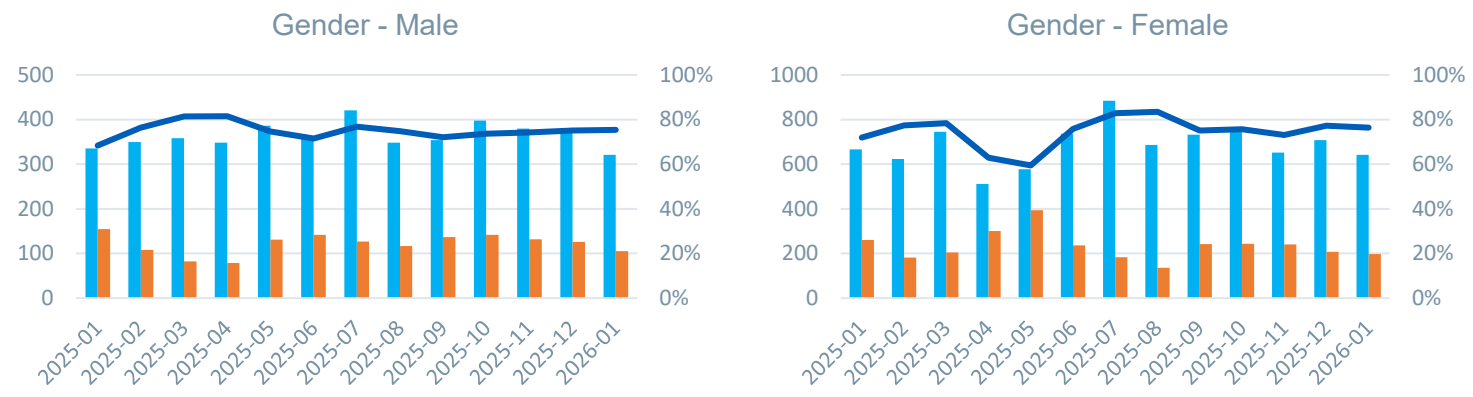
Health inequalities – 28 days FDS performance by ethnicity and gender

Completed Within 28 Days Completed after 28 Days 28 FDS Performance



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.

Finance and performance committee metrics

Compassionate care,
healthier communities

Urgent & Emergency Care: ED ambulance and 4-hour performance

What?

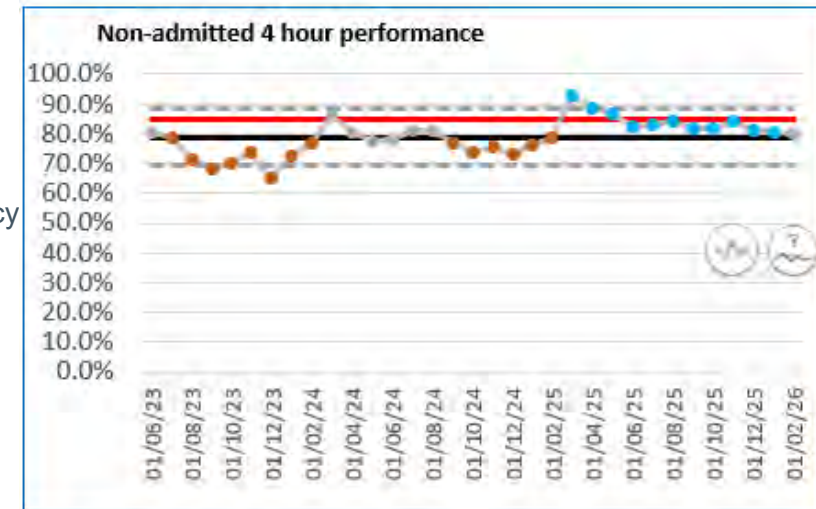
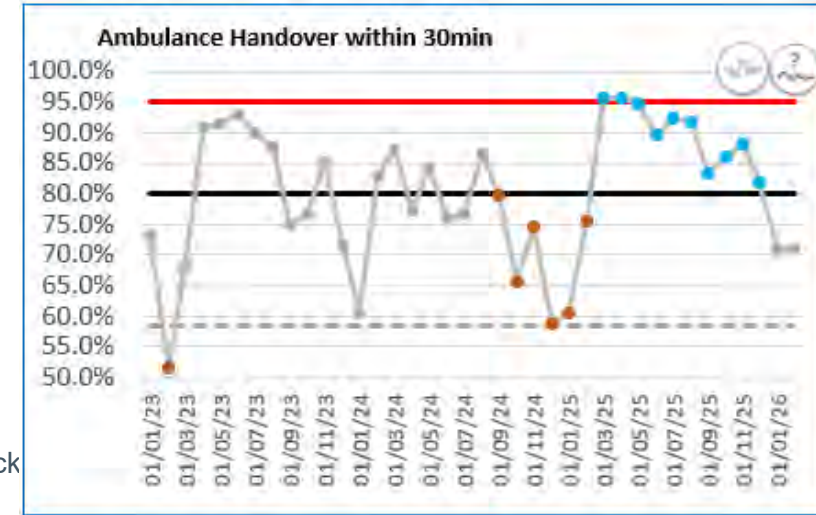
- No significant change demonstrated in the 30-minute ambulance handover metric. We achieved 71% against a target of 95% in February.
- Our non-admitted 4-hour performance for February was 80.21% showing no significant change and missing the 85% target.
- Overall, 4-hour performance was 68.17% against a trajectory of 73%.
- To note February was a very challenged month, resulting in two prolonged episodes of Business Continuity Incidents owing to capacity issues. A contributing factor was increased outbreaks of norovirus resulting in closed beds and wards.

So what?

- Meeting the Urgent and Emergency Care (UEC) performance metrics means that our patients receive timely, safe care. Achieving the ambulance handover metrics and the 78% 4-hour Emergency Department standard will meet the national targets. Meeting the in-month trajectory for the 4-hour Emergency Department metric keeps us on track to achieve 78% by March 2026.

What next?

- Weekly performance meetings with the Emergency Department and Medical Division Senior Leaders/Executives continue. UEC huddle meetings for March.
- During March; allocating a registrar to the twilight minor stream group of patients, extended GP hours up until midnight, extended senior support from the operational team until 10pm and a trial of surgical same day emergency care operating on a Saturday.



Urgent & Emergency Care: ED 12-hour performance

What?

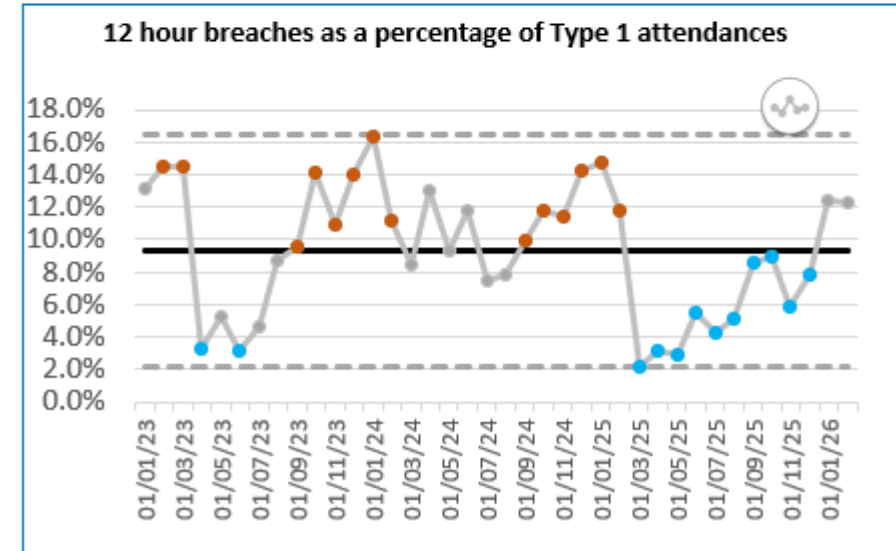
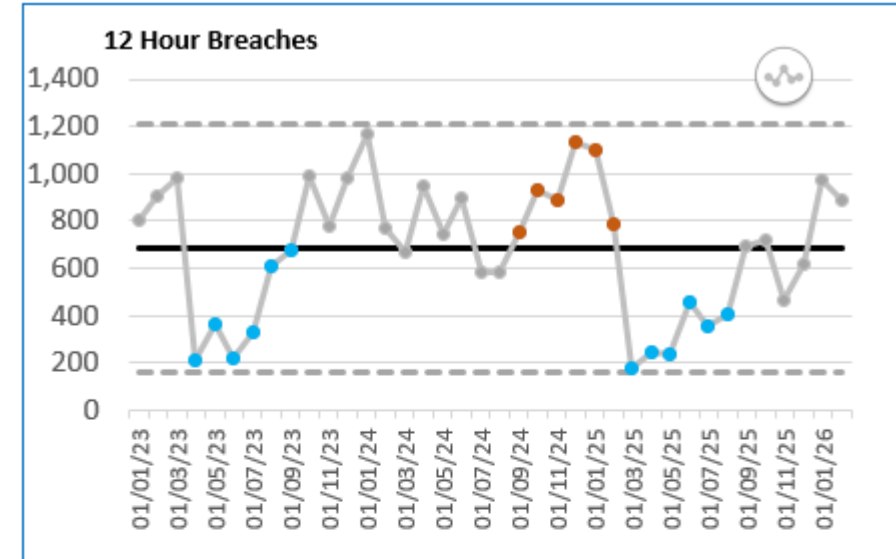
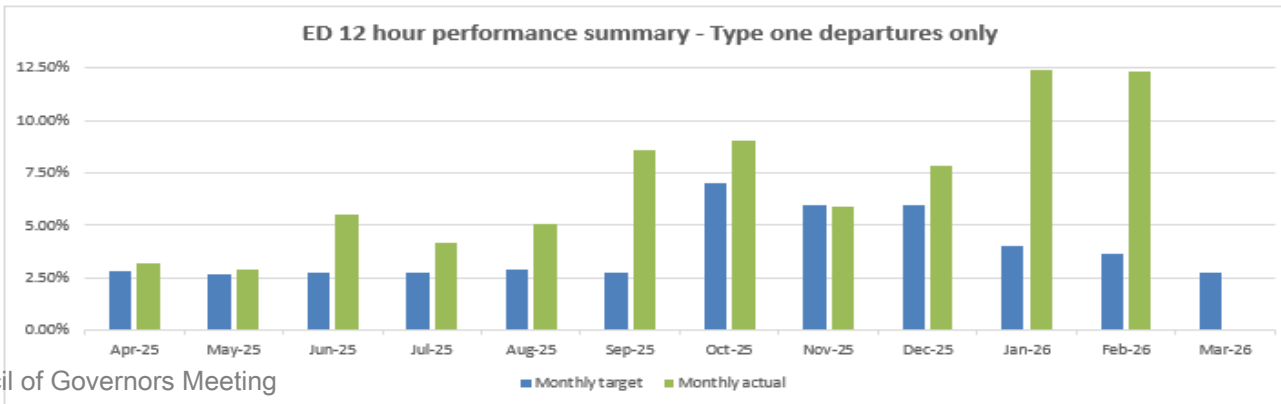
- There was a decrease in the number of 12-hour length of stay breaches in February, falling from 971 in January to 887 in February.
- 12.28% of all Emergency Department (ED) attendances were 12-hour breaches on a monthly trajectory of 3.68%.

So what?

- 12.28% of ED attendances spent more than 12 hours in the department, which is a poor patient experience.
- The impact of more 12 hours breaches in the ED is that temporary escalation spaces are regularly used, impacting on the purpose they are intended for - this includes 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. At times, the RAT corridor was also used as escalation space.

What next?

- Continued focus on LOS reductions to support flow out of ED including the ongoing task and finish group for board rounds/huddles.
- Focus on ensuring right patients are placed in right specialties to support specialist needs and 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.



Urgent & Emergency Care: Urgent Care Response (UCR)

What?

Urgent Community Response performance remains above target at 86.88%. There are workforce pressures in the Integrated Neighbourhood Teams (INTs) which impacts on the responsiveness of those teams.

So what?

Whilst the performance is above target, increased deferrals, or cancellations of visits in community nursing teams presents risk to quality of patient care and impacts on staff well-being.

What next?

- Business case for community nursing investment is being presented to Management Exec Group.
- Senior matrons audit for harm in deferred visits each month with no harm identified to date.
- Number of deferred or cancelled visits is monitored by board.
- Ongoing workforce review, utilising community Nursing Safer Staffing Tool (CNSST)

Team	Sep-25				Oct-25				Nov-25				Dec-25				Jan-26				Feb-26			
	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant
Total INT Nursing & Therapy	179	131	48	73%	187	132	55	71%	212	141	71	67%	163	112	51	69%	183	123	60	67%	190	123	67	65%
Total EIT*	576	534	42	92.71%	677	634	43	93.65%	652	602	50	92.33%	635	580	55	91.34%	741	687	54	92.71%	671	625	46	93.14%
Combined Total	755	665	90	88.08%	864	766	98	88.66%	864	743	121	86.00%	798	692	106	86.72%	924	810	114	87.66%	861	748	113	86.88%

Urgent & Emergency Care: virtual ward

What?

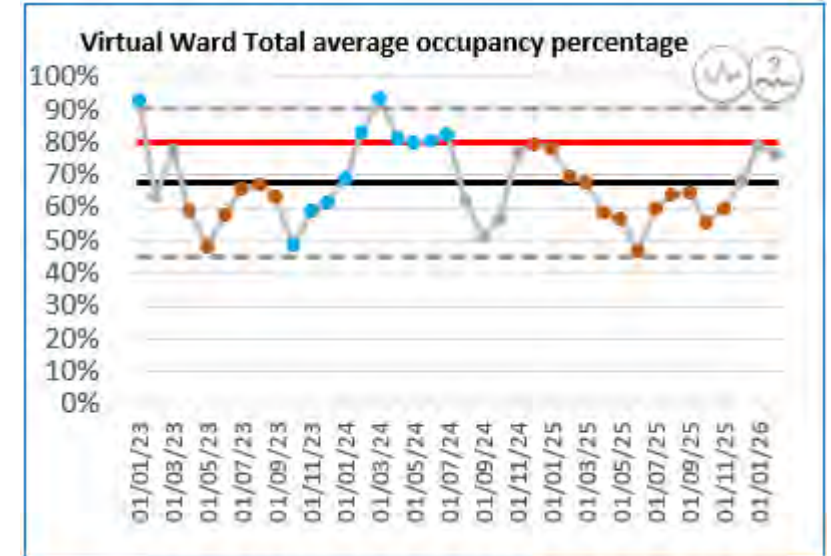
Average occupancy in February was 77% , a small decrease from previous month.

So what?

Virtual ward capacity is crucial in ensuring patient flow across the Trust, and ensuring the strategic ambition of caring for patients at home whenever possible.

What next?

- Virtual ward are working with Early Intervention Team (EIT) to test long lies pathway and flexing staff across both teams.
- Recruitment to Consultant Clinical lead vacancy is underway.
- Virtual ward working with In -patient specialist diabetes team, a test and learn exercise will start in April.



Cancer access

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
28 Day Faster Diagnosis	Jan 26	76.1%	77.0%			69.9%	57.4%	82.4%
Cancer 62 Days Performance	Jan 26	83.1%	70.0%			73.8%	57.9%	89.6%
Incomplete 104 Day Waits	Jan 26	29	0			23	1	46

What?

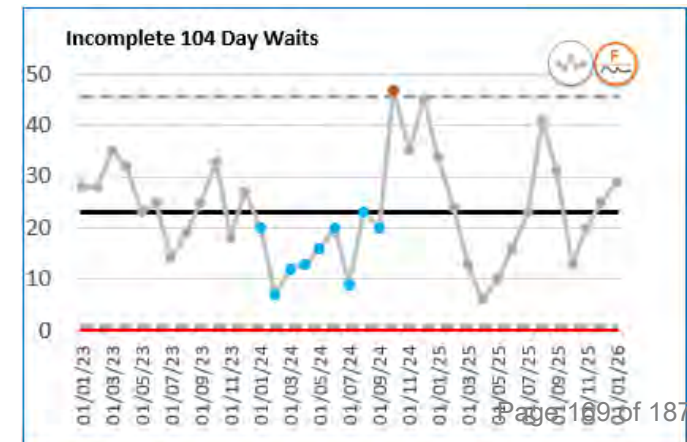
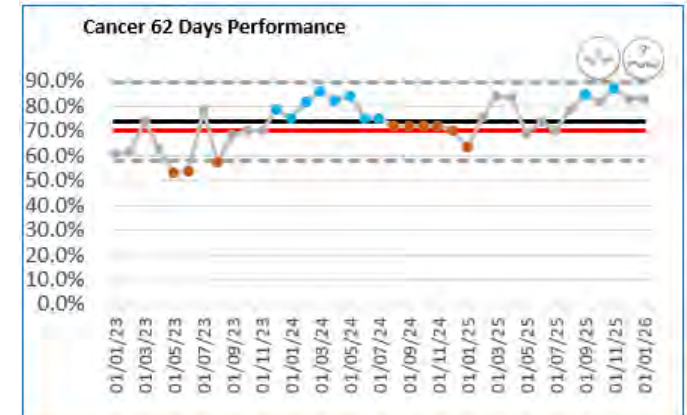
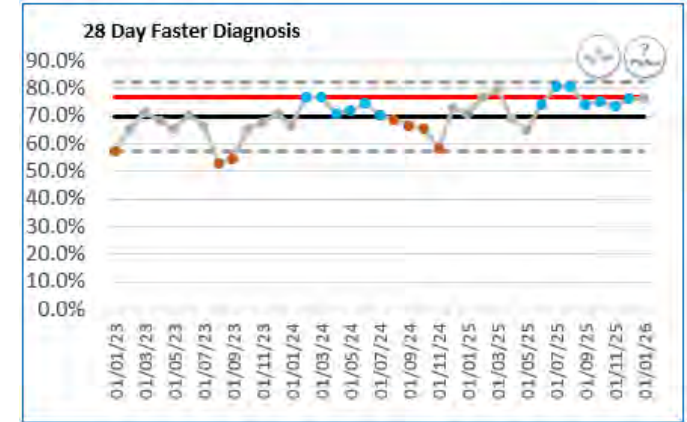
- 28 day performance was 76.1% in January, which is in line with trajectory. The areas that are under performing against trajectory are Breast and Urology.
- For Breast the wait to first appointment continues to be an area of concern due to workforce shortages and sickness within the department. Within Urology, high demand and workforce gaps contribute to the low performance.
- Performance in Head and Neck, Skin, Gynaecology, Lung and Upper GI have been consistent throughout the year.
- 62-day performance continues to be above the required standard.

So what?

- Recovering the cancer standards is key to the operational planning guidance 25/26.
- The priorities for this year focus on seeing, diagnosing and treating patients in line with national guidance to improve patient outcomes and maintain standards.

What next?

- Breast insourcing for first appointment commenced 14th February and runs through to the end of March, which will significantly improve 28-day performance.
- Pathway changes in Urology to be fully developed, nurse led template biopsy training to be completed.



Diagnostic performance

What?

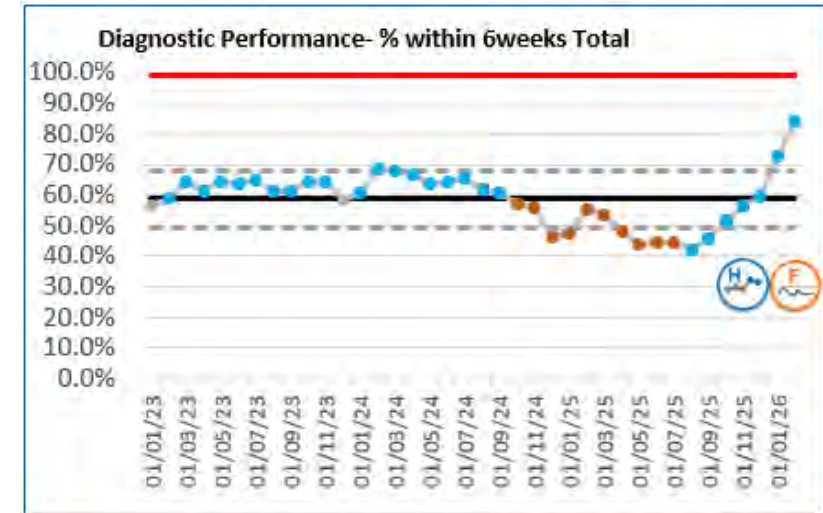
- The monthly Diagnostics Waiting Times and Activity Data (DM01) measures the number of patients waiting six weeks or more for 15 key diagnostic tests.
- WSFT is ahead of the agreed recovery trajectory, with 84.01% of patients in February receiving their tests within six weeks.
- The main areas of non-compliance are DEXA (bone density scan), endoscopy, non-obstetric ultrasound (NOUS) and audiology.

So what?

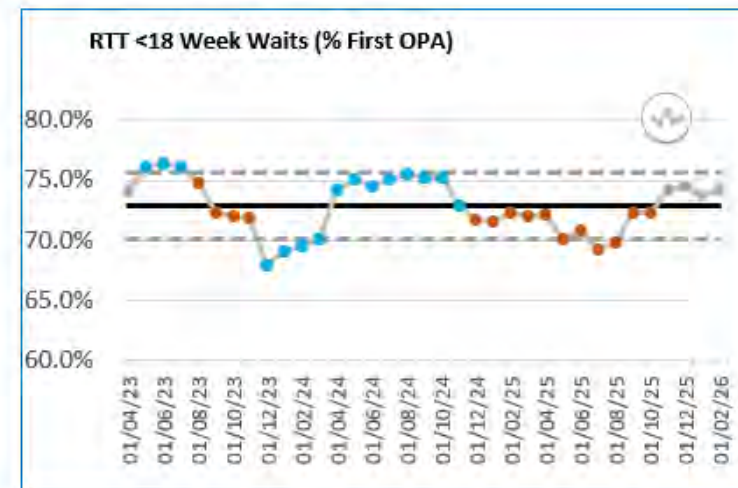
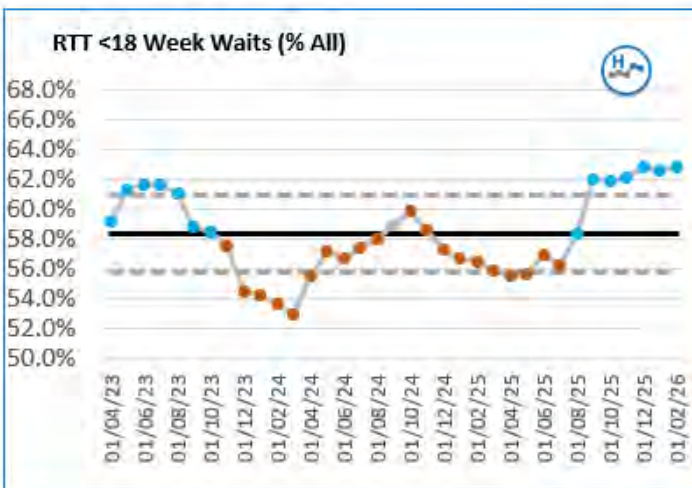
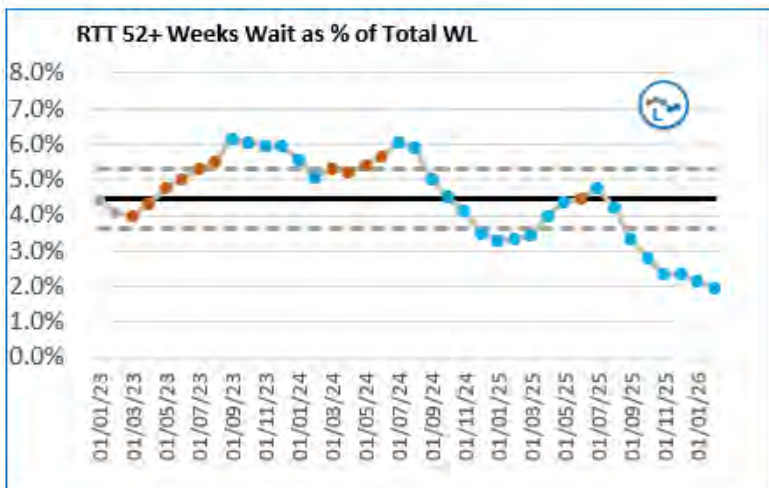
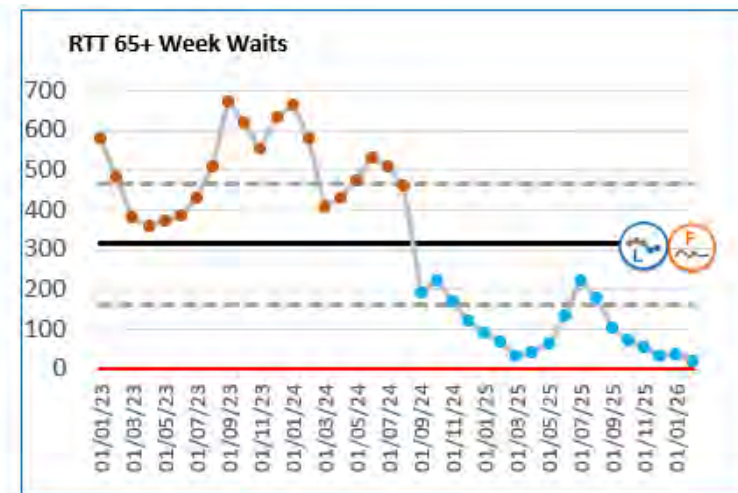
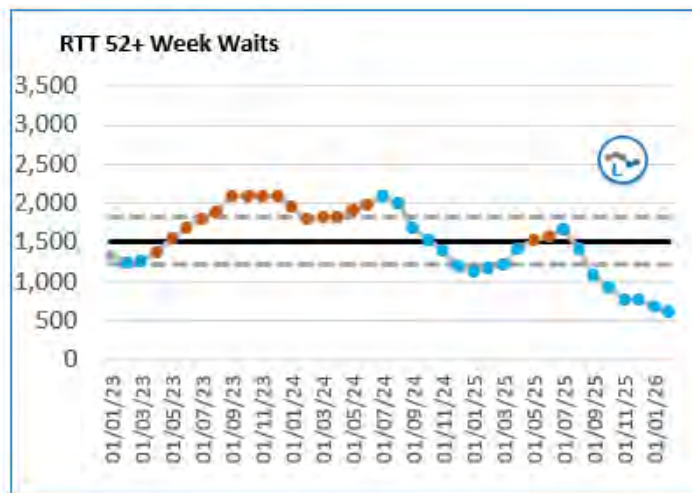
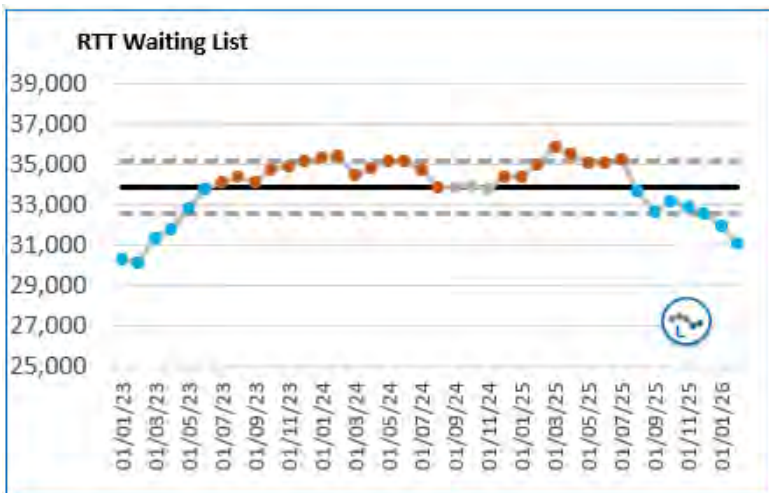
- Longer waiting times for diagnosis and treatment have a detrimental effect on patients.
- Delay in achieving DM01 compliance standards and Referral to Treatment (RTT) standards.
- Reputational harm and lack of confidence in our services for our patients.

What next?

- Recovery actions forecast improvement from overall position in September 2025 of 45.54% to 86% by end of March 2026 with observable week on week improvements in DM01.



Referral to treatment (RTT) performance



Referral to treatment (RTT) performance

Overall 18-week compliance
February 2026

62.88%

Patients with 65 week wait
February 2026

20

Patients with 52 week wait
February 2026

609

Total waiting list

31094

% of patients being seen for first OPA within 18 weeks

74.2%

What?

- Overall RTT compliance continues to improve, with performance of 62.88% in February and remains on track to achieve 64.1% for March 2026 as required.
- The volume of 65ww continues to reduce, as does the volume of patients over 52 weeks, whilst this is over the trajectory position, we are reducing month on month. The total waiting list size is also reducing at 31094 for the end of February.
- The focus on validation and outpatient sprint activity has supported the overall performance, as can be demonstrated by the 74.2% of patients waiting for a first outpatient appointment under 18 weeks.

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?

- Additional 52 week wait activity to be undertaken as part of 52ww sprint, which includes outsourcing of Orthopaedic work, insourcing of Vascular activity, additional weekend lists in Plastics and in-week additional sessions in Gynaecology, ENT and General Surgery.
- Continue engagement in Outpatient Sprint for Q4 with insourcing Dermatology and Vascular sessions and additional clinics across multiple specialities to reduce wait time for first appointment.
- Validation focus to continue through to the end of March as part of validation sprint, with learning and themes gathered and training implicated where needed.

Community paediatrics

What?

- There is sustained deterioration in waiting times for the paediatric team due to sustained level of demand and reduced capacity within the medical team.
- Longest waiting times, above 52 weeks, are associated with autism assessments although average waiting times for preschool assessments are increasing.

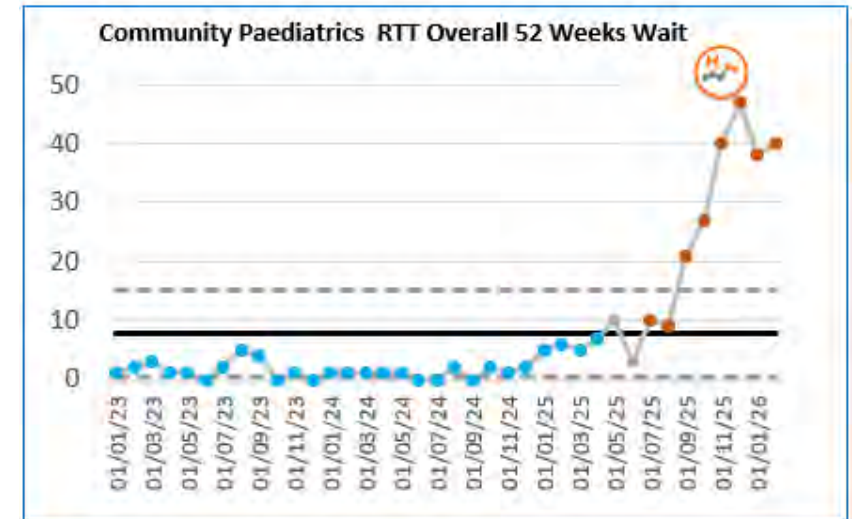
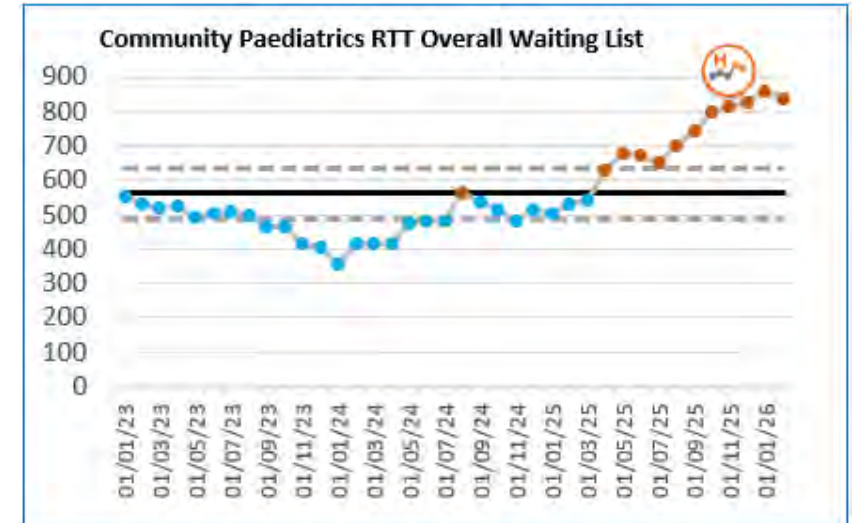
So what?

- 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 delay pathway
- Full time agency locum consultant within the east team covering vacancy – approval to extend this contract for a further three months whilst recruitment to substantive role is scheduled.
- 0.7wte Consultant offered post for 1wte vacancy in the west team – starting at the end of March
- Monthly monitoring of long waits continues.

KPI	Latest month	Measure	Target	Variation Assurance	Mean	Lower process limit	Upper process limit
Community Paediatrics RTT Overall Waiting List	Feb 26	838			561	488	635
Community Paediatrics RTT Overall 52 Weeks Wait	Feb 26	40			8	1	15



Elective activity plans

What?

- First outpatient attendances were behind plan in February to a similar level seen in January at -2.5%.
- The deficit in elective activity more than doubled in February, to -22.8% and -14.4% year to date.
- Outpatient follow ups however did fall below plan for the first time this year, where a reduction is seen as positive for productivity – freeing up capacity for new patient appointments.

So what?

From 2025/26, ICB's and providers must agree an Indicative Activity Plan (IAP), failure of which to deliver can result in contractual penalties. Delivery of increased activity levels is also required to meet improvements in Referral to Treatment (RTT): 5% improvement in the number of patients waiting 18 weeks or less and less than 1% of people waiting 52 weeks or more.

What next?

- Specialty level RTT trajectories are monitored through weekly access meetings – for most specialties the activity required to deliver these will exceed the Indicative Activity Plan totals.
- Spending has completed against the £440K allocation from Management Executive Group to identify opportunities to go further, as well as responding to national 'sprint' incentives for 52 week wait reduction and additional new outpatient activity in Q4. Delivery of productivity initiatives across theatres and outpatients is supported through the Productivity Programme Board.

Outpatient First						
Mon	25/26	24/25	Plan	Var	Var %	
Apr	9,740	9,572	9,955	(215)	(2.2%)	
May	10,146	9,814	10,207	(61)	(0.6%)	
Jun	10,442	10,051	10,453	(11)	(0.1%)	
Jul	10,534	10,645	11,070	(536)	(4.8%)	
Aug	9,042	8,967	9,325	(283)	(3.0%)	
Sep	10,914	10,529	10,950	(36)	(0.3%)	
Oct	11,363	11,008	11,448	(85)	(0.7%)	
Nov	10,766	9,814	10,207	559	5.5%	
Dec	9,990	9,809	10,201	(211)	(2.1%)	
Jan	10,363	10,172	10,579	(216)	(2.0%)	
Feb	9,952	9,814	10,207	(255)	(2.5%)	
Mar		10,893	11,328			
Total (YTD)	113,252	110,196	114,602	(1,350)	(1.2%)	

February 2026	
25/26	9,952
24/25	9,814
Plan	10,207
Var	(255)
Var %	(2.5%)

Outpatient Follow Up						
Mon	25/26	24/25	Plan	Var	Var %	
Apr	26,245	25,589	24,054	2,191	9.1%	
May	25,863	26,236	24,662	1,201	4.9%	
Jun	26,234	26,868	25,256	978	3.9%	
Jul	27,333	28,456	26,749	584	2.2%	
Aug	23,502	23,971	22,532	970	4.3%	
Sep	27,616	28,148	26,459	1,157	4.4%	
Oct	28,735	29,427	27,662	1,073	3.9%	
Nov	25,995	26,236	24,662	1,333	5.4%	
Dec	25,811	26,221	24,648	1,163	4.7%	
Jan	27,544	27,192	25,560	1,984	7.8%	
Feb	24,107	26,236	24,662	(555)	(2.3%)	
Mar		29,119	27,372			
Total (YTD)	288,985	294,582	276,905	12,080	4.4%	

February 2026	
25/26	24,107
24/25	26,236
Plan	24,662
Var	(555)
Var %	(2.3%)

Daycase						
Mon	25/26	24/25	Plan	Var	Var %	
Apr	2,291	2,317	2,363	(72)	(3.1%)	
May	2,410	2,405	2,453	(43)	(1.7%)	
Jun	2,320	2,433	2,481	(161)	(6.5%)	
Jul	2,528	2,606	2,658	(130)	(4.9%)	
Aug	2,319	2,170	2,214	105	4.8%	
Sep	2,614	2,549	2,599	15	0.6%	
Oct	2,741	2,606	2,658	83	3.1%	
Nov	2,407	2,375	2,423	(16)	(0.7%)	
Dec	2,331	2,315	2,362	(31)	(1.3%)	
Jan	2,821	2,462	2,511	310	12.3%	
Feb	2,514	2,405	2,453	61	2.5%	
Mar		2,666	2,719			
Total (YTD)	27,296	26,642	27,175	121	0.4%	

February 2026	
25/26	2,514
24/25	2,405
Plan	2,453
Var	61
Var %	2.5%

Elective						
Mon	25/26	24/25	Plan	Var	Var %	
Apr	244	261	267	(23)	(8.5%)	
May	247	268	273	(26)	(9.6%)	
Jun	215	278	283	(68)	(24.1%)	
Jul	232	301	307	(75)	(24.3%)	
Aug	252	251	256	(4)	(1.7%)	
Sep	246	291	297	(51)	(17.1%)	
Oct	278	301	307	(29)	(9.3%)	
Nov	235	268	273	(38)	(14.0%)	
Dec	230	261	266	(36)	(13.7%)	
Jan	231	255	260	(29)	(11.0%)	
Feb	211	268	273	(62)	(22.8%)	
Mar		304	310			
Total (YTD)	2,621	3,002	3,062	(441)	(14.4%)	

February 2026	
25/26	211
24/25	268
Plan	273
Var	(62)
Var %	(22.8%)

Quality and patient safety committee metrics

Compassionate care,
healthier communities

Quality and patient safety: post-partum haemorrhage

What?

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

In February 2026, four cases of significant PPH over 1500ml were reported, one exceeded 2500ml. Of these cases:

- One occurred following a caesarean birth
- Three occurred after a vaginal birth

So what?

In recent months, there has been a decline in postpartum haemorrhages following vaginal births. This month has seen a slight increase in vaginal PPH cases, with two of the three incidents occurring following instrumental deliveries. In contrast, caesarean section related PPH has continued to decline, marking the second consecutive month of reduction. The caesarean section PPH rate has now fallen into alignment with the national benchmark.

Overall, while the slight increase in vaginal PPH requires continued monitoring and a targeted review of instrumental deliveries, the ongoing reduction in caesarean section related PPH reflects an improvement in clinical practice and patient safety. Regular multidisciplinary team meetings are scheduled to discuss themes and actions from all PPH exceeding 1500ml.

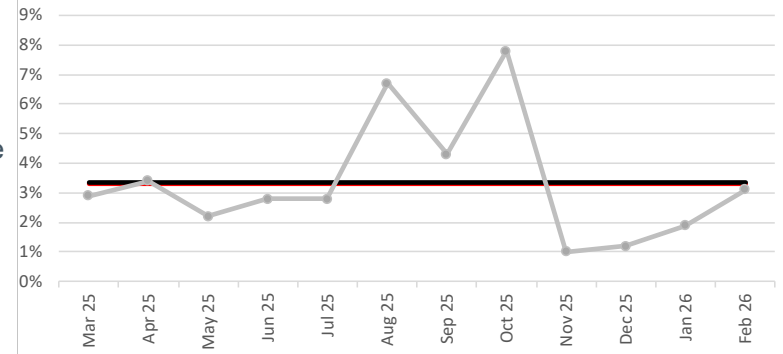
What next?

The maternity department will continue to monitor PPH rates monthly, with board level visibility on any upward trends. Ongoing reviews of all PPH and thematic reviews are required to continue, to identify patterns, contributory factors, and opportunities to improve anticipatory risk management particularly for emergency LSCS.

The Maternal Care Bundle (2026) has been launched to strengthen safety and consistency across maternity services looking at 5 elements of care. Key components include routine PPH risk assessment at all stages of care, accurate measurement of blood loss, clear escalation pathways, and timely use of evidence-based interventions. Implementation is expected to improve response times, reduce severe PPH events, and enhance overall maternal safety.

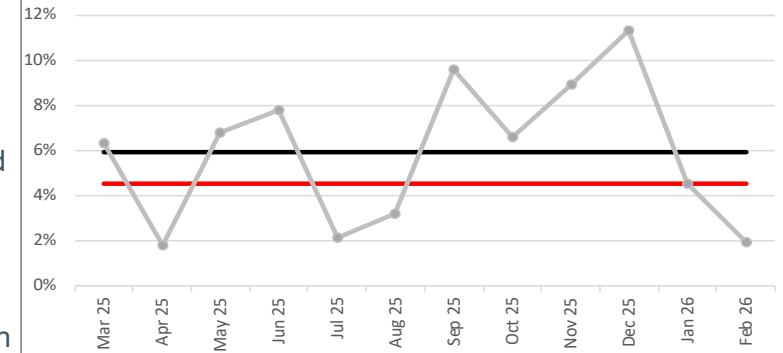
The maternity department will meet the implementation time frame of March 2027, with full implementation of all elements of the MCB. Including maintaining regular MDT training and skill drills, objective blood-loss measurement across all birthing environments with a clear and rapid response for blood loss exceeding 500ml. The department will maintain proactive risk assessment and individualised management plans for those at increased risk of PPH.

Vaginal births PPH



Quarter	Total vaginal births	PPH after vaginal birth	Total Quarterly rate
2 (Jul- Sept 2024)	374	11	2.90%
3 (Oct- Dec 2024)	284	11	3.90%
4 (Jan- Mar 2025)	300	6	2.00%
1 (Apr- June 2025)	347	9	2.60%
2 (Jul- Sept 2025)	331	14	4.20%
3 (Oct- Dec 2025)	294	7	2.4%

LSCS PPH



Quarter	Total C. section performed	PPH at CS	Total Quarterly rate
2 (Jul- Sept 2024)	191	12	6.30%
3 (Oct- Dec 2024)	213	11	5.20%
4 (Jan- Mar 2025)	194	6	3.10%
1 (Apr- June 2025)	182	9	4.90%
2 (Jul- Sept 2025)	198	10	5.10%
3 (Oct- Dec 2025)	225	19	8.4%

Quality and patient safety: patient safety reports

What?

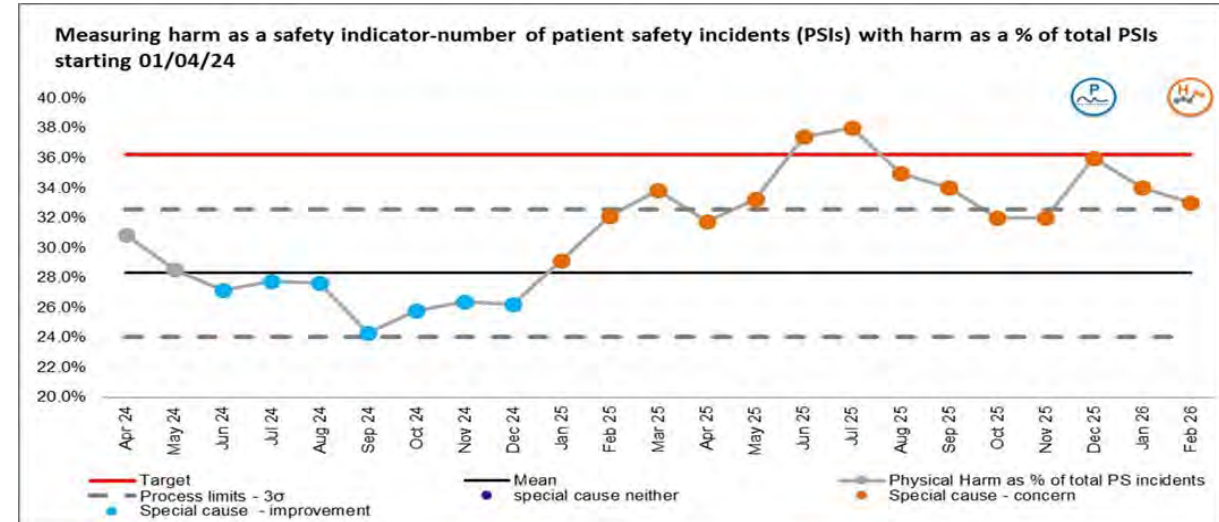
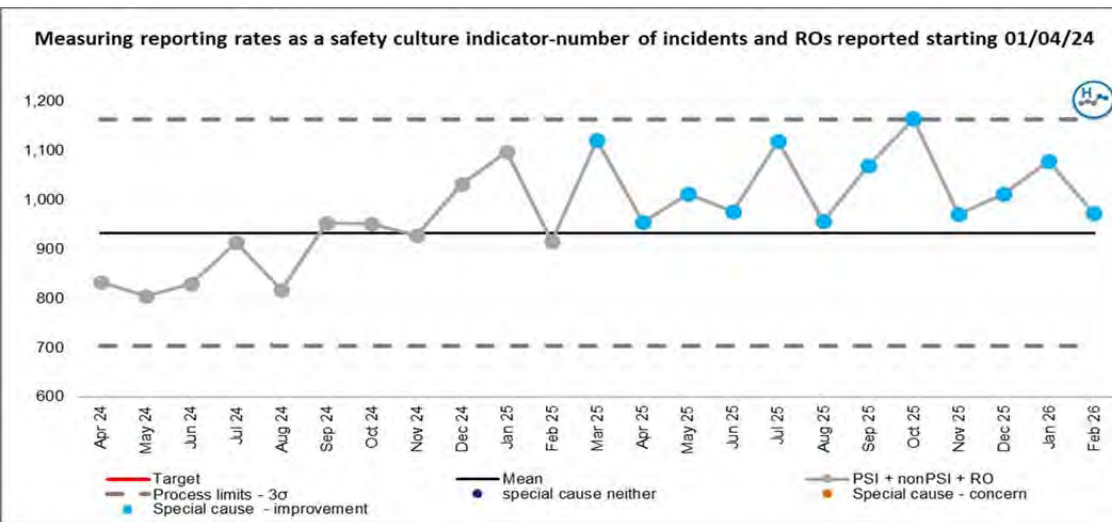
In February, overall incident reporting showed a decrease. The patient safety team continues to benchmark the monthly proportion of reported harm against national data from the Learning from Patient Safety Events (LFPSE) data set. This month, WSFT recorded a harm rate of 33% compared to 34% last month. The national average is currently recorded at 35.81%.

So what?

We continue to encourage reporting of every incident, as doing so strengthens learning and helps to drive improvement. Tracking how often incidents are reported offers valuable insight into our safety culture, while assessing the level of harm helps us understand the overall safety of our services. All patient safety incidents and reportable occurrence events are reviewed each quarter and shared with the Quality and Patient Safety committee. Incidents that lead to moderate harm are addressed within the relevant division, while those believed to have caused serious or fatal harm are escalated to the Emerging Incident Review (EIR). At the EIR, we collectively agree the most appropriate learning response, guided by our Patient Safety Incident Plan (PSIRP).

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 guide focused improvement efforts. These findings also shape trust-wide safety discussions, ensuring timely escalation and action whenever harm levels or incident trends indicate the need for further scrutiny. Our trust's patient safety incident response plan (PSIRP) has now been updated and approved following the Quality and Patient Safety committee to commence on the 1st April 2026.



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

What?

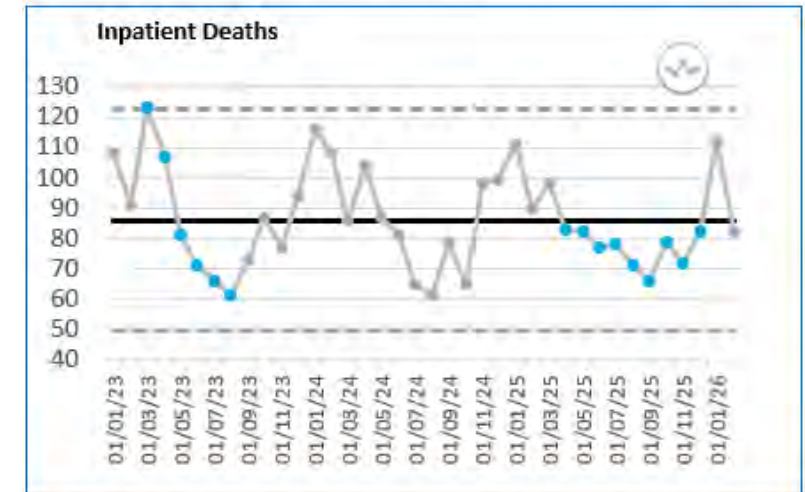
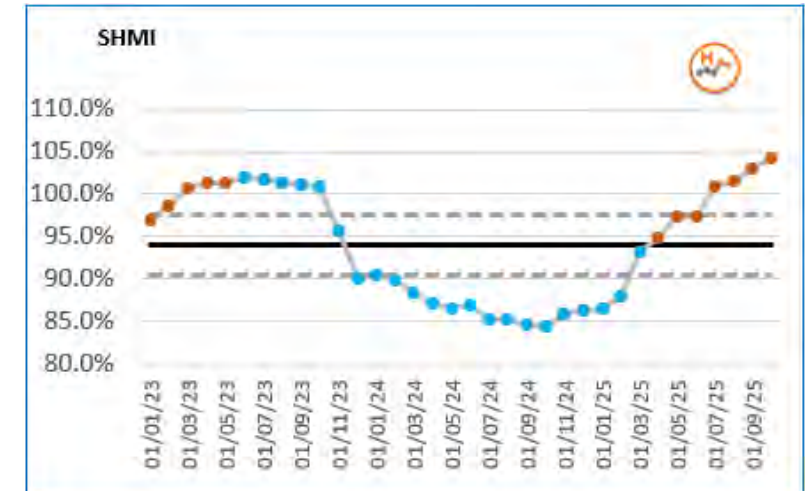
- In February 2026 there were 78 adult inpatient deaths at WSFT. The SHMI data is showing an upward trend which we have identified as a coding anomaly starting at reporting period March 2025, where coders placed uncoded episodes into the 'invalid primary diagnosis' category. This resulted in 'invalid primary diagnosis' showing more deaths than is expected in that single category, which is why there is an upwards trend. As SHMI is reported in 6-month arrears the coding anomaly became evident in September 25 reporting.

So what?

- The coders not meeting the deadline was causing the WSFT SHMI data to rise.
- The coding issue was escalated, and coders have been meeting national deadline for SHMI submission since December 2025. We predict that the WSFT SHMI data will be to decline and normalise in May 26 reporting dataset.

What next?

- We continue to analyse mortality data through the mortality oversight group and the independent medical examiner service.
- We are assured through our monthly mortality data reported in the Learning from Deaths report and National Cardiac Arrest Audit data that the Trust is performing well; with no unusual activity/data flagged.
- SHMI data is checked monthly and reported into Mortality Oversight Group.



KPI	Latest month	Measure	Target	Variation Assurance	Mean	Lower process limit	Upper process limit
SHMI	Oct 25	104.2%			94.1%	90.5%	97.7%
Inpatient Deaths	Feb 26	82			86	50	123

Quality and patient safety: complaints

What?

- Active formal complaints have remained stable at 36 at the time of reporting and remain within the controlled limits. However volume of complaints resolved have increased from 19 in January to 27 in February.
- Complaints extended have decreased slightly however remain higher than expected due to an unexpected period of sick leave within the team however the volume of complaints extended remain relatively low, with 10 extended.
- PALS cases logged have increased due to a member of staff on bank joining the team. The team are finding a balance between providing early resolution and logging full enquiries. However, percentage of PALS cases resolved within one week, remain consistent at 59%. A number of factors affecting this however predominant factors include staff sickness and reduced capacity due to upskilling and training the temporary member of staff.

So what?

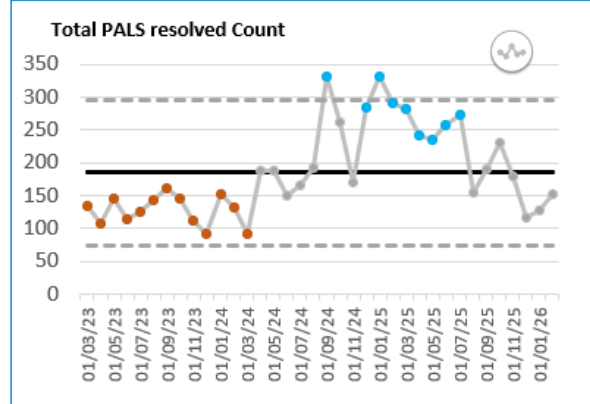
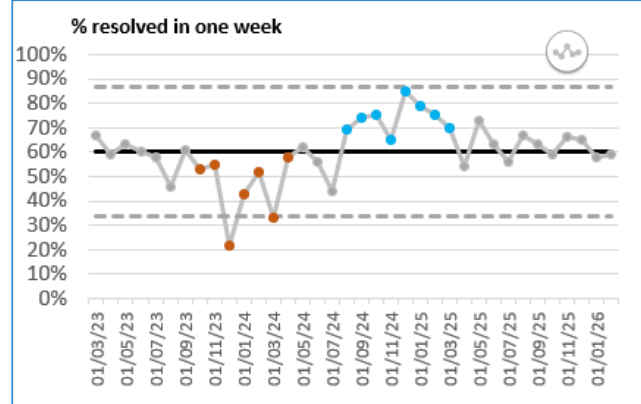
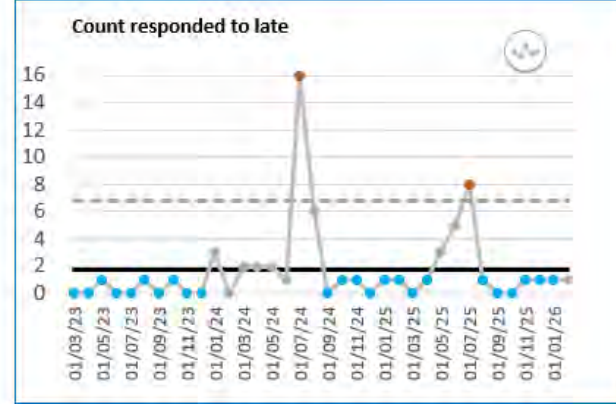
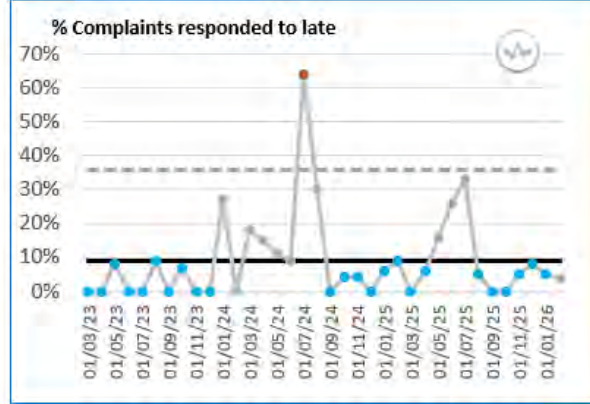
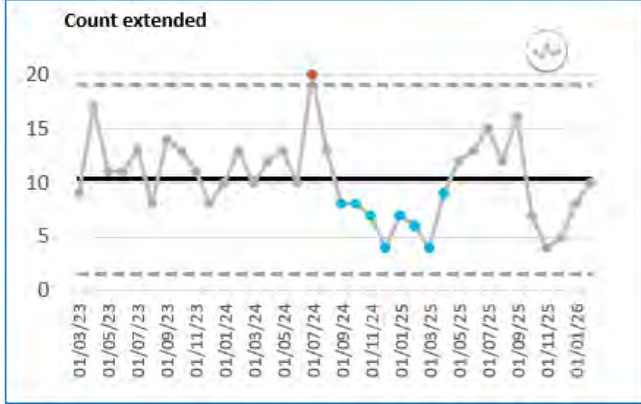
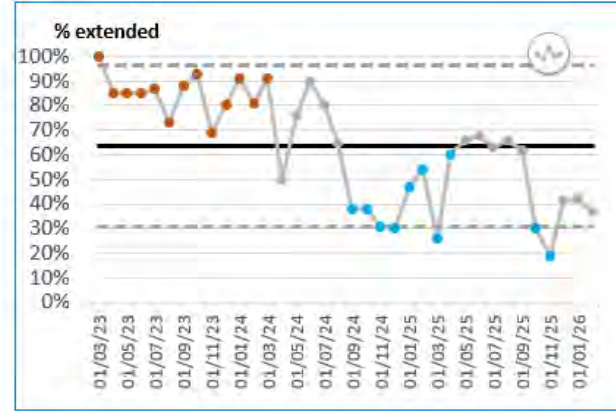
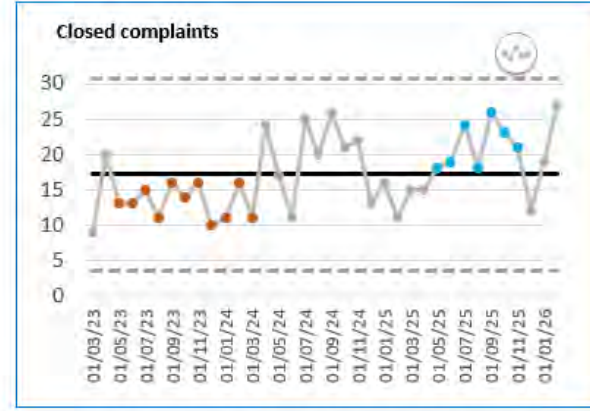
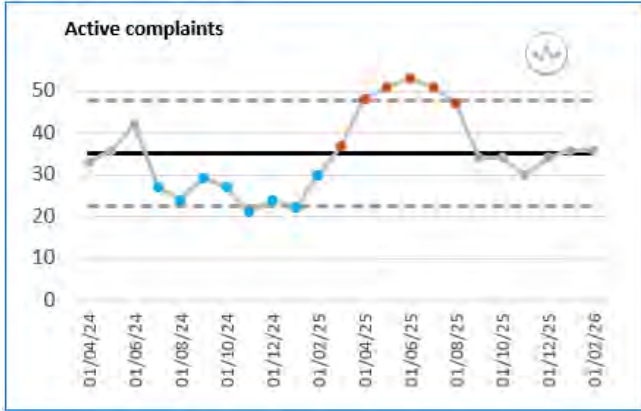
- Initial findings show that AI (copilot) is having a positive effect on the response timeframes once the investigation has been completed by clinical staff. Further results show the quality of investigation is successful with initial results currently at 95% first time resolution rate. In turn this reduces the volume of complaints extended and complaints that are late.
- There is however some additional work required to ensure investigating staff provide a response in a timely manner. Although percentage of complaints extended have increased for January, we ensure there is a robust process in place to ensure complainants are updated throughout the investigation on any delays, investigation pathways and updates on progress.
- The majority of complainants are satisfied with the level of investigation and updates provided.

What next?

- We are working with Patient safety and the wider patient quality team to triangulate reports and reviewing divisional oversight to enhance divisional ownership. Initial discussions to trial attending more clinical/department team meetings to escalate upcoming complaints rather than oversight meetings to increase engagement and ensure we are meeting with the most appropriate staff.
- The QI project for the use of AI in complaint responses will continue until we are using this software to its full capabilities. Initial results show that it has enhanced the quality of responses, including the tone, language used and openness of our learning.
- Revision to the complaints metrics will be available in the March IQPR.

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Active complaints	Feb 26	36	-			35	22	48
Closed complaints	Feb 26	27	-			17	3	31
% extended	Feb 26	37%	-			64%	30%	97%
Count extended	Feb 26	10	-			10	2	19
% Complaints responded to late	Feb 26	4%	-			9%	-18%	36%
Count responded to late	Feb 26	1	-			2	-3	7
% resolved in one week	Feb 26	59%	-			60%	34%	86%
Total PALS resolved Count	Feb 26	153	-			185	74	295











Quality and patient safety: complaints



Workforce 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	Feb 26	5.0%	5.0%			4.8%	4.7%	4.9%
Staff Sickness - monthly	Feb 26	5.0%	5.0%			4.8%	4.7%	4.9%
Mandatory Training monthly	Feb 26	89.7%	90.0%			89.6%	88.0%	91.2%
Appraisal Rate monthly	Feb 26	85.4%	90.0%			85.7%	83.4%	88.0%
Turnover rate monthly	Feb 26	9.5%	10.0%			9.3%	8.5%	10.1%

What?

- Sickness – 5% 12-month rolling performance versus 5% target.
- Mandatory Training – marginally failing target this month at 89.7% versus 90% target.
- Appraisal – consistently failing target, 85.4% versus 90% target.
- Turnover – achieving target, 9.5% versus 10% target.

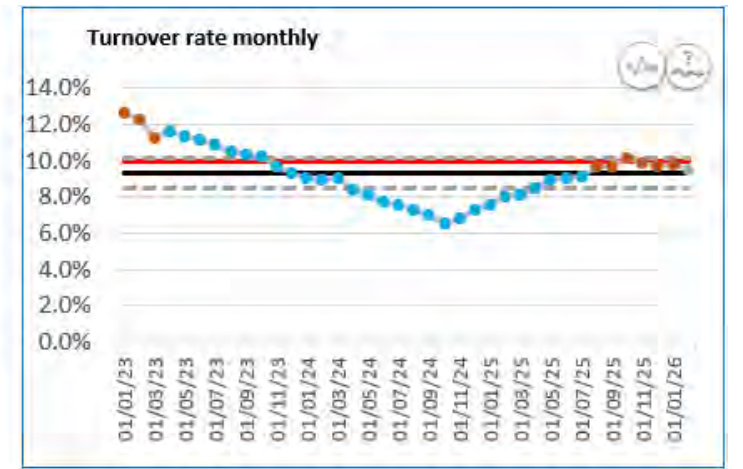
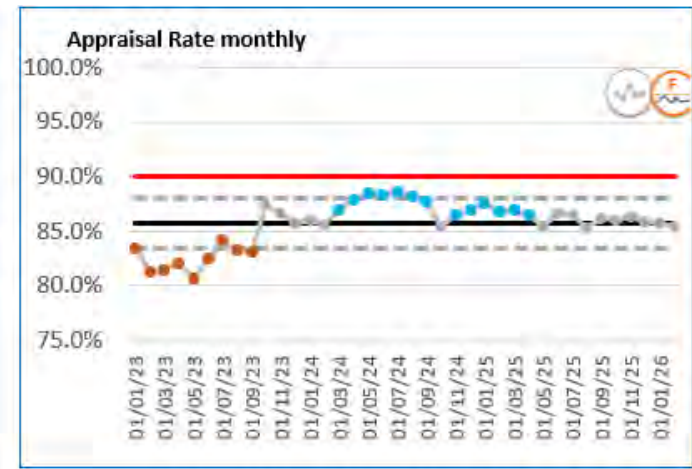
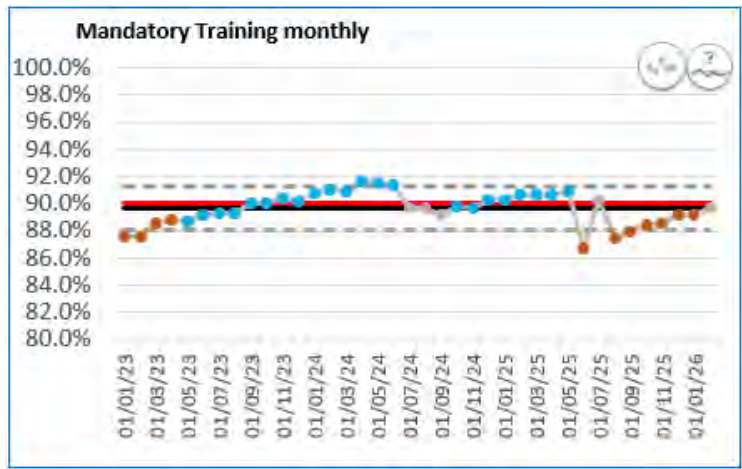
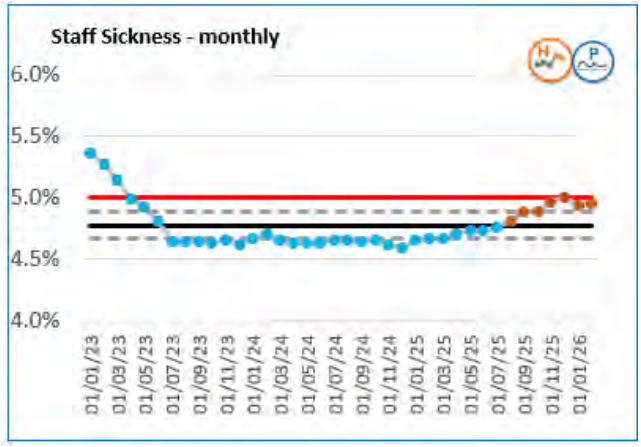
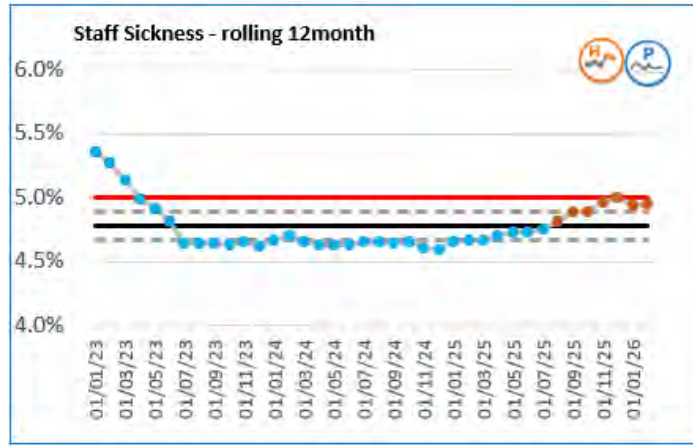
So what?

- 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 areas and staff groups are identified where further focus and support may be required.
- Continued analysis of appraisal data to support and challenge areas in need of action and improvement.
- Maintain focus on the delivery of our people and culture plan and priorities.

Workforce & organisational development metrics



Appendices: understanding MDC

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.

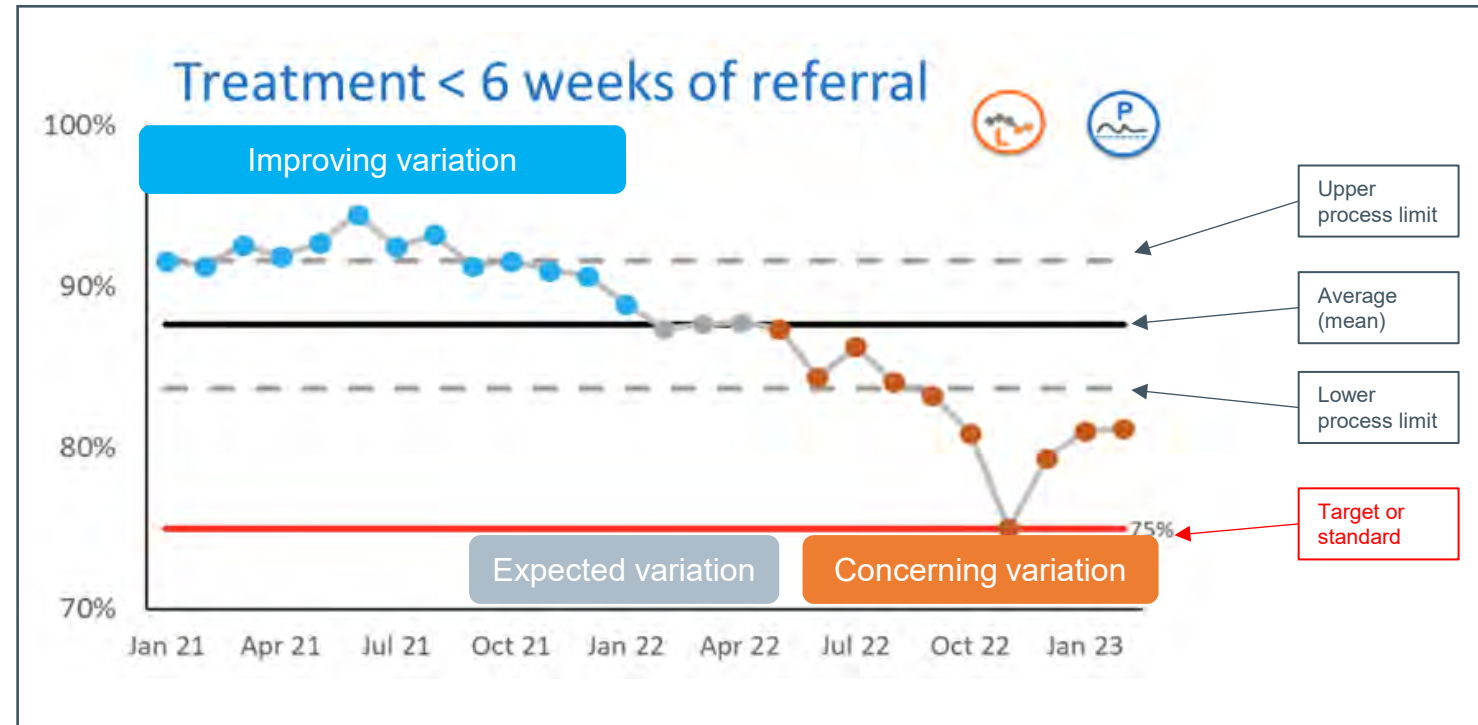
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

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

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.

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