

Council of Governors Meeting

Schedule	Wednesday 18 May 2022, 5:30 PM — 7:30 PM BST
Venue	Ashlar House, 23 Eastern Way, Bury St. Edmunds, IP32 7AB
Organiser	Pooja Sharma

Agenda

COUNCIL OF GOVERNORS MEETING

Wednesday 18 May 2022, 5.30pm at Ashlar House, 23 Eastern Way, Bury St. Edmunds, IP32 7AB

AGENDA

 [Agenda open CoG Mtg 22 05 18 May.docx](#)

1. Public meeting

The Council of Governors is holding it's first face to face meeting in over 2 years.

For Reference

2. Clinical presentation – NHS Operational Planning Priorities

To receive a presentation setting local response to the national guidance

For Reference

3. Apologies for absence

To receive any apologies for the meeting

For Reference - Presented by Jude Chin

4. Welcome and introductions

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

To note the resignation of Roy Mawford and Keith Foss as Public Governors

For Reference - Presented by Jude Chin


5. Declaration of interests for items on the agenda

To receive the updated summary of declarations from all Governors

To receive any declarations of interest for items on the agenda
For Reference - Presented by Richard Jones

 Item 5 Register of Governors' interests DoIs 2022-23.docx

6. Minutes of the previous meeting (enclosed)
To note the minutes of the meeting held on 29 March 2022
For Approval - Presented by Jude Chin

 Item 6 CoG minutes 2022 03 29 March Draft - Approved.doc

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

 Item 7 Action points from Open CoG minutes 22 03 29 March.doc

 Item 7.1 Appendix 1 Action# 224.doc

8. Chair's report (enclosed)
To receive an update from the Chair
For Reference - Presented by Jude Chin

 Item 8 Chair report to CoG.docx

9. Chief executive's report (enclosed)
To note a report on operational and strategic matters
For Reference - Presented by Craig Black

 Item 9 Council of governors CEO report May 2022.docx

10. Nomination Committee report (enclosed)
To receive the report including progress with the Chair and NED appointment
To consider election to vacancy on the Committee
For Reference - Presented by Jude Chin

 Item 10 Nominations committee report.docx

11. Appraisal process for Chair & NEDs (enclosed)
To receive the process and seek a minimum of six volunteers to participate in this process
For Approval - Presented by Richard Jones


 [Item 11 Appraisal process.doc](#)


12. Governor Engagement (enclosed)

To receive the minutes from the Engagement Committee meeting of 04 May 2022

To approve Engagement strategy and Engagement committee TOR

For Approval - Presented by Florence Bevan

 [Item 12 Report from Engagement Committee.doc](#)

 [Item 12.1 Engagement Committee TOR amended April 20, reviewed April 21.doc](#)

 [Item 12.2 Engagement Strategy April 2021-2023 approved.doc](#)

13. Council of Governors forward plan 2022/23 (enclosed)

To review progress and consider next steps

For Reference - Presented by Richard Jones

 [Item 13 Governors Work Programme 2022-2023.doc](#)

14. Annual Report and Quality Accounts 2021/22 (enclosed)

To approve approach to governor commentary

For Reference - Presented by Florence Bevan

 [Item 14 Annual report and quality accounts.docx](#)

15. Lead Governor report (enclosed)

To receive a report from the Lead Governor

For Reference - Presented by Liz Steele

 [Item 15 Lead Governor Report Spring 2022.docx](#)

16. Staff Governor report (enclosed)

To receive a report from the Staff Governors

For Reference - Presented by Margo Elsworth

 [Item 16 Report from Staff governor meeting 19 April 22.docx](#)

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

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

For Reference - Presented by Jude Chin and Craig Black

 [Item 17 Summary Report for Board of Directors meeting.docx](#)

18. Dates for meetings for 2022:

Tuesday 9 August

Tuesday 27 September (Annual Members Meeting, Apex)

Thursday 10 November

For Reference - Presented by Jude Chin

19. Reflections on meeting

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

For Discussion - Presented by Jude Chin

COUNCIL OF GOVERNORS MEETING
Wednesday 18 May 2022, 5.30pm at
Ashlar House, 23 Eastern Way, Bury St.
Edmunds, IP32 7AB


AGENDA

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on **Wednesday 18 May 2022 at 17.30 at Ashlar House, 23 Eastern Way, Bury St. Edmunds, IP32 7AB.**

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>

17.30 GENERAL BUSINESS		
1.	Public meeting The Council of Governors is holding it's first face to face meeting in over 2 years.	Jude Chin
2.	Presentation – NHS Operational Planning Priorities To <u>receive</u> a presentation setting local response to the national guidance	Nicola Cottington / Clem Mawoyo
3.	Apologies for absence To <u>receive</u> any apologies for the meeting – Jayne Neale, Jane Skinner and Clive A Wilson	Jude Chin
4.	Welcome and introductions To <u>welcome</u> governors and attendees to the meeting and <u>request</u> mobile phones be switched to silent To <u>note</u> the resignation of Roy Mawford and Keith Foss as Public Governors	Jude Chin
5.	Declaration of interests (enclosed) To <u>receive</u> the updated summary of declarations from all Governors To <u>receive</u> any declarations of interest for items on the agenda	Richard Jones
6.	Minutes of the previous meeting (enclosed) To <u>note</u> the minutes of the meeting held on 29 March 2022	Jude Chin
7.	Matters arising action sheet (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda	Jude Chin
8.	Chair's report (enclosed) To <u>receive</u> an update from the Chair	Jude Chin
9.	Chief executive's report (enclosed) To <u>note</u> a report on operational and strategic matters	Craig Black

18:15 GOVERNOR BUSINESS (INC. STATUTORY DUTIES)		
10.	Nomination Committee report (enclosed) To receive the report including progress with the Chair and NED appointment To consider election to vacancy on the Committee	Jude Chin
11.	Appraisal process for Chair & NEDs (enclosed) To receive the process and seek a minimum of six volunteers to participate in this process	Richard Jones
12.	Governor Engagement (enclosed) To receive the minutes from the Engagement Committee meeting of 04 May 2022 To approve Engagement strategy and Engagement committee TOR	Florence Bevan
13.	Council of Governors forward plan 2022/23 (enclosed) To review progress and consider next steps	Richard Jones
14.	Annual Report and Quality Accounts 2021/22 (enclosed) To approve approach to governor commentary	Richard Jones
15.	Lead Governor Report (enclosed) To receive a report from the Lead Governor	Liz Steele
16.	Staff Governor Report (enclosed) To receive a report from the Staff Governor meeting of 12 April 2022	Staff Governor
19:00 REPORTS FROM THE BOARD OF DIRECTORS		
17.	Summary report for Board of Directors meetings (enclosed) To receive a report from the Chair, Chief Executive and Non-Executive Directors	Jude Chin / Craig Black / NEDs
19.30 ITEMS FOR INFORMATION		
18.	Dates for meetings for 2022 To note dates for meetings in 2022: Tuesday 9 August Tuesday 27 September (Annual Members Meeting, Apex) Thursday 10 November	Jude Chin
19.	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
19.35 CLOSE		

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Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Register of Governors' Interests 2022-23
AGENDA ITEM:	5
PREPARED BY:	Pooja Sharma, Deputy Trust Secretary
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Information

1. Introduction

The Register of Governors' Interests should be formally 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.

Please note that we a pending confirmation of any amendments to previous declarations from a number of Governors. This will be followed-up and an update reported at the next meeting.

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

2. Recommendation

The Council of Governors is asked to **receive and note** the report and updated Register of Governors' Interests.

An update on completion of returns to be provided at the next meeting.

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 • Shareholder of SSAT (The Schools Network) Ltd • Trustee The Seckford Foundation • Trustee The Seckford Education Trust • Trustee The Academies Enterprise Trust 	20 January 2022
Staff Governors		
Rachel Darrah	Work once a week for 2-3 hours at BMI St Edmunds which has some NHS contracts. Personally report a few x-rays and do ultrasound scans on some NHS at the BMI	May 2021
Margo Elsworth	Nil	26 April 2022
Sarah Judge	Nil	26 April 2022

	Declared Interest	Date Reviewed
Amanda Keighley	Chairperson of Brockley Community Council (registered charity)- which is a village events organising committee not related to health or social care per say.	06 May 2022
Martin Wood	Admitting rights at BMI Bury St Edmunds Hospital NHS	10 May 2022
Nominated Partner Governors		
ClIr Carol Bull	West Suffolk District Councillor	25 April 2022
Dr Andrew Hassan	Wife owns a dental practice holding an NHS contract Trustee of Zoological Society of East Anglia	12 May 2022
ClIr Rebecca Hopfensperger	A Cabinet Member of Suffolk County Council, responsible for adult social care. Work with NHS colleagues; Suffolk County Council works with contracts with and commissions NHS services.	12 May 2022
Laraine Moody	Nil	07 May 2022
Dr Thomas Pulimood	<ul style="list-style-type: none"> • Trustee Friends of Vellore UK • Consultant Respiratory medicine and respiratory lead; West Suffolk Hospital • Honorary consultant Papworth Hospital • Honorary consultant Cambridge University Hospital 	03 May 2022
Public Governors		
Florence Bevan	<ul style="list-style-type: none"> • Director: Pentland Consulting Ltd • Chair of UK charity Family Link Myanmar; humanitarian charity working in Myanmar only 	10 May 2022
Robin Howe	Nil	25 April 2022
Ben Lord	<ul style="list-style-type: none"> • Whole time Director, Speedbird Promotions Ltd • Whole time Director, Speedbird Supplies Ltd • Whole time Director, Speedbird Concord Ltd • Whole time Director, Rambling Rose Group Ltd 	28 April 2022

	Declared Interest	Date Reviewed
	<ul style="list-style-type: none"> Regional Ambassador, AF Association East Anglia Essex University Partnerships NHS Trust- Mass Vaccination Programme Covid-19 	
Jayne Neal	Nil	06 May 2022
Adrian Osborne	Nil	12 May 2022
Joe Pajak	Nil	25 April 2022
Margaret Rutter	Nil	26 April 2022
Jane Skinner	West Suffolk NHS FT volunteer	May 2021
Allen Drain	<ul style="list-style-type: none"> Volunteer at WSFT Patient & Public Involvement member NIHR Cambridge Biomedical Research Centre 	9 May 2022
Elizabeth Steele	Nil	10 May 2022
Clive Wilson	Director of Broadhaven Ltd; Personal Consultancy Company – no NHS connections Director of Riverside (Wetherby) Management Co Ltd, Leaseholders Association – no NHS connections	11 May 2022

6. Minutes of the previous meeting
(enclosed)

To note the minutes of the meeting held
on 29 March 2022

For Approval

Presented by Jude Chin

DRAFT

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON TUESDAY 29 MARCH AT 17.30pm
Via Microsoft Teams**

COMMITTEE MEMBERS		Attendance	Apologies
Jude Chin	Interim Chair	•	
Florence Bevan	Public Governor	•	
Carol Bull	Partner Governor	•	
Rachel Darrah	Staff Governor	•	
Allen Drain	Public Governor	•	
Margo Elsworth	Staff Governor		•
Keith Foss	Public Governor	•	
Andrew Hassan	Partner Governor		•
Rebecca Hopfensperger	Partner Governor	•	
Robin Howe	Public Governor		•
Sarah Judge	Staff Governor	•	
Amanda Keighley	Staff Governor	•	
Ben Lord	Public Governor	•	
Roy Mawford	Public Governor		•
Laraine Moody	Partner Governor		•
Jayne Neal	Public Governor	•	
Adrian Osborne	Public Governor	•	
Joe Pajak	Public Governor	•	
Thomas Pulimood	Partner Governor	•	
Margaret Rutter	Public Governor	•	
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor	•	
Clive Wilson	Public Governor	•	
Martin Wood	Staff Governor	•	
In attendance			
Ann Alderton	Interim Trust Secretary		
Craig Black	Interim Chief Executive		
Jude Chin	Interim Non-Executive Director		
Nicola Cottington	Executive Chief Operating Officer		
Helen Davies	Head of Communications		
Richard Davies	Non-Executive Director		
Georgina Holmes	FT Office Manager (<i>minutes</i>)		
Christopher Lawrence	Non-Executive Director		
Louisa Pepper	Non-Executive Director		
Alan Rose	Non-Executive Director		
David Holden	Good Governance Institute		
Mike Weaver	Good Governance Institute		

Action

GENERAL BUSINESS

22/23 PUBLIC MEETING

The Council of Governors noted that representatives of the press, and other members of the public, were excluded from the meeting having regard to the guidance regarding public gatherings.

A recording of this meeting would be available on YouTube to enable the public to watch it afterwards.

22/24 APOLOGIES

Apologies for absence were noted as above.

22/25 CLINICAL PRESENTATION – PRE-SURGERY SCHOOL

- Vijay Gopal introduced himself and explained that he had been leading on the development of the surgery school alongside the workstream leads for the last six months.
- He acknowledged that the title was slightly confusing as this was not about teaching surgery and ideally needed a more appropriate name, eg getting fitter for surgery or something similar.
- The focus was to ensure the best possible outcome for patients when they underwent their surgery, as they had had been waiting longer than planned and were likely to have deteriorated both mentally and physically.
- He explained the triple aim of perioperative care and how this could be achieved.
- Surgery school primarily focussed on physical activity, nutritional support, lifestyle modifications, eg smoking, drinking, weight management etc, psychological preparation and pain management. Shared decision making and patient engagement were also very important.
- There were eight project workstreams, ie pre-admission unit, physiotherapy, dietetics and diabetes, psychology, IT and information, pain, shared decision making, cancer pathway. The leads for each of these and the areas they would be focussing on were explained.
- Initial planning had begun in September 2021 with the first trial of patients through the service in December 2021. Following evaluation and data collection etc it was proposed that this should be expanded to additional specialties in September 2022.
- The project would be piloted in colorectal and urology over the next six months so that any issues could be understood and measurable outcomes defined.
- The pathway from recruitment into the pathway through to surgery and follow-up was explained for both high and low risk patients.
- The benefit to patients included improved experience, improved health and wellbeing, earlier discharge and better overall recovery.
- The benefit to the Trust included reduction in repeat pre-assessments and on the day cancellations, improved elective recovery and reduction in length of stay, all of which would result in a cost reduction.
- The wider benefits included improved health of the population and a reduction in community support requirements.
- The next steps from completion of the pilot of the programme through to evaluation of measurable outcome and data collection were explained.
- It was noted that it had taken the Medway Trust three years to achieve this.

Q What benefits were Medway seeing from this and what benefits could WSFT achieve?

A The population of Medway's patients was different to the population of WSFT's patients. Medway was focussing on cancer patients and its model was slightly different. In terms of outcomes they were seeing a reduction in length of stay, improved patient experience and recovery time and reduced infection and complications following surgery.

- Q** It was good to see that this would reduce theatre cancellations, was this a regular problem?
- A** On the day surgery cancellations had reduced as the pre-assessment unit were identifying patients where this could be an issue. However, there were still patients with issues that had not been picked up by the pre-assessment team or had developed a chest infection, high blood pressures etc prior to surgery.
- Q** Was there a minimum time that made it worth a patient going through this pathway or was there an ideal time for each surgery patient, ie an optimal timeline?
- A** The optimal timeline for patients to benefit from this was six to eight weeks and this had been learned from Medway. The Trust would be sending patients to Abbeycroft Leisure Centre and their body strengthening and balancing programme was six to twelve weeks. Therefore, ideally, the minimum time would be six weeks. However, for some patients, eg cancer patients, where it was only possible for them to take part in the surgery school for a short time, eg three weeks, there were some elements that they could still benefit from.
- Q** Was this the same as the waiting well programme that the Trust was undertaking, or was this different?
- A** Waiting well was a separate programme, although there were some common themes. It was planned to move these under one umbrella in the future but until then waiting well would be working alongside surgery school where appropriate. Vijay explained the difference between the two programme; waiting well was a longer-term programme whereas surgery school was focussing on patients who were due to have their operations within the next eight weeks.
- Q** Had the Trust involved primary care in this? If not, could the team talk to colleagues at Glemsford about how they felt about this?
- A** Primary care colleagues had been invited to meetings about this and they were aware of the programme and keen to support it in the community. However, there were some details that needed to be worked through as the programme developed so that it could be linked with the community teams.
- Q** As the Trust looked to roll this out and expand and integrate this with other partners across the system it would be very important to ensure that it was appropriately scalable and affordable. How did Vijay think the importance of this project had increased due to waiting times that were being experienced?
- A** This was not a new concept, some trusts had adopted this approach prior to the pandemic but had focussed on specific specialties, eg cancer, cardiothoracic. As a result of the pandemic waiting times had increased and some patients were deteriorating rapidly. Therefore, it was important to prepare patients properly for their surgery so they had better surgical outcomes which this was one of the main priorities.
- Q** Re access and the waits that patients were experiencing, what reaction had there been from patients in terms of accessing the service as they could be anxious and frustrated that their condition had been deteriorating?
- A** Approximately 14 patients had been recruited to the programme to date. The admin team felt that some of these patients were really frustrated and some of the programme was difficult to deliver, eg digital access for patients as some did not want to access the educational material online.

The team needed to persist and keep educating patients and explain the importance of their engagement in the whole of the programme. Patient engagement was key and it was important to manage their expectations and frustrations.

- Jude Chin thanked Vijay for an excellent and informative presentation on this very important initiative.

22/26 WELCOME AND INTRODUCTIONS

- Jude Chin welcomed everyone to the meeting and noted the appointment of Margo Elsworth as a staff governor and the resignations of Mark Krempel, public governor and Sarah Steele, partner governor.
- In light of the above vacancies Richard Jones and June Chin would review the composition of the Council of Governors.

ACTION: review composition of Council of Governors taking into account the public and partner vacancies.

- He explained that the format of the agenda had changed and requested feedback at the end of the meeting on how effective and relevant governors felt this was.

**J Chin /
R Jones**

22/27 DECLARATIONS OF INTEREST

- There were no declarations of interest for items on the agenda.

22/28 MINUTES OF THE MEETING 17 JANUARY 2022

- The minutes of the meeting held on 17 January were approved as a true and accurate record.

22/29 MATTERS ARISING ACTION SHEET

The ongoing action was reviewed and the following update provided:

- Ref 222 - Improvement Committee – once work complete, provide information to governors on specialist committees within the organisation. A review of these committees was being undertaken and once it had been completed a report on the recommendations would be presented to the Council of Governors.

ACTION: provide report on recommendations following review of specialist committees.

R Jones

The completed actions were reviewed and the following update provided:

- Ref 218 - Next FT newsletter to include information to help manage people's expectations about recovery, ie the length of time it would take for treatment/services to be available. This had been included in the Chair's introduction to the newsletter which was being sent out to members w/c 11 April.

22/30 CHAIR'S REPORT

- Jude Chin explained that he had not listed all his meetings, which had been done in previous reports, as he did not feel it was necessary. However, as well as internal meetings he had also attended a number of external meetings with partners.
- He set out his key areas of focus and priorities whilst he was in this interim role.
- Appendix 1 gave details of the response to a question submitted via the governor question email addressed.

- Craig Black highlighted the launch of the new Trust strategy which would be discussed in more detail under agenda item 17. He commended the communications teams for their work in co-ordinating the communication around the strategy and its animation.
 - This strategy and animation had been shared with a number of groups both inside and outside the Trust and to date feedback had been very positive. However, evidence that this being out into practice would be very important. He would welcome feedback from governors once they had seen the animation today.
 - A board workshop was taking place at the end of this week where they would discuss how the strategy would be implemented in the future.
 - This report referred to some of the pressures that the organisation was currently facing, particularly the impact of another wave of Covid. It did not appear that the public realised the impact of what was happening at the moment. The case rate was as high as it had ever been in the community and the main impact it was having on the organisation was the level of staff sickness.
 - There were approximately 70 patients in the hospital with Covid and many more in the community. However, Covid was being identified in patients when they were admitted into hospital, rather than patients being admitted due to Covid. This created a significant operational challenge due to the need to isolate and cohort these patients, and staff needing to take appropriate precautions. This created a significant burden on the organisation and reduced capacity.
 - The biggest impact was around availability of staff in both the hospital and community services. This, in turn, created significant pressure for staff who were having to cover for colleagues while they were off with Covid. This caused additional stress for staff as they could not care for patients in the way they would like to as they had to prioritise their workload and standards.
 - It was also difficult to reconcile what was being seen in the hospital and community on a daily basis versus what was being said and seen in public about the need to learn to live with Covid.
 - The current situation had also resulted in continued restrictions on visiting, although some of the restrictions had been relaxed. This put additional stress on patients, relatives and staff.
 - Staff wellbeing continued to be a key focus of the Trust and the communications team had overseen 'Love Yourself Week; with a fantastic range of events staff. As part of this focus WSFT's arrangement with Abbeycroft Leisure had been extended for a further year to provide all members of staff with free access to their services. To date over 2000 staff had taken advantage of this.
- Q** The impact of the lack of trained doctors and nurses in this country continued to be a challenge and resulted in trusts recruiting from overseas. Could assurance be provided that WSFT acknowledged that it was part of a global population and was taking care in terms of the way that staff were recruited from overseas and the impact this was having on the countries that it recruited nurses from? Also, the impact on nurses who came over to the UK?
- A** One of the issues for UK was that it had a lower proportion of school leavers and graduates who went into healthcare professions than most European countries. This was something that needed to be addressed by focusing on education and encouraging people to enter the healthcare profession.

In terms of overseas recruitment there were a number of countries who had significantly more people wanting to enter the healthcare profession than they could ever employ domestically. This was because they had a long history of supporting healthcare workers, eg Spain and Portugal. Therefore, WSFT had historically focused on countries which over produced healthcare professionals.

The Trust also tried to ensure that when staff recruited from overseas arrived they were looked after and appropriate recognition was given to the circumstances they were dealing with, ie their leaving home and country, as well as starting a new job in a new organisation. The approach had been to try and encourage communities to develop; this could be seen with the Filipino staff and was now being used as a model. Staff were starting to join the Trust from Nigeria and the approach to this was to use the same model that had been developed for the Filipino community.

Allen Drain commented that as a volunteer he met a lot of new staff who came for initial blood tests as part of their occupational health assessment. He often talked to them about why they had come to WSFT and it was because they chose to come to the UK for training and opportunities. Junior doctors, in particular, wanted to come to this Trust and this was a positive choice they had made of their own accord.

Q Re engagement with the future system and design of the new healthcare facility; this was the question that governors were most asked about and they were trying to encourage people to take part in the community engagement events. Was the team getting much engagement from the community?

A The Trust was about to apply for outline planning permission which meant that a further engagement process would be undertaken during the summer. There had been a huge number of responses to the last engagement exercise and genuine engagement was being seen from the community who were a part of designing the facility that would eventually be built. This was a long-term process that had already been talked about for over ten years; the Trust was working towards starting the build in 2025 with completion in 2027, as long as funding continued to be available.

GOVERNOR BUSINESS (INC. STATUTORY DUTIES)

22/32 CHAIR AND NED APPOINTMENTS

- The nominations committee had met in January to approve the job specification to be sent out to candidates.
- It committee was meeting tomorrow to discuss the current status of the recruitment process with Odgers and they would be reviewing the Chair candidates. The process would then move on to identifying NED candidates.
- By the next Council of Governors meeting on 18 May, the recruitment process for the Chair should have been completed and the process for NEDs should be nearing completion.

22/33 GOVERNORS' WORK PROGRAMME

- This report set out the strategic approach to the key discussions and deliverables going forwards and included the governor work programme and appointments that governors would be making through to March 2023.
- The Integrated Care System (ICS) was developing ideas about how to involve governors at ICS level and there may be opportunities for governors to attend meetings with the broader ICS in the future.

It was suggested that there should be an update on the ICS in July when it became an Integrated Care Board (ICB), as it had not yet been decided how governor involvement would work.

This would be included as part of the strategic work programme.

- It was also proposed that a briefing on the constitution and structure and format of the CoG should be included. Richard Jones would consider how this could be moved forward using an existing group/committee of the CoG.

ACTION: the governors' strategic work programme to include briefings on the ICB and governor involvement, and the constitution and structure/format of the CoG.

R Jones

- The CoG approved the work programme and strategic work programme subject to the above additions.

22/34 REPORT OF THE STANDARDS WORKING GROUP

- The background to this report was explained, together with the reasons for setting up the Standards Task and Finish group, ie to review the code of conduct for governors and establish a procedure for investigating potential breaches.
- The CoG approved:
 - Appendix 1 – the updated Code of Conduct for Governors
 - Appendix 2 – the Procedure for Managing Governor Conduct and Expected Standards
 - The establishment of a Standards Committee as a standing committee of the Council of Governors. The working group would be stood down as a task and finish group of the Council of Governors, but the membership will transfer to the new Standards Committee once it has been approved.
- It was requested that the Trust policies referred to in the Code of Conduct were put on Convene.

ACTION: Trust policies referred to in Code of Conduct to be put on Convene.

G Holmes

22/35 WEST SUFFOLK REVIEW

- The initial meeting of the governor director working group had taken place and the draft terms of reference were reviewed and amended.
- The group was absolutely focussed on looking forwards rather than backwards in terms of taking the learning from the review and ensuring the implementation of changes that had been developed by the management team.
- It was stressed that this would be a long process and involved a change in culture and attitudes.
- Measuring progress that was being made would be an ongoing challenge for everyone involved as this would be very difficult to evaluate. It was hoped that this could be achieved through staff surveys etc.
- Governors were reminded that they also needed to reflect appropriate behaviours and attitudes in their role as governors.
- The Council of Governors approved the terms of reference for the West Suffolk Review Governor Director working group.

22/36 GOVERNOR ENGAGEMENT

- The minutes of the meeting that took place on 31 January highlighted the more hopeful input from governors, following two years of frustration at not being able to do anything. The committee now felt that it was able to move forward and new ideas were being put forward for engagement with members and the public. These would involve all the governors, rather than just those on the engagement committee.

- Florence, as chair of this committee, was liaising with both the Voice group and patient experience team to ensure that there would not be duplication of any of the group's work or activities.
- It was noted that the communications team had put an official message on the village network website which it would have been helpful if the engagement committee had been made aware of. However, it was good to see activity in the community wherever it came from.

22/37 LEAD GOVERNOR REPORT

- Liz Steele explained that although she had not listed them in her report she had attended a considerable number of meetings.
- She felt that meetings had moved to being far more informative and governors were now working towards achieving things again.
- She thanked Ann Alderton for all her support with all the challenges she had faced during the recent period and wished her all the best.

22/38 STAFF GOVERNOR REPORT

- The staff governor meeting on 25 January had taken place soon after the publication of the West Suffolk Review which meant that there was a useful discussion about the reaction by different staff groups to this.
- One of the main aims of the staff governors was to make sure that staff felt listened to and also engaged with the Trust's values of respect, civility and compassion.
- Feedback received from non-clinical staff was that they felt the situation as presented in the review did not reflect the Trust as they experienced it.
- The Covid situation had also been discussed and the challenges around living with Covid in the future.
- Jude Chin explained that he was very frustrated that he had not been able to walk around the organisation to meet and talk to staff. He hoped to be able to do this in the near future.

REPORTS FROM THE BOARD OF DIRECTORS

22/39 TRUST STRATEGY

- The animation of the Trust's updated strategy was presented to the governors. It was considered to be very engaging and easy to understand with the right focus on both patients and staff.
- The strategy had been launched internally on 7 March and there would be a number of phases to this. Currently this was still in phase one which was about sharing the strategy and animation. It had been shared with staff and was on the Trust's website and there had also social media activity about it.
- The second phase was about implementing the strategy and making it business as usual and part of everyday working. The animations and illustrations would be used as part of the communications strategy to help to embed this across the organisation.
- This was a very important piece of work as it set the framework for everything that the Trust and its staff did. It was also important to note that this strategy also described what people could say no to, ie expression of priorities and what should be focused on.

22/40 SUMMARY REPORT FOR BOARD OF DIRECTORS MEETINGS

- It was explained that this was a new format in order not to duplicate reports that had been to the public board meeting, as governors already had access to board reports and were able to attend public board meetings. The aim was for this summary to be more relevant for governors.
- It was felt that the patient story was very powerful but the report did not say anything about the board actions/interventions, ie the learning that came out of this.

ACTION: include outcomes/learning etc from patient/staff story in report to Council of Governors.

R Jones

ITEMS FOR INFORMATION

22/41 DATES FOR MEETINGS FOR 2022

Wednesday 18 May
 Tuesday 9 August
 Tuesday 27 September (Annual Members Meeting, Apex)
 Thursday 10 November

22/42 REFLECTIONS ON MEETING

- Jude Chin explained that the intention was to begin each Council of Governors meeting with a clinical presentation. He asked governors to feedback any comments on the format of this meeting to himself or Richard Jones.
- It was felt that the new format, particularly the summary report from the board was helpful for governors when trying to measure the effectiveness of the board rather than getting into operational matters. They needed to be clear what their responsibilities were and focus on these.
- Jude Chin, Liz Steele and Richard Jones thanked George Holmes for everything she had done and all her support to the governors and board and wished her all the best for the future.

7. Matters arising action sheet (enclosed)
To note updates on actions not covered
elsewhere on the agenda

For Reference

Presented by Jude Chin

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 29 March 2022
AGENDA ITEM:	7
PRESENTED BY:	Jude Chin, Interim Chair
FOR:	Information

The attached details action agreed at previous Council of Governor meetings and includes ongoing and completed action points with a narrative description of the action taken and/or future plans as appropriate.

- Verbal updates will be provided for ongoing action as required.
- Where an action is reported as complete the action is assessed by the lead as finished and will be removed from future reports.

Recommendation

To note the report and approve the recommendation in Annex to establish the Standards Committee (terms of reference to be drafted and reported to the Council)

Ongoing action points

None to report

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
222	17/01/22	22/14	Improvement Committee – once work complete, provide information to governors on specialist committees within the organisation.	<p>A review of these committees is being undertaken, once it has been completed a report on the recommendations would be presented to the Council of Governors.</p> <p>The scope of the assurance committees reviewed and developed by the Board and based on this a review is currently taking place to assess these changes and the functions of the specialist groups. This will report to the Board later in the year and be shared with the Governors.</p>	R Jones	May 22	Closed
224	29/03/22	22/26	Review composition of Council of Governors taking into account the public and partner vacancies.	See appendix report	R Jones / J Chin	May 22	Closed
225	29/03/22	22/33	Governors Work Programme - the governors' strategic work programme to include briefings on the ICB and governor involvement, and the constitution and structure/format of the CoG.	Updated programme on the meeting agenda	R Jones	May 22	Closed
227	29/03/22	22/40	Summary Report for Board of Directors Meetings - include reflections/learning etc from patient/staff story in report to Council of Governors.	Report on the meeting agenda	R Jones	May 22	Closed
226	29/03/22	22/34	Report of the Standards Working Group - Trust policies referred to in Code of Conduct to be put on Convene.	Added to Convene and governors informed via email on 15/4/22.	G Holmes	April 22	Closed

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 29 March 2022 Action # 224: Review composition of Council of Governors taking into account the public and partner vacancies.
AGENDA ITEM:	7
PRESENTED BY:	Jude Chin, Interim Chair
FOR:	Information and Approval

Current position:

The Council is currently holding one partner and three public vacancies. We currently have 11 public and 10 staff/partner governors. Therefore, public governors remain in the majority. There remain four candidates from the previous elections who are eligible to take up vacant public governor seats.

Proposal:

The Standards Working Group was constituted to develop:

- Code of Conduct for Governors
- Procedure for Managing Governor Conduct and Expected Standards

It was suggested at the last meeting to make this a permanent group and that it takes on a standing responsibility to review issues relating to standards and governance of the Council. Part of this remit would be to review the constitution and specifically consider membership of the Council in terms of number of seats and partner organisations.

The considerations of this committee would be reported to the Council for consideration and approval.

Recommendation:

Approve the proposal to establish the new committee of the Council and transfer the previous membership of the Standards Committee.

Terms of reference, including responsibilities of the committee to be developed and reported to the Council.

8. Chair's report (enclosed)

To receive an update from the Chair

For Reference

Presented by Jude Chin

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	Item 8
PRESENTED BY:	Jude Chin, Interim Chair
FOR:	Information

In my first report to the Governors, I set out my priorities for the period until a substantive Chair is appointed. I can now provide an update on progress on those six priorities.

- Continuing support of the executive in dealing with waiting lists (elective recovery) and in particular, encouraging the ever closer working relationship with ESNEFT. We are holding a preliminary Chair and CEO meeting with ESNEFT this week to consider how we can continue to develop our collaborate relationship. In addition, we have a scheduled Board to Board meeting of the two Trusts, facilitated by Tricordant, to explore how we can work more closely and collaboratively.
- Working with the Board and external bodies in embedding the organisational development plan including Board development and agreeing metrics to measure progress. We held a development day on 8 April, facilitated by Integrated Development, which reflected on what has changed/improved in the practice of the board, what makes for an effective board meeting as well as what does high quality assurance look and sound like. We will continue to build on this session to ensure we achieve the quality of scrutiny we aspire to in the questions we ask and the behaviours we adopt - modelling the cultural changes needed at the Trust, at the Board.
- We continue to develop board agendas to give greater focus on strategic and cultural matters and to continue to listen to patient and staff voices.
- We have undertaken an initial review of the efficacy and effectiveness of the three assurance committees of the Board and as a result we have made some changes. The changes will provide greater focus on the areas of assurance for each committee; Insight will now focus on Operations and Finance, Involvement on People and Organisational Development and Improvement on Quality and Patient Safety. Each committee will be responsible for identifying areas of concern and ensuring that adequate steps are being taken to address those concerns. These changes will also provide greater clarity on the flow of assurance from Specialist Committees and Governance Groups.
- Moving the Trust Strategy to the next stages to include what we need to do next and how we do it, in particular the resourcing requirements. We held a Board seminar to start this work on 29 April as well as considering the change management requirements which focused initially on the clinical and digital strategies. The agreed actions from this session will be reported to the Board in May and thereafter on a regular basis.
- We continue to stay abreast of developments at the Integrated Care System (ICS) and its progress towards an Integrated Care Board (ICB) and Integrated Care Partnership (ICP). We are currently responding to an invitation to nominate an acute/community partner member of the ICB.

9. Chief executive's report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Craig Black

REPORT TO:	Council of Governors
MEETING DATE:	Wednesday 18 May 2022
SUBJECT:	Chief Executive's report
AGENDA ITEM:	9
PRESENTED BY:	Craig Black, Chief Executive Officer
FOR:	Information

Response to External Review into Whistleblowing

You are aware that the West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was published in December 2021.

As part of our commitment to learning from and adopting the lessons from the West Suffolk Review, we have been working on an 'organisational development plan'. The plan is forward-looking in nature and focuses on our long-term approach to developing our culture at West Suffolk NHS Foundation Trust. It considers the priorities of staff, governors, patients and teams so it can take forward the confidence of all our stakeholders.

As well as capturing the significant work already undertaken to date on the issues investigated as part of the Review, it reflects our ongoing journey to embed these actions as well as taking forward progress in other areas to help us improve. This is a 'live' document which has been developed and shared with our Board as well as regional and system colleagues.

This plan forms the bedrock of how we will seek to make positive changes across the organisation and will shortly be communicated to staff.

This plan sits alongside our new five-year Trust strategy and together will help us drive the improvement we all want to see.

International day of the midwife

On 5 May we shone a light on the amazing work of our midwives through International Day of the Midwife. Organised by the International Confederation of Midwives and led in this country by the Royal College of Midwives, the theme for this year was "100 years of progress".

As well as sharing photos and videos of some of our midwives at West Suffolk Hospital, our Professional Midwifery Advocates put together a 'board of thanks' on a wall in the labour suite to highlight some of the messages received from women our midwives have supported. They included comments such as "I really felt well looked after and confident in the doctors' and midwives' professional judgement." Another person had said "every single member of staff showed kindness and compassion towards us. Nothing was too much trouble."

Against the backdrop of the recently published Ockenden report, being able to showcase the fantastic work our midwives do day-in, day-out is extremely important. The team continues to work phenomenally hard, using feedback from all service users, to drive improvement to ensure the families using our services are safe and well-cared for.

Outline planning application submitted for new hospital

At the beginning of April, we submitted outline planning application for our new hospital on the Hardwick Manor site. This is a significant milestone and follows a huge amount of work from the team to enable us to get to this stage.

The planning application can be seen on the local planning authority planning portal <https://planning.westsuffolk.gov.uk/online-applications/>

We are expecting an outcome to the application later in the year.

Living with Covid-19

With the country having moved into a new phase of living with Covid-19, we have made a number of changes as part of our response.

This includes returning to pre-pandemic social distancing in all areas, scrapping the one-way system round the hospital and altering some of our testing and isolation guidance for inpatients. We have also very recently re-introduced open visiting back to the hospital and welcomed our volunteers back to patient bedside roles.

Of course, Covid-19 has not gone away and it will be with us for the foreseeable future. However, thanks to the dedication and hard work of staff, our position has been improving and the changes we have made in response to Covid-19 are also having a positive effect in easing some of the pressures we have seen during the pandemic. That said, we are still experiencing challenges with high numbers of patients accessing our services.

We continue to work hard with our system and alliance partners as a joined up team, supporting patients when they're discharged from hospital and providing care and support for people closer to their homes.

Covid-19 'recognition and reward payment' for all staff

Throughout the last two years of the pandemic, our staff have responded magnificently. Time and again they went, and continue to go, above and beyond to care for our community - working extra hours and under extra stress.

To show our appreciation and as a genuine "thank you" to all staff for their dedication and hard work, the Board recently agreed to a one-off 'Covid-19 recognition and reward' payment.

We have made looking after our staff one of our top priorities. This payment is being made in addition to other measures to look after staff - such as free gym membership; a dedicated staff psychology support team, free tea and coffee and free parking.

The Board hopes that together these measures, alongside the recognition and reward payment, goes some way in making staff feel appreciated and valued.

Staff survey results

Last month the NHS staff survey results were published. At West Suffolk, we received more than 2,000 responses.

The survey, undertaken in October and November last year, is one of the largest staff feedback exercises for any employer in the world, with around 500,000 staff across England taking part.

Our report for West Suffolk is available to read here:

<https://cms.nhsstaffsurveys.com/app/reports/2021/RGR-benchmark-2021.pdf>

Looking at the results, it is perhaps not surprising, given the two years we have lived through, to see that these experiences are reflected in the survey results at a national level, where national average scores have declined significantly across a number of areas.

The picture at West Suffolk is very similar and broadly mirrors the national trends. It provides a deep picture of what it has been like for staff over the pandemic and how they are feeling. The results show we compare reasonably well to other trusts (with all key scores at WSFT being above or equal to the national average). However, that does not detract from the fact that, similar to other trusts, the feedback at WSFT is less positive than it was a year ago.

We have been going through the data from the staff survey in detail and are reporting back to staff on the results. Later in the year, we plan to hold another 'What Matters To You' staff engagement programme. We will be using the data from this survey to inform the content and direction of that programme as we move forward to build on actions already taken to help us improve and develop further activity.

National recognition for educators

Two members of our clinical education team have been shortlisted in the Student Nursing Times Awards, which celebrate the next generation of nurses and their educators.

James Metcalf has been shortlisted as Practice Supervisor of the Year and Alex Levitt-Powell as Learner of the Year: post-registration.

James works in the cardiology unit and among other roles manages the trans-oesophageal echocardiogram lists, and is active in a number of multi-disciplinary teams.

Alex is a clinical practice facilitator who came from a community environment and had previously worked with a number of students as a mentor, assessor and supervisor.

The winners will be announced at the end of this month at a ceremony in London. Good luck James and Alex.

Live music returns to the Trust

One of the things many of us missed during the Covid-19 lock-downs and restrictions were the opportunities to go and see live music and events.

I'm delighted to say that last month we welcomed a string quartet, from the Suffolk Philharmonic Orchestra, to perform to staff in our newly re-furbished chapel and to the residents of Kings Suite in Glastonbury Court Care Home.

The orchestra played as part of their series of free community concerts. I know the concerts provided a much-needed boost to staff and patients alike.

10. Nomination Committee report (enclosed)

To receive the report including progress
with the Chair and NED appointment

To consider election to vacancy on the
Committee

For Reference

Presented by Jude Chin

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Chair and NED Appointments
AGENDA ITEM:	10
PREPARED BY:	Richard Jones, Trust Secretary
PRESENTED BY:	Richard Jones, Trust Secretary
FOR:	Information

Background

The appointment of a Foundation Trust chair and non-executive directors is one of the statutory duties of the Council of Governors and requires approval at a general meeting.

Following, the resignation of Sheila Childerhouse in December 2021, the Nominations Committee of the Council of Governors has started the process of appointing a new Chair. Following a review of the Constitution, also in December 2021, the Nominations Committee has also started the process for appointing up to three new non-executive directors to the Board.

Meeting of the Nominations Committee 30 March 2022

The Nominations Committee met on 30 March 2022 to review progress in gathering a long-list field of candidates for the Chair role. The key decisions taken were as follows:

- Emphasis was placed on the recruitment agency to increase the diversity of the long list
- Candidates were reviewed and decisions taken on individuals to take forward at this stage, as well as potential applicants to encourage to apply
- Interview panel composition and stakeholder events was considered and agreed to develop for further review.

Meeting of the Nominations Committee 21 April 2022

The Nominations Committee met on 21 April 2022 to review progress in the Chair and NED recruitment. The key decisions taken were as follows:

- Diversity in terms of gender and ethnicity was considered
- Candidates were reviewed and decisions taken on individuals to take forward, with consideration of issues for further testing e.g. time commitment
- Given the number of high quality candidates it was agreed to use a two stage approach. The approach in stage 1 to be considered outside the meeting with a recommendation to the group. Full interview and stakeholder panels will be used at stage 2
- Interview panel composition was considered and agreed
- NED candidates were reviewed and decision taken on individuals to take forward at this stage
- Anticipated that a shortlist would be available for mid-May
- Agreed that the new Chair should be included in the NED interviews.

Recruitment update

Chair appointment

Stage 1 meetings were held with the Chair candidates on 5 and 9 May. These were based on MS Teams discussions with the candidates with the following:

- Lead Governor (Public)
- Staff Governor
- Partner Governor
- Interim Chair
- In attendance was Jeremy Over, Director of Workforce

As a result three candidates have been identified for stage 2 interviews and stakeholder events. The availability of candidates is currently being checked.

NED appointment

The NED shortlisting meeting will be scheduled when the recruitment agency have confirmed that the preliminary interviews for the long listed candidates will be completed (21 in total).

Vacancy on the committee

Following the resignation of Roy Mawford, Public Governors were invited to nominate themselves to join the committee. The nominations received will be circulated by separate email to the meeting pack along with a ballot paper. The procedure to be followed, as we have done in the past, will be a secret ballot at the meeting on 18 May 2022 (alternative arrangements will be made if we are unable to hold a face-to-face meeting).

Recommendation

The Council of Governors is asked to note the report of the Nominations Committee

Based on the results of the secret ballot held on the 18 Mat 2022 to approve appointment of a new Public Governor to the committee.

11. Appraisal process for Chair & NEDs (enclosed)

To receive the process and seek a
minimum of six volunteers to participate in
this process

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Chair and NED appraisal process
AGENDA ITEM:	11
PRESENTED BY:	Richard Jones, Trust Secretary
FOR:	Approval

1. Background

Appraisal and feedback is an important part of the Governors responsibility in holding the Chair and NEDs to account. The approach used to support this process is overseen and delivered by the Nominations Committee.

2. Proposal - Chair and non-executive director appraisal process 2022

- (a) The stakeholder groups and number of individuals are described in Table 1a and 1b.
- (b) A group of at least 6-8 Governors who have volunteered to take part in this process will be randomly allocated as observers (appraisers) for the Chair and each of the NEDs.
- (c) Feedback from the Chair's and NEDs' observer (appraiser) questionnaires to be discussed at a meeting of the Nominations Committee, prior to the appraisal meetings. The purpose of this will be to identify themes and issues to be considered at the appraisal meetings.
- (d) Appraisal for the Chair to be undertaken by the Lead Governor and Senior Independent Director
- (e) Appraisals for the NEDs to be undertaken by the Chair
- (f) An overall summary of the Chair's and NEDs' appraisals to be presented to a closed session of the Council of Governors meeting following completion of the appraisals.

Table 1a - Chair – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs - Four
Executive Directors	All EDs including Chief Executive - Six
Governors	Lead Governor plus four Governors – Five
External Stakeholders	To be nominated by Chair - Four

Table 1b - NEDs – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs, including Chairman - Five
Executive Directors	All EDs including Chief Executive - Six
Governors	Governors - Five

3. Recommendation

The Council of Governors is asked to:

- a) Note the report and seek nominations for Governors wishing to act as observers (appraisers) using the appraisal questionnaires
- b) Note the timescale for the appraisal process (Annex)

Annex B: Chair and NED appraisal schedule 2022

Task	Action	Date
Volunteers to undertake appraisals to be identified at CoG meeting on 18 May 2022	Trust Secretary	Wednesday 18 May 2022
Circulate forms to appraisers and appraisees for completion and return to FT Office	FT Office	w/c 23 May 2022
Completed forms to be returned to FT Office	FT Office	Wednesday 15 June 2022
Forms to be analysed and summarised	FT Office	Friday 1 July 2022
Nominations Committee Meeting to discuss results of observer questionnaires and identify themes/concerns	Nominations Committee	w/c 4 July 2022
Lead Governor and SID to undertake Chair's appraisal	LS/ SID / JC	w/c 11 July 2022
Chairman to undertake NEDs' appraisals	JC/NEDs	Between 18 July and 5 August 2022
Report to CoG meeting	Chair	9 August 2022

12. Governor Engagement (enclosed)

To receive the minutes from the
Engagement Committee meeting of 04
May 2022

To approve Engagement strategy and
Engagement committee TOR

For Approval

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Report from Engagement Committee, 04 May 2022
AGENDA ITEM:	12
PREPARED BY:	Pooja Sharma, Deputy Trust Secretary
PRESENTED BY:	Florence Bevan, Governor (Chair of Engagement Committee)
FOR:	Information and Approval

BACKGROUND

This attached draft minutes provide a summary of discussions that took place at the Engagement Committee meeting on 04 May 2022.

SUMMARY/HIGHLIGHTS

The Committee focussed on the following key areas:

- There is a need to have closer partnership arrangements between voice group and engagement team to ensure mutual learning. It was suggested that rather than developing a MoU, an integrated approach is adopted on how both teams can work together closely.
- Trust Secretary informed that, anticipate face-to-face engagement activities and visits will be reinstated soon. This change will be linked to changes in visitor restrictions to the wards. There are discussions around how access can be opened to the clinical and non-clinical areas to wider groups including Governors and NEDs. The 15-step challenge national approach will be followed and program will be developed to include sessions and activities in line with the respective roles of Governors and NEDs.
- It was proposed that “Governors’ profiles” are added as standing item on agenda for future meetings to periodically review the public profiles of the Governors before they are published on the website.
- An update was provided on Future System Engagement and it was noted that the Governors would be interested to know about these plans and a session can be arranged with the wider audience
- The engagement strategy was reviewed – the strategy runs until April 2023
- The Committee Chair (Florence Bevan) announced her resignation as Chair and member of the Engagement Committee. The committee thanked Florence for her work as committee chair.

The Committee agreed that through the Council of Governors individual Governors be encouraged to join the committee as members to develop and take forward the engagement programme. Following this process an additional engagement committee meeting will be setup to welcome new member and elect a chair.

RECOMMENDATION

- The Council of Governors is asked to note the draft minutes of the meeting held on 4th May 2022. Including the committee terms of reference and engagement strategy (appended to the report)
- To invite members of the Council to join the engagement committee as we look to reinstate our face-to-face engagement activities

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON WEDNESDAY 04 MAY 2022, 5.30pm
via MS Teams

COMMITTEE MEMBERS		Attendance	Apologies
Florence Bevan	Public Governor	•	
Carol Bull	Partner Governor	•	
Robin Howe	Public Governor	•	
Sarah Judge	Staff Governor	•	
Ben Lord	Public Governor	•	
Liz Steele	Public Governor (Lead Governor)	•	
Laraine Moody	Partner Governor		•
In attendance			
Emma Jones	Future System Communications and Engagement Lead		
Richard Jones	Trust Secretary		
Pooja Sharma	Deputy Trust Secretary- minutes		

22/10 APOLOGIES & INTRODUCTION

Apologies for absence were received from Laraine Moody. It was noted that Jane Skinner stood down from the Engagement committee membership. The Committee thanked for her contributions.

22/11 MINUTES OF MEETING HELD ON 31 JANUARY 2022

The minutes of the above meeting were agreed as a true and accurate record.

22/12 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issues were raised:

Item 68: Guidelines to be produced setting out roles of patient representatives and engagement committee/governors in engaging with the public.

The Committee noted that there is a need to have closer partnership arrangements between voice group and engagement team to ensure mutual learning. It was suggested that rather than developing a MoU, an integrated approach is adopted on how both teams can work together closely.

R Jones informed that there are ongoing discussions around how can access be opened to the clinical and non-clinical areas to wider groups including Governors and NEDs. The 15-step challenge national approach will be followed and program will be developed to include sessions and activities according to the respective roles of Governors and NEDs. Hopefully, F2F sessions and ward walkabouts will be reinstated soon.

Item 69: Look at other trusts' websites and consider how to make governor area more prominent on the home page; Include more detailed information about governors.

Anna Hollis had provided an update to confirm that the corporate information tab would

Action

P Sharma

be renamed 'about us'; a link would be added about the CoG homepage under 'your views matter' headline and governor profiles would be added to the CoG page.

Profile information for public governors for website forwarded to Anna Hollis on 24 March (Ben Lord to provide profile information). Anna to confirm requirements for photos.

B Lord

**R Jones / P
Sharma**

ACTION: Follow up profiles for public governors to be put on website.

RJ emphasised that this being governors' engagement group, should periodically review the public profiles of the Governors before they are published on the website and it was proposed that "Governors' profiles" added as standing item on agenda for future meetings.

Item 75: Proposed content for governor area of website to be circulated to committee members for comment prior to forwarding to Comms team.

B Lord commended the proposed layout as follows:

- In order to re-organise the layout of information, the existing page can become a "Governor Home Page" which should include:
 - Outline Introduction to WSFT CoGs including what the role of a Governor is. This should then flow into a list of Governors by constituency with a link to each governor that details, their 'bio'.
 - Recording link to YouTube for the most recent meeting
- From this, subpages should then be created to clearly display details of last Governor elections, Register of Governor interests, how to contact Governors, Council of Governors Meeting Archive, etc.
- To arrange reports/minutes by year so they are easy to find
- Much of the content is already available and, however, overall layout needs to be refreshed and reorganised, along with ease of navigation.

A reference was also made with regard to sharing governors' email ids on the website and if they can be contacted directly or a generic website web address is required. It was noted that Governors work email ids can be shared with the members of the public

P Sharma

ACTION: Follow up with Comms team when it would be possible for the public board meetings to be broadcast live on YouTube.

22/13 ENGAGEMENT COMMITTEE TERMS OF REFERENCE AND STRATEGY

R Jones presented the Membership Engagement Strategy 2021-23 and drew attention to the following:

- The Trust to become a successful membership organisation by strengthening its links with the local community.
- To commit significant resources both in time and effort to developing membership and engaging with the public and this strategy sets out the actions that will be taken in support of this.
- This strategy outlines vision and the methods intended to use to maintain and build a representative and engaged public and staff membership. It also outlines our future plans in terms of recruitment and engagement and how we will measure the success of membership and future engagement.
- Delivery of the future plans set out in this strategy will be achieved through an agreed development plan with defined responsibilities and timescales for

delivery.

- This is an evolving strategy and will be subject to change.
- Reinstatement of ward/quality walkabouts can be an opportunity of increased engagement.

It was discussed that with face to face engagement in the coming weeks/months, if there are things which should be prioritised or new things which can be introduced, like shadowing a community staff member as part of quality walkabouts.

The committee also noted that, in a year, 3 newsletters are circulated to the members (mostly seasonal- spring, summer and autumn). There were also medicine for members events which will be resumed once it is safe to do so as per the national guidance.

It was reiterated that, in order to make progress around strengthening engagement and wider outreach, it is important to go face 2 face rather than virtual median. R Jones encouraged to follow 15 step model which is being developed rather than building a separate shadowing approach at this stage.

The committee was invited to share their inputs on priorities for a face to face approach for a more structured and a back-up plan can be formulated, should the Trust continues with the virtual meetings and events.

The Committee was informed that the recent newsletter was sent to the members on 11th April 2022. There were queries around the subject of the newsletter (should be eye catching. If it is vague, there is a possibility of the newsletter being dropped in junk emails), cover email, analytics that come with sending those out digitally to note bounce backs, etc.

Action: P Sharma to check with Civica and report in the next meeting.

The terms of reference of the Committee and Engagement Strategy were approved.

P Sharma

22/14

FEEDBACK FROM INVOLVEMENT AND VOICE COMMITTEES

- Florence Bevan reported that there had not been any Voice Committee meetings and the recent two meetings were cancelled due to lack of support, which was a concern.
- Involvement committee meeting was convened recently and it was impressive to see deep dives around various topics, such as patient survey this time, which was enormously helpful. From Governors' perspective, one of the benefits is to understand in detail how the issues are recognised and analysed, which is often not the case at Board level meetings. There was also a discussion on how strategies are formed and checked. It gives a much deeper level of assurance.as governors and gives an insight into how the issues are strategized.

22/15

FUTURE SYSTEM ENGAGEMENT UPDATE

Emma Jones presented the update on Future System Engagement and highlighted the following:

- The application for outline planning has been submitted. The next stage is for the local planning authority to carry out their statutory town and country planning consultation.
- To support the clinical coproduction, patient engagement was carried out. 26 online focus groups were arranged throughout March, comprising two groups per department across 13 departments or services at various times of day in order to

capture as many people as possible. These groups were attended by 68 people. To support this, a survey also ran and received more than 400 responses.

- A majority of the responses were patients however ex-staff and volunteers have also participated in the patient engagement.
- Patient journey and experiences and various areas of improvement were shared with the committee.
- When exploring what was important to patients regarding comfort and the environment it is really good to see that fresh air, natural light and views to the outside were all significant elements which fit with the ethos of the design of the replacement hospital
- A complete report detailing the findings for each area were shared with the co-production leads on Wednesday 27 April. Co-production leads have been encouraged to implement as much of the feedback as possible into both their department and service designs.
- At the beginning of June, those who attended the workshops will be invited back to see the latest designs that our co-production leads and architects have been working on.
- A lot of the comments received in the workshop tallies with the ideas that each speciality has and patients will be able to see these 'come to life' and understanding the reasoning behind the designs.

There was a query that if there were any discussions held with the peer organisations around design of the building like Royal Papworth Hospital NHS Foundation Trust as they have massive airy atriums and it was informed that the new hospital will be as per the guidance from the centre, however, the team is in touch with other Trusts with the redevelopment plans and are near completion, to get new learnings. The feedback of the West Suffolk Community has also been taken onto account.

The Committee asked if it is worth understanding about how the Trust is doing under current circumstances and perhaps more testing and probing can be done around those key areas for better learning. Further what methodology has been used in terms of different approaches and what has worked well and less well?

The Committee Chair said that all the governors would be interested to know about these plans and a session can be arranged with the wider audience.

ACTION: Emma Jones to attend next Engagement Committee meeting and clarify the above.

22/16 GOVERNOR ENGAGEMENT PROPOSALS

At the away day on 25 October and meeting on 29 November 2021, a number of proposals for governor engagement were put forward for consideration. Members of this committee were invited to consider which topic they would like to be involved in and the following responses have been received.

- Consider governor involvement at the Annual Members Meeting (include stand with AF -**Ben**)
- Find out from other Trusts how they engage with their members and the public – **Liz**

- Look at the annual reports and website of trusts of a similar size to WSFT.
- Consider messages that governors should be sharing with the public in their engagement role including the future system and the integrated care system.
- Consider the role of governors in the Trust's green plan (*note: a briefing for governors on this took place on 9 March 2022*)
- Consider linked activities with MyWish – **Ben / Laraine**
- Articles for parish council magazines (link to Trust's new strategy) – **Carol, Robin** (subject to health)
- Link with younger people/education - **Ben / Laraine**
- Consider developing relationships with governors from other trusts in the ICS, i.e. should governors be working collaboratively with other trusts?

22/17 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

The Committee Chair (Florence Bevan) announced her resignation as a member of the Engagement Committee as of this meeting and asked if an additional Engagement Committee meeting can be scheduled to invite interests from CoGs to join the committee.

The Committee thanked Florence Bevan for her contributions as committee chair, particularly, in the challenging times.

The Committee agreed that through the Council of Governors individual Governors be encouraged to join the committee as members to develop and take forward the engagement programme. Following this process an additional engagement committee meeting will be setup to welcome new member and elect a chair.

Action: To approach Council of Governors and encourage them to join and take forward the ongoing work/projects of the committee. An additional/ad hoc EC meeting to be convened to appoint the new chair

P Sharma

There were no other issues for escalation.

22/18 DATES OF MEETINGS FOR 2022

Monday 11 July 2022; Wednesday 12 October 2022

FOUNDATION TRUST ENGAGEMENT COMMITTEE

Terms of Reference

1. Aim

- 1.1 To further develop the mechanisms, including digital communication, that enable patients, users of community services and the public to influence decision making, both in relation to their own care and treatment and in the provision, development, and improvement of services.
- 1.2 To maintain and increase active membership of West Suffolk NHS Foundation Trust, ensuring that it is representative of the local population.
- 1.3 To strengthen public engagement including users of community services and staff delivering these services
- 1.4 To support the delivery of the Trust's strategic framework including health promotion/prevention.
- 1.5 To review how changes to patient pathways as a result of COVID-19 may impact on our approaches to engagement.

2. Responsibilities

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

3. Scope

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

4. Composition

- 4.1 The Engagement Committee will have a membership of at least 6 governors, including the Lead Governor.
- 4.2 The Engagement 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, Communications Manager, Foundation Trust Office Manager, Patient Experience Manager, Head of Fundraising and others as required.
- 4.5 A quorum will be three members of the Committee.

5. Accountability

- 5.1 The Engagement Committee will be accountable to the Council of Governors.
- 5.2 The Engagement Committee will report to meetings of the Council of Governors on its activities.

6. Meeting frequency

- 6.1 The Engagement Committee will meet at least three times a year.

7. Authority

- 7.1 The Engagement Committee will have authority to establish sub-committees to assist in the implementation of the engagement strategy.

April 2020

Membership Engagement Strategy

April 2021 to March 2023

Engagement Strategy

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1. Introduction

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

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

1.1 Purpose of strategy

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

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

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

1.2 Engagement objectives

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

Deliver for today

- Increase understanding amongst the public and members of the Trust's strategy and the range of services offered by it, including current changes in health services and the challenges the Trust and local health and care services are facing
- Maintain our existing membership base and ensure that it reflects the diversity of our local communities

Invest in quality, staff and clinical leadership

- Actively engage with the public and members to understand their views and aspirations for the Trust, including how it can develop and improve
- Through our representative membership learn from, respond to and work more closely with our patients, public, staff and volunteers to develop and improve our services

Build a joined up future

- Deliver a range of engagement events and activities to focus on engagement and communicating the strategic plans for the Trust
- Strengthen engagement with users of community services and staff delivering these services
- Through the range of events and contacts promote wellbeing

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

2.0 The membership

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

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

Our members will:

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

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

2.1 Becoming a member

Our potential members can be drawn from the following:

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

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

All members must be 16 years of age or over.

A person can become a member by:

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

2.2 Defining our membership

2.2.1 Public

The Trust has two public constituencies; a) Suffolk and bordering areas; b) Rest of Norfolk, Cambridgeshire and Essex. The minimum number of members in each public constituency will be 100. Patients and members of the public who reside in these areas are eligible to join our public constituencies.

Appendix 1 provides a detailed breakdown of eligible wards for our public constituencies. Public members are recruited on an opt-in basis.

As we continue to develop and provide more services in community settings the Trust recognises that this may mean that services grow beyond the current boundaries of the organisation. Therefore, the Trust expanded its membership area in May 2021 and will continue to review this on an annual basis to ensure it is representative of the area served by the Trust.

2.2.2 Staff

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

- be employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months; or
- exercise functions for the purposes of the Trust, without a contract of employment, continuously for a period of at least 12 months. For clarity this does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis.

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

3.0 Recruitment of members

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

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

3.1 Methods of recruitment

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

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

While social distancing is being applied as part of the COVID-19 response it will not be possible to undertake our usual face-to-face engagement activities. Changes in working practices as a result of COVID-19 will also impact on the nature of engagement activities e.g. greater use of telephone consultations will mean that more patients receive their care and treatment without the need to come onto the hospital site. Recognising this there will be a need to review how changes to patient pathways may impact on our approaches to engagement, with the expectation of a greater focus on digital engagement in the future.

Methods of recruitment used in the past include:

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

3.2 Who is responsible for recruiting members?

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

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

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

3.3 Recruitment plan

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

3.3.1 *Public members*

Direct recruitment plan

(subject to social distancing restrictions)

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

Indirect recruitment plan

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

Media coverage

- membership newsletter
- local newspaper coverage e.g. the Bury Free Press and East Anglian Daily Times (EADT)
- local radio e.g. Radio Suffolk, Radio West Suffolk
- community newsletter coverage, including Parish Council and local Council information/resource guides

3.3.2 *Staff*

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

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

4.0 Engaging with public and members

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



Figure 1: Feedback collection methods from Experience of Care Strategy

4.1 Members' newsletter

The membership newsletter is distributed to all members.

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

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

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

4.2 Public and Member events

When COVID-19 social distancing requirements allow it is expected to continue to hold regular events for the public and members. Suggestions for topics will be based on the most popular areas of interest of the members and by the views of governors. Subjects may also be chosen from topical issues, such as quality accounts.

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

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

4.3 Staff involvement

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

4.4 Engagement plan

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

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

- the members' newsletter to be distributed to all members
- development of digital communication
- review how changes to patient pathways as a result of COVID-19 may impact on our approaches to engagement
- regular member events with suggestions from governors of recommendations from their members for future member events e.g. "medicine for members"
- staff governors holding staff member engagement sessions
- staff governors to communicate to staff via the "Green Sheet"
- greater use of electronic communication with members
- the annual members' meeting – this is an opportunity for members to hear more about the Trust's achievements plus the opportunity to ask questions
- working with partner organisations to establish best practice in membership engagement e.g. NHS Providers and other NHS FTs
- through active engagement gathering information on patients and the public's expectations and/or experiences of the service we provide in the hospital and community e.g. Courtyard café, quality walkabouts and area observations. The results of which are fed back to the Patient & Carers Experience Group.

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

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

5.0 The membership register

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

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

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

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

6.0 Monitoring success

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

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

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

6.1 How will the success be measured?

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

Criteria	As at 31 March 2022	Target (Mar 2023)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	7044 <1%	6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	1833 20% ¹	1,250 40%
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	2 362 ² 295 (2019)	3 ³ 400 ^{2 and 3} 200

¹Figure as at March 2020 (paused due to Covid-19)

² Includes people attending annual members' meeting – figure as at March 2020 (paused due to Covid-19)

³ Figures have been adjusted due to Covid-19

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

Appendix 1

PUBLIC CONSTITUENCIES OF THE TRUST

The Trust has two public constituencies made up of the wards below. The minimum number of members in each public constituency will be 100. Patients and members of the public who reside in the following areas are eligible to join our public constituencies:

A. Suffolk and bordering areas

Babergh:	All wards.
Braintree:	Bumpstead, Hedingham and Maplestead, Stour Valley North, Stour Valley South, Upper Colne, Yeldham
Breckland:	Conifer, East Guiltcross, Harling and Heathlands, Mid Forest, Thetford-Abbey, Thetford-Castle, Thetford-Guildhall, Thetford-Saxon, Watton, Wayland, Weeting, West Guiltcross
East Cambridgeshire:	Bottisham, Burwell, Cheveley, Dullingham Villages, Fordham Villages, Isleham, Soham North, Soham South, The Swaffhams
East Suffolk:	All wards
Ipswich	All wards.
King's Lynn and: West Norfolk	Denton
Mid Suffolk:	All wards.
South Norfolk:	Bressingham and Burston, Diss and Roydon
West Suffolk:	All wards.

B. Rest of Norfolk, Cambridgeshire and Essex

All wards of Norfolk, Cambridgeshire and Essex, excluding wards mentioned in public constituency A (Suffolk and bordering areas) above.

13. Council of Governors forward plan
2022/23 (enclosed)

To review progress and consider next
steps

For Reference

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Governors' Work Programme 2022-2023
AGENDA ITEM:	13
PRESENTED BY:	Richard Jones, Trust Secretary
FOR:	Approval

Background:

In the previous meeting, Council of Governor Priorities 2022-23 were briefed as follows:

- Meet Statutory Requirements and Code of Governance principles
- Establish a constructive and positive working relationship with the Board of Directors
- Improve governor involvement in and understanding of the Trust's strategic priorities, significant risks to their achievement and related plans
- Establish a post-pandemic programme of work for engaging with members and the public, linked to the launch of the Trust Strategy 2021-26 and the enabling strategies that will cascade from it

Proposal:

To achieve the set priorities we propose the following work programme for WSFT Governors to include various briefing and development sessions to run across 2022-23.

Timing	Themes	Rationale	Led by
Jun-2022	Digital Strategy	Interests of members and the public	Interim Chief Executive, Chief Information Officer
Jul-2022	Strategy update, including strategy and future systems programme	Holding the NEDs to account for the performance of the Board	CEO / others as agreed
Aug-2022	CoGs External review process- Outcome Annual Report and Accounts 2021/22 and Quality Accounts 2021/22	Interests of members and the public	Good Governance Institute, Trust Secretary
Sep-2022	Briefings on the ICB and provider collaboration	Interests of members and the public	ICB partners/Chair/Trust Secretary
Oct-2022	Constitution and structure/format of the CoGs	Interests of members and the public	Standards Committee / Trust Secretary

Timing	Themes	Rationale	Led by
Nov-2022	Living the Trust Values	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
Dec-Mar 2023	Health and Care Act 2022 Implications (inc next steps for Integrated Care Systems – this will depend on the timing of legislative change) RAAC update/ Updates on emerging priorities/ programme for rest of year	Interests of members and the public	Chief Executive, Director of Resources, Trust Secretary

Recommendation:

The Council of Governors is asked to review progress and approve the proposed programme (this will be reviewed at each meeting to consider progress and possible amendments).

14. Annual Report and Quality Accounts
2021/22 (enclosed)

To approve approach to governor
commentary

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Annual report and quality accounts
AGENDA ITEM:	Item 14
PREPARED BY:	Richard Jones, Trust Secretary
PRESENTED BY:	Richard Jones, Trust Secretary
FOR:	Approval

1. Introduction

This report asks the Council of Governors to make decisions to identify Governors as readers for the Annual Report and Quality Accounts. As well as preparing commentary from the Governors for inclusion in the latter.

The Trust's timetable for 2021-22 annual report and accounts is the end of July. This impacts on the preparation of the quality accounts as the information for these documents to some extent overlaps.

2. Proposal

(a) Readers for the Annual Report (including aspects for the quality accounts)

A key document that the Trust produces each year is our Annual Report. This previously included the annual quality report but based on national guidance this has changed for 2021/22. For this year we need to produce separate quality accounts and include in the performance section of the annual report information to include details on quality priorities and quality indicators to provide a balanced report on performance.

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 June. 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.

(b) Governor commentary for the quality accounts

The Council of Governors provides commentary for inclusion in the annual quality accounts. It is requested that small group Governors is identified to draft this narrative so that it can be shared with the wider Governing body for approval. The narrative from last year is provide as an Annex to this report.

3. Recommendation

Seek nominations for up to four governors to act as readers of the Annual Report and quality accounts and to draft the Governor commentary for the quality accounts.

Annex: WSFT Council of Governors 2020-21

The Council of Governors, with support from the Board and Trust management, 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 already high standard of care for our patients.

The Governors are keen to harness the power of our local community and use the Trust's position in west of Suffolk health and care system to promote and integrate services for the local population.

A good working relationship exists between the governors and board which encourages the constructive contribution of the governors. During 2020/2021 the pandemic has seriously affected the face-to-face contact with the public by Governors therefore the work we have undertaken has been limited.

- **Engagement with members and public:**
 - We have been unable to capture feedback at the patient and visitor cafes in West Suffolk Hospital and Newmarket Hospital. This will be reintroduced as soon as we are permitted to do so.
 - Encouraging the public to join as members of the Foundation Trust and engaging with approximately 6,000 public members to take an interest in the hospital. Governors have been asked to encourage their friends and relatives to join the Trust as a way of engagement. There is also regular information mailed to members at regular intervals.
 - The annual members meeting was held remotely this year and governors attended in this way.
- **Review of care and services provided:**
 - 'Quality Walkabouts' have been suspended due to Covid restrictions, work is underway to introduce remote access to wards and the views of patients. Governors were given a virtual tour of the new assessment area via video link.
 - 'Environmental Reviews' have been suspended due to covid restrictions.
 - 'Area Observations' have been suspended due to covid restrictions.
- **Working with the board:**
 - Regular attendance at Trust Board meetings, via Teams, where we are encouraged to ask questions and report back to all Governors on outcomes of these discussions
 - Attending Board meetings and briefings has also educated Governors on key clinical areas and developments
 - Working with the non-executive directors (NEDs) a two way exchange of intelligence gathered and areas for improvement and has both been in an informal way as well as formal and via Teams
 - Regular briefings focused on key developments within the operational plan
 - Completed on schedule the appraisals of all NEDs
 - Holding the board to account through the NEDs by requesting assurance on areas of concern; such as pathology services and recently being briefed about the new board committee structures
 - During 2020-2021 appointed two new NEDs and one associate NED.
- **Development of knowledge and skills:**
 - Agreed a training and develop programme, including an externally facilitated session
 - Attended training events, both internal and external to support learning and development which included a joint training session with NEDs held via Teams.
 - Held informal meetings of Governors, arranged by the Lead Governor, to ensure effective working relationships and preparations for meetings.

We recognise the contribution made by the staff and would like to thank them for their dedication and hard work during these challenging times which makes the West Suffolk Hospital and our community services very special for our patients, the public and staff. We thank volunteers for their patience during this difficult time and look forward to their return.

The governors recognise the importance of the evolving West Suffolk Alliance in the delivery of health and care services in the west of Suffolk. The governors recognise the importance of developing their relationship with patients and staff that utilise and serve these services outside the West Suffolk Hospital when restriction allows.

15. Lead Governor report (enclosed)

To receive a report from the Lead
Governor

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	15
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

As I write this, we have completed several stages towards appointing a substantive Chairman for the Trust. It is important that we find the right person to take us forward so a cautious and thorough approach has been taken. The next steps will be the stakeholder interviews followed by the nomination committee panel interview.

I have spent much of the time since the last meeting attending various meetings that return us to a normal pattern, even if we are still meeting by Teams. I would like to take this opportunity of thanking Florence for her work chairing the Engagement committee. At the last meeting Florence stepped down as Chair. She had chaired the committee for sometime and for the last two years during very difficult circumstances. Hopefully we will be able to begin engagement with the public as restrictions ease.

I have met with our interim chair on a regular basis, with Florence, and we are able to raise any issues that have been brought to us. I am meeting with Pooja, the Deputy Trust Secretary this week. This will be a good way to share what we have been doing as well as what we hope to continue with. The briefings that we were holding were very well received and the last one, concerning the budget was excellent, explaining the budget in an easy but detailed way. I hope that these will continue with a focus on keeping us up to date and well informed. This will be one thing I will raise with Pooja. I am hoping that we will resume our informal NEDs /Governor meeting as soon as is possible for these were always very well received by governors and NEDs but it was a challenge on Teams. Hopefully, we will be able to be face to face as soon as is possible. As well as the informal Governor meetings that, in the past, have allowed us to gather questions to be answered before each Council of Governors' meetings.

You will be aware that another Governor has resigned. The replacement for this position is being dealt with at the moment.

I do hope that you are all well and are beginning the process of venturing out to enjoy the forthcoming brighter weather.

Liz Steele
 Lead Governors
 WSH NHS Foundation Trust

16. Staff Governor report (enclosed)

To receive a report from the Staff

Governors

For Reference

Presented by Margo Elsworth

REPORT TO:	Council of Governors
MEETING DATE:	18 May 2022
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	16
PRESENTED BY:	Margo Elsworth
FOR:	Information

Issues raised by staff governors were reviewed and discussed at the quarterly staff governor meeting on 28 May 2022 which was attended by Margo Elsworth, Amanda Keighley, Martin Wood, Richard Jones, Jeremy Over and Liz Steele.

1. Ways in which to raise the profile of staff governors were discussed, ie through staff briefings, staff governor drop-in sessions in Time Out and the community, a poster of the staff governors in a prominent place eg outside Time Out,
2. Staff governors were invited to feedback any issues/concerns from their area, particularly given the pressure that both the acute hospital and community services were experiencing.
 - In surgery the trauma team and general surgeons were under enormous pressure due to the due to the number of emergency admissions and this took priority in terms of operating. As a result the elective team, who were very aware of the long waiting lists, felt that they were not really moving forward. There appeared to be a general feeling of being in limbo and waiting for things to happen, eg for theatres to come back on line again.
 - Integrated Community Paediatric Services (ICPS) is a countywide service and many of the children and families supported by the service have complex physical, emotional and social needs and are impacted by the pressures on both hospital and community services. Delays with orthopaedic surgery meant that a number of children were requiring more complex procedures.

Children's mental health services had seen a rise in demand, which was having a huge impact on families with many waiting for prolonged periods of time to access support or being unable to access support.

The teams in ICPS currently have a number of vacancies which were out to advert. Across the teams there was a feeling of increased demand and pressure on all services and this was compounded by the pressures within other services eg social care, wheelchair services and education which in turn impacted on the joined up working which was key to supporting children and families.

- Community services were experiencing similar issues. There had been an increase in data for aggression against staff, due to patients feeling angry and frustrated at delays or not being able to be seen in person by a GP. There was a similar situation in the hospital with patients taking their frustration out on nurses, medical secretaries etc.

The community team's workload had become a lot more complex due to patients waiting a long time for appointments or reviews of their condition. There had also been a 20% increase in palliative care, which had been forecast, due to people not seeking health advice when they needed to or getting checked out in a timely way. This put additional pressure on staff as they also needed to support relatives as well as patients in this situation.

3. The £300 one-off payment had been received very positively by staff and the fact that everyone was receiving the same amount was also appreciated.

It was explained that the executive team had thought this through very carefully and wanted it to be meaningful and as inclusive as possible. This was also not just about showing appreciation to staff for their commitment during the past two years, but also the here and now, which continued to be very challenging.

4. In response to feedback from staff, the NEDs and executives were resolved to go out into the organisation and community to meet staff again, which they had been unable to do over the past two years due to the pandemic. They were also aware of the need to ensure that there was a balance between engaging and linking with both the acute and community sectors of the organisation.
5. The results of the national staff survey had recently been received and the headlines had been shared with staff. There was a lot of information in the survey that it would be helpful for staff governors to look at this in more detail in the future.

On the whole, the results across the whole of the NHS had deteriorated over the past year. Compared to other organisations WSFT was average; areas where it had got worse had done so across the whole of the NHS and there were no particular surprises. WSFT was not below the national average in any of the nine key scores, whereas ESNEFT was not above the national average for any of these nine scores.

WSFT was 4th out of 13 organisations across East Anglia with combined acute/community services, in 'would you recommend this as a place to work'.

WSFT's response rate of 44% was slightly less than the previous year and slightly below the national average. Staff needed to be encouraged to complete this in the future as the more responses that were received the more representative this would be.

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

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

For Reference

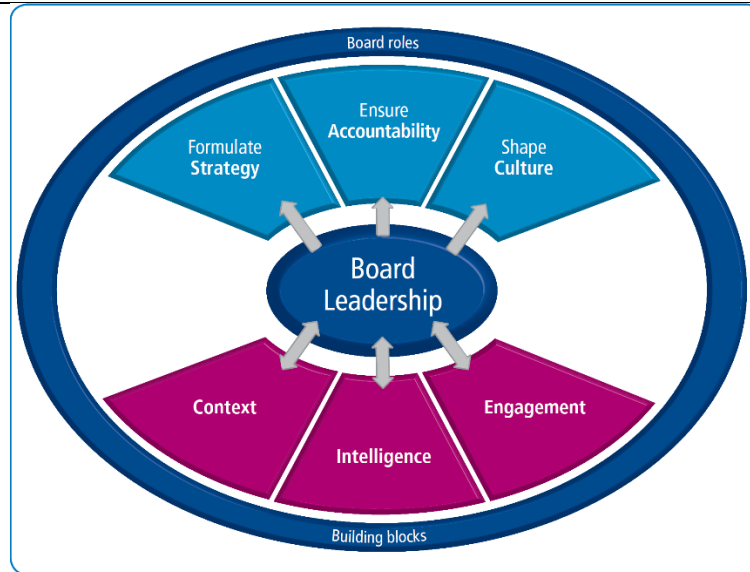
Presented by Jude Chin and Craig Black

Council of Governors – 18 May 2022

Report Title:	Report of the Board of Directors
Agenda Item:	17
Executive Lead:	Jude Chin, Interim Chair
Report Prepared by:	Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary
Previously Considered by:	N/A

For Approval <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>	For Discussion <input checked="" type="checkbox"/>	For Information <input checked="" type="checkbox"/>
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Executive Summary
<p>This is the second iteration of a new style of report from the Board of Directors to the Council of Governors.</p> <p>Historically, the emphasis on sharing the same or summarised reports from the Board of Directors has resulted in too much focus on operational performance at meetings of the Council of Governors rather than engagement on the strategic and future-facing issues and principal strategic risks affecting the Trust.</p> <p>The Board of Directors recognises and respects the role of the Council of Governors in holding the NEDs to account for the performance of the Board and representing the interests of NHS FT members and the public in the governance of the Trust. By providing the same, or similar, reports to the Council of Governors that the Board received, this generated discussions about the performance of the Trust, rather than the performance of the Board, which has prompted this re-think about the way the Board accounts for its performance to the Council of Governors.</p> <p>We have, therefore, structured a different style of report, focusing on the framework provided within the publication <i>The Healthy NHS Board – Principles of Good Governance</i>.</p>



Using these headlines as a prompt, this report aims to provide the Council of Governors with the information used by the Board by way of context, intelligence and engagement and explain how it is fulfilling the three board roles of formulating strategy, ensuring accountability and shaping culture. There are two meetings of the Board of Directors covered during this period – on 25 March 2022 and 8 April 2022.

Action Required of the Council

The Council is asked to review this report in order to:

- consider any elements of board performance arising from this report which they wish to raise with the non-executive directors as part of their statutory duty to hold the NEDs to account for the performance of the Board of Directors
- consider any areas of priority identified in this report for future engagement with members and the public as part of their statutory duty to represent the interests of NHS Foundation Trust members and the public in the governance of the Trust.

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.
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

Our Trust Values	
Fair	We value fairness and treat each other appropriately and justly.
Inclusivity	We are inclusive, appreciating the diversity and unique contribution everyone brings to the organisation.
Respectful	We respect and are kind to one another and patients. We seek to understand each other’s perspectives so that we all feel able to express ourselves.
Safe	We put safety first for patients and staff. We seek to learn when things go wrong and create a culture of learning and improvement.

Teamwork	We work and communicate as a team. We support one another, collaborate and drive quality improvements across the Trust and wider local health system.
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Board of Director Key Issues – March to April 2022

Building Blocks (ref. The Healthy NHS Board)	Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Context	<p>Winter Pressure While we are moving away from winter, the Trust is still continuing to face significant service pressure as a result of seeing an unexpectedly high number of unwell patients. As ever, our colleagues throughout our hospitals and the community are working as hard as possible to mitigate the extreme pressures they have seen recently and we continue to work alongside external partners to deliver care to those who need it.</p>	<ul style="list-style-type: none"> • Additional capacity identified and delivered • Enhanced discharge arrangements put in place • Staff encouraged to work flexibly to meet staffing gaps • Postponing elective surgery and outpatient appointments 	<p>Although these measures are essential to ensure the quality of patient care and patient safety is maintained during periods of significant pressure, there will be deteriorating performance against waiting times and other key performance indicators (eg. Appraisals, mandatory training), which the Trust will need to monitor and recover from.</p>	<p>Chief Executive report</p>
Context (cont)	<p>Staff story The Board received direct feedback from a member of staff who works in the community setting. The nature of the clinical service and how it has changed was described along with pressures and challenges the teams face. This presentation emphasised that the community teams were going above and beyond in caring for patients. It was concerning that they were short staffed and having to obtain supplies from other areas.</p>	<p>Consider staffing levels in community services at a future board meeting.</p>	<p>Patient/staff stories provide valuable insight into aspects of the patient/staff experience and ensure that quality improvement discussions are an integral part of the strategic decision-making process.</p>	
Intelligence	<p>Integrated Quality Performance Report (IQPR) The Board was updated on the proposed improvements to the IQPR to</p>	<p>Performance reports to the Board of Directors and its assurance committees will see changes in the coming</p>	<p>This is a key stepping stone in the enhancement of board governance and ensuring that the assurance committees of</p>	<p>Assurance committees – Trust</p>

Building Blocks (ref. The Healthy NHS Board)	Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
	ensure that the information it receives is timely, reliable, comprehensive and provides the board with the intelligence it needs to assess Trust performance.	months as the dashboard undertakes further development. A session to introduce the new IQPR has been scheduled.	the Board are supported by meaningful information to ensure board effectiveness.	dashboard update
Engagement	<p>The importance of Patient, Staff, Governor and Member engagement was flagged by the Board in the following discussions:</p> <ul style="list-style-type: none"> • Patient/staff story • Budget setting and financial control • Development of the performance dashboard • West Suffolk Review – organisational development plan and next steps • Future System 	<p>The need for ongoing engagement was identified and actions identified.</p> <p>Review and refinement of the new assurance committee structure.</p>	<p>The Council of Governors should consider how these areas also fit with their Member Engagement strategy and work programme for 2022/23.</p> <p>The engagement committee report to the Council of Governors considers the timing for restarting face-to-face engagement activities.</p>	<ul style="list-style-type: none"> • Patient/staff story • Finance report • Trust dashboard update • West Suffolk Review • Digital Strategy • Future System
Formulating Strategy	<p>Trust Strategy Following an extensive consultation and engagement process involving, staff, patients, governors, public and partners, the completed version of the Trust's strategy was being launched across the organisation.</p>	This will inform the Board's strategic developments and decisions for the next five years and has already started to be used to inform reports and initiatives.	This provides a clear statement of purpose, and well-developed values and behaviours which will underpin everything that is done in the name of the Board of Directors and Council of Governors going forward.	CEO report
	<p>Digital Strategy Subject to consideration at Board seminar.</p>	This was a Board action to give the Board more time to discuss and consider the detail within the report.	This is a subject matter that is important for member engagement and has been added to the Governors'	Board seminar (29/4/22)

Building Blocks (ref. The Healthy NHS Board)	Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
	<p>Future System Report As part of its regular report on the programme, this provided a status update on all of the workstreams relating to the future system.</p>	Focus on provider collaboration with ESNEFT. Western Way development.	<p>Programme of Strategic Briefings for 2022/23</p> <p>There is ongoing communication and public engagement that is important for the governors to be involved with as part of their engagement with members and the public.</p> <p>Recognised need to keep Governors informed on the programme of work.</p>	Item 3.3 Future System Public Board report
Ensuring Accountability	<p>Reports of the 3i Assurance Committees – Issues escalated for Board attention</p> <ul style="list-style-type: none"> • ongoing pressures on access targets • Cancer 104 week and two week wait performance • Urgent and emergency care performance challenge due to an increase in demand • 18 wait week performance in the community • PSIRFs had been set for the year • CCG had undertaken assurance visits to maternity, theatres and the emergency department and positive feedback had been received 	<p>Improvement trajectories for waiting times had been prepared and will be monitored and would form part of operational plan for 2022-23.</p> <p>One way we're working on supporting patients whilst they're having to wait, is through our Waiting Well pilot.</p> <p>Subsequent action at the Board meeting on 8 April agreed changes to the scope and responsibilities of the three assurance committees. Further consideration to take</p>	<p>The pressure the Trust is under as a result of the Covid legacy and winter pressures mean that progress in addressing deteriorating key performance indicators is likely to be slow and will continue to be escalated as an area of concern.</p> <p>Development of the IQPR and its review through the assurance committees to provide appropriate escalation to the Board.</p> <p>Operational plans to be considered at Council of Governors meeting in May.</p>	Section 4 and Closed Board

Building Blocks (ref. The Healthy NHS Board)	Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
	<ul style="list-style-type: none"> Staff psychology service - very important part of the Trust's people plan and overall health and wellbeing strategy review of the effectiveness of the new assurance committee structure 	place of the role and effectiveness of the specialist committees within the new assurance governance structure.		
	<p>Quality Governance The Trust is one of the early adopters of the Patient Safety Incident Response Framework (PSIRF). Summaries of Patient Safety Incident Investigations (PSIIs) were reported to the public board, with detailed reports presented to the confidential board.</p> <p>Maternity Quality</p> <ul style="list-style-type: none"> Noted Paul Molyneux and Richard Davies provided additional support in their role as Maternity & Neonatal Safety Champions Updates received relating to Ockenden 1 review of maternity services, one year on report and the Morecambe Bay recommendation and review of maternity services. Publication of the Ockendon 2 report was awaited 	PSIIs are conducted to identify new opportunities for learning and improvement and focus on improving healthcare systems rather than determining or apportioning blame.	<p>Although key to the board's role of ensuring accountability, quality improvement systems that focus on quality and safety and model an open approach to learning are also relevant in the board's role for shaping culture, with openness, transparency and candour underpinning discussions</p> <p>CQC was currently reviewing the way it inspected organisations and these were likely to be include Ockenden and the Morecambe Bay recommendations</p>	<p>Item 4.4 and closed Board</p> <p>Item 4.6</p>

Building Blocks (ref. The Healthy NHS Board)	Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Ensuring Accountability (cont)	Financial Stewardship Trust had planned to break-even at the end of the financial year. However, funding that it had been unclear throughout the year had now been clarified; this would improve the final year position but could not be carried forward to next year. Therefore, WSFT was now forecasting an I&E surplus of £5-6m; other trusts were also forecasting a similar surplus comparable with their size.	Consideration of options for use of the potential surplus in year – subsequent agreement to support one-off staff payment.	Governor strategic briefing on the 2022/23 budget held as part of next year’s work programme. Move towards the Trust’s sustainability programme for next year – focused on carbon reduction and efficiency generating financial savings	Item 4
Shaping Culture	West Suffolk Review – Organisational Development Plan The Board reviewed progress with the Trust’s organisational development plan. This had progressed considerably since the last board meeting and had been developed and shared.	Consider how board members would implement cultural changes through their own behaviour and interactions and how they would get feedback on this in practice	The Governor/Director working group has held its first meeting and will be overseeing the development and implementation of this action plan. Independent review of the Council of Governors by the Good Governance Institute would be engaging with members of the board to gain their input and response.	Item 2.1 and 2.2
	Freedom to Speak Up Guardians’ Report The Q3 report was presented to the Board Amanda Bennett and James Barratt.	Provide an update on freedom to speak up champions in future Freedom to Speak Up Guardian’s reports		Item 4.8

18. Dates for meetings for 2022:

Tuesday 9 August

Tuesday 27 September (Annual Members Meeting, Apex)

Thursday 10 November

For Reference

Presented by Jude Chin

19. Reflections on meeting

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

For Discussion

Presented by Jude Chin