

COUNCIL OF GOVERNORS MEETING

Tuesday 29 March, 5.30pm, via Microsoft
Teams


AGENDA

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Tuesday **29 March 2022 at 17.30 via Microsoft Teams**.

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 invited to <u>note</u> the following: "That representatives of the press, and other members of the public, are excluded from the meeting having regard to guidance regarding public gatherings."	Jude Chin
2.	Clinical presentation – pre-surgery school To <u>receive</u> a presentation from the Clinical Director of Theatres and Anaesthetics	Vijayakumar Gopal
3.	Apologies for absence To <u>receive</u> any apologies for the meeting – Margo Elsworth, Alan Rose	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 note the appointment of Margo Elsworth, staff governor, and the resignation of Mark Krempel, public governor, and Sarah Steele, partner governor.	Jude Chin
5.	Declaration of interests for items on the agenda To <u>receive</u> any declarations of interest for items on the agenda	Jude Chin
6.	Minutes of the previous meeting (enclosed) To <u>note</u> the minutes of the meeting held on 17 January 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.	Chair and NED Appointments (enclosed) To <u>receive</u> the report of the Governors' Nomination Committee	Jude Chin
11.	Governors' Work Programme 2022-23 (enclosed) To <u>approve</u> the work programme	Richard Jones
12.	Report of the Standards Working Group (enclosed) To <u>receive</u> the report of the Standards Committee and <u>approve</u> the updated Code of Conduct and Procedure for Managing Governor Conduct	Jude Chin
13.	West Suffolk Review (enclosed) To <u>receive</u> the report of the West Suffolk Review Working Group meeting of 17 February 2022.	Clive Wilson
14.	Governor Engagement (enclosed) To <u>receive</u> the minutes from the Engagement Committee meeting of 31 January 2022	Florence Bevan
15.	Lead Governor Report (enclosed) To <u>receive</u> a report from the Lead Governor	Liz Steele
16.	Staff Governor Report (enclosed) To <u>receive</u> a report from the Staff Governor meeting of 25 January 2022	Staff Governor
19:00 REPORTS FROM THE BOARD OF DIRECTORS		
17.	Trust Strategy (enclosed) To <u>receive</u> a presentation on the Trust's strategy	Jude Chin / Craig Black / Helen Davies
18.	Summary report for Board of Directors meetings (enclosed) To <u>receive</u> a report from the Chair, Chief Executive and Non-Executive Directors	Jude Chin / Craig Black
19.30 ITEMS FOR INFORMATION		
19.	Dates for meetings for 2022 To <u>note</u> dates for meetings in 2022: Wednesday 18 May Tuesday 9 August Tuesday 27 September (Annual Members Meeting, Apex) Thursday 10 November	Jude Chin
20.	Reflections on meeting To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Jude Chin
19.35 CLOSE		

1. Public meeting

The Council of Governors is invited to note the following:

“That representatives of the press, and other members of the public, are excluded from the meeting having regard to guidance regarding public gatherings.”

For Reference

2. Clinical presentation – pre-surgery school

To receive a presentation from the Clinical
Director of Theatres and Anaesthetics

For Reference

Presented by Vijay Gopal

3. Apologies for absence

To receive any apologies for the meeting -

Margo Elsworth, Alan Rose

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 appointment of Margo Elsworth, staff governor, and the resignation of Mark Krempel, public governor, and Sarah Steele, partner governor.

For Reference

Presented by Jude Chin

5. Declaration of interests for items on the agenda

To receive any declarations of interest for items on the agenda

For Reference

Presented by Jude Chin

6. Minutes of the previous meeting
(enclosed)

To note the minutes of the meeting held
on 17 January 2022

For Approval

Presented by Jude Chin

22/02 APOLOGIES

Apologies for absence were noted as above.

22/03 WELCOME AND INTRODUCTIONS

- Liz Steele, in her role as lead governor, explained that a closed meeting had taken place prior to this meeting where the nominations committee had made a recommendation to the Council of Governors, following interviews last week for an interim Chair.
- The interview panel and Council of Governors had unanimously agreed that Jude Chin should act as interim Chair until a substantive appointment was made.
- On behalf of the governors Liz Steele thanked Sheila Childerhouse for everything she had done both for WSFT and in working with and supporting the governors. She wished her well for the future.
- Sheila Childerhouse congratulated Jude Chin on his appointment. She thanked Liz Steele and the governors and said that she was very proud to have been part of WSFT. She had enjoyed working with the governors and wished everyone the very best for the future.

22/04 DECLARATIONS OF INTEREST

There were no declarations of interest relating to items on the agenda.

22/05 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 13 OCTOBER 2021

The minutes of the meeting held on 13 October 2021 were approved as a true and accurate record subject to the following amendment: Item 21/166 – Clive (not Colin) Wilson.

22/06 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following updates provided:

- Item 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. It was explained that the production of an FT newsletter in the Autumn had been delayed until the publication of the external review and its implications were known. A newsletter would be sent out as soon as possible, subject to availability of resources in the communications team.

It was proposed that the next newsletter should also include information on the interim chair and other board appointments.

The completed actions were reviewed and there were no issues.

22/07 CHAIR'S REPORT

- A report was received from the Chair which provided a summary of the focus of the meetings and activities that she had been involved in over the last few months.
- Both the board and herself, as an individual, accepted accountability for what had happened in the past but she was proud of the way it had moved forward in the past year. There was still a long journey to go that would never be completed and the Trust must not be complacent in any way and should continually strive to improve.

22/08 CHIEF EXECUTIVE'S REPORT

- The pressure that the organisation was currently experiencing was very significant. It differed to previous waves of Covid in a number of ways, ie the impact on the organisation due to the level of staff sickness that was being seen and rates of Covid in the community which were significantly higher than before. However, the number of hospital admissions was much lower.
- The high rates of Covid in the community meant that staff were suffering from Covid. As a result of this and the rules on isolation there were significant staff shortages across both acute and community services,
- The same issues were also being seen in social care and primary care; this was creating a situation which was more difficult to manage than had been experienced previously. It was hoped that as rates in the community decreased staff sickness and absence rates would also decrease quickly.
- The expectation on staff to try and manage delivery of care to a standard other than they felt was acceptable created low morale which was very difficult to deal with and should not be underestimated.
- The decision made a couple of months ago to suspend visiting in the hospital had been vindicated by the high rates of Covid in the community. However, this placed an added burden on staff as they had to provide additional support to patients while they were unable to receive visitors.
- The most significant impact of this decision was the effect that this had on patients and a number of complaints were being received about visitors not being allowed.
- The way the Trust would improve as a result of the external review was through increased transparency and this would be partly through the freedom to speak up guardians and freedom to speak up champions. Some of the benefits of the freedom to speak up champions were already being seen, however this was an ongoing journey and was something that would never be finished.

22/09 GOVERNOR ISSUES

- The Council of Governors received and noted this report.

DELIVER FOR TODAY

22/10 GOVERNOR ENGAGEMENT

- Florence Bevan, chair of the engagement committee, gave a short update on the recent meeting. It was noted that Jane Skinner had attended this meeting and Sarah Judge had joined the committee as the staff governor representative, although had given her apologies on this occasion.
- Voice was a group of members of the public with an interest in contributing to the Trust. Due to restrictions as a result of Covid the group had had a very difficult time during the past two years and had lost a number of members, however they had now recruited new members.
- Proposals for future engagement activities had been discussed. Other Trusts had held online health talks with great success; this was being looked at by the committee as WSFT's medicine for members events had always been very well received and were a good way of representing the Trust. This would require interesting subjects and good/engaging speakers.

22/11 GOVERNOR WORK PROGRAMME 2021-23

- This had been developed to give governors details of the key issues that the Trust was dealing with as part of its strategic work programme.

- The improvement committee had identified ways of involving governors in the quality report and identification of quality priorities in the future.

22/12 SUMMARY QUALITY & PERFORMANCE REPORT

- Nurse staffing continued to be a key item of concern due to Covid pressures, winter pressures and also the planned increase in nurse numbers.
 - The development of the new patient safety incident reporting framework (PSIRF) programme meant that there was more focus on identification of themes coming out of serious incident reporting. More important moving forward was proof of the effectiveness of the new approach and actions taken in relation to these themes.
 - Staffing challenges continued in maternity services. Richard Davies, in his role as safety champion, attended a number of meetings related to this and was assured that services were safe and effective.
 - Demand was very high across both acute and community services which was putting huge pressure on staff and the services they provided. Work was going on across the system to try and mitigate the effect of this, however the hard work that went into preparing for winter had meant that things were not as bad as they might have been.
- Q** What was happening with the status of the supernumerary maternity co-ordinator, was it because it was not possible to appoint someone to this role or because of staffing pressures/sickness?
- A** This was due to current staffing pressures. The idea was that there should be a senior midwife who acted as a supernumerary on the midwifery unit and should be 100% in this role. However, if there was a shortage of midwives due to sickness etc it meant that they may have to step into their role for a short period of time.
- Q** Were there any other pressures on the midwifery unit other than staffing, eg an increase in the birth rate?
- A** The birth rate had not increased and at times was slightly lower than the target. Therefore, the pressures were almost entirely due to staffing and the lack of availability of trained midwives; this meant that the Trust was having to recruit both nationally and internationally.

22/13 SUMMARY FINANCE & WORKFORCE REPORT

- It was noted that this report was slightly out of date. The financial year ran from 1 April to 31 March, therefore at the end of December the Trust was three quarters of the way through the year.
- With additional Covid and recovery funding it was hoped that the Trust would continue to break-even for the remainder of the year, rather than finish with a deficit which it had originally forecast.
- Guidelines for next year were now awaited and were likely to be tougher. This meant that the organisation would have to look at cost savings and initiatives in terms of sustainability and transformation etc. The NEDs would be particularly focussed on this in the coming months.
- The cash position was good and continued to be well managed.
- There has been a lot of capital expenditure this year and there were plans to spend a lot again next year. However, in the future capital expenditure would be partly prioritised by the ICS which meant that WFST would not have full control over this.

- Careful consideration would also need to be given as to whether to spend capital on some assets which may be written off in the next 5-7 years with the development of a new hospital. This may involve some difficult discussions and decisions being made.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

22/14 REPORT FROM 3i COMMITTEES

Insight committee

- The insight committee had now met nine times and was developing and embedding well with good input from its sub-groups.
- There had been considerable improvement in how the committee reported up to the board and how it integrated with the other committees.
- A further meeting had taken place since this report and one of the key issues discussed were appraisal rates across the Trust, which were not moving in the direction they should be. Some of this was due to pressures that the Trust was under and this had been communicated to the improvement committee for further follow-up.
- There was also an issue around waiting times, ie 104 weeks and two week waits in some areas, eg breast cancer and dermatology. However, a new piece of digital technology had been introduced in dermatology which was having a very significant effect on performance in this area and work was ongoing to gain assurance that this was reducing waiting lists. This was also liked by patients and dermatology staff and feedback had been very positive.
- Work continued to incorporate community services into the Trust's governance structure and strategy.
- There was still a need to develop better access to and visibility of key quality and performance metrics; this work had been delayed by the pandemic. Nicola Cottington was keen to take this forward at pace and in the meantime had been working to ensure that the interim IQPR contained all the mandated and contractual metrics that people needed to have access to.

Improvement committee

- This report gave details of the key issues from the meetings in October and November, which were already slightly out of date.
- Since the last meeting of the Council of Governors the committee had developed very well and the level of assurance it was getting from its sub-groups and referrals from other committees had improved, as well as the level of assurance it was able to pass to the board
- The majority of issues that the committee was looking at were legacy issues, ie PSIRF priorities for the current year (until 31 March 2022) and outstanding issues from the CQC improvement programme.
- Significant progress was being made on all of these and one of the challenges for the committee was to give a view on when sufficient improvement had been made to return these areas to business as usual.
- One of the issues that the committee was currently focussing on was how governance structures worked with the specialist committees, to date 26 committees had been identified but there were likely to be more. The committee would be undertaking an exercise to look at the structure of these and whether there was duplication which meant that some committees could be combined or were no longer required, as well as gaining a clear understanding how these reported up to the 3i committees through the governance structure.

- The committee was also looked at the data set and what this should look like as this would be an important element in the governance structure. There were very different requirements from different parts of the organisation and it was important to ensure that these were practical in terms of delivering the project

Q Re the specialist committees and number of them, could governors be given a general idea of what sort of committees these were?

A The committee would be looking at how these operated, the terms of reference and how they fitted into the governance structure. This piece of work would also be looking at where there was any duplication and that there was a consistent reporting arrangement for all committees. Once this work had been completed would be an appropriate time to share this information with governors.

Action: provide information to governors on specialist committees within the organisation.

Jude Chin

Q Was further information available on learning from deaths and concerns regarding the low number of preventable deaths, as this could be significant with regard to public confidence?

A Both the insight and improvement committees had identified that the level of preventable deaths at WSFT appeared to be lower than comparable Trusts. It had been agreed that a meeting would be arranged to include the Chairs of these two committees and Paul Molyneux to discuss the data and how preventable deaths were scored/recorded. Benchmarking information would also be looked at to understand how much of an outlier the Trust was, as well as the whole process of reporting.

Involvement committee

- Florence Bevan had been welcomed as the governor representative on this committee. This would be a very important link given the engagement plans over the next couple of years.
- The results of the inpatient survey had been disappointing, with the Trust being rated as average on the overall experience of patients. However, it was acknowledged that it could not be rated as good on everything due to the fabric of the building. The committee had fed back to the executive team the areas where they would like to see improvement.
- There had only been partial assurance on equality, diversity and inclusion (EDI) and the Trust's position on this. Therefore, the message to the board and Council of Governors was the need for a greater focus on this, both at board and senior management level.
- The other area of focus for the committee was freedom to speak up. One of the biggest messages from the external review related to this and a lot of actions and improvements had been implemented over the last year. However, the board and whole organisation needed to continue to be absolutely focussed on this so that people felt able to voice any concerns and that they were being listened to and acted upon.

BUILD A JOINED UP FUTURE

22/15 FUTURE SYSTEM UPDATE

- A significant amount of work had been undertaken in preparation for the submission of the planning application, including information relating to ecology. The team had been working closely with colleagues from the local planning authority.

- Work continued around the clinical model to ensure that the facility created was the right size and reflected the right distribution of services across the community so that the method of health provision was not overly centralised. The aim was to distribute health services as far as possible into the local community.
- Confirmation of the budget for the current financial year had recently been received and would be sufficient to cover all planned expenditure.
- Confirmation for next year was still awaited but the plan had always been to do the right thing and this would continue until the Trust was told to stop.
- The Council of Governors noted its thanks to Gary Norgate for this report.

GOVERNANCE

22/16 WEST SUFFOLK HOSPITAL NHS FOUNDATION TRUST CONSTITUTION

- The members of the committee involved in reviewing the Trust's constitution were thanked for all their work on this.
- The changes/amendments were summarised in the report and were mainly around clarification and updating or removing items that were no longer relevant.
- It was noted that Annex 1, public constituencies, referred to Forest Heath and St Edmunds wards which had been incorporated into West Suffolk. This would be amended.
- The Council of Governors approved the updated constitution subject to the above amendment.

22/17 REPORT FROM CONSTITUTION COMMITTEE

- The size and composition of the Council of Governors were reviewed, taking into account the future changes relating to the ICS and provider collaboratives.
- The committee had agreed that volunteers should continue as public members.
- It was proposed that a Standard Operating Procedure should be produced for dealing with potential breaches of the Governor Code of Conduct.
- The Council of Governors approved the recommendation to establish a Standards Committee to review the Code of Conduct and develop a Standard Operating Procedure for investigating potential breaches.

Q Should a public governor encourage staff members to talk to staff governors rather than themselves?

A As a member of the Council of Governors it was perfectly acceptable for public governors to feed back issues raised by staff members. Governors represented members and the public, and staff were members.

22/18 REPORT FROM NOMINATIONS COMMITTEE

- The Council of Governors received and noted the content of this report.
- It was explained that the order of recruitment would be to appoint a Chair and then a Chief Executive.

22/19 LEAD GOVERNOR REPORT

- Sheila Childerhouse thanked Liz Steele for all the support she had given her and everything she had done, particularly over the last couple of months.

- Liz Steele explained that she met with Florence Bevan on a regular basis to ensure that they were both aware of all the issues.
- She also attended lead governor meetings. Governor engagement had been discussed at a recent meeting and it was clear that different levels of engagement were going on in different Trusts. This would be discussed at the next engagement committee meeting.

22/20 STAFF GOVERNORS REPORT

- A number of useful discussions had taken place at the meeting in November and staff governors were looking at raised their profile around the Trust.
- The positive feedback from Martin Wood on his walkabout with the patient flow team was noted; however, this took place in November before the increased pressures on the Trust in December/January.

ITEMS FOR INFORMATION

22/21 ANY OTHER BUSINESS

- It was explained that certain issues would take priority for governors in the next few weeks, including the process for appointing a substantive Chair and NEDs. It was hoped to run the recruitment concurrently, appointing the Chair first.
- As a result, it was likely that there might need to be some flexibility with the date of the next CoG meeting which was currently due to take place on 17 February. Governors would be notified of a revised date as soon as possible.

ACTION: notify governors of change in date to next CoG meeting.

- Ann Alderton advised that Richard Jones was now back at work on a phased return basis and she would gradually be handing over to him. The plan was for Richard to take forward anything new and Ann would finish anything that was ongoing and support the Chair and NED recruitment process.

Until otherwise advised she would continue to be the main point of contact for governors.

- Ann thanked the governors for their input and work during her time at the Trust. Sheila Childerhouse thanked Ann for all her support and everything she had done for the organisation, particularly during the recent period. She would be greatly missed.
- Sheila also thanked all the governors and her colleagues for the support they had given her over the past weeks that had been very challenging. She wished everyone well as the organisation moved into an exciting and challenging period.

22/22 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2022

Thursday 17 February – *to be reviewed*

Wednesday 4 May

Tuesday 9 August

Tuesday 27 September (Annual Members Meeting, Apex)

Thursday 10 November

G Holmes

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:	29 March 2022
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 17 January 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.

Ongoing 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.	Work is ongoing to review the work/terms of reference of these committees. When complete a report will be provided to the Council of Governors.	J Chin	May 22	Open

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
218	17/06/21	21/133	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.	Included in Spring FT newsletter.	G Holmes	April 22	Closed
223	17/01/22	22/21	Any other business - notify governors of change in date to next CoG meeting.	Email sent 25 January 22.	G Holmes	Jan 22	Closed

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:	29 March 2022
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	Item 8
PRESENTED BY:	Jude Chin, Interim Chair
FOR:	Information

I thought it would be useful to set out my priorities for the next couple of months until a substantive Chair is appointed. There is a limit on how much can be achieved in such a short timeframe and so I have had a focus on maintaining/increasing momentum in certain areas.

- Continuing support of the executive in dealing with waiting lists (elective recovery) and in particular, encouraging the ever closer working relationship with ESNEFT
- Working with the Board and external bodies in embedding the organisational development plan including Board development and agreeing metrics to measure progress
- Progressing the recommendations from the first Board Development workshop
- Amending board agendas to give greater focus on strategic matters
- Modelling the cultural changes needed at the Trust, at the Board
- Assessing the efficacy and effectiveness of the 3i Committee structure (6 month review)
- 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
- Staying abreast of developments at the Integrated Care System (ICS) and its progress towards an Integrated Care Board (ICB) and Integrated Care Partnership (ICP)

Governor questions and responses – January/February 2022

Log No 2201

Subject: Sexual assault in A&E January 2021

Question	Response
<p>I wonder if I might receive some clarification on this subject to then consider any assurances that may be required.</p> <p>I understand from the press coverage that this incident occurred in January 2021. I had only just become a Governor at that point but I cannot recall us being alerted to this situation at any time.</p> <p>Please could someone help clarify whether Governors were informed and I have not been able to trace anything in my archives?</p> <p>Was this issue entered onto Datix and if so, was it suitably 'flagged'? Was this incident fitting in the criteria for a 'never ever' incident in the fact it wasn't handled correctly?</p> <p>I appreciate that these questions could be considered as 'operational' but in the absence of any earlier information on the incident at the time it occurred, it is through asking these that will enable me to frame up any assurances that may be required.</p>	<p>The Trust does not make reports of serious incidents public, either to Board members or Council members, until an investigation into what happened is complete. Completed investigations are then reported to the Board of Directors in a public meeting in the Quarterly Quality and Learning report, along with details of the findings and recommendations.</p> <p>With regard to the chronology of this serious incident, this case was discussed at an early incident review (EIR) meeting on the 31 March 2021. This was based on receipt of the complaint letter on 12 March and review by the patient safety team to determine if this was an incident. It was entered onto Datix and was graded as moderate harm on the basis of psychological harm and a patient safety review was undertaken. The review was coordinated by the medical patient safety manager with engagement from all relevant stakeholders. The review was approved by the patient safety review panel and shared with the patient. Duty of candour verbal and written was undertaken by the ED Senior Matron.</p> <p>On completion, the patient safety review findings and recommendations were reported to the open Board meeting on 17 December 2021 as part of the quality & learning report for Q2. Board members, governors and members of the public would have had access to all board papers in the week prior to the Board meeting taking place.</p> <p>The incident does not meet the Never Event criteria which are specific to certain events. Further information can be found at www.england.nhs.uk/patient-safety/revised-never-events-policy-and-framework/</p>

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:	Tuesday 29 March 2022
SUBJECT:	Chief Executive's report
AGENDA ITEM:	9
PRESENTED BY:	Craig Black
FOR:	Information

Appointment of interim chair

As you all be aware, Jude Chin is our interim chair at West Suffolk NHS Foundation Trust.

Jude took up the role at the end of January, temporarily stepping up from being a non-executive director on the board at the Trust. He has a wealth of experience at board level in a range of sectors and is a former vice-chair at Colchester Hospital University NHS Foundation Trust.

The process of recruiting a permanent chair is underway as well as the search for two non-executive directors.

Launch of new Trust strategy 2021 – 2026: First for patients, staff and the future

Last month, we launched our new five-year Trust strategy, which focuses on three equal ambitions – ‘First for patients’; ‘First for staff’ and ‘First for the future’. This strategy sets the direction of our organisation for the next five years and we will use this as key platform to help us deliver our vision “to deliver the best quality and safest care for our community”.

The launch of the new strategy gives us an opportunity to be optimistic about the future. Our aim is to use it to open a new chapter for the Trust - to reset; build a fair, open and listening culture; transform the care we provide; and plan for the much needed new and modern healthcare facility for the people of west Suffolk.

Ultimately this strategy will only be successfully delivered if everyone across the organisation feels like they have a stake in it. Whilst the Board and the senior team takes responsibility for it and will help drive it, it's through divisional strategies and day to day work that it will come alive, staff will feel ownership of it and it will be successfully delivered. The Trust strategy should be the anchor for all of our work – helping us to prioritise what we're doing and equally important, allowing us to say no to the things that won't help us deliver this plan.

You can read the new strategy and watch the animation at <https://www.wsh.nhs.uk/News-room/news-posts/First-for-our-patients-staff-and-the-future-%E2%80%93-launch-of-our-five-year-strategy.aspx>

Pressures remain across the Trust

While we are moving away from winter and entering spring, 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.

Throughout Suffolk, we continue to see Covid-19 cases rise after self-isolation rules have come to an end so while we're no longer considered to be in the heart of the pandemic, coronavirus is still having a huge effect on healthcare across the county.

Vaccine taskforce

Our incredible vaccine taskforce is continuing to visit locations across west Suffolk to support the vaccine rollout, meeting local need as well as delivering vaccines to those between the ages of 12-15.

The work undertaken by the taskforce has been a true team effort – combining the skills of our IT team, pharmacy colleagues, facilities team as well as volunteers to ensure the clinics are running smoothly. Every person in these teams have risen to the challenge of ensuring the population of west Suffolk has been able to access a vaccination.

Supporting patients

As a Trust we are continuing to work through our waiting lists and we are working hard and innovating to try to see patients as soon as possible.

One way we're working on supporting patients whilst they're having to wait, is through our Waiting Well pilot.

The pilot aims to offer support to patients by reducing the risk of deterioration of their mental and physical health while they are waiting for their procedure. It's really important that every patient's health is optimised as far possible so they are in as good condition as possible for their surgery.

By offering our patients health and lifestyle information and providing coordinated interventions that provide personalised support, it ensures that while they are on the waiting list, their physical and mental health do not deteriorate.

Hospital visiting

At the end of last month, we were able to bring in some relaxation to our inpatient visiting. It's really positive that most of our patients in our hospitals are now able to have a visitor come in for up to an hour each day. We see every day how important visiting is to both patients and their loved ones. Suspending visiting for several months was a very difficult decision to make, but this was to help stop the spread of Covid-19 amongst the most vulnerable in our society and to help protect our staff.

While the majority of visiting has returned, we are keen to minimise the chance of any infection spreading, so we are asking all visitors to take a lateral flow test before they visit and to wear a surgical mask during their visit. Our dedicated Keeping in Touch and Clinical Helpline teams continue to offer support to those who are unable to visit.

CQC Maternity Survey

We recently received feedback from the 2021 CQC NHS Maternity Survey which noted the experiences of 188 mothers who had births at our Trust in February 2021. We received positive responses from mothers around a number of aspects such as being asked about their mental health by colleagues, being given information on Covid-19 restrictions and mothers being able to see or speak to a midwife as much as they wanted during their care after birth.

However, the feedback has shown there are areas where we can improve as a Trust. Since the survey took place, a lot of work has happened to make improvements – for example, supporting people with infant feeding via increased social media content as well as the reopening of external support groups. The maternity service will be working with the patient experience team to further look at areas of improvement and will continue its work with West Suffolk Maternity Voices partnership.

Supporting staff well-being

The middle of March saw us celebrate our third Love Yourself Week with the aim to encourage our staff, who care for others, to care for themselves too. Two years on from the first lockdown, the week focused on new beginnings in spring and hosted a wide array of opportunities for colleagues to get involved in. From drawing and photography on Hardwick Heath through to self-compassion support from our own staff support psychological service; it offered something for everyone. I want to thank all the people involved in making it a reality.

Staying on the theme of wellbeing, our very successful Abbeycroft leisure offer has been extended which has delighted a lot of staff at our Trust. If you're not familiar, the offer gives WSFT colleagues free access to Abbeycroft's facilities which include gym, swimming and group exercise and has been a hit since we introduced it last year with over 60% of staff signing up in the first year.

Community continues to help shape the new healthcare facility

Looking to the future, our busy Future Systems team are continuing to work with the local community in designing the new hospital which will arrive later this decade. They are currently asking staff, patients and residents to participate in workshops that take place all through March – this feedback is vital in helping shaping the new healthcare facility that is fit for the 21st century. To find out more information, [please click here](#).

10. Chair and NED Appointments (enclosed)

To receive the report of the Governors'
Nomination Committee

For Reference

Presented by Jude Chin

REPORT TO:	Council of Governors
MEETING DATE:	29 March 2022
SUBJECT:	Chair and NED Appointments
AGENDA ITEM:	10
PREPARED BY:	Ann Alderton, Interim Trust Secretary
PRESENTED BY:	Ann Alderton, Interim 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 17 February 2022 (Appendix 1)

The Nominations Committee met on 17 February 2022 to agree the process for the appointment of the Chair and up to three new Non-Executive Directors. The minutes are attached for information but the key decisions taken were as follows:

- The committee approved the candidate brief and person specification for both the Chair and NED roles.
- The interview panel has not yet been confirmed, but governors who will be on the panel will be provided with training on interviewing skills.
- Stakeholder panels will be an important part of the selection process and will comprise governors not on the interview panel, other board members, staff groups and representatives of organisations who work closely with the Trust.
- Due to the need for up to three new NEDs, there was flexibility to have a broad search in terms of the balance of skills and competencies required for the Board of Directors.

Timeframe for the appointment of the Chair and Non-Executive Directors (Appendix 2)

The final timetable for the appointment of the Chair and Non-Executive is attached for information.

The search for and appointment of the Chair is the first priority and although the search for non-executive directors will take place concurrently, the timing of the selection and interviews for non-executive directors will take place after the appointment of the Chair to allow full chair involvement in the process to appoint the other members to the Board of Directors.

The next meeting of the Nomination Committee will be to select a long list from the applications to the Chair role and will take place on 30 March 2022. This is the preliminary selection meeting to ensure that all of the candidates taken forward to the next stage in the selection process meet the candidate brief and person specification.

Recommendation

The Council of Governors is asked to note the report of the Nominations Committee and the time frame for the appointment of the Chair and Non-Executive Directors.

DRAFT

FT NOMINATIONS COMMITTEE

MINUTES OF CHAIR AND NED RECRUITMENT PROCESS MEETING

**THURSDAY 17 FEBRUARY, 2.00pm
Via Microsoft Teams**

Members	Role
Jude Chin	Interim Chair
Carol Bull	Partner Governor
Roy Mawford	Public Governor (apologies)
Joe Pajak	Public Governor
Jane Skinner	Public Governor
Liz Steele	Lead Governor
Martin Wood	Staff Governor
In Attendance	
Ann Alderton	Interim Trust Secretary
Richard Jones	Trust Secretary – apologies
Jeremy Over	Executive Director of Workforce & Communications
Carmel Gibbons	Odgers Berndtson

1. WELCOME AND INTRODUCTIONS

- Jude Chin welcomed everyone to the meeting and introduced Carmel Gibbons

2. APOLOGIES

Apologies for absence were received from Roy Mawford and Richard Jones.

3. BOARD RECRUITMENT EDI

- This document had been provided by the HR team. Jeremy Over offered to provide committee members with a training session to ensure that they were fully prepared for interviewing candidates.
- The content of this training could be flexible but it was very important that their interviewing techniques were ‘top notch’, eg following up responses of candidates in order to gain more in-depth information. Training in other areas could also be provided depending on the candidate selection process.
- Information which the panel did not require, eg details of referees, should not be included in the candidate packs for interviews as this could lead to unconscious bias.
- It was agreed that stakeholder panels would be an important part of the selection process in terms of transparency.

ACTION: Jeremy and Carmel to come back to the committee with proposals for stakeholder events along with recommendations as to the structure of the interviews, eg presentation followed by Q&A.

- Members of the interview panel would be agreed at a future meeting, including external members/observers, eg ICS etc.

Action

JO/CG

DRAFT

- Re NED appointments – think about skills sets required and gaps in skills of current NED members. It was noted that this was not only about skills but also the type of personalities being brought to the board.
- It would be sensible to consider skill sets that were most relevant to the challenges that the Trust was facing.
- It was proposed to keep the NED person spec as broad as possible; three NEDs were being recruited therefore there was scope for more flexibility.
- The only current stipulated requirement was for boards to have at least one NED with financial qualifications, which two of WSFT's current NEDs did have.
- It was suggested that a skills matrix for WSFT's NEDs and chair would be useful for governors.
- There should be some flexibility in the person spec and experience required. It was felt that requesting board level experience in a large corporation or similar was not absolutely necessary and tended to attract people who had retired. It would be helpful to attract people who were currently working as they were often more aware of current issues etc.
- Carmel suggested that Odgers should initially undertake a broad search looking at people who would bring a range of expertise, eg finance, clinical, digital, transformation. However, it would be helpful to know if there were any 'must haves' before beginning the process.

4. CHAIR AND NED TIMETABLE

- The timetable was now out of date due to starting the process later than planned.
- Carmel outlined the process for recruiting a Chair. Based on information provided by the Trust Odgers would be looking at people with the appropriate skill sets and expertise. Candidates would also need to be able to meet the time commitment required and be flexible with their time, ie not necessarily fixed days per week. An update on progress with the search for applicants would be sent to the Trust each week.
- Preliminary interviews would be undertaken by Carmel and a colleague. They would explore motivation of candidates; why they wanted the job; their relevant experience and fit with the person specification and where the gaps were. Preliminary interviews would also cover issues relating to terms and conditions, eg conflict of interests, remuneration, start date.
- Assurance was provided that at every stage of the process the committee (ie governor members) would be taking key decisions. Therefore, it was important that all members of the committee were comfortable with the candidate brief. This process would be owned by the nominations committee but with external assistance/support from other parties, ie Odgers, Jeremy Over etc.

ACTION: Jeremy would keep the nominations committee updated on progress.

JO

- EDI was very important but it was also preferable that candidates were from within the community and wanted to contribute to what may well be their local hospital. Odgers' role was to attract the widest/broadest group of candidates, including EDI.

ACTION: Jeremy would ask the comms teams to put together a press release re the Trust recruiting for these positions.

JO

5. CANDIDATE BRIEF FOR CHAIR AND NEDs

- It was noted that the person spec was very important for both roles as Odgers would be evaluating candidates against this.

DRAFT

Chair

The following comments were made:

- Letter: Liz Steele’s name spelt incorrectly (should be an e on the end).
- Typo page 3; last line of second para; should say; “.. following a high-profile whistleblowing event.”
- Consider re-wording; “An appreciation of constitutional and regulatory NHS standards” (under outcomes focus). This was not something that candidates may necessarily have been exposed to.
- Members of this committee had received a previous draft of this document and no feedback had been received. Therefore, subject to the above amendments and Odgers proof reading the document for any further typos the Chair candidate brief and person specification was approved.

NEDs

The following comments were made:

- Letter: Liz Steele’s name spelt incorrectly (should be an e on the end).
- Letter: change word “effect” and delete cultural in the following sentence; “offer the right candidates an opportunity to effect significant and transformational cultural change.”
- Person spec; qualifications and experience: remove “gained in a large and complex organisation”
Instead of inserting specific requirements include a broad range and state that the candidate should have a background in one or more of the following, eg clinical, digital, finance etc.
- Need to include focus on staff as well as patients; change first bullet under skills to; “Ability to work as an effective member of the Board and to contribute to a continued patient and staff focused culture”.

ACTION: Carmel to amend NED brief and person specification and forward to George for circulation to committee members.

CM

Committee members to feedback any comments to Jeremy by Wednesday 23 February.

6. ANY OTHER BUSINESS

- Odgers to obtain list of local companies who encourage staff to become NEDs.

CM

7. DATE OF NEXT MEETING

To be confirmed.

West Suffolk NHS Foundation Trust - Chair and NED Timetable

Timeline	Activity
w/c 14 February	Preparations finalised
w/c 21 February	Search commences for Chair & NEDs
w/c 28 February	Search continues for Chair & NEDs Progress update provided to the Trust
w/c 7 March	Search continues for Chair & NEDs Progress update provided to the Trust
w/c 14 March	Search concludes for Chair – Friday 18 March Search continues for NEDs Progress update provided to the Trust
w/c 21 March	Applications for Chair role shared with the Trust Search continues for NEDs Progress update provided to the Trust
w/c 28 March	Applications reviewed for the Chair role with the Nominations Committee Search continues for NEDs Progress update provided to the Trust
w/c 4 April	Preliminary interviews for the Chair role commence with Odgers Search concludes for NEDs – Friday 8 April
w/c 11 April	Preliminary interviews for the Chair role conclude with Odgers Applications shared with the Trust for NEDs
w/c 18 April	Shortlist meeting for the Chair role with the Nominations Committee Review of NED applications with the Trust EASTER WEEK
w/c 25 April	Final panel preparations for the Chair role Preliminary interviews for the NED roles with Odgers
w/c 2 May	Final panel interviews for the role of Chair



	Preliminary interviews for the NED roles with Odgers
w/c 9 May	Shortlist for NEDs (to include the Chair)
w/c 16 May	Final panel preparations
w/c 23 May	Final panel interviews for NEDs



11. Governors' Work Programme 2022-23 (enclosed)

To approve the work programme

For Approval

Presented by Richard Jones

Governor's Work Programme 2022-2023

Meeting statutory requirements and governance best practice

March 2022

Executive Summary

When Foundation Trusts were created, a governance structure was established to ensure that people from the communities served by the health service provider can take part in governing them. NHS Foundation Trust governors are the direct representatives of local communities.

Governors do not manage the operations of the Foundation Trust. Their role is to challenge the Board of Directors on the delivery of its priorities and the management of risks. Governors also represent the interests of NHS Foundation Trust members and the public, and provide them with information on the Trust's performance and forward plan.

The present Council of Governors has been in place since December 2020, following an election of staff and public governors in November 2020.

The first year of the Council's term has been a particularly challenging one. Normal trust business, from the delivery of health services at the front line, through to the administration, management and conduct of meetings, has been disrupted by a global pandemic, including a lockdown to protect public health and the health service from the consequences of a high infection rate. Not only has this disrupted the way the Trust delivers and manages health care, but also the way we liaise with one another, the way we conduct meetings and the way we engage with our members, public and stakeholders.

The Trust has also had to deal with several other major challenges during this period, including the following:

- The Future System programme, linked to investment in the building of a new hospital
- Managing the deterioration of the current hospital buildings to ensure that services continue to be delivered despite the disruption caused by essential works
- The publication of an investigation report into a highly publicised whistleblowing incident
- At board level we have an interim CEO and Medical Director and an interim Chair, with substantive appointments to be made in the coming months.

As the Council goes into its second half of its three-year term, this represents an opportunity to review and assess its position and sets its work programme for the coming year, ensuring not only that it meets basic statutory requirements, but that it works effectively alongside the board and makes a positive contribution to effective governance of the Foundation Trust.

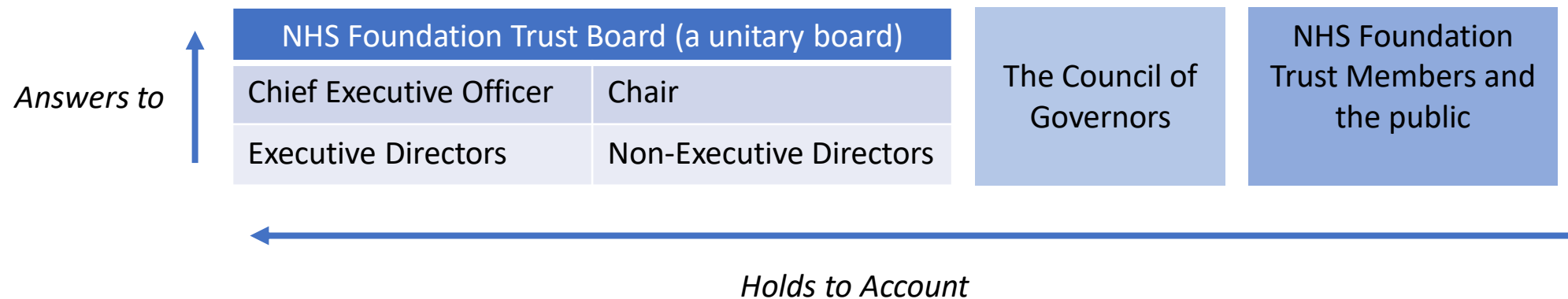
Foundation Trust Governance Structure

Accountability flows outwards to national healthcare regulators as well as to the public who access services locally. The Interim Chair, Jude Chin leads both the Council of Governors and the Board of Directors. Local accountability is the means by which Boards demonstrate their duty of care to those that use services and to their staff. The interaction between the council of governors and the board of directors is one of the most important relationships within foundation trusts.

The Council of Governors, collectively, is the body that connects the Trust with its patients, service users, staff and stakeholders in the community that it serves. It comprises governors who are elected by the membership and who represent staff and the public served by the Trust and stakeholder governors who are appointed by organisations who have an important relationship with the Trust.

As part of their statutory duties to hold the non-executives, individually and collectively, to account for the performance of the board of directors and to represent the interests of Trust members and the public, governors need to understand how the Board of Directors uses information and intelligence to understand and be assured that the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services. This depends on a good flow of information between the Board of Directors and Council of Governors in order to support effective and informed dialogue and debate.

Effective governance does not just happen in formal meetings and in October 2021, a work programme was developed to support the work of the Council of Governors. The work programme covered both the statutory and general duties of the Council, but also introduced a series of Strategic Briefings for Governors, to improve its understanding of the Board's strategic priorities and principal risks. This paper updates the work programme for 2022/23, highlighting both the statutory duties and the strategic priorities for the Trust over this period.



Council of Governors' Achievements 2021-22

Statutory Duties

- Appointed two Non-Executive Directors (one substantive, one interim)
- Approved the appointment of an Interim Chief Executive
- Participated in the Annual Members' Meeting, where the Trust's Annual Report and Accounts for 2020-21 were received
- Appointed an interim Chair
- Started the process for appointing a Chair and up to three new Non-Executive Directors
- Approved a remuneration uplift for the Chair and Non-Executive Directors
- Reviewed and updated the Trust Constitution

Other

- Approved Membership Strategy 2021-23
- Reviewed and updated the Governor Code of Conduct and agreed a procedure for managing governor conduct
- Established a Governor Director working group to support the learning from the West Suffolk Review
- Established and participated in a series of strategic briefings on the Trust's biggest priorities and principal risks
- Governor participation in the Future System briefings as part of member and public engagement

Council of Governors – Statutory Duties

Statutory Roles and Responsibilities of the Council of Governors		Additional Powers
<p>General Duties of the Council</p> <ul style="list-style-type: none"> • To hold the non-executive directors individually and collectively to account for the performance of the board of directors. • To represent the interests of the members of the foundation trust as a whole and the interests of the public 		
NHS Act 2006	<ul style="list-style-type: none"> • Appoint and, if appropriate, remove the chair • Appoint and, if appropriate, remove the other non-executive directors • Decide the remuneration and allowances and other terms and conditions of office of the chair and the other non-executive directors • Approve (or not) any new appointment of a chief executive • Appoint and, if appropriate, remove the NHS foundation trust’s auditor • Receive the NHS foundation trust’s annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors 	In preparing the NHS foundation trust’s forward plan, the board of directors must have regard to the views of the council of governors
Amendments to the NHS Act 2006 made by the Health and Social Care Act 2012	<ul style="list-style-type: none"> • Hold the non-executive directors, individually and collectively, to account for the performance of the board of directors • Represent the interests of the members of the foundation trust as a whole and the interests of the public • Approve “significant transactions” • Approve an application by the trust to enter into a merger, acquisition, separation or dissolution • Decide whether the trust’s non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions • Approve amendments to the trust’s constitution 	The council of governors may require one or more of the directors to attend a governors’ meeting to obtain information about performance of a trust’s functions or the directors’ performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust’s or directors’ performance.

Source: Your Statutory Duties: A reference guide for NHS Foundation Trust governors

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
Main Principles		
The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors. This includes ensuring the board of directors acts so that the foundation trust does not breach the conditions of its licence. It remains the responsibility of the board of directors to design and then implement agreed priorities, objectives and the overall strategy of the NHS foundation trust	<p>Compliance with the conditions of its licence is reported to the Board annually. This can be reviewed as part of the Board papers for 25 June 2021 (Item 18.2).</p> <p>Trust Strategy 2021-26</p>	<p>Review of board papers and observation of meeting. Next report will be June 2022.</p> <p>Board/Council briefing on the launch of the Trust Strategy</p>
The council of governors is responsible for representing the interests of NHS foundation trust members and the public and staff in the governance of the NHS foundation trust. Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct	<p>Trust Strategy 2021-26</p> <p>Governors' Code of Conduct</p>	<p>Board/Council briefing on the launch of the Trust strategy to include a discussion of the Trust's values</p> <p>Review of Governors' Code of Conduct to ensure it reflects current Trust values and other relevant policies</p>
Governors are responsible for regularly feeding back information about the trust, its vision and its performance to members and the public and the stakeholder organisations that either elected or appointed them. The trust should ensure governors have appropriate support to help them discharge this duty	<p>Trust Strategy 2021-26</p> <p>Involvement Committee is a committee of the Board focused on engagement and involvement with all groups of stakeholders</p> <p>Governors' Engagement Committee</p>	<p>Governor briefings on the Trust board's main priorities that are driving the business of the board</p> <p>Once the strategy is launched, refresh the engagement strategy based on the Trust Strategy 2021-25 and the Trust Board priorities</p>

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
Supporting Principles		
Governors should discuss and agree with the board of directors how they will undertake these and any other additional roles, giving due consideration of the NHS foundation trust and the needs of the local community and emerging best practice	Governors’ Work Programme 2022-23 (this document)	Agree the main priorities in this work programme and establish task and finish groups for key programmes of work
Governors should work closely with the board of directors and must be presented with, for consideration, the annual report and accounts and the annual plan at a general meeting. The governors must be consulted on the development of forward plans for the trust and any significant changes to the delivery of the trust’s business plan	Annual Members’ Meeting Trust Strategy 2021-26	Ensure the forward programme for governor meetings includes review of the Annual Report and Accounts, Trust Strategy and any plans/strategies derived from the Trust Strategy
Governors should use their voting rights to hold the non-executive directors individually and collectively to account and act in the best interests of patients, members and the public. If the council of governors does withhold consent for a major decision, it must justify its reasons to the chair and the other non-executive directors, bearing in mind that its decision is likely to have a range of consequences for the NHS foundation trust. The council of governors should take care to ensure that reasons are considered, factual and within the spirit of the Nolan principles	Decisions requiring a vote during the current term of the Council of Governors will include the following: <ul style="list-style-type: none"> • Approval of the appointment of a new CEO • Appointment of a new Chair and up to 3 new NEDs 	Ensure Nominations Committee is involved in the process for the appointment of the new CEO Review and update (if required) NED appointment process (Nominations Committee)

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
Code Provisions		
The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance	<p>Schedule of meetings</p> <p>Attendance is recorded and reported in the Annual Report and Accounts</p>	Council of Governor meetings 2022/23
The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The roles, structure, composition and procedures of the council of governors should be reviewed regularly	<p>Constitution</p> <p>Standing Orders for the Council of Governors</p>	No immediate changes proposed, but inclusion of ICS as successor body to CCGs to be kept under review depending on the status of legislative change
The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request	<p>Schedule of meetings</p> <p>Attendance is recorded and reported in the Annual Report and Accounts</p>	This is regularly reported in the Annual Report and Accounts

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
<p>The roles and responsibilities of the council of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the council of governors towards members and other stakeholders and how governors will see their views and keep them informed</p>	<p>Trust Constitution</p> <p>Council of Governors’ Standing Orders</p> <p>Membership Strategy (reviewed 2021)</p>	<p>Reviewed by Constitution Committee in December 2021</p> <p>Membership Committee to oversee implementation of Membership Strategy</p>
<p>The chairperson is responsible for leadership of both the board of directors and the council of governors but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust</p>	<p>Schedule of meetings 2022/23</p>	<p>Board/Council briefing of the board priorities and principal risks for 2022/23 and ensure each is allocated a briefing session in the existing meeting programme of the Council</p>
<p>The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the provider licence or other matters related to the overall wellbeing of the trust. The council of governors should input into the board’s appointment of a senior independent director</p>	<p>Trust Constitution</p>	<p>Constitution Committee reviewed Trust Constitution and Standing Orders in December 2021</p>

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
<p>The council of governors should ensure its interaction and relationship with the board of directors is appropriate and effective. In particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear, unambiguous language</p>	<p>Council meeting agendas and papers to include meetings planner</p>	<p>Approve governor work programme (this document) and Council of Governors’ meetings forward plan to ensure that there is coverage of the board’s main priorities and risks in the items discussed across all of its meetings and the meetings of its working groups and committees</p>
<p>The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance</p>	<p>Constitution</p>	<p>Constitution committee to review existing procedures to ensure they reflect this scenario</p>
<p>The council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data</p>	<p>Council meeting agendas and papers should ensure governors receive information linked to the board’s priorities and risks</p>	<p>Board/Council briefing of the board priorities and principal risks for 2022/23 and ensure each is allocated a briefing session in the existing meeting programme of the Council</p> <p>Discussion to include Council of Governors’ information requirements</p>

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
<p>Directors on the board of directors and governors on the council of governors should meet the “fit and proper” persons test described in the provider licence. For the purpose of the licence and application criteria, “fit and proper” persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations</p>	<p>Standard declaration forms, supported by independent checks, are in place for the Board of Directors</p>	<p>Circulate declaration forms to governors for completion</p>
<p>Governors should canvass the opinion of the trust’s members and the public, and for appointed governors, the body they represent, on the NHS Foundation Trust’s forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied</p>	<p>Trust Strategy 2021-2026 and any enabling strategies derived from this</p>	<p>Engagement Committee should ensure that its work programme reflects this duty</p>
<p>The Council of Governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The Council of Governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditors and monitor their performance. However they should be supported in this task by the audit committee, which provides information to the governors on the external auditor’s performance as well as overseeing the NHS foundation trust’s internal financial reporting and internal auditing</p>	<p>BDO have been the Trust’s external auditors since FT status was granted. 3-5 years is recommended</p> <p>Audit letter 2021/22</p> <p>Audit committee report into the performance of the external auditors</p>	<p>New auditors, KPMG, appointed by the Council of Governors in 2021</p>

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
<p>The Council of Governors should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive</p>	<p>NHS Providers issued the benchmarking information for Chair and NED remuneration for 2021 in July 2021.</p>	<p>Reviewed in 2021.</p> <p>Next review will take place Summer 2022, or when the latest NHS Providers survey is published, whichever is the soonest</p>
<p>Governors should seek the views of members and the public on material issues or changes being discussed by the Trust. Governors should provide information and feedback to members and the public regarding the Trust, its vision, performance and material strategic proposals made by the trust board</p>	<p>Trust Strategy 2021-26 Future Systems programme</p>	<p>Governor involvement in the launch of the Trust Strategy Governor involvement in Future Systems programme workstreams Membership Engagement Strategy Engagement Committee meeting</p>
<p>The chairperson should ensure that the views of governors and members are communicated to the board as a whole. The chairperson should discuss the affairs of the NHS Foundation Trust with governors. Non-executive directors should be offered the opportunity to attend meetings with governors and should expect to attend them if requested by governors. The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors</p>	<p>Trust Strategy 2021-26 Trust Board priorities 2022-23 Regular informal joint CoG/NEDs meetings Schedule of Board and Council meetings 2022-23</p>	<p>Governors receive a schedule of meeting dates which include formal meetings of the Board of Directors, Council of Governors, informal meetings between the Council and NEDs and informal CoG meetings.</p> <p>There is a schedule of monthly joint Board/Council briefings to ensure the Council is fully briefed on board priorities and principal risks, the Council has an opportunity to feed back on those priorities and makes the delivery of those priorities the focus of holding the NEDs to account for the performance of the Board of Directors.</p>

Source: The NHS Foundation Trust Code of Governance

Council of Governor Priorities 2022-23

- 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

Governor Work Programme 2022-2023

Meeting Statutory Duties

2022/23

Timing	Duty	Delegated to (with recommendations presented to full Council)	Working with
April 2022 – June 2022	Appoint a new Chair	Nomination Committee	Interim Chair Director of Workforce
	Appoint up to three new Non-Executive Directors	Nomination Committee	Chair Director of Workforce
	Undertake 2021/22 appraisals of Chair and Non-Executive Directors	Nomination Committee	Interim Chair
	Approve the appointment of a new Chief Executive	Nomination Committee	Chair, Remuneration Committee Director of Workforce
	Review initial draft of Annual Report and Accounts 2021/22 and draft governors statement	Governor representatives x 4 (2 x Annual Report; 2 x Quality Accounts)	Trust Secretary Board of Directors
July 2022- September 2022	Appoint new Lead Governor		Trust Secretary
	Review Chair and non-executive director remuneration	Nomination Committee	Chair Director of Workforce
	Annual Members' Meeting		Chair and Chief Executive
Oct 2022-Mar 2023	Appoint new Senior Independent Director	Nomination Committee	Chair

Strategic Work Programme 2022-2023

Objectives

- To improve the Council's understanding the unitary Board, what it does, what it doesn't do and how it determines its priorities
- To improve the Council's understanding of Board Governance at West Suffolk Hospital NHS Foundation Trust and how to evaluate board effectiveness
- To facilitate an honest and open discussion about the Trust Board's priorities and risks for the period until the next governor elections in 2023 and beyond
- To help inform the Council of Governors' membership and engagement programme for 2022-23, ensuring it is linked to Trust priorities
- To build constructive working relationships between the Council of Governors and Board of Directors and a shared understanding of priorities, issues and risks

Suggested Approach

- Themed strategic briefings and workshops on a range of topics linked to the Trust's strategic priorities, principal risks and important current issues
- There will be a range of suggested topics and dates fixed in the calendar. However, these may be subject to change, depending on what might need to be "bumped up" the agenda
- Acceptance that consensus might not be reached, but recognition that an honest debate, conducted within the framework of the Trust's values of fairness, inclusion, respect, safety and teamwork, is something to be encouraged and valued.

Strategic Work Programme 2021-2022

Strategic Work Programme

2021/22 – Completed Briefings

Timing	Themes	Rationale	Led by
November 2021	Operational challenges and Elective Recovery Programme	Interests of members and the public	Interim Chief Executive, Interim Director of Resources, Chief Operating Officer
Dec 2021	Health and Social Care in Suffolk – Integrated Care and what it means	Interests of members and the public	Chief Executive, Director of Integrated Services, Chief Operating Officer
Dec 2021	Rapid review report – Q&A session	Important learning for culture and engagement	Chair, Senior Independent Director, Director of Workforce, Freedom to Speak Up Guardians
Jan 2022	Freedom to Speak Up Briefing	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
Feb 2022	People Plan	Interests of members and the public	Director of Workforce, Chief Nurse
March 2022	The Green Plan	Interests of members and the public	Chief Executive, Director of Resources, Associate Director of Estates and Facilities

Strategic Work Programme 2022-23

Strategic Work Programme			
Timing	Themes	Rationale	Led by
April 2022	NHS Finance update and Briefing on Budget 2022-23	Interests of members and the public	Interim Chief Executive, Interim Director of Resources
May 2022	2022/23 NHS Priorities and Operational planning guidance – WSFT response	Interests of members and the public	Interim Chief Executive, Interim Director of Resources, Chief Operating Officer, Director of Workforce
June 2022	Digital Strategy	Interests of members and the public	Interim Chief Executive, Chief Information Officer
July 2022	Annual Report and Accounts 2021/22 Quality Accounts 2021/22	Holding the NEDs to account for the performance of the Board Interests of members and the public	Trust Secretary Non-Executive Directors
August 2022	Living the Trust Values	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
Sep-Mar	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

12. Report of the Standards Working Group (enclosed)

To receive the report of the Standards Committee and approve the updated Code of Conduct and Procedure for Managing Governor Conduct

For Approval

Presented by Jude Chin

REPORT TO:	Council of Governors
MEETING DATE:	29 March 2022
SUBJECT:	Report of the Standards Task and Finish Group
AGENDA ITEM:	12
PREPARED BY:	Ann Alderton, Interim Trust Secretary
PRESENTED BY:	Ann Alderton, Interim Trust Secretary
FOR:	Information

Background

Following its review of the Trust Constitution, the Council of Governors established a Standards Task and Finish Group to review the West Suffolk NHS Foundation Trust Governors' Code of Conduct and to develop a procedure for the investigation of potential breaches.

Rationale for Change

Members of the Council of Governors are elected by the Trust's members (staff and public) or appointed by partner organisations identified as such in the Trust's Constitution. They are not employees and are not subject to employment law. Any decision to investigate a governor for a potential breach of the Council of Governors has to be taken by the Council itself, as does any decision to apply a sanction for that breach.

During its review of the Trust Constitution, the working group noted that Annex 6 – Code of Conduct for Governors had only a very brief procedure outlined for investigating potential breaches of the Code. There was no mention of a process of investigation, timeframes or a right of appeal and a governor subject to such an investigation would have to plead their case before a full Council meeting. This was not considered to be a fair and just process.

Meetings of the Standards Task and Finish Group

The Standards Task and Finish Group met twice, on 2 February and 28 February.

Membership was as follows:

Jude Chin, Trust Chair
 Liz Steele, Lead Governor
 Adrian Osborne, Public Governor
 Amanda Keighley, Staff Governor
 Carol Bull, Partner Governor

Updated Code of Conduct (Appendix 1)

The Working Group approved an updated Code of Conduct for Governors at its meeting of 28 February. This will come into effect as soon as it has been approved by the Council and be incorporated into the next revision of the Trust Constitution. There is explicit reference in the Code of Conduct to Trust procedures that governors are expected to comply with, all of which will be available for review by governors in a designated “reading room” in Convene.

Procedure for Managing Governor Conduct and Expected Standards (Appendix 2)

The procedure for managing governor conduct and expected standards was also approved at the Working Group meeting of 28 February. This mirrors the procedure for managing staff conduct and follows the same principles of a just and learning culture where the emphasis is on learning from mistakes rather than blaming individuals.

This does not form part of the Constitution, but will form part of the suite of documents placed on Convene. This will be the procedure that will be followed in the event of a potential breach of the Code of Conduct by a governor.

Creation of a Standards Committee

The procedure for managing governor conduct and expected standards recommends the establishment of a Standards Committee as a standing committee of the Council of Governors. In addition to being responsible for the Code of Conduct and the procedure for managing governor conduct, it is proposed that this committee will be called to consider any potential breaches that are brought to the Trust’s attention and will sit as a panel to consider next steps, including hearing the outcome of any investigations into governor conduct. It is proposed that the existing working group with its current members becomes this standing committee, subject to the approval of the Council of Governors.

Recommendation

The Council of Governors is asked to approve the following:

- a) Appendix 1 – the updated Code of Conduct for Governors
- b) Appendix 2 – the Procedure for Managing Governor Conduct and Expected Standards
- c) The establishment of a Standards Committee as a standing committee of the Council of Governors. The working group will 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.

Appendix 1

ANNEX 6 - CODE OF CONDUCT FOR GOVERNORS

1. Introduction

- 1.1 The NHS Act 2012 sets out the powers of and obligations upon, governors of NHS Foundation Trusts, details of which form part of the Constitution. If Governors operate outside the powers assigned to them or fail to adhere to the obligations of public office, the NHS Act gives the Foundation Trust the power, through its Constitution, to remove them from office.
- 1.2 This Code seeks to outline appropriate conduct for Governors, and addresses both the requirements of office and their personal behaviour. Ideally any penalties for non-compliance would never need to be applied; however a Code is considered an essential guide for Governors, particularly those who are newly elected.
- 1.3 The West Suffolk NHS Foundation Trust operates a just and learning culture, with an emphasis on learning from mistakes rather than blaming individuals. We expect high standards of conduct from our elected and appointed governors and we expect them to take responsibility and be accountable when they fall short. Any investigation into code breaches, as well as establishing the facts, will also seek to understand the reasons for the breach, with a view to remediation rather than punishment.
- 1.4 The Code seeks to expand on or complement the Constitution. Copies will be made available for the information of all Governors and for those considering seeking election to the Council of Governors.
- 1.5 This Code of Conduct does not limit or invalidate the right of the Governors or the Trust to act under the Constitution.
- 1.6 The Code applies to all forms of communication and interaction, including:
 - 1.6.1 at face to face meetings
 - 1.6.2 at online or telephone meetings
 - 1.6.3 in written communication
 - 1.6.4 in verbal communication
 - 1.6.5 in non-verbal communication
 - 1.6.6 in electronic and social media communication, posts, statements and comments.

2. Qualifications for office

- 2.1 Members of the Council of Governors must continue to comply with the qualifications required to hold elected office throughout their period of tenure as defined in the Constitution. The Trust Secretary should be advised of any changes in circumstances, which disqualify the Governor from continuing in office. An example of this would be a public Governor becoming an employee of the Trust, given that the number of employees sitting on the Trust's elected bodies is limited.
- 2.2 Where a Governor has resigned from office, that governor must promptly return to the Trust Secretary any Trust property or confidential paperwork relating to the Trust and the work of the Council of Governors as the Governor may have in his or her possession and continue to comply with the requirements of the Constitution, this Code and Standing Orders for the Council of Governors until such time as this resignation takes effect.

Appendix 1

3. General Principles

3.1 Governors should at all times:

- 3.1.1 adhere to the Trust's values and supporting behaviours; rules and policies; and support the agreed vision and aims of the Trust in developing a successful Trust for the people of West Suffolk.
- 3.1.2 act in the best interests of the Trust at all times and in accordance with the Constitution, the Standing Orders for the Council of Governors and this Code.
- 3.1.3 contribute to the workings of their Council of Governors in order for it to fulfill its role and functions.
- 3.1.4 recognise that the Council of Governors exercises collective decision-making on behalf of local people, stakeholders and staff and abide by such decisions as are made within that forum.
- 3.1.5 acknowledge that, other than when attending meetings and events as a Governor, Governors will have no rights or privileges over any other Member of the Trust.
- 3.1.6 recognise that the Council of Governors has no managerial role within the Trust and that the roles and responsibilities of a governor are not of a managerial or executive nature.
- 3.1.7 conduct themselves in a manner that reflects positively on the Trust, and act as an ambassador for the Trust.

4. Confidentiality

- 4.1 Governors will receive confidential information during the conduct of their duties and will be expected to respect the confidentiality of that information. Governors are required not to disclose information given to them in confidence by anyone, or information acquired by them which they believe or ought reasonably to be aware, is of a confidential nature.
- 4.2 Matters discussed in closed meetings of the Council of Governors and any meetings relating to disciplinary or code of conduct matters must be assumed to be confidential and not discussed or disclosed to anyone outside the meeting.

5. Trust Policies

5.1 The Governors shall comply with the following Trust policies:

- 5.1.1 Email and Internet Policy
- 5.1.2 Policy against Bullying and Harassment
- 5.1.3 Equality, Diversity and Inclusion Supporting Equal Opportunities
- 5.1.4 Freedom to Speak up
- 5.1.5 Data Protection Policy
- 5.1.6 Management of Violence and Aggression Policy
- 5.1.7 Such other reasonable Trust policies as are notified to the Governors in writing from time to time.

Appendix 1

6. Conflict of interests

6.1 Governors should act with the utmost integrity and objectivity and in the best interests of the Trust in performing their duties. They should not use their position for personal advantage or seek to gain preferential treatment. Any Governor who has a material interest in a matter as defined by the Constitution, shall declare such interest to the Council of Governors and:

6.1.1 shall not vote on any such matters.

6.1.2 Shall not be present except with the permission of the Council of Governors in any discussion of the matter.

6.2 If in any doubt they should seek advice from the Trust Secretary. It is important that conflicts of interest are addressed and are seen to be actioned in the interests of the Trust and all individuals concerned.

7. Conduct in meetings

7.1 Governors should at all times:

7.1.1 Be aware that they have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Secretary in advance of the meeting.

7.1.2 Be aware that failure to attend three successive meetings of the Council of Governors without good reason and prior explanation as set out in the Constitution is grounds for dismissal from their office, unless the grounds for absence are deemed to be acceptable by the Council of Governors.

7.1.3 Be aware that they are expected to attend for the duration of the meeting.

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

7.1.5 respect the integrity of the decision-making process in meetings of the Council of Governors and its committees and not undermine that process by their actions outside those meetings.

7.1.6 respect the confidentiality of matters discussed at closed meetings and not reveal details of information received, discussions, outcomes or individual voting decisions of those present at those meetings without their permission and/or outside due process.

7.1.7 comply with Standing Orders of the Council of Governors and draw the Trust Secretary's attention to any perceived breaches of the Standing Orders.

8. Personal conduct

8.1 Governors are required to adhere to the highest standards of conduct in the performance of their duties as holders of public office.

8.1 Governors must, whilst carrying out their role of Governor:

8.1.1 acknowledge that the Trust is an apolitical organisation.

Appendix 1

- 8.1.2 adhere to good practice in respect of the conduct of meetings and respect the views of their fellow elected governors.
- 8.1.3 recognise that it is not acceptable or appropriate to represent any trade union, political party or other organisation of which they are a member or represent their views whilst conducting themselves as governor.
- 8.1.4 be honest and act with integrity and probity at all times.
- 8.1.5 accept responsibility for their actions.
- 8.1.6 show their commitment to working as a team member by working with colleagues in the NHS and wider community.
- 8.1.7 share collective responsibility for all Council decisions regardless of personal opinion.
- 8.1.8 be mindful of conduct which could be deemed to be unfair or discriminatory and support inclusivity.
- 8.1.9 treat other governors, members of the public, Directors (executive and non-executive) and other employees with respect and in accordance with the Trust's policy against bullying and harassment.
- 8.1.10 not intimidate or attempt to intimidate any person who is or is likely to be involved in the administration of any investigation or proceedings in relation to an allegation that a governor has failed to comply with this code of conduct.
- 8.1.11 recognise that the Council of Governors, the Board of Directors and management have a common purpose, i.e. promote the success of the Trust, and adopt a team approach and support inclusivity
- 8.1.12 act appropriately in all engagement with the media and, where appropriate, act in accordance with the guidance for governors on dealing with the media.
- 8.1.13 conduct themselves in such a manner as to reflect positively on the Trust. When attending external meetings or any other events at which they are present, it is important for Governors to be ambassadors for the Trust.
- 8.1.14 Uphold the seven principles of public life as detailed by the Nolan Committee as set out in Annex 9.

9 Accountability

- 9.1 Governors are accountable to the membership and should demonstrate this by attending Members' meetings and other key events, which provide opportunities to interface with their electorate in order to best understand their views.
- 9.2 Governors are also accountable to NHS England and Improvement for their conduct.

10. Induction and development

- 10.1 Training is essential for Governors, in respect of the effective performance of their current role. Governors are required to adhere to the Trust's policies in all respects and undertake identified training and develop to allow them to effectively undertake their role.
- 10.2 Governors must participate in the Trust's induction programme for Governors

Appendix 1

11. Visits to Trust Premises

Where Governors wish to visit the premises of the Trust in a formal capacity as opposed to individuals in a personal capacity, the Council of Governors should liaise with the Secretary to make the necessary arrangements.

12. Non-compliance with the Code of Conduct

Governors should be aware that non-compliance with the code of conduct, any other action which may be detrimental to the Trust or breach of any other condition for qualification as stated in the Constitution will be dealt with in accordance with the procedure for Managing Governor conduct and expected standards.

Appendix 2

Procedure for Managing Governor Conduct and Expected Standards

Introduction

The procedure for Managing Governor Conduct and Expected Standards is based on the principles of a 'Just Culture', where we will look to ask 'What went wrong' rather than placing blame on the individual. The aim of this procedure is to ensure that conduct concerns are properly assessed to ensure a full and thorough understanding of the issues raised. The process is also designed to help and encourage all governors to achieve and maintain acceptable standards of conduct.

The West Suffolk NHS Foundation Trust supports a culture of fairness, openness and learning and this procedure is designed to ensure governors feel confident to speak up when things go wrong, rather than fearing blame. An objective and prompt examination of the issues and circumstances should be carried out to establish whether there are grounds for a formal investigation and/or for formal action. Where support, guidance or informal management would be a more appropriate and productive outcome, this should be pursued. Mediation should always be considered for early resolution, where appropriate.

It is the intention of this procedure to ensure that all governor conduct issues are dealt with compassionately and appropriately. The Trust will seek restorative action wherever possible, rather than seeking to blame individuals or issue punitive sanctions.

Standards Committee

A Standards Committee (the committee) will be established as a standing committee of the Council of Governors to review the Code of Conduct for the Council of Governors, the procedure for managing governor conduct and expected standards and to ensure that the procedure is followed when it is alleged that a governor's conduct has not been in accordance with the code and expected standards. In cases where a formal investigation is required, it shall also form the panel to hear the outcome of that investigation, unless there is a conflict of interest, in which case a conflicted member will be replaced by another governor from the same constituency.

Membership of the committee shall comprise the following:

- Trust Chair
- Lead Governor
- One public governor
- One staff governor
- One partner governor

The committee will be advised by the Trust Secretary, with further support from the Director of Workforce or a member of the HR team for cases where formal action may be necessary.

Arrangements relating to Staff Governors

If the allegation involves a staff governor, consideration should be given as to whether its scope falls within the staff policy and procedure for managing conduct and expected standards and appropriate advice sought from the Director of Workforce and the HR team.

Appendix 2

Referrals to the Standards Committee

All allegations relating to the conduct of a governor or governors will be reported to an extraordinary meeting of the committee, which will determine whether it should be dealt with under an informal or formal process. If the allegation is made by or against a member of the committee, they shall recuse themselves from the committee for that decision and another member from the same constituency co-opted in their place.

In most cases, governors may continue to hold office and attend meetings while any allegations against them are investigated. However, depending on the nature of the alleged breach or the alleged circumstances giving rise to it, this may not be appropriate, in which case, the committee may, in consultation with the Chair and the Lead Governor recommend one or more of the following actions:

- Exclude the governor concerned from the whole or any part of any or all Council of Governor meetings
- Suspend the governor concerned from office pending conclusion of the matter
- Take such other action as they consider appropriate

Where the committee considers that any such action as referred to above is required, they shall notify the governor concerned in writing as soon as reasonably practicable and explain the next stage in addressing the matter.

Informal Stage

Where at all possible, and where appropriate, allegations where expected standards have not been met should be dealt with informally by the Chair and Trust Secretary, who will meet with the person reporting the allegation to get a thorough understanding about what has happened. This will be followed up by a meeting with the governor to establish their version of events. Once the facts of the situation are understood, restorative action should be taken to ensure conduct does not fall below expected standards again, and also to address any organisational processes that may have led to the incident occurring in the first place.

A file note of the informal action will be reported to the Standards Committee for information and a copy held on the governor's file.

Formal Procedure

There may be situations where informal action has not brought the required improvement, where expected standards are repeatedly not met, or where the nature of the allegation is so serious it can't be considered for informal action. In these circumstances, it may be appropriate for the formal procedure to be implemented. This should only be considered where all appropriate informal action has been explored and there are still concerns regarding a governor's conduct. Where it is decided that further investigation and/or formal action is appropriate, this must be approved by the committee.

Formal action must only be taken where there is no other alternative, and this will be continuously reviewed throughout any formal process. In the event of formal action being deemed necessary, it is essential that affected governors are treated with dignity, kindness and compassion, regardless of the circumstances of the case.

Investigation

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Where the committee considers an investigation is appropriate, it shall notify the investigated governor in writing no later than 5 working days after the decision, of the:

- Alleged breach of the code
- Grounds giving rise to the allegation and the provisions of the code which are alleged to have been breached
- The terms of reference and timeframe for the investigation

The Chair and Trust Secretary will appoint an independent investigator to investigate the allegations. This may be an individual employed by the Trust who is not a witness or a close colleague of those affected by the matters under investigation or somebody who is external to the Trust.

Once an investigator has been appointed, the committee shall notify the investigated governor of the contact details of the investigator and a request to the governor to comply with all reasonable requests relating to the matter being investigated.

The investigator shall be asked to provide a written report to the committee at the conclusion of the investigation setting out:

- The findings of the investigation in relation to the alleged breach
- Whether there is a case to answer and any recommendations as to any further investigation or steps which should be undertaken by the committee

The committee chair shall ensure that a copy of the investigator's report is sent to the investigated governor as soon as reasonably practicable after receipt.

Following receipt of the investigator's report, the committee shall call a meeting to determine whether any further action is needed before it meets to hear and determine the issue in a panel hearing.

Panel Hearing

Upon receipt of the investigator's report, the committee shall convene a panel hearing meeting and inform the investigated governor of the same. The date for the panel hearing shall be not less than 15 working days from the date of notice.

The notice must include the following:

- The date, time and location of the panel hearing
- The members of the panel
- The date by which the investigated governor must submit to the panel any written representations they would like the panel to consider and/or any objection to a panel member
- Confirmation as to whether the investigated governor can have legal or other representation at the panel hearing

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- Confirmation as to whether the investigator or any other third party will be present at the panel hearing
- Confirmation as to whether the investigated governor will be permitted to address the panel and/or post questions to the investigator or any other third party who is present
- Such other information as the panel considers it appropriate to provide

The panel hearing shall be chaired by the person nominated to chair it by the other panel members.

At the relevant stage in the process, the chair shall dismiss the investigated governor, the investigator and any third parties whilst the panel retires to consider their decision

The chair shall ensure that the investigated governor receives:

- A copy of the decision of the panel (including the details of any sanctions the panel has voted to impose and the lifting or otherwise of any interim sanctions)
- A copy of the minutes of the panel hearing; and
- Confirmation of the appeal process within 10 working days of the panel hearing

Appeal

Where a panel has determined that a governor has been found to have breached the Code of Conduct, the investigated governor may submit an appeal to the Appeal Panel no later than 15 working days after receipt of the written decision. This must include his stated grounds for appeal. The Appeal panel will comprise of members who were not on the Panel for the first hearing and who are not conflicted in relation to the matter. Membership will be as follows:

Non-Executive Director

4 Governors (2 x public governors, 1 x staff, 1 x partner)

Where an appeal is submitted, it shall be acknowledged within 3 working days of the date of receipt by the Trust Secretary and referred to the Chair.

The Appeal panel will determine whether to accept the appeal and will notify the Chair, who shall confirm to the investigated governor within 5 working days whether the appeal has been accepted and, if it has, shall provide notice of:

- The date, time and location for the Appeal Panel meeting which shall hear the appeal
- The process for the appeal hearing
- What, if any, further information is required from the investigated governor

Support for the Governor

Being investigated for an alleged breach of the code of conduct can be very upsetting and stressful for any affected governors. If the governor wishes to nominate a third party to

Appendix 2

support them through the process, or request such support from the Trust, they may do so, through the Senior Independent Director. Clear, regular and confidential communication can help make sure governors are kept informed of what is happening, have the opportunity to ask questions and can avoid stress and other mental health issues.

Sanctions

Where the panel determines that an investigated governor has breached the Code of Conduct it may impose such sanctions as it considers appropriate, including, but not limited to:

- Issuing a written warning as to future conduct. This shall remain on the governor's record for the remainder of their term of office
- Requiring the investigated governor to provide written undertakings as to future conduct
- Withholding the payment of expenses, if the breach related to the wrongful claiming of expenses
- Removal from office as a governor and removal as a member of the Trust

Dismissal

A decision by the panel to remove a governor from office requires a resolution to the Council of Governors approved by not less than two-thirds of the governors present and voting at a general meeting of the Council of Governors which is closed to the public. Where the committee is recommending dismissal, the Standards Committee shall report a summary of the alleged breach, the process followed and the outcome, with a recommendation to the Council of Governors to dismiss.

13. West Suffolk Review (enclosed)

To receive the report of the West Suffolk
Review Working Group meeting of 17
February 2022

For Reference

Presented by Clive Wilson

REPORT TO:	Council of Governors
MEETING DATE:	29 March 2022
SUBJECT:	Report of the West Suffolk Review Governor Director Working Group
AGENDA ITEM:	13
PREPARED BY:	Ann Alderton, Interim Trust Secretary
PRESENTED BY:	Clive Wilson, Working Group Chair
FOR:	Information

Background

Following the publication of the West Suffolk Review in December 2021, the Council of Governors agreed at its meeting on January 2022 to establish of a West Suffolk Review Governor Director Working Group to take forward the learning from that report.

By bringing together Governors and Directors, this working group will ensure that the Trust's response supports both the Board and the Council by ensuring that they meet their respective governance responsibilities in addressing the learning from the report of the review.

Meeting of the West Suffolk Review Governor Director Working Group 17 February 2022 (Appendix 1)

The West Suffolk Review Governor Director Working Group held its first meeting on 17 February 2022. The minutes are attached for information but the key decisions taken were as follows:

- Members elected Clive Wilson, Public Governor, as Chair;
- Draft terms of reference were reviewed and amendments made (**Appendix 2**);
- It was noted that Christine Outram, the author of the West Suffolk Review, had agreed to meet with the Board of Directors and agreed that the invitation would also be extended to the governor members of the working group;
- It was also noted that Alan Rose had offered to attend a future meeting of the working group to discuss his reflections on the findings of the review.

West Suffolk Review – Organisational Development Plan (Appendix 3)

The working group discussed the above draft report. This had already been discussed by the Board of Directors on 28 January and a final version would be presented to the meeting of the Board of Directors in public on 25 March. This is attached to this report for information.

Independent Review of the Council of Governors

Both the West Suffolk Review - next steps paper to the January 2022 meeting of the Council of Governors and the West Suffolk Review Organisational Development plan proposed that commissioning an independent effectiveness review of the Council of Governors would help reflection and learning of the boundaries between the role of the Executive, the NED and the

Council of Governors, as well as provide learning for both the Board of Directors and Council of Governors as regards communication and engagement.

Following consideration of four proposals, members of the committee selected the Good Governance Institute to conduct this review. This review has started and governors are asked to engage with colleagues from the Good Governance Institute in order to maximise the feedback and learning from this process.

Recommendation

The Council of Governors is asked to approve the terms of reference of the West Suffolk Review Governor Director working group and to note the content of this report.

WEST SUFFOLK REVIEW WORKING GROUP MINUTES

THURSDAY 17 FEBRUARY, 5.30pm
Via Microsoft Teams

WORKING GROUP MEMBERS		Attendance	Apologies
Directors			
Craig Black	Interim Chief Executive	•	
Jeremy Over	Executive Director of Workforce and Communications	•	
Richard Davies	Senior Independent Director	•	
Governors			
Rachel Darrah	Staff Governor	•	
Allen Drain	Public Governor	•	
Rebecca Hopfensperger	Partner Governor		•
Ben Lord	Public Governor	•	
Jayne Neal	Public Governor	•	
Liz Steele	Lead Governor	•	
Clive Wilson	Public Governor	•	
Martin Wood	Staff Governor	•	
In attendance			
Ann Alderton	Interim Trust Secretary		
Georgina Holmes	FT Office Manager		
Richard Jones	Trust Secretary		

22/01 WELCOME AND INTRODUCTIONS

- Ann Alderton welcomed everyone to the meeting and offered to act as Chair until item 4 (appointment of working group chair).

22/02 APOLOGIES

Apologies for absence were received from Rebecca Hopfensperger.

22/03 TERMS OF REFERENCE

- The terms of reference for the working group were reviewed and discussed.
- Re item 4, responsibilities; it was felt that the wording sounded rather forceful and it was questioned whether this committee should be; “Ensuring that there is meaningful cultural change.....” .

The following wording was proposed:

“Reviewing cultural change to ensure that appropriate action is taken”

or

“Helping to ensure that governors contribute to meaningful cultural change”.

ACTION: Richard and Ann to review wording under item 4 Responsibilities.

Action

**A Alderton
/ R Jones**

DRAFT

22/04 APPOINTMENT OF WORKING GROUP CHAIR

- Clive Wilson was appointed as Chair of the group.

22/05 TRUST RESPONSE TO THE WEST SUFFOLK REVIEW

- Jeremy explained that ultimately the criticisms in the review were directed at the board and the accountability of the board. Therefore, it was appropriate that the board responded in learning the lessons from the review, ie leadership and culture. The region had also requested that the board's response to the review was submitted to them.
- This response was future focussed and developmental and adopted the lessons from the review to help bring about improvement across the organisation.
- Some of the focus of the review related to events that took place three or four years ago and since then the Trust had moved forward. This response highlighted the work that had been undertaken and needed to be embedded, as well as areas that required further improvement.
- There was a need to get the balance right between responding to the lessons from the review but also ensuring that they linked with the Trust's other plans.
- The five themes of work in the plan had been shared with the region and their feedback was awaited. This was not set in stone and was open to further development.
- The plan had been developed by the board which meant that each of the executive directors had discussed it with their teams. It had been shared with the individual who had been most affected by the events that had been scrutinised in the review. It had also been shared with the senior leadership team and would be discussed at two forums this week.
- The plan had also been shared with the author of the review and chair and chief executive of the ICS.
- The values highlighted in this response were very important and should be disseminated down through the organisation. It was noted that this was work that would never finish and there would be a process of continuous improvement.
- This plan would be shared with all staff once feedback had been received from the region. It would also be discussed at the board meeting in March; there was nothing to hide.
- It was felt that it would be hard for this group to achieve what it was trying to achieve in ensuring that things happened. This was not something that could easily be measured and would be a challenge, which was why it was easier to consider as a smaller group
- It was suggested that staff should be asked for input into what these measures should be. People across the organisation would have some good ideas about what could be measured in order to demonstrate whether progress was being achieved.
- The board would need to work very hard to restore confidence. The job of the CoG was to hold the NEDs to account for the performance of the board which was very difficult. When something went wrong it was massive but when something went well it was almost invisible.
- It was noted that this response encompassed the whole organisation although it was in response to a clinical situation that occurred. However, there was some wording which suggested that it was just looking at the clinical side, whereas there should be a

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change in culture across the whole organisation. It was also noted that both the freedom to speak up guardians were clinical and the national staff survey talked about clinical aspects rather than other staff members.

- It was agreed this was an important point and the plan should relate to the whole organisation. The two freedom to speak up guardians did have clinical backgrounds but the freedom to speak up champions that had recently been appointed and trained were from across the whole organisation. However, most of the issues that the freedom to speak up guardians dealt with were about behaviours and in clinical areas.
- The national staff survey and What Matters to You were across all staff. It needed to be made clear in the response that this was about all staff not just a section of staff.
- One of the difficulties of the whole process was that there were two sides to it, ie issues relating to the review which were about the consultant body, but there were also wider implications and the effect on the wider workforce.
- This group was about making sure the focus of the plan was correct and how the organisation contributed to it and was communicated to about it. It was also about how it influenced the development of the plan going forward, ie getting the plan right by reviewing the focus, rather than making sure it was delivered.
- The particular area in the staff survey where WSFT scored lower than the national average was in relation to staff feeling able to speak up and raise concerns.
- When governors were able to take part in quality walkabouts and area observations they were able to get a feel of how comfortable staff felt in the organisation as they were able to talk to members of staff in an informal manner. It was suggested that this could be one way in which governors could help pick up on changes in culture etc, ie soft intelligence.

This was considered to be a very good idea.

- It should also be remembered that the impression that governors got when undertaking walkabouts or observations would be echoed by what CQC inspectors would see when they came into the Trust.
- With the launch of the strategy the Trust must never stop talking about its values which were critical to the culture that it was trying to instil across the whole organisation.
- It was suggested that members of staff who were leaving the organisation could provide important feedback, both good and bad. This included those who were moving on to other places as well as those who were retiring.
- It was confirmed that every leaver received a feedback form but the response rate was very low, ie 10-15%. The HR team was reviewing the questions asked and what was done with this information. They also kept an eye out for 'hotspots' of people leaving the organisation and undertook targeted exit interviews in these areas.
- It was suggested that it did not necessarily need to be members of the HR team who undertook exit interviews to get meaningful verbal information, it could be someone else such as freedom speak up champions.

Jeremy explained that the time commitment of this needed to be understood and what would be done with the feedback from this.

- There were some areas that caused concern for staff, ie appraisals, mandatory training, where they were unable to complete due to lack of time. Staff were not feeling valued as they had to do this in their own time.
- Although the board could drive cultural change it had very little control over the rate of this change which would be very slow. This group needed to be aware that whilst it

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could ensure that a plan was in place, measuring the outcomes was going to be very difficult and would not happen quickly.

- This group needed to be made aware of any new initiatives that were brought in re cultural change and feedback from people.
- Craig explained that this document had been produced by the board and was their best attempt at putting together a response. As well considering suggestions for measuring outcomes, eg exit interviews by people other than the HR team, it was also important not to keep adding things and not moving forward or achieving anything.
- It was important that this plan looked forward and focussed on culture, behaviours and accountability, engaging staff across the whole organisation. It was building on the good work that had been started over the last few years.
- There was an opportunity with the strategy to take this forward and create an environment that allowed people to act and behave differently, led from the top which would be key.
- Regional colleagues had shared this plan with the national team within NHSEI, as well as the national people and workforce team. When their feedback was received it would be shared with this group.
- Issues highlighted in the review had been about members of the executive team making decisions outside the governance arrangements and one of the key challenges to this response was to try to ensure that something like this never happened again.
- The Trust had a key opportunity with the current board vacancies (Chair and Chief Executive) to it make sure that the right people were appointed. Culture was about leadership and they could help transform this, although it would take time to filter through the organisation.

22/06 CONSIDERATION OF WORKING GROUP FORWARD PLAN

- It was important that governors were seen to operate the values of the Trust and in some meetings this had not been the case.
- Governors had received training and been reminded of their responsibility to hold the board to account engage with members and the public.
- Ann explained that the West Suffolk review next steps report, which was presented to the CoG meeting on 17 January, was a collation of feedback from the closed CoG meeting on 15 December to discuss the review and subsequent emails which she had received from governors re the review.
- It was very encouraging that governors were now thinking about moving things forward and a plan was required as to how this would be done. However, there was also a need to recognise that other things were going on in the organisation, therefore this could not be the only focus.
- Section 3: 'role of CoG-support and challenge in rebuilding trust and confidence' suggested that one of the tasks for this group could be to use the learning from the review to identify overarching criteria against which board performance should be measured. This could include reflection, culture, accountability and relationship with governors.
- Feedback from the staff survey would be a good topic for the next meeting of this group, as well as the values work programme mentioned in the organisational development plan which was a very important piece of work.
- It was suggested that members of this group should be included when Christine

Outram (author of the report) came to talk to the board. This would also ensure that there was staff and public engagement at this session.

ACTION: include members of this group in board session with Christine Outram.

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- Alan Rose had expressed a wish to attend a future meeting of this group and have an open and frank discussion. It was agreed that this would be a good idea, however it must not become a blame process. It would be a good opportunity to live the values of the Trust.
- It would be important that all members of this group felt the same away about the purpose of Alan talking to the group. It was a chance to hear his reflection and view point, as he was involved in some of the decisions that were taken, and this would be an opportunity to learn from mistakes that were made.
- It was stressed that this must not turn into an inquisition. He would prefer to meet face to face so the timing of this would depend on Covid restrictions.
- Jeremy advised that questions/topics anyone wished to raise in this meeting should be shared in advance so that there was a discussion, not an inquisition, and there were no surprises. This should be included as part of the group's forward looking work.
- The letter to the region accompanying the organisational development plan detailed the approach to a piece of work that the Trust had been asked to complete in relation to individuals who were criticised in the report.

The nominations and remuneration committees were responsible for the implementation of terms and conditions related issued for NEDs and executive directors respectively. This would be part of the work of the nominations committee who would be supported by Jeremy Over. The individuals involved would be supported through this process in accordance with the Trust's values.

22/07 ANY OTHER BUSINESS

- There was no further business.

22/08 DATE AND TIME OF NEXT MEETING

- It was proposed that the next meeting should take place in April when the results of the staff survey and values work programme would be available. Alan Rose would also be invited to attend this meeting.
- Following meetings would take place every other month.

West Suffolk Review Working Group

Terms of Reference

1. Introduction and Background

Following the publication of the West Suffolk Review in December 2021, West Suffolk NHS Foundation Trust is committed to taking appropriate action to meet the advisory recommendations and learnings in the report. To ensure that there is full accountability and engagement, it is establishing a Governor/Director Working Group to take this forward.

2. Role of the Working Group

Governors and Directors have distinct and separate roles in the governance of West Suffolk NHS Foundation Trust but have a shared responsibility to act in the best interests of the Trust.

The **Board of Directors** is collectively responsible for the performance of the Trust, which it performs through formulating strategy, ensuring accountability and shaping culture.

The **Council of Governors** has a statutory duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors and for representing the interests of members and the public.

By bringing together Governors and Directors, this working group will ensure that the Trust's response supports both the Board and the Council in meeting their respective governance responsibilities in addressing the learning from the West Suffolk Review.

3. Membership

Directors

Chief Executive

Director of Workforce

Senior Independent Director

Governors

At least four governors, representing a broad range of stakeholders (Staff, Public, Partner)

Lead Governor

The working group will be chaired by a governor, selected by the members of the group.

4. Responsibilities

To secure Governors' views on the Trust's development plan in response to the West Suffolk Review in order to ensure that:

- the main themes for learning are understood and captured in an appropriate action plan.
- there is meaningful cultural change that is disseminated and understood across all levels of the organisation and that expected behaviours and attitudes when dealing with challenging situations are in accordance with the Trust's values.
- there are appropriate governance structures and other systems of internal control, which maintain an appropriate balance between openness and transparency over systems and processes and the need to respect the privacy of individuals and confidentiality of personal data.
- a process exists within the governance of the Trust to consider any outstanding issues of concern.

To consider activities and sources of assurance linked to the plan which support further development and evaluate progress with delivery.

5. Reporting Arrangements

The working group will meet at a frequency determined by the group but at least quarterly and report to the Board of Directors and Council of Governors.

Board of Directors – 25 March 2022

Report Title:	Item 2.1 - West Suffolk Review – Organisational Development plan
Executive Lead:	Jeremy Over, Executive Director of Workforce & Communications
Report Prepared by:	Jeremy Over, Executive Director of Workforce & Communications
Previously Considered by:	Involvement Committee Senior Leadership Committee

For Approval <input checked="" type="checkbox"/>	For Assurance <input type="checkbox"/>	For Discussion <input checked="" type="checkbox"/>	For Information <input type="checkbox"/>
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Executive Summary
<p>Background and Introduction</p> <p>The West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was published in December 2021.</p> <p>At the meeting of the Board of Directors on 17 December, the chief executive Craig Black responded on behalf of the Board: <i>“As a Trust we accept full responsibility for the failings and shortcomings which led to the review; we got it wrong and remain truly sorry to the staff and families affected.</i></p> <p><i>“We know the actions taken by the Board which led to the independent review have understandably caused upset and anger amongst many of our staff, patients and their families, as well as our community, and this has brought unwanted attention to the Trust. We know for the individuals most directly affected the impact on their wellbeing has been significant.</i></p> <p><i>“Whilst the investigation has been taking place, we have been working hard to build an open, learning and restorative culture. Our aim is to help staff feel confident to speak up and be supported when they raise concerns, and for issues to be dealt with sensitively and appropriately”.</i></p> <p>Referring to the main themes of <u>The Healthy NHS Board</u>, the Board’s responsibilities are formulating strategy, ensuring accountability and shaping culture. The Board’s performance fell short on both ensuring accountability and shaping culture and that needs to be the main focus of its response.</p> <p>This plan sets out the Board’s response and plan to address and adopt the learning from the report including the organisational development actions that have already been taken and require further embedding. It also highlights the engagement undertaken to date, and what more needs to happen, to ensure our plans are based on the priorities for staff, governors, patients and teams and can carry the confidence of stakeholders.</p> <p>Our approach to this plan</p> <p>During the period since publication our priority has been to engage with and provide support to a number of different groups. First and foremost, those colleagues most affected by the actions rightly criticised in the report; our staff and teams more broadly; the families involved and our wider community; through being open and engaging with media queries; and the</p>

council of governors, whose role is to hold the non-executive directors (NEDs) individually and collectively to account for the performance of the Board and represent the interests of members and the public.

We are grateful to the many individuals who have spoken up during this period, which has involved a range of views and ideas around how we move forward together. We are also conscious that, for a significant portion of the period since publication, the Trust has faced severe operational and staffing pressures and has spent time in a state of 'critical internal incident'. This is likely to have affected the extent to which people may have been able to contribute, and spend time, forming our development plan. We are also mindful that it will take considerable time not just to work together on actions to grow our culture, but to convince and reassure people that change has happened and to restore trust where this has been lost.

We are also grateful to the review team for taking time to consider the improvements we have already been working on together at West Suffolk NHS Foundation Trust (WSFT) over the past two years, and the positive comments attributed to this in the report.

With all this in mind, we are approaching this as a longer-term *organisational and cultural development plan*, to try and avoid the mistake that a simple action plan, delivered in a matter of weeks or months, would remedy the situation, post-publication. There is a risk that quickly producing an action plan might also give the impression that there is no further engagement work to do around our priorities, which would be a mistake.

Actions since the January 2022 meeting of the Board

At our meeting in January the Board received a briefing on discussions with the Governors to date, (given their role in holding the NEDs individually and collectively to account for the performance of the Board and representing the interests of members and the public), and the emerging cultural themes to address the learnings in the report. Since the meeting actions have included:

- The first meeting of the agreed Governor-Director working group on 17 February
- Creation of the detailed Organisational Development plan described above (and attached) which subsumes the nine themes into five key areas of work
- Sharing of the draft plan with Board colleagues for informal feedback
- Sharing of the draft plan:
 - With the NHS England east of England regional team and the Chair and AO of the Suffolk and North East Essex ICS
 - With the people directorate within the national NHS England team – feedback has been provided and incorporated
 - With the Chair of the West Suffolk Review for any feedback she felt able to provide
 - With the WSFT Involvement Committee and Senior Leadership Team

Action Required of the Board

The Board is asked to:

- Discuss, approve and formally adopt the Organisational Development plan, ensuring it is reflective of the Board's collective response in relation to how we learn and improve
- Actively support the communication of the plan with staff and stakeholders and demonstrate ownership
- Support a recommendation to delegate oversight of the delivery of the plan to the Involvement Committee

Risk and assurance:	If we do not address the reflections and learning of the West Suffolk Review within an appropriate timeframe and fail to manage the governance consequences in a just and fair manner, this will cause Board instability, uncertainty and loss of public confidence and increase the risk of regulatory intervention and loss of autonomy
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.

The OD Plan

This OD plan sits within the broader aims of our 5-year strategy and People Plan. It incorporates how we are specifically responding to the learning from the findings of the West Suffolk Review. It should not be seen to represent the totality of everything we are doing to develop our culture.

First and foremost, our priorities for developing our culture are founded on the feedback from our staff and teams. These were set by our *What Matters to You* programme, described in section 5. Progress with these priorities will be explored with staff as we take forward this work during 2022 and beyond. The learning from the West Suffolk Review, and associated actions, overlap with and augment this work.

1. Strategy and values

It is clear from the review report that the identified failings stem from the attitudes and behaviours of senior leaders which contributed to poor and uncompassionate decision-making, and a failure to listen and respond to others' views.

This plan is founded on our FIRST Trust Values. HOW we lead is as important as WHAT we work on by way of actions, and the right leadership behaviours are a central pillar to ensuring previous failings are not repeated. Our FIRST Trust values have recently been refreshed with our staff and stakeholders alongside the process of creating our new 5-year strategy, which is available for review as an attachment to this paper (link in the appendix):

- 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

As our strategy states: *“Our First Trust Values are the guiding principles and behaviours which run through our organisation and will help us deliver our vision and ambitions in the right way. We will use them to always strive to improve the services we provide to our community and the way that we work as a team and with our partners. To reflect the changes the Trust has been through in recent years, we have updated these values to reflect the evolution of the organisation, the journey it is on and the culture we are striving to create across the Trust.”*

Actions already undertaken or in progress:

- A new 5-year strategy has been developed for WSFT with staff and other stakeholders, which overtly recognises past failings and the importance of learning lessons to develop our culture

- Our FIRST Trust values have been refreshed with staff and stakeholders and are built in to the new strategy
- Staff (and their well-being) are now an overt strategic priority, with investment in staff psychology support services and other well-being measures

Additional actions:

#	Action	Lead	Timeframe
1a	Launch the new strategy and refreshed values	Chief executive (CEO)	Feb 2022
1b	Build alignment through divisions and teams using the new strategic ambitions and objectives to develop their own strategies and plans	Executive directors	By Oct 2022
1c	Develop a work programme to embed the values in working practices and everyday life across the Trust, and then deliver it	Executive director for workforce and communications (EDWC)	Develop plan by April 2022 Deliver from May 2022 onwards
1d	The Board and the Council of Governors to consider and agree a plan for how they will role model the values and how this should be evaluated as part of their development programmes	Chair	Develop plan by April 2022 Deliver from May 2022 onwards

2. Board development and accountability

Culture change starts at the very top of organisations. What leaders pay attention to, talk about and model in their own behaviour tells those in the organisation what it is they should value. This in turn impacts on outcomes, as exemplified in this summary gained from Professor Michael West and through our leadership development session delivered by him in October 2021:

- Compassionate leadership → staff satisfaction
- Staff satisfaction → patient satisfaction, care quality
- Poor leadership → work overload, high staff stress
- High work pressure → less compassion, privacy, respect.
- High staff stress → poorer care quality and finances etc.

The criticisms detailed in the review are clear - that significant failings lay within Board governance - which had ramifications for the culture of the organisation. This in turn has impacted on staff and teams affected through and post these events. Rebuilding the Board and focusing on its development to deliver a change in culture will require significant focus.

Actions already undertaken or in progress:			
<ul style="list-style-type: none"> • An externally-facilitated Board development programme has been commissioned, which commenced in October 2021, including an in-depth 360 feedback exercise • We have rebuilt the executive team and continue to be focused on its development • The board assurance committee function has been strengthened • We have supported our Council of Governors to develop their role of holding non-executive directors to account for performance of the Board • We have an ongoing training programme for governors, externally-facilitated • The minutes of closed Board meetings are now shared with our governors 			
Additional actions:			
#	Action	Lead	Timeframe
2a	Detailed programme of Board development for 2022 to be finalised	Chair	Mar 2022
2b	2a to include development session with review author to support broader reflection and learning and the Board's response	EDWC	Apr 2022
2c	Person specifications for Board recruitment to reflect lessons learned from review	Trust secretary	Feb 2022
2d	Recruitment of new substantive Chair and to NED vacancies	Lead governor	April 2022
2e	Recruitment of new substantive chief executive	Chair	July 2022
2f	Establish an agreed governor-director working group to facilitate their role around holding NEDS to account for the performance of the Board.	Trust secretary	From Feb 2022
2g	Externally-facilitated programme for the Council of Governors to be commissioned to ensure culture change is reflected in the wider FT accountability framework	Trust secretary	Apr 2022

3. Building a speak up culture

There are significant failings identified in the review related to the organisational culture around freedom to speak up and it is clear that these failings have harmed staff's confidence in speaking up at West Suffolk.

The learning arising from this must address any real or perceived detriment to staff by raising their concerns. Critical to shifting this is the attitude and approach of the Board, and particularly executive directors, in being open to concerns, and ensuring that the management of speak up issues does not become conflated with any other process, including performance management.

The development of a culture where all staff feel confident to speak up and raise concerns at work, and their concerns listened to, is crucially important to us all. It has a direct impact on a culture of safety with positive benefits for patient care, quality and staff experience. We know from the most recent set of staff survey results that further effort is required to develop this culture at WSFT given that an increased number of colleagues reported that they did not feel confident to speak up.

The development already undertaken within the executive team with Dr Megan Reitz has focused on the awareness that all management teams within organisations should hold, including:

- Speaking up is *relational*. The dynamics and differences in role, position and context of the individual speaking up, and the individual they are speaking up to, will dictate the environment within which it happens.
- We are not as good at it as we think we are (speaking up or listening up). No one is likely to tell leaders they are “wrong”.
- Those in senior roles typically hold an optimism bias about what it is really like in an organisation, which can lead to them existing in a ‘bubble’.
- Senior leaders can immediately perceive speaking up as criticism, and thus act defensively.

Actions already undertaken or in progress:			
<ul style="list-style-type: none"> • We have strengthened and expanded our Speak Up Guardian function, with two clinicians undertaking this role with dedicated time • The Speak Up Guardians present to Board at its meeting in public on a quarterly basis, including challenge and feedback to the Board from the guardians • The Guardians have established a Speak Up champion network during 2021, with training and support for individuals. 40 individuals have been trained and a further 20 are booked for future training • The Board has used the NHSI self-assessment tool to assess its leadership approach to speaking up twice in 2021 • Essential ‘speak up’ training for all staff agreed and active 			
Additional actions:			
#	Action	Lead	Timeframe
3a	Work with the National Speak Up Guardian's Office to learn from best organisational practice and explore further support	EDWC	June 2022
3b	Further expand our Speak Up staff champion network, particularly focusing on underrepresented areas	SU Guardians	Throughout 2022

3c	Evaluate the learning from staff champion model and promote positive examples of the difference that raising concerns can make	EDWC	October 2022
3d	Utilise the 2021 national staff survey results to provide focused support to teams where confidence in speak up processes is of most concern	EDWC	May 2022
3e	Design and deliver a development package for all leaders and managers, starting with Board, on how to grow safe speak up cultures within teams including the skills to respond non-defensively to concerns being raised	EDWC	June 2022
3f	Consider additional ways for staff to raise concerns and issues in psychological safety	SU Guardians	June 2022

4. Supportive and compassionate HR policy and practice

The review report considered the use of HR and other investigative processes, and drew criticisms from a number of angles. These include the inappropriate conflation of the handling of speak up concerns with other HR-related processes, and the incorrect focus on *who* was responsible for something happening, rather than *why* it had taken place. In addition, there is wider learning arising from a failure of checks and balances that should be part of the governance arrangements in any large organisation such as WSFT.

Just cultures that are restorative as opposed to retributive, are becoming increasingly recognised for their contribution in dealing with adverse events and serious incidents, managing employee relations, developing high performing teams and enabling the delivery of safe and high-quality care.

WSFT has undertaken significant work over the past two years, in partnership with staff representatives, to modernise its HR policy and practice. This has led to an increase in informal approaches to resolving concerns and a decreasing reliance on HR “process”. Whilst it is necessary to have in place policies that set out how disciplinary and performance management issues will be handled, we will continue to embed our commitment, developed over the past eighteen months, to placing a far greater emphasis on mediation and informal resolution, prior to any process being enacted.

Actions already undertaken or in progress:			
<ul style="list-style-type: none"> We paused all active HR cases as part of a ‘reset’ to fully explore the options for informal resolution in all these situations A new conduct policy has been approved and is operational, founded on just culture principles. It includes a safeguard checklist process to review incidents and ensure a focus on support, resolution and compassionate approach for all parties, prior to any action being taken. It also overtly focuses on the learning when something goes wrong, and provides safeguards to avoid the conflation of conduct or performance management with speaking up matters We have invested in a new group of HR professionals to partner, support and coach managers and teams All formal HR cases, including any active MHPS (Maintaining High Professional Standards) cases, are reported (anonymously) to the closed session of Board to facilitate checks and balances discussions 			
Additional actions:			
#	Action	Lead	Timeframe
4a	Continue HR policy transformation in partnership with staff representatives, ensuring these frameworks reflect refreshed FIRST Trust values and just culture principles	EDWC	Throughout 2022
4b	Develop plans to further invest in HR & People Services teams at WSFT to reflect the priorities identified through the national ‘future of NHS HR & OD’ report	EDWC	July 2022
4c	Training for new and existing board members, clinical directors and HR team in relation to Maintaining High Professional Standards, overtly drawing from the learning in the review	EDWC	June 2022

5. Staff engagement and feedback

A change in culture will take significant time to deliver. Typically in large organisations this can take a period of at least five years. The new strategy for West Suffolk sets the foundations and priorities for this culture change. Whilst the actions in this particular development plan are those overtly arising from learning from the review report, they will complement the broader approach to be identified in our longer-term People Plan. Furthermore, to help avoid the mistakes of the past, as senior leaders we need to make sure we hear and understand our staff's priorities, and use these in our decision-making.

WSFT delivered its first, interim People Plan in answer to the responses from staff to our 'What Matters to You' engagement programme, which took place in the summer of 2020.

Staff identified five priorities that have underpinned our approach since then:

- The importance of great line managers
- Creating an empowered culture
- Building relationships and belonging
- Appreciating all of our staff
- The future and recovery

We want to strengthen and grow our approach to staff feedback and engagement, and place even greater emphasis on this as we continually develop our plan for staff support and organisational culture over the coming years. We will also ensure we are aligned with, learn from, and deliver the commitments in the national People Plan for colleagues across the NHS. We are also mindful of a disconnect between executive directors and senior clinicians that was identified by the report's author within the events under scrutiny and the creation of a new leadership forum bringing together executives and clinical directors will help to address this.

Actions already undertaken or in progress:			
<ul style="list-style-type: none"> • In summer 2020, we held our 'What Matters To You' (WMTY) staff engagement programme with feedback from around 2,000 colleagues • WMTY was used to develop an interim People Plan, delivered during the period of the pandemic • We held open staff briefings / Q&A in relation to the findings and learning from the West Suffolk Review • Staff and partner consultation took place to develop our new strategy and to refresh our values • We formed our new Senior Leadership Team to create a new senior decision-making forum bringing together executive directors and senior divisional clinical leaders • Agreement that our new Board assurance committee for 'Involvement' will hold responsibility for overseeing this plan and monitoring its progress and impact, and reporting to full Board 			
Additional actions:			
#	Action	Lead	Timeframe
5a	Analyse and learn from results from the national NHS staff survey (2021) when published, and use these to set any additional priorities for organisational development	EDWC	April 2022
5b	Plan and deliver 'What matters to you #2' for West Suffolk, to ensure that staff's priorities are	EDWC	August 2022

	heard and understood, and are at the heart of our planning and future		
5c	Ensure the active involvement of staff and staff representatives in the design and delivery of our staff feedback and engagement work to help ensure it is credible, authentic and meaningful – including how we measure our progress. This will include staff not in traditional leadership roles but who are passionate about staff support and building positive cultures	EDWC	March 2022
5d	Consider options to build analytical capacity and capability in our people and OD practice	EDWC	June 2022

Measuring our progress and providing assurance

As we gauge the impact of our development plan and seek assurance of how our culture is improving we will use qualitative and quantitative assessment.

Cultural and organisational development is challenging to measure, and there is a tendency for leaders to place greater emphasis on statistics that confirm their biases or expected outcomes. As such, it is essential to be open to the many and varied ways in which feedback might be available, and to ensure a non-defensive response to critical or challenging feedback. It is also the case that the improvement of culture is an ongoing task, with no 'end point' where the work is necessarily complete.

The following represents an initial set of measures that we will use based on the aspirations of this development plan. It is open to further review and development as we progress the work in this plan:

The **national staff survey** (and quarterly survey with a sub-set of questions) provide insight into both internal trends and external relativities across the domains of staff attitudes, satisfaction and experience. There are over 90 questions in the full survey which are broken down by various demographics. Of particular importance given the findings of the review and the priorities of this plan will be:

- % of staff recommending WSFT as a place to work
- % of staff feeling secure raising concerns about unsafe clinical practice
- % of staff feeling confident that organisation would address concerns about unsafe clinical practice
- % of staff feeling colleagues are understanding and kind to one another
- % of staff feeling colleagues are polite and treat each other with respect

We want to see improvement in these measures – a reversal of the downwards trend over recent years, and subsequent increase in scores. We will also analyse responses by staff group and at team level to provide assurance of improvement in any particular groups that report a low score in any of these domains.

In addition to the staff survey we will **monitor the following metrics**:

- % of staff taking part in freedom to speak up awareness training
- The number of managers taking part in speak up culture training (and correlation against staff survey analysis)
- % of staff aware of our values and the extent to which they make a positive difference
- The number of speak up champions trained and active across the organisation
- An increase in the number of staff taking part in What Matters to You, as compared with 2020
- The number of staff benefitting from MHPS training

From a qualitative perspective we anticipate that one area of focus of the planned **What Matters to You (#2) staff engagement programme** will involve feedback from staff and teams about how the organisational culture is changing. This will provide an opportunity to measure the extent to which staff are aware of this work, its relevance to them, and their level of confidence in it for the future.

Appendix:

Link to our five-year strategy for West Suffolk NHS Foundation Trust (launched February 2022):

<https://www.wsh.nhs.uk/CMS-Documents/Trust-Publications/Strategy/WSFT-Strategy-%E2%80%93-First-for-our-patients-staff-and-the-future.pdf>

14. Governor Engagement (enclosed)

To receive the minutes from the
Engagement Committee meeting of 31
January 2022

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	29 March 2022
SUBJECT:	Report from Engagement Committee, 31 January 2022
AGENDA ITEM:	14
PREPARED BY:	Georgina Holmes, FT Office Manager
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 31 January 2022.

RECOMMENDATION

The Council of Governors is asked to note the draft minutes of the meeting of 31 January 2022.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

**HELD ON MONDAY 31 JANUARY 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	•	
Laraine Moody	Partner Governor	•	
Jane Skinner	Public Governor		•
Liz Steele	Public Governor (Lead Governor)	•	
In attendance			
Georgina Holmes	FT Office Manager		

Action

22/01 APOLOGIES & INTRODUCTION

Apologies for absence were received from Carol Bull, Robin Howe and Jane Skinner.

22/02 MINUTES OF MEETING HELD ON 29 NOVEMBER 2021

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

22/03 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issues raised:

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

A number of other governor related issues had taken priority, eg Chair and NED appointments, therefore this had been delayed until there was more resource available.

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.

It was noted that the requested changes/updates had not been made to the website. This had been followed up with Anna Hollis last week but a response had not been received.

George Holmes would follow up information for public governor profiles to be put on the website.

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

G Holmes

- It was noted that the recent FT Newsletters were not on the website. George Holmes reported that when she had requested this the Comms team had explained that they were only meant to pdf documents onto the website when absolutely necessary and as the content of the FT newsletter could be found on the website in various places it would be duplicating information.

The committee felt that the FT Newsletter should be available on the website for members to view or refer to, or at the very least a link as to where it could be viewed.

- It was considered that the governor area of the website was still very poor and needed to be updated. It was agreed that Ben Lord would put together proposed content for the website and circulate to other members of the committee for comment. Florence Bevan, as chair of the engagement committee, would then forward to the comms team.

ACTION: proposed content for governor area of website to be circulated to committee members for comment prior to forwarding to Comms team.

**B Lord /
F Bevan**

Item 73: Liz Steele to discuss at next lead governor meeting how other trusts engage with their members and the public.

Liz Steele reported that engagement had been a problem for all trusts due to the restrictions as a result of Covid. Examples of other trusts' activities were discussed:

- Working with GPs and getting involved with patient groups
 - Sending out regular monthly e-letters
 - Presentation at annual members meeting from lead governor (Liz Steele did this at AMM in September 2021)
 - Virtual medicine for members on various topics
 - Different departments in the hospital sending out bi-monthly newsletters, eg re waiting times
 - Regular articles in local newspapers (in plain English) – it was suggested could use RWSFM
 - Engaging with NEDs and getting them involved
 - Survey to ensure members' contact details (email addresses etc) up to date
 - Direct contact with Comms team – this was considered to be a good idea
 - Posters in the hospital to promote membership – it was suggested that information on membership should be available in the discharge lounge
 - Some trusts had a Trust secretary and membership secretary – there was currently a lack of resource but a deputy Trust secretary had been appointed and would hopefully join the Trust in the next few months. This should enable George Holmes to focus more on governor engagement etc.
- It was felt that there should be more presence on the Trust's social media ie Facebook and Twitter, about governors and membership, even if this was a standard monthly item.

ACTION: Speak to Helen Davies re governor website and a proposed dedicated governor link to comms team.

L Steele

- It was suggested that there should be a governor link with MyWish as this had huge potential for public contact and recruiting members. This would be followed up in the future when a NED link with MyWish had been appointed.

ACTION: Follow up with Jude Chin re NED and governor link with MyWish

**L Steele /
F Bevan**

The completed actions were reviewed and no issues were raised.

- It was reported that a member of the public had commented that they were unable to view the public board meeting live. Although the recording was available soon after the meeting this could create suspicion that the recording had been edited.

It was explained that James Goffin, who had the expertise to record the meeting live on YouTube, had left the Trust and currently there was no one else with the knowledge to do this.

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

S Judge

22/04 FEEDBACK FROM INVOLVEMENT AND VOICE COMMITTEES

- Florence Bevan reported that there had not been an Involvement committee meeting since November, which she was surprised about and would follow up with Alan Rose.

A discussion took place about the need for greater ethnicity and diversity, particularly on the board. Whilst it was acknowledged that this was an issue that needed to be addressed it was felt that it was also very important to appoint the best person for the job.

- Most activities of the Voice group had been suspended during Covid. Florence Bevan had recently met with Bethany Hall who had joined the patient experience team and had been asked to research ways of contacting under-represented community groups. She was keen to engage with governors as well as members of the Voice group so that their activities could be co-ordinated and were not duplicated. She had been invited to this meeting but unfortunately was unable to attend

22/05 FUTURE SYSTEM ENGAGEMENT UPDATE

- The report from Emma Jones was noted and discussed and the following queries raised:
 - Page 2 - Re table giving details of town, venue, date and time, mailing circulation etc, who had the mailing been circulated to as none of the committee members had received anything? How were the recipients decided?
 - Page 5 – under heading ‘Clinical’ could more clarification be provided on “The programme would appreciate the Governor’s support and assistance on the lead up to these weeks to encourage participation from patients but specific details will be shared at a later point”?
- It was agreed that it would be helpful if Emma Jones could attend the next meeting to explain future engagement plans and governor involvement.

ACTION: Clarify above queries with Emma Jones and invite her to attend next engagement committee meeting.

G Holmes

22/06 MEMBERSHIP BY AGE

- The breakdown of membership numbers by age highlighted the need to engage with younger people.
- It was proposed to use links that the current members of the committee already had, ie Laraine Moody, West Suffolk College, Carol Bull, West Suffolk Council. Ben Lord also volunteered to link with education and younger people.
- It was suggested that posters could be put up in areas that younger members of the community visited, eg paediatric services, clinics etc.

22/07 GOVERNOR ENGAGEMENT PROPOSALS

7.1 Medicine for Members

- The topics suggested by Paul Molyneux, Sue Wilkinson and Nicola Cottington were reviewed and discussed and the most appropriate agreed in the following order:
 - 1) Surgery school
 - 2) Orthopaedics
 - 3) Long Covid, particularly in relation to younger people (ICS long Covid service)

ACTION: Follow up with executive team re appropriate presenters etc.

G Holmes

- Dementia was also considered to be a potential topic for the future.
- Ideally talks should take place face to face and it was hoped that this would be possible by early Summer.
- In response to Ben Lord's request to incorporate atrial fibrillation into future engagement activities it was proposed that there should be a stand in a prominent place at the annual members meeting at the Apex on 27 September.

7.2

Proposed Roles for Engagement Committee Members

- The list of proposals put forward for consideration at the away day to be circulated to committee members to indicate which they would like to be involved in/contribute to, possibly two governors working together on a topic.
 - 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 has been arranged for 9 March 2022*)
 - Consider linked activities with MyWish.
 - Articles for parish council magazines (link to Trust's new strategy)
 - Link with younger people/education
 - Consider developing relationships with governors from other trusts in the ICS, ie should governors be working collaboratively with other trusts? *Liz Steele would provide update on email from Will Pope at next meeting (eg diabetes etc)*

Action: circulate above list for committee members to indicate interest

G Holmes

22/08 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

- There were no issues for escalation.

22/09 DATES OF MEETINGS FOR 2022

Wednesday 13 April; Monday 11 July; Wednesday 12 October.

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:	29 March 2022
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	15
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

It continues to be a busy time with scheduled meetings most days. I was pleased to meet with Jude and to welcome him in his new official interim capacity. We discussed the timetable of 'Things to do' and stressed that the priority would be to push forward with the interviews that were needed before the Trust could resume its permanent position for the future.

The first of these is the appointment of a Substantive Chair who would then be able to be part of the urgent need to appoint new NEDs. Once again, the Nominations committee have instructed a firm of head-hunters to undertake this work. It was felt beneficial to use the same firm that will be undertaking the appointment of the Chair, the NEDs and the new Chief Executive. Continuity is vital.

I have met with Richard Jones on his return following his ill health. Richard will be gradually returning to his role with the support of Ann Alderton who has been our Interim Trust Secretary. Ann will slowly reduce her workload as Richard takes back the reins. He has now been able to appoint a deputy to support him. She will start in her role in April. I will make arrangements to meet her when she starts.

We have seen the introduction and meeting of the two new groups that have been formed following the External Review. The first Task and Finish group have updated the Code of Conduct for Governors and although their initial role is complete, they will be the panel called upon in the event of the new Code needing to be used. The second committee will be ongoing as that is the group looking at the Review and its findings.

Florence and I continue to meet regularly to ensure we keep abreast and up to date with things going on. The briefing meetings organised for governors and NEDs have been very informative and have been very well attended.

The request for iPad and trust email addresses has begun. Hopefully very soon all Governors will be receiving their invitation to collect their tablet and information. I would like to thank Craig Black for instigating this request.

I met with a new public governor but sadly due to ill health he was not able to take up the post. He was looking forward to joining the board of governors but understandably his health is paramount.

We had hoped to meet face to face for this meeting but sadly due to the sharp increase in cases of Covid we must continue with Teams. I would like to thank George who researched venues that would be suitable for us. Hopefully we will be able to use it soon and catch-up face to face.

16. Staff Governor report (enclosed)

To receive a report from the Staff

Governors

For Reference

Presented by Sarah Judge

REPORT TO:	Council of Governors
MEETING DATE:	29 March 2022
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	16
PRESENTED BY:	Sarah Judge, Staff Governor
FOR:	Information

Issues raised by staff governors were reviewed and discussed at the quarterly staff governor meeting on 25 January 2022 which was attended by Rachel Darrah, Sarah Judge, Amanda Keighley, Sarah-Jane Relf, Martin Wood, Ann Alderton, Georgina Holmes, Claire Sorenson and Liz Steele.

Margo Elsworth also joined the meeting, as the staff governor candidate with the next highest number of votes, with a view to taking over from S-J Relf who was leaving the Trust at the end of February.

1. It was noted that 60% of staff had made use of the free Abbeycroft membership and this offer was being continued. It was suggested that this should be communicated in the Green Sheet, as well as highlighting free coffee and parking, to remind staff that they were valued and appreciated.
2. Following the Medical Staff Committee meeting, where the West Suffolk review had been discussed, Rachel and Martin had invited consultants and doctors to feedback any comments/concerns to them. In response they had received a number of emails.

The main issue was that people felt that more needed to be done in terms of listening. The other issue was that senior leadership needed to be listened to and respected. People felt that they were raising concerns and not getting anywhere.

The Medical Staff Committee had highlighted the fact that there was still a lack of ways for people to express themselves at senior level and this was something that clinical management needed to think about.

It was noted that both Martin and Rachel were on the West Suffolk Review working group which should enable some of these issues to be addressed.

What Matters to You had given people the opportunity to speak up about their concerns but this was also about listening and acting on these, ie listening, hearing and making a difference.

Despite this feedback, it was noted that out of 200 consultants, only a few took up the offer of wanting to talk about this further.

3. Communication was an ongoing issue; the executive directors and board were aware of this and needed to keep talking about it and looking at ways of addressing it.

The West Suffolk Review working group had been set up and the board and CoG had a common goal to act in the best interests of the organisation and prevent anything similar happening again. It was important to approach this and move forward with compassion, civility and respect as everyone involved had been a victim in one way or another. People needed to accept criticism or advice in the spirit that it was meant.

4. Community services had moved on from the review. A lot of people did not recognise it as the organisation that they actually worked in, possibly because they were somewhat removed. They were now keen to move on and it was good to see actions being put in place, eg freedom to speak up champions.

Covid was still a big problem in the community and staff were frustrated about the delay in advice, following government advice to the public, ie there was a need to align government advice with Trust advice. It was explained that the guidance came from Public Health England, not WSFT, although infection control was also involved in making decisions. It was felt that it would be helpful if staff were aware of this rather than thinking it came from WSFT.

5. Non-clinical staff also felt that the review did not feel like it reflected the organisation they worked in. However, at the same time it appeared to be influencing recruitment due to the Trust's current reputation, eg as a result of negative publicity or CQC ratings. This need to be borne in mind in the future.

17. Trust Strategy (enclosed)

To receive a presentation on the Trust's strategy

For Reference

Presented by Jude Chin, Craig Black and Helen Davies

First for our patients, staff and the future

West Suffolk NHS Foundation Trust

Our strategy 2021-2026



Putting you first



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Foreword from chief executive and chair

In many cases, people have the right to choose where they receive NHS treatment. In addition, NHS staff can choose where and what NHS trust to work for. Our ambition is to be the first choice NHS provider for our patients, our people and our community and to prepare for the future health and care needs of our local population.

Since we published our last strategy in 2015, [Our Patients, Our Hospital, Our Future, Together](#), West Suffolk NHS Foundation Trust (WSFT) has changed a lot. We are no longer just a hospital; we now work across two hospitals, a wide range of community locations, in people's own homes, in a GP surgery and in a reablement unit in a care home, where we offer temporary care after you are discharged from hospital. Over the past five years, there have been many highs and lows and there are both challenges and opportunities on the road ahead.

First and foremost, we are an organisation rooted in, and faithful to, our community. We are staffed by people living and involved locally, looking after local people, doing our best for each other. It is your families and ours who we have the privilege and pleasure of caring for.

The last 18 months has been an unprecedented time for all of us. COVID-19 has turned our lives upside down and has had a huge impact on the NHS. COVID-19 is by far the worst of many events that WSFT has experienced over the past five years. For many people it has been the worst time of their lives. Yet it has shown us that we can succeed, and that as long as we work together and look after each other, we can get through the tough times. We are proud to be part of the West Suffolk team.

As we look forward to better times, we know there is a lot of work ahead. We need to recover and repair, acknowledging our high emergency department and inpatient demand alongside dealing with our elective surgery waiting lists and working through our planned estates maintenance programme.

We will listen, and keep improving. We will celebrate success, and strive to learn from the things that go wrong.

The next five years will see more change, more uncertainty, yet we have real opportunities to transform how we provide care across our hospital and community services. We are delighted that the Trust has been named as one of 40 to benefit from the Government's New Hospital Programme. With the West Suffolk Hospital coming to the end of its life, a new healthcare facility is much needed and will help us to continue to deliver high quality, safe care for our patients and our community well into the future.

As we embark upon the next five years, we set out clearly in this strategy our future ambitions and how we are going to achieve them. We are grateful to the broad range of people who helped shape this strategy, both in the Trust and more widely.

Putting our patients, our people and our community first, is what drives us. Together, we hope we will look back in 2026 and feel proud of our efforts and successes.

Craig Black, interim chief executive and Jude Chin, interim chair

Future direction

Vision:
To deliver the best quality and safest care for our local community

Ambition:
First for patients

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

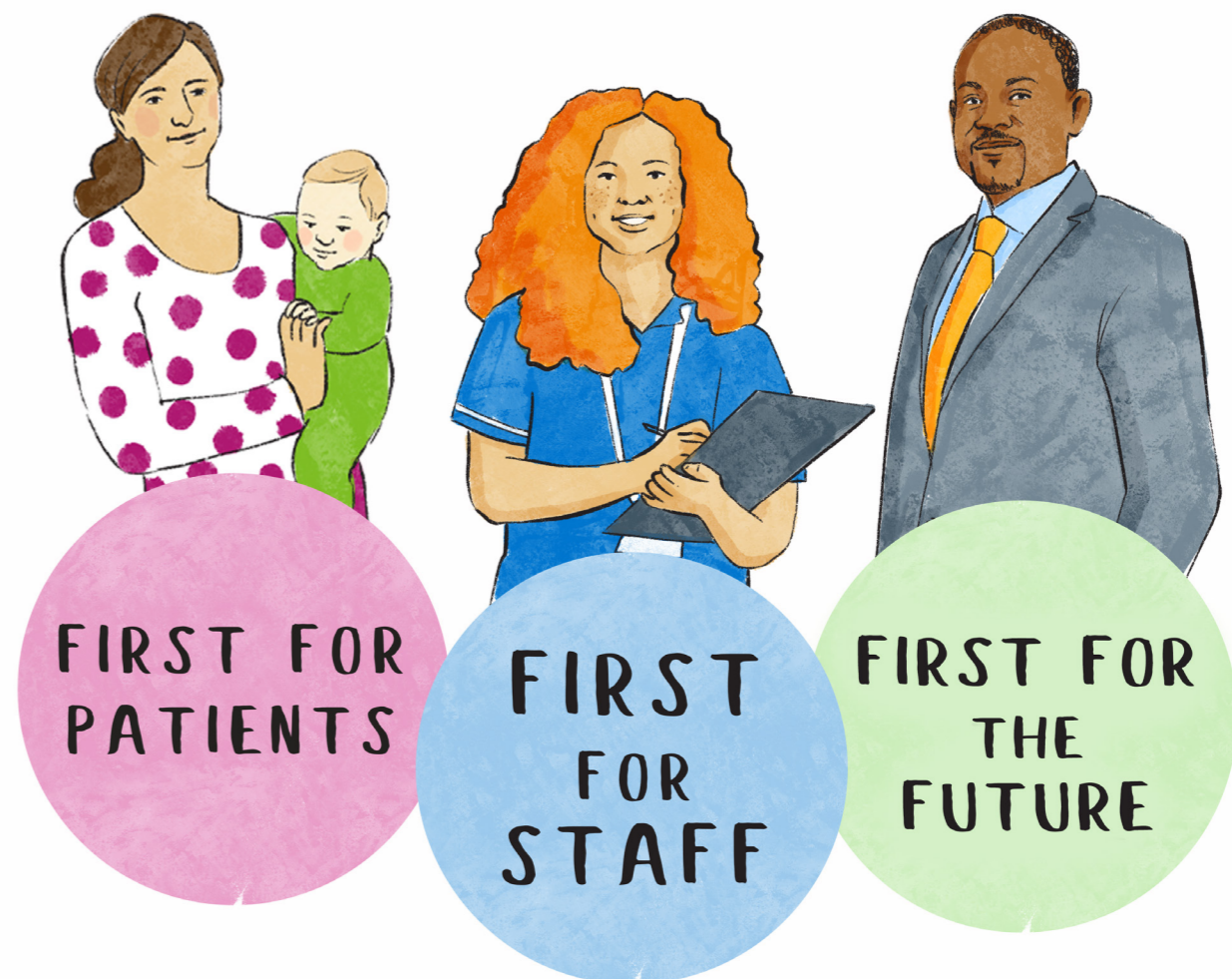
Ambition:
First for staff

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

Ambition:
First for the future

- Make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities
- Invest in infrastructure, buildings and technology.

Powered by our First Trust Values
Fairness • Inclusivity • Respect • Safety • Teamwork



The West Suffolk NHS Foundation Trust

The Trust in numbers

A typical year pre-Covid-19: April 2019 – March 2020	
280,000 catchment population	78,892 attendances at the emergency department
4,353 staff	15,594 operations per year
6,296 public and 5,196 staff foundation trust members	264 people looked after at the end of their lives
2,367 babies born	341,965 visits to outpatients
225,166 contacts with patients through community services (including face to face, telephone and email)	

Who we are and what we do

The West Suffolk NHS Foundation Trust (WSFT) provides hospital and community services to a population of around 280,000 people. Services are delivered over a largely rural geographical area of roughly 600 square miles.

The catchment area extends beyond Thetford in the north and Sudbury in the south, to Newmarket to the west and Stowmarket to the east. It serves the population of the west of Suffolk and parts of the neighbouring counties of Essex, Cambridgeshire and Norfolk.

The West Suffolk Hospital is the location from which the Trust provides a full range of acute and secondary care services. This includes an emergency department, maternity and neonatal services, a day surgery unit, eye treatment centre, Macmillan Unit and children's ward. It has approximately 500 beds in total and is a partner teaching hospital of the University of Cambridge.

Outpatient clinics and some diagnostic services (x-ray and ultrasound) are provided from a number of outreach sites including Newmarket, Botesdale,

Thetford, Stowmarket, Haverhill and Sudbury. The Trust provides community services for the residents of west Suffolk through the West Suffolk Alliance with Suffolk County Council, Suffolk GP Federation and Norfolk and Suffolk NHS Foundation Trust. A range of nursing and therapy services and specialist services are provided in patients' own homes, health centres and community buildings. The community paediatric service operates across Suffolk.

Ongoing temporary care and rehabilitation services are provided with 20 inpatient beds at Newmarket Hospital, alongside facilities for other services. A further 20 reablement beds are commissioned from Care UK at Glastonbury Court, a care home in Bury St Edmunds, and staffed by WSFT nursing and therapy teams. In addition, we can share the use of 10-14 temporary care beds at Hazell Court in Sudbury.

The Trust is one of the largest employers in the area, employing nearly 5,000 staff.

Since April 2020, the Trust has also provided primary care services at Glemsford Surgery via a sub-contracting arrangement with the existing GP partners.

The last five years

2016

- May:** e-Care, our electronic patient record, goes live
- Aug:** Care Quality Commission rates our quality of care as Good
- Sept:** West Suffolk Alliance forms between Suffolk County Council, WSFT, Suffolk GP Federation and Norfolk and Suffolk NHS Foundation Trust
- Sept:** Trust announced as one of first 12 Global Digital Exemplars
- Nov:** Suffolk and North East Essex sustainability and transformation plan is published

2017

- Feb:** King Suite at Glastonbury Court opens to provide a dedicated rehabilitation facility
- Oct:** Community services formally join WSFT

2018

- Jan:** CQC rating rises to Outstanding
- April:** The first UK link between two hospital electronic patient records is turned on between e-Care at WSFT and eHospital at Cambridge University Hospitals NHS Foundation Trust
- May:** Sustainability and transformation partnership is formalised into Suffolk and North East Essex Integrated Care System
- Dec:** Phase 1 of new acute assessment unit opens
- Dec:** New cardiac centre opens

2019

- May:** Safety alert issued about reinforced aerated autoclaved concrete (RAAC) planks used in construction of main hospital building and former front residences – thorough maintenance programmes developed in response
- June:** We learnt about the State of Suffolk, including that by 2037, Suffolk will need nearly two more West Suffolk Hospitals if current patterns of illness continue
- Oct:** Final phase of acute assessment unit is completed
- Oct:** West Suffolk Hospital named as a site for investment in the national New Hospitals Programme

2020

- Jan:** CQC rating drops to Requires Improvement
- Mar:** Glemsford Surgery joins WSFT, creating WSFT Primary Care Services
- Mar:** COVID-19 hits
- April:** The West Suffolk Alliance starts working with the Institute of Healthcare Improvement to continue improving quality
- Sept:** My WISH Charity celebrates 25th birthday
- Sept:** WSFT's health information exchange now connects health records between GP surgeries, community care and hospitals throughout Suffolk and Essex

2021

- May:** WSFT announced as part of Suffolk and North East Essex Integrated Care System £10m 'elective accelerator' to speed up the recovery of routine services following the Covid-19 pandemic

What our community thinks of us

In 2020:

- 94% of patients recommended WSFT as a place to receive care
- 83% of staff recommended WSFT as a place to receive care
- 74% of staff recommended WSFT as a place to work.

Clinical achievements

- The endoscopy, radiology, housekeeping, catering, IT department and the Macmillan Unit all hold national accreditations for excellence
- We regularly receive top A grade in overall assessment by the Sentinel Stroke National Audit Programme
- Best for hip fracture care 2017, 2018, 2020 (England, Wales and Northern Ireland) according to the National Hip Fracture Database.

The impact of the COVID-19 pandemic

Across the country, the COVID-19 pandemic brought the tireless work of the NHS into sharp focus.

Our staff worked in uncertain, unpredictable circumstances, going above and beyond every day. We strained every part of our systems, processes and resources to serve the sickest in our community.

What has become more apparent through this unparalleled time is our resilience and determination to look after our patients and community in the best way we can. Day-in, day-out, our staff strive to deliver the best possible care for our patients.

There is no doubt that the pandemic has taken its toll on our staff and services. For many this period has been the worst of their lives. However, despite this they have stepped up to care for the sickest and most vulnerable in our community in extremely difficult circumstances.

As we cautiously move into a period of recovery, we are working hard to restore services affected by the pandemic. Our waiting lists grew longer as we had to pause services to focus our efforts on Covid-19. We know this is upsetting for patients – as well as our staff who want to do their best for people in their care.

As part of the Suffolk and North East Essex Integrated Care System we have been awarded funding and extra support to implement innovative ways to increase the number of elective operations.

This work is not just about doing more of the same, but also thinking about how we diagnose, treat, and monitor our patients in ways that maximise our efficiency. For example, rather than bringing every patient in for routine review at set periods, we may offer individual support plans with a mix of in-person appointments, online consultations, and patient-led recovery techniques and support. This is better for patients, and means our staff can focus time on the patients who need it the most.

We will continue to do all we can to work our way through these waiting lists and provide the care our community needs.



April 2020/March 2021

1,016
Covid-19 + inpatients



759
Covid-19 + patients discharged

257
Covid-19 + patients died*

16,594
telephone clinics

102,609
telephone consultations

40,859
calls made via our clinical
helpline service



1,041
video clinics

2,889
video consultations



1,313
laptops provided to staff to
support home working

16,000
local health and care
staff vaccinated



48
live virtual cardiac rehab groups delivered
(17 April–10 July); continue to offer six virtual
cardiac rehab groups per week

*Death was within first 28 days of Covid-19 + swab

Case study: Helping staff wellbeing through the pandemic

Looking after our staff has never been more important. At the start of the pandemic, a staff support psychology team was put in place to provide extra emotional and mental wellbeing support for colleagues across the Trust.

Led by consultant clinical psychologist Emily Baker, the team is made up of highly trained mental health workers, offering sessions for individuals and teams throughout the week.

Through the pandemic, the team have seen over 625 members of staff in a range of roles and have run over

150 group sessions and online sessions for all staff on issues such as managing anxiety and sleeplessness.

Emily explains: "Our main message is that it's ok not to be ok. We are here to help staff across the organisation with their wellbeing. We offer support with issues such as sleeping or coping with negative thoughts.

"We've found that a lot of the concerns staff have are from a mixture of challenges outside of work combined with the increased demands of working in the NHS during the pandemic. I'd like everyone to know that we're only a message away and as a Trust we're one team and in this together."

Case study: Connecting patients with families and friends

The West Suffolk Hospital's keeping in touch service was launched in April 2020. The aim was to help family and friends to contact loved ones who were in hospital during the pandemic.

With lockdowns and tighter visiting restrictions, the Trust's **keeping in touch** service used technology to bring people closer together even though they, physically, had to be kept apart.

Not only were benefits felt by patients and family members but ward staff could also see the difference the calls made to their patients.

Having fallen whilst at home, Jackaleen, 91, came into our care at West Suffolk Hospital. 3,000 miles away in the USA, her daughter, Lisa, and grandchildren, Emily and Katie, were very worried.

Lisa and the family were able to have video calls with Jackaleen during her stay through our keeping in touch service.



Having had several video calls during her mum's stay Lisa said: "The keeping in touch team is a gift from heaven. Everyone in the team, including Dawn, Livvy, Chloe, Lauren and Natalie, went above and beyond loving and caring for us all. They all loved my mum during her stay, they were all so wonderful."

Case study: Keeping families updated on loved ones in hospital

Our clinical helpline, launched in April 2020 following the national suspension of visiting in hospitals, took more than 40,000 calls in its first year.

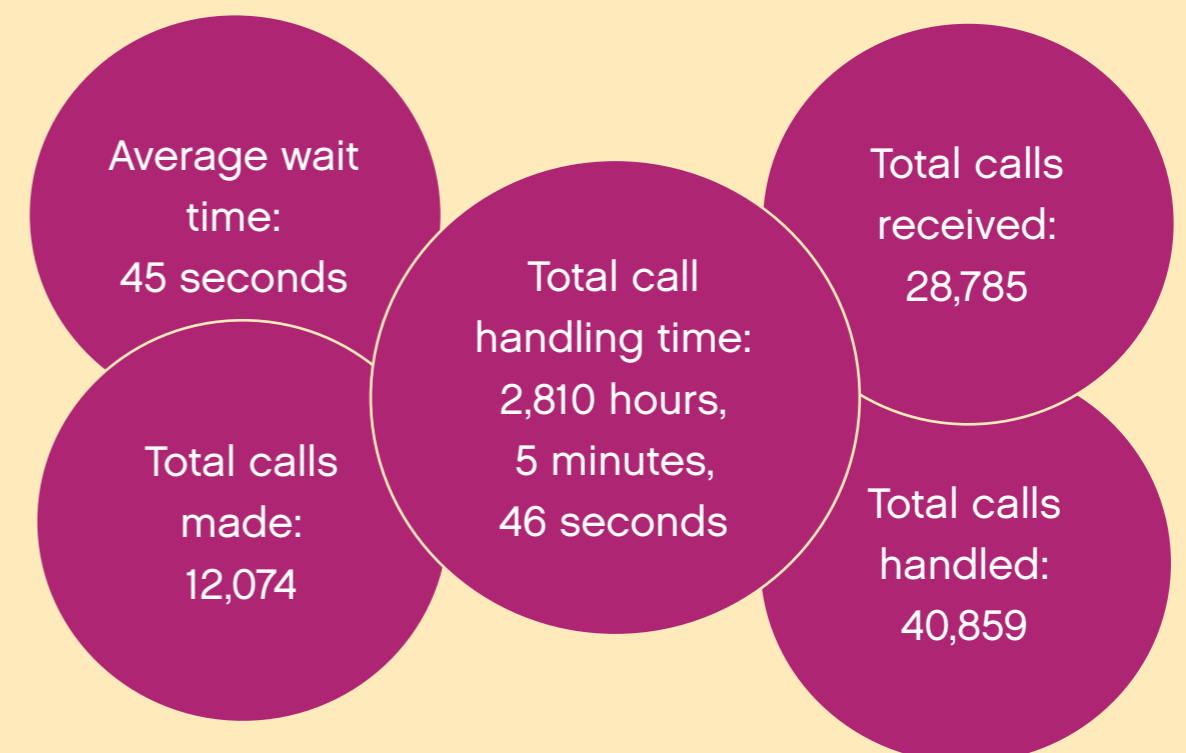
Just one week into the first UK lockdown, the patient experience team saw the difficulty visitor restrictions were having on patients and relatives. They came up with the idea of helping loved ones stay up to date with hospital care and helped set up a team, each member with a clinical background, to run a virtual helpline.

Having a separate helpline for families to get updates on loved ones in our care meant ward staff were able to spend more time caring for patients. The team could access e-Care, our electronic patient record, to keep up to date with the latest diagnoses and care being provided, giving families regular updates.

Trust head of patient experience Cassia Nice said: "Our clinical helpline was a true team effort and we couldn't have done it without our amazing helpline clinicians. Helpline staff have offered support during a time of uncertainty, assisting relatives and carers to make sense of what they are being told."

A family member of one patient said of the service: "After my father was admitted with a fractured hip I was able to get daily updates on his condition and care from the fantastic helpline team. It has been extremely reassuring. The benefits are immense as it takes the pressure off the ward staff. I, the caller, get someone knowledgeable at the other end of the phone very quickly. It has taken away a lot of stress."

The success of the helpline means the Trust will continue with the service even after visiting restrictions have been fully relaxed.



What's changed?

The national picture

Nationally, the NHS is being asked to focus on various ways to improve the care we provide and make sure that everyone gets the best possible experience of the NHS.

The [NHS Long Term Plan](#) says we need to:

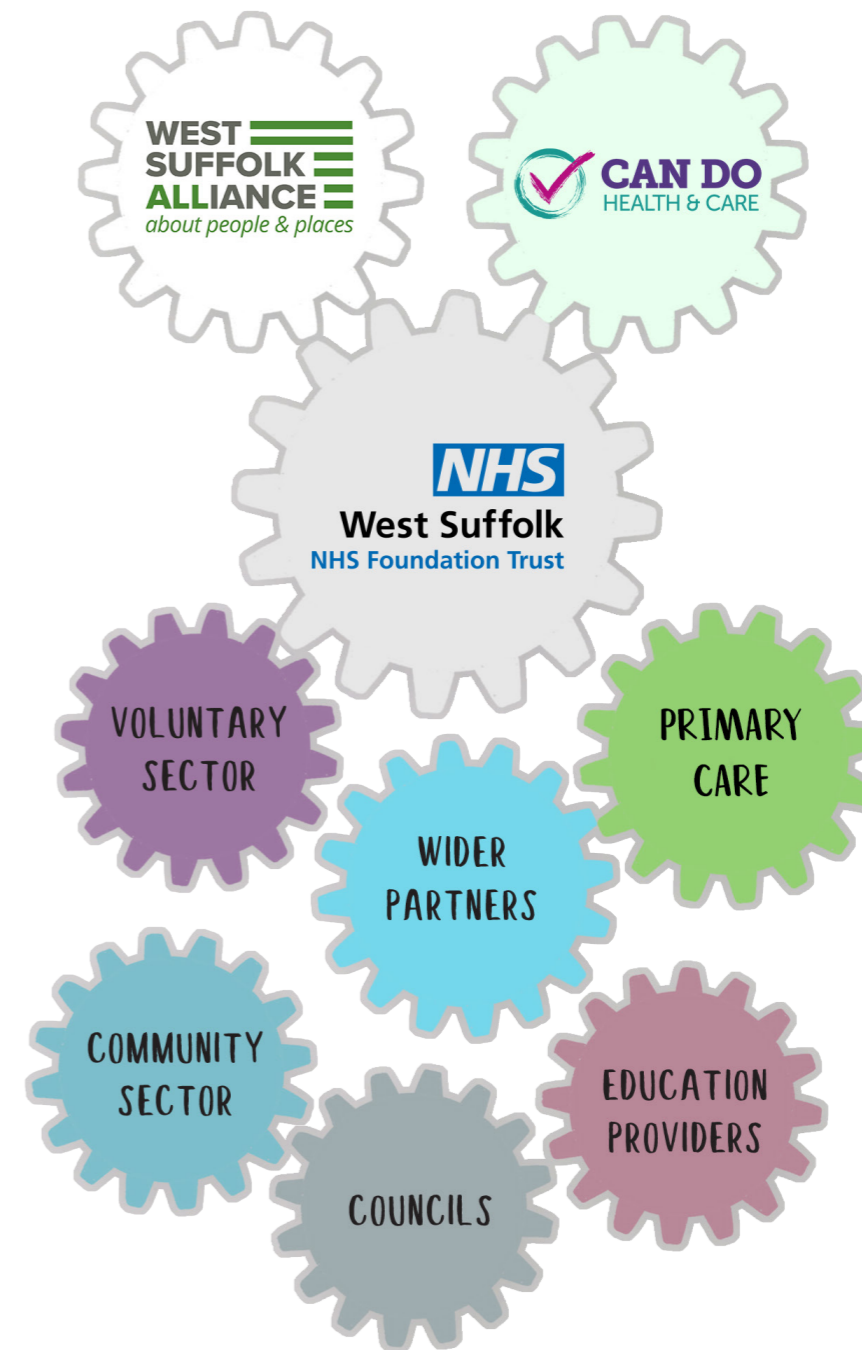
1. Modernise the way we work and rely less on hospitals and giving people more control over their own health and where they receive their care.
2. Do more to prevent illness and reduce inequalities in health experienced by different groups of people.
3. [Improve the quality of our care and the outcomes](#) for the people we look after. We should especially focus on children and young people, those with cardiovascular disease, stroke, diabetes, respiratory disease, mental health problems, or cancer, and people waiting for an operation. We should use more research and innovation to get there.
4. [Recruit more staff](#) into a wider variety of jobs, and everyone needs to feel [happy and valued](#) in their work.

5. We should make the most of everything the [digital world](#) can offer us.
6. We need to keep [living within our means](#), both in terms of money and [how green we are](#).

We also need to adapt to the threat of new and untreatable infectious diseases ever present in the background.

To achieve all these things and more, the public, private and voluntary sector organisations which help to look after people's health, care and wellbeing, have started working more closely together. The Trust is a member of two groups in particular – the West Suffolk Alliance and the Suffolk and North East Essex Integrated Care System. Both groups have published their own strategies in the past five years.

This new strategy of our own reflects the ways in which we are working with them towards two common aims: improving the health of our community and reducing inequalities.



New local partnerships – what are they?

The West Suffolk Alliance and the Suffolk and North East Essex Integrated Care System (SNEE ICS / Can Do Health and Care) are agreements between local organisations to work more closely together to make sure people get the best possible care. There is a long history of health and care organisations working together to make sure people get the best possible care. For example, by being a member of the East of England Cancer Alliance, we make sure our cancer treatment stays at the cutting edge.

As members of the West Suffolk Alliance and SNEE ICS, we have signed up to working more closely with local organisations such as councils, volunteer groups, leisure centres and GPs. We call this

‘integration’ and refer to working as a ‘whole system’ to improve health and care. Together we consider the wider determinants of health – be that social issues, deprivation, inequalities or mental health.

The SNEE ICS covers a broader geography (Suffolk and North East Essex) and the West Suffolk Alliance focuses on a more local footprint to ensure we drive meaningful integrated services to our local population.

We know what our local people need because the Suffolk County Council Health and Wellbeing Board finds out through local health data research and engagement with local people.

What does this mean for our patients?

At the points in your life that you need the care of our specialists:

- We'll look after you in the way that you need, when you need it, in the place that is best for you
- We'll be as joined up as we can with everyone else who looks after you.

What does this mean for our staff?

In many of our services we are working more collaboratively with staff from our partner organisations to provide the right service in the right place at the right time for our patients and members of our community.

We are changing the way we are working and joining up our care in ways that better meet the individual needs of the people we serve.

Our vision, ambitions and values

Our vision

To deliver the best quality and safest care for our community.

By putting our patients at the heart of our services, and working as part of the West Suffolk Alliance and the Suffolk and North East Essex Integrated Care System, we can make the greatest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities.

This is our vision because:

- that is what our community needs and expects from us
- our staff want to deliver the highest quality care
- if we focus on quality and safety, then everything else will follow.

Our ambitions

To achieve our vision, our strategy is focused on three key ambitions.

- First for patients
- First for staff
- First for the future.

You can read more about these in the following pages.

Our values

Our First Trust Values are powering our vision and ambitions.

Our First Trust Values are the guiding principles and behaviours which run through our organisation and will help us deliver our vision and ambitions in the right way.

We will use them to always strive to improve the services we provide to our community and the way that we work as a team and with our partners.

To reflect the changes the Trust has been through in recent years, we have updated these values to reflect the evolution of the organisation, the journey it is on and the culture we are striving to create across the Trust.

Powered by our First Trust Values

Fairness • Inclusivity • Respect • Safety • Teamwork

Fairness – 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.

Respect – We respect and are kind to one another and to patients. We seek to understand each other's perspectives so that we all feel able to express ourselves.

Safety – 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.

Ambition: First for patients

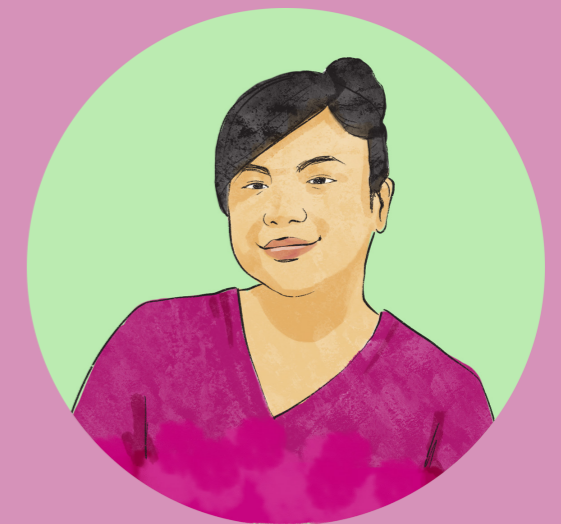
FIRST FOR PATIENTS

Executive leads – chief nurse and director of integrated community health and adult social care

Our patients are at the centre of everything we do. The quality of care that we provide to them is our driving force. We strive to deliver the best patient outcomes and patient experience in the most appropriate setting available. We are committed to joining up services locally, collaborating with our partners and supporting our staff to make continuous improvements – no matter how big or small – that challenge us all to raise our standards.

Collaborate to provide seamless care at the right time and in the right place

- We will strive to provide a seamless experience, with good communication from beginning to end
- We will treat everyone with dignity and respect, and as quickly as possible
- We will continue to adapt to the presence of COVID so we can provide services without putting anyone at unnecessary risk of infection
- We will join up more care with our neighbouring organisations, following the [West Suffolk Alliance strategy](#)
- We will provide more care in people's own homes and in their local areas.



Use feedback, learning, research and innovation to improve our care and outcomes

- We will ensure patients and families can share their experiences, positive and negative, to help us improve through our [experience of care strategy](#)
- We will give everyone the tools and support they need to put quality and safety first, by:
 - making sure everyone has the confidence to raise concerns and to make changes when things go wrong
 - applying our safety and learning strategy to drive forward continuous improvement
 - training more staff in quality improvement methods, human factors and ergonomics
- sharing learning internally and looking outwards to learn from others
- taking care with how we use our money, staff, equipment and buildings, so we can continue to afford to invest in better care
- We will keep the good things that have come out of the Covid-19 pandemic, like the keeping in touch service
- We will do more clinical and non-clinical research, involving patients and members of the public
- We will support and celebrate new ideas and innovations in all parts of the Trust and across all teams.



Case study: Helping patients recover at home

An innovative pathway joining up health and care services supports people to be cared for at home.

Pathway One is an integrated way of working that helps with the safe and timely transfer of patients from the West Suffolk Hospital to their own home.

From May 2019 to March 2021, almost 1,425 patients went home with a Pathway One referral, with their care transferred to our community therapists. Recently the service reached its target of achieving 100 discharges in a month. Overall, the pathway has saved almost 3,000 bed days at the hospital, and ensured people can achieve as much independence as possible at home whilst getting the care they need.

Responsive services team lead Jenny McCaughan said: "The patient benefits under this way of working because pathway one helps remove steps and delays in getting patients back to their homes and reduces risks associated with remaining in hospital. It gives the power back to the patient, and gives them a voice so that their individual needs can be met."

Once at home the patient is fully assessed and is seen by their local community health team from day one, who regularly evaluate the best care for the patient going forward.

The service is a West Suffolk Alliance example of hospital and community teams working with our social care colleagues from Suffolk County Council and its Home First team for the benefit of patients.

Case study: Improving care and outcomes for patients

The Trust is on a journey to develop its culture. As part of this we are continuing our work to embed quality improvement (QI) throughout the organisation to improve quality of care and outcomes for patients.

We are creating a quality and safety framework that supports staff at all levels to build their QI skills, and explore and identify QI opportunities where they identify problems, test ideas to improve outcomes and learn from the results. Quality improvement can be used for almost any project, big or small, clinical or non-clinical and is an ongoing process.

In addition, we are taking part in the national **Patient Safety Incident Response Framework** pilot, which is designed to help us further improve the quality and safety of the care we give to patients. As part of this work, we are using Trust data to help us understand and learn from the risks more common to the organisation.

We have taken on more staff to help develop our work on safety and quality improvement. With their focus, and a more joined-up approach across staff groups, we will build on work already undertaken. Involving our staff and patients in the design, management and delivery of QI, and giving them the tools and methods to do this in a more meaningful way will help us achieve improved care, better measurable outcomes and positive patient experiences.

Ambition: First for staff



Executive leads – director of workforce and communications and medical director

We must all take good care of each other, so together we can take good care of our patients. We will strive together to build a culture of fairness, openness and learning, that is inclusive and supports all staff to be the best they can be. We want to be recognised as a great place to work.

Build a positive, inclusive culture that fosters open and honest communication



- We want everyone – no matter what role they play in the Trust – to embed a culture where everyone feels valued and listened to; where the interests of patients and staff are not at odds with one another; and where kindness, good communication and compassion towards one another are standard behaviours
- We will deliver our first People Plan informed amongst other things by the findings of the ‘What Matters To You’ exercise we did with staff in the summer of 2020
- We will keep using this method of large-scale conversations with staff as an ongoing approach to hear how leadership in the organisation is working and how it could be better
- We will communicate and co-produce better within the Trust, with patients and families, and with the organisations we work with.

Case study: Listening to staff

In 2020, the Trust launched What Matters To You (WMTY), a staff engagement programme to identify how Covid-19 had impacted on our staff and ways of working.

Using feedback from the 2,000 responses we received, we are now working on our first **West Suffolk People Plan** and will deliver this over the course of this strategy.

It will focus on the five key themes which emerged from the WMTY staff engagement, which are:

- The importance of great line managers
- Creating an empowered culture
- Building relationships and belonging
- Appreciating all our staff
- The future and recovery.



A central focus of the People Plan is our commitment to build an open, learning and restorative culture. The Trust is on a journey to improve and we are using the feedback from the WMTY survey and our Care Quality Commission report to guide this.

We are taking steps to introduce and embed cultural change through the way that we manage employee relations and are determined to build an approach that is supportive, kind and compassionate.

Our vision is an open and transparent culture which supports staff to contribute freely and play a full part in our improvement.

We want our colleagues to be confident to speak up and raise concerns about the care we provide, and confident that they will be treated fairly and given the time to learn from and heal when involved in patient safety incidents. We know there is much more we need to do.

Over the coming years we will be working closely with staff to bring about change, for example through initiatives with our Freedom to Speak Up Guardians, the national Patient Safety Incident Response Framework, and bringing in new and improved HR policies and incident review processes. We will use findings from both the annual and quarterly NHS Staff Surveys to monitor progress and make further changes for the better.

Enhance staff wellbeing



We knew it before – but Covid-19 has made it clearer than ever – looking after our staff is essential. Research shows that line managers play a really important role in how staff feel.

- We will do everything we can to protect and improve the health, wellbeing and safety of our staff
- We will promote the value of great line management and support and develop all our current and future line managers.

Invest in education, training and workforce development

As a learning organisation, we keep our staff up to date with best practice and train the next generation of NHS professionals. We want to help every member of staff reach their full potential in their role.

- We will maintain and build on our existing relationships with the University of Cambridge, University of Suffolk, University of East Anglia and West Suffolk College, training staff in a wide range of clinical and corporate roles
- We will provide career progression for all our staff to help them reach their potential
- We will continue to embrace new theories and platforms, such as virtual learning environments and blended learning
- We will create more new roles and use novel approaches to recruitment to reduce vacancies.



Case study: Looking after staff

The mental and physical wellbeing of staff is a priority for the Trust.

We have boosted our staff support psychology service, helping them to be there for anyone in need. We have run wellbeing initiatives including our **Love Yourself** campaign and introduced **Wellbeing Wednesdays** to encourage staff to take time for themselves.

The Trust has worked hard to vaccinate staff against COVID-19, offering the first and second vaccinations to our staff and other health and social care workers from January 2020 and more recently booster doses. To date more than 32,000 vaccines have been delivered.

The Trust has partnered with a local leisure company, Abbeycroft Leisure, to offer all staff free access to exercise classes and facilities. We have a staff physiotherapist for those needing consultation

and treatment; and our education and training team ensure colleagues have access to learning about best practice to stay safe at work. We support the NHS cycle to work scheme, and encourage staff to walk or cycle to work where possible.

As well as our human resources team, there are peer support services available such as the speaking up champions. Staff networks for black and minority ethnic; lesbian, gay, bisexual and trans people; people with disabilities; and those going through the menopause have been established.

My WiSH charity has provided a range of benefits to staff, including welfare packs. Calm rooms and two marquees were furnished by the charity so that staff had somewhere to go to relax during the pandemic. Lastly, the Chaplaincy team offers friendship and support to our whole community, regardless of whether they identify as having a faith.

Case study: Investing in staff

For Archie Libero, an endoscopy staff nurse, being a nurse was a family affair. She proudly followed in her mother's footsteps – but that doesn't mean it was an easy path.

Moving between the Philippines and the UK meant that although Archie completed her university nursing degree she wasn't able to get the post-registration experience she needed to finalise her qualifications.

"Despite this," she says, "I continued to work in healthcare. I worked in a dementia care home as a carer, then a team leader for three years until I got a job in the West Suffolk Hospital endoscopy unit as a senior endoscopy assistant.

"The education team in the Trust and my manager have been very helpful and supported me to become a UK registered nurse. Eventually, I was able to qualify for a two-year nursing degree apprenticeship programme.

"The nursing profession is extremely rewarding, knowing that we are making a difference to people's lives. I like how every day is different and love how I can help a patient get through their day. However, it can also be tough mentally, physically and emotionally.

"Working through my dissertation and assignments while working full time during the pandemic was stressful. Becoming a registered nurse has opened up a lot of opportunities for me in the nursing field. I one day hope to become a specialist nurse or a clinical nurse endoscopist."

Ambition: First for the future

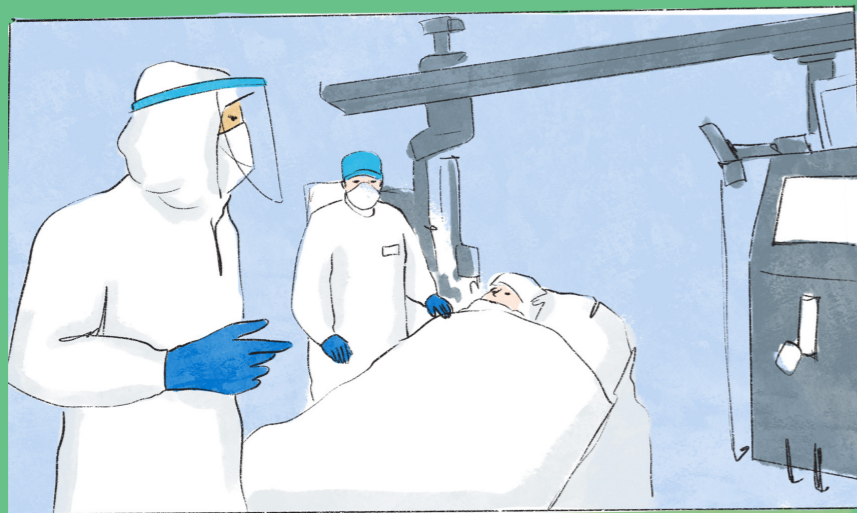
FIRST FOR THE FUTURE

Executive leads – director of resources and chief operating officer

Advancing our digital and technological capabilities to better support the health and wellbeing of our communities is vital. We want to be at the forefront of these changes and have an opportunity to progress this through the planning of a new healthcare facility. Together with patients, public and staff, we will shape health and care services that are fit for current and future needs, helping people to stay well and get well.

Invest in infrastructure, buildings and technology

With the expansion of our services over the last five years, we now operate from just under 100 premises across Suffolk. Our main hospital building on our Hardwick Lane site is nearing the end of its life and the facilities we can offer vary considerably across our total estate. We need safe, modern, accessible buildings and the best technology to help us work well.



- We will maintain all our buildings, facilities and equipment to the best possible standard and make sure everyone has a comfortable environment to be cared for and work in
- We will finalise planning permission and detailed designs to progress the replacement of West Suffolk Hospital under the national [New Hospital Programme](#)
- We will make optimum use of the digital and medical technologies we already have available, and continue to be at the [forefront of digital healthcare](#) in the UK
- We will always have a non-digital offer for those that can't or don't want to use digital solutions
- We will sensitively, securely and responsibly use the wealth of data and information we have at our fingertips to understand quality and outcomes and tailor our care to people's needs.

Case study: Planning for a new hospital

In September 2019, the Government announced its New Hospital Programme, which aims to deliver a long-term programme of investment in health infrastructure, including funding for 40 new hospitals.

The West Suffolk NHS Foundation Trust (WSFT) was named as one of 40 new hospitals and has started work on planning for a new healthcare facility.

This is an exciting opportunity to change the way healthcare is delivered in west Suffolk. We want to create a state-of-the-art healthcare facility that provides modern care that is fit for future generations; makes the best use of digital technology throughout the building and in delivering better clinical care; and reduces our impact on the environment. This will be better for our patients, community, staff and partners.

The Trust and its partners within the local integrated care system (ICS) and West Suffolk Alliance are at the beginning of this project. We want to involve as many people as possible in the design and planning of the new healthcare facility – so it is a hospital designed by the people for the people.

At the end of 2020, we confirmed that the recently purchased Hardwick Manor had, following an extensive appraisal process, been selected as our preferred site for the new facility.

We are now starting to look at how we will provide our services in the new healthcare facility and how a new hospital at the Hardwick Manor site would affect our local environment. This work will inform our outline hospital designs and an application for planning consent.

Please visit wsh.nhs.uk/new-healthcare-facility for further information.

Make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities

By wellbeing we mean looking after the community's physical, mental, emotional, social, and economic needs. We're here to help make you better when you are ill, and to support you to help keep yourself well in the first place.

- We will adapt our services to do more to increase everyone's wellbeing and prevent ill health
- We will recognise and value the role you play in managing your own health and wellbeing, involving you in conversations and decisions about your health and care, moving from 'what's the matter with you?' to 'what matters to you?'
- We will maximise our social impact as an [anchor institution](#) rooted in our local community – providing training and employment opportunities for local people, buying from local businesses, supporting local charities and community groups
- We will minimise our environmental impact with [our Green Plan](#).

Case study: Looking after the environment

As part of the NHS and a major organisation in our local community, we have a responsibility to work in a way that has a positive effect on the communities we serve – reducing our impact on the environment and creating healthy, resilient communities.

The Trust is currently developing its Green Plan, which will replace our Sustainable Development Management Plan.

We will be following the NHS Green Plan guidance and addressing important issues such as reducing our carbon emissions and working towards net zero; lowering air pollution; looking at the direct impacts of our actions and the potential to improve our environmental sustainability across many areas; as well as our influence on local supply chains and our communities.

Our recent work in this area includes installing LED lighting across the main hospital – saving electricity, reducing our bills and improving lighting across the Trust.



How will we know when we've got there?

One of the principles of continuous improvement is using measurement to know how we're getting on.

We will measure the progress we make against this strategy. We will need a wide range of measures to understand what is going well and what needs to change. We already use a lot of markers to show ourselves, our community and our regulators how we are doing, but they don't always all feel meaningful.

To bring this strategy to life and to show how it relates to the people who are most important to us, we are going to focus on three key measures, one for each ambition, as well as our combined quality rating for our Care Quality Commission (CQC) assessment. This is in addition to the usual Board key performance indicators that the Trust works to.

In 2020, we were rated as requires improvement by the CQC.

We will aim for a combined CQC rating of good by 2026.

First for patients

The Friends and Family Test is one of the ways that we ask for anonymous feedback from our patients or their carers. The test has one question: "Overall, how was your experience of our service?" Patients can rank their answers from very good to very poor. In our most recent score, 94% of people said their care was good or very good. That means 6% didn't.

We will aim for 95% of patients to recommend us as a place to receive care by 2026.

In the annual NHS staff survey, our staff are asked to rate our care against the question: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation." In 2020, 83% of staff said they would recommend us as a place to receive care. That means 17% wouldn't.

We will aim for 90% of staff to recommend us as a place to receive care by 2026.

First for staff

In the annual staff survey, our staff are also asked to rate the Trust against the question: "I would recommend my organisation as a place to work". In 2020, 74% of staff said they would recommend us as a place to work. That means 26% wouldn't.

We will aim for 81% of staff to recommend the Trust as a place to work by 2026.

First for the future

This ambition is harder to measure. We haven't got a good measure at the moment to rate our progress against all the different things we want to achieve. Many of the plans we have for the future rely on our relationships with our partner organisations, especially the members of the West Suffolk Alliance. The plans under this ambition also mean a lot to local people and communities. To measure progress against this ambition, we will ask our Alliance partners and our community to help.

We will ask a panel of local representatives to score us once a year on how we are doing. We will work out a scoring system with their help and as soon as we have done that, we'll set ourselves an aim for what we want to achieve by 2026.

While we will always do our best to strive for 100% in scores, we have worked with our staff and Board to identify what we think are realistic targets to drive improvements, that consider previous trends and acknowledge the pressures we are facing as we emerge from the pandemic.



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18. 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 – 29 March 2022

Report Title:	Report of the Board of Directors
Agenda Item:	18
Executive Lead:	Jude Chin, Interim Chair
Report Prepared by:	Richard Jones, Trust Secretary Ann Alderton, Interim 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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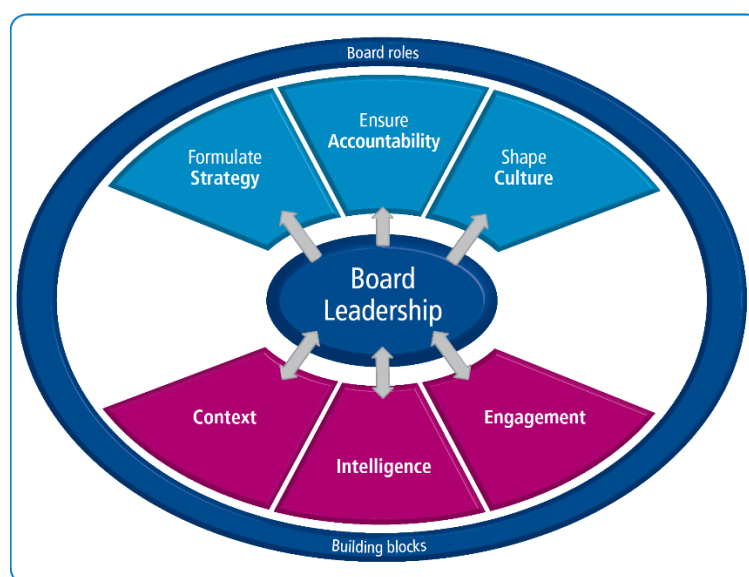
Executive Summary

This is a new style of report from the Board of Directors to the Council of Governors.

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.

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.

We have, therefore, structured a different style of report, focusing on the framework provided within the publication The Healthy NHS Board – Principles of Good Governance.



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 have been two meetings of the Board of Directors during this period – on 28 January 2022 and 25 March. Although the context and board priorities are broadly the same for both meetings, the written feedback is predominantly from the January meeting, which will be supplemented with a verbal report from the March meeting.

Action Required of the Council

The Council is asked to:

- review this report and the verbal update from the March meeting and provide feedback on whether it provides them with the information they need to consider the performance of the Board from January to March 2022;
- 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.

Board of Director Key Issues – January to March 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 During the winter months of January to March, acute Trusts are always under additional pressure on their services due to an increase in patient demand. These pressures are anticipated and there are co-ordinated measures in place for dealing with them. The 2022 winter period was no exception, with a high incidence of Covid infections affecting both patients and staff during this time.</p> <p>The Trust was in a declared critical internal incident and an enhanced response structure for much of this period.</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>
	<p>West Suffolk Alliance Further steps to transform services and outcomes within the West Suffolk Alliance were reported to the Board, including digital innovations to support patients to manage long-term conditions at home, support for mental well-being and other community initiatives to build resilience and collaboration across the partnership.</p>	<p>The Board identified a need to look at how to measure progress that was being made and linking them into the future system programme and changes to the model of care as a system; ie how to integrate WSFT's strategy with the alliance's strategy.</p>	<p>This issue will become a key feature of future strategy when CCGs are replaced by ICS's during 2022/23, with a strong focus on prevention and wellbeing opportunities, shifts in settings of care and treatment of technology advances.</p>	<p>Integration report</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
	<p>Interim Chair The Board and Council have been under interim leadership of Jude Chin during this period following the resignation of Sheila Childerhouse in December 2021 and appointment of Jude Chin as Interim Chair in January 2022.</p>	<p>The Board noted the appointment of the Council of Governors at its meeting of 17 January 2022.</p>	<p>The Council of Governors is in the process of identifying a substantive chair for the Trust.</p>	<p>Appointment of Interim Chair</p>
Context (cont)	<p>Patient Story The Board received a first-hand account of a negative patient experience relating to the wearing of face coverings. This story highlighted the need to provide education and support to staff for dealing with patients who are unable to wear a face covering to ensure that patients' concerns are listened and responded to with empathy and awareness.</p>		<p>Patient stories provide valuable insight into aspects of the patient 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 ensure that the information it receives is timely, reliable, comprehensive and provides the board with the intelligence it needs to assess Trust performance.</p>	<p>A task and finish group has been established to develop this further. Performance reports to the Board of Directors and its assurance committees will see changes in the coming months as the dashboard undertakes further development.</p>	<p>This is a key stepping stone in the enhancement of board governance and ensuring that the assurance committees of the Board are supported by meaningful information to ensure board effectiveness.</p>	<p>Insight committee report – Trust dashboard update</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
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"> • Budget setting and financial control • Development of the performance dashboard • West Suffolk Review – organisational development plan and next steps • Digital strategy • Future System 	The need for ongoing engagement was identified and actions identified.	The Council of Governors should consider how these areas also fit with their Member Engagement strategy and work programme for 2022/23	<ul style="list-style-type: none"> • 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 launched at the January meeting of the Board.</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.	Item 4.4 Also on the Council of Governors' agenda for 29 March 2022.
	<p>Digital Strategy The Board received and supported the Trust's Digital Strategy.</p>	A workshop is being arranged 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' Programme of Strategic Briefings for 2022/23	Item 4.1
	<p>Digital Pathology Business Case This business case required the Board to approve £1.3m of revenue costs associated with digital pathology to enable the Trust to access capital</p>	The business case was approved by the Board	The flow of patient data across multiple sites will improve the patient experience, quality of diagnostics and effectiveness and efficiency of	Item 4.3 Digital Pathology Business Case

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
	funding from NHSI to roll out a fully integrated digital histopathology services across the East of England.		communication between colleagues in different organisations	
	<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>		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.	Item 4.2 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"> • Poor appraisal rates were escalated as an area of concern. • Performance indicators relating to waiting times were poor, with a high number of 104 week waits and two week waits for breast care and dermatology 	<p>The Improvement Committee has been tasked with looking at reasons for poor appraisal rates and the quality of appraisals.</p> <p>Improvement trajectories for waiting times had been prepared and will be monitored.</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>Some innovative interventions (eg. Dermatology) are beginning to make a positive difference.</p>	Section 2 public board
	<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</p>	PSIIs are conducted to identify new opportunities for learning and improvement and focus on improving healthcare systems rather than determining or apportioning blame.	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	Item 2.8

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>board, with detailed reports presented to the confidential board.</p> <p>Maternity Quality</p> <ul style="list-style-type: none"> • Maternity Improvement Plan not progressing as planned due to clinical pressures • The Local Maternity and Neonate System (LMNS) had raised a concern that WSFT was the only Trust charging parents for parking 	<p>A decision has been made to stop parking charges for parents of babies in the neonatal unit, effective 1 April 2022.</p>	<p>shaping culture, with openness, transparency and candour underpinning discussions</p>	<p>Item 2.5</p>
<p>Ensuring Accountability (cont)</p>	<p>Financial Stewardship</p> <p>The Trust is expected to break-even for the 2021/22 financial year, but a 2.5% Cost Improvement Plan is likely to be required for 2022/23.</p> <p>The Board raised a concern over the way funding was allocated across divisions for reasons relating to effective financial control and the need to engage effectively with budget holders to secure buy-in for next year's challenges.</p>	<p>The budget for 2022/23 is on the agenda for the 25 March Board meeting</p>	<p>Governor strategic briefing on the 2022/23 budget scheduled as part of next year's work programme</p>	<p>Item 2.2</p>
	<p>MyWish – Corporate Trustee</p> <p>As corporate trustee, the Board is jointly responsible for the management and control of those charitable funds and is accountable to the Charity commission.</p>	<p>The Board received the Annual Report and Accounts of MyWish for 2020-21</p>	<p>Governors may wish to consider their role in engaging with the Board's role as corporate trustee.</p>	<p>MyWish Annual Report and Accounts</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
Shaping Culture	West Suffolk Review – Organisational Development Plan The Board considered the Trust’s approach to learning from the West Suffolk Review and the main themes to be captured in an organisational development plan to address the learning from it. This was being developed in consultation with stakeholders.	The Board supported the main themes proposed and the establishment of a Governor/Director working group to take the learning from the Review forward.	The Governor/Director working group has held its first meeting and will be overseeing the development and implementation of this action plan.	Item 3.1
	Safe Staffing Guardian Report The Q3 report from the Guardian of Safe Working Hours was presented to the Board.	The Board acknowledged the outstanding work of junior doctors and their willingness to cover staff shortages and sickness absence.		Item 3.2

19. Dates for meetings for 2022:

Wednesday 18 May

Tuesday 9 August

Tuesday 27 September (Annual Members Meeting, Apex)

Thursday 10 November

For Reference

Presented by Jude Chin

20. Reflections on meeting

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

For Discussion

Presented by Jude Chin