

OPEN Council of Governors meeting


Schedule	Tuesday 7 November 2023, 5:30 PM — 7:30 PM GMT
Venue	Studio rooms, The Apex, Charter Square St, Bury St Edmunds, IP33 3FD
Organiser	Pooja Sharma

Agenda

AGENDA:

Council of Governors meeting

Tuesday 7 November 2023 at 5.30pm at Studio rooms, The Apex, Charter Square St, Bury St Edmunds, IP33 3FD

 0. Agenda Open CoG meeting 7 Nov 2023.docx

1. Welcome and introductions

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

To Note - Presented by Jude Chin

2. Apologies for absence

To receive any apologies for the meeting

To Note - Presented by Jude Chin

3. Declaration of interests

To receive any declarations of interest for items on the agenda

To Note - Presented by Jude Chin

4. Minutes of the previous meetings (enclosed)

To note the minutes of the meetings held on 4 Sept 2023

For Approval - Presented by Jude Chin

 Item 4 Open CoG 4 Sept 2023 minutes draft v1.docx

5. Matters arising action sheet

To note updates on actions not covered elsewhere on the agenda


To Note - Presented by Jude Chin

 Item 5 CoG Open Action log from 4 Sept 2023 meeting.docx

6. Chair's report

To receive an update from the Chair

To Note - Presented by Jude Chin

 Item 6 Chair report to CoG 7 Nov 2023.docx

7. Chief executive's report

To note a report on operational and strategic matters


To Note - Presented by Ewen Cameron

 Item 7 CEO CoG paper - 7 Nov 2023.docx

8. Finance update (enclosed)

To receive an update on the Trust financial position

To Note

 Item 8 Finance update M6 CoG_Report 7 Nov 2023.docx

9. Feedback from assurance committees (enclosed)

To receive a report from the assurance committees – chair key issues and observer reports:

9.1 Insight Committee

9.2 Involvement Committee

9.3 Improvement Committee

To Note

 Item 9 Feedback from Board assurance committees CoG Nov 2023.docx

 Item 9 IMPROVEMENT CKI report 18 Oct 23 LP.docx

 Item 9 IMPROVEMENT CKI report 20 Sept 23 LP.docx

 Item 9 IMPROVEMENT Governor observers 18 Oct Liz S.docx

 Item 9 IMPROVEMENT Governor observers 20 Sept Jane S.docx


 Item 9 INSIGHT CKI report 18 Oct 2023 AJ FINAL.docx

 Item 9 INSIGHT CKI report 20 Sept 2023 AJ FINAL.docx

 Item 9 INSIGHT Governor observer 18 Oct 2023 Jane S.docx

 Item 9 INSIGHT Governor observer 20 Sept 2023 Jayne N.docx

 Item 9 INVOLVEMENT CKI report 18 Oct 2023 final TD.doc

 Item 9 INVOLVEMENT Development day Governor observer 19 Sept Clive W.doc

 Item 9 INVOLVEMENT Governor observers 18 Oct Clive W.doc

 Item 9 INVOLVEMENT Governor observers 18 Oct Liz S.docx

10. Nomination Committee report (enclosed)

To receive a report from the Nominations Committee meeting on 19 October 2023

To Note - Presented by Jude Chin

 Item 10 Nomination committee report CoG 7 Nov 2023.docx

11. Engagement Committee report (enclosed)

To receive a report from the Engagement Committee meeting on 10 Oct 2023

To Note - Presented by Ben Lord

 Item 11 Engagement committee report CoG 7 Nov 2023.docx

12. Standards Committee report - no meeting

For Approval - Presented by Jude Chin

13. Lead Governor Report (enclosed)

To receive a report from the Lead Governor

To Note - Presented by Jane Skinner

 Item 13 Lead Governor report to CoG 7 Nov 2023.docx

14. Staff Governor Report (enclosed)

To receive a report from the Staff Governor meeting held on 3 October 2023

To Note

 Item 14 Staff Governor report CoG 7 Nov 2023.docx

15. Governor induction including work programme and forward planner 2024-25 (enclosed)

To receive the updated programme

To Note

 Item 15 Governors induction & work programme 2023-24 cover sheet.docx

 Item 15.1 Appendix 1a Governors' Induction schedule 1 Dec 2023.docx

 Item 15.1 Appendix 1b Induction handbook Index.docx


 Item 15.1 Appendix 2 Governors Work Programme 2024-25.docx

 Item 15.1 Appendix 3 Governors forward planner 2024-25.docx

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

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

To Note - Presented by Richard Jones and Jude Chin

 Item 16 Summary Report for Board of Directors meeting CoG 7 Nov 2023.docx

17. Any other business

18. Dates for meetings for 2024

To note dates for meetings in 2024:

- 27 February 2024
- 9 May 2024
- 2 September 2024
- 24 September 2024 (annual members' meeting)
- 5 November 2024

To inform - Presented by Jude Chin

19. Reflections on meeting

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

For Consideration - Presented by Jude Chin

AGENDA:

Council of Governors meeting


Tuesday 7 November 2023 at 5.30pm at
Studio rooms, The Apex, Charter Square
St, Bury St Edmunds, IP33 3FD

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on **Tuesday 7 November 2023 at 5.30pm at Studio rooms, The Apex, Charter Square St, Bury St Edmunds, IP33 3FD.**

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.	Welcome and introductions To <u>welcome</u> governors and attendees to the meeting and <u>request</u> mobile phones be switched to silent	JC
2.	Apologies for absence To <u>receive</u> any apologies for the meeting	JC
3.	Declaration of interests (enclosed) To <u>receive</u> any declarations of interest for items on the agenda	JC
4.	Minutes of the previous meetings (enclosed) To <u>note</u> the minutes of the meetings held on 4 Sept 2023	JC
5.	Matters arising action sheet (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda	JC
6.	Chair's report (enclosed) To <u>receive</u> an update from the Chair	JC
7.	Chief executive's report (enclosed) To <u>note</u> a report on operational and strategic matters	EW
8.	Finance update (enclosed) To <u>receive</u> an update on the Trust financial position	CB
18:00 GOVERNOR BUSINESS (INC. STATUTORY DUTIES)		
9.	Feedback from assurance committees (enclosed) To <u>receive</u> a report from the assurance committees – chair key issues and observer reports: 9.1 Insight Committee	NED chairs / Governor observers

	9.2 Involvement Committee 9.3 Improvement Committee	
10.	Nomination Committee report (enclosed) To <u>receive</u> the report from the committee meeting on 19 October 2023	JC
11.	Engagement Committee report (enclosed) To <u>receive</u> a report from the Engagement Committee meeting on 10 Oct 2023	BL
12.	Standards Committee report - no meeting	JC
13.	Lead Governor Report (enclosed) To <u>receive</u> a report from the Lead Governor	JS
14.	Staff Governor Report (enclosed) To <u>receive</u> a report from the Staff Governor meeting on 3 Oct 2023	Staff Governor
15.	Governor induction including work programme and forward planner 2024-25 (enclosed) To <u>receive</u> the updated programme	PS
19:15 REPORTS FROM THE BOARD OF DIRECTORS		
16.	Summary report for Board of Directors meetings (enclosed) To <u>receive</u> the report the Chair and Non-Executive Directors	JC / NEDs
19.25 ITEMS FOR INFORMATION		
17.	Any Other Business	JC
18.	Dates for meetings for 2024 To <u>note</u> dates for meetings in 2024: <ul style="list-style-type: none"> • 27 February 2024 • 9 May 2024 • 2 September 2024 • 24 September 2024 (annual members' meeting) • 5 November 2024 	JC
19.	Reflections on meeting To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	JC
19.30 CLOSE		

1. Welcome and introductions

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

To Note

Presented by Jude Chin

2. Apologies for absence

To receive any apologies for the meeting

To Note

Presented by Jude Chin

3. Declaration of interests

To receive any declarations of interest for items on the agenda

To Note

Presented by Jude Chin

4. Minutes of the previous meetings
(enclosed)

To note the minutes of the meetings held
on 4 Sept 2023

For Approval

Presented by Jude Chin

WEST SUFFOLK NHS FOUNDATION TRUST

**DRAFT MINUTES OF THE
COUNCIL OF GOVERNORS MEETING - OPEN**

**Held on Monday 4 September 2023 at 17:30
At Ashlar House, Eastern Way, Bury St Edmunds**

Members:		
Name	Job Title	Initials
Jude Chin	Chair	JC
Jane Skinner	Public Governor – lead governor	JS
Ben Lord	Public Governor – deputy lead governor	BL
Florence Bevan	Public Governor	FB
Robin Howe	Public Governor	RH
Gordon Mackay	Public Governor	GMK
Jayne Neal	Public Governor	JN
Adrian Osborne	Public Governor	AO
Clive Wilson	Public Governor	CW
Liz Steele	Public Governor	LS
Amanda Keighley	Staff Governor	AK
Louisa Honeybun	Staff Governor	LH
Martin Wood	Staff Governor	MW
Sarah Judge	Staff Governor	SJ
Thomas Pulimood	Partner Governor	TP
Elsbeth Lees	Partner Governor	EL
Carol Bull	Partner Governor	CB
Rebecca Hopfensperger	Partner Governor	RH
David Brandon	Partner Governor	DB
In attendance:		
Ewen Cameron	Chief Executive Officer	EC
Louisa Pepper	Non-Executive Director	LP
Antoinette Jackson	Non-Executive Director	AJ
Tracy Dowling	Non-Executive Director	TD
Krishna Yergol	Associate Non-Executive Director	KY
Richard Jones	Trust Secretary	RJ
Pooja Sharma	Deputy Trust Secretary (minute taking)	PS
Apologies:		
<i>Public Governor - Gordon Mackay</i>		
<i>Partner Governors - David Brandon</i>		
<i>Non-Executive Directors - Geraldine O'Sullivan, Michael Parsons, Krishna Yergol and Louisa Pepper</i>		
Members of the Public		
Simon Whitney-Long and Lila Whitney-Long		

No.	Item	Action
1.	Welcome and introductions	
1.1	<p>The Chair (JC) welcomed everyone to the meeting.</p> <p>The Council of Governors noted that Joe Pajak had resigned as Public Governor and was thanked for being an important contributor to the Council.</p>	
2.	Apologies for absence	
2.1	Apologies for the meeting were noted.	
3.	Declaration of interests	
3.1	<p>No declaration of interests was received for items on the meeting agenda.</p> <p>The Council of Governors received and noted the Register of Governors' Interests 2023-24. Individual Governors were reminded of their responsibility to inform the Chair or Trust Secretary of any changes to their defined interests.</p>	
4.	Minutes of the previous meeting	
4.1	The minutes from the meeting held on 2 May 2023 were approved as a true and accurate record.	
5.	Matters arising on action sheet	
	There were no outstanding actions on the action log.	
6.	Chair's report	
	<p>The Trust Chair (JC) presented the report and thanked the governors who were able to attend the board meetings in public, for the questions they pose and for their feedback on the performance of the board.</p> <p>JC confirmed that the composition of the board is complete now as regards to the NEDs on board which is positive and don't have any imminent changes until the next NED vacancy which is due in Aug 2024. It was recognised that if future NED interviews allowed it would be good to consider the appointment of one or more associate NEDs to support the future vacancies.</p> <p>JC indicated that the board development day in May was an opportunity for the board to recap on some of the learning and to continue work on developing competencies to enhance effectiveness as a unitary board. The Chair thanked the integrated development team for the work they have done with the board over the last two years. The Board is reviewing further development work and will assess the options for delivery of this work.</p> <p>JC drew attention of the Council of Governors to the final and published Joint Forward Plan and encouraged governors to read the plan in order to understand the focus of the ICB. The Trust will be looking at the areas where it can support the ICB five-year strategy.</p>	

	<p>The Chair provided an update on visit of Lord Markham, minister in charge of the New Hospitals Programme (NHP) who was accompanied by colleagues from the NHP and by Richard Meddings, Chair of NHS England. The visit included meetings with the executive team, with wider stakeholders, including local politicians and with staff who have been involved with the design of our new hospital. The discussions were very positive and there is a clear message from the NHP team that they wish the Trust to move forward with the new hospital build.</p> <p>The Council of Governors noted the report from Chair.</p>	
7.	<p>Care Quality Commission (CQC) new inspection model</p> <p>The Trust Secretary (RJ) provided an update on the new CQC inspection model and said that CQC have developed a new single assessment framework (SAF) which is going to be launched from November 2023 starting in the south of England and extending to all regions by the end March. There is currently no timescale for the East of England and it has been indicated that the CQC will not be inspecting every provider in the Nov-Mar period.</p> <p>Sue Wilkinson, Chief Nurse, has been appointed as a CQC specialist advisor and is taking part in an inspection for another system later this year. This will provide valuable insight to the new framework and a better understanding of how the CQC will use its ongoing information gathering and inspections to review and report on providers' performance.</p> <p>Action: To schedule a update regarding the new CQC model with the chief nurse to share experience of supporting inspection in another system.</p> <p>RJ emphasised that the new framework will further develop and agreed to provide regular updates via CoG meetings, briefing session and/or governor induction training at later stages as more information becomes available.</p> <p>There was a query on the use of 'evidence categories' and RJ explained that it is expected to relate to observation, processes, outcomes approach to gather feedback from people's experience of health and care services, staff and leaders, partners. It was noted that a detailed underpinning narrative from CQC will help to understand the new areas better including how the evidence will be collected and the governors' role in the Trust's CQC inspection.</p> <p>The Council of Governors noted the new CQC inspection model.</p>	PS/SW
8.	<p>Chief executive's report</p> <p>The Chief Executive (EC) presented the report to the governors which highlighted aspects around quality and safety, operational performance, virtual ward, backlog and response, financial performance, workforce and culture and looking to the future.</p>	

	<p>There was a query whether the Community Diagnostic Centre (x-ray unit) which is approved to be built at Newmarket Community Hospital will be a mobile provision or a semi-permanent fixture and it was confirmed that this will be a permanent structure to maintain the services. It was also asked if there will be any additional funding for beds and it was confirmed that there will be no additional funding to expand the bed capacity.</p> <p>A clarification was sought on the new national cancer targets. EC explained that the standards measuring waiting times for cancer diagnosis and treatment are being simplified. The NHS will move from the 10 standards that are currently in place to three:</p> <ul style="list-style-type: none"> - Faster diagnosis standard, a diagnosis, or ruling out of cancer within 28 days of referral (set at 75%) - 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients (set at 96%) - 62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade (set at 85%). <p>The governors were informed that the Legs Matter Week that took place in June focussed on staff this year. The integrated tissue viability service team held awareness webinars and travelled around our hospitals and community bases to spread awareness of the importance of preventing lower leg and foot conditions among staff.</p> <p>EW said that a new Freedom to Speak Up Guardian has been appointed and will be starting in the post on 25 September. Jane Sharland, who is our integrated neighbourhood team manager for the Newmarket team, will be a fantastic successor to build on the work Amanda has been undertaking. An occupational therapist by training, Jane has been working within community healthcare for over a decade and has strong links throughout the Trust.</p> <p>The Trust held its 'medicine for members' healthy heart event at Sudbury Football Club on 19 July, which provided information on how everyone can take positive steps to looking after their heart health, which is something that it is never too early to be mindful of. These events were paused over COVID and was really pleased to see so many members of public attending the event.</p> <p>The Council of Governors noted the report from the Chief Executive.</p>	
<p>9.</p>	<p>Feedback from assurance committees</p>	
	<p>The assurance committees Chairs and Governor observers presented the feedback report which included a summary of the agenda items discussed in the committees, chairs' key issues and respective governor observers' reports.</p> <p>The reports from the Governor observers at the insight committee meetings were noted by the Council.</p>	

<p>The governor observers from the insight committee stated that it was very helpful to observe NEDs, in relation to how they operate and interact with other Board members. Positive feedback was given on the quality of discussions between the NEDs and the Execs. The tone of the meeting was respectful. Comprehensive reports were available ahead of meeting, therefore, allowing preparation for in-depth discussion around the table on the day. Thorough explanations of the narrative behind the numbers on the finance / budget / integrated quality and performance reports (IQPR) were presented which highlighted common themes and risks requiring continued monitoring and actions. There was a strong emphasis on the current financial situation and the repercussions for departmental budgets.</p> <p>The Governors raised their concerns on budget deficit and CIP programme and drew attention that auditors had raised the issue that the Trust has not been tracking the CIP programme in the previous years. The role of the audit committee in this was also discussed.</p> <p>The Chair (JC) said that the Trust was able to deliver a balanced budget and a balanced result in 2022-23 without having a detailed formal CIP programme. However, this gap reflects a weakness and we need to ensure the lessons are learnt through review of these events after the immediate response to address financial recovery.</p> <p>The situation in the current financial year is different with a forecast deficit and the need to have a focus on performance of the CIP programme. JC confirmed that financial recovery plan is being prepared for Board approval. The recovery plan will summarise the background to the 2023-24 financial position, including the risks and mitigations to the forecast, as well as highlighting the underlying position that impacts on the plan. The recovery plan will also detail actions that will be taken to improve our forecast. Further information will be provided in the public board and progress reported at the next CoG meeting.</p> <p>The Council requested that Governors are briefed on developments to maintain transparency and openness between the council of governors and the board.</p> <p>Action: Governors to receive an update on the financial position.</p> <p>Discussion took place on the number of assurance committee meetings Governor observers should attend. This recognised the need to develop an understanding of the issues and provide continuity. It was recognised that observing for example six meetings would help this.</p> <p>Action: Review the rota to support consistency in the tenure of governor observers.</p> <p>The reports from the Governor observers at the improvement committee meetings were noted by the Council.</p> <p>There was a query around where data strategy sits and who owns the policy. It was confirmed that following external review an information</p>	<p>PS</p> <p>PS</p>
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	<p>strategy is being finalised and is due to be considered later in September/October.</p> <p>The reports from the Governor observers at the involvement committee meetings were noted by the Council.</p> <p>A clarification was sought around Equality, Diversity and Inclusion and asked if there is any risk attached to those 90 actions or weightage associated to those actions which are being developed under the 'Board Responsibilities' workstream. It was confirmed that the actions are prioritised within the log in terms of racism, inclusion and protection of people with different characteristics.</p> <p>The Council noted that a development workshop for the Involvement Committee is scheduled on 19th September and the objective of the workshop is to consider the development needs of the committee and create a future framework to build effectiveness.</p> <p>The Council of Governors noted the feedback from Board assurance committees.</p>	
<p>10.</p>	<p>Nomination Committee report</p>	
	<p>The Chair (JC) presented the report and provided a summary of the discussions that took place at the Nominations Committee meeting on 12 July 2023.</p> <p>JC highlighted the following:</p> <ul style="list-style-type: none"> • The 360° feedback reports for Jude Chin, Tracy Dowling, Antoinette Jackson, Louisa Pepper, Geraldine O'Sullivan and Krishna Yergol were reviewed and discussed. Dr Roger Petters and Michael Parsons were excluded from the appraisal process for the year 2023 as have joined the Trust recently but a half-yearly objective setting meeting was scheduled with the chair • The terms of office for the NEDs were reviewed and noted • The draft Nominations Committee Terms of Reference were presented for review and endorsed for approval by the Council of Governors • Annual report on committee effectiveness was presented to the committee for approval and agreed to endorse the report for presentation to the Council of Governors • The Committee noted the feedback on the Chair recruitment process and agreed to review the process based on the feedback and lessons learnt <p>The Council of Governors approved the terms of reference of the nominations committee and noted the areas identified for improvement in the annual report on committee effectiveness.</p>	

11.	Engagement Committee report	
	<p>The Committee Chair (BL) presented the report and drew attention of the Council to the following:</p> <ul style="list-style-type: none"> • An update on the patient portal was received by the Committee on how the portal works • An update was received on the governor election 2023 and the proposal for Governors’ election engagement activities scheduled to take place in 2023 was summarised • The Committee noted the summary of the governor activities and the emerging themes from the feedback received from the observers • The draft Engagement Strategy 2023-25 was presented to the Committee for discussion and review. The Committee reviewed the amendments made to the draft and agreed to roll over the Engagement Strategy 2023-25 subject to further review after the governors settle elections <p>The Committee also drew attention of the Council that there are two vacancies on Committee. The Committee invited governor colleagues to join the Committee and support to take forward the engagement programme.</p> <p>Annual report on committee effectiveness was circulated to the committee after the meeting for inputs/comments/feedback and for approval of the final report thereon via chair’s action. The committee agreed to endorse the report for presentation to the Council of Governors.</p> <p>A separate report on 15 steps feedback was presented for information. It was agreed that the future reports will be presented to the engagement committee and the Council of Governors will receive update on governor activities via the committee report.</p> <p>The Council of Governors approved the Engagement Strategy 2023-25 and noted the areas identified for improvement in the annual report on committee effectiveness.</p>	
12.	Standards Committee report	
	<p>The Trust Secretary (RJ) presented the report and thanked the committee for all the work done and addressing crucial matters on behalf of the Council of Governors.</p> <p><u>Policy on Engagement</u></p> <p>The Code of Governance for NHS provider trusts states that foundation trusts should have a policy for engagement between the Board of Directors and the Council of Governors, which clearly sets out how the two bodies will interact for the benefit of the Trust.</p>	

	<p>A draft policy was presented to the Council and some minor changes were suggested to add some narrative that describes the combined activities undertaken by the Board of Directors and Council of Governors.</p> <p>A question was raised about the way in which Governors are engaged in strategic planning (e.g. annual planning, strategic direction). An assurance was given to the Council that, although the board manages the Trust and continues to bear ultimate responsibility for strategic planning and performance, opportunities will be used to engage the Council of Governors on strategic plans. It was recognised that for some issues, such as the national standards the Trust's response is largely planning for delivery rather than setting the requirements.</p> <p>Action: Schedule forward planning session to support engagement in strategic planning</p> <p>The Council approved the policy on engagement subject to those minor amendments from the inputs received during the meeting.</p> <p>Action: The revised draft Policy on Engagement between the Board of Directors and Council of Governors will be presented to the Board for approval in September meeting.</p> <p><u>The GGI recommendations update</u></p> <p>The Council noted the progress of the actions for the GGI report recommendations.</p> <p><u>Annual report on Committee effectiveness</u></p> <p>The Council of Governors received the annual report on committee effectiveness and noted areas of improvement that will be reflected in the terms of reference and forward plan for the committee.</p> <p><u>Governors' induction and training programme</u></p> <p>The Council noted the draft induction and training programme for new CoG in term from 1st December 2023. The training programme will also be reviewed in early 2024, to give new governors time to settle into the role and decide what type of training they require. A core skills training day by NHS Providers is scheduled on 30 January 2024.</p> <p>Action: A final draft Governors' induction and training programme will be presented to the CoG in November meeting.</p> <p><u>Development plan from Governor training day March 2023</u></p> <p>The Council noted the development plan from training and development day in March that was held with Governors and non-executive directors. The feedback from the session and a summary of the areas for improvement and identified actions from the day was reported to the</p>	<p>PS</p> <p>PS</p> <p>PS</p>
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	<p>Standards Committee. The committee will maintain oversight of this action plan as part of its normal work.</p> <p><u>Governor email addresses</u></p> <p>In May CoGs meeting, CoG received a recommendation to stop using WSFT email addresses for Governors (other than staff) for conducting Trust business. However, concerns were raised that this would mean that Governors' personal/work email addresses would be subject to public scrutiny in case of freedom of information (Fol) request or subject access request (SAR).</p> <p>Advice was sought from the Trust's data protection officer (DPO) on this matter who confirmed that if Trust business was being transacted using personal email accounts they would potentially be subject to this scrutiny.</p> <p>The Council was informed that it is important that any Governors using personal/work email addresses will trigger the need to complete the consent form as a pre-requisite as per the guidance from the Information Commissioner's Office (ICO).</p> <p>The Council of Governors deliberated and consensus was achieved to proceed with the hybrid approach for governors to be provided WSFT emails and for those who do wish to use their personal or work emails will have to provide clear consent in writing to confirm understanding of the FOI and SAR implications. This will allow a flexible approach and with consent keep the access to email context as simple as possible and therefore more inclusive.</p> <p>RJ drew attention to the importance that the Trust provides effective electronic access to WSFT emails for all the governors.</p> <p>Action: A solution to meet this requirement is being reviewed.</p> <p>The Foundation Trust team is undertaking discussions with the IT team to provide effective access to WSFT emails before 1st December 2023. The Council will be kept informed of the outcome with the aim of testing and implementation following the elections.</p>	PS
13.	<p>Lead Governor Report</p>	
	<p>The Lead Governor (JS) presented the report noted by the Council of Governors.</p> <p>JS paid tribute to Joe Pajak who was an excellent governor and in post for eight years. Joe contributed to the Council and its committees through valuable inputs and it was sad that JP had to resign.</p>	
14.	<p>Staff Governor Report</p>	
	<p>The Staff Governor (AK) provided an update on the discussions that took place in the staff governors' meeting held on 11 July.</p>	

	The Council of Governors noted the report and commended the contribution of the staff governors which is incredibly helpful for rest of the Council to have an insight and understanding the matters related to staff.	
15.	Governor Work Programme 2023-24	
	<p>The Trust Secretary (RJ) presented the Governor work programme. It has been recognised that the pressure on the time commitment for Governors has increased and there is a need to review the work plan to ensure commitment and expectations are reasonable. A review was undertaken to understand the monthly time commitment from the governors and for efficient future planning.</p> <p>A summary for Governor meetings/sessions/events was provided to fairly balance these activities across the year and the governors were asked to confirm that the annual programme schedule is reasonable in terms of time commitment and spread.</p> <p>The Council of Governors noted the content of the programme for 2023/24 and following suggestions were made:</p> <ul style="list-style-type: none"> • Action: Informal Governors and informal NEDs & Governors meetings to be held quarterly • Action: 15-steps visits to be scheduled monthly with both Governors and NEDs on rota. It was emphasised that 15 steps visits are one of the most valuable activities which Governors and NEDs do jointly so should be held every month • Action: Review the list of 15-step areas for forward plan, including community. 	PS
16.	Annual Report and Quality Accounts 2022/23	
	<p>The Trust Secretary (RJ) asked the Council of Governors to receive the annual report and accounts in public session.</p> <p>The Annual accounts and Report and Quality Accounts were approved by the Board in closed session in June but could not be reported publicly until it had been laid before Parliament.</p>	
17.	Annual Audit Letter	
	<p>The Chair (JC) presented the Auditor's Annual Report and summarised the findings and key issues arising from 2022-23 audit of the Trust as follows:</p> <ul style="list-style-type: none"> • An unqualified opinion on the Trust's accounts on 29/06/2023 was issued which means that the auditors believe that accounts give a true and fair view of the financial performance and position of the Trust • The auditors did not identify any significant inconsistencies between the content of the annual report and auditors' knowledge of the Trust 	

	<ul style="list-style-type: none"> Confirmed that the Governance Statement had been prepared in line with the DHSC requirements The auditors have followed up on the significant weaknesses identified in the prior year around Value for Money. The auditors have reviewed the action plan and noted that majority of action plan points were marked as complete and others either have been stood down or superseded by a point not yet due or are in progress and on track within a revised timeframe. Further they have reviewed the internal audit report in regard to the plan and note that no weaknesses in control were identified. The auditors concluded that it is considered to be indicative of effective implementation in regard to the prior year risk and recommendation, and therefore consider this VFM risk resolved. <p>The Council of Governors noted the Annual Audit Letter.</p>	
18.	Summary report for Board of Directors meetings	
	<p>The summary report for Board of Directors meetings was presented to the CoG.</p> <p>The Governor that had attended the meetings provided feedback that the board meeting held in July overran. It was recognised and action has been taken to ensure that presenters are briefed and supported ahead of the meeting to structure the approach taken. This was welcomed and it was felt that the same approach for assurance committees may be helpful as there were some overruns in these meetings.</p>	
19.	Any other business	
	<p>The Council of Governors raised the following businesses:</p> <ul style="list-style-type: none"> A. A brief assurance plan around industrial actions to be shared with the governors. Action: work in progress and to be shared when ready. B. Reinforced Autoclaved Aerated Concrete (RAAC) - There has been a significant amount of media attention on RAAC over the past week following the Government's order for some public and private sector buildings to close partially or entirely. This has also led to West Suffolk Hospital being identified as one of those most affected across numerous of media outlets. The Government has asked areas in schools affected by RAAC to close whilst checks are carried out and mitigations are put in place to make those areas safe. EW reassured that the hospital building is safe and all should feel confident to continue to attend appointments, procedures or visiting as normal. <p>EW added that over the last few years the Trust is carrying out an extensive and robust estates maintenance programme. This includes the installation of 'end bearing extensions' and 'failsafe supports' to mitigate the risk of a failing roof RAAC plank. Additionally, zinc anodes have been inserted into RAAC walls</p>	EW

	<p>planks to prevent further deterioration. The completion of ongoing works will ensure that the West Suffolk Hospital site remains a safe building for patients, staff and visitors until we move into the new hospital by 2030.</p> <p>C. At the last AMM flu/covid vaccination was well received by the members of the Trust and public and if there are any similar provisions this year. Action: To confirm and provide an update to the Governors around availability of flu/covid vaccinations at the AMM on 26th September 2023.</p>	PS
20.	Dates for meetings in 2023	
	<p>Dates for the future CoG meetings are below for information:</p> <ul style="list-style-type: none"> • 26 September 2023 (AMM) • 7 November 2023 	
21.	Reflections on meeting	
	<p>The following reflections were made at the end of the meeting:</p> <ul style="list-style-type: none"> • Successful meeting with good balance of information and level of discussion • Improved layout in the room. 	

DRAFT

5. Matters arising action sheet

To note updates on actions not covered elsewhere on the agenda

To Note

Presented by Jude Chin

ACTION LOG – Open Council of Governors meeting – from 4 September 2023 meeting

OPEN ACTIONS

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
9	Feedback from assurance committees	4 September 2023	Review the rota to support consistency in the tenure of governor observers	PS	Schedule and guidance being updated to promote an annual observer period. The new governors will be engaged after the elections with a view to finalising the rota early 2024.	27/2/24	Green	
12	Standards Committee report	4 September 2023	A solution to meet the requirement of CoG regarding email address to be reviewed	PS	Undertaking discussions with the IT team to provide effective access to WSFT emails before 1st December 2023.	7/11/23	Amber	
11	Engagement Committee report	2 May 2023	To schedule review of membership and composition of the Governors' sub-committees in January 2024.	PS	Included in the forward work plan of CoG and the subcommittees. This will also be touched on at the Governor training day in January 2024.	Feb 2024	Green	

CLOSED ACTIONS

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
7	CQC new inspection model	4 September 2023	To schedule a session for CQC model with the chief nurse to share experience of supporting inspection in another organisation	PS/SW	Sue Wilkinson is undertaking the system-based inspection during the week commencing 7/11/23. An update session has been included in the forward plan for Governors following the elections.	7/11/23	Complete	7/11/23
9	Feedback from assurance committees	4 September 2023	Governors to receive an update on the financial position	PS	Agenda item for meeting on 7/11 with report and update from Director of Resources.	7/11/23	Complete	7/11/23
12	Standards Committee report	4 September 2023	Schedule forward planning session to support engagement in strategic planning	PS	Included in the forward plan for Governors with final timing to be aligned to national operational planning guidance (expected late December 2023).	7/11/23	Complete	7/11/23
12	Standards Committee report	4 September 2023	The revised draft Policy on Engagement between the Board of Directors and Council of Governors will be presented to the Board for approval in September meeting	PS	Approved at Board on 29 September. The policy will be included in the Governor induction handbook and implementation overseen by the Standards Committee (added to the committee's forward plan).	29/9/23	Complete	29/9/23
12	Standards Committee report	4 September 2023	A final draft governors' induction and training programme will be presented to the CoG in November meeting	PS	Agenda item for meeting	7/11/23	Complete	7/11/23
19	Any other business	4 September 2023	A brief assurance plan around industrial actions to be shared with the governors.	EC	The response plan was shared with the Governors on 18 th September via staff briefing: information ahead of BMA industrial action	19/9/23	Complete	18/9/23

RAG RATING:

Key	
Completed	
On track/On trajectory - The action is expected to be completed by the due date	
Some slippage/Off trajectory - The action is behind schedule and may not be delivered	
Serious Issues/Due date passed and action not completed	

LEAD:

Name	Initials
Jude Chin	JC
Ewen Cameron	EC
Richard Jones	RJ
Pooja Sharma	PS

6. Chair's report




To receive an update from the Chair

To Note

Presented by Jude Chin

WSFT Council of Governors meeting (Open)

Report title:	Chair's report
Agenda item:	6
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Jude Chin, Trust Chair

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Summary:	<p>Trust Financial Recovery Plan</p> <p>The board has approved a Financial Recovery Plan (FRP) that presents a forecast loss for the current financial year of £6.7 million, which is £4 million greater than the initial budget loss of £2.7 million for the year. The achievement of the forecast is not without risk and relies on substantial cost improvement plan (CIP) delivery. Early indications are that progress is being made on our CIP delivery which we hope will be confirmed when we see our October results. The ICB have accepted our FRP and are working with us to ensure we meet or better the forecast.</p> <p>SNEE ICS Chairs Group meeting</p> <p>The SNEE ICS Chairs Group meetings occur bi-monthly and includes Chairs from all the healthcare providers in the region, including, amongst others, Acute and Community Trusts, Mental Health Trusts, the Ambulance Service, Voluntary sector and Healthwatch. The last meeting was on 10th October.</p> <p>We had a presentation from the new Chair of the East of England Ambulance Service (EEAS) on the plans that have been put in place to reduce the number of ambulance call outs. In particular, the use of Unscheduled Care Coordination hubs to deal with less urgent 999 calls (Category 3-5). The use of the hubs is delivering clear benefits which include:</p> <ul style="list-style-type: none"> • Reducing unnecessary hospital attendances • Releasing time back to the ambulance service so that they can deal with the sickest patients more speedily • Patients getting the most appropriate care <p>We received a report from the workshop held in The Athenaeum in Bury St Edmunds on 8th September, which looked at system learnings from the winter pressures of 2022/23. Whilst the workshop and the report had useful output, the</p>
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point being made at the Chairs Group meeting was that we should not regard the challenges around winter pressures as being seasonal as pressure in the system was there throughout the year and therefore required an all year round system response.

Annual Members meeting

We held our second, in person Annual Members meeting since COVID in the Apex on 26th September. Although well attended, there were fewer members than last year. We followed a similar format to last year with presentations from our Lead Governor and CEO followed by a presentation on Child Development delivered by community consultant paediatrician Dr Ankit Mathur. The presentation by Dr Mathur was particularly well received and generated many questions from the audience.

External Conferences

I attended my first external conference in September. This was a NHS Chairs conference organised by NHS England and was an excellent opportunity, not only to hear from NHSE leadership, but also to meet with colleagues from around the country. Key themes discussed were responses to the Lucy Letby case, winter pressures and current year finances.

I receive dozens of invitations to various conferences throughout the year and have taken the view that I should limit my time away from the Trust to one or two key conferences every year.

My Wish Charity Accounts

The Charitable Funds Committee met on 17th October to review the My Wish Charity annual accounts for the year ended 31 March 2023 and to receive a report from the auditors Lovell Blake on their audit of the accounts. I am pleased to say that the accounts received a clean audit report and are recommended for approval by the board. It is expected that the accounts will be finalised on 2 November. The accounts will then be filed with the Charities Commission and can be accessed from their website.

Governor Elections

On Monday, 4 September, we opened nominations for election to the Council of Governors. This is an opportunity for the public and our staff to become involved in the running of their local NHS Trust and represent the views of patients, families, carers, staff and the wider community. I am delighted that several of our existing Governors are standing again and I wish all those who have put themselves forward, new and existing, the best of luck in the elections.

I want to take this opportunity to reflect on the commitment and contribution that our Governors make to the working of the Trust. The way that the Council and Board work together has developed significantly over the last 18-months to strengthen assurance and oversight. This is a legacy the Council can be proud of as we continuously strengthen the workings of the Council and Board. Thank you.

Action required/ recommendation:	The Council of Governors is asked to note the report.
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Previously considered by:	N/A
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Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

7. Chief executive's report




To note a report on operational and strategic matters

To Note

Presented by Ewen Cameron

WSFT Council of Governors meeting (Open)

Report title:	Chief Executive officer report
Agenda item:	7
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Dr Ewen Cameron, CEO
Report prepared by:	Sam Green, Communications officer

Purpose of the report			
For approval <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Executive Summary	
WHAT? <i>Summary of issue, including evaluation of the validity the data/information</i>	Summary of key issues across the Trust
SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	To keep council of governors informed of some of the key issues taking place across the Trust
WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	For awareness of council of governors and to inform discussion or questions to CEO
Action Required	For information and discussion

Risk and assurance:	NA
Equality, Diversity and Inclusion:	NA

Sustainability:	NA
Legal and regulatory context	NA

We are now reaching a pivotal point in the year, where we must face up to the upcoming winter period.

We know this autumn and winter, like the ones before it, will bring many challenges which we are preparing diligently for. There is the continued British Medical Association junior doctor and consultant industrial action, a rise in the prevalence of the new BA.2.86 Covid-19 variant, as well as the increased risk of flu within our communities, patients and colleagues.

There have also been other concerns, such as the widespread impact of reinforced autoclaved aerated concrete across the public sector estate which we ourselves have been managing since 2019 and the recent conclusion of Lucy Letby's trial.

While I will go into more detail on these issues in this paper, I would first like to highlight some of the positive developments which are happening across our Trust.

We also had our Annual Members' Meeting on Tuesday, 26 September at the Apex in Bury St Edmunds. This event provided our members and local community with more of an understanding about how we're doing and the chance to learn more about child development from our expert consultant community paediatrician, Dr Ankit Mathur. It was fantastic to see so many people there and I would like to thank all those involved in this event and those who represented our local health and social care partners in the marketplace.

The Butterfly Garden at West Suffolk Hospital for our end-of-life patients opened on Monday, 11 September, which will make all the difference to those who are experiencing end-of-life care and their loved ones. We benefit from these facilities through the tireless campaigning and fundraising efforts from both the My WiSH team and their incredible fundraisers and donors. While these activities can take many forms, their annual soapbox derby is a shining example of this amazing work, where our community benefits from a day of family fun while the charity raises money. This year, I was fortunate enough to be a judge alongside Treatt's Chloe Ludkin and BBC Radio Suffolk's Sarah Lilley, where the charity raised more than £23,000 which will go towards helping us deliver the highest quality and safest care for our patients and their families.

Performance

Now that we know the BA.2.86 Covid-19 variant, otherwise known as 'pirola', is circulating in our communities, we decided to begin our autumn vaccination campaign earlier than planned. By offering all colleagues and volunteers the Covid-19 and flu vaccines sooner, we will give our staff greater protection against these illnesses which affect our workforce during the autumn and winter period. While these are not mandatory, we are encouraging all our colleagues, as well as those eligible in our communities, to come forward for their vaccines to help reduce transmission and protect themselves and others. I would like to say thank you to the 37% of our colleagues who have already come forward for their Covid-19 vaccine and the 35% who have received their seasonal flu vaccine. I would also like to thank the vaccination team for their hard work, with our uptake levels making us one of the highest performers in the region and far above the national average.

Work continues to reduce our number of long waiting patients; however this has been impacted by industrial action and competing demands from patients requiring emergency care. At the end of September, there were 67 patients waiting more than 78 weeks. Looking forward to our goal

of significantly reducing those waiting more than 65 weeks by March 2024, at the end of September, there were 684 patients in this bracket, with the number of patients who will need to be treated by March 2024 continuing to decrease. I would like to reassure you that we are working incredibly hard to see them as quickly as possible.

Earlier this year we reintroduced the 4-hour standard following the end of the Clinical Review Standards pilot involving a small number of trusts across England. While we are working to deliver the ambition for at least 76% of patients to meet the 4-hour target, this has become increasingly difficult given the pressure on our urgent and emergency care services due to demand and the recent industrial action. While we dipped slightly in our performance against this metric in September at 61.11%, phase two of our urgent and emergency care recovery Plan aims to get us back on trajectory through initiatives such as direct referrals to our same day emergency care service and the integrated frailty pathway which commenced last week.

Following my last update on our financial position in July, we have continued to see a deterioration in our financial position driven by a combination of under-delivery of Cost Improvement Plan (CIP), costs of industrial action and a partially funded pay award. As such, we have seen an increase in the financial deficit we are currently forecasting for the end of this financial year. We are working incredibly hard to improve this position over the coming months and have approved a Trust-wide Financial Recovery Plan. This includes focusing on excess staffing costs and improved CIP delivery.

Quality and safety

You will have seen the recent outcome of the Lucy Letby trial. We have been shocked and appalled by this case. Having listened to the outstanding feedback from the Neonatal Operational Delivery Network at the end of their visit on 20th October, I can assure you about the high quality and safe care we provide in our neonatal services. We take speaking up incredibly seriously and will work to implement the recommendations from the inquiry at the earliest opportunity when they are published.

The quality and safety of the care we provide is something we are always looking to improve. Whether that be through improving the mechanisms and procedures we have in place or by training or upskilling our staff.

A perfect example of this was our own Deteriorating Patients Week, which was held from 11 to 15 September, culminating in our Patient Safety Summit on Friday, 15 September. These events enabled us to draw attention to the processes and initiatives we are working on which will help us continually improve the care we provide. During the week our patient safety team visited different wards and areas of our Trust to educate colleagues on the theme of incident reporting and staff feedback and ideas. I am glad that the summit proved to be successful, with staff from different areas of our Trust attending the various talks throughout the day.

Many of you will have seen the recent media coverage in relation to RAAC, and its prevalence across the wider public sector estate. Since finding out about this risk in 2019, we have been open and honest with staff and the public alike that our West Suffolk Hospital, and other buildings on the site, are made of this material. We acted swiftly and decisively to assess and then mitigate this risk, starting by mapping every RAAC plank across the Trust and then beginning a rolling programme of monitoring and surveillance, using industry approved methods and technology. We are undertaking an extensive estates maintenance programme and are making excellent progress in these planned works. So far, precautionary measures have been installed across the majority of roof planks. Currently 82% of these planks have 'failsafe supports' in place, which provide a support mechanism should there be a plank failure.

In addition, we have also now fitted zinc anodes into 100% of our wall panels, which will prevent further deterioration for approximately 10 years.

Additionally, we have worked closely with industry experts, and in 2021 we commissioned Loughborough University, on behalf of other NHS partners, to carry out further research into RAAC to advance understanding and share wider learning.

From the outset we have worked incredibly hard to make sure our West Suffolk Hospital site is as safe as possible for staff, patients and visitors coming into the hospital.

The work we have undertaken, which is due to finish next year, will make sure our West Suffolk Hospital remains operational until we can move into our new healthcare facility on Hardwick Manor in Bury St Edmunds by 2030.

I have so far visited more than 90 teams working in various clinical and non-clinical roles at our Trust and from this I know that our workforce consists of truly talented and dedicated people. One team that I have spoken of before is our brilliant stroke team at West Suffolk Hospital. I was delighted to say that they have been nominated for an HSJ award in the category of 'data to drive and improve patient care and outcomes'. The project behind this nomination showcases how we continue to use digital excellence to improve patient care by harnessing the data we have at our disposal in real time to ensure we deliver the highest quality and safest care we can. Congratulations to all those involved in this project, and I wish them the best of luck for November when the winners are announced.

Workforce

As I have outlined since assuming this position, I take speaking up incredibly seriously. It has the power to ensure we can learn and improve when things don't go as planned and can help prevent situations from occurring in the first place. Amanda Bennett has been our Trust's Freedom to Speak Up (FTSU) Guardian for the last three years and has done an incredible job to improve our psychological safety - helping our staff feel supported to bring issues to our attention and raising awareness of this as a core part of how we operate as an organisation.

Having completed her three-year tenure, Amanda has left us and we now have Jane Sharland as our new FTSU Guardian. Jane has many years of NHS experience behind her, working as an occupational therapist and now as the lead of the Newmarket integrated neighbourhood team. I look forward to working with Jane to help further embed speaking up as a core pillar of our Trust culture and I wish her every success as she takes on this new role.

We have recently seen the strike periods where BMA junior doctors and consultants have taken industrial action at the same time, which we know have been impactful and affected our ability to carry out planned activity. While the BMA have held off announcing any further strike action until after the end of October in the hopes of bringing the Government back to the table, we are continuing to monitor this situation closely and will prepare accordingly for any further periods. I hope both parties can reach an agreement soon so that we can put all our focus into improving our services.

While our colleagues are working tirelessly to deal with the current pressure, I was heartened to learn that we have received the highest score in the region in the quarterly NHS staff pulse survey. Our score of 7.01 out of 10 represents the continued improvement in our score since the end of 2022. However, we know that there is still much that we need to do to make our Trust the best place to work and receive care, and we will build on this over the coming months and years.

Looking to the future

We are continuing to make progress on our plans to deliver a new healthcare facility on Hardwick Manor in Bury St Edmunds by 2030. We know that despite the mitigations we have put in place to ensure our West Suffolk Hospital can continue to be operational until we can move into this new facility, we must deliver this as soon as possible. As a designated priority Trust under the Government's New Hospital Programme, we are in a good place to do this, having already made significant headway by securing outline planning permission in November last year and by progressing through our outline business case. We have recently been visited by Lord Markham, the minister in the Department for Health and Social Care responsible for the New Hospital Programme, and our discussions with him and the NHP team mean we feel confident that we will meet our ambitions.

We know though, that as an integrated Trust we must ensure we manage and make improvements to all our sites. We have recently been renovating Glemsford Surgery to improve the disabled access, as well as the facilities at the surgery to make this a better environment to receive care.

We have also made significant progress on our plans to deliver a Community Diagnostic Centre (CDC) at Newmarket Community Hospital next year. We are now at the point where we are demolishing the existing structure and I look forward to bringing you further updates as this project progresses. This facility will help us to provide quicker access for patients to a range of tests and support us in decreasing waiting times.




8. Finance update (enclosed)

To receive an update on the Trust
financial position

To Note

WSFT Council of Governors meeting (Open)

Report title:	Finance Update – M6
Agenda item:	8
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Craig Black, Executive Director of Resources
Report prepared by:	Charlie Davies, Head of Financial Management

Purpose of the report			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Executive Summary

This paper aims to provide committee members with assurance that robust mechanisms are in place to ensure appropriate overview and scrutiny of financial accountability at all levels. It also provides explanation as to causal factors for our current position and plans that have been implemented to support ongoing financial improvement. These are outlined below.

Financial Position M6.

SUMMARY INCOME AND EXPENDITURE ACCOUNT - September 2023	September 2023			Year to date			Year end forecast		
	Budget £m	Actual £m	Variance F/(A) £m	Budget £m	Actual £m	Variance F/(A) £m	Budget £m	Actual £m	Variance F/(A) £m
NHS Contract Income	28.1	29.0	0.9	168.8	170.7	1.9	336.7	339.7	3.0
Other Income	3.0	2.1	(1.0)	19.2	19.9	0.7	39.7	46.6	6.9
Total Income	31.2	31.1	(0.1)	188.0	190.5	2.6	376.3	386.2	9.9
Pay Costs	21.4	21.9	(0.5)	128.9	130.8	(1.9)	258.3	260.4	(2.1)
Non-pay Costs	8.5	9.2	(0.6)	51.1	56.2	(5.1)	100.9	111.8	(10.9)
Operating Expenditure	29.9	31.1	(1.1)	180.0	187.0	(7.0)	359.2	372.2	13.0
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA	1.2	(0.0)	(1.2)	8.0	3.5	(4.5)	17.1	14.0	(3.1)
Depreciation	0.2	0.0	0.2	6.5	6.5	0.0	12.9	13.8	0.9
Finance costs	0.6	0.5	0.0	3.4	3.2	0.3	6.8	6.8	0.0
SURPLUS/(DEFICIT)	0.4	(0.6)	(0.9)	(1.9)	(6.1)	(4.2)	(2.7)	(6.7)	(4.0)

- The revised forecast deficit of £6.7m was agreed by the Board in September 2023.
 - This revised forecast is contingent on:
 - ERF income - £5m
 - Delivering CIP - £5m
 - Improving our run rate - £3.4m
- This forecast includes the benefits resulting from £15m of non-recurring support
- The reported I&E for September is an adverse variance of £0.9m to budget
- The September actuals (£0.6m deficit) reported an improvement against the M1-5 trend (£1.1m deficit per month)
- The YTD position reports an adverse variance of £4.2m which is largely due to:
 - Underachieved CIP £2.8m

- Unfunded industrial action £0.9m

Current CIP Position at 5th October 2023

Division	Target £k	Identified 23/24 £k	QIA completed £k	Division yet to sign off £k	Development & Pipeline £k	Total £k	Gap £k
Medicine	2,610	862	94	246	522	862	1,748
Surgery	1,978	1,508	1,382	80	46	1,508	470
Women & Children	671	539	0	0	539	539	132
Clinical Support Services	1,260	696	143	30	523	696	564
Community	1,588	1837	686	18	1134	1838	-250
Corporate + E&F	2,494	1,084	805	0	279	1,084	1,410
Total	10,601	6,526	3,110	374	3,043	6,527	4,074

Division	Number of PIDs complete	Scheme >£10k (templates completed)	Pipeline PIDs	Total Templates/PIDs complete	23/24 PID Value £k	No. signed off: QIA
Medicine	1	0	11	12	862	3
Surgery	14	11	54	58	1,508	9
Women & Children	0	0	17	0	539	0
Clinical Support Services	8	0	23	31	696	1
Community	33	13	22	64	1,837	11
Corporate + E&F	13	8	0	21	1,080	25
Total	61	32	106	199	6,526	49

Since 30th August:

- Total value of identified schemes has increased by £3.1m (£3.4m)
- All divisions have reduced the unidentified gap assigned to them
- No of PIDs has increased by 32 (29)
- Value of schemes with a PID has increased by £3.1m (£3.4m)
- No of schemes with signed off QIA has increased by 38

Next Steps:

- Agree indicative values for any scheme with no current value attached
- Identify specific support required by divisions to progress schemes at pace
- Focus on high value schemes both in pipeline and those with slow progression
- Move at pace to identify and actualise corporate and trustwide schemes
- Continued engagement with Divisions to identify new schemes through NHSI checklists and progress PIDs

Action Required

It is requested that the Council of Governors review the above detail for assurance purposes.

Risk and assurance:	As outlined above and attached
Equality, Diversity and Inclusion:	N/A
Sustainability:	Financial sustainability
Legal and regulatory context	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

9. Feedback from assurance committees (enclosed)

To receive a report from the assurance committees – chair key issues and observer reports:

9.1 Insight Committee




9.2 Involvement Committee

9.3 Improvement Committee

To Note

WSFT Council of Governors meeting (Open)

Report title:	Feedback from Board assurance committees
Agenda item:	9
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Non-Executive Directors / Governor Observers at the 3is
Report prepared by:	Richard Jones, Trust Secretary Governor Observers at the 3is Chairs of the 3is Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive summary:	<p>Since January 2023 Governors have had the opportunity to observe NEDs in board assurance committee meetings. This allows them to witness NED contribution to the conduct of the meeting and the level of challenge they provide.</p> <p>A proposal was developed which supported Governors to observe Board and relevant assurance committees to provide greater oversight of board and NED activities. A guidance note for governor observers at board assurance committees was circulated to set out clear expectation of observer role for governors, chair, NEDs and Execs.</p> <p>The report highlights the summary of the agenda items discussed in the Board assurance committees, chairs' key issues and respective governor observers' reports to provide an update to the Council.</p> <p>Annex A of the report details the exception slide from the Trust's IQPR. This information helped focus of discussion within the assurance committees.</p> <p>Insight Committee 20 September 2023 (observed by Jayne Neal and Carol Bull)</p> <ul style="list-style-type: none"> • Report from sub-committees: Financial Accountability Committee (CIP Programme including progress against recurrent savings for 24/25 and Financial recovery plan) and Patient Access Governance Group (Including patient harm reviews and Feedback via PAGG/UEC re Peer Review visit) • IQPR – data for July 2023 		

- Corporate Risk Governance Group (Internal Audit Report)
- Committee Self-Assessment and Annual Report
- Issues to refer to Improvement and Involvement Committees

Insight Committee 18 October 2023 (observed by Florence Bevan and Jane Skinner)

- Report from sub-committees: Financial Accountability Committee
- Patient Access Governance Group
- Deep Dive – Outpatients
- IQPR – data for August 2023
- Information Strategy
- Board Assurance Framework
- Planning for an Insight Committee Workshop
- Issues to refer to Improvement and Involvement Committees

Detailed report on finance is under agenda # 8.

Improvement Committee 20 September 2023 (observed by Beccy Hopfensperger and Jane Skinner)

- Quality & patient safety insight: Quality & safety datasets, IQPR, areas requiring assurance review – PRM packs
- Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness
- Patient Safety priorities: Patient safety strategy progress, PS specialists report
- Quality (priorities, improvement and assurance) CQC update, Quality improvement programme and Ockenden update
- Risk management and governance

Improvement Committee 18 October 2023 (observed by Liz Steele)

- Quality & patient safety insight: Quality & safety datasets, IQPR, PRM packs and areas requiring assurance review - LD & Autism
- Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness
- Patient Safety priorities: Patient Safety Incident Response Plan PSIRP update and NatSSIPs-2 implementation update
- Quality (priorities, improvement and assurance) - Ockenden plan
- Risk management and governance

Involvement Committee 18 October 2023 (observed by Liz Steele and Clive Wilson)

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

First for patients:









- Healthwatch Suffolk presentation

First for Staff:

- Staff Psychology support

	<p>Governance:</p> <ul style="list-style-type: none"> • Involvement Committee Development Workshop - write-up and next steps • Revised terms of reference for review and approval • People and Culture Group update – September report <p>Other items for oversight and assurance:</p> <ul style="list-style-type: none"> • People and Culture Group update – September report • IQPR extract • Education and Training report (deferred to next meeting)
Action required/ recommendation:	The Council of Governors is asked to note the feedback from Board assurance committees.
Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

Annex A: IQPR – exception summary slide

August 2023		ASSURANCE		Not Met		
		Pass 	Hit and Miss 	Fail 		
Assurance Grid	VARIANCE	Special Cause Improvement 		Insight: RTT 104+ Weeks Wait Involvement: Staff Sickness Rolling 12months Staff Sickness	Insight: Incomplete 104 Day Waits RTT 78+ Weeks Wait Involvement: Mandatory Training Turnover	<div style="text-align: center;">   </div> <p>Indicators for escalation as the variation demonstrated shows we will not reliably hit the target. For these metrics, the system needs to be redesigned to reduce variation and create sustainable improvement.</p> <p>INSIGHT: Pledge 2 *% Compliance Ambulance Handover within 30min Ambulance Handover within 60min 28 Days Faster Diagnosis IMPROVEMENT: MRSA C-Diff Hand Hygiene Sepsis Screening for Emergency Patients VTE– All Patients Mixed Sex Breaches Community Pressure Ulcers Acute Pressure Ulcers Inpatient Falls Total Acute Falls per 1000 Beds INVOLEMENT: Overdue Responses</p> <p>INSIGHT: Glemsford GP Practice– the following KPIs are applicable to the practice:</p> <ul style="list-style-type: none"> Urgent appointments within 48 hours Routine appointments within 2 weeks Increase the % of patients with hypertension treated to NICE guidelines to 77% by March 2024 Increase the % of patients aged 28-4 years old with a CVD risk score of >20% on lipid lowering therapies to 60% <p>Currently this data is not available to the Trust, however the Information Team are working to resolve this.</p> <p>*Cancer data is 1 month behind</p>
	Common Cause 	Insight: Urgent 2 Hour Response	Please see box to right	Insight: Ambulance Handover within 15min 12 Hour Breaches Diagnostic Performance - % Within 6 Weeks Total Improvement: Nutrition – 24 Hours Involvement: Appraisal		
	Deteriorating	Special Cause Concern 		Insight: Reduced Adult General and Acute Bed Occupancy		

Items for escalation based on those indicators that are failing the target, or are worsening and therefore showing Special or Concerning Nature by area

INSIGHT - Urgent & Emergency Care: Ambulance Handover within 15min, 12 Hour Breaches, Reduce Adult General & Acute Bed Occupancy

Cancer: Incomplete 104 Days Wait

Elective: Diagnostic Performance % Within 6 Weeks Total, RTT 78+ Weeks Waits

IMPROVEMENT - Safe: Nutrition – 24 Hours

INVOLVEMENT - Well-Led: Mandatory Training, Turnover

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement	Date of meeting: 18 October 2023
Chaired by: Louisa Pepper	Lead Executive Director: Sue Wilkinson

Age nda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. To Board
4.1a	Quality strategy development. <i>(Improvement committee action 84)</i>	4	Improvement committee action 84. Initial proposal received.	Further work required to scope this project with specific reference to how it can be co-produced with relevant stakeholders. Update on proposed timeframes to November meeting.	1
4.1b	Reporting key quality + safety information as part of Improvement assurance process <i>(Improvement committee action 101)</i>	2	Interim progress report received. Links to wider programme of performance reporting and quality control / quality assurance pathways	Further work required to progress this action to completion. Updates to be provided as part of PQASG regular reports in future months.	1
5.1	IQPR including divisional PRM packs. Received for information	1	IQPR and PRM reports demonstrate divisional level breakdown of key trust metrics as well as those specific to individual divisions. Provides a source of insight to highlight areas benefitting of extra scrutiny by Improvement.	Future subject specific update agreed: Maternity indicators (including domestic violence). Timeframe to coincide with external review of IUDs for BAME mothers (outcome to be included in report)	1
5.2	Presentation – ‘ Learning Disabilities & Autism’	2	This is one of the regular subject specific updates the Improvement committee receives using a locally designed quality assurance template		1
6.1	<u>Patient Quality & Safety (PQASG)</u>	2	Regular monthly report using the trust’s 1-4 (substantial – minimal) assurance level scale.	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework.	1

Age nda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. To Board
	Updates provided from September meeting: Infection Prevention, Falls, Pressure Ulcer, Trauma, Nutrition and Drugs & Therapeutics		Areas of <u>partial assurance</u> <ul style="list-style-type: none"> National Patient Safety alert regarding the use of bed rails Provision of low-rise beds Fluid balance audit compliance Attendance at Trauma committee No established role for trauma unit major injury coordinator National shortages of IV paracetamol 	No actions or escalations for Improvement (will all be overseen by PQASG).	
6.2	<u>Clinical Effectiveness (CEGG)</u> Updates provided from September meeting: Pathology Quality including accreditation, National and Local clinical audits and NICE National best practice (NBP) process report reviewed prior to submission to October SLT. (<i>Improvement committee action 105</i>)	3	Regular monthly report using the trust's 1-4 (substantial – minimal) assurance level scale. No areas of <u>partial assurance</u> in this month's report For info only - three new national best practice publications allocated using the 'simple' NBP framework	CEGG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework.	1
7.1	<u>Patient Safety Incident Response Plan (PSIRP) update</u> This is the Q3 update. Five suggested areas for improvement agreed with SNEE ICB Annual review of the ToR and effectiveness of the safety improvement group (SIG) has prompted a need to review its current structure and processes in line with the principles of PSIRF.	2	PSIRP updates presented quarterly: Q1 - Present new PSIRP for approval by Improvement on behalf of the board Q2 - ICB annual review of previous year's PSIRP Q3 - Planned improvements from annual review with progress to date Q4 - Statistics from this year's PSIRP (9 months in) and plan for developing next year's PSIRP	Implement proposed actions in main body of report over the 12 months following SNEE ICB review with a view to evaluating at the next annual review (summer 2024). Detail of SIG review to be provided to November Improvement meeting	1

Age nda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. To Board
7.2	<p><u>NatSSIPs-2 implementation update</u> ICB keen to adopt a SNEE-wide approach to NatSSIPs. Initial scene setting meeting in May23 attended by multidisciplinary team from WSFT + colleagues from ESNEFT, ICB safety lead, ICB patient safety partner and a national NatSSIPs lead. Follow up meeting held in Oct23 with WSFT asked to propose project membership</p>	3	<p>NatSSIPs2 was developed by the centre for perioperative care (CPOC) at the request of NHS Improvement following the publication of the 2021 HSIB report https://www.hssib.org.uk/patient-safety-investigations/never-events-analysis-of-hsibs-national-investigations/ . Previously reported to Improvement, Digital Board, SLT and Clinical directors meeting. Also highlighted to the Change team requesting project support.</p>	<p>Next steps</p> <ul style="list-style-type: none"> • Agree WSFT membership of SNEE-wide project team (Nov23) • Escalate to Board specifically: <ul style="list-style-type: none"> ○ Organisation standards ○ Clinical staff time commitment (mainly but not exclusively medical staff) ○ Implication for all clinical divisions / departments (not just Surgical division) 	3
9.1	<p><u>BAF 1 (quality & safety)</u> Received for information. <i>“If we do not have a pro-active and positive culture of safety based on openness and honesty underpinned by robust systems for reporting, structured learning and improvement we will fail to keep our patients, service users and staff safe, learn lessons and embed good practice”</i></p>	2	<p>This risk is currently rated as RED and therefore requires a quarterly review as per the risk management framework timeframes. PQASG has oversight of the content of this risk and the actions contained within.</p>	<p>An initial review of content including an update of action plan to be undertaken by PQASG core membership in October Future quarterly updates will be included in PQASG reporting to Improvement. Next due Jan24.</p>	1

Acronyms: ToR (terms of reference), PRM (performance review meetings), SLT (Senior leadership team meeting), IQPR (Integrated quality & performance report), IUD (Intrauterine deaths, also referred to as stillbirths), BAME (Black and minority ethnic), NICE (National Institute for Health and Care Excellence), NatSSIPS (National safety standards for invasive procedures), BAF (Board assurance framework)

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement		Date of meeting: 20 th September 2023			
Chaired by: Louisa Pepper		Lead Executive Director: Sue Wilkinson			
Age nda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. To Board
4.1	Presentation – 'Safeguarding our ED patients with a mental health diagnosis'	2	This is one of the regular subject specific updates the Improvement committee receives using a locally designed quality assurance template	The MH transformation group continue to progress a programme of work which is reported via the PQASG to Improvement	1
5.1ii	<u>PRM packs</u> A summary of the key Q&S indicators and narrative contained within the divisional reports	2	IQPR already received, this additional report demonstrates the divisional level breakdown of the key IQPR metrics as well as those specific to individual divisions	Improvement to continue to receive a monthly highlight report with the option to receive a more detailed annual report from each division (possible future option)	1
6.1	<u>Patient Quality & Safety (PQASG)</u> Updates provided from August meeting: Mental Health Transformation Group, Adult Safeguarding group, Learning disability services, Duty of Candour and learning from incidents	2	Regular monthly report using the trust's 1-4 (substantial – minimal) assurance level scale. <u>Areas of partial assurance</u> <ul style="list-style-type: none"> • Recording of least restrictive practice (now in place in Datix) • Mental Health awareness training • IA report on MCAs and DOLs • LD & A Oliver McGowen training 	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework.	1
6.2	<u>Clinical Effectiveness (CEGG)</u> Updates provided from July + August meetings: Guidelines editorial group, QI, CQUIN, Radiology including accreditation, Public health programme, Cervical Screening Annual Report.	4	Regular monthly report using the trust's 1-4 (substantial – minimal) assurance level scale. <u>Areas of partial assurance</u> <ul style="list-style-type: none"> • Public health report (concerns around tobacco dependency products). 	Where significant concerns have been raised (e.g. tobacco) a risk register entry has been completed. CEGG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework.	1

	New national best practice publications allocated using the NBP framework		<ul style="list-style-type: none"> Guideline editorial group (admin support now in place but an expected time-lag to clear the backlog of guidelines) 		
7.1	<u>Patient safety strategy progress</u> and <u>Patient safety specialists report</u> Updates on all key projects provided. Also highlighted: Development of SIG – assess progress and review. Collaboration with change hub to support areas for safety improvement	2	Considerable overlap of requirements of our strategy and the key projects NHSE have assigned to the patient safety specialist role. To that end they should be considered as one list. The quarterly report to Improvement provides an update on those projects.	Go back out to advert to recruit patient safety partners. Re-establish project group to oversee the implementation of the ‘Simple steps to keep you safe’ initiative. Work ongoing to make the safety improvement process more effective	1
8.1	<u>CQC update</u> New Single assessment framework will come into place from Nov23	3	The basic principles of the SAF are based on the same concepts of quality that the NHS aspires to and so everything in the SAF should already be a focus of our organisation.	Executive-led review of the updated Well-led domain and structures in place in WSFT to support. Safe, Effective, Caring and Responsive to follow.	2. Of relevance to Insight, Involvement and SLT
8.2	<u>Quality improvement programme</u> Quarter 1 update provided including team resources, training uptake, projects registered and the QI teams’ interrelationship with the Change hub	2	NHS IMPACT, Trust Priorities and the ICB Improving Quality Strategy serve to guide the future development of continual improvement	The QI team continue to progress a programme of work which is reported via the CEGG to Improvement	1
8.3	<u>Ockenden update</u> Building on the work already undertaken executive leads have been identified for the relevant areas of the Ockenden report in order to review and approve the self-assessment, assurance and improvement actions	2	A clear process to manage the Trust’s self-assessment and improvement actions for the Ockenden report will mitigate risks of exposing our patients and organisation to the same vulnerabilities as were manifest in the findings of the Ockenden report.	Updates will be reported in October and subsequent months following executive-led review and challenge.	2. Shared with Involvement
9.1	<u>Annual review of effectiveness</u> Minor amendments made to ToR to clarify remit	2	Good practice states that the Board should develop a clear rationale for its committee(s) and regularly revisit their effectiveness and fitness for purpose.	Away ½ day session (following positive feedback from Involvement committee session)	1

9.2	<u>Internal audit reports</u> A new process will ensure oversight of IA recommendations is managed as part of the specialist committee reporting framework upwards to 3i, rather than as a standalone.	2	The work of internal audit provides an important source of assurance on the effectiveness of the control environment regarding key systems and processes.	Medicines management report (11.22/23) will be reviewed by D&T committee with progress reported to PQASG in their next quarterly update.	1
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Acronyms: ToR (terms of reference), IA (internal audit), D&T (drugs & therapeutics), PRM (performance review meetings), ED (emergency department), MH (mental health), SAF (single assessment framework), QI (quality improvement), SLT (Senior leadership team meeting), LD&A (Learning Disabilities and Autism)

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement

Meeting date: 18th October 2023

Governor observer (observed by): Liz Steele

Agenda: scope and coverage

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

- I was asked to be the observer for this meeting at the beginning so I was looking out for the Trust Values in particular.
- Terminology used was questioned. This was made with the Quality Control issue that, it should be at point of delivery, putting the patient first.

Meeting conduct

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

- *The meeting was challenging for the chair as the screen was not operating and so the presentation was made via email/convene as the meeting was starting. The chair could not see those attendees on Teams so could not see hands up etc. The chair managed very well considering these challenges.*

Assurance

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

- *Emphasis was made about being proactive when working with patients rather than reactive.*
- *Papers being added immediately before the meeting is not good as it does not give time for the NEDs to prepare.*

Governor observer Notes

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

- *The meeting held challenges for the chair which had to be overcome by messaging on a phone.*
- *The challenge made by attendees was very appropriate and certainly sought assurance or change to make sure assurance could be made.*
- *The Trust Values were upheld in this meeting with patients needs highlighted on several occasions.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement

Meeting date: 20 September 2023

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

Any issues to highlight in terms of the range of topics considered in the meeting and information received at the meeting

The agenda items were in line with providing assurance to the Board on delivery and improvements in relation to quality, patient safety and change management.

Meeting conduct

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

This meeting was held on Teams as the usual venue, Northgate room, was needed as a control room during strike action by medical staff. Unfortunately Convene was not working very well for some attendees, including the Chair. Teams versus face to face for these meetings was a reminder of how much better in person meetings are for discussion and communication in general.

There was a thorough and unrushed approach to chairing throughout and impressively the meeting finished on time and included a brief reflection.

I felt everyone was included and given time to speak.

The behaviour of all participants was professional and polite.

Comments during reflection concluded that participants were respectful, “we” words and positive words were used, and people listened to views of others.

Assurance(s)

Use this section to highlight any challenges or issues you would like to bring to the CoGs attention and/or have further clarity on

Assurance was gained by some in depth discussion and polite but appropriate and astute challenges and requests for clarification of information provided.

Assurance was also gained from the quality of the reports, the thoroughness of their presentation and the knowledge of the staff presenting. For example, the presentation on the integrated improvement plan and assurance report for patients in ED with a mental health need was informative and the list of improvements implemented so far gave assurance. Good peer review reported with 3 suggestions for further improvement. I found that this was a relevant report considering the recent change in police procedure in attending mental health call outs.

The summary hospital level mortality data indicator (SMHI) for December was higher than expected, for investigation, mortality data to be presented on IQPR in future.

Lack of uploading and updating of guidelines previously noted at this meeting, now resolved, with a back log of 20 -30 documents which will take 10 -15 weeks to clear.

For governor follow up:

Rise in incidents resulting in major or catastrophic harm reported – not discussed at meeting.

The efficiency of writing discharge letters for all patients, especially those who have been in hospital a long while with complex needs, still needs improving. Quoted as being like completing a tax return on e-care only worse. Results in GPs not having information on medicine changes for example.

Governor observer Notes

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

The Involvement Committee development day was said to be a success and consideration is being given to having one for this committee.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			Date of meeting: 20 September 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Outpatients deep dive	The Committee had a presentation on Outpatients transformation work programme. Improved outpatient performance is key to elective recovery trajectories.	2 Reasonable	The work programme includes activity at all stages of a patient's journey from pre-referral to follow up and reporting outcomes. It encompasses technological enhancements and changes to culture and practice with a move to a system of Patient Initiated Follow up.	There is a detailed work plan for the programme. Outcome indicators to be developed to measure success – desired outcomes would be a better experience for patients, and more efficient and cost effective services which also provide a better working environment for staff.	3 Escalate positive progress to Board




Originating Committee: Insight Committee			Date of meeting: 20 September 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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Patient Access Governance Group /IQR data	Elective Recovery WSFT remains in Tier 2 for elective performance. the specialities most at risk in terms of achieving 65 weeks remain Urogynae and Dermatology	3.Partial	The wait time for a first routine appointment in dermatology is 52+ weeks. Theatre staffing and bed constraints due to an increase in emergency demand have contributed to an increase in cancellations and this could impact on delivery of the 65 weeks trajectory if it continues. Not achieving activity level targets may impact future achievement of the Elective Recovery Fund activity thresholds.	There is a focus on clearing first outpatient waits by the end of October 2023, in line with NHSE ambitions. A paper being prepared for Executives on insourcing for Dermatology.	3 Escalate to Board
	Cancer standards These are currently out of line with trajectories for both 62-day backlog and the Faster Diagnosis Standard (FDS),.	3 Partial	Breast FDS performance significantly reduced due to unforeseen absences within the radiologist workforce. As breast is a high-volume pathway any change in performance here will have a noticeable impact on overall FDS compliance. The	A revised trajectory for breast has been produced based on additional sessions in September and October to reset waiting times for breast one-stop clinics to below 28 days. Longer term plans are in discussion for doubling up clinics when possible.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20 September 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
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			<p>service is not resilient to changes in demand.</p> <p>The 62-day backlog is highest for skin cancers. Many of which have been treated but are awaiting post-operative histopathology to close the pathway record.</p> <p>A number of non-cancers in all tumour sites are awaiting formal clinical decisions to close pathways and record FDS end dates.</p>	<p>Implementation of head and neck one stop clinic to commence 6th October.</p> <p>Implementation of new gynaecology pathway to commence 9th October.</p> <p>Nurse led prostate biopsy project to recommence in September.</p>	
	<p>Diagnostic performance</p> <p>Performance is in line with trajectories, with a continued the continued risk around MRI performance.</p> <p>Ultrasound is beginning to show some concern within some sub-specialities where there has been an impact due to industrial action.</p>	3 Partial	<p>MRI is running at full capacity across the seven days but current capacity insufficient.</p>	<p>MRI mutual aid options within the ICB being explored.</p> <p>Plan to up skill Sonographers from the main department to be trained in Musculoskeletal procedures which will help with capacity, reducing waiting times and agency spend.</p>	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20 September 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
	Urgent and Emergency Care. Performance is still above trajectory but there is concern that the service is very fragile 12-hour length of stay is over the 2% threshold, mostly due to bed delays.	3 Partial	There has been a sustained reduction in numbers of patients not meeting the Criteria to Reside in the acute hospital, which will have a positive impact on patient flow. Bed occupancy will need to reduce towards or below 92% to ensure patient flow is effective and patients are not left waiting for admission.	UEC recovery plan continues to be developed . The Focus on Flow programme has been revised in order to focus on actions that will demonstrably increase flow and reduce bed occupancy.	3 Escalate to Board
Finance - Month 6	Finance – Month 6 The reported I&E for September is an adverse variance of £0.9m to budget	3 Partial	The September actuals (£0.6m deficit) reported an improvement against the M1-5 trend (£1.1m deficit per month) The YTD position reports an adverse variance of £4.2m which is largely due to: Underachieved CIP £2.8m Unfunded industrial action £0.9m	Although the position is in line with the recovery plan trajectory this represents a challenge for 24/25. CIP performance will continue to be a focus as will the planning process for 24/25.	3 Escalate to Board

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			Date of meeting: 20 September 2023		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Craig Black		
Agenda item	WHAT? <i>Summary of issue, including evaluation of the validity the data*</i>	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? <i>Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk</i>	WHAT NEXT? <i>Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)</i>	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Finance Accountability Committee	<p>Financial Recovery Plan and CIP programme</p> <p>The Committee reviewed progress made to date with the Financial Recovery Plan which had been submitted to the SNEE ICB Finance Committee.</p> <p>We also took a deep dive into the supporting CIP programme. The CIP programme is scheduled to deliver £5.02m by year end. This will be achieved by a mix of trust wide and departmental initiatives.</p>	2 Reasonable assurance on process	For 23/23 £2.3m had been delivered or was currently in delivery and a further £1.8m had been through the QIA process with other projects in the pipeline. The programme was heavily back loaded for delivery in the second half of the year and at the time of the meeting a further £425k was still to be identified.	A Financial Recovery Group working group chaired by the CEO will oversee the plan and its delivery. There are subgroups driving different elements of the programme.	3 Escalate to Board
		3 Partial assurance on delivery of the full 23/24 programme	We had reasonable assurance that there are processes in place to manage the programme. The programme is heavily back loaded for delivery in the second half of the year and at the time of the meeting a further £425k was still to be identified so we did not have full assurance that the programme would be fully	Regular meetings are being held with ICB colleagues who will be scrutinising progress. The ICB are doing detailed work with the Finance Team to understand the underlying assumptions in the Recovery Plan and any risks to delivery.	

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			delivered. The potential risks to delivery include further industrial action and winter pressures over and above those the Trust is currently predicting.		
		4 Minimal assurance about delivery of underlying deficit for 24/25	A lot of effort is going into tackling the current year's programme but there needs to be more rapid progress in identifying how bigger savings will be achieved to move the Trust onto a sustainable footing.	The planning for 24/45 is being brought forward and will be managed through the processes outlined above. The Board will need more detailed discussion on the options and choices for tackling the long-term issues	

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Patient Access Governance Group /IQPR data	Elective Recovery – at the end of July there were 59 patients over 78 weeks and 1 patient over 104 weeks. WSFT remains in Tier 2 for elective performance. The specialities most at risk in terms of achieving 65 weeks remain Uro-gynae and Dermatology.	3 Partial	<p>NHS England wrote to all Trusts on 04 August 2023, setting out a focus on outpatients with the aim of protecting and expanding elective capacity. As part of this, all Trusts have been asked to undertake a self-certification exercise against three domains: waiting list validation, first appointments and follow-ups.</p> <p>The WSFT self-assessment showed some elements were fully assured but the majority were partially assured with mitigations</p>	<p>The self-certification was approved by the Committee for submission.</p> <p>Outpatient transformation programme will be reported to PAGG going forward.</p> <p>There is a renewed focus on improving productivity. The Trust participating in an ICB-wide outpatient transformation including a video consultation project, patient initiated follow up and Getting It Right First Time.</p>	Escalate to Board for information

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	Faster Diagnosis standard The 28-day faster diagnosis standard hit trajectory at 70% for June but dropped to 66.5% in July. The FDS performance will drop again in August, owing to the long waits in Breast service, currently at 5 weeks. It has been challenging for the breast service to meet the two week wait standard for first appointment with performance at only 8.4%.	3 Partial	The performance in the Breast service will impact on WSFT's overall performance and there is a risk The Trust will not stay on trajectory to meet the standard.	Breast clinic appointments are one stop with diagnostics are provided at the same time. The service is running "Super Saturday" clinics in September to focus on meeting the 28 day faster diagnosis standard. A deep dive has been requested to be presented at the SNEE ICB Cancer Committee on 19 September 2023.	3 Escalate to Board
	Glemsford Surgery it is still not possible to report against the 2-week access to a GP standard	4 minimal due to lack of data	This was due to be resolved in July but has been delayed so the trust is not able to report	This has been escalated through the Community Performance Review Meeting.	2. Escalation to Execs for review in Community PRM

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			against this indicator or assess underlying performance		
	<p>Community Services 18 weeks referral to treatment Paediatric Speech and Language Therapy (SLT) and Wheelchair services are not compliant with 18 week referral to treatment.</p> <p>Wheelchair services - there is max wait of 32 weeks. This is not representative of the wider case load. Longer wait often attributed to specialist component parts/accessories needing to be produced from worldwide companies. Referrals received this month have reduced back to</p>	3 Partial	.Recovery plan in place but service resilience is fragile due to speciality and vulnerable patient group. It is currently difficult to determine when service will be on track for performance above national baseline of 84.8%.	Recovery plan to be delivered. Additional clinic space being sought. Work underway to progress short term gains: QI Team working with team on task groups to support service improvements. Performance trajectory to be developed so progress can be measured.	3 Escalate to Board

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	<p>baseline levels, after 2 months of a 60%+ increase</p> <p>Paediatric Speech and Language Therapy There are 50 children waiting over 18 weeks with the longest wait currently 33 weeks. The average waiting time for initial assessment and implementation of strategies to manage language problems is 9 weeks.</p>		<p>There are capacity pressures within the team. Inconsistent implementation of early screening and intervention in early years/education settings is resulting in increased level of need.</p>	<p>A demand and capacity review is underway and this is due to report in October.</p>	
	<p>Urgent and Emergency Care. Despite a strong start in May and June against the 4-hour standard maintaining performance has been challenging throughout July and into August, though is still above trajectory.</p>	2. Reasonable		<p>UEC recovery plan continues to be developed – see Peer Review item below.</p>	<p>1. No Escalation</p>

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	<p>12-hour length of stay is over the 2% threshold, mostly due to bed delays.</p> <p>Ambulance handovers within 30 minutes remain better than trajectory. Significant improvement in ambulance handovers under 15 minutes, although not yet meeting the 65% target.</p>				
UEC Peer review	<p>The UEC service was visited by a peer review team. The committee noted that the team identified some good practice in WSFT as well as suggestions for improvements. It was recognised by the peer review that several of the areas of focus had already</p>	1. Substantial assurance	<p>The peer review process is as an integral part of the UEC recovery plan to help make improvements in performance.</p> <p>It was good to have WSFT's approach validated by the team with some helpful suggestions to take forward.</p>	<p>Additional areas of focus identified by the review will be included in phase 2 of the UEC recovery plan.</p> <p>Further review from the peer team is planned for 12 weeks to examine progress on feedback The progress of the recovery</p>	<p>3 Escalate to Board to show the assurance received</p>

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	been included in the internal UEC recovery plan.			plan is monitored via PAGG and UEC governance meeting	
Corporate risk governance Group	Learning from Patient Safety Events (LFPSE) There is a national requirement for all organisations to transition to LFPSE by the end of September 2023. It has become clear that the Trust will not be able to meet the requirements with the current system (Datix) and has made a decision to replace Datix with a fully LFPSE compliant system. Radar Healthcare has been chosen and the contract is being prepared to sign in September.	2 Reasonable assurance	In common with many other Trusts WSFT will not be compliant until we implement the new system in early 2024. NHSE has been notified of our position and this has been noted. They have subsequently advised that Trusts will not be subject to regulatory action if they do not have access to a functioning software by the Sept deadline. This will be a major ICT implementation projects for the Trust with a number of staff needing training on the new system.	There is an implementation plan in place with the aim of going live with a shadow system in January to mitigate risks. The supplier is supporting the required training plan and arranging a site visit to Milton Keynes so WSFT can learn from the implementation there.	3 Escalate to Board for information

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight

Meeting date: 18 October 2023

Governor observer (observed by): Jane Skinner

Agenda: scope and coverage

Any issues to highlight in terms of the range of topics considered in the meeting and information received at the meeting

Reports were not yet all written using the What? So What? What next? format.

Meeting conduct

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

There was a thorough and unrushed approach to chairing throughout and impressively the meeting finished on time and included a brief general reflection.

I felt everyone was included and given time to speak.

The behaviour of all participants was professional and polite.

Assurance(s)

Use this section to highlight any challenges or issues you would like to bring to the CoGs attention

Assurance was gained by some in depth discussion and polite but appropriate challenges and requests for clarification of information provided.

Assurance was also gained from the quality of the reports, the thoroughness of their presentation and the knowledge of the staff presenting.

Governor observer Notes

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

There was a thorough discussion re the financial position. The current CIP positions for Trust Divisions were outlined in a report, I wondered how these savings were made and how services to patients were affected and whether CIPs are risk assessed?

Outpatient Transformation plan was presented. Could this be presented to Governors?

The data strategy, when completed, as currently in draft form, would also be useful for Governors to hear.

There was mention in the outpatient transformation report that patients' views were sought from the Patient Engagement Group. I do think that as representatives of the public that the views of Governors could be utilised more.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 20 September 2023
Governor observer: Jayne Neal

Agenda: scope and coverage

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

The agenda and associated reports were available on Convene ahead of meeting, therefore, allowing preparation for in-depth discussion around the table on the day.

A significant part of the meeting was given over to finance matters; specifically the CIP programme and the financial recovery plan. Thorough explanations of the narrative behind a simple bar chart were given which highlighted the almost unique situation the Trust is in. The October report should highlight how the plans are working. It was stressed there are significant, National issues which it cannot control but there will be constant monitoring and updates.

Meeting conduct

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

This meeting was conducted on MS Teams due to the industrial action.

The meeting began on time.

The tone of the meeting was polite and respectful. Serious and difficult issues were discussed but respect, transparency and honesty came through strongly from all participants.

The meeting was very well chaired by Antoinette Jackson who gave everyone an opportunity to contribute. She asked colleagues for their reflections on the meeting with positive responses.

At the conclusion of the meeting Antoinette succinctly summarised ideas for a forward plan for the committee.

Assurance

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

NEDs asked searching questions around the finance situation concerning risks associated with the deficit and recovery plan. Assumptions about how the recovery would be delivered led to only minimal assurance that the plans will succeed and that more strategic policy discussions are needed.

Discussions around the governance and risks concerning the replacement IT system for Datix centred on the overlapping 3 month time period when the two systems will run in parallel, therefore giving assurance that the new system will be fully live from 1 April 2024.

Governor observer Notes

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

There was a good news story. The work of the Urgent and Emergency Care team had been very successfully peer reviewed. Other organisations are now contacting West Suffolk for help and learning.

Antionette summed up the key points at the end of each agenda item before moving on and she was clear that the Board must be kept abreast of the progress with the financial situation.

Antoinette also suggested the Audit Committee Chair along with Chairs of each of the 3is committees should have regular meetings to ensure work areas are not overlooked.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Involvement Committee			Date of meeting: 18th October 2023		
Chaired by: Tracy Dowling- Non executive Director			Lead Executive Director: Jeremy Over and Sue Wilkinson		
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1	Attendance / apologies: scope for improvement	3. Partial	Remind all members of importance of prioritising attendance	Review over next 6 months	1. No escalation
6.	Presentation from Chair and Director of Communications at Healthwatch Suffolk with a detailed discussion about how we develop our strategic partnership with them.	2. Reasonable	It was evident that Healthwatch Suffolk are a vital independent partner and they are able to represent the opinion and experience of patients and public in West Suffolk. We wish to develop this partnership to add depth to our understanding of patient experience of our services; and use this alongside our internal intelligence to support learning and improvement for patients and staff	Cassia Nice – Head of Patient Experience and Engagement agreed to lead work to develop the partnership and its value, specifically: 1. how we streamline our interactions with Healthwatch; 2. how we promote people using Healthwatch as an independent place to give feedback; 3. how we consider inequity in healthcare access, experience and outcomes with Healthwatch. To come back to Involvement Committee in 6 months time	1. No escalation

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7.	<p>Staff Psychology Support</p> <p>Service update received from Dr Emily Baker including what the service provides, how the service has developed, and future areas for development of the service to increase the value of the service to the Trust.</p>	2. Reasonable	<p>It was clear from the presentation that the demand for the service is high, and the service is increasingly able to demonstrate its value in quantifiable terms.</p> <p>The future developments, such as taking a trauma informed approach to critical incident debriefs – shows how this service is becoming more proactive.</p> <p>The Committee also supported the work of the service to make it more accessible to staff groups who are currently low level users (e.g male staff).</p>	<p>The Committee supported the approach of the service to maintain the boundaries of the support and treatment it provides; and where it needs to refer people to more appropriate services.</p> <p>The Committee supported the areas of service development.</p> <p>The Committee did consider the need to be able to quantify the value and justification for continuing the level of investment in this service at a time of financial deficit. However there was agreement that this service is making a significant difference to staff and therefore to service delivery and quality of care, but this needs to be clearly evidenced.</p>	1. No escalation

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8.	Involvement Committee Development Workshop The write up of the workshop was agreed; with a couple of additions	2. Reasonable	The next steps in the development include: <ul style="list-style-type: none"> Review Terms of Reference 'Frame' our meetings with an introductory slide of values and behaviours Change our use of time to have half the meeting devoted to strategic issues that are impacted by the experience of staff, patients and partners; with half our time for assurance Empower and support those undertaking work on behalf of the Committee; including those who attend the Committee to present work Identify areas of the organisation who need most support in their development 	Review terms of reference before the next meeting in December Undertake the agreed next steps Review progress in 6 months	1. No escalation

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9.	Board Assurance Framework Detail of risks reviewed	3. Partial	Consideration needs to be given to whether there are BAF level strategic risks in relation to patient experience	Board members agreed to consider this at the Board Development session on risk and the BAF in the calendar for 2 nd November	3. Escalation to Board Development
9.	IQPR extract	2. Reasonable	Agreement that patient experience metrics in the IQPR are not comprehensive as only cover complaints	Further work on patient experience data and evidence; including but not restricted to complaints; for inclusion in IQPR	1. No escalation

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement – Development Session

Meeting date: 19 September 2023

Governor observer (observed by): Clive A Wilson

Agenda: scope and coverage

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

- This was a Development Session aimed at increasing the effectiveness of the committee
- An Agenda and meeting papers were sent in advance, including the Trust 5-year Plan, the committee's ToR, the committee's annual effectiveness review, an element of the Board development work relating to assurance
- There were some apologies but there were two NED's and a range of Exec's present
- The main points of focus were :- the purpose of the committee; the application of the Trust values within it; improving the effectiveness in the three areas of patients, staff and partners.

Meeting conduct

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

- The meeting was conducted in a professional and orderly manner. The Chair gave a good introduction of the purpose of the meeting.
- The topics were facilitated by Carol Steed and were covered in a combination of whole group discussion and smaller break-out groups reporting back.
- All present participated and were heard and the discussions were open and respectful.
- There was reflection at the end on the meeting and as a result changes will be made to the preparation, structure and conduct of future meetings.

Assurance

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

- Whilst there were no specific topics for assurance in the meeting, the fact that the committee were convening to consider and improve its effectiveness in delivering its remit does in itself provide some general assurance of the dynamic nature of the process.

Governor observer Notes

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

- The fact of the meeting itself was good practice as it allowed more in-depth reflection on effectiveness, rather the functionality of the usual meetings, and delivered on its objectives.
- **NOTE : at the invitation of the Chair the governor present acted as a participant in the meeting, rather than a simple observer**

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement

Meeting date: 18 October 2023

Governor observer (observed by): Clive A Wilson

Agenda: scope and coverage

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

- The Agenda and meeting papers including Minutes of the previous meeting were sent in advance.
- Attendees, including the Governor observers were introduced
- There were 3 NEDS present and a number of Executives. However, a number of senior Executives had sent their apologies.
- There were a several topics covered with one being a partner organisation (Health Watch Suffolk) which was the third area of activity identified by the committee at its development workshop. All seemed important and within the remit of the committee.

Meeting conduct

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

- The meeting was conducted in a professional and orderly manner. The Chair gave a good introduction encouraging the meeting to demonstrate the Trust Values and focus on the aims of the committee
- The topics were discussed in considerable depth, with good challenge and reflection on the issues. Conclusions were drawn out at the end of each item.
- The review paper of the development workshop had identified a number of actions including the need for the committee to be an exemplar for living the Trust Values in the way it operated and dealt with issues. A number of ideas will be shared with other committees.
- There was reflection at the end on the meeting and its effectiveness and any improvements that could be made.

Assurance

Use this section to highlight any issues you would like to bring to the CoGs attention. Please note that the focus of this should be on processes

and effectiveness, rather than content of the meeting. The content is reported via the Chair's key issues report.

- There was active participation from the NEDs in attendance
- There was challenge and also the offering of different perspectives/priorities. This included some difficult questions raised in relation to staff support which were handled sensitively
- There was focus on ensuring that action would follow from discussion
- The presentation by Healthwatch Suffolk demonstrated a number of areas where there had been good partnership working by the Trust across the wider healthcare community.

Governor observer Notes

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

- The meeting was functionally well run and covered the topics in appropriate detail.
- There was reflection on issues that needed escalation, further work, and follow-up
- There was good focus on ACTION that would follow from analysis and discussion.
- As a key Board sub-committee, the absence of senior Executives was concerning (it only meets bi-monthly). Is this an issue across the other sub-committees?

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement

Meeting date: 18th October 2023

Governor observer (observed by): Liz Steele

Agenda: scope and coverage

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

- A good report on the Staff Psychology service. Points raised indicated that the service was used a lot. Stress was made on the point of only trained staff should deal with debriefing Critical incidents. The service should be short term.
- There was a delicate question asked by a NED concerning funding continuing and the challenges with the budget. This was handled very well indeed

Meeting conduct

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

- *The chair was excellent at keeping the comments relevant and on point.*
- *The meeting was expertly handled with 'last comment' prompts made at appropriate points to keep the meeting on track and on point.*

Assurance

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

- *Assurance was sought which brought patients to the fore which was appropriate for the trust values.*
- *Staff well being was paramount in the Psychology item.*
- *Appraisals of staff still not moving forward and has flat lined.*
- *Whereas mandatory training was improving.*

Governor observer Notes

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

- *The chairing of this meeting was excellent. The information concerning the away day was well produced and the feedback from members who attended very positive.*
- *It would be even better if those who are expected to attend do not always send their apologies. There appears to be a pattern of the same people sending apologies.*




10. Nomination Committee report
(enclosed)

To receive a report from the Nominations
Committee meeting on 19 October 2023

To Note

Presented by Jude Chin

WSFT Council of Governors meeting (Open)	
Report title:	Nominations Committee report
Agenda item:	10
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Richard Jones, Trust Secretary & Head of Governance Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Executive summary:	<p>The following summarises discussions that took place at the Nominations Committee meeting on 19 October 2023:</p> <ul style="list-style-type: none"> • Feedback on NEDs appraisal process - Feedback on NEDs appraisal process was discussed and the Committee agreed changes to the 360 appraisal form template. The Committee also agreed that along with emergent themes and conclusions of the 360 feedback, there should be a mechanism within the appraisals which supports the appraisers and appraisees to review progress against the prior year's objectives • NHS England Fit and Proper Person Test (FPPT) framework - FPPT annual self-attestation will also be adopted as part of the annual appraisal process. <p>The Committee further noted that in accordance with the NHSE Code of Governance (2022) for NHS provider trusts, the governors on the council of governors for foundation trusts should meet the 'fit and proper' persons test. In compliance to this requirement, the Trust will implement FPPT for Council of Governors and the council of governors' standards committee will oversee the process for implementation.</p> <ul style="list-style-type: none"> • NED terms of office - The terms of office for the NEDs were reviewed and noted • The Committee noted the confidential information that there was an opportunity for non-executive director Tracy Dowling (TD) to take-up interim Chief Executive role (accounting officer) at Mid and South Essex ICB for six months. The recommendation of the Committee to allow non-executive director TD to take this interim position was approved by the Council of Governors on 26 October 2023
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	<ul style="list-style-type: none"> • NED remuneration - a recommendation to be considered by the Council in closed session.
Action required / Recommendation:	The Council of Governors is asked to note the report from the Nominations Committee.

Previously considered by:	Council of Governors Nominations Committee
Risk and assurance:	NA
Equality, diversity and inclusion:	NA
Sustainability:	NA
Legal and regulatory context:	WSFT Constitution Code of governance, NHS England

11. Engagement Committee report
(enclosed)

To receive a report from the Engagement
Committee meeting on 10 Oct 2023




To Note

Presented by Ben Lord

WSFT Council of Governors meeting (Open)

Report title:	Engagement Committee Report
Agenda item:	11
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Ben Lord, Deputy Lead Governor (Chair of Engagement Committee)
Report prepared by:	Ben Lord, Deputy Lead Governor Pooja Sharma, Deputy Trust Secretary

Purpose of the report: To provide an update on discussions that took place at the Engagement Committee meeting held on 10 October 2023.

For approval <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Executive summary:	<p>This report provides a summary of discussions that took place at the Engagement Committee meeting held on 10 October 2023.</p> <p>Summary/Highlights</p> <p>The Committee focussed on the following key areas:</p> <ul style="list-style-type: none"> The Committee noted an update on patient engagement and first face to face meeting of the VOICE network that took place on 19 September 2023. With the new structure of VOICE, there is an opportunity for the network to share feedback from their members and advise on projects which the Patient Experience and Engagement Team as well as teams across the Trust, are working on. This is also a future opportunity for governors to engage with VOICE to obtain feedback directly from existing community groups and support networks. Governors were offered to submit any specific topics or engagement pieces to the network. The Committee indicated that there should be a Governor representation on VOICE. An overview of the engagement activity was presented related to the Future System Programme and the activity which was live. The Committee considered the opportunity for Governors' involvement and received an assurance around the work being undertaken and provided an insight into the findings so far The Committee received an update on the works of MyWish Charity and how the Charity operates. Discussion took place on how governor participation can be increased to make contributions in some of the collaborative work
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	<ul style="list-style-type: none"> • The Committee noted a draft overview of content and timeline for the winter edition of the members' newsletter. Jane Skinner and Sarah Judge were identified as readers for the draft newsletter • The Committee was invited to share their preference of the potential topics for future 'Medicine for Members'. The next medicine for members talk is scheduled to take place in late spring/early summer 2024 and late 2024 • The Committee received a report on Governor activities from May-Sept 2023 and discussed the emerging themes from the feedback received from the observers. The activities identified a significant number of positives across these areas including our staff, environments and the focus on patients and care. Discussion took place on how the Council can receive assurance that results/actions are analysed at regular intervals, ensuring area owners have been made aware of any issues, themes and trends that are identified throughout the visits. <p>Due to the extent of external presentations to the Committee, there was insufficient time to cover some items on the agenda which were deferred to the next meeting.</p>
Action required/ recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • note the report from the meeting held on 10 October 2023
Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

12. Standards Committee report - no meeting

For Approval

Presented by Jude Chin




13. Lead Governor Report (enclosed)

To receive a report from the Lead
Governor

To Note

Presented by Jane Skinner

WSFT Council of Governors meeting (Open)

Report title:	Lead Governor report		
Agenda item:	13		
Date of the meeting:	7 November 2023		
Sponsor/executive lead:	Jane Skinner, Lead Governor		
Report prepared by:	Jane Skinner, Lead Governor		
Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Executive summary:	<p>Since our last Council of Governors meeting the Trust has again been extremely busy. The continued industrial action, taken by some junior doctors and consultants, impacts adversely on elective procedures, appointments, and finance. I am sure Governors join me in acknowledging the challenges Trust staff, at all levels, experience and thank them for their hard work.</p> <p>Governors have been involved in attending public and staff engagement sessions to generate interest in becoming a Trust Governor. Many of us attended the Annual Members Meeting in September which presented another opportunity to highlight our role. Nominations for Public and Staff Governor positions have now closed and will be going out to the membership for votes, the results being announced on 21st November.</p> <p>Some current Governors are standing again, others are standing down, for various reasons, including completion of the maximum three terms of office. Good luck to all our Governors in their nominations or their future plans. A special thanks to Liz Steele who served an extended term as Lead Governor through the pandemic and has also completed nine years as a Governor.</p> <p>Governors continue to observe the Board 3i Assurance Committee meetings and their reflections are within this meeting's papers. We were delighted to receive invitations to participate in two 3i committee workshops, so far. The transparency and honesty of these meetings help us to appreciate what Trust staff at this level do, what concerns them and how NEDs chair meetings and provide challenge.</p> <p>Additionally, Governors and NEDs participate in the "15 Steps" visits to clinical departments where there is opportunity to observe practice and speak to staff. Feedback is given to the Deputy Chief Nurse and relevant area staff. A thematic</p>
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	<p>report is presented to the Engagement Committee. Action is being taken to provide assurance that results/actions are analysed at regular intervals, ensuring area owners have been made aware of any issues, themes and trends that are identified throughout the visits.</p> <p>Tracy Dowling, one of our NEDs, is leaving us for six months to take up the interim Chief Executive role at Mid and South Essex ICB. Although Tracy will be missed by us all this is going to be an exciting opportunity for her and we wish her well.</p>
Action required/ recommendation:	The Council of Governors is asked to note the report.

Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

14. Staff Governor Report (enclosed)




To receive a report from the Staff

Governor meeting held on 3 October 2023

To Note

WSFT Council of Governors meeting (OPEN)

Report title:	Staff Governors Group Report
Agenda item:	14
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Staff Governors
Report prepared by:	Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>




Executive summary:	<p>This report summarises the issues raised and discussed staff governor meeting on 3 October 2023.</p> <p>The meeting was attended by the staff governors Sarah Judge, Amanda Keighley, Louisa Honeybun, Martin Wood, Jeremy Over (executive director of workforce & communications) & Richard Jones (Trust secretary).</p> <p><u>Governor elections:</u> A handover between exiting and new staff governors was agreed as helpful and it was suggested that current staff governors be invited to attend the first meeting following the election results. An update was received on the current election nominations for information and staff governors confirmed that they have spoken to colleagues recently to support further nominations.</p> <p><u>Industrial action:</u> It was recognised that staff are feeling fatigued by the continued industrial action and its impact in terms of preparation and service delivery.</p> <p><u>OH referrals:</u> A question was raised regarding OH referrals for staff by managers, in relation to the process. It appears that requests are being sent by managers but require consent from staff members who may not be accessing their email.</p>
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	<i>Trust finances:</i> The impact for staff in relation to the Trust's financial position was recognised. The drivers behind this were recognised including funding of the pay award and industrial action. It was also recognised that temporary staff costs are being reviewed. The importance of good financial information was emphasised.
Action required/ recommendation:	The Council of Governors is asked to note the report.
Previously considered by:	N/A
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	N/A

15. Governor induction including work programme and forward planner 2024-25 (enclosed)

To receive the updated programme

To Note

WSFT Council of Governors meeting (Open)			
Report title:	Governor induction programme including work Programme and forward plan 2024		
Agenda item:	15		
Date of the meeting:	7 November 2023		
Sponsor/executive lead:	Richard Jones, Trust Secretary & Head of Governance		
Report prepared by:	Richard Jones, Trust Secretary & Head of Governance Pooja Sharma, Deputy Trust Secretary Ruth berry, FT Office Manager		
Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Executive summary:	<p><u>Governors' Induction Programme 2023-24</u></p> <p>In the September CoG received the draft induction and training programme for new Governors from December 2023. A more detailed induction programme is shared for information which will subject to some further changes. The Standards Committee will oversee the implementation of the induction programme for the Council of Governors.</p> <p>Appendix 1a summarises Governors' induction schedule: the post-election introductory meetings and information and training sessions.</p> <p>Appendix 1b provides information on content of the Governors' induction handbook: A Governor's Handbook containing relatively generic information was produced and the Standards Committee members were asked to review and share inputs/comments and feedback.</p> <p>A document library is available on Convene for key information and supporting material. Convene - Document Library (azeusconvene.com)</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Recommendation</p> <p>Note the content of the Governors' Induction Programme 2023-24.</p> </div>		

Governors’ Work Programme 2024

The Trust is committed to provide a continuous support and development programme for all the governors. Whilst we develop the Governor induction and development programme for our new council of governors which is intended to reflect the skills and knowledge needed to undertake statutory responsibilities as Governors, we will also take into account areas arising from the Governor skills audit. The purpose of the Governor knowledge and skills audit is to assess a Governors’ current knowledge of the key functional areas within which they are expected to perform their statutory and general duties.

All newly elected Governors will be expected to undertake this skills audit to help identify potential areas for development and attend the sessions offered. The training programme will also be reviewed in early 2024, based on the skills audit to give new governors time to settle into the role and decide what type of training they require. A core skills training day by NHS Providers is scheduled on 30 January 2024.

To achieve the set priorities, it is proposed that the Governors’ Work Programme 2024 runs across the next year for WSFT Governors to include various briefing and development sessions.

The proposed annual programme schedule is reasonable in terms of time commitment and spread. The Governors work programme 2024-25 is drafted in line with the Governors induction and training programme and presented to the CoG for approval.

Appendix 2 summarises the Governors’ Work Programme 2024.

Recommendation

Note and comment on the content of the Governors’ Work Programme 2024.

Governors’ forward planner 2024-25

We have also attached the draft forward planner 2024-25 for the CoGs meetings for discussion and approval.

The forward planner is a live document that will be frequently reviewed and amended, and is not an exhaustive list of items. The planner will be regularly reviewed at the CoGs meetings and a standing item at future CoGs meetings.

Appendix 3 summarises the forward planner 2024-25

Recommendation

Note the content of the forward planner 2024-25.

Action required / Recommendation:

The Council of Governors is asked to note:

	<ul style="list-style-type: none"> - the Governors' induction programme 2023-24 - the Governors' work Programme 2024 - the Governors' forward planner 2024-25
Previously considered by:	None
Risk and assurance:	N/A
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

WSFT – new Governors’ Induction Schedule

December 2023 to March 2024

Session	Attending	Date / location
Informal induction meeting to inc; <ul style="list-style-type: none"> - Welcome from Chair - Pictures taken by Comms team - Intro by Lead Governor 	New Council Outgoing Governors Jude Chin	Thursday 7th December 5.30pm – 7.00pm at the Education Centre
Induction presentation – slide pack	New Council Richard Jones Pooja Sharma Ruth Berry	Monday 11th December 5.00pm – 6.00pm via MS Teams
Induction meeting with Chair & Non-executive directors	New Council Jude Chin NEDs	Monday 18th December 5.30pm – 7.00pm at the Education Centre
Finance introduction session with Director of Resources	New Council Craig Black FT Office team	Thursday 11th January 2024 5.00pm – 6.00pm via MS Teams
Hospital Quality and Safety with Chief Nurse	New Council Sue Wilkinson FT Office team	Thursday 18th January 5.00pm – 6.00pm via MS Teams
Governor ‘Core Skills’ training day <i>Facilitated by NHS Providers</i>	New Council NEDs Chair FT Office team	Tuesday 30th January 9.00am – 4.00pm at Db Conference Rooms, BSE
Council of Governors meeting – Open/Closed <i>First meeting of new Council</i>	New Council Chair NEDs FT Office team & others on agenda	Tuesday 27th February 5.30pm – 7.00pm at the Education Centre

Table of Content – WSFT Governor induction handbook index

#	Content	Page To be inserted
1.	Welcome and introduction	
2.	2a WSFT governance & structure – to be updated post elections 2b Biographies of Members of the Trust Board 2c Summary information for Governors – public, partners and staff	
3.	Governor Code of Conduct (further detail on managing conduct in section 20)	
4.	Summary of working between Council of Governor ds and Board of directors (further details within Policy for Engagement between Board and CoG in section 20)	
5.	Summary of role for the Lead Governor and Deputy Lead Governor (further detail in section 20)	
6.	Summary of governor engagement activities – 15 steps, area observations, environmental reviews, assurance committee observations, medicine for members	
7.	Short summary of Council of Governors' committees' roles - Nomination Committee, Standards Committee and Engagement Committee (detailed appendices in section 20)	
8.	Dealing with the Media	
9.	Providing feedback and raising concerns	
10.	Policy for remuneration of governor expenses	
11.	Travel Expenses Form-Governors	
12.	Car parking	
13.	Key Contacts to be updated post elections FT team, Chair, CEO, lead/deputy lead governor	
14.	NHS Acronym & Jargon Buster	
15.	Governors' forward plan and work programme 2024-25 including meeting dates	
16.	Induction Programme 2023-24	
17.	NHS structures and accountability summary (further detail in section 20)	
18.	Consent to use personal email address – Governors	
19.	Declaration - receipt of code of conduct, confidentiality clause and receipt of handbook	
20.	<p>Appendices of useful documents and links:</p> <ul style="list-style-type: none"> • WSFT Constitution May 2023 • Your statutory Duties - A reference guide for NHS Foundation Trust Governors' Governors guide August 2013 UPDATED NOV 13.pdf (publishing.service.gov.uk) • NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors • NHSE Code of governance for NHS provider trusts NHS England » Code of governance for NHS provider trusts • Council of Governors (wsh.nhs.uk) 	

	<ul style="list-style-type: none">• Terms of Reference of Council of Governors' Committees - Nomination Committee, Standards Committee and Engagement Committee• Lead & Deputy Lead Governor – role specification and election process• Policy for Engagement between Board and CoG• Procedure for Managing Governor Conduct and Expected Standards <ul style="list-style-type: none">• Quality accounts 2022-23• Annual accounts and annual report 2022-23 <ul style="list-style-type: none">• SNEE ICS Slides for WSFT Governors	
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Appendix 2: Governors' Work Programme 2024-25

Timing	Themes	Rationale	Led by
30 January 2024	<ul style="list-style-type: none"> • Governance and the role of governors • Effective questioning and challenge • Member and public engagement • Constitution and structure 	Interests of members and the public	NHS Providers
March/April * <i>* timing to be aligned to national operational planning guidance (expected late December 2023).</i>	Session on strategic planning	Interests of members and the public. Trust's strategy and forward planning for service provision and development – annual planning session	Chief Executive / others as agreed
TBC (June 2024)	Session on CQC new inspection framework	Interests of members and the public Update on system-based inspection	Chief Nurse
TBC (July 2024)	Living the Trust values	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
TBC (Oct 2024)	Session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Chief Executive / others as agreed
TBC (Dec 2024)	Session on Integrated Care Board introduction and provider collaboration	Interests of members and the public	ICB partners/Chair/Trust Secretary
TBC (Mar 2025)	Patient and Liaison Services (PALS)	Interests of members of public	Head of Patient Engagement

WSFT COUNCIL OF GOVERNORS' FORWARD PLANNER 2024-25

		Feb	May	Sept	Nov	
Date		27/02/24	09/05/24	02/09/24	05/11/24	
Venue		TBC	TBC	TBC	TBC	
Papers circulated (min 5 working days before the meeting)		20/02/24	02/05/24	26/08/24	29/10/24	
Item	Lead					Notes
Standing Items						
Minutes	Chair	Y	Y	Y	Y	For approval
Chair's report	Chair	Y	Y	Y	Y	For information
Chief executive's report	CEO	Y	Y	Y	Y	For information
Feedback on assurance committees	Chairs 3is/Governor observers	Y	Y	Y	Y	For information
Lead Governor Report	Lead Governor	Y	Y	Y	Y	For information
Summary report for Board of Directors meetings	Chair/NEDs/TS	Y	Y	Y	Y	For information
Reflections on meeting	Chair	Y	Y	Y	Y	For noting
Recurring Items						
Report from Governors' Nomination & Remuneration Committee to include recruitments of NEDs, objective setting and appraisals	Committee Chair	Y	Y	Y	Y	For information
Engagement Committee report	Committee Chair	Y	Y	Y	Y	For information
Standards Committee report	Committee Chair	Y	Y	Y	Y	For information
Staff Governors' Report	Staff Governor	Y	Y	Y	Y	For information
Future System update	CEO		Y			For information
Review of Governors' sub-committees - membership and composition	TS	Y				For discussion/approval
Annual Items						
Strategic planning and priorities	CEO	Y				For discussion
Membership/Engagement Strategy- Governor Engagement	TS		Y			For discussion
Forward Plan including briefing & development sessions	TS	Y			Y	For discussion/approval
Quality Accounts – commentary from Governors	TS/CN		Y			For information/approval
Annual report and accounts, including Independent Auditor's report	DoR/TS/Auditors			Y		For information
Other / As Required						
Changes to the Constitution	TS					
Audit and effectiveness as recommended by the Standards Committee	TS					
Any items requested by Executives/Governors	TS					

Notes:										

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




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

To Note

Presented by Richard Jones and Jude Chin

WSFT Council of Governors meeting (Open)

Report title:	Summary Report for Board of Directors meetings
Agenda item:	18
Date of the meeting:	7 November 2023
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Richard Jones, Trust Secretary & Head of Governance Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	For discussion <input checked="" type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Executive summary:	<p>This is the new style of report from the Board of Directors to the Council of Governors. This approach recognises the statutory duties of the Governors to:</p> <ul style="list-style-type: none"> - represent the interests of NHS Foundation Trust members and the public in the governance of the Trust - through the NEDs hold to account for the performance of the Board of Directors. <p>The Board of Directors recognises and respects this role of the Council of Governors.</p> <p>This report summaries the activities of the Board meetings and compliments the reports received from the Board's assurance committees earlier on the agenda.</p>		
Action required / Recommendation:	<p>The Council is asked to review this report in order to:</p> <ul style="list-style-type: none"> • consider any elements relating to the performance of the board arising from this report which they wish to raise with the non-executive directors • consider any areas of priority identified in this report for future engagement with members and the public 		
Previously considered by:	N/A		
Risk and assurance:	If we do not provide the Council of Governors with the right level of reporting on the performance of the Board, this will not provide them with the intelligence and context against which they can effectively hold the NEDs to		

	account for the Board's performance and information on the principal issues for which they are responsible for representing the interests of members and the public in the governance of the Trust.
Equality, diversity and inclusion:	Ensure appropriate consideration of EDI issues
Sustainability:	Be aware of the environmental impact of decision making
Legal and regulatory context:	NHS Act 2006, Health and Social Care Act 2012 Your Statutory Duties: A reference guide for NHS Foundation Trust Governors – Monitor 2013 The NHS Foundation Trust Code of Governance July 2014

Board of Director Key Issues

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Board of Director Key Issues – 29 September 2023			
<p>Patient / staff story - the parents talked through their daughter’s journey and end-of-life care at the WSH. The Board noted various concerns raised by the patient’s parents and recognised the need to implement change based on the learnings and findings from the After Action Review (AAR). The board reiterated the importance of listening to patients and continue improving the leadership and culture across organisation.</p>	<ul style="list-style-type: none"> To improve patient experience with all service users Deep dive into ‘end of life’ Ability to fully deliver plan for future capacity Reflect on the impact of the story 	Model for future care	verbal
<p>Reflection of Letby case – the Board noted that every Trust has reflected on the case since the verdict. Once the report from the enquiry is issued, it will be considered and actioned by the Board. There are a broad range of mitigations in place at WSFT to reduce the risk of a significant event of this type.</p>	<ul style="list-style-type: none"> Assurance on the existing processes Oversee and visibility 	Sustainable and safe patient care	1.8
<p>Strategic priority progress report – summarised progress against each of these priorities and describes risks and deliverables (milestones) for the next two months. The executive, clinical and operational leads will continue to focus on delivery against the priorities and provide updates to the Board. As part of business planning for 2024-25 consideration will be given to any review and update of these priorities.</p>	<ul style="list-style-type: none"> Discussion on 2024/25 priorities at the board development day 	Deliver the Trust strategy	2.1 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Future system board report - The board received an update on the Trust's plans to build a new hospital under the terms of the national New Hospital Programme. The next steps for the project are the agreed definition of the size and scope of the new hospital's services and, therefore, the required budget. This definition will then form the basis for the creation of an outline business case and the appointment of a build partner.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Board to receive delivery plans for the clinical and care strategy 	Sustainable service improvements	2.2 report
<p>West Suffolk Alliance and SNEE Integrated Care Board - SNEE ICB commissioned WSFT as the lead partner in the Alliance to deliver community health services for adults in West Suffolk and young people for the whole of Suffolk. This is a 10-year contract term with a 7-year break point in October 2024. The Alliance Committee received an independent report reviewing the service provision following interviews with stakeholders. The report identified many areas of good progress and makes recommendations for focus for future improvement. Successful SNEE ICP Connect event held at the Atrium, Bury St Edmunds with West Suffolk focus attended by 200 delegates.</p>	<ul style="list-style-type: none"> • Strengthened provider collaboration • Forward planning and the delivery of plan • Board visibility and oversight of the work 	Focus on system working	2.3 report
<p>Stay Well Domain: Overview – The Board received an overview of the key areas of focus of the Stay Well domain. The overarching goal of the domain is for all stakeholders within health, local government and the voluntary, community and faith sectors to work in partnership to support adults with health or care concerns to access support and maintain healthy, productive, and fulfilling lives.</p>	<ul style="list-style-type: none"> • Strengthened provider collaboration • Forward planning and the delivery of plan 	Focus on system working	2.3.1 report
<p>Involvement Committee report - The Board received report on the August meeting, highlighting that under Equality, Diversity and Inclusion plan, good progress has been made under the 'Board Responsibilities' workstream by developing a stock take of actions grouping these into seven workstreams with accountable owners. The new Freedom Speak Up Guardian will attend the next board meeting.</p>	<ul style="list-style-type: none"> • Detailed analysis of CKIs 		3.1 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>People & OD highlight report - Putting You First Awards – The Board noted the summary report.</p>	<ul style="list-style-type: none"> Develop EDI and leadership development programmes in the forward plan by the involvement committee 	<p>Delivery of People and Culture Priorities for 2023/24</p>	<p>3.2 report</p>
<p>Insight committee report - The following points were highlighted:</p> <ul style="list-style-type: none"> deep dive for community paediatrics to the future committee meeting increase in elective waiting list, without diagnostic decisions Outpatients will be an area for a deep dive at next meeting Assurance on the processes of the CIP programme and recovery It has been challenging for the breast service to meet the two week wait standard for first appointment with performance at only 8.4% Glemsford Surgery it is still not possible to report against the 2-week access to a GP standard The UEC service was visited by a peer review team. The committee noted that the team identified some good practice in WSFT as well as suggestions for improvements. It was recognised by the peer review that several of the areas of focus had already been included in the internal UEC recovery plan. 	<ul style="list-style-type: none"> Focus on improvement and recovery of operational performance standards Increase visibility on the benchmark performance within the system 		<p>4.1 report</p>

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Finance report - Discussions covered the financial position as at the end of August was a deficit of £5.5m against a planned deficit of £2.3m. This has resulted in an adverse variance of £3.2m. In order to improve financial position, the two most significant areas of focus should be on temporary staffing costs and on delivering our CIP programme. There is also the possibility of funding from the Elective Recovery Fund (ERF). The Trust also submitted a Financial Recovery Plan that improves forecast deficit to £6.7m. This deficit has impacted on cash position which has resulted in an application for revenue support of £10m.</p> <p>Plan for 2024-25: Depending on the extent to which trajectory is improved in 2023-24, the deficit for 2024-25 could be as high as £30m (before any 2024-25 CIP). This is subject to assumptions made and planning guidance.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Overseeing and delivering FRP • Visibility on divisional delivery 	Financial sustainability	4.2 report
<p>Improvement committee report - The report highlighted:</p> <ul style="list-style-type: none"> • Presentation on nutrition to the committee • Glemsford concerns around Clinical Pharmacist departure however post has now been successfully recruited to • Ockenden improvement programme has been moved forward Structured plan with divisional links required • Updates flagging risks around Pathology accreditation, Pharmacy staffing (and its impact on R&D activity) and lack of system to process and upload clinical guidelines 	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • On-going improvement plan 	ICS resources which could be tapped into	4.3 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Quality and nurse staffing report - Overall registered nurse/registered midwife (RN/RM) vacancy rate is 9% and in common cause variation, Overall Nursing assistant vacancy rate is 10.5% and in common cause variation, Turn over for RN/RM remains under 10%, Fill rates have improved across all shifts and roles and above 90% for RNs and night shifts for NAs, Combined nursing and nursing assistant (NA) fill rates for July and August above 90%, Expected CHPPD achieved for both July and August, Sickness rates static, Following submission to NHSE, WSFT has achieved 'Gold' accreditation for pastoral care of support workers and Summer inpatient Safer Nurse Care Tool (SNCT) completed and reviewed.</p> <p>Increased oversight of nursing temporary spend monitored through newly established nursing deployment group.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring • Overseeing quality indicators • Review of the international recruitment pipeline 		4.4 report
<p>Maternity services report: Discussion focussed on completed and outstanding actions from the 2019 CQC visit as detailed in the CQC report April 2021 and including additional areas raised in assurance visits, updated Governance Structures and Framework, leadership structure and sustainability, workforce structure and sustainability, compliance with Ockenden (part 1), Morecombe Bay, Maternity Incentive Scheme MIS, Clinical Negligence Scheme for Trusts CNST, Maternity Self-assessment & 60 Supportive Steps, Ockenden (final report) and progress made towards assurances that standards are met within the overarching Sustainability Action Plan.</p> <p>The Maternity Services will continue to provide evidence to the Trust Board, NHS England and other external partners to support their continued commitment to quality and safety and progress towards a sustained improvement in key aspects of care and services.</p>	<ul style="list-style-type: none"> • Ongoing assurance/monitoring in areas of priority 		4.4.1 report

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
<p>Audit committee Chair’s key issues report – The report highlighted the key issues that emerged from the Audit Committee meeting held on 20 September 2023. The Committee was pleased with the progress made in delivery of the internal audit plan for 2023-24. The Board discussed the timing of a proposed “Well Led” developmental review.</p>	<ul style="list-style-type: none"> • Ongoing assurance 		4.5 report
<p>Governance Report – The report summarised the main governance headlines for July 2023 including reports from Council of Governors, Senior Leadership Team, remuneration committee report, updated fit and proper person test (FPPT) framework, use of Trust’s seal and draft agenda items for the next Board meeting. There have been amendments to the Fit and Proper Person Test (FPPT) and Board noted these in relation to their roles. A new policy on engagement between the Council of Governors (CoG) and Board was presented for approval.</p> <p>The Board approved the policy on engagement between the Board and CoG.</p>	<ul style="list-style-type: none"> • Board oversight 		5.1 report
<p>Board assurance framework - The Board received the updated BAF. The BAF risk assessments have been reviewed with the executive leads in order to assess against the Trust’s strategy and strategic objectives. Through these reviews six key area of risk have been identified- patient safety, culture, staff wellbeing and workforce, urgent & emergency care and elective care, financial constraints, maintaining existing estate and digital, including cyber security.</p> <p>Internal auditors to review the risk register and BAF and facilitate a session for the Board at November Board development session. This will include review of the Board’s risk appetite.</p>	<ul style="list-style-type: none"> • To update the BAF based on agreed strategic objectives for 2023/24 • Alignment of the risks to the assurance committee with the Board to receive findings of assurance reviews that are undertaken 	Risk oversight	5.2 report

17. Any other business

18. Dates for meetings for 2024

To note dates for meetings in 2024:

- 27 February 2024
- 9 May 2024
- 2 September 2024
- 24 September 2024 (annual members' meeting)
- 5 November 2024

To inform

Presented by Jude Chin

19. Reflections on meeting

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

For Consideration

Presented by Jude Chin