OPEN Council of Governors meeting

Schedule	Thursday 9 May 2024, 5:30 PM — 7:30 PM BST
Venue	Drummond Education Centre, West Suffolk Hospital site, BSE
Notes for Participants	Please advise of apologies in advance of the meeting to the FT Office.
Organiser	Ruth Williamson

Agenda

AGENDA:
OPEN Council of Governors meeting
Thursday 9 May 2024, 5.30pm at Drummond Education Centre, West Suffolk Hospital site, BSE

📄 0. Agenda Open CoG meeting 9 May 2024.docx

5:30 PM GENERAL BUSINESS

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1. Welcome and introductions
   To welcome governors and attendees to the meeting & request mobile phones be switched to silent.
   To Note - Presented by Jude Chin

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2. Apologies for absence
   To receive any apologies for the meeting

   Apologies received from Elizabeth Hodder (Public Governor), Val Dutton (Public Governor)
   To Note - Presented by Jude Chin

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3. Declaration of interests
   To receive any declarations of interest for items on the agenda
   To Note - Presented by Jude Chin

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4. Minutes of the previous meetings (enclosed)

To note the minutes of the meetings held on 27 February, 2024
For Approval - Presented by Jude Chin

📄 Item 4 Open CoG 27 Feb 2024 minutes DRAFT.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 27 Feb 2024 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 9 May 2024.docx

7. Chief executive's report
   To note a report on operational and strategic matters
   Presented by Nicola Cottington

   📄 Item 7 CEO report CoG 9 May 2024 FINAL.docx

8. Operating planning and guidance (presentation - to follow)
   To receive a presentation with a focus on patient access
   Nicola Cottington, Chief Operating Officer and Matt Keeling, Deputy
   Chief Operating Officer in attendance
   To Note - Presented by Nicola Cottington

9. Future System update
   To note the report
   Craig Black, Director of Resources in attendance
   To Note - Presented by Craig Black

   📄 Item 9 Future System update CoG 9 May 2024 FINAL.docx

6:30 PM   GOVERNOR BUSINESS (INC. STATUTORY DUTIES)

10. Feedback from assurance committees (enclosed)
    To receive a committee key issues (CKI) and observers reports from

the assurance committees and audit committee CKI report
To Note

📄 Item 10 Feedback from Board assurance committees CoG 9 May 2024.docx

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10.1. Insight Committee

📄 Item 10.1 INSIGHT CKI report a 21 Feb 2024 FINAL AJ.docx
📄 Item 10.1 INSIGHT CKI report b 20 Mar 2024 FINAL AJ.docx
📄 Item 10.1 INSIGHT CKI report c 17 Apr 2024 FINAL AJ.docx
📄 Item 10.1 INSIGHT Governor observer a 21 Feb 2024 J-P.docx
📄 Item 10.1 INSIGHT Governor observer a 21 Feb 2024 JS.docx
📄 Item 10.1 INSIGHT Governor observer b 20 Mar 2024 J-P.docx
📄 Item 10.1 INSIGHT Governor observer b 20 Mar 2024 JN.docx
📄 Item 10.1 INSIGHT Governor observer c 17 Apr 2024 John-Paul.docx
📄 Item 10.1 INSIGHT Governor observer c 17 Apr 2024 JS.docx
📄 Item 10.1 INSIGHT Governor observer c 17 Apr 2024 Tom M.docx
📄 Item 10.1 INSIGHT Governor observers 20 Mar 2024 JS.docx

10.2. Involvement Committee (No Meeting April)

📄 Item 10.2 INVOLVEMENT CKI report 21 Feb 24 KY.doc
📄 Item 10.2 INVOLVEMENT Governor observer 21 Feb 2024 BP.docx
📄 Item 10.2 INVOLVEMENT Governor observer 21 Feb 2024 VD.docx

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10.3. Improvement Committee

📄 Item 10.3 IMPROVEMENT CKI report a 21 Feb 2024 FINAL LP.docx
📄 Item 10.3 IMPROVEMENT CKI report b 20 Mar 2024 FINAL LP.docx
📄 Item 10.3 IMPROVEMENT CKI report c 17 Apr 2024 FINAL LP.docx

📄 Item 10.3 IMPROVEMENT Governor observer a 21 Feb 2024 JS.docx

📄 Item 10.3 IMPROVEMENT Governor observer b 20 Mar 2024 JS.docx

📄 Item 10.3 IMPROVEMENT Governor observer c 17 Apr 2024 AC.docx

📄 Item 10.3 IMPROVEMENT Governor observer c 17 Apr 2024 JS.docx

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10.4. Audit Committee CKI Report

📄 Item 10.4 AUDIT CKI report 19 Mar 2024 MP.docx

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11. Nomination Committee Report
To receive the report form the Committee meeting on 11 March, 2024
To Note - Presented by Jude Chin

📄 Item 11 Nominations committee report CoG 9 May 2024.doc

📄 Item 11.1_Appendix A NED Appraisal process 2024.doc

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12. Engagement Committee Report
To receive a report from the Engagement Committee meeting on 25 March, 2024

📄 Item 12 Engagement committee report CoG 9 May 2024.doc

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13. Standards Committee Report
To receive a report from the Standards Committee meeting on 23 April, 2024
To Note - Presented by Jude Chin

📄 Item 13 Standards committee report CoG 9 May 2024.doc

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14. Lead Governor Report
To receive a report from the Lead Governor
To Note - Presented by Jane Skinner

📄 Item 14 Lead Governor Report.docx

15. Staff Governor Report (enclosed)
   To receive a report from the Staff Governor meeting held on 5 March 2024
   To Note

   📄 Item 15 Staff Governors report CoG 9 May 2024.doc

16. Quality Accounts 2023/24
   To approve the commentary for quality accounts
   To Approve - Presented by Richard Jones

   📄 Item 16 Quality accounts 2023-24 Governors commentary cover sheet.doc

   📄 Item 16.1 Annex A Quality accounts 2023-24 Governors commentary DRAFT.docx

17. Governance Report (enclosed)
   To receive the governance report
   For Discussion - Presented by Richard Jones and Pooja Sharma

   📄 Item 17 Governance report CoG 9 May 2024 2024.doc

   📄 Item 17.1 Appendix A_Declaration of Interests 2024.docx

   📄 Item 17.2 Appendix B_ Council of Governors sub-committees 2024.docx

   📄 Item 17.3 Appendix C_Governors Work Programme 2024-25.docx

7:25 PM   REPORTS FOR INFORMATION

18. Summary report for Board of Directors meetings (enclosed)
   To receive a report from the Chair and Non-Executive Directors
   To Note - Presented by Jude Chin

   📄 Item 18 Summary Report for Board of Directors meeting CoG 9 May 2024.docx

19. Any other business
   For Discussion - Presented by Jude Chin

20. Dates for meetings for 2024

- 2 September 2024
- 24 September 2024 (annual members' meeting)
- 5 November 2024

To Note - Presented by Jude Chin

21. 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

CLOSE

SUPPORTING ANNEXES

Item 6 - AuditOne well led developmental review

📄 xAnnex Linked to Item 6 WSFT - Well Led Developmental Review - summary and recommendations.docx

Item 10 - IQPR full Report - February

📄 xAnnex Linked to Item 10 IQPR Board Report February 2024.pptx

AGENDA:

OPEN Council of Governors meeting Thursday 9 May 2024, 5.30pm at Drummond Education Centre, West Suffolk Hospital site, BSE

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on **Thursday 9 May 2024 at 5.30pm at Education Centre, rooms 19a&b, West Suffolk Hospital site, Bury St Edmunds.**
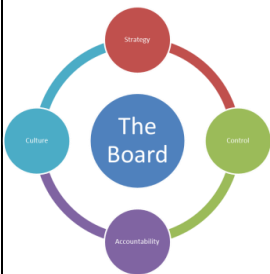
Jude Chin, Chair

Agenda

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

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 Welcome new Governors to the Council - Sue Kingston, Gordon McKay and Rowena Lindberg	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 27 Feb 2024	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	NC
8.	**Operating planning and guidance** (presentation) To <u>receive</u> a presentation with a focus on patient access	NC/MK
9.	**Future System update** To <u>note</u> the report	CB

	18:30 GOVERNOR BUSINESS (INC. STATUTORY DUTIES)	
10.	**Feedback from Board committees** (enclosed) To <u>receive</u> a committee key issues (CKI) and observer reports from the assurance committees and audit committee: 10.1 Insight Committee 10.2 Involvement Committee 10.3 Improvement Committee 10.4 Audit Committee	NED chairs / Governor observers
11.	**Nomination Committee report** (enclosed) To <u>receive</u> the report from the committee meeting on 11 March 2024	JC
12.	**Engagement Committee report** (enclosed) To <u>receive</u> a report from the Engagement Committee meeting on 25 March 2024	SH
13.	**Standards Committee report** (enclosed) To <u>receive</u> a report from the Standards Committee meeting on 23 April 2024	JC
14.	**Lead Governor Report** (enclosed) To <u>receive</u> a report from the Lead Governor	JS
15.	**Staff Governors' Report** (enclosed) To <u>receive</u> a report from the Staff Governors' meeting on 5 March 2024	Staff Governor
16.	**Quality Accounts 2023/24** (enclosed) To <u>approve</u> the commentary for quality accounts	RJ
17.	**Governance report** To <u>receive</u> the governance report	PS
19.25	ITEMS FOR INFORMATION	
18.	**Summary report for Board of Directors meetings** (enclosed) To <u>receive</u> the report the Chair and Non-Executive Directors	JC / NEDs
19.	**Any Other Business**	JC
20.	**Dates for meetings for 2024** To <u>note</u> dates for meetings in 2024: • 2 September 2024 • 24 September 2024 (annual members' meeting) • 5 November 2024	JC
21.	**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	

Supporting Annexes

Agenda item	Description
6	AuditOne well led developmental review
10	IQPR full report - February

GENERAL BUSINESS

1. Welcome and introductions

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

To Note

Presented by Jude Chin

2. Apologies for absence

To receive any apologies for the meeting

Apologies received from Elizabeth Hodder (Public Governor), Val Dutton (Public Governor)

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 27 February, 2024

For Approval

Presented by Jude Chin

WEST SUFFOLK NHS FOUNDATION TRUST

<mark>DRAFT</mark> MINUTES OF THE
COUNCIL OF GOVERNORS' MEETING - OPEN

Held on Tuesday 27 February 2024 at 17:30
At the Education Centre, West Suffolk Hospital site, Bury St Edmunds

Members:		
Name	**Job Title**	**Initials**
Jude Chin	Trust Chair	JC
Carol Bull	Public Governor	CB
Anna Conochie	Public Governor	AC
Val Dutton	Public Governor	VD
Sarah Hanratty	Public Governor	SH
Elizabeth Hodder	Public Governor	EH
Ben Lord	Public Governor – Deputy Lead Governor	BL
Tom Murray	Public Governor	TM
Jayne Neal	Public Governor	JN
Adrian Osbourne	Public Governor	AO
Becky Poynter	Public Governor	BP
Clare Rose	Public Governor	CR
Michael Simpkin	Public Governor	MS
Jane Skinner	Public Governor – Lead Governor	JS
Anna Clapton (nee Mills)	Staff Governor	AC
John-Paul (J-P) Holt	Staff Governor	JPH
Louisa Honeybun	Staff Governor	LH
Andy Morris	Staff Governor	AMo
Adam Musgrove	Staff Governor	Amu
David Brandon	Partner Governor	DB
Elspeth Lees	Partner Governor	EL
Richard O'Driscoll	Partner Governor	RoD
Thomas Pulimood	Partner Governor	TP
Heike Sowa	Partner Governor	HS
In attendance:		
Ewen Cameron	Chief Executive Officer	EC
Jeremy Over	Executive Director of Workforce & Communications (item 8 only)	JMO
Louisa Pepper	Non-Executive Director	LP
Antoinette Jackson	Non-Executive Director	AJ
Michael Parsons	Non-Executive Director	MP
Geraldine O'Sullivan	Non-Executive Director	GoS
Roger Petter	Non-Executive Director	RP
Krishna Yergol	Non-Executive Director	KY
Richard Jones	Trust Secretary	RJ

| Pooja Sharma | Deputy Trust Secretary | PS |
| Ruth Berry | FT Office Manager (minute taking) | RB |

Apologies:
Anna Clapton (nee Mills) – Staff Governor
Richard O'Driscoll – Partner Governor
Michael Parsons, Geraldine O'Sullivan and Krishna Yergol – Non-Executive Directors

Members of the Public
Mike Gill – observer from AuditOne
Liz Steele
Steve Cannon

No.	Item	Action
1.	**Welcome and introductions**	
	The Trust Chair (JC) extended a warm welcome to the newly appointed Council of Governors and marked the first formal meeting since the elections held in December 2023.	
	Introductions were made for the directors of West Suffolk NHS Foundation Trust (WSFT) who were present at the meeting. This provided an opportunity for the governors to familiarise themselves with the executive and non-executive directors.	
	The resignations of Partner Governor David Smith (Volunteers of WSFT and Friends of West Suffolk Hospital) and Public Governor Helen Harlow were formally acknowledged.	
	The Foundation Trust Office is actively collaborating with the HR and volunteer lead to identify a replacement for David Smith. With regards the public Governor vacancy the next highest poling candidate from the election will be contacted and supported with onboarding.	
2.	**Apologises for absence**	
	Apologies for absences received were noted.	
3.	**Declaration of interests**	
	There were no declarations of interests declared.	
4.	**Minutes of the previous meetings**	
	The minutes of the meetings on 7 November 2023 were approved as true and accurate records.	
5.	**Matters arising on action sheet**	
	Open item:	
	Ref no 12 – email addresses of Governors	
	The Trust Office is working with the IT department to explore appropriate range of options regarding governor email accounts. This includes testing access to Trust email via personal devices. Efforts are being made to resolve this issue.	

6.	Chair's report	
	The Trust Chair (JC) provided an overview of recent developments, with the following highlights:	
	Trust financial recovery plan: The Board approved the revised forecast loss for the current financial year amounting to £6.3m.	
	Diagnostic review: A review was commissioned by the Integrated Care Board (ICB) to gain insights into the Trust's financial challenges. The report will be presented to the Board assurance committee (Insight) and subsequently to the Board. JC aims to provide an update on this matter by the next Council meeting.	
	Director of Strategy and Transformation: The interview process for this new executive role is underway, with shortlisting scheduled for later this week. Interviews are expected to take place in early March.	
	Board to Board meeting: Significant progress has been made in the WSFT and East Suffolk & North Essex Foundation Trust (ESNEFT) Board to Board meetings conducted over three sessions. A collaborative oversight group has been established to manage and coordinate future collaborations. The meeting is jointly chaired by Chief Executives of both the trusts.	
	Well led developmental review: The review is currently underway facilitated by the 'AuditOne'. The team is observing the Board and other meetings which are relevant to the review. The findings are expected to be available in April.	
	Board Development: These sessions are held approximately every two months and delve into topics not extensively covered in regular board meetings. The recent Board development sessions focussed on corporate risk and the board assurance framework (BAF).	
7.	Chief executive's report	
	The Chief Executive (EC) presented the report highlighting the following:	
	Pulmonary rehabilitation service: The Trust's pulmonary rehabilitation service has been awarded national accreditation, marking it as the first team in the region and the twelfth in the UK to receive this recognition.	
	Industrial action: Recent strikes have once again impacted services across the Trust. Despite challenges, staff are doing everything possible addressing the needs of patients and those with the extended waiting times, however, new patients are continually added after each strike period.	
	A query was raised about how the existing waiting lists are managed.	
	Action: EC to provide details to the Council regarding the management of existing waiting lists.	**EC**

<table>
<tr>
<td></td>
<td>Virtual Ward (VW): Pathways for the VW have been successfully transitioned into community services. The aim is to enhance patient care and effectiveness and is expected to expand to other departments in near future.

Newmarket diagnostic centre: Construction work has commenced on the Newmarket diagnostic centre.

A question was asked about the absence of Governors at the recent tree planting ceremony on the new West Suffolk hospital site. It was felt this was an oversight by the organisers.

A question was raised regarding the reporting of 'never event' incidents to Governors, as if they are to be informed of such events being declared, why Governors don't then receive any follow up, or outcome for assurance purposes. Governors do not wish to stop being informed of such incidents, but moreover, for an appropriate balance of communication to be provided by way of assurance.

It was clarified that the Safety Improvement Group handles incidents and outcomes disseminating information to staff through various channels. The Board Improvement Committee addresses the themes from these events.

Action: It was agreed that consideration will be given to communication with Governors regarding these incidents and the outcomes.

Assurance was sought regarding hospital transport for patients leaving the hospital, particularly in light of concerns about the current contract. EC confirmed that the Integrated Care Board (ICB) is undertaking an enhanced oversight procedure of the service.</td>
<td>

RJ</td>
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<td>**8.**</td>
<td>**People and culture update – presentation**</td>
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<td></td>
<td>The Executive Director of Workforce & Communications (JMO) provided a comprehensive presentation to the Council regarding the people and culture work being undertaken, this included early headlines from the 2023 national staff survey.

It was noted that 46% of WSFT staff participated with the Trust achieving the top score for staff engagement in the region.

The Trust performed at par with the national average across most surveyed areas and will aim to continue to improve performance by focused action.

Regarding raising concerns & speaking up, while there has been improvement in this area, the Trust was below the national average. Addressing this gap is being prioritised by the Trust.

Over the past months, there has been a reduction in staff turnover, following the rise during the pandemic. This trend reduces recruitment demand and increases the retained skills within the workforce.</td>
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	JMO presented the Trust's 'People and Culture Plan' (P&CP) for 2023-24 and highlighted the main action areas to be developed in response to the 2023 staff survey. These included expanding staff networks and implementing the 'learning hub', to improve awareness of and access to opportunities within the Trust. The Council noted that progress on the P&CP is regularly reported to the Board and monitored by the Involvement Committee.		
9.	**Feedback from Board assurance committees**		
	The Trust Chair (JC) provided an overview of the committees' key issues (CKIs) reports which are used for the Board's assurance committee meetings. The reports from the four meetings were received, with the following highlighted: **Insight:** Observations by the governors at the February meeting, particularly those from staff governors, highlighted a positive willingness to address areas for improvement where challenges have arisen or are ongoing. **Involvement:** reflecting on the People and Culture Plan (P&CP) presented at the meeting, a question was asked regarding the inclusion of hospital volunteers in the plan. **Action:** Follow-up to clarify the integration of hospital volunteers into the P&CP. **Improvement:** The report was noted by the Council of Governors. A point was raised concerning effective nutrition being offered to patients in ED once they had discharged and were not 'nil by mouth'. **Audit committee:** The report from the Audit Committee was noted. Feedback was positive about the Governor observer role at the assurance meetings and visibility of the CKI reports at the Council.	**JMO**	
10.	**Governor sub-committees**		
	The Trust Secretary (RJ) presented the report regarding Governor sub-committees. The key points were highlighted for attention and action. Following the governor elections in December, the sub-committees are being re-established with invites for new membership. Nominations Committee: It was noted that there is good governor interested to become members of the committee. RJ proposed moving forward with the nine nominated governors and the Council of Governors unanimously agreed to the proposal.		

	Action: The Terms of Reference (ToR) for the nominations committee to be amended to reflect the new number of members APPROVED by the Council.	**PS**
	Engagement Committee: The Council of Governors confirmed the nominated governors as members of the committee.	
	As per terms of reference, this committee has met the requirement to have least six Governors, including the lead governor. It was suggested to have at least one further nomination from the staff governor to have an appropriate mix of governors in supporting the work of the Committee.	
	Staff governors were invited to support the work of the Committee and those who are interested to contact FT office.	
	Standards Committee: At least one further nomination is sought from the staff and partner governors. Other governors who had self-nominated were agreed as members of this committee.	
	The FT office will commence the process of convening the sub-committees and undertaking the necessary administration.	
	Action: FT office to follow-up with the governors for nominations for the outstanding committee memberships and convening and administration of the governor sub-committees.	**PS**
11.	**Lead Governor Report**	
	The Lead Governor (JS) presented report to the Council. It was taken as read and no questions were raised.	
12.	**Staff Governor's Report**	
	The report from the first meeting of Staff Governors was presented to the Council. Staff Governors indicated that this was a good crossover meeting, with some of the exiting Staff Governors attending to handover and share experience. The meeting also provided an opportunity for feedback and engagement with the FTSU Guardian.	
13.	**Governance report**	
	The Trust Secretary (RJ) presented the governance report emphasising the following key points: • The training day for governors held in January received positive feedback from attendees including governors and non-executive directors. Constructive discussions during the training led to clear priorities, particularly regarding governor engagement. Action points and priorities were identified for further work • It was proposed that an annual Fit and Proper Persons Test (FPPT) is implemented for governors	

	• Additionally, as part of FPPT, consideration was given to introducing Disclosure and Barring Service (standard) checks for the governors.		
	The approach was welcomed and the Council of Governors unanimously APPROVED the implementation of annual Fit and Proper Persons Test (FPPT) and Disclosure & Barring Services (DBS) checks in the onboarding process for new governors.	**RJ/PS**	
	• It was proposed that up to four Governors are identified as readers for the draft Annual Report and associated quality accounts.		
	The Governors were encouraged to inform the FT office for their interests to act as AR & QA readers.		
	The Council of Governors noted the requirement for inclusion of governors' commentary in the annual quality accounts. The Standards Committee will review and draft this commentary with the lead governor. **The updated draft commentary will be presented to the CoG in May for discussion and approval for inclusion in the quality accounts.**	**RJ/PS**	
14.	**Summary report for Board of Directors meetings**		
	The summary report from Board of Directors meetings was presented to the Council.		
	The summary was welcomed and no further questions raised.		
15.	**Any other business**		
	There was a request to re-run the session on PALS and complaints with the head of patient experience, as there had been some technical issues experienced during the session in October 2023.		
	The governors were informed that a session on experience of care and engagement is in the work programme 2024-25 scheduled for 4 March 2025.		
	Action: FT office to follow up with the patient experience team for an opportunity to schedule an interim session or update	**PS**	
	It was noted that there are Freedom to Speak Up (FTSU) posters displayed around the hospital, that require updating to reflect the new FTSU Guardian, Jane Sharland.		
	Action: FT office team to get in touch with the comms colleagues to action the updated posters.	**PS**	
16.	**Dates for meetings in 2024**		
	▪ 9 May 2024 ▪ 2 September 2024 ▪ 24 September 2024 (annual members' meeting) ▪ 5 November 2024		

17.	**Reflections on meeting**	
	• It was agreed that presentations shown during Council meetings are uploaded onto Convene before the meeting, so that governors can follow on their personal devices. • The Council received highlights from the 'embargoed' 2023 national staff survey report. It should be considered in future meeting preparations on how such information should be shared for the meetings in public. • Integrated Quality and Performance Report (IQPR) – a question was raised about how much detailed information governors need to be able to undertake their role in holding the Board to account. Consideration will be given to receiving the full IQPR at the next informal governor meeting.	

8

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 – following 27 February 2024 meeting

OPEN ACTIONS

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
7.	Chief executive's report	27 Feb 2024	To consider communicate with Governors regarding incidents and the outcomes, including 'never event'.	RJ	This has been reviewed with the Chief Nurse who is keen to develop a learning report that includes incidents and patient engagement. It is proposed that this is communicated within the Trust as well as shared with Governors.	Sep 2024	**Green**	
15	Any other business	27 Feb 2024	FT office team to get in touch with the comms colleagues to action the updated posters	PS	Communications team has replaced the posters which have been identified as out of date. Updating posters in all areas will continue with a plan to complete this by the next meeting.	Sep 2024	**Green**	

CLOSED ACTIONS

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
7.	Chief executive's report	27 Feb 2024	Provide details to the Council regarding the management of existing waiting lists	PS	Response emailed to the Governors on 26/03/24. Action closed. Will also be addressed as part of the agenda of today's meeting regarding the operational planning response.	May 2024	**Complete**	
7.	Chief executive's report	27 Feb 2024	Confirmation to be sought regarding the recent tree planting ceremony on the new WSH site and why no governors were invited to attend.	PS	Response emailed to the Governors on 26/03/24. Action closed.	May 2024	**Complete**	

| 9. | Feedback from Board assurance committees | 27 Feb 2024 | To follow up on the plans to integrate Trust volunteers into the people and culture plan (P&CP) 2024/25. | JMO | The 2023/24 P&CP focused on many foundational areas of development, and therefore did not include the work of all Workforce Directorate areas. The draft 2024/25 plan does include an action related to development and publication of a volunteer services strategy, which our volunteers will be involved in shaping as per the above.

The Trust at present is recruiting a new Volunteer Services Lead, following the resignation of the current post holder. We are planning to include representatives of the volunteer community in the recruitment process.

Currently assessing ways to collect the views of our Volunteers in a similar approach to the staff survey, given that they are not included in this nationally-determined exercise. Any specific insights as to the experience of our volunteers can then inform future actions in our P&CP. | May 2024 | **Complete** | |

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
10.	Governor sub-committees	27 Feb 2024	To amend the Terms of Reference (ToR) for the nominations committee to reflect the new number of members.	RJ/PS	The ToR has been updated as approved by the Council to reflect the new membership number. A full review of the terms of reference is scheduled for the July meeting of the Nominations Committee.	Sept 2024	**Complete**	
10.	Governor sub-committees	27 Feb 2024	FT office to ensure getting in touch with the governors for self-nominations for the outstanding committee memberships and convening and administration of the governor sub-committees.	PS	Governors' sub-committees are now re-established. Summary of committee membership is on agenda for May meeting. Action closed.	May 2024	**Complete**	
13	Governance report	27 Feb 2024	To provide an update on implementation of annual Fit and Proper Persons Test (FPPT) and Disclosure & Barring Services (DBS) checks in the onboarding process for new governors	RJ/PS	The Standards Committee are monitoring implementation of FPPT and DBS and an update is included its report on today's agenda. Future reports from the Committee will track delivery and monitor annual requirements. Action closed.	May 2024	**Complete**	
13	Governance report	27 Feb 2024	To present draft commentary to the CoG in May for discussion and approval for inclusion in the quality accounts.	RJ/PS	Agenda item for today's meeting having been reviewed by the Standards Committee. Action closed.	May 2024	**Complete**	
15	Any other business	27 Feb 2024	FT office to organise a session with the patient experience engagement team	PS	Session is agreed with the head of patient experience in September CoG meeting. Added on forward plan. Action closed.	Sept 2024	**Complete**	

Minutes Ref No.	Paper/Agenda item Ref	Meeting date	Action	Lead	Progress	Target Date	RAG	Date completed
12	Standards Committee report	4 Sept 2023	A solution to meet the requirement of CoG regarding email address to be reviewed	PS	Update provided in the standards committee report.	May 2024	**Complete**	

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
Jeremy Over	JMO
Ruth Williamson	RW
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:	9 May 2024
Sponsor/executive lead:	Jude Chin, Trust Chair
Report prepared by:	Jude Chin, Trust Chair

Purpose of the report:

For approval	For assurance	For discussion	For information
☐	☐	☐	☒

Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☐	☐	☐

Executive Summary

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

Trust budget for 2024/25

At our board meeting of 22 March, we approved our budget for the financial year 2024/25, subject to any final changes required following the publication of the operational planning guidance. The planning guidance issued at the end of March, was in line with expectations and therefore no adjustments were required to our budget. The 2024/25 budget has been set at a deficit of £18 million; included in that figure is a challenging cost improvement target of £12.3 million. Current projections would indicate a deficit of £9 million in 2025/26 and a return to breakeven by 2026/27.

The Trust is under pressure to improve on our deficit budget of £18 million and further work is required to understand the level of additional CIP that could be achieved. The Board will need further time to consider amending our current budget.

Non-executive director (NED) update

Governors will be aware that a process has been started to recruit new NEDs and more details are set out in the report from the Nominations Committee. The reason we are recruiting new NEDs is that we have three NEDs leaving this year. Krishna Yergol has left with effect from 30th April as he has accepted a new job offer which means his availability will be unpredictable and hence unable to commit to regular board and committee meetings. Geraldine O'Sullivan has also left with effect from 30th April. She is moving to London and therefore her attendance at meetings at West Suffolk have become impractical. Finally, Louisa Pepper will reach the end of her second three-year term as a NED on 31st August and will therefore be retiring as a NED.

I am grateful to all of our departing NEDs for their contributions to the Trust and they will all be missed.

Diagnostic Review

A diagnostic review, commissioned by the ICB and carried out by PA Consulting has been completed. The purpose of the review was to assess the drivers and causes of the Trust's financial position. The report and its recommendations have been reviewed by the Insight Committee and the Board. The findings of the report and its recommendations have been accepted fully by the Trust and work is underway to respond to the report with a strategic plan to address the issues raised. Once the plan has been approved by the Board and the ICB, it will be shared with Governors together with the process we will adopt to monitor progress.

Director of Strategy and Transformation

I am delighted to announce that we have recruited a Director of Strategy and Transformation. Sam Tappenden is currently Director of Development at East and North Hertfordshire Health and Care Partnership and is expected to join no later than 1st July. We will be announcing his arrival when we have a firm start date.

Well Led Review

In line with good governance practice, the Trust commissioned AuditOne to undertake a well led review of leadership and governance at the Trust, along the lines of a CQC review. A draft report will be discussed at our board development workshop on 26th April, with the aim of finalising the report and drafting a response and action plan to the findings of the report. Appended to today's meeting pack is the summary of findings and recommendations from AuditOne review.

Board Development

Approximately every two months, the board meets to discuss matters in the depth that would not be available at a Public or Private board meeting. Our last board development meeting was 8th March. At that meeting we discussed our corporate risk management process (board assurance framework (BAF) and risk appetite), our strategic priorities for 2024-25 and a facilitated discussion on the subject of Leading for Equality, Diversity and Inclusion.

SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
To keep council of governors informed of some of the key issues taking place across the Trust.

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

Action Required
The Council of Governors is asked to note the report.

Risk and assurance:	NA
Equality, Diversity and Inclusion:	NA
Sustainability:	NA
Legal and regulatory context	NA

7. Chief executive's report

To note a report on operational and strategic matters

Presented by Nicola Cottington

WSFT Council of Governors meeting (Open)

Report title:	Chief Executive report
Agenda item:	7
Date of the meeting:	9 May 2024
Sponsor/executive lead:	Dr Ewen Cameron, Chief Executive
Report prepared by:	Helen Davies, Associate director of communications

Purpose of the report			
For approval ☐	**For assurance** ☒	**For discussion** ☒	**For information** ☒
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

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

I know many of you are new into your governor role and I hope that you are settling in and being well supported as you find your feet. Our Council of Governors (CoG) is an important body to us as a Foundation Trust. As a group, you play a vital role in ensuring that our non-executive directors are reviewing, questioning and challenging our executive directors to make sure the trust is running effectively and smoothly as a business. With many of you being fresh to the role, no doubt you will have thoughts and ideas for how we can improve or do things differently, so if you have any questions or concerns, then please do not hesitate to let us know.

Performance

Financial update

As we start the financial year, trusts across the NHS are facing enormous pressure to be more financially prudent. At the start of 2023/24, we began our journey of bringing our finances back to a break-even position with a £10.6 million cost improvement programme (CIP). While (at the time of writing) we are still consolidating the March 2024 position, we anticipate that our CIP will deliver £8.4 million in savings, which is £2.2 million short of our target. We began 2023/24 with the aim of achieving a £2.7 million deficit at the end of that financial year, however, in the summer of 2023 we agreed a financial recovery plan that outlined an adjusted aim of achieving a £6.3 million deficit, which we anticipate meeting. Keeping to the ambition outlined in the financial recovery plan has been a huge team effort and I am grateful to colleagues for their hard work on this.

Looking ahead, we are still far from the break-even position we need to achieve, and this work will continue well into 2026/27 as we make the required £38 million in savings over the next three years.

This year, we again start in a very difficult position, as we have agreed the aim of finishing 2024/25 with a planned deficit of £18 million. This is larger, due to us receiving £15 million in non-recurrent funding in 2023/24. Therefore, to achieve this, we must deliver a cost improvement programme of £12.3 million, which is larger than last year's. This looks like a big jump from last year, but it is worth noting that almost all the savings last year were delivered after the financial recovery plan started.

This year's CIP will focus on various areas, which include:

- improving productivity by identifying areas where services can be delivered more efficiently
- reducing temporary staffing costs
- procurement
- reviewing opportunities to use more cost effective drugs
- system-wide working with colleagues.

A key challenge that affects all trusts is that we must deliver all our activity, and meet our performance targets, with the same number of whole-time equivalent (WTE) staff as we had in 2023/24. This means we cannot grow our workforce beyond the size it was on 31 March 2024 during this financial year. This will be a challenge, but this has been imposed because trusts have grown their workforce by 20-25% over the last five years with only a single figure percentage increase in patients treated.

As we look at regaining our financial footing, we will be working hard to ensure that whatever decisions we take have as minimal an impact as possible on the high quality and safe patient care we provide to our communities.

Urgent and emergency care

There has been a huge amount of work around achieving the nationally mandated target of seeing 76% of patients in our emergency department within four hours by 31 March 2024. The efforts of colleagues are paying off as we have seen month-on-month improvements since December and in March we achieved 74% for the month. This massive effort from our colleagues meant we were the sixth most improved Trust nationally between January and the end of March.

Elective recovery

Despite repeated rounds of industrial action, we continue to make progress in our elective recovery. At the end of March, there were:

- 407 patients waiting more than 65 weeks. (This is compared to April 2023, when the cohort of patients who needed to be treated was 15,878). We are now towards eliminating 65 weeks waits by the end of September
- 47 patients waiting more than 78 weeks, of which 37 were capacity related breaches
- 16,226 patients waiting more than 18 weeks for treatment.

Cancer performance

I'm pleased to say that the volume of patients waiting over 62 days on cancer pathway has reduced from 189 in September 2023 to 68 at end of March 2024, ahead of our trajectory end of year position of 93. There has been particular focus on the skin pathway, including holding weekend theatre lists to increase our capacity. The team has also initiated a 'straight to treatment' pathway to reduce face to face appointments and waiting times.

The 28-day faster diagnosis standard for cancer has increased from 54% in September 2023 to 76% in March 2024, which exceeds the national standard of 75% with a steady improvement across all tumour sites, with notable improvements around lower gastrointestinal, gynaecology and head and neck.

I know a lot of hard work has gone into making these improvements to our services and it is due to the excellent engagement from all clinical leads, multi-disciplinary team leads, operational leads and the whole cancer team that this has been possible.

There have also been other notable improvements and developments in cancer services including:

- Development of new cancer frailty service
- Participation in Galleri blood test trial
- Reinvigorated cancer patient group
- 7 day a week palliative care service in place
- New Macmillan Allied health professionals in place.

As well as working hard to improve our performance and waiting times for patients, we are also deeply committed to improving the safety of the care we provide for patients.

As such, earlier this month we launched a new public-facing patient safety initiative called 'Call 4 Concern' at the West Suffolk Hospital.

Already in place in a number of NHS Trusts, Call 4 Concern (C4C) allows inpatients and their loved ones to call for immediate help from our critical care outreach team (CCOT) if they are worried about their condition deteriorating. Activated by the public through phoning our West Suffolk Hospital switchboard, C4C will trigger a bedside review from our CCOT

who work alongside ward staff to ensure potential warning signs of deterioration are not missed and adjust care and treatment as necessary.

Workforce

NHS Staff Survey results

The NHS Staff Survey is one of the largest annual workforce surveys in the world, offering a snapshot of how our staff feel across numerous areas of their working lives. Completely anonymous, the results of this survey are a cornerstone of how we best understand where we need to focus our attention over the year ahead to ensure our staff have the best experience at work possible. This is incredibly important as it helps us create a Trust where our communities want to come and work, and once here, to stay and develop. This year, almost 2,500 colleagues completed the survey, which is equivalent to 46% of our entire workforce.

Our results show that we have improved our scores across all nine of the key areas compared to last year. Whilst seven of these areas scored better than the national average, these scores were only slightly above average, showing that we have more to do. The two areas which scored lower than the national average are around having 'a voice that counts' and feeling as though 'we are a team'. These are already areas that we are prioritising under our People and Culture Plan this year and they will continue to be a priority for us going into 2024/25. One result that stood out to me, was around where we sat in the region in relation to whether our staff would 'agree' or 'strongly agree' with recommending our Trust as a place to work. Here, we ranked second in the east of England.

Another measure that jumps out from the results of the survey, is the percentage of our colleagues from ethnic groups other than white that reported having experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. In this same period nationally, the measure has improved, going from 31% to 28% (which is still a very high rate). For our colleagues, that figure has increased from 31% to 34%. This is more than 12% higher than the rate for our white staff, which stands at 20% - not that this isn't also too high.

Harassment, bullying or abuse has a very significant impact on our ability to do our jobs well, and there is a significant impact on those witnessing it, both our colleagues and patients. Research highlighted by Civility Saves Lives shows that incivility significantly reduces our ability to process information and the quality of our work as well as increasing the likelihood of having to take time off work. Last year, the Board heard the story of one of our junior doctors who had gone through exactly this experience and told us about not only what it felt like to be on the receiving end of this sort of abuse, but also the negative impact it on their ability to do their job. I also got to spend some time talking to one of our nurses who had similarly been subjected to racist and homophobic abuse while at work.

We are committed to tackling harassment, bullying or abuse in all its forms to make this a fair and equal place to work for all our staff. Whilst there's lots we have done over the last year to improve the experience of those colleagues who are treated unequally while at work, due to characteristics such as race, disability or sexuality, these results show there is a lot more ground we need to cover.

Staff well-being

At the end of February we held our annual Love Yourself Week, a time where we encouraged our colleagues to think about their own health and wellbeing. Working in

healthcare is an extremely demanding profession, and it is so important that colleagues have the tools to take care of themselves, so they can best take care of our patients. The week involved a 'wellbeing carousel' stand in our Time Out restaurant at the West Suffolk Hospital, along with a partnership with The Poetry Pharmacy. This 'walk with words' exhibition displayed poetry in the main walkways across our sites, with poetry representing the trials and tribulations our colleagues may experience. Our organisational development team also set up well-being webinars for colleagues to either watch live or at a time to suit them.

Celebrating our staff

Our Putting You First awards are a way for us to celebrate those who uphold our Trust FIRST values (fairness, inclusivity, respect, safety and teamwork) in their daily working lives, and the recipients have been nominated by their colleagues for the contribution they make to their service or team. It is amazing that we receive so many nominations for these awards, which makes it almost impossible to have to select a few, as all are so deserving. The below nominees however, I am very pleased to announce, are our latest round of winners:

- Alison Devlin, F7 ward manager, wanted to recognise **the F7 team of nurses, nursing assistants and housekeepers**, for: putting patients and each other first every single day. They encompass everything that the Trust stands for and every single day fulfil the Trust values. Alison says they are the best team ever! A team who cares about each other, helps and supports each other always, to keep patients safe and staff morale lifted. They care with compassion and a shared ambition to make F7 better and safer for staff and patients. Alison says F7 is a true family and a great team, who deserve to be recognised for who they are and the amazing team they are. Alison says she is very proud to be their manager.
- Karen Gleed, phlebotomist and Joanna King, haematology laboratory manager, wanted to recognise **Shan Barnes, phlebotomy manager**, for:
  - (Karen Gleed) being nothing but nurturing and supportive to her and all the newer recruits over the last almost two years, as well as the longer serving colleagues. From initially guiding her through the phlebotomy training and the Care Certification Course as 'complete novices', to encouraging their progression as more experienced members of the team, Shan is not only her manager, she is her work 'mummy'. How well Shan treats them all is 'beyond her', especially due to their diverse personalities. Karen thinks Shan demonstrates the Trust's FIRST strengths beautifully, not only to her colleagues but also to patients, even when under extreme pressure. All in all, Karen says Shan is a good all-round manager, who is always approachable, welcoming, and an absolute pleasure to work for.
  - (Joanna King): leading the phlebotomy team and working tirelessly to ensure the needs of the patient are met and that her staff are supported. Shan is kind, considerate, fair and adaptable, dealing with issues that arise to bring the best out in her team and to ensure that a safe and efficient phlebotomy service is provided. Joanna can always approach Shan when she needs her support or information. Additionally, despite the challenges that she might be facing, Shan is passionate about the phlebotomy service and always has a smile on her face. Shan is a real asset to the team.

Congratulations to the winners. It is delightful to see our colleagues supporting each other, which has never been more important.

Future

Strategic priorities

In 2023/24, the Board agreed a set of five strategic priorities which were:

- Delivery of service pathway changes as laid out in the Clinical and Care Strategy
- A strong priority on Equality, Diversity and Inclusion to address the disparity between different groups, where the evidence shows that staff are disadvantaged or feel discriminated against
- A large focus on line management development given the feedback from 'What Matters To You 2', the National NHS Staff Survey and the Freedom to Speak Up champions, alongside the impact this would have on a large portion of the organisation
- A step change in delivery on prevention and proactive care given the modelled demand projections and the explicit need for this to support the Future Systems Programme
- Development of transformation capacity and capability given the scale of change required for both business-as-usual challenges and to support the Future Systems Programme.

Many of the priorities remain for 2024/25 but, through engagement with the Senior Leadership Team and Board, we have produced a set that builds on the progress made in 2023/24.

The drivers behind these themes include demand addressed through productivity and prevention, the need to develop new models of care that meet the needs of the population, the need for financial sustainability and the imperative to improve experience and equity for staff and patients.

For 2024/25, the priorities we have agreed are:

- Delivery of long-term sustainability for health and care in west Suffolk
- Creating an inclusive culture where everyone belongs and reducing inequalities in experience of service users
- Supporting and developing leaders and managers
- A step change in delivery on prevention and proactive care.

Each of these strategic priorities has SMaRT objectives attached to them and I will report back later in the year on the progress being made against delivering on these objectives and priorities.

Proposal to move some planned elective orthopaedic activity to the Essex and Suffolk Elective Orthopaedic Centre (ESEOC)

Over the last eighteen months, the Trust has been exploring plans to move some of our elective orthopaedic services from West Suffolk Hospital to a new, state of the art, dedicated centre in Colchester, called the Essex and Suffolk Elective Orthopaedic Centre (ESEOC), which will be housed in the Dame Clare Marx Building (DCMB).

The plan is to move approximately 55% (still to be confirmed) of our elective orthopaedic procedures. The table below outlines the volume of activity for each procedure we are planning on moving:

Procedures	Volume of activity to move to Colchester	Volume of activity to remain at West Suffolk Hospital
Hip	80% (232)	20% (58
Knee	80% (252)	20% (63)
Upper limb	50% (160)	50% (160)

Foot and ankle	25% (28)	75% (84)
Shoulders	40% (35)	60% (50)
Day case procedures i.e., arthroscopies, removal of metal work	50% (750)	50% (750)
Total indicative throughput cases	55% (1,457)	45% (1,165)

This would equate to around 1,500 elective orthopaedic surgical procedures moving from West Suffolk Hospital to the ESEOC each year.

It is proposed that all remaining elective orthopaedic procedures, all orthopaedic trauma and paediatric orthopaedic surgery will remain at West Suffolk Hospital.

In March 2024, an extraordinary ICB and WSFT Board meeting was held to discuss the proposal and the need to carry out public engagement regarding the possible movement of these services. The ICB unanimously approved the recommended approach to carry out public engagement.

The ICB and WSFT are now moving ahead with plans to carry out robust engagement with the public and patients, which will involve gathering views on the plans and how people will be affected by the proposal, as well as any issues and concerns people may have. This public engagement exercise is being led by the ICB, with extensive WSFT involvement.

The plan is for the public engagement period to run from 20 May until 20 June 2024, after which the data gathered will be analysed and then presented to the ICB for consideration. The project leads in WSFT will be presenting to a special CoG meeting about the public engagement on Thursday, 13 June.

8. Operating planning and guidance (presentation - to follow)

To receive a presentation with a focus on patient access

Nicola Cottington, Chief Operating Officer and Matt Keeling, Deputy Chief Operating Officer in attendance

To Note

Presented by Nicola Cottington

9. Future System update

To note the report

Craig Black, Director of Resources in attendance

To Note

Presented by Craig Black

WSFT Council of Governors meeting (Open)

Report title:	Future System Programme Overview
Agenda item:	9
Date of the meeting:	9 May 2024
Sponsor/executive lead:	Craig Black, Director of finance and Scheme Senior Responsible Officer
Report prepared by:	Gary Norgate, Programme Director

Purpose of the report			
For approval ☐	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

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

As a general indication of health, the status of those tasks within the control of the Future System Programme remains unchanged as 'Green', That said, significant strides have been made in several key areas.

Solid progress against these goals has been achieved, specifically:

- Our review work has allowed the project team and colleagues from NHP to converge on an agreed design and cost for the "right sized hospital".
- An update to our strategic outline case (reflecting the "right sized hospital" has been prepared and is being socialised with NHP leadership before being formally submitted to Trust Board, ICB, NHSE and JIC for formal agreement.
- Significant progress has been made on a temporary access road connecting the Hardwick Lane site to the Hardwick Manor development site with work expected to complete in June 2024[1].
- The planned archaeological surveys of both the development site and construction compound have been completed. An additional dig has been requested to ensure the history of the site is understood and protected. This work will not delay our plans.
- Buffer tree planting is underway and remains on track.
- Potential construction partners visited our new site on 27th March with a view to establishing an informed external view of the attractiveness and practicality of our site and plans.
- A meeting between the Trust, NHSE and NHP leadership is scheduled for early April, with a discussion regarding the optimal means of contracting a construction partner high on the agenda.

The following will provide greater detail on each of these activities:

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[1] The new road connecting the current site to the manor can be viewed from the entrance to Car Park E. Establishing this road will allow us to close the access from Sharp Road and commence with buffer planting.

Project Plan

Task Name	Duration	Start	Finish
▷ "Right Sizing" Hospital	83 days?	Fri 02/02/24	Tue 28/05/24
▷ RIBA Stage 2 Design	191 days	Fri 02/02/24	Fri 25/10/24
▷ Main Contractor Procurement (First Stage of Two Stage Process)	130 days	Mon 03/06/24	Fri 29/11/24
▷ RIBA Stage 3 Technical Design	145 days	Mon 16/09/24	Fri 18/04/25
▷ Reserved Matters Planning Approval & Planning Conditions	80 days	Mon 21/04/25	Fri 08/08/25
▷ Outline Business Case (OBC) - Based on RIBA Stage 3	185 days	Mon 16/09/24	Fri 13/06/25
▷ OBC Approval (ICB / NHP / NHSE / Treasury)	120 days	Mon 16/06/25	Fri 28/11/25
▷ RIBA Stage 4 Design (Contractor Led)	190 days	Mon 21/04/25	Fri 23/01/26
▷ Guaranteed Maximum Price (GMP)	180 days	Mon 20/10/25	Fri 10/07/26
▷ Full Business Case	150 days	Mon 01/12/25	Fri 10/07/26
▷ FBC Approval (ICB / NHSE / NHP / Treasury)	105 days	Mon 13/07/26	Fri 04/12/26

The outline project plan above has been constructed between the Trust and NHP and remains broadly on track. RIBA 2[2] design is underway and progressing well. The scale and scope of the "right sized hospital" has been agreed and will now begin its journey through formal governance processes.

We are in the process of updating our strategic outline case so that it reflects the outputs from our reviews and answers the questions of the Joint Investment Committee relating to the definition of the optimal scale and scope for a new hospital. We are specifically seeking formal agreement that we have the basis to develop an outline business case where we intend to explore the following options:

	Trusts
Do Minimum	Installation of failsafe infrastructure and 5 years of essential backlog maintenance. Rebuild of the same building accommodation as the current WSH on Hardwick Manor reflecting modern spatial and H2.0 standards but without changes to clinical model and growth. Retaining modern estate without refurbishment or extension
Intermediary	Installation of failsafe infrastructure and 5 years of essential backlog maintenance. Rebuild a new WSH on Hardwick Manor to modern spatial requirements / H2.0 design, with an optimised clinical model (left shift), **phased** growth (reflecting available budget) and retaining modern estate with targeted refurbishment and strategic extension.
Preferred Option	Installation of failsafe infrastructure and 5 years of essential backlog maintenance. Rebuild a new WSH on Hardwick Manor to modern spatial requirements / H2.0 design, with an optimised clinical model (left shift), growth and retaining modern estate with targeted refurbishment and strategic extension.

These options will allow us to understand and contrast the costs and benefits of simply replacing what we have today to modern spatial requirements and the preferred option of building an optimised hospital that reflects the expected increase in demand within our catchment area / integrated care system.

The intermediate option reflects the likelihood of our scheme not receiving all the funding required to realise the preferred option in a single 'tranche'. It should not be viewed as a cheaper option or a pared back design, instead, it will seek to demonstrate how the preferred design could be 'phased' to match the capital budget that is immediately available whilst making clear and sensible construction provisions

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[2] RIBA 2 is the 2nd of 7 design phases defined by the Royal Institute of British Architects. RIBA 2 is known as the concept design phase and is the point at which room layouts and coordinated with technical utilities such as power cables and pipework.

for the addition of capacity when demand materialises (similar in the way to which the modular design of other hospitals allow for capacity to be efficiently increased). As much as this phased approach will reduce the initial capital outlay, it has the potential to increase operational costs and will almost certainly cost more in the longer term as inflation will have a negative impact on the cost of future extensions.

The regulations (contained within the Green Book[3]) that govern the production of business cases insists that four options be appraised during the outline phase. Consequently, colleagues in NHSE and Department of Health have constructed a fourth option, specifically for RAAC hospitals:

The so-called Business-As-Usual (BAU) option is a necessary component of any Green Book compliant economic case. It acts as a counterfactual against which every other shortlisted option is assessed. The BAU represents the scenario in which we carry on with current arrangements. We evaluate the value for money of each shortlisted option based on their incremental costs, risks and benefits – all costs, risks and benefits above and beyond those delivered by the BAU option.

Continuing to invest in measures to keep the RAAC hospitals operational becomes exponentially more costly once the current failsafe period ends. Therefore, RAAC hospitals represent a novel case in which carrying on with the current arrangements would result in the closing of the hospital and the loss of fundamental NHS services. Given the devastating impact this would have on society, this scenario is deemed wholly unviable. However, given the BAU option is a Green Book requirement, the modelling of this scenario will be required as part of NHP RAAC business cases.
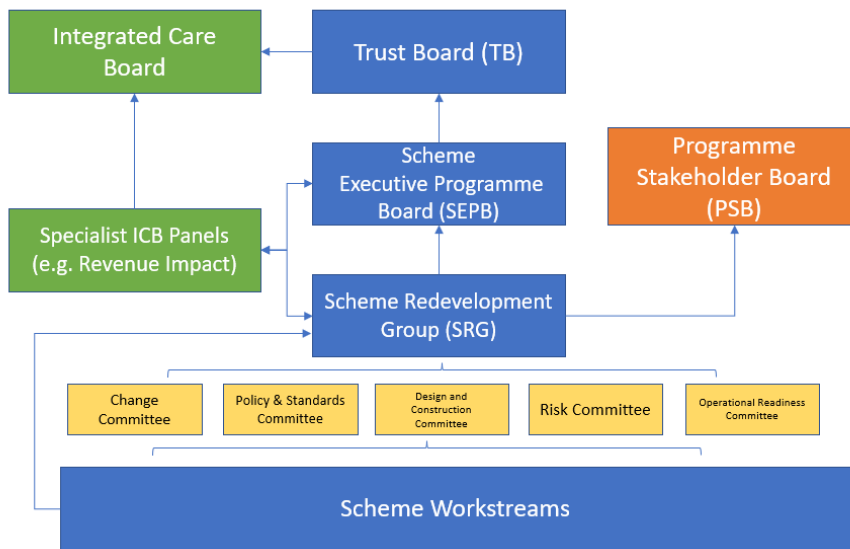
This guidance provides NHP RAAC Trusts with a simple calculation to monetise the disbenefit to society of the BAU option. It outlines how this monetised disbenefit should be incorporated into the comprehensive investment appraisal (CIA) model and how to calculate the value for money statistics. Guidance is also provided on the narrative required to support the BAU calculations. This includes narrative on the description and definition of the BAU, and narrative that outlines all of the non-monetisable impacts of the BAU option. This guidance has been approved by HM Treasury.

In essence, the application of this guidance will clearly demonstrate that not building a new hospital is simply not economically viable.

The project plan above provides provision for us to engage a construction partner in the design process whilst also applying the commercial "major works framework" that is being developed nationally. Such an approach mitigates the risks of designs not being compatible with the manufacturing / construction processes of builders whilst ensuring the commercial terms and capacity are optimised for all schemes in the new hospital programme (NHP). I hope to agree the mechanism for engaging the market in a "pre-construction service agreement" at the up-coming meeting with NHP and NHSE.

Given the increased detail required within an outline business case (OBC), the national NHP programme has deployed advisors (Q5) to aid Trusts in the development of suitable governance models. West Suffolk's engagement with Q5 was highly positive and our existing methods of governing progress were largely applauded. That said, opportunities for improving assurance and oversight were identified and have resulted in the development of the following structure that will be implemented as we progress with our OBC.

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[3] The Green Book is guidance issued by HM Treasury on how to appraise major capital projects.

Integrated Care Board

Trust Board (TB)

Specialist ICB Panels (e.g. Revenue Impact)

Scheme Executive Programme Board (SEPB)

Programme Stakeholder Board (PSB)

Scheme Redevelopment Group (SRG)

Change Committee

Policy & Standards Committee

Design and Construction Committee

Risk Committee

Operational Readiness Committee

Scheme Workstreams

- Would be established at the point Scheme is progressed to OBC.
- Today's Programme Board would become stakeholder Board without delegated decision-making powers.
- SEPB becomes project specific exec decision making forum.
- SRG allows for cross workstream / cross committee discussion of recommendations before forwarding decisions to SEPB and TB as necessary.
- Specialist sub committees / panels addressing specific areas of concern established when necessary.
- System wide governance maintained.

Progress on Site

In terms of our on-site enabling works, Archaeological work is now complete on both the development and construction compound sites. A supplementary dig has now been planned, following a small find of neolithic flints, however, this is not expected to jeopardise our plans for the development of the site:

Anyone walking past the Education centre will now see the progress being made towards establishing a new temporary access road connecting the old Hospital site (Hardwick Lane) to the Hardwick Manor development site (the road provides a sight line to the gate of the Manor's old walled garden). The road is expected to be completed in May and operational in June.

Work on the second stage of design (RIBA 2) is underway and progressing in line with our plan. It should be noted that we are not delaying this phase while we wait for formal approval of our strategic

outline case – such is our collective confidence that we are on the right track (and such is the size of the risk associated with a delayed realisation of a new hospital)!

Finance

Our scheme has three primary budgets:

- **Team budget** – this covers the costs of the direct future system team. Spending remains in line with budget and funding has been confirmed for 24/25.
- **Professional fees budget** – this is a two-year budget covering the costs of architects and advisors that underpin the development of our business cases. Spending remains in line with budget and funding for the development of our OBC throughout 24/25 has been confirmed.
- **Enabling works budget** – this covers the costs of specific pre-construction tasks such as the construction of our compensatory habitat and the creation of active access routes. Spending remains in line with approved plans and funding covers our named projects (buffer planting, access road etc.) throughout 24/25.

Outside of budget management, there are two other primary financial workstreams:

1) Revenue affordability. West Suffolk are leading the way in calculating and understanding the ongoing impact that building a c.£1bn new hospital will have upon the balance sheet, income and expenditure of both the Trust and its Integrated Care System. Given the commonality of the problem, our Regional NHSE colleagues are now leading a study into the challenges.
2) Central to the "affordability" debate is the identification and calculation of the cash releasing and societal benefits associated with building a new hospital. Said benefits will go some way to offsetting the effect of increased capital charges and work is underway to ensure we learn from other schemes and compile the fullest appreciation of potential gains. Early identification of potential benefits will allow the maximum time to ensure their realisation, and future meetings will dedicate time to the discussion of this subject.

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

In the coming month:

- We should have prepared an agreed update to our Strategic Outline Case that will have passed through local governance in readiness of formal submission.
- Agreed the optimum means of securing construction partner input to our RIBA2 and RIBA3 designs.
- RIBA 2 designs will have progressed.
- Our new temporary access road will be nearing completion.

Action Required

The Council of Governors is asked to note the report.

GOVERNOR BUSINESS (INC. STATUTORY DUTIES)

10. Feedback from assurance committees (enclosed)

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

To Note

WSFT Council of Governors meeting (Open)

Report title:	Feedback from Board assurance committees
Agenda item:	10
Date of the meeting:	9 May 2024
Sponsor/executive lead:	Non-Executive Directors / Governor observers at the Board's assurance committees
Report prepared by:	Chairs of the assurance committees Governor Observers at the assurance committees Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary

Purpose of the report:

For approval	For assurance	For discussion	For information
☐	☒	☒	☒

Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:

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

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.

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.

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

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.

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

Putting you first

INSIGHT COMMITTEE:

21 February 2024 (observed by Jane Skinner and John-Paul Holt)

- Report from sub-committees: Financial Accountability Committee and Patient Access Governance Group
- Urgent and Emergency Care Recovery Plan Q4 update
- Theatre Utilisation Deep Dive
- IQPR - data for December 2023
- NDD Update
- Circle Health Group Tender Waiver
- Corporate Risk Governance Group report
- Next steps following Insight Committee Workshop
- Escalations to and from other board assurance committees and board
- Forward Plan

20 March 2024 (observed by Jayne Neale, Jane Skinner and John-Paul Holt)

- Report from sub-committees: Financial Accountability Committee and Patient Access Governance Group
- Insight Committee Workshop Follow Up
- Review of Committee terms of reference
- Feedback from Medical Director/Chief Operating Officer/Chief Nurse on how we can improve the culture of partnership working to tackle UEC recovery and Theatre utilisation
- PA Consulting Report
- ESNEFT/WSFT Financial Processes Comparison
- Long Term Capital Programme
- IQPR – data for January 2024
- Corporate Risk Governance Group
- Escalations to and from other board assurance committees and board
- Forward Plan

17 April 2024 (observed by Tom Murray, Jane Skinner and John-Paul Holt)

- Report from sub-committees: Financial Accountability Committee and Patient Access Governance Group
- Budget Setting for 2024/25
- IQPR - data for February 2024
- Board Action Plan in response to PA Consulting Report
- Corporate Risk Governance Group
- Board Assurance Framework
- Internal Audit Report
- Escalations to and from other board assurance committees and board
- Forward Plan

IMPROVEMENT COMMITTEE:

21 February 2024 (observed by Jane Skinner, Anna Conochie and Adam Musgrove)

- Quality & patient safety insight: Quality & safety datasets, IQPR, future of IQPR, PRM packs and agree any areas requiring assurance review
- Glemsford CQC report progress
- Patient Safety & Quality
- Clinical Effectiveness report and terms of reference
- Transfer of care verbal update
- Patient Safety priorities - Rapid improvement urgent and emergency care pathway and Internal professional standards
- Update on Trust quality priorities
- Ockenden update
- Escalations to and from other board assurance committees and board

20 March 2024 (observed by Adam Musgrove and Jane Skinner)

- Quality & patient safety insight: Quality & safety datasets, IQPR, PRM packs, Internal critical incident reviews and ongoing assurance process
- C.diff Rates Deep Dive
- Peer to Peer Support Network
- Discharge Summaries
- Reporting from Governance sub-groups: Patient Safety & Quality report (including DWA Risk Summit – Outcomes & Plan) and Clinical Effectiveness
- Patient Safety priorities: (subject specific and trust-wide), Patient Safety Incident Response Plan PSIRP Update (includes Safety Improvement Group Report)
- Quality (priorities, improvement and assurance) CQC Report including Insight, (external intelligence benchmarking)
- Risk management and governance
- Escalations to and from other board assurance committees and board

17 April 2024 (observed by Jane Skinner, Anna Conochie and Adam Musgrove

- Quality & patient safety insight: IQPR and content, PRM packs and areas requiring assurance review
- Post Partum Haemorrhage Deep Dive
- Peer to Peer Support Network
- End of Life Care - Section 42 Action Update
- Reporting from Governance sub-groups: Patient Safety & Quality and Clinical Effectiveness
- Patient Safety priorities: Patient safety oversight report (includes strategy and PS specialists report), Letby response and report and Martha's rule update call for concern
- Quality (priorities, improvement and assurance) - LD& Autism update
- Risk management and governance, BAF 1.1 Risk Review, RADAR update
- Internal Audit Reporting
- Escalations to and from other board assurance committees and board

OPEN Council of Governors meeting
Putting you first
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INVOLVEMENT COMMITTEE:

21 February 2024 (observed by Becky Poynter and Val Dutton)

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

First for Staff:

- 2023 national staff survey results – initial briefing
- Healthcare Assistant job profile review (band 2/3)
- Implementation and impact of Schwartz Rounds

First for Future:

- None

First for patients:

- Maternity Services Patient Survey findings
- Patient Engagement update

Governance:

- People and Culture Group report
- New appraisal framework (non-medical)

Other items for oversight and assurance:

- IQPR extract for Involvement Committee (staff & patient experience KPIs)
- Escalations to and from other board assurance committees and board

AUDIT COMMITTEE

Audit Committee's key issues report presented by the Committee Chair

WHAT NEXT?   *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The items reported through this report will be actioned through the appropriate routes.

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:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A

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

Annex A: IQPR – exception summary slide

10.1. Insight Committee

Board assurance committee - Committee Key Issues (CKI) report

NHS West Suffolk NHS Foundation Trust

Originating Committee: Insight Committee			Date of meeting: 21 February 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Urgent and Emergency Care Recovery Plan	**Urgent and Emergency Care** 4-hour performance has continued to flatline and is forecast to improve slightly to 65% in February. The board committed to achieving the NHS target of 76% by March 2024 but this will be a challenge given the current performance against trajectory. The percentage of 12-hour stays increased during January 2024 though the position has improved in the past week (outside of the scope of the IQPR report). Ambulance handovers within 30 minutes remain within target.	**3 Partial**	Meeting Urgent and Emergency Care performance metrics ensures that our patients are receiving timely emergency care. The Committee noted that cultural change was needed across disciplines to support performance improvement.	The Trust is continuing to work through phase two of the internal Urgent and Emergency Care (UEC) recovery plan in discussion with the ICB. The plan for patient flow improvement has 4 objectives: - Increasing the non-admitted 4 hour performance to at least 80% - Improving discharge processes so the weekly number of patients with no criteria to reside is less than 10% - Improved admitted ED performance reducing 12 hour waits to less than 2% - Increase rates of ED avoidance through enhanced medical cover	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 21 February 2024		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington and Craig Black**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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				There is a need to improve informatics support; completion of Internal Professional standards data and clinical leadership to tackle criteria led discharge. The Committee has asked for a report to next meeting from the Medical Director, Chief Nurse and Chief Operating Officer about plans to improve internal partnership working to support performance improvement.	

Originating Committee: Insight Committee			Date of meeting: 21 February 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Patients Access Governance Group/ IQPR	**Cancer Diagnosis** The Faster Diagnosis Standard (FDS) performance is not being consistently met. The 62-day backlog is still on track to achieve the March 2024 ambition of no more than 93 patients	**3 Partial**	Achieving the FDS target of 75% and a 62-day backlog of no more than 93 patients by March 2024 are the key objectives for cancer in 2023/24 planning.	To achieve 75% compliance by March requires a significant change within the skin pathway where outpatients capacity is being brought in house and a "straight to treatment" pathway goes live on 26 February 24.	3 Escalate to Board
	Elective Recovery Our submitted trajectory is to have 94 patients over 65 weeks, of which 44 are over 78 weeks, at the end of March 2024. We are on track for both of these cohorts but the impact of Industrial Action in February may impact on achieving the target	**2 Reasonable**	Delivering the objective of no patients waiting over 65 weeks by March 2024 is the central focus of 2023/24 planning. Patients are at increased risk of harm and/or deteriorating the longer they wait. This then increases demand on primary and urgent and emergency care services as patients seek help for their condition.		3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 21 February 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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Community Paediatrics – Neurodevelopme ntal Disorders (NDD)	This pathway continues to experience unprecedented demand and given its red risk rating, the Board asked Insight Committee to revive regular updates from the service. There are system wide pressures and the team is currently taking on a backlog of referrals from the Barnardo's co-ordination service. There is a significant backlog of an estimated 558 children, of which 53 children will breach the 65 week waiting time by March 2024.	3 Partial	There is not enough clinical resource to meet the demand and so the ICB is supporting outsourcing assessments for those children that have been waiting longest. The ICB has committed £660k of non-recurrent funding to WSFT to support dealing with the backlog, although the initial scoping by the services suggested the costs could be nearer £1.3m The Paediatric team are working hard to address the issues, but the size of the problem makes delivery challenging.	A tender process is underway to commission the outsourced resource. A formal task and finish group has been established with ICB transformation support and a bid is being developed for recurrent funding to support demand. The Trust will be hosting a Programme Manager funded by the ICB to support system improvements in the pathway across health, education and care teams. The Board needs to consider how we can support discussions with the ICB to ensure the issues are fully addressed at system level.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 21 February 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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Finance Accountability Committee	**Financial Recovery Plan and CIP programme** The CIP programme is progressing well. A request for an additional £6m revenue support in Q4 was rejected and a further application has been submitted. Month 10 figures were not fully in line with our Financial recovery plan trajectory due to the costs of Industrial action but we continue to forecast meeting our target of £3.6m variance by year end, assuming that we will have some financial support to cover these costs.	**2. Reasonable assurance on current year progress**	There are still risks inherent in achieving the plan in particular how far ongoing industrial action will be funded. The lack of Planning Guidance continues to be problematic.	Further reports to Insight and then Board.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 21 February 2024		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington and Craig Black**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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	We still have not received the 24/25 planning guidance which hampers accurate planning for 24/25. We are now forecasting a deficit for 24/25 of £18.2m (not the previously reported £22.9m) as £3m for underfunded inflation has been removed. This is before any additional costs pressures				
Theatre Utilisation Recovery Plan	The Committee had a deep dive into Theatre utilisation. 7 specialities are contributing to an overall performance at end of December 2023 of 70.5% but there is variable performance and underlying issues across specialities.	**2 Reasonable**	Underutilising theatres impacts on waiting lists and adversely patients waiting for procedures. We are rewarded for achieving targets via Elective Recovery Funding so there is also a potential financial impact	The Recovery plan is in place and targets achieving recovery to 85% by December 2024. There will be a formal review of progress in June 2024. The plan has actions in 4 areas: ***Staffing*** (which includes shortages in anaesthetists; sickness levels; retention; and cultural issues around customer and practice	

Originating Committee: Insight Committee			Date of meeting: 21 February 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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				Patients – supporting attendance at their appointments *Capacity* – there are some tensions around protecting elective beds and supporting UEC recovery. Plans include looking at layout to maximise physical space and targeting low complexity high volume processes. *Data –* need for more effective information that does not rely on manual processes and more accurate comparative data across specialities so good practice and underperformance can be identified. The Committee noted that cultural change was needed across disciplines to support performance improvement as discussed under Urgent and Emergency care above.	

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee				Date of meeting: 20 March 2024		
Chaired by: Antoinette Jackson				Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:			
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Patients Access Governance Group/ IQPR	**Urgent and Emergency Care** There was an improvement on the January position in February, delivering the best performance since August 2023, which was a great achievement. The month to date performance was 74.67%.	**2 Reasonable**	Meeting Urgent and Emergency Care performance metrics ensures that our patients are receiving timely emergency care. The progress made is a result of an enormous amount of work put in across the Trust. The committee noted that improved performance was partially due to increased direct senior involvement, but some processes were not yet fully embedded. The Committee had requested feedback from the Medial Director, Chief Nurse and Chief Operating Officer on the strength of cross discipline working. We were assured that substantial improvement had been made in this regard and the three Executives and their teams were showing leadership in tackling issues in an open and collaborative way.	The Trust is continuing to work through the combined Patient Flow Improvement & Urgent and Emergency Care (UEC) recovery plan. Including piloting a Minor Emergency Care unit from April. The challenge going into 24/25 will be to achieve sustainable ways of working that can be fully embedded as some of the current approaches will not be sustainable long term.	1 no escalation	

Originating Committee: Insight Committee			Date of meeting: 20 March 2024			
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**			
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	Elective Recovery The revised trajectory for 78 weeks was zero breaches by the end of March 2024 except in Uro-gynae where the submitted forecast is 55 patients. Our submitted trajectory for 65 week waits is to have 94 patients in Uro-gynae. Whilst performance had remained on an upward trajectory the industrial action by junior doctors in March will have a negative impact on performance including in surgery and dermatology. Current estimates suggested a best-case position of 335 patients still waiting, and worse case of 410.	**3 Partial**	Delivering the objective of no patients waiting over 65 weeks by March 2024 is the central focus of 2023/24 planning. It is likely that this target will be extended to Sept 2024 in the new Operational Planning Guidance Patients are at increased risk of harm and/or deteriorating the longer they wait. This then increases demand on primary and urgent and emergency care services as patients seek help for their condition.	Plans are being developed to achieve a zero backlog in all specialties including Uro-gynae by September 2024, where modelling shows there to be a residual backlog with current activity levels.		3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20 March 2024			
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black			
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**			
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	Cancer Diagnosis The Faster Diagnosis Standard (FDS) performance has recovered in January showing performance of 74% against a target of 75% by March 24. Provisional figures for February suggest further improvement to 77% The 62-day backlog is still on track to achieve the March 2024 ambition of no more than 93 patients, with a backlog of 55 patients currently.	**2 Reasonable**	Achieving the FDS target of 75% and a 62-day backlog of no more than 93 patients by March 2024 are the key objectives for cancer in 2023/24 planning.	The Committee noted to efforts that had gone in to achieving such improved performance	1 No escalation	

Originating Committee: Insight Committee			Date of meeting: 20 March 2024			
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black			
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Finance Accountability Committee	**Current year** The month 11 position was in line with the Financial Recovery Plan target of £6.3m. An additional £1.3m income had been received in February for costs of Industrial action.	**2 Reasonable**	The plan for the current year is on track against the forecast submitted to the ICB in our Financial recovery plan for 23/24 but there is still some risk in relation to additional funding for the Consultants pay award.	Work continues on CIP delivery		3 Escalate to Board
	2024/25 budget Final Operational Planning Guidance is yet to be received. The current assumption is planned deficit for 2024-25 is currently £22.9m assuming a CIP of £12.3m improvement programme.	**3 Partial**	The Committee considered options for reducing the proposed deficit to £18.m and agreed to recommend these to the Board. The committee also supported approval of a request for £4m revenue support in the first quarter of 24/25. The Committee endorsed the 24/25 long term capital plan.	The Board will need to consider whether the proposed CIP programme is ambitious enough and what the target should be for the planned level of deficit The committee requested that further information on the risks and assumptions built into the budget be made available to the Board meeting.		3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20 March 2024			
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black			
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Financial Diagnostic Review of WSFT	SNEE ICB commissioned a review to identify some of the drivers behind the Trust's income and expenditure position and projected financial deficit. Themes that emerged from the analysis included the additional costs WSFT faced costs in dealing with RAAC; an increase in whole time equivalents (WTE) from 4000 to 5000 over the last five years; and expenditure not reducing in line with the removal of some non-recurrent funding. Benchmarking suggested IT and estates costs appear higher than in other similar Trusts. The report included a list of recommendations for action.	**3 Partial**	The Committee welcomed the report and detailed analysis within it. It fully supported the recommendations and noted that the report highlighted actions for the Board itself and across the organisation.	A number of recommendations have already been responded to and an action plan will be developed over the next few weeks which can be shared with the ICB. The plan will also reflect learning from a comparison of ESNEFT and WSFT financial processes. The action plan cannot be seen as a finance led process, it needs to be collectively owned by the whole Board. The analysis will inform Board consideration of the 24/25 budget.	3 Escalate to Board	

Originating Committee: Insight Committee			Date of meeting: 20 March 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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Actions from insight Committee workshop	The Committee reflected on our recent workshop and how we balanced our time as a committee to ensure we were focused on assurance. We had identified behaviours that we wished to see in our meetings in line with Trust values and needed to actively consider how we met these in our meetings.	**2 Reasonable**	The workshop gave us time to reflect on how well we did as an assurance committee of the Board.	We agreed to develop our forward plan to ensure we had good coverage of the committee's areas of responsibility. We will pilot arranging the agenda to give more of a finance or operational focus on alternate months.	1 No escalation

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Board assurance committee - Committee Key Issues (CKI) report

NHS West Suffolk NHS Foundation Trust

Originating Committee: Insight Committee			Date of meeting: 17 April 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington and Craig Black		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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Patients Access Governance Group/ IQPR	**Urgent and Emergency Care**

The Trust achieved 74% by the end of March for the 4-hour standard, against a target of 76%.

This was the 6th most improved Trust nationally and additional capital funding of £2m will be received because of this improvement.

12 Hour breaches remain higher than target.

Ambulance handover performance remains challenging against all three measures (15,30 and 60 minutes). | **2 Reasonable** | Meeting Urgent and Emergency Care performance metrics ensures that our patients are receiving timely emergency care.

The progress made on 4-hour waits is a result of an enormous amount of work put in across the Trust. The aim has been to try to move non-admitted patients through more quickly, to free up space for patients who need to be admitted. The risk of harm is higher for patients waiting longer than 12 hours so getting the balance right in a way that is best for patients remains a challenge. | As reported following the last meeting, the challenge going into 24/25 is to achieve sustainable ways of working that can be fully embedded as some of the current approaches will not be sustainable long term.

Insight will continue to keep progress under review

By March 2025 we will need to achieve at least 78% against the 4-hour standard.

The Terms of Reference for an Alliance UEC Working Group will come back to a future meeting of Insight. | 1 no escalation |

Originating Committee: Insight Committee			Date of meeting: 17 April 2024		
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	Elective Recovery The revised trajectory for 78 weeks was zero breaches by the end of March 2024 except in Uro-gynae where the submitted forecast was 55 patients. The actual March 2024 position was only 47 patients waiting more than 78 weeks. The 65-week trajectory suggested 94 patients over target by end of March but impact of industrial action by junior doctors in March means there are still 407 patients l waiting longer than 65 weeks.	**2 Reasonable**	Delivering the objective of no patients waiting over 65 weeks by March 2024 was a central focus of 2023/24 planning. This target has been extended to Sept 2024 in the new Operational Planning Guidance Patients are at increased risk of harm and/or deteriorating the longer they wait. This then increases demand on primary and urgent and emergency care services as patients seek help for their condition.	Plans are being developed to achieve a zero backlog in all specialties including Uro-gynae by September 2024. This will require some different ways of working. Clinicians in Surgery and Women and Children will be meeting to agree priorities. Insight has asked for feedback on the joint plan in May 24.	3 Escalate to Board for information
	Cancer Diagnosis The Faster Diagnosis Standard (FDS) performance has continued to recover, showing performance of 77% In February against a target of 75% by	**2 Reasonable**		Significant effort has gone in to achieving such improved performance which was recognised by the committee.	1 No escalation

Originating Committee: Insight Committee				Date of meeting: 17 April 2024		
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	March 24, with similar performance being expected in March. The 62-day backlog achieved the March 2024 ambition of no more than 93 patients, with a backlog of 68 patients at the end of March.				The committee discussed how it might capture the learning from this improvement.	
Finance Accountability Committee	**Current year** The month 12 position was in line with the Financial Recovery Plan target of £6.3m.	2 Reasonable		The plan for the current year is on track against the forecast submitted to the ICB in our Financial Recovery Plan for 23/24.		1 no escalation
	2024/25 budget At its last meeting the Board agreed to plan for a £18m deficit with a recurring CIP of £12.5m over three years to break even. At the end of 24/25 the Trust should have a workforce of Whole Time equivalent (WTE) staff no greater than	3 Partial		Because not all business cases have been through an agreed process there might be competing priorities for funding and choices that the Board may need to make which have not been identified in the proposed budget. The recent announcement about the limits on WTE growth may have an impact on those business cases which had previously been	The Committee agreed to approve the draft budget subject to the Investment Panel looking at all growth bids in the round.	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 17 April 2024		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington and Craig Black**		
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	that employed in 2023/24. This will be a complicated process to manage especially given the planned growth in staffing for the Community Diagnostic Centre (CDC).

The draft Budget included some business cases for growth funding but did not include some projects currently funded by partners. These had not all been reviewed by the Exec.

The Capital programme is over subscribed but this will be partially offset by the new capital received for UEC performance

The new Cerner Oracle Contract is due to be signed off by the Board in May 2024 but is going more slowly than anticipated due to the takeover by Oracle. | | earmarked for approval in the budget. And it is possible that those projects not in the budget could have greater strategic importance than those already included.

The CIP target will be challenging and will need sustained focus. It will be imperative to move the schemes through the gateway process in a timely way.

Capital spend will need to be prioritised by the Capital Strategy Group. | Insight will review the progress against plan at each meeting.

Discussions continue with Cerner Oracle to keep the contract to deadline | |

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Action Plan in response to Financial Diagnostic Review of WSFT	SNEE ICB commissioned a review to identify some of the drivers behind the Trust's income and expenditure position and projected financial deficit.

This was reviewed at the last Insight Committee, including a list of recommendations for action which were endorsed.

This Insight meeting was considering the first draft of the proposed action plan in response.

The report also suggested some additional posts to help deliver the programme, although some of these were suggested to be recurrent posts. A request would be made to the region for funding to support these. | **4.minimal** | The Committee was expecting a strategic action plan which showed

- the issues which had already been built into the budget and CIP programme
- the additional actions which would be undertaken to deliver further savings, especially in relation to WTE and areas where the report suggested the Trust was higher than the benchmark
- the improvements that would be made to internal financial governance and capacity
- a sense of how all of this would help deliver £38m of CIP over the next three years. | The Committee did not support the current action plan and asked for further work to be done on it before submission to the ICB.

The Committee also asked for further work on the additional support required, in particular why existing resources could not be used for these tasks. Any additional support requested should be subject to a proper business case and focused on what was need to support our three year programme to remove the deficit. | 3 Escalate to Board |

Originating Committee: Insight Committee				Date of meeting: 17 April 2024		
Chaired by: Antoinette Jackson				Lead Executive Director: Nicola Cottington and Craig Black		
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				The first draft of the action plan was not strategic, was very focused on process and addressed recommendations one by one rather than showing a joined-up approach that would help the Trust achieve its financial ambitions and give the ICB confidence.	The issues would be considered further at the Board development day on 26 April.	

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
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Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 21st February 2024
Governor observer (observed by): John-Paul Holt

Agenda: scope and coverage
Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place
• Large Agenda with fixed times for 2 presentations / Deep-Dives, one regarding the Suffolk Neurodevelopmental Pathway Backlog & the other regarding Theatre Utilisation • Relevant papers were available in advance of the meeting, however presenter who spoke about the NDD Pathway Backlog stated during his presentation the statistics stated in the papers had changed since the time of writing and these documents weren't a true reflection of the current position.
Meeting conduct
Any issues to highlight in terms of how the meeting was conducted or behaviours
• *An observer from Audit One involved in the Board's "Well-Led Development Review" was present* • *Well chaired considering the large agenda. Time was well kept and flexibility to the structure of the agenda was carried out, allowing for discussion and challenging of key points* • *Where discussions veered slightly away from the original questions proposed, the chair managed this well, ensuring questions were clearly answered & discussions were steered back to the original point.* • *Participants were keen to check on the wellbeing and resilience of teams under strain, especially the Community Paediatrics Team regarding the NDD Pathway Backlog.* • *Effective Planning for management of deferred agenda items due to overrunning of meeting.*

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 sort from the NEDs regarding the process for HCA Staff, who no longer work at the trust, to claim backpay from the re-banding of the HCA Role from Band 2 to Band 3, which is being back paid from August 2021.*
- *The Trust is ahead of its 62-Day Cancer treatment backlog trajectory.*
- *Assurance was also sort from the NEDs regarding the safety and effectiveness of the upskilling of Sonographers, which is aimed to help with capacity, reducing waiting times and agency spend.*
- *There were multiple times during the meeting where it felt clinical/medical representation and input was needed during discussions, but it was highlighted that this has been lacking at multiple previous meetings due to non-attendance.*

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

- *The committee praised and backed the work being done to improve Theatre Utilisation.*
- *Chair was keen to ask presenters how the Committee can support in work already being done and how to influence change and decision making within the ICB.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 21st Feb 2024
Governor observer (observed by): Jane Skinner

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

- The agenda was far to long and complex to be completed in the time frame. This was recognised by the Chair from the beginning. However, all agenda items seemed important and appropriate.
- There were two excellent presentations to the Committee.

  A representative from the integrated community paediatric team updated the committee on the current situation with the backlog of children requiring assessment of possible autistic spectrum disorder. The neurodevelopmental disorders (NDD) pathway has experienced unprecedented demand and challenges. The NDD backlog and impact is a red risk. The Trust was asked to provide specific assistance to help with taking improvement forward for this pathway in the ICS.

  The committee was told that operating theatre utilisation had been assessed as being below ideal productivity. The presentation outlined the current position and the steps being implemented to improve productivity. Improvements to staffing, data, capacity and patient management were highlighted.

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

- The meeting was observed by a member of the audit team conducting a review of Trust leadership.
- Well Chaired in that time was allowed for discussion, those giving presentations were welcomed, agenda items were summarised. Those present were professional, respectful and polite.
- At the end there was general reflection as to the conduct of the meeting which was agreed to be in line with Trust values. Governors were asked to participate in this.

- A point was raised that unless people took ownership of an issue then the issue would drift without completion.

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 are occasions when the agendas for the Improvement and Insight 3i meetings are very long and I feel some flexibility in allocated time is required to ensure all the items are effectively dealt with; potentially in the month when only those two committees meet I wondered if meeting time could be extended.

Governor observer Notes

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

- The meeting over ran and some less urgent agenda items needed to be delayed until the next meeting.
- This meeting was held during the half term holiday. Some committee members were not present but were represented by their deputies, unfortunately there was no medical representation and the clinical view was therefore missing from discussion a sit was from the Improvement Committee.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 20th March 2024
Governor observer (observed by): John-Paul Holt

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

- Large Agenda including report from PA Consulting's Financial Diagnostic Review of the trust
- Relevant papers were available in advance of the meeting.
- Items deferred from the previous Committee Meeting had been included into this month's agenda.

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

- *Lead Nurse for Medicine was present as an observer, who was also able to positively engage in discussions regarding the improvement in performance in the A&E 4-Hour target.*
- *A NED was selected at the beginning of the meeting, to make notes on the conduct of the meeting and how discussions aligned with the trust's FIRST values, with feedback presented by the NED at the end of the meeting.*
- *Meeting did overrun by roughly 20 minutes, but this was largely unavoidable due to the large agenda and detailed discussions that were completely necessary throughout the meeting.*
- *Outcomes from the Committee's Workshop were shared at the beginning of the meeting & actions implemented in this meeting, allowing for more efficient presenting, with further improvements, such as the IQPR Future Metrics discussed and agreed for following 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.

- *Assurance was sort by the committee from the Finance Department that there will be improved transparency regarding financial planning, budget setting & assumptions made in those decisions.*
- *Assurance was gained in terms that there has been improvement in Cancer Faster Diagnosis Standard and A&E 4-Hour performance, however it was highlighted that improvements in A&E may not be sustainable due to the CIP.*
- *The Medical Director was in attendance and provided vital contributions to discussions throughout the meeting, after representation from the Medical Team had been lacking at recent previous meetings.*
- *With regard to the outcomes of the Committee's workshop in January and the implementation of actions following this, there is a sense of allowing for more time for discussion during the meetings and less time reviewing what is stated in the meeting papers. It is therefore important that Committee Members come prepared having reviewed the papers in advance, requiring timely publication of the papers on Convene prior to each meeting.*

Governor observer Notes

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

- Great sense of positivity with regard to improvements in operational improvement & praise received from chair and NED's to those involved in these improvements. However, points raised that these improvements need to be sustained and current performance still isn't the our end-goal.
- Mention of a sense of "all being in this together," good working relationship between; Medical Director, Chief Operating Officer, Lead Nurse & their teams. Teams taking on responsibility to improve with passion and desire.
- Focus on how to create a culture of healthy debate and challenge, encouraging people to ask for support in the areas that are concerning them. Focus on individual narratives.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 20 March 2024
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 relevant papers were available in advance of the meeting.

- The meeting included the regular finance and operational matters, plus a comprehensive discussion on improving the culture of partnership working to tackle the Urgent and Emergency Care recovery plan and Theatre utilisation. The PA Consulting report and it's recommendations was also discussed.

Meeting conduct

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

- The meeting began on time. The Chair welcomed everyone

- The meeting conduct was polite and respectful throughout with all attendees being given the opportunity to contribute

- Searching questions were asked by NEDs and all executives

- At the end of the meeting agenda a NED was asked to independently reflect on the meeting. They highlighted the open conversations around difficult subjects which attendees had closely and respectfully challenged

- At the conclusion of the meeting the Chair summarised key issues arising from their discussions and thanked everyone for their contributions. FIRST values were demonstrated throughout the meeting

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.

- Good levels of assurance continue around the improvements to cancer services which are ahead of the backlog plan
- Re the Emergency and Urgent Care recovery plan; there was assurance that lots of work continues to support the recovery efforts but this may not be sustainable as much of the work has been down to the personal efforts of some staff working very long shifts. The Easter bank holiday presents risk factors which are likely to deteriorate the figures. There is also a need to focus on wider operational areas beyond the ED

Governor observer Notes

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

- A large proportion of time was given to the discussions around the Urgent and Emergency Recovery plan and the risk factors around the Plan. This included a discussion around improving culture and partnership working. Significant improvements were being seen due to increased involvement and leadership from consultants which was successfully cascading down to all staff leading to a more collective approach to working.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 17/04/2024
Governor observer (observed by): John-Paul Holt

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

- Large agenda, mostly dominated by the Finance Departments Budget Setting for 2024/25 & the Board's Action Plan in response to the PA Consulting Report.

- Relevant papers were available in advance of the meeting.

- Agenda Items included in the Governance section of the meeting, particularly the Board Assurance Framework (BAF), were not fully discussed due to meeting overrunning because of complex discussions required during earlier parts of the meeting. Plan made for queries relating to the BAF to be submitted via email prior to the next INSIGHT Committee Meeting and then these to be discussed at the next meeting.

- The NDD update, which was scheduled for this meeting, has been rearranged for May due to the representative being unable to attend today.

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

- The Medical Director was again present for today's meeting (second consecutive attendance,) since the Committee's Chair had raised concern regarding the lack of medical representation at previous meetings.

- A committee member was nominated at the start of the meeting, to take notes on the conduct of the meeting & reflections were provided at the end of the meeting. Reflections stated that during some parts of the meeting, there were some "2-way/person" conversations between committee members, which proved difficult for other members to participate in and add their thoughts/views.

- Meeting overran by 15 minutes, but this was largely unavoidable due to necessary challenging and discussion regarding Budget Setting & the Board's response/Action Plan to the PA Consulting Report.

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.

- *A point was raised regarding the lack of ICB representation at recent meetings. It was felt that ICB representation & input in current topics would be highly valued. Further discussion was had regarding recent ICB restructure & lack of attendance may have been an oversight because of this. A plan was put in place to seek ICB representation at future meetings.*

- *I would like to seek assurance that the Governance Items that were due to be discussed at this meeting, which have now been deferred to the next meeting, are positioned earlier in the agenda, allowing appropriate time for items to be discussed.*

- *Consideration needs to be given to our Finance Team & its representatives at the Committee, as it seemed apparent during today's meeting that the Department are under great pressure currently & workload has largely increased. A challenge was made by one of the NEDs regarding the structure of the Finance Department's response/Action Plan following the PA Consulting Report, when in fact the ICB (who requested the report & response) had specified the desired structure.*

Governor observer Notes

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

- *Lots of conversation regarding how to sustain improvement seen in Cancer performance. Committee keen for recognition & thanks to be passed down to those involved in these improvements. Also, questions asked about any learnings from these improvements can be applied to other areas requiring improvement.*

- *Complete & thorough overview of all outstanding items on the Action Log, as there are several.*

- *Whilst reflections at the end of the meeting were given regarding the conduct of the meeting, there was no consideration of whether discussions in the meeting reflected our trust's values or not.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 17th April 2024
Governor observer (observed by): Jane Skinner

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

- Previously it was decided that the time spent discussing the two main responsibilities of the committee – finance and operational issues – would be weighted 75% time operational one meeting and 75% time finance at next.
- This meeting was definitely 75% weighted towards finance with three papers to discuss, Financial Accountability, Budget setting and the action plan resulting from P A Consulting report.
- IQPR new metrics – noted health inequalities not included
- Good news shared re improved achievement of cancer targets and 4 hour ED waits. The ED was 6th nationally as most improved, gaining £2M capital for the Trust. Significant senior staff input into achieving the 4 hour wait target which might not be sustainable without that level of support.

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

- Noted that no ICB/ICS attendee at meeting again
- EDI guidance required for report writers
- Well chaired meeting, some agenda reports required important in depth discussion therefore time ran out for discussion of all agenda items.
- Reflection at end of meeting – good meeting, fair challenge, seemed like 2-way conversations at times, calm, right level of discussion. Trust values respected in behaviours.
- No time for discussion on BAF and strategic risk which is moved to the next meeting and to be higher on agenda

Assurance

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- Robust challenge from NEDs

- WTE capped as financial control from ICB – governors will need ongoing assurance regarding patient safety. Assuming capped WTE means leavers can still be replaced, and verbal assurance on this point was given at the meeting.

- Proactive forward plan from Chair re "deep dives" to include Glemsford surgery, bed occupancy

- Clear decisions made for going forward, to include: finance action plan to be re worked covering a three year projection, extra resource requirements to be submitted via usual business case route and existing business cases need to be reviewed as possibly some aspects no longer appropriate.

Governor observer Notes

There was challenge and lengthy discussion regarding financial reports. Critique of action plan paper was that it was not strategic enough, themes were not connected and not pitched at right level

P A Consulting report should be presented to COG given that Governors received a presentation on the Trust financial position before the report was written.

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 17 April 2024
Governor observer (observed by): Tom Murray

Agenda: scope and coverage
Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place
• The one issue that really struck home was the problems caused by the deficit and the amount of time and skills taken up trying to get to grips with it and not let it become a lead weight to ongoing workings of the hospital. It was obvious how serious this item was and is, also the amount of time taken up by the staff having to work on it, perhaps to the detriment of other pressing issues
Meeting conduct
Any issues to highlight in terms of how the meeting was conducted or behaviours
• *The conduct was polite, and everyone gave full attention, as with so many meetings I have attended it is difficult to hear,*   • *It took me quite and while at lectures and talks to learn to push my voice and talk up and out for clarity.*
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.
• *I did feel assured at the meeting that all items were being given time and due diligence.*
Governor observer Notes
Use this section to highlight any other areas for example good practice or 'even better if'

- *If we could hear, the room was very hot, as observers we have nowhere to put papers or our water.*

- *Otherwise, I was happy to attend and found it very informative.*

Feedback from assurance committees: Governor observer report

Board assurance committee: Insight
Meeting date: 20 March 2024
Governor observer (observed by): Jane Skinner

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

Highlighted from agenda discussion

- Outcomes from the Insight Committee workshop, and reviewed TOR, were presented with an overall regroup and refocus action plan

- IQPR metrics, for attention of all 3i committees, are periodically reviewed and those for the Insight Committee were presented and approved

- Discussion on theatre utilisation and elective waiting lists

- Financial Diagnostic Review (30 recommendations) was presented together with financial report. There was a lot of discussion on this report (to go to closed Board for action planning) and CIPs.

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

- Very long agenda, lots to discuss and not surprisingly the meeting over ran. The previous meeting agenda was full as well necessitating items being moved to the current agenda compounding the problem.

- Member to reflect sought: excellent quality of discussion, positive environment, good eye contact and transparency of papers/presentation.

- The meeting was well chaired and better attended with few apologies

- Visiting presenters were made welcome

Assurance

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

- The Financial Diagnostic Review, financial position at year end and CIP plan for next year should be presented to Governors at the next COG giving Governors opportunity to seek assurance from NEDs.
- There was assurance that renewed IQPR metrics would provide more meaningful data.

Governor observer Notes

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

As above re presenting finance issues and plan over next year to Governors.

Financially insightful Chair, good summing up at end of discussions

10.2. Involvement Committee (No Meeting April)

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Involvement Committee			Date of meeting: 21 February 2024		
Chaired by: Krishna Yergol - Non executive Director			**Lead Executive Directors: Jeremy Over and Sue Wilkinson**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
6.1	First for Staff: National Staff Survey Results Initial Briefing from Jeremy Over. Briefing on the recently released national staff survey results across the 7 People Promise themes.	Reasonable	The Committee noted the national staff survey results and asked for them to be contextualised for WSFT. WSFT results are slightly better than the national average on most of the People Promise themes however there is scope for establishing WSFT specific targets across all 7 themes.	To bring the report to a future committee meeting with detailed analysis and an action plan. Specific internal targets to be considered. Staff survey results to be shared with all staff in March.	No escalation
6.2	First for Staff: Healthcare Assistant Job Profile Review - Band 2/3 – presented by Jeremy Over Implications of implementing the changes to band 2/3	Reasonable	The committee was supportive of the approach and noted the risks related to finances. Recommended further discussions at Insight and at the Board to seek assurance that the organisation can indeed afford the changes to job profiles.	Financial affordability of the proposals to be scrutinised at Insight Committee.	Insight Committee Board

Originating Committee: Involvement Committee			Date of meeting: 21 February 2024		
Chaired by: Krishna Yergol - Non executive Director			Lead Executive Directors: Jeremy Over and Sue Wilkinson		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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	roles as per national role profiles for HSCW.	*(yellow)*			
6.3	First for Staff: Implementation and Impact of Schwartz Rounds. Presented by Cassia Nice. Review of the impact of Schwartz Rounds into WSFT during summer 2023.	Substantial	The committee noted the positive impact of Schwartz Rounds on staff engagement and endorsed the need to sustain momentum.	Consider how under-represented groups can be encouraged to participate in Schwartz Rounds. To consider licencing implications. To codify any organisational learning from insights generated at Schwartz Rounds. Further update to Involvement Committee in Q3 2024.	No escalation
8.1	First for Patients: Maternity Services Patient Survey Findings. Report presented by Karen Newbury.	Substantial	The committee noted the findings and acknowledged the team's positive work. Reported scores for WSFT were either better or remained the same as last year's.	Actions under 'where maternity service users' experience could improve' to be co-produced with service users. To trial the approach to enable the support person to stay overnight with the post-natal patient from March.	No escalation

Originating Committee: Involvement Committee			Date of meeting: 21 February 2024		
Chaired by: Krishna Yergol - Non executive Director			Lead Executive Directors: Jeremy Over and Sue Wilkinson		
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8.2	First for Patients: Patient Engagement Update presented by Cassia Nice. Update on the impact of patient and public engagement activity throughout 2023.	Reasonable	The committee noted the significant amount of engagement and involvement work through the VOICE network and other organisations that are engaged with WSFT. Committee endorsed plans to develop accessible information and make reasonable adjustments across all services.	To establish a formal process to feedback to services the learning from engagement exercises. To report back to Involvement Committee in 6 months' time.	No escalation
9.1	Governance: People and Culture Leadership Group Report. Presented by Claire Sorenson. Regular update to Involvement Committee.	Reasonable	The committee noted the update and the progress being made on workforce KPIs. Absences, appraisals, and turnover are all on target or better.	Further work to understand why the mandatory training targets are not being met in the areas highlighted in the report, and specific interventions to be pursued. Options appraisal paper on Oliver McGowan training to be presented to a future Involvement Committee meeting.	No escalation

Originating Committee: Involvement Committee			Date of meeting: 21 February 2024		
Chaired by: Krishna Yergol - Non executive Director			Lead Executive Directors: Jeremy Over and Sue Wilkinson		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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10.1	Assurance: IQPR extract for Involvement Committee	Reasonable	The committee considered the IQPR extracts and the planned next steps to improve our interventions based on insights from the complaints process. Recommended the inclusion of data to demonstrate the volume of early interventions that stop cases from escalating to the complaint stage.	Further work to demonstrate how the learning from complaints is being fed into services. To review and reconsider the target for monthly appraisal rate. The target is currently outside the defined upper and lower process limits. Feedback from employee relations cases to be presented at the next Involvement Committee meeting.	No escalation

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement
Meeting date: 21ˢᵗ February 2024
Governor observer (observed by): Becky Poynter

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Agenda: scope and coverage

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

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- The committee were reminded of their remit and the Trust values of Fairness, Inclusivity, Respect, Safety and Teamwork.

- Committee members were provided with clear and relevant papers before the meeting.

- Headline findings of the 2023 National Staff Survey received by the Trust on 20ᵗʰ Feb were presented. Results were broadly in line with the national average on all of the 7 elements of the NHS "Peoples' Promise". Attention was drawn to Promise 7 "Everybody counts" and the responses to line management questions where the Trust performed slightly below the national average. This remains a priority for the Trust. Members noted that under "advocacy" there was an improvement in responses back to the national average after a 3 year decline. The Survey will be evaluated in more detail and finding shared with the relevant committees and board.

- Members noted the national decision to review the Healthcare Assistant job profile. Staff shared details of the process and implications, including financial, for the Trust.

- Information from the Maternity Patients Survey was presented. Results in all categories showed that the maternity unit was performing "as well as", compared to other trusts in all areas. In 6 areas the unit was performing "somewhat better than expected", and in 8 areas the unity was performing "better than expected". There were no areas where the results indicated the unit was performing worse than comparison trusts. Areas which will inform a focus for improvement included "involving a partner or someone else" more in ante and postnatal care.

- Other items discussed included the implementation and impact of Schwartz Rounds, an update from the People and Culture Leadership Group and findings from the Integrated Quality and Performance Report.

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Meeting conduct

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

- The meeting was well chaired and almost all NEDs contributed.
- Where there were differing opinions, discussions were respectful.
- NEDs acknowledged the successes highlighted from the data presented.

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.

- It was obvious that members had read the papers in advance and came with questions which were appropriately challenging.
- There were some very honest and transparent conversations with staff acknowledging continuing areas for improvement.
- NED questions sought to triangulate evidence provided to the committee through the papers and presentations.

Governor observer Notes

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

- Observers to the committee were welcomed, included in the introductions and encouraged to join the main table rather than sit on the side lines thus demonstrating the trust value of inclusivity.

Feedback from assurance committees: Governor observer report

Board assurance committee: Involvement
Meeting date: 21 February 2024
Governor observer (observed by): Val Dutton

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 items were in line with providing assurance to the Board on delivery of quality and safety which is inclusive and engaging of staff, patients, and stakeholders.
Meeting conduct
Any issues to highlight in terms of how the meeting was conducted or behaviours
The meeting was held face to face in Northgate meeting room and was accessible via MS Teams too. The meeting was thorough, and the chair was able to keep to the agenda despite some of the in-depth and lengthy discussions relating to some of the items.
Everyone was included and given time to speak, and the behaviour of all participants was professional and polite.
The meeting worked well and there was great interest by all those attending.
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 gained by in-depth discussions, and polite appropriate challenges and request for clarification of information when required.
Assurance was also gained from the quality of reports, presentations and the knowledge of staff who presented.

For example, the healthcare assistant job profile review and implications for the trust. It was agreed this will need to be taken to the Board meeting.

The excellent presentation relating to maternity services, and it was agreed that fantastic changes and improvement must be recognised and continue to strive forwards.

Also, an interesting presentation and subsequent discussions relating to aspects of the People and Cultural leadership plan, mandatory training achievement levels and the national and trust staff survey results which had just been made available.

Governor observer Notes

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

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10.3. Improvement Committee

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson and Paul Molyneux		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
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 each Division.	Deep Dives for C-Diff and post-partem haemorrhage scheduled in 2023/24 programme of assurance. IQPR Datasets – work on-going to propose a way of reporting key quality and safety information as part of the committees assurance process. Data needs to be sensitive enough to cover aspects of patient safety and quality.	1
5.2	Glemsford Surgery CQC Report Progress Improvement Plan	2	Sept 22 CQC report rated the surgery as good. Progress and improvement key issues:- SAFE:- Clinical Pharmacist not yet recruited.	Glemsford Management will progress the improvement plan with support from WSFT. Teams inc. Estates, IT & HR to monitor targets and submission. Update to Improvement Committee in three months to include progress	1

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson and Paul Molyneux		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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			EFFECTIVE:-Access to GP appointments = WIP but achievement of target is unlikely; six session GP resigned Feb 24. CARING:- Patient Participation Group not yet set up but exploring a multi surgery group with neighbouring practices. RESPONSIVE:- Reception triaging of patients – training on-going. WELL LED:- Nursing placements well received and positive feedback from all involved.	on the sustainable governance structure.	
6.1	Patient Quality and Safety Group (PQASG) Updates provided from January meetings; - Hospital Transfusion Group	2	Regular monthly report using the Trust's 1-4 assurance level scale. Areas of partial assurance; -	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. No actions or escalations for Improvement Committee.	1

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson and Paul Molyneux		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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	Deteriorating Patient Group Mortality Oversight Group Drugs & Therapeutics Dementia Steering Group Mortuary & HTA Information Flow Safe Discharge Group End of Life Group		The Blood Safety & Quality Regs require 100% traceability of blood components. IT project with BIQ to review hazards and risks re implementation of closed loop bloods & label printers in Maternity and ITU. Guideline publication review – risk of non-compliance due to staff capacity. Sepsis – paediatric sepsis triggers not consistently identifying a septic child – immediate action to improve. Dementia – referral to memory clinics – review & scoping of improvement on-going. Palliative Care and referrals on Friday afternoon with vague care plans in place. Datix to be completed and PSII for		

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			**Lead Executive Director: Susan Wilkinson and Paul Molyneux**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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			organisational learning and review. Governance process supporting quality patient care with discharge waiting area. 16/2/24 Risk summit and work on-going with Transfer of Care Group. Discharge – quality and timeliness of discharge summaries – Risk Reg entry & QI project regarding all aspects of discharge – reporting through CEGG. Lidocaine patches – oversight of use.		
6.2	Clinical Effectiveness Governance Group (CEGG) Updates from the meeting:- Pathology Quality- inc accreditation	2	7 new NBP publications. Pathology hold active risks due to the laboratory office space & inadequate size of the water shed – restricted by the estate.	CEGG will continue to maintain oversight of all new items reported as emerging concerns through its framework.	1

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson and Paul Molyneux		
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	Shared decision making digital consent WSFT response to 2023 MBRACE (Maternity) CEGG TOR		Pathology- of note the accreditation (achieved) and recommended accreditation of specialisms is testament to the hard work of staff and should be acknowledged. Shared decision-making digital consent. Roll out programme continues at pace and is key to ensuring individuals are involved in personalised care. MBRACE – recognition and management of bleeding and increased risks for black and Asian women (Deep Dive – Post Partem Haemorrhage scheduled in committee programme). ED Lead midwife appointed. TOR – Agreed by CEGG & Improvement Committee		The board to be aware of the challenging decisions being made in light of the ongoing urgent and emergency care pressures and the impact these are likely to have on quality and patient experience.

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			**Lead Executive Director: Susan Wilkinson and Paul Molyneux**		
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7.1	Rapid Improvement Urgent Emergency Care Pathway. Large numbers of patients in ED awaiting a bed. Clinical risk at front door. Large number of patients discharged late in the day.	2	Initiatives:- Arrive by 9am- process to prepare patients for discharge or transfer before 9am undertaken. Activity to reduce and mitigate risk implemented. Phased roll out to wards. Feedback & review underway. Sunrise Bloods – take blood early in the morning. Results are ready for ward rounds & early decision-making regarding discharge & patient flow.	May 24 - Improvement Committee to receive an update on both initiatives.	1
7.2	Internal Professional Standards (IPS) Time taken for speciality review, plan to be documented once a referral by ED has been made on ECare.	3	Data is unreliable due to completion of plan on ECare. IPS affects patient care, patients being treated at the right time, as safely as possible & flow through ED.	Further work with clinical leads to improve performance, compliance with the IPS & completion of Ecare. Updated paper to improvement Committee or via CEGG???	1

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson and Paul Molyneux		
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			Delays in speciality review & completion on ECare affect ED 4 hr performance, ambulance handover and crowding in ED.		
8.1	Update on Trust Quality Priorities	1	Quality priorities are driven by our strategy & set out key improvements we aim to deliver and the measures we will use to understand progress & success. QP1 – Deliver measurable improvements in safe care & confidence to raise concerns through implementation of our patient safety strategy by March 24. (QP2 – Involvement Committee has oversight). Staff training on safety syllabus – improving esr reporting 85% compliance	Improvement Committee to receive quarterly updates – included in the work programme.	1

Originating Committee: Improvement Committee			Date of meeting: 21st February 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson and Paul Molyneux		
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			Patient Safety Partners role – support from ICB until recruitment to post. Duty of Candour – QI project re focus on quality and patient safety aspects of the process. CQC Single Assessment Framework – SAFE metrics to measure safety = under development. Safety Summit – May 24. Learning Analysis Report for teams & divisions produced quarterly for formal learning. ECare – review of patient safety indicators re accuracy, relevance and use to measure quality.		

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	Further consideration…
What? Deepening **understanding** of the evidence and ensuring its **validity**	**Validity** – the degree to which the evidence… • measures what it says it measures • comes from a reliable source with sound/proven methodology • adds to triangulated insight	• Good data without a strong narrative is unconvincing. • A strong narrative without good data is dangerous!
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What next? Exploring what should be **done next** (or not), informing **future** tactic / strategy, agreeing follow-up and future **evidence of impact**		• Recommendations for action • What impact are we intending to have and how will we know we've achieved it? • How will we hold ourselves accountable?

Assurance level

1. Substantial	Taking account of the issues identified, the board can take substantial assurance that this issue/risk is being controlled effectively. There is substantial confidence that any improvement actions will be delivered.
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Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee			Date of meeting: 20th March 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson and Paul Molyneux		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
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5.2	C-Diff – Deep Dive (clostridioides difficile are bacteria found in the gut which usually cause no harm. However, when the balance of bacteria is disturbed, they multiply producing toxins which cause illness e.g. diarrhea.	2	WSFT C-Diff infection rate (hospital and community) continue to increase exceeding the threshold of a count of 49 as set out in the NHS Standard Contract 2023/24. We are an outlier.	QI programme being developed to include: - IPC Nurses. Education/training for staff at induction & on-going learning. C-Diff caseload.	1

Originating Committee: Improvement Committee			Date of meeting: 20th March 2024		
Chaired by: Louisa Pepper			Lead Executive Director: Susan Wilkinson Paul Molyneux		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 2. Reasonable 3. Partial 4. Minimal	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
			Challenges that may have an impact on infection rates: - F12 isolation ward capacity prioritised for respiratory illness. Increased bed moves. RAAC challenges, no decant wards to allow for deep cleans. Ward pressures and challenges with IPC standard infection control precautions being followed. Repeat sampling. Decision to admit – inconsistencies regionally. HOHA/COHA.	Review of FM First cleaning scores at Patient Environment Group. Pharmacist/Microbiology Consultants – antibiotic stop at seven days. Weekly C-Diff review. Estates – hand basins in sluices & working collaboratively to include IPC plans. Report to Infection Prevention Control Committee & PQ & SG.	
5.4	Discharge Summaries/Transfer of Care. (The Transfer of Care Committee TOCC has been established to	3	Over the last year the Patient Safety & Quality Team have highlighted increased concerns regarding the quality, timeliness	Agree reporting pathways for four specific specialist groups, namely: -	

Originating Committee: Improvement Committee			Date of meeting: 20th March 2024		
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	consider a coordinated approach to on-going challenges that occur when transferring patients to external health and social care providers.		& absence of detail in transfer of care communications. This adversely impacts patient experience. In addition, the Trusts performance in relation to correspondence with GP's following discharge requires improvement. Transfer of Care Programme Chair – Mr Ravi Ayyamuthu.	Safer Discharge Group. Discharge Summary Group. Patient Flow Group. Complex Transfer of Care Group. Agree metrics to form a TOCC dashboard & other sources of insight (incidents & patient experience feedback). Develop a QI programme to monitor individual QI project ideas from initiation to sustained improvement. Improvement Committee update Sept 24.	
6.1	Patient Quality and Safety Group (PQASG)	2	Regular monthly report using the Trust's 1-4 assurance level scale.	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. No actions	1

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	Updates provided from the following meetings: - Safeguarding Children & Young People Safeguarding Adults Learning Disabilities Human Factors Claims Duty of Candour		Areas of partial assurance: - Safeguarding Level 3 training compliance for ED staff needs to improve. Non-Accidental Injury maps require updating. MCA/DOL assessment quality along NICE Guidelines currently 55%compliance – needs improvement. Sec 42- Safeguarding enquiries increasing. LD & Autism training – on-going debate between Trust and CQC regarding levels for staff. LD & Autism CNS capacity. Duty of Candour – audit process continues to understand Q3 dip in performance (no trend identified).	or escalations for Improvement Committee.	

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6.1.2	Discharge Waiting Area (DWA) Risk Summit – Outcomes & Plan. (Raised following several concerns over the quality & patient experience of the DWA)	2	DWA is a clinical area that delivers direct patient care that does not sit within a clinical division. Whilst there have been improvements in staffing, admin support & the environment – move to F2 is positive, there are still some vulnerabilities and risks.	Several recommendations have been identified and solutions scoped to improve patient & staff experience & overall governance of the area. An improvement plan has been compiled with no assurance levels identified. Improvement Committee – update June 24.	1
6.2	Clinical Effectiveness Governance Group (CEGG) Updates from the meeting: - - CQUIN - QI - National & Local Clinical Audit	1	5 new NBP publications. To compliment the revised TOR, CEGG will compile a development plan using the draft NHS Impact's maturity matrix. CEGG's new Chair is Professor Nicholas Levy.	CEGG will continue to maintain oversight of all new items reported as emerging concerns through its framework.	1

Originating Committee: Improvement Committee			Date of meeting: 20th March 2024		
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7.1	Patient Safety Incident Response Plan & Safety Improvement Group Report – Quarterly Update.	1	Patient Safety is fundamental to patient care & a core component of our Trust Strategy. As an early adopter of PSIRF, the Trust transitioned to this framework in Feb 21 following approval by the Board, ICB and NHS England.	PSIRF will be adopted by all providers and commissioners of healthcare under NHS contract from 1/4/24. Patient Safety Incident Response Plan to continue – Dec 24. Improvement Committee agreed with proposed response to National consultation on Never Events framework- this was the option to abolish framework and list in its current format as it feels punitive and doesn't allow for consideration of proportionate learning responses which would complement other frameworks	1

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				used for other patient safety incidents. Improvement Committee fully supported the proposed Safety Summit scheduled for May 24.	

See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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

Assurance level

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

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee			Date of meeting: 17th April 2024		
Chaired by: Louisa Pepper			**Lead Executive Director: Susan Wilkinson and Paul Molyneux**		
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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 each Division. Areas of Note: - The number of patients in the acute hospital who do not meet the criteria to reside has not reduced significantly. Patients not meeting criteria to reside in community beds has increased. The 4-hour performance is below trajectory at 64.83% and a comprehensive improvement plan is in place. Cancer performance remains on track to meet the 62-day backlog	Subjects for future Deep Dives under consideration by the Committee.	1

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			reduction target and Faster Diagnosis standard. Trajectories for 65- and 78-week waits has been revised due to industrial action. It is anticipated up to 400 patients will be waiting over 65 weeks and 55 patients over 78 weeks due to capacity. Plan to reduce these to zero by end Sept 24. Clostridium Difficile rates are a cause for concern – improvement programme in place. Update to Improvement Committee – Sept 24.		
5.1.2	IQPR Content – Proposal for on-going future data sets for the Improvement Committee reporting key quality and safety information as part of	1	PSIRF methodology provides opportunities to report on quality and safety priorities that have been identified as requiring further learning and oversight. The data has been received to understand the need to retain,	Improvement Committee assured regarding the methodology/IQPR review and support the addition, removal, and variation of the metrics, which will provide more meaningful oversight of patient safety and quality data.	3 (for awareness).

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	the Committee's assurance process.		revise or remove from the data pack. Any area removed will have a clear route to improvement through a specialist group, e.g. PQSGG. Infection Prevention – retain C-Diff only. VTE/MSA breaches – remove (PQSGG oversight). HAPU – remove (PQSGG oversight). Falls – remove (PQSGG oversight). Nutrition – refine (additional data set). Patient Safety Incidents – refine (link with PSIRF/safety culture). SHMI- retain.	New data scheduled for May reporting.	

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			Complaints – refine (to better reflect patient experience). Well led – retain.		
5.2	Post-Partum Haemorrhage (PPH) – severe bleeding after childbirth. WSFT are an outlier and have one of the highest PPH in the region.	2	PPH rates were identified as a frequently occurring safety incident at WSFT in 2021. A QI Improvement Plan was initiated in Feb 2022 and included in the PSIRP for 2022/23. Every PPH over 1500ml is discussed at a Multi-disciplinary Divisional Incident Review. On-going QI Project. Maternity Team participates in Local Maternity and Neo-Natal system PPH workstream and regional PPH QI programme.	Continue QI work until PPH are within an acceptable range. Multi-disciplinary representation at QI workshops. Site visit to maternity units with acceptable range of PPH. Undertake a 'So What' review in relation to PPH. Trust data – requires validation to reduce duplication of entries.	3

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6.1	Patient Quality and Safety Group (PQASG) Updates provided from the following meetings: - Pressure Ulcer Steering Group Falls Steering Group Incidents (Patient Safety Team) Nutrition Steering Group Infection Prevention Trauma	1	Regular monthly report using the Trust's 1-4 assurance level scale. Areas of partial assurance: - Bed rails assessment NPSA compliance. Provision of low-rise beds (9 in the Trust, 50 arriving in May 24). Tier 2 weight management services commissioned through SNEE no longer available. Of note: - Food satisfaction survey positive results, 90% patients report food as fair or good.	PQASG will continue to maintain oversight of all items reported as emerging concerns through its reporting framework. No actions or escalations for Improvement Committee.	1

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6.2.1	Clinical Effectiveness Governance Group (CEGG) Updates from the meeting: - Public Health Radiology (including accreditation) CEGG Development Plan	1	No new NBP publications. Radiology remains QSI accredited. Ten updates given, three are outside the scope of Radiology to resolve: - NMR requesting imaging outside of scope. Orthopaedic pre-assessment clinic 0% compliance with IR(ME)R record keeping. New radiation protection risk identified. Risk of radiation errors due to Trust IT procedures affecting CRIS.	CEGG will continue to maintain oversight of all new items reported as emerging concerns through its framework.	1

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			CEGG Development Plan compiled using the NHS Impact Maturity Matrix Template. CEGG's new Chair is Professor Nicholas Levy and they are seeking a Deputy Chair - Ravi agreed to do this		
9.2	Paediatric Audiology Service – Apr 24 - NHS England initiated a Paediatric Hearing Services Improvement Programme for providers and ICB's to improve the service quality.	(as the letter was dated 9th April too soon to make an assessment).	Report to CQC to include: - IQUIPS accreditation including any improvement recommendations. Whether the service is working towards IQUIPS accreditation. What stage work has reached and Board assurance levels regarding the service using IQUIPS standards. Timeline for accreditation.	NHS England require this issue to be considered at the next available Board meeting. The Board is required to consider assurance levels of safety, quality, and accessibility of children's hearing services. A report answering key questions to be submitted to CQC by 30th June 2024.	3

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			Number and severity where a child has suffered due to delay, misdiagnosis or treatment or not received timely follow up care and support.		

*See guidance notes for more detail

Guidance notes

The practice of scrutiny and assurance

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

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Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 21 Feb 2024
Governor observer (observed by): J Skinner

Agenda: scope and coverage

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

- Really full agenda causing a slight over run.

- Robust NED challenge re the need for provision of evidence via regular update to the Committee on CEGG progress with the project to improve all aspects of patient discharge. The discharge waiting area was discussed, a patient's poor experience of this area was presented to the Board recently.

- The improvement plan for Glemsford surgery was presented, this incorporated both CQC recommendations and other improvements such as filling vacancies and building works. Glemsford surgery is unusual, as it is the only GP practice in the Trust. There was concern that they might feel an outlier and without sufficient corporate support but the committee was assured that this was not the case.

Meeting conduct

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

- The Chair was welcoming to those visiting to present, introductions were made and thanks was given for presentations

- Every body had chance to speak and following discussion the main points were drawn together by the Chair.

- Challenge was firm but polite.

- Participants were respectful and the meeting conducted in line with Trust values. Reflection was held at the end.

Assurance

- Action points are carried from one meeting to another until considered closed. Sometimes, it seems that the action point is closed but the overall subject and concern certainly isn't. The action point can represent only one part of the whole issue and closing the action point is possible but it is important that the whole issue remains in focus for the committee.

Governor observer Notes

- The meeting took place during the half term holiday. Consequently some key committee members were not present, some were represented by deputies. However, there was no medical representation and therefore some decisions and discussions had to be deferred until the next meeting.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 20 March 2024
Governor observer (observed by): Jane Skinner

Agenda: scope and coverage   *Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place*
Three items of concern are highlighted from the agenda   • Update on the transfer of care project given. Complex, involving multi professional teams. Discharge summaries, written by junior doctors and taking 15% of their time, are at 85%. Discussion around changing culture and priorities. Improvement driven by clinical incidents and complaints. Harm to patients has occurred due to lack of information being passed to GPs. The discharge waiting area was also discussed as part of this project.   • Presentation and paper re deep dive into increased incidences of *clostridium difficile* infections, now known as *clostridioides difficile.* Possible causative factors outlined, the Trust differed from others in the relatively high use of broad spectrum antibiotics.   • When specialist clinicians are referred patients, being looked after in ED, there are standards to be met re the time taken to attend and review on e-care – known as Internal Professional Standards (IPS). Although patients are reviewed and a plan of care written, approx. 65% of the time clinicians are not inputting the correct data onto e-care, which is then able to be captured. There was a lot of discussion regarding how the prevailing culture might be changed as attempts to do so have failed.
Meeting conduct   *Any issues to highlight in terms of how the meeting was conducted or behaviours*
• The Chair was very clear that the meeting would be conducted in line with Trust values   • A member was elected to provide reflection at the end: many examples of respect being shown, guests were welcomed and introductions made. There was challenge, on one occasion a committee member highlighted inappropriate language regarding making people "comply", such a method of changing behaviour was unlikely to succeed.

- Some papers were late, giving little time for reading, understanding and therefore challenge if required by NEDs and others..
- As usual a full agenda

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 is recognition and oversight of problems with the discharge process, improvement working group formed and to report back monthly. Discharge summary percentages to return to the IQPR for transparency, target 95%, recognised as a clinical risk. The discharge waiting area currently sits outside a clinical directorate, this is to change so that nursing and clinical leadership/oversight will be improved.
- It was clear that a lot of work had been undertaken by the IC team to understand why *c diff* numbers are higher than expected, including that across different hospitals there existed differing ways of counting patients. Assurance provided in terms of understanding but evidence of improvement will be found in reduced infections.
- IPS - I felt there was no assurance regarding the capture of required data on e-care

Governor observer Notes

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

A really well chaired meeting where everyone was able to participate and be heard, with good summing up of each subject.

The so called deep dive into a problem seems a very effective, logical and clear method of discovering root causes, which leads to development of an action plan for implementation. Sets out the issues in such a way that they are more easily understood.

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 17 April 2024
Governor observer (observed by): Anna Conochie

Agenda: scope and coverage
Any issues to highlight in terms of the matters considered in the meeting and the discussion that took place
• Some agenda items were allocated more time than others in terms of virtual or in-person progress reports. Whilst important to acknowledge good work, does this sometimes stifle a very full agenda?
Meeting conduct
Any issues to highlight in terms of how the meeting was conducted or behaviours
• *Professional, thorough, respectful and appreciative.*
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.
• *It wasn't always clear whether some "improvement issues" were also being reported at other meetings. If so, does it make it difficult to "sign off" on an item?*
Governor observer Notes
Use this section to highlight any other areas for example good practice or 'even better if'
•

Feedback from assurance committees: Governor observer report

Board assurance committee: Improvement
Meeting date: 17 April 2024
Governor observer (observed by): J Skinner

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

- Once again a very long and complex agenda and an impossible task to give each item appropriate consideration in just two hours. A reflection was that verbal only presentations could be accompanied by a paper, which could be read before the meeting allowing better use of time in discussion.
- The paper on the discharge waiting area was not discussed due to agenda items being discussed out of order as guest presenters arrived
- No time left for BAF, paediatric audiology and audit papers which will be re-presented at next meeting
- Interesting verbal update on Peer to Peer support programme for doctors involved in incidents.
- Discussion on action plan record – important to review then close or adjust specific action points. The recorded action may be complete but a different action relating to the same topic may be required following discussion of a paper.

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

- All guests joining to present were welcomed by the chair who allowed time for discussion and everyone a voice
- Behaviour was in line with Trust values, members were focused and interested, were concerned with patients' wellbeing and safety.
- It was reflected that the committee is still evolving

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.

- During the maternity presentation on PPH the meeting was informed that data collected from e-care was incorrect and therefore collected data could not be accurately compared to that from benchmarking groups. Reliability of data from e care to be looked at outside meeting.

- Presentation on IQPR metrics review. Metrics either retained, revised or removed. Assurance given that metrics removed are monitored elsewhere and the meeting could see that this was the case with falls and PUs as they were mentioned in another paper. Metrics to be included (and work is still in progress to select metrics and to make the metrics included meaningful) sepsis, medicines management, safeguarding

- Assurance (peer to peer support presentation) on attention to doctors' welfare after being involved in stressful situations

- Many departments and services require periodic re-accreditation. Currently no assurance that all accreditation requirements are known, recorded or timetabled centrally.

- Patients with learning difficulties are increasing in number and average 160 patients a month. Some significant service gaps identified.

- Assurance provided re action to reduce falls from beds and harm from bed rails. The 9 low rise beds the Trust already has are insufficient, so 50 more are due to arrive, training will be given.

- Assurance provided that e-care has been adjusted so that specialists examining ED patients (internal professional standards) can more easily record their visit on e-care, therefore correcting data which has previously been inaccurate. Accurate data ensures targeted improvements can be made.

Governor observer Notes

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

- Concern expressed over continued monitoring of metrics and subjects dropped completely from the action plan or IQPR. As an observer I have not noted the Quality Strategy, which was taken off the action log in November, coming back.

10.4. Audit Committee CKI Report

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Audit Committee			Date of meeting: 19th March 2024		
Chaired by: Michael Parsons			**Lead Executive Director: Craig Black**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
Procurement & Contract Management	Deep dive on arrangements for procurement / tendering and contract management, including timeliness, value for money, collaboration opportunities, single tenders, and forward look.	Reasonable	The Committee was reassured by the comprehensive presentation and the engaging discussion. However, there was a lack of data to provide assurance and it was agreed that the new procurement dashboard being introduced from April 2024 should be reported to the Insight Committee periodically.	Insight Committee to consider procurement dashboard periodically to gain assurance.	2 -> Insight
Annual Governance Statement (AGS), Matters relating to Year-end 2023/24, Fit & Proper Persons Annual Report	Review of AGS including internal control issues; updates to governance documents (standing orders, scheme of delegation, etc); review of year-end accounting policies (going concern, significant estimates, etc); review of Fit	Substantial	The Committee agreed that the financial challenge (inc maturity, capability and processes) should be included in the AGS and also that the new hospital programme should be mentioned. The Committee asked that financial controls around	Some of these items will require formal Board approval in due course.	3 -> Board approval where required

1

Originating Committee: Audit Committee			Date of meeting: 19th March 2024		
Chaired by: Michael Parsons			**Lead Executive Director: Craig Black**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial 4. Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
	and Proper Persons annual report.		workforce should be reviewed, considering the PA report. The Committee agreed the preparation of the accounts on a going concern basis. The Fit and Proper Persons annual report was welcomed; the extension of DBS checks was noted.		
Internal Audit (RSM)	Approval of Internal Audit Plan for 2024/25. Update on delivery of internal audit plan and implementation of recommendations.	Reasonable	The Committee approved the Internal Audit Plan for 2024/25 and noted continuing good progress with delivering the 2023/24 audit plan. The Committee reviewed progress with implementation of recommendations, inc. those relating to business continuity.	Pleasing reduction in outstanding audit actions, although requires continuing focus by management.	2 -> Management Executive
Counter Fraud (RSM)	Approval of workplan for 2024/25.	Substantial	The Committee approved the workplan for 2024/25 and	Benchmarking data will be considered at a future meeting.	1. No escalation

2

Originating Committee: Audit Committee			Date of meeting: 19th March 2024		
Chaired by: Michael Parsons			Lead Executive Director: Craig Black		
Agenda item	WHAT? *Summary of issue, including evaluation of the validity the data**	Level of Assurance* 1. Substantial 🟩 2. Reasonable 🟨 3. Partial 🟧 4. Minimal 🟥	For 'Partial' or 'Minimal' level of assurance complete the following:		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	Escalation: 1. No escalation 2. To other assurance committee / SLT 3. Escalate to Board
	Discussion on CF activities, including results from a recent fraud questionnaire.		noted actions on awareness and training. Fraud benchmarking data would be available in a few months. Discussed cyber security and noted that a cyber review was included in the 2024/25 IA plan.		
External Audit (KPMG)	Approval of audit plan and planning for upcoming audit.	Substantial	The Committee approved the audit plan and noted key points. The good working relationship between the external auditors and the trust finance team was welcomed; timeliness of information provision and responsiveness to queries during the audit will be essential to achieve timelines.	None	1. No escalation

*See guidance notes for more detail

3

Guidance notes

The practice of scrutiny and assurance

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

4

Assurance level

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

5

11. Nomination Committee Report

To receive the report form the Committee meeting on 11 March, 2024

To Note

Presented by Jude Chin

WSFT Council of Governors meeting (Open)

Report title:	Nominations Committee report
Agenda item:	11
Date of the meeting:	9 May 2024
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 ☒	For assurance ☐	For discussion ☒	For information ☐
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:

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

The report summarises discussions that took place at the Nominations Committee meeting on 11 May 2024 and an update on non-executive directors' recruitment.

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

Summary/Highlights

The Committee focussed on the following key areas:

- **NED composition of Board** (for noting)

NEDs - term of office - The terms of office for the NEDs were reviewed and noted by the Committee. The Committee agreed the proposal to recruit two NEDs and if the field of candidates allows to appoint Associate NEDs through the same recruitment process. With the further NED resignation this was subsequently increased to three NEDs.

Review of recruitment partner - The Trust had started relationship with a new recruitment partner Saxton Bampfylde (SaxBam) who provided services to support recruitment for the role of executive director of strategy and transformation. Considering the investment of time in developing this relationship the Committee approved the commencement of a competitive recruitment process for NEDs with Saxton Bampfylde as the recruitment partner.

Non-Executive Director job description and person specification - The Committee received by email the updated candidate pack, including the job description and person spec for comment and approval before the final pack was used for engagement and recruitment.

Review of size, structure and composition of the Board - The Committee received a proposal that work is undertaken to review the size, structure and composition of the Board and emphasised the importance to periodically review the skill mix for the Non-Executive Directors (NEDs) of the Trust to enhance effective governance and strategic leadership.

The Trust with support from SaxBam undertook a desk-based exercise to provide a skills audit of our non-executive directors to map competencies, experience, and expertise. The results of this were used to identify any areas which may benefit from additional expertise or skills as well as consideration of Board's diversity. The recommendations from the sills audit will be used to focus the engagement activities by the recruitment partner, including:

- finance & audit
- technology & digital
- major capital project delivery
- large scale transformation
- and/or clinical expertise.

ACTION

- Note the update

- **NEDs and Chair appraisal process** (for approval)

The Committee received guidance on the updated appraisal process that will be mandated for NEDs and Chair this year. The Committee also noted the new framework for conducting annual appraisals of NHS chairs and approved adoption of the new framework for the Chair's appraisal for 2023/24. The Committee also agreed the proposal to ask NEDs to self-assess against the leadership competency framework LCF and discuss findings with the Chair as part of their 2023/24 annual appraisal.

The appraisal process includes board, governor and for the chair external observers. The process is described in more detail in Appendix A but the key components include:

- Circulate forms to appraisers (w/c 13 May)
- Senior independent director to meet with non-executive directors to collectively appraise the chair's performance (Mid to late June)
- Nominations Committee Meeting to discuss results of observer questionnaires and identify themes/concerns (mid-July)
- NED appraisal by Chair and Chair appraisal by Lead Governor and Senior independent Director (late July – Aug)
- Report on process to CoG (Sept)

ACTION

- Approve the proposed approach to NED appraisal and seek nominations from Governors to act as observers (appraisers) using the appraisal questionnaires
- Note the timescale for the appraisal process

- **Update on non-executive directors recruitment**

The advert for the role of non-executive director went live on SaxBam website on 18 April with a closing date of 8 May 2024. The position is also published on NHS England website, Guardian and Women on Boards.

The Nominations Committee is scheduled to meet on 16 May for longlisting meeting to review research and advert response and identify individuals to be interviewed by Saxton Bampfylde.

The Committee has also agreed to meet in early June for shortlisting candidates to be invited for interview with WSFT followed by the formal panel interviews in mid-June 2024. In between, informal conversations for shortlisted candidates will take place with the Trust Chair.

> **ACTION**
>
> - Note the update on non-executive directors' recruitment and timetable for interviews in June

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

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

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:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	Ensure inclusion and fair recruitment and staff management processes
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022

Chair and NED appraisal process 2024

1. NEDs' appraisal process

In accordance with the Code of Governance 2022 Section C: there should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. *For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair.*

Proposal - Chair and Non-Executive Director appraisal process 2023/24

(a) The proposed observer groups and numbers for Chair and NED appraisal are described in tables 1a and 1b respectively.

Table 1a - Chair – Observers

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

Table 1b - NEDs – Observers

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

(b) A group of at least five Governors who have volunteered to take part in this process will be allocated as observers (appraisers) for the Chair and each of the NEDs.

(c) Feedback from the Chair's and NEDs' observer (appraiser) questionnaires will be aggregated and reported at a meeting of the Nominations Committee. This will be used to identify areas for focus in the appraisal meetings for each individual. The purpose of this will be to identify themes and issues to be considered at the appraisal meetings.

(d) Appraisal for the Chair will be undertaken by the Lead Governor and Senior Independent Director.

(e) Appraisals of the NEDs will be undertaken by the Chair.

(f) An overall summary of the Chair's and NEDs' appraisal process will be reported to the Council of Governors meeting following completion.

The Committee is also asked to note the revised appraisal documentation. This has been developed to include feedback from the previous nominations committee meetings:

- **Appendix 1: NED appraisal form 2024 Blank ***
- **Appendix 2: NED appraisal reporting template blank ***
- **Appendix 3: FPPT self-attestation form (for NEDs and Chair)**

  * The proposed documentation for Chair appraisal is described in section 2 of this report.

Table 2: Proposed Chair and NED appraisal schedule 2024

Task	Action	Date
Volunteers to undertake appraisals to be identified at CoG meeting on 9 May 2024	**Deputy Trust Secretary**	Thursday 9 May 2024
Circulate forms to appraisers and appraisees for completion and return to FT Office	**FT Office**	w/c 13 May 2024
Completed forms to be returned to FT Office	**FT Office**	Wednesday 5 June 2024
Forms to be analysed and summarised	**FT Office**	Friday 14 June 2024
Senior independent director to meet with non-executive directors to collectively appraise the chair's performance	**FT Office**	Mid to late June 2024 (prior to Nominations Committee meeting)
Nominations Committee Meeting to discuss results of observer questionnaires and identify themes/concerns	**Nominations Committee**	8 July 2024
Lead Governor and SID to undertake Chair's appraisal	**Lead Governor / SID / Chair**	Mid July 2024
Chair to undertake NEDs' appraisals	**Chair / NEDs**	Mid July to mid Aug 2024
Report to CoG meeting	**Chair**	2 September 2024

2. Chair's appraisal process

On 28 February 2024, NHS England published Framework for conducting annual appraisals of NHS chairs. This framework establishes a nationally standardised approach to the annual appraisal of chairs, including ICB, NHS trust and foundation trust chairs.

The framework is aligned with the Leadership Competency Framework which contains six domains:

1. Driving high-quality, and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Leading for equality and inclusion, and reducing health inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities

The new framework is informed by multi-source feedback within chair appraisals to enable holistic conversations about performance, values and behaviours and support the ongoing development of chairs and boards.

The expectation in terms of implementation of the new framework is that:

1. The new appraisal framework **will be used for Chair appraisals in 2023/24**
2. A new board member appraisal framework will also be launched this autumn. In the meantime, all **board members should self-assess against the LCF** and discuss findings with their chair or chief executive as part of their 2023/24 annual appraisal.

On this basis it is proposed to adopt the new **'NHS chair multisource assessment template' (Annex A)** for use in the Chair appraisal. Similarly, to our existing process the new template will be completed by the Chair to provide a self-assessment perspective and by the identified internal and external observers.

The collective evaluation of all responses will as usual be reviewed by the Nomination Committee and form the basis of the appraisal discussion conducted by the Senior Independent Director and Lead Governor.

The outcomes arising from the appraisal discussion will be recorded using the new **'NHS chair appraisal reporting template'.** As required by the new framework this document will be submitted to the Regional Director via the senior appointments and assessment team (SAAT). Once approved by the regional director, SAAT will send the completed template to NHS England's Chief Operating Officer for review.

12. Engagement Committee Report

To receive a report from the Engagement Committee meeting on 25 March, 2024

Report title:	Engagement Committee report
Agenda item:	12
Date of the meeting:	9 May 2024
Sponsor/executive lead:	Sarah Hanratty, Public Governor (Chair of Engagement Committee)
Report prepared by:	Sarah Hanratty, Public Governor Pooja Sharma, Deputy Trust Secretary

Purpose of the report:

For approval ☐	For assurance ☒	For discussion ☒	For information ☐
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:

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

The report summarises the discussions that took place at the Engagement Committee meeting held on 25 March 2024.

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

Summary/Highlights

The Committee focussed on the following key areas:

- An overview of the **Future System Programme engagement activity** was presented and an update on public engagement, particularly in relation to the Trust digital strategy for the new hospital. The Committee received insights into various engagement initiatives conducted over the past three years, including in-person events, attendance at community groups, and online events, tailored to the needs of different audiences. Based on engagement surveys conducted by both the Future System Programme and Patient Engagement team, there is an opportunity for the Committee to review future activities and work plan.

- The Committee noted an update on **initiatives around patient engagement** at the Trust and various events where governors participate and work with the patient engagement team like Courtyard café questionnaire, area observations, VOICE and Experience of Care & Engagement Committee meetings. An overview of Patient Advice and Liaison Service (PALS) / Complaints was also provided. It was noted that a public and staff engagement plan around Essex and Suffolk Elective Orthopaedic Centre, a project being led by the Suffolk and North East Essex Integrated Care Board (SNEE ICB), is underway and governors will be asked to be involved with various activities once formulated

- The Committee received a report on **Governor activities** from Oct 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. Challenges around patient transport continue to be raised. 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. It was suggested that Governors do a follow up visit to review progress of actions from the previous visits

- The Committee identified two committee members to support **review of the current membership and governors' webpages**. The feedback will be provided to the foundation trust office for further discussion with the communications team

- The Committee noted an overview of timeline for the **Spring and Summer edition of the members' newsletter**. Jane Skinner and Sarah Hanratty were identified as readers for the draft newsletter for Spring edition

- The Committee also noted the committee **forward plan 2024-25**

- Due to the extent of discussion on other agenda items, it was agreed that an additional/special meeting of the Committee will be convened to discuss in detail the engagement priorities for 2024-25. Further to the matters raised at the Governors' induction session in January, there was a consensus to review the terms of reference for the Committee to ensure they are fit for purpose and reflect the Trust's over-arching strategy.

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

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

Action required / Recommendation:

The Council of Governors is asked to note the report from the meeting held on 25 March 2024.

Previously considered by:	N/A
Risk and assurance:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022

13. Standards Committee Report

To receive a report from the Standards Committee meeting on 23 April, 2024

To Note

Presented by Jude Chin

WSFT Council of Governors meeting (Open)	
Report title:	Standards Committee report
Agenda item:	13
Date of the meeting:	9 May 2024
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 ☒	For assurance ☒	For discussion ☒	For information ☐
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:

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

The Standards Committee of the Council of Governors met on 23 April 2024. The report summarises discussions that took place.

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

Summary

The Committee focussed on the following key areas:

- **Fit and Proper Persons Test implementation for governors and Disclosure and Barring Service (standard) checks (for noting)**

  The Committee noted that the FPPT's annual self-attestations have been received from all Governors. Requests for next updated FPPT declarations and to re-confirm compliance will be made in March 2025 and reported to the committee in April. To ensure full compliance, HR are also conducting other checks to cover disqualification and removal clauses for Governors as described in the Trust Constitution. The aim is to complete these checks by the end of June 2024. Requests have been issued for Disclosure and Barring Service (standard) checks and the responses are being processed. The committee will review progress with this at its next meeting.

- **Quality accounts 2023-24 Governors commentary (for approval agenda item 16)**

  The Standards Committee considered the draft commentary for discussion and recommendation to the council of governors for inclusion in the quality accounts 2023/24. This is covered under a separate agenda item.

- **Reflection on Council of Governors' elections 2023 (for noting)**

  As part of our ongoing commitment to continuous improvement and transparency, we reached out to the governors in early April 2024 for their reflections on elections held in 2023. The aim of this was to help us evaluate the process and identify areas for development to ensure we apply any learning to future elections. Their insights and perspective on 'good' and 'even better if' aspects were presented to the Committee. Feedback was positive in terms of transparency and the election process (including timings and communication). The learnings will be captured for improvements to the election process for the future, including clarity on the role and raising profile for staff governors.

- **Governors' development and education programme (for noting)**

  Training is essential for Governors, in respect of the effective performance of their current role. Governors are required to adhere to the Trust's policies in all respects and undertake identified training and development to allow them to effectively undertake their role.

  The Council of Governors in their meeting on 7 November 2023 agreed that all the Governors will be expected to undertake skills audit to help inform potential areas for support and development. The purpose of the Governor knowledge and skills audit is to assess a governor's current knowledge of the key functional areas within which they are expected to perform their statutory and general duties.

  The Committee reviewed the knowledge and skills audit and made some changes to the template. The audit will be shared with Governors to respond and the results reported to the next meeting of the Standards Committee to inform the content of training and development for the year ahead.

- **Governor attendance at Council meetings (for noting)**

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

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

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

- **Cases/concerns regarding compliance with the code of conduct (for noting)**

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

  In case of any breaches in Governors' conduct, the Standards Committee is asked to note the matters of alleged breach of code of conduct and approve a recommendation to the Council of Governors in terms of next course of action.

  No cases of breach were reported between Dec 2023 and March 2024.

- **Standards Committee workplan (for noting)**

  The Committee noted the forward workplan that has been developed to ensure timely consideration of relevant issues.

- **Governor email addresses (for noting)**

  During 2023 the Council considered a recommendation to stop using WSFT email addresses for Governors (other than staff). However, concerns were raised that this would mean that Governors' personal/work email addresses could be subject to public scrutiny in case of freedom of information (FoI) request or subject access request (SAR).

  Recognising this it was agreed to offer a flexible hybrid model so that all Governors can use WSFT email addresses, but if they wish they can use personal/work email addresses. It was agreed that any Governors using personal/work email addresses must complete a consent form recognising they could be subject to SAR and FoI.

  The Committee noted that Governors wishing to access Trust email addresses have the following options for access:

  - Trust issued iPad
  - a personal mobile phone with relevant software installed
  - a personal tablet with relevant software installed (currently being tested for one of our Governors).

WHAT NEXT?
Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)
The items reported through this report will be actioned through the appropriate routes.

Action required / Recommendation:
The Council of Governors is asked to note the report from the meeting held on 23 April 2024.

Previously considered by:	Council of Governors Standards Committee
Risk and assurance:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022

14. Lead Governor Report

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:	14
Date of the meeting:	9 May 2024
Sponsor/executive lead:	Jane Skinner, Lead Governor
Report prepared by:	Jane Skinner, Lead Governor

Purpose of the report:			
For approval ☐	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☐	☐	☐

Executive Summary

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

Lead Governor Report

I am sure Governors would like to join me in thanking community and acute Trust staff for their hard work over the very busy winter period.

I would like to mention just two examples of hard work leading to improvement in patient care. I observed the recent Insight Committee meeting. It was reported that the 62-week wait for cancer treatment standard, was better achieved than previously forecast, with 27% less patients waiting 62-weeks for treatment to commence. As we know all waiting lists in all NHS Trusts increased following the disruption of COVID-19 and industrial actions. Although there are still many patients waiting for procedures, there is evidence that patients are waiting less time than they were. (IQPR)

The ED 4-hour standard refers to the pledge (set at target of 95% in 2010 by then Government and written in the NHS Constitution) that patients should be seen, treated, admitted or discharged within 4 hours. In the last few years Trusts have failed to do this consistently. Studies show that this standard has a positive impact on patient care and mortality. Governors have been informed that when patients remain in ED for several hours then the quality of care they receive is not what staff would like to give. In December 2022, Trusts were refocused on meeting the standard at 76%. This year enormous effort and support was given to our ED to achieve this target, in March the Trust was the 6th most improved Trust nationally, in meeting the standard, this success attracted an extra capital payment.

Two Non-Executive Directors (NEDs) have resigned from the Board, Krishna Yergol and Dr Geraldine O'Sullivan, they have been committed NEDs, Governors thank them for their contribution and wish them well for the future. The CoG Nominations Committee is in the progress of recruiting new NEDs, with long and shortlisting dates already arranged.

There have been changes to the CoG as we welcome Sue Kingston as Partner Governor, representing Trust Volunteers and Friends of West Suffolk hospital; Gordon McKay, returning Public Governor and

Councilor Rowena Lindberg, who replaces Richard O'Driscoll, as a Partner Governor representing West Suffolk Council.

The CoG Engagement Committee has reformed and during a pre-meet session elected Sarah Hanratty to be the new Chair. Governors' engagement activities will be overseen by and fed back to this Committee. Members were invited to participate in Experience of Care & Engagement Committee meetings by the Trust patient experience lead and a Committee member will also observe VOICE meetings. To note, the last Experience of Care & Engagement Committee was not quorate and so didn't proceed.

Governors participated in the "Sudbury On Show" event in March, this generated numerous opportunities to speak to members of the public and service users. Governors received a lot of positive feedback about care but there was also some negative feedback and those people were encouraged to contact PALS if their issues felt unresolved. New Trust members were registered and it was a positive experience overall.

CoG informal meetings have recommenced with good attendance, conversation and sharing of information. Actions from the Governors' informal meeting included requesting briefs on the orthopedic elective changes involving moving a percentage of surgery to Colchester and on the Virtual Ward. These have now been arranged with thanks to Richard and Pooja.

I attended my first virtual Regional Network of Lead Governors meetings in March. A range of topics were discussed, the objective being for members to be supported by having a peer group with whom to discuss current concerns and possible actions.

I would like to encourage Governors to attend Board meetings as observers and to ask questions related to Board papers. Also, if Governors cannot commit to observing 3i Committee meetings regularly then perhaps they could just arrange to observe one occasionally. I am happy to meet and accompany any Governor wishing to do that for the first time. There are vacancies on some Governor activity and engagement programmes and on the Engagement Committee, so please come forward to participate if you can.

| **SO WHAT?** |
| *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk* |
| To keep council of governors informed of some of the key issues taking place across the Trust. |

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

| **Action Required** |
| The Council of Governors is asked to note the report. |

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

Legal and regulatory context	NA

15. Staff Governor Report (enclosed)

To receive a report from the Staff Governor meeting held on 5 March 2024

To Note

WSFT Council of Governors meeting (Open)

Report title:	Staff Governors' report
Agenda item:	15
Date of the meeting:	9 May 2024
Sponsor/executive lead:	Staff Governors
Report prepared by:	Richard Jones, Trust Secretary & Head of Governance Pooja Sharma, Deputy Trust Secretary

Purpose of the report:

For approval ☐	For assurance ☐	For discussion ☒	For information ☒
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:

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

The Staff Governors met on 5 March 2024. The report summarises discussions that took place.

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

The meeting was attended by the staff governors Anna Clapton (nee Mills), John-Paul (J-P) Holt, Andy Morris, Adam Musgrove, Carol Steed (deputy director of workforce & communications), Jane Sharland (Freedom to speak up Guardian) & Richard Jones (Trust secretary) and Pooja Sharma (Deputy Trust Secretary).

Summary/Highlights:

Freedom to Speak Up – themes to support triangulation and promoting speaking up: The staff governors noted an overview of recent initiatives and themes related to promoting speaking up within the Trust. Discussion took place regarding the role of staff governors as a channel for staff to voice their concerns. Suggestions were made to improve the visibility of staff governors through initiatives such as sessions at all-staff updates and inclusion in the staff newsletter Green Sheet. Consideration was given to adopting drop-in sessions for staff to directly engage with the staff governors.

Volunteer partner governor: Considering the parallels between volunteers and staff roles, it was agreed that the volunteer partner governor will be invited to join the Staff Governor group meetings in future.

National Staff Survey: Discussion took place around staff survey results analysing the outcome and providing helpful insights.

Car parking: It was recognised that queries regarding parking on site, new charge, priorities for space and any other related concerns should be directed through the normal channels, with the parking team available to address specific questions.

WHAT NEXT?	
Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)	
The items reported through this report will be actioned through the appropriate routes.	

Action required / Recommendation:	
The Council of Governors is asked to note the report from the meeting held on 5 March 2024.	

Previously considered by:	Staff Governors
Risk and assurance:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 NHSE Code of Governance 2022

16. Quality Accounts 2023/24

To approve the commentary for quality accounts

To Approve

Presented by Richard Jones

WSFT Council of Governors meeting (Open)

Report title:	Quality accounts 2023-24 Governors commentary
Agenda item:	16
Date of the meeting:	9 May 2024
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

Purpose of the report:

For approval ☒	For assurance ☐	For discussion ☒	For information ☐
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:

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

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

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

The Council of Governors in the meeting on 27th February 2024 asked the Standards Committee to develop the draft governors' commentary. To support this the lead governor prepared a draft commentary based on the content of last year's report and updating this to ensure it was relevant for 2023/24.

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

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

The Standards Committee considered the draft commentary **(Annex A)** for discussion and made a recommendation to the Council of Governos to approve the draft for inclusion in the quality accounts 2023/24.

Action required / Recommendation:

The Council of Governors is asked to:

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

Previously considered by:	N/A
Risk and assurance:	Council of Governors unable to undertake its statutory duties.
Equality, diversity and inclusion:	N/A
Sustainability:	N/A
Legal and regulatory context:	West Suffolk NHS Foundation Trust Constitution Health & Social Care Act 2022 **NHSE Code of Governance 2022**

Annex C: Comments from third parties

WSFT Council of Governors

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

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

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

The CoG appointed their new Lead Governor and Deputy Lead Governor in November 2022. These individuals work with the Chair to facilitate effective relations between the Board of Directors and the CoG. This includes joint meetings/workshops with the Board of Directors and attendance of Non-Executive Directors (NEDs) at CoG meetings.

Governor elections were held in November 2023, nine Governors were either re-elected or re-appointed and 16 were new appointments. The newly formed Council of Governors commenced its' term of office in December. Governor biographies can be found on the Trust website.

There are three sub-committees of the CoG – the Engagement Committee, Standards Committee and Nominations Committee. These have been reformed and inaugural meetings held.

- **Engagement with members and public:**
  - Governors, in collaboration with Trust staff such as clinical teams, the Trust's engagement team, Future System team and My WiSH Charity, participate in various public engagement activities and events.
  - Whilst carrying out engagement activities they encourage members of the public to take interest in Trust services by becoming members of the Foundation Trust. Friends, relatives and acquaintances are also encouraged to join.
  - Members receive regular information about the Trust via a newsletter. They can meet the experts to find out more about modern treatments and how to prevent ill health by attending the Medicine for Members events. Members have voting rights in Governor elections and can stand for election themselves. They are invited to attend the Annual Members' Meeting where they can meet and question the senior leadership, including the Trust CEO and Chair.
  - The annual members' meeting was held in the Apex in September 2023. Governors and Board members attended. In addition to service updates from the CEO and Trust Chair and a review of Governor activities delivered by the Lead Governor, an interesting clinical update was presented by a paediatric community consultant.
  - Governors are about to join the VOICE meetings as observers.
  - Governors are invited to participate in 'Experience of Care and Engagement' meetings.

- **Governor Engagement Activities:**
  - Governors participate in regular "15 Steps" visits to clinical and non-clinical areas. This is a national initiative from NHS England. Governors, a Non-Executive Director and clinical staff visit a department in order to look at the care provided and the environment as if through the eyes of a patient or visitor. Feedback is given to the department staff.
  - Under the guidance of the patient experience team, Governors act as 'secret shoppers', by positioning themselves in various waiting areas in order to observe the patient experience. Feedback is provided to the department manager.

- o Governors join the estates and facilities team to carry out environmental reviews. Department staff and the accompanying estates manager compile action plans with the aim of improving the department environment.
- o Governors meet visitors in the Courtyard café and the Newmarket site café in order to conduct a short patient experience questionnaire. The opportunity is taken to have a conversation with the visitor about their experience of the Trust and to encourage them to join as a member.

- **Working with the Board:**

  - o The respective powers and roles of the Trust Board and CoG are set out in their standing orders and Trust Constitution.
  - o Governors receive the bi-monthly Board meeting agenda and papers. Governors and members of the public have an open invitation to attend these meetings as observers. Questions relating to the agenda may be asked at the appropriate time on the agenda.
  - o Governors ~~may~~ do not attend the closed Board meeting where matters of a confidential nature are discussed. However, Governors do have access to the meeting agenda and approved minutes.
  - o Governors volunteer to observe three Board sub-committee meetings, on a rota basis. They complete reports on the meetings which, are submitted to the CoG. All Governors will have access to the agenda for these meetings and to the approved minutes. Attendance at these meetings provides insights into the working of the Trust and supports Governors in their role.
  - o The CEO attends CoG meetings and presents their report on which, Governors have opportunity to ask questions.
  - o Executive Directors also attend CoG meetings when they have a specific topic to present, for example, the Executive Director of Workforce and Communications recently presented the results of the national staff survey and the Director of ~~Finance~~ Resources provides financial updates.
  - o Governors can request, via the Chair, that specific items are added to a CoG agenda.
  - o Working with the NEDs has allowed sharing of information to triangulate areas for further consideration and/or improvement.
  - o Governors, through effective questioning, hold the NEDS to account for the performance of the Board.
  - o Governors complete the appraisals of the Chair and all NEDs to a schedule.
  - o The Lead and Deputy Lead Governors meet with the Trust Chair and Trust and Deputy Trust Secretary monthly.
  - o The Lead Governor recently participated in the successful recruitment of a new Board member, an Executive Director for Strategy and Transformation.

- **Development of knowledge and skills:**
  - o A training and development programme was agreed, including an externally facilitated induction day. The induction day was attended by both Governors and NEDs.
  - o A recent briefing session was delivered by the Executive Chief Nurse who presented portfolio of responsibility, including providing quality care and incident management.
  - o During this briefing Governors were invited to observe an Incident Review meeting; several Governors took the opportunity to do so and were assured by the in-depth processes involved.
  - o Governors may suggest subjects, they would like to understand better by receiving a brief, to the Trust Secretary or Chair.
  - o Informal Governors' meetings and joint Governor and NED meetings, facilitated by the Lead Governor, enhance effective working relationships.

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

17. Governance Report (enclosed)

To receive the governance report

For Discussion

Presented by Richard Jones and Pooja Sharma

WSFT Council of Governors meeting (Open)

Report title:	Governance report
Agenda item:	17
Date of the meeting:	9 May 2024
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

Purpose of the report:			
For approval ☐	**For assurance** ☐	**For discussion** ☒	**For information** ☒
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:
WHAT? *Summary of issue, including evaluation of the validity the data/information*
This report summarises the main governance headlines for May 2024, as follows: • Register of Governors' Interests • Council of Governors sub-committees 2024 • Governor work programme and forward planner 2024-25 • Composition of the Board • Board Assurance Framework
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
This report supports the Council of Governors in maintaining oversight of key activities and developments relating to organisational governance.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The items reported through this report will be actioned through the appropriate routes.
Action required / Recommendation:
The Council of Governors is asked to note the report and actions set out in the body of 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

Governance Report

1. Register of Governors' Interests

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

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

ACTION

The Council of Governors is asked to:

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

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2. Council of Governors sub-committees 2024

The Council of Governors has constituted committees to support the council in a range of tasks as follows:

- FT Governors' Nominations Committee
- FT Governors' Engagement Committee
- FT Governors' Standards Committee
- Staff Governors' Group

Appendix B summarises the membership of these sub-committees.

ACTION

- Note the revised membership of Council of Governors' sub-committees post governor elections 2023

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3. Governor work programme and forward planner 2024-25

The annual work programme aims to be reasonable in terms of time commitment and coverage. The draft programme 2024-25 is presented to the CoG for information **(Appendix C)**

ACTION

- Note and comment on the programme

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4. Composition of the Board

The Code of Governance for NHS provider trusts states that (section B, 2.7) at least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent. In the WSFT Constitution, the Board of Directors is made up of a non-executive chair and up to seven other non-executive directors and up to seven Executive Directors.

In light of the recent NED resignations, at present the Board has five non-executive directors and up to seven executive directors (currently six). Whilst we are working to fill in the current vacancies at the earliest opportunity, the Trust is compliant in terms of the legality of decisions as long as the Board is quorate in its meetings. The quorum for business to be transacted at a board meeting is defined as at least one-third of the whole number of the Chair and Directors (including at least one Executive Director and one Non-Executive Director).

ACTION

- Note the position

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5. Board Assurance Framework

The Board assurance framework (BAF) is a tool used by the Board to manage its principal strategic risks. Focusing on each risk individually, the BAF documents the key controls in place to manage the risk, the assurances received both from within the organisation and independently as to the effectiveness of those controls and highlights for the board's attention the gaps in control and gaps in assurance that it needs to address in order to reduce the risk to the lowest achievable risk rating.

Supported by our Internal Auditors the Board has reviewed and developed the BAF in recent months with a focus on the following risk themes:

1. Capability and skills (Involvement)
2. Capacity (Insight)
3. Collaboration (Involvement)
4. Continuous improvement & Innovation (Improvement)
5. Engagement (Involvement)
6. Digital (Board – being reviewed)
7. Estates (Board – being reviewed)
8. Finance (Insight)
9. Governance, Compliance and Professionalism (Improvement)
10. Staff Wellbeing (Involvement)

The Board and it's assurance committees will review the relevant risks to consider:

- the **key controls** in place to manage the risk
- the **assurances** received as to the effectiveness of those controls
- the **risk mitigation/improvement plans** to further reduce the level of risk
- status against the agreed **risk appetite**.

ACTION

- Note the work undertaken and observe through the Board assurance committees
- Further reflect on development of the BAF at the Council meeting in September

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REGISTER OF GOVERNORS' INTERESTS SUMMARY

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

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

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

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

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

	Declared Interest	Date Reviewed
Trust Chair		
Jude Chin	- Director of SSAT (The Schools Network) Ltd - Shareholder of SSAT (The Schools Network) Ltd - Trustee The Academies Enterprise Trust	17/04/2024
Staff Governors		
Anna Clapton (nee Mills)	On the committee for a local running club, the annual running event – The Capel 5	12/12/2023
John-Paul Holt	None	12/12/2023

	Declared Interest	Date Reviewed
Louisa Honeybun	▪ Director of Gedunk Ltd – food services company	12/12/2023
Andy Morris	None	12/12/2023
Adam Musgrove	None	12/12/2023
Nominated Partner Governors		
Cllr Richard O'Driscoll *(until March 2024)*	None	12/12/2023
Cllr Rowena Lindberg	▪ Sits on Health and Wellbeing Board, Suffolk County Council	16/04/2024
Dr David Brandon	▪ Elected representative for West Suffolk constituency for Suffolk Local Medical Committee ▪ Associate Medical Director for West Suffolk Alliance, SNEE ▪ GP Clinical Lead for Unity Healthcare, Haverhill, for the Suffolk GP Federation ▪ Unpaid articles for local media on health matters	Being reviewed
Cllr Heike Sowa	▪ Director of Richpicks Ltd ▪ Nurse, working for Cambridge University Hospital	12/12/2023
Elspeth Lees	None	Being reviewed
Dr Thomas Pulimood	▪ Consultant Respiratory medicine and respiratory lead – West Suffolk Hospital ▪ Honorary consultant – Papworth Hospital ▪ Honorary consultant Cambridge University Hospital ▪ Member of the respiratory board – Suffolk and North East Essex ICS ▪ Trustee – Friends of Vellore UK	12/12/2023
David Smith *(until January 2024)*	None	12/12/2023
Sue Jane Kingston	None	07/04/2024
Public Governors		
Carol Bull	▪ West Suffolk Council – District Councillor	12/12/2023

	Declared Interest	Date Reviewed
Anna Conochie	None	12/12/2023
Val Dutton	None	23/01/2024
Sarah Hanratty	▪ Owner & Director of Footwork Reflexology Ltd – listed on NHS reflexology services register ▪ Volunteer Covid Marshall – Essex Partnership University NHS Foundation Trust	12/12/2023
Helen Harlow *(until January 2024)*	None	12/12/2023
Elizabeth Hodder	None	12/12/2023
Ben Lord	▪ Whole time Director, Speedbird Promotions Ltd ▪ Whole time Director, Speedbird Supplies Ltd ▪ Whole time Director, Speedbird Concorde Ltd ▪ Whole time Director, Rambling Rose Group Ltd ▪ Regional Ambassador, Atrial Fibrillation Association East Anglia	12/12/2023
Tom Murray	▪ Member of Guildhall Feoffment ▪ Trustee – Newbury Community Centre	12/12/2023
Jayne Neal	None	12/12/2023
Adrian Osbourne	None	Being reviewed
Rebecca Poynter	▪ Company Secretary – Belchamp Consulting Services	12/12/2023
Clare Rose	▪ Account Manager for Crown Commercial Service, supporting customers in the East of England with non-clinical health procurement. West Suffolk Hospital and SNEE are current customers. Role does not contract or commission services but does support those that do. Also has links with the New Hospital Programme ▪ Partner, Michael Woodroof, has 50% share of a local electrical business (PP Electrics). They have previously completed work at West Suffolk Hospital, both as the primary and secondary contractors	05/12/2023

	Declared Interest	Date Reviewed
Michael Simpkin	▪ Trustee of the Memories Are Golden organisation, which specialises in offering day care services to individuals with long term challenges and conditions ▪ Volunteer for Citizens Advice West Suffolk ▪ Involved with the following organisations, as a member of the public; WSFT Virtual Wards Haverhill Locality Group Suffolk Pharmacy	22/12/2023
Jane Skinner	▪ Volunteer on reception at West Suffolk Hospital	Being reviewed
Gordon McKay	None	02/04/2024

FT COUNCIL OF GOVERNORS' NOMINATIONS COMMITTEE

Members	
Jude Chin	Chair
Jane Skinner	Public Governor (Lead Governor)
Carol Bull	Public Governor
Jayne Neal	Public Governor
Ben Lord	Public Governor (Deputy Lead Governor)
Adrian Osborne	Public Governor
John-Paul Holt	Staff Governor
Andy Morris	Staff Governor
Heike Sowa	Partner Governor
Thomas Pulimood	Partner Governor
In attendance by invitation	
Richard Jones	Trust Secretary & Head of Governance
Jeremy Over	Executive Director Workforce & Communications
Pooja Sharma	Deputy Trust Secretary
Ruth Williamson	FT Office Manager

FT COUNCIL OF GOVERNORS' ENGAGEMENT COMMITTEE

Members	
Sarah Hanratty	Public Governor (Committee Chair)
Jane Skinner	Public Governor
Liz Hodder	Public Governor
Michael Simpkin	Public Governor
Becky Poynter	Public Governor
Elspeth Lees	Partner Governor
In attendance	
Richard Jones	Trust Secretary & Head of Governance
Pooja Sharma	Deputy Trust Secretary
Ruth Williamson	FT Office Manager

FT COUNCIL OF GOVERNORS' STANDARDS COMMITTEE

Members	
Jude Chin	Chair (Committee Chair)
Jane Skinner	Public Governor (Lead Governor)
Carol Bull	Public Governor
Liz Hodder	Public Governor
Anna Mills	Staff Governor
Elspeth Lees	Partner Governor
In attendance	
Richard Jones	Trust Secretary & Head of Governance
Pooja Sharma	Deputy Trust Secretary
Ruth Williamson	FT Office Manager

FT STAFF GOVERNORS' GROUP

Staff Governors	
Anna Clapton (nee Mills)	Staff Governor
John-Paul (J-P) Holt	Staff Governor
Louisa Honeybun	Staff Governor
Andy Morris	Staff Governor
Adam Musgrove	Staff Governor
Sue Kingston	Partner Governor (Volunteers)
In attendance	
Richard Jones	Trust Secretary & Head of Governance
Jeremy Over	Executive director of workforce and communications
Jane Skinner	Lead Governor
Pooja Sharma	Deputy Trust Secretary
Ruth Williamson	FT Office Manager

Governors' Work Programme 2024-25

Timing	Themes	Rationale	Led by
30 January 2024	• Governance and the role of governors • Effective questioning and challenge • Member and public engagement • NHS structure	Interests of members and the public	NHS Providers
March/ April * *timing to be aligned to national operational planning guidance (expected late December 2023).*	Briefing on strategic planning (now forms part of CEO report for CoG Meeting in May 2024)	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
29 April 2024	Briefing on Virtual Wards	Interests of members and the public.	As agreed/VW consultant lead Dr Vivian Yiu
13 June 2024	Essex & Suffolk Elective Orthopaedic Centre (ESEOC) Engagement	Interests of members and the public.	Associate Director of Communications/COO/Head of Patient Experience & Engagement
TBC	Session on CQC new inspection framework	Interests of members and the public Update on system-based inspection	Chief Nurse
13 August 2024	Living the Trust values	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
23 October 2024	Session on Future Systems Programme	Holding the NEDs to account for the performance of the Board	Chief Executive / others as agreed
5 December 2024	Session on Integrated Care Board introduction and provider collaboration	Interests of members and the public	ICB partners/Chair/Trust Secretary

Timing	Themes	Rationale	Led by
4 March 2025	Experience of care and engagement session	Interests of members of public	Head of Patient Experience & Engagement

REPORTS FOR INFORMATION

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

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

To Note

Presented by Jude Chin

WSFT Council of Governors Meeting (Open)

Report title:	Summary Report for Board of Directors meetings
Agenda item:	18
Date of the meeting:	9 May 2024
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 ☐	**For assurance** ☐	**For discussion** ☒	**For information** ☐
Trust strategy ambitions	FIRST FOR PATIENTS	FIRST FOR STAFF	FIRST FOR THE FUTURE
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:
WHAT? *Summary of issue, including evaluation of the validity the data/information*
This report is from the Board of Directors to the Council of Governors and recognises the statutory duties of the Governors to: - **represent the interests** of 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.
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
The Board of Directors recognises and respects this role of the Council of Governors. This report summaries the activities of the Board meetings and compliments the reports received from the Board's assurance committees earlier on the agenda.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The Council of Governors to review this report in order to: • consider any elements relating to the **performance of the board** arising from this report which they wish to raise with the non-executive directors,

- consider any **areas of priority** identified in this report for future engagement with members and the public.

Action required / Recommendation:

The Council of Governors is asked to note and review the summary report.

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

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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 - 22 March 2024			
Staff story - The WSFT Patient Safety Team presented staff story to the Board in relation to the Patient Safety Incident Response Framework. The Trust were early adopters of the PSIRF and have been following it for 3 years, with the Emerging Incident Review (EIR) meetings stemming from this. The weekly meetings consider incidents reported via the Datix system, from the local medical examiner, incidents which meet certain criteria or, via the Patient Engagement team. Incidents follow the specific pathway decided on from the various investigation tool kits that categorise incidents, following which 'the most appropriate investigation route is decided and followed, where the Trust can look at what happened in all aspects and make changes, via a Quality Improvement Plan. This can include recommendations and immediate safety actions in order to avoid further similar incidents. Clinicians are involved at every stage of the process.	• To improve working experience for the staff • Annual reviews of staff for reasonable adjustments	Model for future care	Presentation
Strategic priority progress report - the Board noted strategic priorities for 2024/25. Consolidated from last year to 4 priorities, the final report will come to May's Board relating to the targets agreed for the next year. The virtual ward programme is now coming to community services and will continue to grow and form an integral part of the care offered by the Trust. Targets will increase for the next year, following on this year's success.	• Discussion on 2024/25 priorities at the board development day	Deliver the Trust strategy	2.1 report
Future system board report - The board received an update on the new hospital programme. An announcement on budgets for the new build are anticipated from the Treasury shortly. Progress is being made within the East of England, to ensure business cases being prepared are largely consistent. Senior representatives are meeting soon to push for acceleration of the programme for existing RAAC hospitals.	• Ongoing assurance/monitoring • Board to receive future updates	Sustainable service improvements	2.2 report

3

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
West Suffolk Alliance and SNEE Integrated Care Board - the Board noted the system update. Dementia care is seeking additional funding and the Howard Estate project is making good progress. A scheme is in operation to monitor the high blood pressure of patients not currently accessing primary care. Mental health care access for children in the region has increased, but long waiting lists remain.	• Strengthened provider collaboration • Forward planning and the delivery of plan • Board visibility and oversight of the work	Focus on system working	2.3 report
Collaborative Oversight Group Report - The Terms of reference for Collaborative Oversight Group and Collaborative Executive Group were approved by the Board. The next step will be to adopt the governance structure as agreed by both boards in March 2023 and to agree the work plan for 2024/25.	• Board visibility and oversight of the work	Focus on system working	2.3.1
Digital Programme Board Report - The Board received an overview of the Digital Programme. The Trust is looking to renew its contract with Oracle Cerner, following the end of the current 10-year contract. This system encompasses e-Care and question raised as to whether there was a more agile service that could better meet the needs of the Trust.	• Board visibility and oversight of the work	• Focus on digital programme • Model for future service delivery	2.4 report
National staff survey results – the Board noted the 2023 national staff survey results	• Board visibility and oversight • Ongoing assurance/monitoring	• Workforce sustainability	3.1 report
Involvement Committee report - The Board received report on the February meeting, highlighting focus on staff survey results with targets to be agreed and learning from Schwartz Rounds, including encouragement of minority groups to attend**.**	• Detailed analysis of CKIs	• Workforce sustainability • Delivery of People and Culture Priorities for 2023/24	3.2 report

4

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Insight committee report - The Board noted the report from previous meeting, which included a focus on community paediatrics and children with neurological disorders, the scale of the backlog and non-recurrent funding.	• Focus on improvement • Increase visibility on the benchmark performance within the system • Insight Committee to keep track of the initiatives	• Financial sustainability	4.1 report
Urgent and Emergency Care Recovery - NHSE planning guidance from January 2023 has focused on the mandate of early intervention of emergency care. NHSE planning guidance from January 2023 has focused on the mandate of early intervention of emergency care.	• Ongoing assurance/monitoring	• future service delivery	4.1.1 report
Finance report - Discussions covered the financial position and board noted the end of year delivery plan target. There has been improvement over the second half of the year, linked to the cost improvement plans in place. This has necessitated much work from finance staff in ensuring CIP delivery. The Board approved the request for receipt of £4m in cash for the first quarter of 2024/25.	• Ongoing assurance/monitoring • Overseeing and delivering FRP • Visibility on divisional delivery	• Financial sustainability	4.2 report
Improvement committee report - The report highlighted the discussions that took place in the previous meeting, which included Noted progression at Glemsford, update on discharge waiting area. A strategic oversight group has been established to look at discharge summary communication and an action plan is in place.	• Ongoing assurance/monitoring • On-going improvement plan	ICS resources which could be tapped into	4.3 report
Quality and nurse staffing report - The Board noted a positive increase in nursing assistant retention, CIP delivery targets will be met by year end and band 2/3 profiles are progressing.	• Ongoing assurance/monitoring • Overseeing quality indicators • Review of the international recruitment pipeline		4.4 report

5

Summary of Key Issues	Board Action/Intervention	Future Implications for the Trust, Board and Council	Board doc. ref
Maternity services report: an update was received on the Perinatal Mortality Reporting Tool training compliance for all staff groups in maternity related to the core competency framework. The framework was brought in mid-year and some training remains outstanding. The CQC service user survey 2023 results have now been published and were discussed. Reported that where appropriate safeguarding required for those without a partner staying following the birth will be addressed and undertaken.	• Ongoing assurance/monitoring in areas of priority		4.4.1 report
Board assurance framework - The Board reviewed the BAF and received the updated risks themes. The Board workshop on 8 March reviewed and drafted a risk appetite statement for each of the risk themes. The Board noted the report and progress with the BAF review and development, approve the draft risk appetite statement and the next steps actions.	• To update the BAF based on agreed strategic objectives • Alignment of the risks to the assurance committees with the Board to receive findings of assurance reviews that are undertaken	• Risk oversight Risk appetite	5.1 report
Governance Report - The report summarised the main governance headlines for March 2024. The Board approved the terms of reference for all board assurance and audit committees, adopted the modern slavery statement and delegated authority for the Workplace Strategy to the involvement committee. The Board also noted an update from the audit committee chair for the meeting held in March. The committee received a report on procurement deep dive, including contract management; revised Standard Financial Instructions with minor amends; internal audit plan was on track and forward planning for year ahead agreed at the meeting.	• Board oversight		5.2 report

6

19. Any other business

For Discussion

Presented by Jude Chin

20. Dates for meetings for 2024

• 2 September 2024

• 24 September 2024 (annual members' meeting)

• 5 November 2024

To Note

Presented by Jude Chin

21. 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

CLOSE

SUPPORTING ANNEXES

Item 6 - AuditOne well led developmental review

Well-Led developmental review

West Suffolk NHS Foundation Trust

April 2024

Introduction

The aim of this review was to assess the leadership and governance of the Trust as described in the developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS Foundation Trusts dated June 2017 and identify developmental actions to inform further targeted development work to secure and sustain the Trust future performance as part of continuous improvement.

We undertook the review in line with the well-led framework and considered existing and planned practice against the eight domains (or Key Lines of Enquiry (KLOE)) of the framework:

1. Leadership, capacity and capability.
2. Vision and strategy.
3. Organisational culture.
4. Roles and system accountabilities.
5. Risk and performance management.
6. Information.
7. People, staff and external partners.
8. Learning, improvement and innovation.

Our report is structured around the eight domains described above with each section detailing existing good practice, our findings, and further developmental areas.

We engaged extensively with the Trust whilst conducting this review. We found staff to be welcoming, professional and courteous. We have no doubt that staff engaged in the process with the sole intention of providing positive and constructive feedback to support the Trust in its improvement journey. We would like to place on record our thanks for the time given over by staff to support the review and the way in which staff conducted themselves.

Overview – summary of findings

Whilst conducting the review and feeding back in this report it is important to reflect on the context within which the Trust operates.

In particular, the publication of the West Suffolk Review in December 2021 in response to a whistleblowing incident, highlighted significant failures of governance and decision-making related to 'speaking up'. Since the publication of the report, the Trust has invested in a Board-sponsored organisational development plan to improve the Trust culture. We have seen evidence of significant investment and Board focus in this area which has had a positive impact. The Trust is seeing improvements in its annual staff survey scores since the incident, and we also heard positive staff feedback that recognised the Board personnel changes and a focus and investment in culture and engagement with staff speaking positively about the overall culture and feel of the Trust.

However, this positive feeling was not universal with some legacy concerns remaining regarding the ability to speak up and speak openly. It is clear that whilst the Trust has moved forward since the publication of the review, it needs to retain focus on this areas including forensic identification and engagement with those staff groups and areas of the Trust that continue to show concerns about speaking up. It is clear from staff feedback that pockets of poor culture exists which in their opinion are not being tackled sufficiently robustly. We feel that the Trust will find it difficult to fully move on beyond the historic whistleblowing incident until it does.

The other significant context for the review is that the Trust is a member of the new hospital building programme having been living with the consequences of having reinforced autoclaved aerated concrete (RAAC) present in its main hospital site. This affords the Trust a fantastic opportunity to be ambitious in regard to visioning 21st century healthcare and ensuring that the new build hospital embraces modern clinical pathways, integrated ways of working and embraces the latest technology. Part of this is also ensuring that the Trust 'right sizes' the hospital and builds a sustainable healthcare service for the population of West Suffolk. Within our review we have sought to understand the level of Trust ambition and vision, it's service design philosophy and the impact that integrated and wider system working has on the programme.

Leadership Capacity and Capability

There is strong clinical presence on the Board and evidence of an open and caring leadership team with an emphasis on staff health and wellbeing.

The Executive Team has been revised since the whistle-blower concerns and investigation from three years ago but is relatively inexperienced with a number of new appointments and first-time executive appointments in role. We understand that at an individual level, executives feel supported and have training, development and coaching support. The absence of training, development and coaching at a team level for executives has been acknowledged and is now being addressed. The Board as a team is also still forming and we noted the investment in board development to help support this. This should, in our view, continue until such times that the Board feels and acts as a team.

As noted above, the Board has a strong clinical presence and aside from this there is an appropriate range of skills amongst NEDs when considering the Trust forward plans. The Board benefits from NEDs with clinical, financial, business, and digital skills and experience. The presence of digital expertise is welcomed given the new hospital and current NHS digitisation agenda. We are aware of impending changes to the NED cohort as part of the normal completion of NED terms of office. This affords the opportunity to review the current skills base and future

requirements and we note the absence of both workforce and major projects skills given the Trusts next stage of its journey. The impending changes in the NED cohort and the current lack of associate NEDs affords the opportunity to both fill any gaps in skills and expertise and also improve diversity amongst Board members. The appointment of associate NEDs could also improve support succession planning at Board level.

We observed some good challenge happening although this was centred around a few key individuals with the need for all Board members to demonstrate active engagement in the oversight role. The value of challenge could be strengthened both in terms of how challenge is reflected in the minutes and by focussing on the outcome of the challenge including agreed actions, follow through on oversight and greater use of improvement trajectories. Impactful challenge will be also helped by a focus on evidenced based assurance rather than reassurance which we observed being received and accepted.

One constant throughout our review was in relation to medical leadership. We noted that governance and accountability currently flows via operational management as opposed to the divisional triumvirates. Attendance at meetings from medical leaders was generally lacking and ownership and contributions at the various management meetings we observed tended to come from operational management and nurse leaders. We are aware that the Trust recognises the need to strengthen its triumvirate clinical leadership model including increasing the clinical voice at senior meetings which it has addressed in part via the restructuring of Executive Team meetings.

Below Board level, the Trust has commenced the rollout of leadership training, focussing thus far on first line managers following feedback from the extensive 'What matters to you?' engagement exercise. Feedback from staff was complimentary regarding the training and also the targeting of this cohort of management. There has been limited leadership development historically across the Trust, with a need for a wider review of leadership development for Divisional and Clinical Directors and divisional senior leadership teams.

A review of committee effectiveness would be beneficial to examine the frequency, membership and scope of each committee, the balance of nursing and medical input and the level of challenge and assurance sought by NEDs to better reflect both the strategic and operational issues facing the Trust.

Vision and Strategy

We evidenced a high profile and understanding of the Trust FIRST values. The values are clear, easy to understand and are visible. The values include descriptions around what these look like in practice. The values were cited by many as a strength with staff describing generally positive behaviours and a friendly, family feel about the Trust which was described to us as being 'grounded in the community'.

The Trust vision, values and FIRST strategy are well-articulated and board papers link to the strategic objectives. The strategy is clear and easy to read and understand particularly noting its accessibility to a wider audience including the public. We noted an appropriate focus on strategy at Board level when considering both business meetings and seminars. The Clinical and Care Strategy is well-written and looks to decrease demand as part of the new hospital build (Future System Programme) by examining each speciality contribution. The lack of greater multiprofessional input into its development appears to be a significant missed opportunity in supporting a move to a wider clinical leadership model.

We noted that whilst the Trust has clear and positive relations with partners in the West Suffolk catchment area, wider strategic discussions and intent across the ICS footprint is less mature. For instance, the Clinical and Care Strategy is not explicit regarding the clinical sustainability of

individual services and how these will be delivered in the future in partnership with ICS and other partners where applicable. Provider collaborative working and clarity of forward direction is in its infancy with the Provider Collaborative Oversight Group having been recently established and is starting to explore opportunities for closer system working and longer-term viability of services beyond the typical five-year NHS planning timeframe.

The recently launched Clinical and Care Strategy requires greater socialisation. We saw evidence of a wider emerging strategic framework with other supporting strategies in various stages of development including an ambitious Digital Strategy. There is a need for the Board to fully develop its strategic framework including its workforce and financial strategies ensuring that all strategies are clear and explicit in terms of their connection and consistency with the overarching Trust strategy and Future System Programme. Whilst the Board do focus on strategy, there is a need to strengthen ongoing monitoring and oversight of measurable deliverables and milestones to ensure delivery.

Beyond strategy, we noted the post pandemic reintroduction of divisional business planning into the annual business cycle with the Trust recognising the need to strengthen and mature its approach. We noted in particular a need to strengthen the explicit linkage between the Trust overarching strategy, its emerging wider strategic framework and divisional business plans. Oversight of delivery whilst present within the divisional performance review meetings could also be strengthened through increased regularity or oversight of measurable deliverables. As part of the Trust recognition of need in this area we noted the recent appointment of the Director of Strategy and Transformation which will increase senior focus and help move this forward.

Organisational Culture

We heard about and observed a positive culture within the Trust, with staff telling us of their pride to work at the Trust and the family, friendly and supportive culture that exists.

Staff felt that the current leadership team had helped to shift the narrative to a more positive one following the historic whistleblowing incident and subsequent West Suffolk Review. Staff also noted the considerable investment and effort that this had required with many positive comments being received from senior leaders through their well-led survey responses as part of this review. We note that this is also having a positive impact on the annual staff survey trend scores with the majority of key indicators showing a positive trend in recent years.

Staff also spoke highly of the consultant led staff health and wellbeing offer which was recognised as being strong relative to many other Trusts.

Feedback was not universally positive with some staff expressing concerns to us regarding still feeling uncomfortable in speaking up. There is clearly still work to do by the Trust to fully move on beyond historic events with a need to continue to promote the FTSU process and its independence alongside the other channels of communications and engagement that the Trust has opened up in recent years. Part of the mixed feedback that we received indicated, as with many trusts, remaining pockets of perceived poor culture and individual behaviours with a need for the Trust to forensically identify these and sort if behaviour is found to be outside of the agreed Trust values.

Alongside the friendly culture and 'family' feel to the Trust, we noted concern from a number of Board members as to whether there is sufficient challenge at Board level and also down into the organisation. Some executives expressed a view that the collective Board could be more challenging with greater accountability being discharged when appropriate. Having read the Board papers in advance of the observed board meeting, we were expecting a robust discussion regarding some of the fundamentals of care and financial position, but the Board appeared quite tolerant of current performance levels in these areas. However, at the observed committee

meetings we did observe more challenge although the impact and follow through of this challenge was less evident. This concurred with our review of documentation with a need for the Trust to focus on the impact of challenge and in particular the follow through of the 'what next' as described in the Trusts helpful template.

As with the majority of trusts, the Trust is self-aware and recognises that it needs to accelerate progress against the equality, diversity, and inclusion (ED&I) agenda and we saw evidence of this during our review. It is clear from the annual staff survey responses that this remains an issue for the Trust with the need for the Board to be seen to be taking a more active role in this including increasing its own diversity where possible.

Recognising the new CQC quality statements and requirements there is a need for the Trust to improve the balance of quantitative and qualitative information it receives at Board and committees to help inform and triangulate its decision making. There is an opportunity to release greater value from current patient engagement activities alongside facilitating an increased voice of patients, staff, and stakeholders across all management levels. The Trust has an excellent and proactive patient engagement team and a wealth of feedback information which it can utilise and socialise better in support of this improved balance.

Roles and System Accountabilities

The Trust has a comprehensive governance framework in place with examples of good governance practices and templates. We found an appropriate governance structure at Board, committee and executive level with an expanded Executive Team meeting which includes divisional management. We also found an effective Senior Leadership Team forum which is supporting wider leadership engagement in its revised role. As mentioned above, whilst we feel that the governance structure and templates support good governance, we did note a tendency to accept reassurance in response to questions and challenges rather than seeking greater evidence-based assurance.

Governors attend the Board and committee meetings and appear to understand their role and respect the boundary of their role in terms of observing as opposed to participation. We noted some good and appropriate challenge and the seeking of assurance from governors at the observed Council of Governors and a clear understanding of their role from our focus groups. The Trust has some committed governors who are effectively supported by the Trust. The Trust has developed reporting arrangements for the Council of Governors enabling them to effectively discharge their role. We would encourage the Trust to maintain this focus whilst strengthening the reporting of assurance and outcomes including greater operational performance to enable the council to discharge its role effectively at the Council of Governor meetings.

Despite appropriate structures being in place, we did find gaps in oversight including how the Trust triangulates assurances from Committee Key Issues (CKI) reports. We would suggest increasing the use and scrutiny of source documents including the IQPR, Finance Report and various clinical governance reports to underpin assurances being received. Sub-committee reporting by exception via CKI reports also dilutes the volume and value of information received at committee meetings rendering effective oversight and challenge difficult.

We also noted gaps in alignment of workplans and committee agendas, including Board and Improvement Committee where there appears to be gaps in assurance around mortality and safeguarding for example. We would suggest a review of ward to Board assurance of mandatory and desirable responsibilities to ensure appropriate oversight of delivery of agreed targets and objectives.

The discipline and approach to divisional performance review meetings is a strength with good attendance and contribution from executives and use of a balanced scorecard approach to

oversight of key domains and metrics. We also note the focus on growing and improving the range of metrics for overseeing community services and on seeking clear actions, timelines, and forward trajectories. At divisional level, accountability is somewhat underdeveloped with directorate meetings being inconsistent in their approach and appearing to have more of a role in information sharing rather than having accountable conversations and holding services to account for performance.

Externally, we found that the Trust has strong local links and relationships across the West Suffolk catchment area. Wider ICS relationships are more embryonic and in need of some focus by the Trust. The Trust is seen as insular and Trust-centric by some partners with a clear need to invest greater time and energy in building positive relationships and effecting real collaborative working beyond the current approach. The new hospital build programme affords a fantastic opportunity for the Trust and also the wider ICS to shape sustainable healthcare service delivery for the 21st century in West Suffolk. The Trust and ICS need to work better together to embrace the opportunity and ensure that maximum benefit is derived from the new hospital whilst also being affordable and clinically sustainable within the wider system.

Risk and performance management

The Trust has some areas of good performance and improvement including discharge pathways, maternity services survey and workforce management metrics. Where there has been significant and sustained focus it shows that performance does improve within the Trust. Performance in relation to discharges was supported by positive feedback from external partners who referenced this in their interviews. We also noted appropriate focus on the key financial drivers of CIP delivery and throughput efficiencies including theatres. However, despite this sustained focus, the impact of scrutiny and challenge is not as effective as it could be with the need for greater emphasis on actions, timelines and impact trajectories coupled with greater ambition and holding to account of executives.

The Trust is facing a significant underlying financial deficit and operational challenges. Whilst it could be argued that this is no different to many trusts, this Trust has the added complication of RAAC, and the new hospital build programme to contend with. Both of these will potentially require increasing management focus and attention in the short-term which cannot afford to detract away from delivery of core targets and the NHS operating plan requirements. In our view, the Trust needs to improve the effectiveness of its oversight and challenge. This includes investing in its senior leaders to build capacity and ownership so that mature devolved divisional management teams can effectively manage performance locally thus freeing up executive capacity to deliver the Trusts strategic objectives.

We noted an improving profile of risk at Board level including recent seminar sessions to review the BAF and the Trust risk appetite. This is positive as the current BAF is recognised as not being fit for purpose and this has resulted in limited engagement with it at both Board and committee meetings. We note that a new revised BAF is due to be reported to Board imminently. Once in place we would expect the Board and its committees to make greater use of it to oversee effective risk management at a strategic level.

At operational level, risk management is less evolved and requires some investment in terms of training to understand risk and risk management and gain greater ownership and buy-in from divisions to manage their risks. The Trust is aware of this need and the upcoming shift from Datix to RADAR is hoped to 'relaunch' risk at an operational level including training in the new system and cleansing of existing risk registers. Executives need to support this by focussing on risk at divisional performance review meetings and keeping risk on the agenda in order that divisions also focus on it too. There is a need to revise risk reporting at all levels to support greater oversight over the management of risk as opposed to merely reporting the number of risks and their score.

Information

The digital strategy 2022-2026 is well-written, engaging, and ambitious and describes both an overarching strategy and service specific projections. The strategy links with the new hospital build and provides a timeline for change. It has the merit of being co-designed with internal stakeholders, many of whom were clinical and service leads. It is accessible in that it describes the digital impact of change for patients and staff through stories. It is not clear how this strategy links through to Board oversight. For example, the Digital Programme Board report to Board in December 2023 described progress against a set of five digital 'pillars' which are not explicitly referenced in the strategy although elements within the pillars are.

We heard about the Trust being a 'digital exemplar' and leading on digital care. Examples provided include GPs tracking patients with dementia to promote independence and digital care phones to decrease social isolation. Overall, examples were limited, and interestingly digital innovation did not feature prominently during our review.

We noted that the Trust does not have an executive level Chief Information Officer, or Chief Digital Officer offering a senior digital presence at Board and executive meetings. Given the new hospital build project and the need to maximise the benefits of digitised ways of working alongside, the increasing need for system wide integration it is important that the digital voice is heard at Board and committee level. The Trust should review whether the current arrangements provide sufficient exposure and profile on digital matters.

We noted through our discussions with staff and the senior leadership survey some concerns in relation to the accessibility and usability of day-to-day operational information. This is similar to many trusts. One comment in the senior leadership survey reflected the feedback sentiment in that it stated 'there needs to be much better business intelligence, managers spend too much time trying to gather, sort and present this'. We understand that the Trust is seeking to implement an analyst business partnering model for divisions with embedded divisional resources in response to increasing demand. We also understand that this model will support the roll out of a manager self-service approach to building BI capacity at an individual level whereby managers seek to build and develop their own reporting needs supported by their embedded partners.

Investment in increased business intelligence capability should help improve how the Trust reports and uses data to inform decision making and drive improvement. There are opportunities for the Trust to be more data driven and insightful in the way in which it reports and scrutinises performance. We did however note that improving the use of data in population health management is being explored. The Trust operates the Health Information Exchange (HIE) on behalf of the ICS, joining up clinical information from primary care, community, secondary care, mental health, and social care. Trust Population Health Management (PHM) creates a longitudinal patient record and uses data analytics to identify and predict health outcomes. An example of this being the identification of patients at risk of atrial fibrillation being identified for earlier medical intervention to reduce the risk of stroke.

Review of the IQPR report shows that the Trust has utilised SPC style reporting for its key performance report. The report contains a helpful overview page which sets out in summary the overall status of the key metrics being reported. This should be helpful in steering performance conversations and ensuring that forums remain focussed on key matters whilst also ensuring that learning from positive practice also happens. We noted the absence of local targets for those metrics being reported where national standards have not been set. To aid focus and help drive improvements it would be beneficial for the Trust to agree local targets. The template format for narrative commentary within the IQPR is helpful in that it helps focus report authors on 'the what',

'so what' and 'what next'. This format is a positive way to reinforce the need to focus discussions on the future and in particular the impact of actions and ongoing monitoring of improvement. There are opportunities to improve the quality of the narrative to better inform readers not only of the actions being undertaken but also, who is the lead, the timeline for implementation, assumed impact and improvement trajectory. As the report currently stands, it would be hard for Board members and others to implement effective accountability.

We understand that there is a working group reviewing the IQPR metrics including Board clinical representation which is positive given the need to expand the range of quality metrics currently being reported into Board and Improvement Committee whether via the IQPR or other reports. The working group should also look for opportunities to improve the triangulation of information to create a true integrated performance report which would help provide greater insight.

People, staff and external partners (engagement)

Following the high-profile whistleblowing incident, staff survey results have been a cause for concern for the Trust having seen a decline since 2019 when they were ranked as being one of the best performing organisations. Last year's survey results (2022) showed the Trust average response rate as 41% compared to the national average of 44%. The Trust was ranked 57th out of 65 trusts in terms of movement and a decline in staff who would feel safe raising concerns by 3%. However, following substantial focus by the Trust the latest 2023 staff survey results show areas of improvement. Overall, the Trust response rate was higher than the median and seven of the nine core themes were either the same or slightly higher than average with two slightly below the average. Overall, the results show improvement and that the Trust is moving in the right direction. It was positive to observe that there was an ambition to continue to improve and no indication of complacency.

The Trust has invested considerable effort in connecting with staff and creating an environment where people feel comfortable in speaking up. This has been supported by investment in a multi-channel approach to provision of communication channels which facilitates ease of speaking up. As an example, we noted that in the quarterly staff pulse surveys, the Trust is ranked first in the East of England for staff engagement scores. However, it is clear that there is still some way to go before all staff feel engaged and comfortable to speak up. Feedback suggests that some staff don't believe that the FTSU process for raising concerns is confidential. Whilst there was some inevitable reference to historical events, this was not the only reason given with other reasons being around the inconsistency in quality of line management which we know the Trust is seeking to address by investing in leadership development. We noted that the Trust has a full-time Freedom to Speak Up Guardian who spoke very passionately about her role and the recruitment of additional FTSU champions, visits to teams and wards and a regular slot on the 'green sheet' to help break down perceived barriers to engagement with the process.

We heard about positive experiences from staff about the staff health and wellbeing services that are offered. Examples included personal experiences of accessing physiotherapy through the self-referral route, the gym membership which is available to all staff and the wellbeing team being consultant led.

The Trust recently undertook a large listening exercise 'What Matters to You?' across its various sites with c3,500 comments being received. A thematic analysis of this data has been undertaken and triangulated with the outcomes from the staff survey results, and Freedom to Speak Up themes collected since 2020. The bringing together of these rich data sources has enabled the Trust to understand what is important to staff and has helped to shape the Trust future priorities.

The voice of the patient is primarily heard at Involvement Committee with the Board receiving limited detail in relation to patient feedback beyond the patient story at the commencement of alternate public Board meetings. Patient stories at public Board meetings alternate with staff

stories and therefore recognising the bi-monthly nature of public Board meetings this means that the Board only hears three patient stories per year. We did note however that at the observed Board meeting, the patient story was allocated 35 minutes on the agenda which is longer than many trusts and the patient stories do generate discussion.

We noted investment in, and expansion of, the Patient Experience and Patient Safety Teams which is positive. We heard and saw some truly great work going on in terms of patient engagement. We gained a sense that this was being driven by passionate individuals rather than the Trust with the need for the Trust to show greater interest in this area and utilise the feedback to triangulate assurances and provide a better balance of quantitative and qualitative feedback. We heard examples of new services being implemented to support patients and their families including the award-winning clinical helpline which represents a significant investment by the Trust.

We heard about how the Trust has embraced co-production when engaging with public for the Trust new hospital. We heard that 24 themed sub-groups were formed including for example, women's health, children's health and that c600 people engaged with the programme.

A consistent message from patient and carers surrounded the need to improve the feedback loop as some that we engaged with were clear regarding their inputs in to discussions but less clear regarding the impact of those discussions.

External partners were interviewed as part of the review and a consistency of views were shared. Positively we heard that relationships had improved, and partners could point to examples of the Trust being a good system partner including taking on a struggling GP practice. We also heard from several sources that in their view the Trust needed to engage more proactively at a system, as well as at a West Suffolk, level and embrace wider system partnering and collaboration. External partners also shared that in their view that the Trust needed to recognise the shared risks of the national funding and regulation oversight model surrounding system working when setting the level of ambition and drive within the organisation in terms of its underlying financial deficit and operational performance.

Learning, Continuous Improvement and Innovation

The Trust recognises that investment is needed in the Trust change function capacity and capability for the Trust to deliver on its strategic objectives, the Clinical and Care strategy and maximise the benefits of the new hospital build as well as service future projected demand growth.

We do note that as part of the above, the Trust restructured its change capability to form the 'change hub'. This brings together the Trust PMO, operational improvement team and QI team in a bi-monthly meeting with a view to streamlining and aligning priorities and workstreams. We understand that each element retains its separate identity and independence, with the change being more about facilitating closer working than pooling resources within one team. In time, thought should be given as to whether this change has secured the level of desired change and if not whether further integration of resources is needed. We understand that a new Director of Strategy and Transformation has been appointed who may also have a view regarding the best way forward. We understand that one of their first roles is to baseline the transformation resource.

The trust could point to areas of improvement during our interviews including the focussed improvement work around discharge pathways and the positive results that this has delivered. Other examples of improvement work which we were made aware of include 'Arrive by 9', 'Sunrise Bloods' and maternity survey results. However, the Trust recognises that currently there is no overarching QI strategy or plan including the absence of an agreed Trust-wide QI methodology. The QI team are developing a 5-year strategy aligned to the Trust, ICB and NHS

impact priorities. We did however note the presence a good level of quality improvement projects although only one third are shown as being active in the preceding three months of our review period.

We heard about the emerging learning culture at the Trust but as at most trusts there is an ongoing challenge in disseminating this learning Trust-wide. We noted examples of high-quality learning including triangulating incidents and claims in the Quality and Learning report but as with many trusts the focus on learning, dissemination of learning and monitoring the impacts requires strengthening. The Trust has a draft Quality Assurance Framework which describes the governance arrangements for the management of quality assurance within the Trust. When asked, NEDs struggled to articulate examples of learning from complaints and other patient feedback with recognition that they are not sufficiently sighted on patient experience information.

From a learning perspective the Trust has responded to recent feedback from the 'what matters to you?' engagement exercise and has implemented first line manager leadership development. We did hear in the staff focus groups that were opportunities to access training and development and staff we engaged with were aware of the first line manager training. The Executive Team has also recognised the need for development and was in process of implementing this at the time of our review. Beyond this, the Trust has also a recognised the need for senior level leadership development aimed at triumvirate level as part of the need for a more comprehensive multi-layered approach to leadership development.

Respondents within the senior leadership survey were concerned regarding the visible lack of succession planning within the Trust. It was hoped that the introduction of the leadership development programme was the emerging signs of recognition although perhaps the Trust needs to be more explicit in relation to its approach to this matter.

Overall, relative to many of our recent well-led reviews, the emphasis on learning and development is somewhat muted compared to other trusts with a need for the Trust to focus on this as part of building its leadership capacity to deliver the forward agenda. Research and innovation whilst present, do not appear to be of high priority or have a sufficiently visible profile.

Recommendations

1.	The Trust should consider implementing a clinical leadership model., including the establishment of a clinical senate and a review of existing divisional triumvirate responsibilities.
2.	The Board should ensure that challenge is more impactful and holds executives to account for delivery of the Trust objectives and targets
3.	The Trust should review its current leadership development offer with a view to expanding this to all levels of management and equipping them for more devolved ways of working.
4.	The Board needs to ensure that it has sufficient senior leadership capacity to deliver the Trust forward agenda.
5.	The Trust should revisit its strategy and ensure that it has fully explored and received assurances over the clinical, workforce and financial sustainability of its vision including the new hospital build.
6.	The Trust should ensure that the benefits from integration of services is maximised including closer links with primary care.
7.	The Trust should oversee finalisation of the overarching strategic framework ensuring interconnectivity of enabling strategies and then ensure that regular oversight of delivery is in place at Board level.
8.	The Trust should ensure that its suite of strategies translate into divisional business plans and BAU activities and are subject to regular oversight of delivery.
9.	The Trust should ensure that it retains appropriate oversight over its green sustainability strategy and plans.
10.	The Trust should consider opportunities to provide further assurance on robustness of FTSU arrangements and build confidence in staff of the use it.
11.	The Trust should forensically identify existing pockets of poor culture and ensure that these are dealt with appropriately.
12.	The Trust should review how it uses both the CKI reports and source documents such as the IQPR, Finance Report and quality assurance papers to triangulate assurances at Board and committee level.
13.	The Trust should set out more clearly the role of divisional management and develop and implement consistent divisional governance arrangements which fulfil that role.
14.	The Trust should ensure that it has effective assurance flows from ward to board that link strategic priorities with delivery, risk and assurance.
15.	The Trust should seek to increase its grip and control through exercising greater performance management including a focus on improvement trajectories, agreed timelines and ownership of actions.
16.	The Trust needs to urgently review its approach to risk management including the profile of risk, the risk culture, resourcing of the risk management function and risk reporting and training.
17.	The Trust should ensure that its Business Continuity Plans are up to date and that the Trust complies with the requirements of the annual EPRR return.
18.	The Trust should review the appropriateness of profile of the digital voice at Board and committee level.
19.	The Trust should review its BI capacity with a view to better supporting operational staff with their day-to-day information requirements.
20.	The Trust should ensure that it leverages the benefits of the data warehouse investment alongside BI business partnering arrangements to produce data led insightful reports which look to triangulate information to provide improved assurance.
21.	The Trust should ensure that it has parity of reporting between quantitative and qualitative data from ward to Board and in particular ensure that the patient feedback is used more effectively to help improve and reshape services.

22.	The Trust should review its engagement activities to ensure that there are effective feedback loops in place to provide those inputting an understanding of impact.
23.	The Trust should continue to focus on gaining an appropriate balance between staff and patient/families focus at Involvement Committee.
24.	The Trust should seek to understand its relationship with ICS partners and reframe it where necessary so that trust and understanding is central to any relationship.
25.	Trust executives should continue to take every opportunity to increase visibility, particularly informal, smaller group engagement with staff.
26.	The Trust should finalise its QI Strategy and develop an implementation plan which includes identifying and rolling out a Trust-wide QI methodology. QI projects should explicitly link with the Clinical and Care Strategy and Trust Priorities.
27.	The Trust should explore ways in which it can increase operational buy-in and ownership of complaints including active engagement in learning from these.
28.	The Trust should ensure that it is maximising the benefit and learning from its clinical audit programme.
29.	The Trust should review its current management and oversight of research and innovation and ensure that the profile and management of this is commensurate with the Trust ambition in this area.
30.	The Trust should continue to develop and roll out a wider suite of leadership development programmes to build management capacity and capability to deliver the forward agenda.

Item 10 - IQPR full Report - February

Assurance Grid

February 2024

	Pass (P)	Hit and Miss (?)	Fail (F) — **Not Met**
Special Cause Improvement (H) (L)		**INSIGHT** RTT 104+ Week Waits **INVOLVEMENT** Staff Sickness – Rolling 12month Staff Sickness – Monthly Mandatory Training	**INSIGHT** Ambulance Handover with 15min 12 Hour Breaches RTT 78+ Week Waits **INVOLVEMENT** Appraisal Rate Turnover
Common Cause	**INSIGHT** Urgent 2 hour response **IMPROVEMENT** VTE – All Inpatients	Please see box to right	**INSIGHT** Incomplete 104 Day Waits Diagnostic Performance- % within 6weeks Total
Special Cause Concern (H) (L) — **Deteriorating**		**INSIGHT** Reduce adult general and acute (G&A) bed occupancy	**IMPROVEMENT** Nutrition – 24 hours

VARIANCE

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.

INSIGHT:
Pledge 2 *% Compliance
Ambulance Handover within 30min
Ambulance Handover within 60min
28 Day Faster Diagnosis
IMPROVEMENT:
MRSA
C-Diff
Hand Hygiene
Sepsis Screening for Emergency Patients
Mixed Sex Breaches
Community Pressure Ulcers
Acute Pressure Ulcers
Inpatient Falls
Acute Falls per 1000 Beds
INVOLVEMENT:
Overdue Responses

INSIGHT: Glemsford GP Practice – the following KPIs are applicable to the practice:
- 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 25-84 years old with a CVD risk score of >20% on lipid lowering therapies to 60%

Currently this data is not available to the Trust, however the Information Team are working to resolve this.

*Cancer data is 1 month behind

Items for escalation based on those indicators that are failing the target, or are worsening and therefore showing Special Cause of Concerning Nature by area:
INSIGHT - Urgent & Emergency Care: Ambulance Handover with 15min, 12 Hour Breaches, Reduce adult general and acute (G&A) bed occupancy
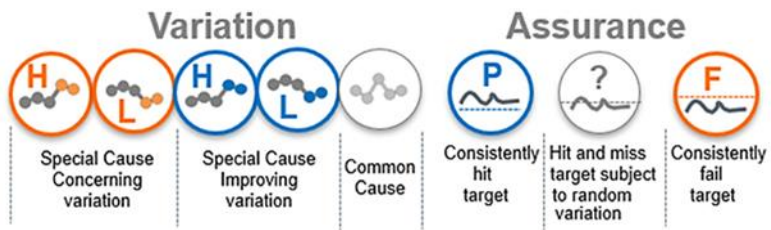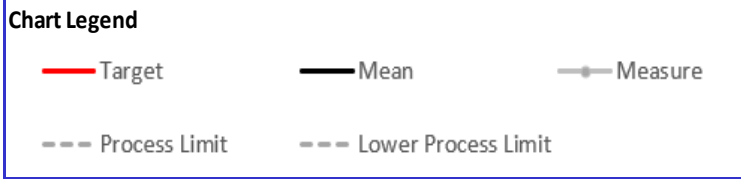**Cancer:** Incomplete 104 Day Waits
Elective: Diagnostic Performance- % within 6weeks Total, RTT 78+ Week Waits
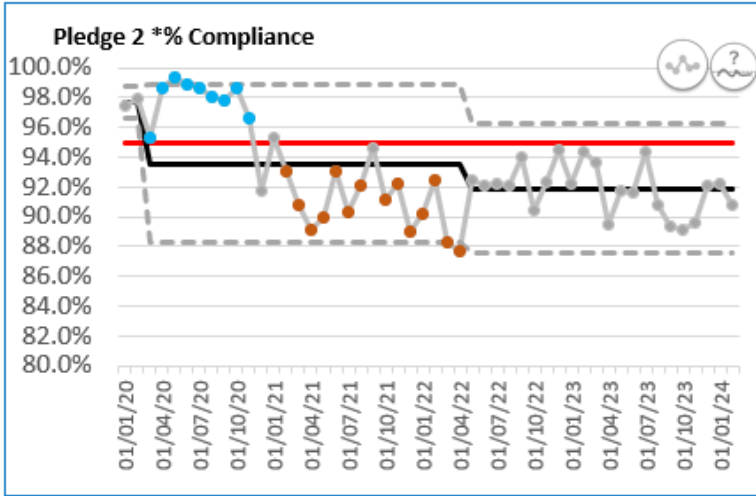**IMPROVEMENT – Safe:** Nutrition – 24 hours
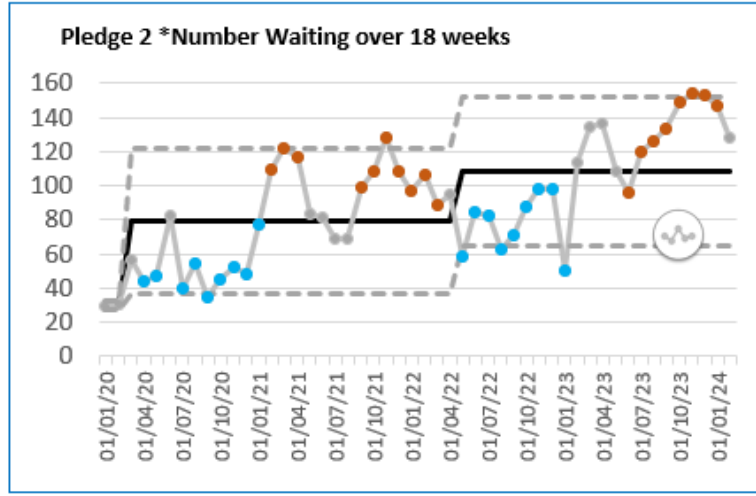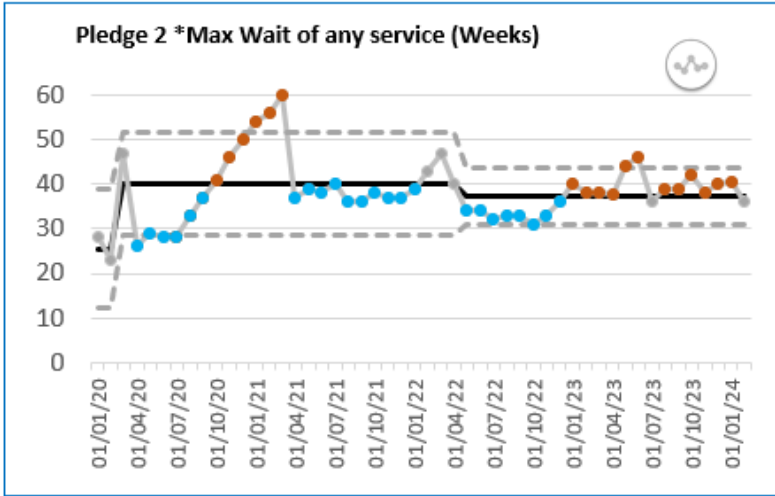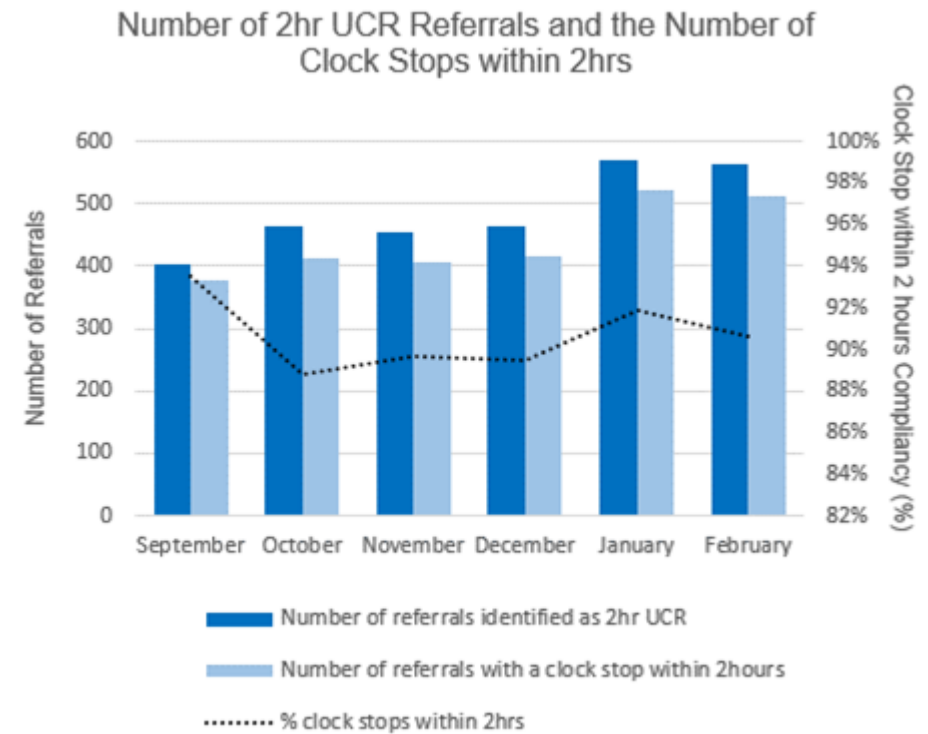**INVOLVEMENT – Well Led:** Appraisal Rate, Turnover

INSIGHT COMMITTEE METRICS

Community Access Summary

Chart Legend

— Target — Mean —•— Measure

--- Process Limit --- Lower Process Limit

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Pledge 2 *Max Wait of any service (Weeks)	Feb 24	36		(common cause)		37	31	44
Pledge 2 *Number Waiting over 18 weeks	Feb 24	128		(common cause)		109	65	152
Pledge 2 *% Compliance	Feb 24	90.8%	95.0%	(common cause)	(?)	91.9%	87.5%	96.2%
Urgent 2 hour response	Feb 24	90.6%	70.0%	(common cause)	(P)	90.0%	82.1%	97.9%
Criteria to reside (Average without reason to reside) Acute	Feb 24	53		(common cause)		60	44	75
**Criteria to reside (Average without reason to reside) Community	Feb 24	22		(special cause concerning)		17	13	22

*The first 3 indicators cover all the non-consultant led community services of: Adult SLT, Heart Failure, Neurology Service, Parkinson's Nursing, Wheelchairs, Paediatric OT, Paediatric Physio and Paediatric SLT.

** Figures are for Glastonbury and Newmarket only, data not currently captured at Hazel Court.

Pledge 2 *Max Wait of any service (Weeks)

Pledge 2 *Number Waiting over 18 weeks

Pledge 2 *% Compliance

Community Access

What	So What?	What Next?
Paediatric Speech and Language Therapy (SLT) Compliance with 18wks = 79.8% Number waiting over 18wks = 87 Longest wait = 43wks	**Paeds SLT:** Caseloads remain at high levels Preschool complex needs assessment pathway trial proving effective but is impacting on intervention pathway (as seen in mainstream school pathway)	**Paeds SLT:** System wide engagement and joint commissioning discussion needed in response to levels of need and requirement to consider sufficiency planning linked to area Special Educational Needs and Disabilities (SEND) inspection action plan.

Urgent 2 hour response

Number of 2hr UCR Referrals and the Number of Clock Stops within 2hrs

Community Access

What	So What?	What Next?
Early Intervention Team (EIT) performance remains consistently above 70% target for 2 hour response.	• Admission avoidance visits are being completed in a timely manner, supporting patients to remain at home when possible. • Responsiveness is maintained despite increase of 2-hour referrals • Impact of 2- hour response has meant some delays to meeting internal 15- minute target of EIT therapy response to Emergency Department (ED) .	• 2- month pilot with Practice Plus Group (PPG) for clinical support line in progress. This may reduce hospital admissions and shorten assessments times. • Working with Mildenhall and Brandon Integrated Neighbourhood team (INT) and virtual ward on developing more collaborative working to sustain performance and make every contact count. • Analyse demand from ED/Acute Assessment Unit (AAU) and develop sustainable model for EIT provision across different areas

Criteria to reside (Average without reason to reside) Acute

**Criteria to reside (Average without reason to reside) Community
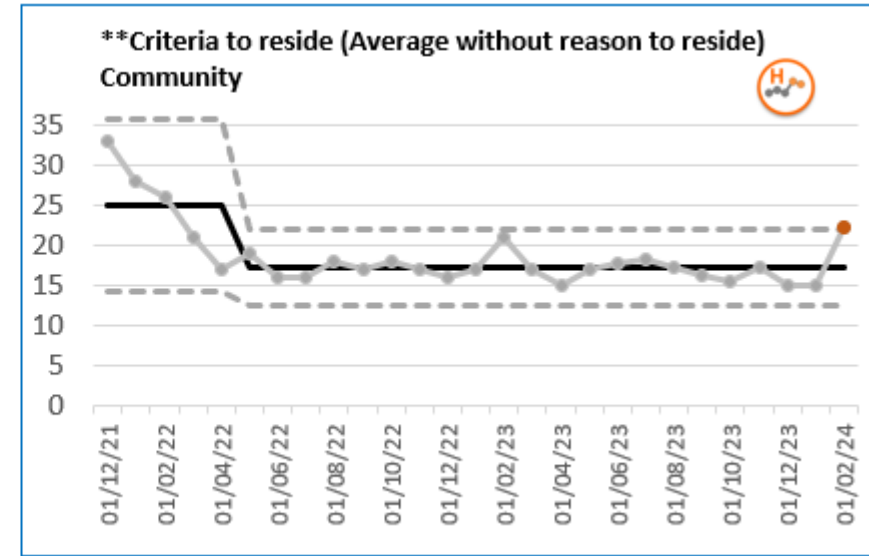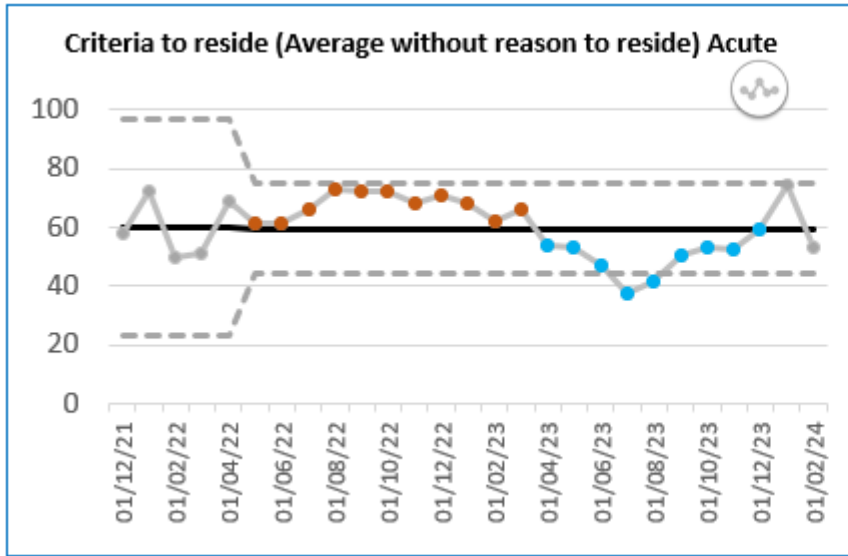
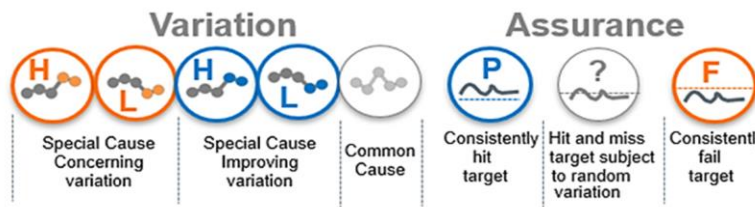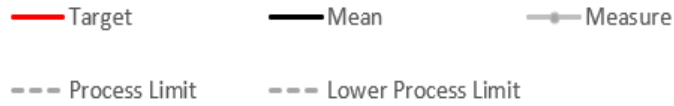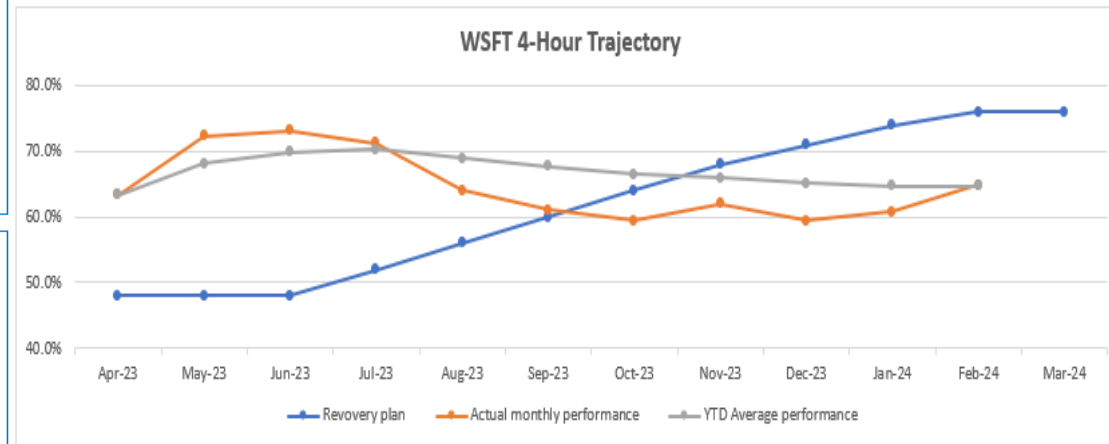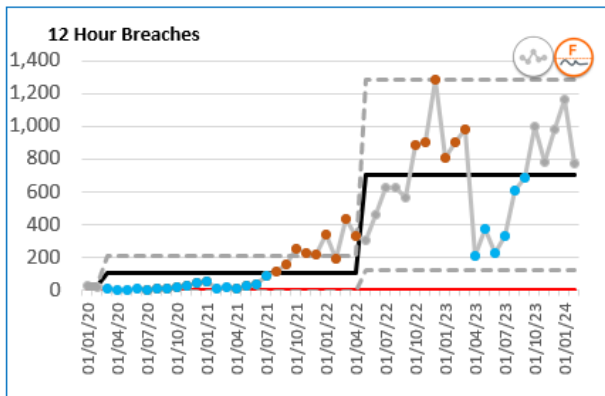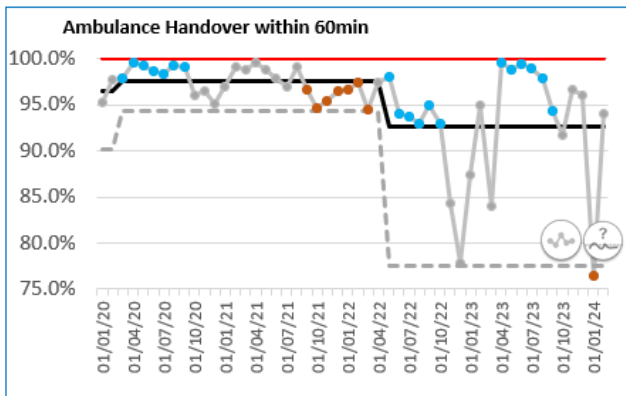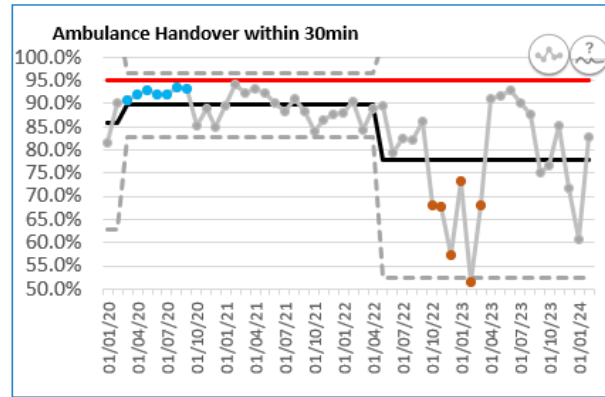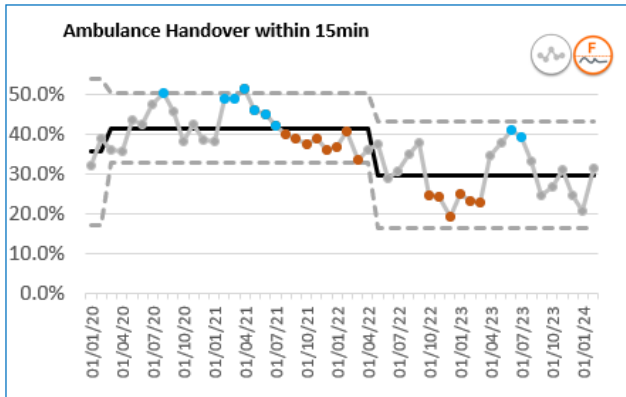| What	So What?	What Next?
Acute figures for patients without criteria to reside Acute have reduced back down within expected parameters and below the mean in February following an increase in Jan 24 figures. This followed a 9-month trend of an improvement in figures, which correlated with a reduction in Transfer of Care Hub (TOCH) referrals in this time period. Meanwhile, patients without criteria to reside Community figures had remained static until Feb's figure, which shows an increase outside of expected parameters. There has been work ongoing throughout February to increase the number of patients going down a P1 discharge pathway, rather than P2. A result of this has been more available Community Assessment Beds (CAB) beds which are being filled by non-traditional CAB bed patients. This could have influenced our numbers of patients without criteria to reside in the community beds, as we are utilising the beds for more complex patients, or perhaps patients that lack criteria to reside already and are being moved into these. CAB bed admissions and discharges in Feb across all bed bases are the highest figures in comparison to the last 6 months.	Patients remaining in hospital settings (acute or community) after no longer having criteria to reside has direct impacts on bed capacity, and patient flow within the Trust. Subsequently, this can impact the whole patient journey from ambulance handover, through the emergency department and eventually onto base wards. Lower figures of patients remaining in the Trust without criteria to reside would mean patients are able to return home, or to their onward place of care quicker, reducing length of stay and the risks associated with prolonged acute hospital admissions.	There are multiple projects and schemes in place, and are being worked on to improve patient flow, impact P1-3 discharges, and reduce patients without Criteria to Reside. A list of these below: •Home First external reablement pilot •Early Intervention Team (EIT) night support trial •Re-introduction of spot bed purchasing for P2 patients from acute and community bed setting •CAB focus on flow work •Therapy led conversion of P2 to P1 prior to the point of P2 referral •Spot bed placements for patients requiring P3 placements •Increase in rapid Cassius/digital tech installation •Increase in Reablement Services •Additional therapy capacity in CAB •24hr P1 workstreams to aim for reduction in time between referral for P1 and discharge •Trial of Admission CAB Coordinator to reduce delays with the admission process In addition, a further 3rd Stepping Home Flat has been agreed which is being explored to put in place, and additional funding for another Discharge Delirium Nurse proposal has been put forward to reduce delays with this cohort of patients discharges. Formal escalation route for P1-3 delay due to care /placement capacity being requested at ACS senior level.

Urgent & Emergency Care summary

Chart Legend

― Target   ― Mean   ―●― Measure

--- Process Limit   --- Lower Process Limit

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Ambulance Handover within 15min	Feb 24	31.4%	65.0%	(common)	(F)	29.8%	16.3%	43.3%
Ambulance Handover within 30min	Feb 24	82.8%	95.0%	(common)	(?)	77.7%	52.3%	103.2%
Ambulance Handover within 60min	Feb 24	94.0%	100.0%	(common)	(?)	92.7%	77.5%	107.8%
12 Hour Breaches	Feb 24	770	0	(common)	(F)	702	119	1285
Reduce adult general and acute (G&A) bed occupancy	Feb 24	95.7%	92.0%	(H)	(?)	92.9%	91.3%	94.5%
4 hour breaches	Feb 24	2744	0					
4 hour performance	Feb 24	64.8%	76.0%					

Urgent & Emergency Care (TRUST)

Ambulance Handover within 15min

Ambulance Handover within 30min

WSFT 4-Hour Trajectory

Legend: Revovery plan — Actual monthly performance — YTD Average performance

Ambulance Handover within 60min

12 Hour Breaches

What

No significant change is demonstrated in Ambulance Handovers within 15 minutes and 30 minutes. Handovers over 60 minutes show a significant improvement. Ambulance handover performance remains challenging in all 3 metrics, and is attributed to the continued overcrowding within the Emergency Department (ED) by patients with an increased length of stay, resulting in the need to cohort patients in escalation areas within the department including the Rapid Assessment Treatment Area (RAT) which in turn causes reduced capacity/ability to offload ambulances.

Numbers of 12 hour breaches although reduced do not demonstrate a significant change and can be attributed to the high numbers of patients waiting a bed in the Emergency Department.

The improvement in 60 minute ambulance delays correlates with the reduction in 12 hour length of stay breaches.

So What?

Meeting the Urgent and Emergency Care (UEC) performance metrics is key to ensuring that our patients receive timely, safe care.

Achieving the ambulance handover metrics and 76% for the 4 hour ED standard will meet national targets.

Lack of flow out of ED has resulted in the need to open additional escalation areas, these areas include the Rapid Assessment Treatment Area overnight, ambulance reverse cohorting areas in ED, the Acute Admissions Unit corridor and part of the Same Day Emergency Care Unit. The Winter Escalation Ward remains fully open.
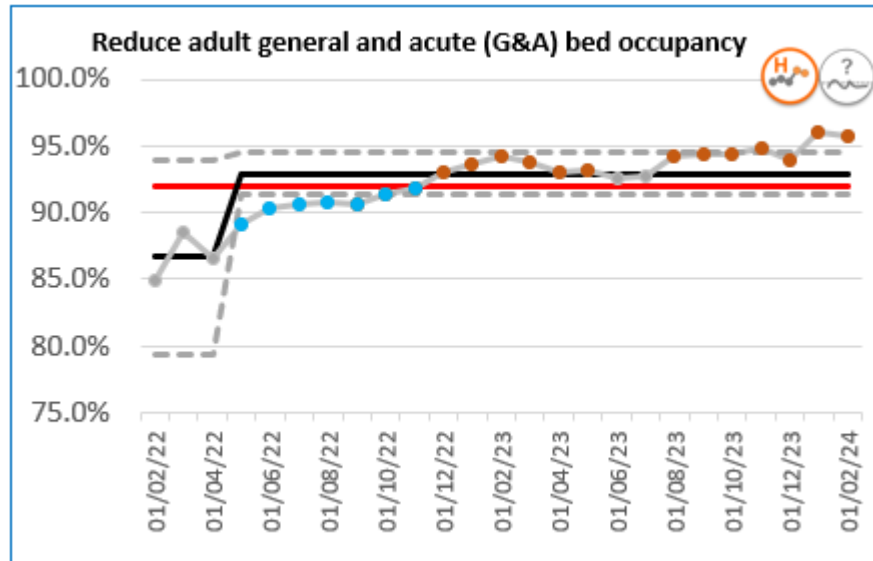
What Next?

Work continues on phase two of our internal UEC recovery plan, whilst working collaboratively with the alliance and the ICB on the 'One Plan' to ensure improved UEC performance. UEC performance reported via governance meeting.

Continued senior management support focussing on the 4 hour target. Clear visual displays for the department to monitor progress with the 4 hour metric. Focus on adherence to internal professional standards, and escalating issues continues.

Frequent huddles throughout the day between the floor coordinator and Emergency Physician in Charge (EPIC) to ensure plans are in place for patients and issues are identified early. EPIC now attending the 1pm bed meeting to give an overview of ED and escalate any issues.

"Arrive by nine" project – promoting early movement of patients to free up early capacity is being rolled out across all adult wards including speciality areas.

Rapid project underway for installation of a modular unit – Minor Emergency Care Unit (MECU). This will house ED GP patients and minor injuries patients, thus reducing crowding in the department and providing extra consultation space for doctors to see their patients. This will reduce length of stay and increase flow through the department thus enabling improved ambulance offload times.
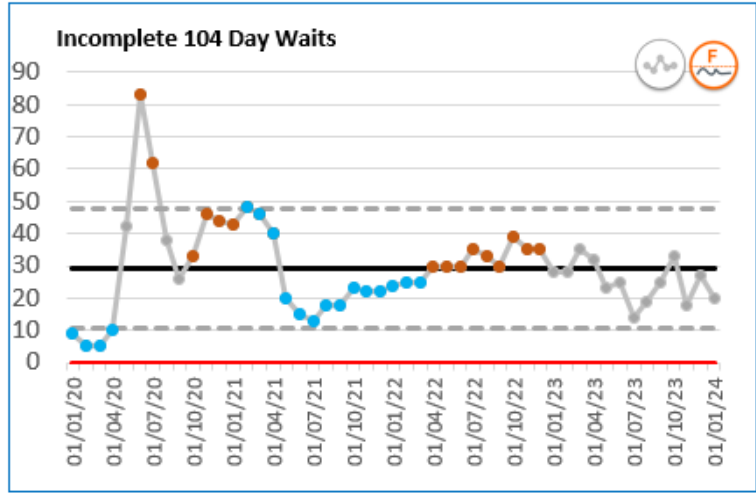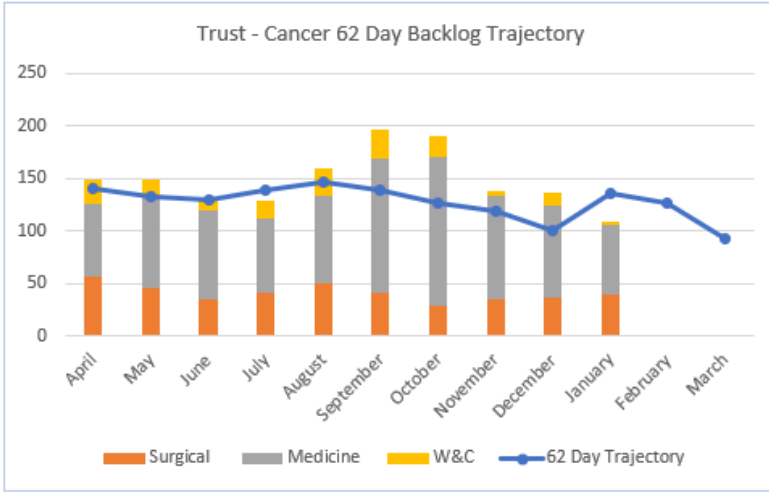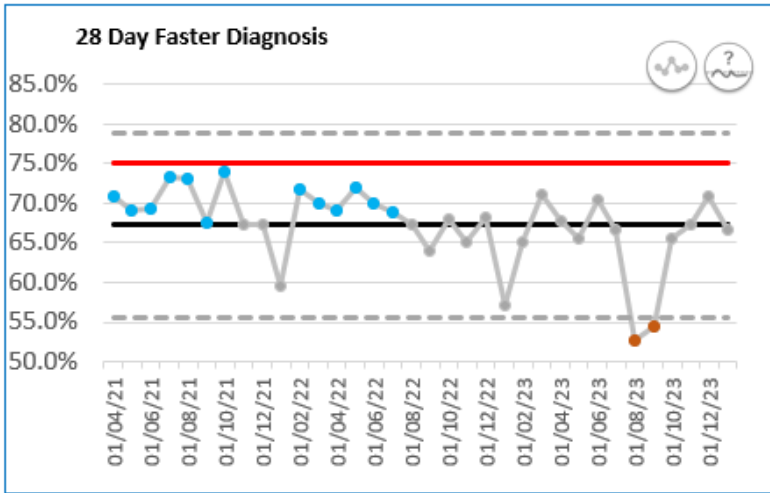
Urgent & Emergency Care (TRUST)

Reduce adult general and acute (G&A) bed occupancy

What	So What?	What Next?
Bed occupancy has tracked above the 92% threshold in all months of 2023, reaching record highs in the last 6 months and having demonstrated a continuous upward trend since 2022. It is unclear as to the long term drivers of this, given that length of stay and discharges have remained relatively unchanged. Recent months tracking above the upper control limit has directly resulted in a higher number of patients awaiting beds in the hospital in our Emergency Department. January and February 2024 represent the highest bed occupancy figures in the last two years as admissions have continued whilst discharges on some individual days have failed to keep pace, driving up occupancy and leading to 35-50 patients awaiting admission in the Emergency Department.	Increasing bed occupancy within a finite bed stock reduces timely and effective patient flow, as rates of admissions have stayed constant. This increases the likelihood of patients waiting for beds in the Emergency Department and Acute Assessment Area, in some cases for many hours. This in turn impacts on the timely delivery of care within the Emergency Department, worsening 4-hour and 12-hour performance.	Bed occupancy will need to reduce below 92% to ensure patient flow is effective and patients are not left waiting for admission. Additional bed capacity, or savings, will need to be identified and implemented to bring occupancy down. A Patient Flow Improvement Core Resilience Team (CRT) has been established having dedicated objectives to reduce 12-hour waits in ED through improving occupancy and flow and reducing the number of patients not meeting the criteria to reside to below 10%. Early evidence suggests progress is being made against this latter objective which in turn has reduced the number of patients awaiting admission within the Emergency Department, through additional spot purchase capacity of beds and converting patient pathways requiring a rehabilitation/assessment bed to care that can be delivered at the patient's home.

Cancer Access Summary
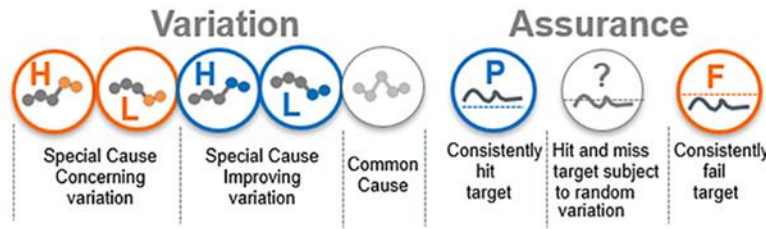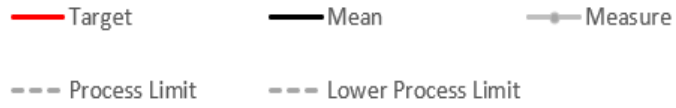
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
28 Day Faster Diagnosis	Jan 24	66.7%	75.0%	(common cause)	(?)	67.3%	55.6%	78.9%
Trust - Cancer 62 Day Backlog Trajectory	Jan 24	109						
Incomplete 104 Day Waits	Jan 24	20	0	(common cause)	(F)	29	11	48

Cancer Access (Month Behind)

28 Day Faster Diagnosis

Trust - Cancer 62 Day Backlog Trajectory

Legend: Surgical · Medicine · W&C · 62 Day Trajectory

Incomplete 104 Day Waits

What	So What?	What Next?
Recovery against the Faster Diagnosis Standard has continued after the downturn in performance most notably in the breast pathway in Q3. Increases in capacity here, alongside pathway transformation such as one-stop services in head & neck and gynaecology are having the most noticeable impact. Whilst noting that January performance specifically was challenging due to the festive period and industrial action. The 62-day backlog continues to reduce and is now below the trajectory, with all tumour sites below their forecast with the exception of Skin who are still slightly over their trajectory but improving. 104 day waits, as a subset of the 62-day backlog show no discernible trend and will include patients with complex diagnostic pathways, patients choosing to wait and patients undergoing multiple diagnostic tests.	Delivering 75% against the Faster Diagnosis Standard and a 62-day backlog of not more than 93 patients are the key national planning requirements for our organisation in 2023/24. Faster diagnosis ensures patients get either a rapid reassurance of no cancer or are able to start treatment quickly if diagnosed. Starting treatment quickly, wherever clinically appropriate, leads to better outcomes including survival. Reducing the number of waits over 104 days reduces the likelihood of physical and psychological harm caused.	A further push on the Faster Diagnosis Standard is required to deliver the 75% ambition in March 2024, managed through the cancer patient tracking list meetings with specialty level performance managed through Cancer Board and the divisional Performance Review Meetings. The 62-day backlog is on track to deliver the end point of the trajectory, achieved through close monitoring of the waiting list and closing down pathways where treatment has been completed or cancer ruled out. It is suggested that the threshold for achieving the Faster Diagnosis Standard may increase to 77% in 2024/25, with the focus returning to delivery of the 62-day referral to treatment standard in place of the backlog total.

OPEN Council of Governors meeting

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NHS England - 23/24 (Monthly - IQPR)
* Outpatient weekly data only includes e-care records (no Cardiology Diagnostics or Radiology)

West Suffolk NHS
NHS Foundation Trust

All ▾

All ▾

Outpatient First

Mon	19/20	107%	23/24	Var %
Apr	6,625	7,089	6,718	101.4%
May	7,453	7,975	8,383	112.5%
Jun	8,097	8,664	8,292	102.4%
Jul	7,499	8,024	7,812	104.2%
Aug	7,637	8,172	7,584	99.3%
Sep	7,729	8,270	8,612	111.4%
Oct	8,097	8,664	8,030	99.2%
Nov	8,373	8,959	8,877	106.0%
Dec	6,717	7,187	6,999	104.2%
Jan	8,373	8,959	9,279	110.8%
Feb	7,821	8,369	8,579	109.7%
Mar	7,591	8,122		
Total (YTD)	**84,422**	**90,331**	**89,165**	**105.6%**

February 2024

19/20	7,821
107%	8,369
23/24	8,579
Var	210
Var %	109.7%

Daycase

Mon	19/20	107%	23/24	Var %
Apr	1,903	2,033	2,063	108.4%
May	2,175	2,324	2,393	110.0%
Jun	2,338	2,498	2,449	104.7%
Jul	2,189	2,338	2,311	105.6%
Aug	2,257	2,411	2,372	105.1%
Sep	2,284	2,440	2,345	102.7%
Oct	2,393	2,556	2,264	94.6%
Nov	2,556	2,731	2,501	97.9%
Dec	1,985	2,121	1,977	99.6%
Jan	2,461	2,629	2,227	90.5%
Feb	2,365	2,527	2,272	96.0%
Mar	2,284	2,440		
Total (YTD)	**24,905**	**26,609**	**25,174**	**101.1%**

February 2024

19/20	2,365
107%	2,527
23/24	2,272
Var	(255)
Var %	96.0%

Outpatient Follow Up

Mon	19/20	85%	23/24	Var %
Apr	14,014	11,912	15,188	108.4%
May	15,766	13,401	18,315	116.2%
Jun	17,128	14,559	18,526	108.2%
Jul	15,863	13,484	17,320	109.2%
Aug	16,155	13,732	17,491	108.3%
Sep	16,350	13,897	17,813	108.9%
Oct	17,128	14,559	19,089	111.4%
Nov	17,712	15,055	20,707	116.9%
Dec	14,209	12,077	16,148	113.6%
Jan	17,712	15,055	20,538	116.0%
Feb	16,544	14,063	19,192	116.0%
Mar	16,058	13,649		
Total (YTD)	**178,582**	**151,793**	**200,327**	**112.2%**

February 2024

19/20	16,544
85%	14,063
23/24	19,192
Var	5,129
Var %	116.0%

Elective

Mon	19/20	107%	23/24	Var %
Apr	257	275	233	90.5%
May	299	319	289	96.8%
Jun	318	340	273	85.8%
Jul	300	321	240	79.9%
Aug	315	337	257	81.7%
Sep	300	321	292	97.2%
Oct	318	340	271	85.1%
Nov	329	352	270	82.1%
Dec	277	296	230	83.0%
Jan	275	294	230	83.5%
Feb	300	321	243	80.9%
Mar	286	306		
Total (YTD)	**3,290**	**3,518**	**2,828**	**86.0%**

February 2024

19/20	3,290
107%	321
23/24	243
Var	(78)
Var %	80.9%

What

Year to date, only outpatient first totals are meeting the 107% ambition, with electives significantly behind in all months and showing a downward trend and day cases decreasing after a strong start. Activity targets were only met for new outpatients in February 2024, with the day case position improving from January but not meeting the target and electives decreasing further. Outpatient follow ups are consistently not meeting the 75% of 2019/20 target. Industrial action, with pre-emptive cancellations and increases in on the day cancellations due to bed capacity/emergency demand will have impacted on most months however other organisations have maintained and increased activity in spite of this.
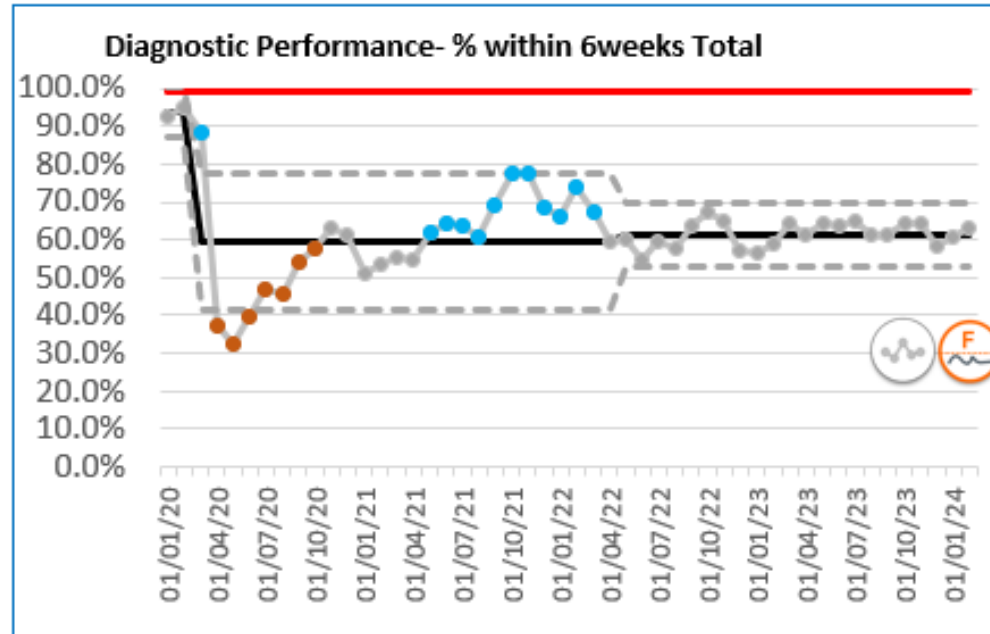
So What?

Not achieving activity level targets impacts on our ability to deliver key requirements to reduce the number of long waiting patients, outpatient transformation ambitions and achieve the Elective Recovery Fund activity thresholds which are part of our financial modelling and overall recovery.

What Next?

The 107% Elective Recovery Fund activity threshold has been lowered to 103% in recognition of the impact from Industrial Action though recovering increased delivery of activity will be required to meet our long wait elective ambitions which are expected to be extended in 2024/25. A theatre productivity recovery plan was presented to the regional Acute Planned Care Taskforce on 13 February 2024 and outpatient transformation will feature heavily in local system and regional strategic objectives for the next year.
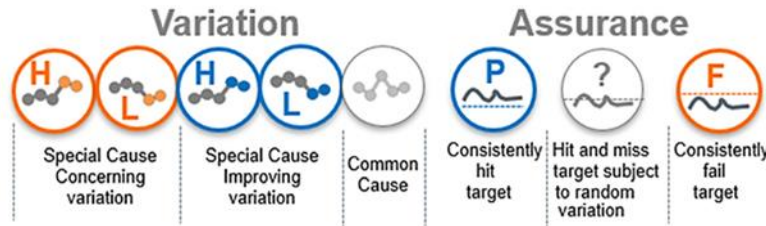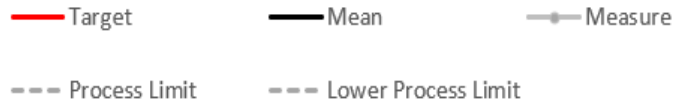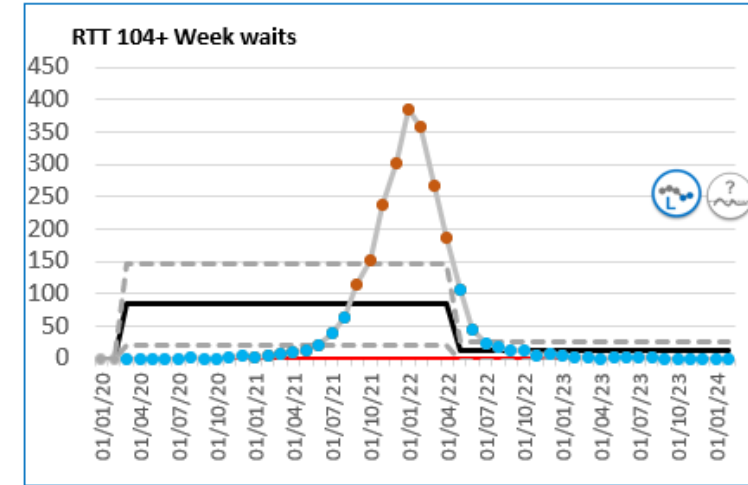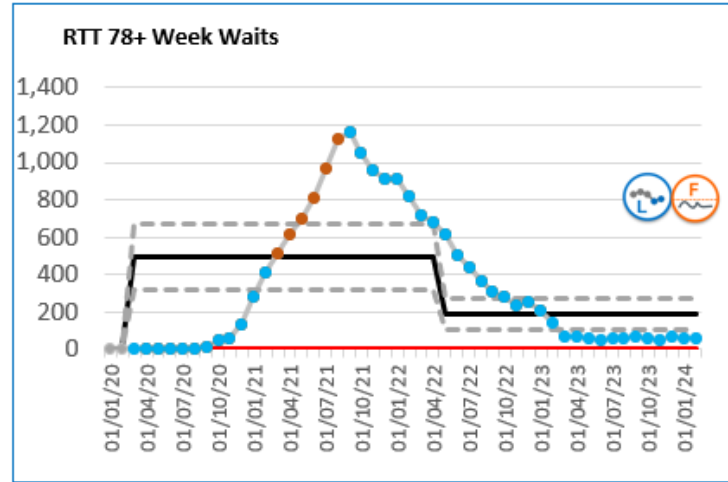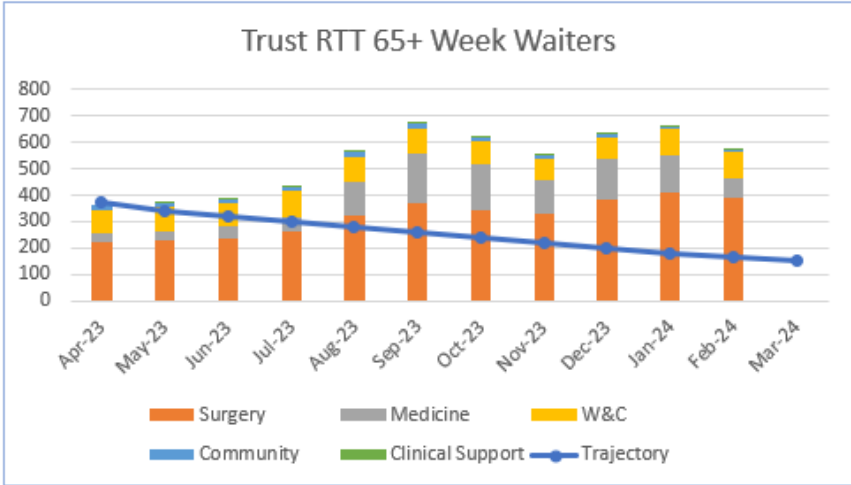
Target — Mean — Measure

Process Limit — Lower Process Limit

Variation

Special Cause Concerning variation	Special Cause Improving variation	Common Cause		

Assurance

Consistently hit target	Hit and miss target subject to random variation	Consistently fail target

Elective Access Summary

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Diagnostic Performance- % within 6weeks Total	Feb 24	63.1%	99.0%	(Common Cause)	(F)	61.4%	52.9%	70.0%
RTT 65+ Week Waits	Feb 24	580		(Common Cause)		517	344	690
RTT 78+ Week Waits	Feb 24	61	0	(Special Cause Improving)	(F)	186	103	270
RTT 104+ Week waits	Feb 24	0	0	(Special Cause Improving)	(?)	11	-4	26
Potential 65+ ww at end of March 2024	Feb 24	688		(Special Cause Improving)		5411	2155	8668

Diagnostic Performance- % within 6weeks Total

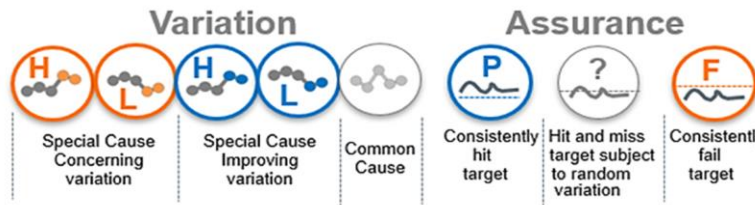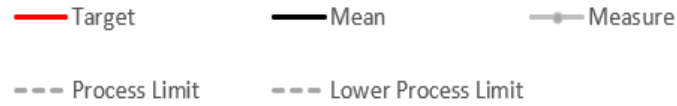|	What	So What?	What Next?
Elective Access	**MRI** - Common cause consistently failing target. Running at full capacity across the seven days but current capacity insufficient. MRI 2 replacement programme commenced 27/11/2023 – temporary mobile capacity in place to mitigate. Programme delays due to unforeseen ground works. **CT** –Currently not meeting DM01 compliance target due to replacement programme but expected to return to full compliance now this has been completed. DM01 has been impacted by increased 28-day FDS demand resulting in a slower recovery than anticipated. This has now stabilised and an improvement in the recovery trajectory can be observed. **US** – DM01 compliance had plateaued following the unexpected decline in performance in the late summer owing to staffing challenges. These have been resolved with an expected return to our trajectory for DM01 compliance by May 2024. US Biopsy performance vulnerable to bed capacity pressures but this will now improve following recovery capacity being agreed with the MTU. A step increase in the recovery trajectory can be observed but this is not yet statistically significant **Endoscopy** –Progress is being made against DM01. Priority is being given to patients on a cancer pathway requiring a rebalancing of capacity to support. Performance had declined and plateaued, but indications of improvement can be observed in line with plans but are not yet statistically significant. Performance has been hindered by industrial action, however with the additional of a funded insourcing list we now anticipate a return to our recovery trajectory.	Longer waiting times for diagnosis and treatment	**MRI** – Request approved by NHSE CDC regional/national teams to support three months of temporary MRI capacity as part of the CDC activity plan, ahead of its scheduled go-live date. Combined mitigations would see MRI reaching DM01 compliance in Q3 2024/25. Longer term CDC will begin to address. **CT** - Impact from CT replacement programme is now expected to recover. With an expected return to DM01 compliance by Q1 of 24/25. **US** –Staffing issues resolved, and performance now expected to improve. **Endoscopy** - Current trajectory anticipates compliance in May 2024 against the DM01 target ambition of 95% by March 2025.

Elective Access

| What	So What?	What Next?
Whilst the absolute number of 65ww patients continues to increase, our focus remains on the total cohort of patients who need to be treated by 31st March 2024. This number has been revised as a result of the most recent IA, with the overall number of 65ww by the end of March forecast to be around 350-400, with the ambition to reach a 0 position by September 2024. The absolute number of 78ww patients remains constant in line with our forecast trajectory for capacity breaches of 55. There were no 104ww patients as of the end of January 2024.	Delivering the objective of no patients waiting over 65 weeks by March 2024 is the central focus of 2023/24 planning, delivering an improved set of outcomes and experience for our patients – as patients are at increased risk of harm and/or deteriorating the longer they wait. This increases demand on primary and urgent and emergency care services as patients seek help for their condition. WSFT's non-zero trajectory for 65ww that was submitted in 2023/24 planning resulted in us being assigned 'Tier 2' support from NHSE regional colleagues, although we have exited these arrangements a strong focus on reducing long waits remains.	The uro-gynae pathway continues to be an area of focus for delivery of our revised 78ww and 65ww trajectories, with the ambition to clear these patients by September 2024, discussions on insourcing and IS capacity are on-going. Continued insourcing of the Dermatology patients will be needed to ensure that these patients do not start to tip over into 65ww.

IMPROVEMENT COMMITTEE METRICS

Chart Legend

━━ Target ━━ Mean ━●━ Measure

╌╌ Process Limit ╌╌ Lower Process Limit

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Safe- Summary

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
MRSA	Feb 24	0	0			0	0	0
C-Diff	Feb 24	6	0			5	-2	11
Hand hygiene	Feb 24	98.0%	100.0%			98.8%	96.1%	101.5%
Sepsis Screening for Emergency Patients	Feb 24	77.8%	100.0%			83.2%	53.9%	112.4%
VTE - all inpatients	Feb 24	99.0%	95.0%		P	97.7%	95.8%	99.6%
Mixed Sex Breaches	Feb 24	7	0			5	-6	15
Community Pressure Ulcers	Feb 24	23	25			34	12	56
Acute Pressure Ulcers	Feb 24	30	17			25	7	42
Acute Pressure Ulcers per 1000 Beds	Feb 24	2.7	-			2.3	0.6	3.9
Inpatient Falls Total	Feb 24	72	48			75	47	103
Acute Falls per 1000 Beds	Feb 24	5.6	5.6			5.9	3.9	7.9
Nutrition - 24 hours	Feb 24	80.0%	95.0%		F	86.0%	77.5%	94.4%
Patient Safety Incidents per 1,000 OBDs	Feb 24	61.3	-			64.1	53.5	74.6
Patient Safety Incidents Reported	Feb 24	882	-			861	697	1025
Patient Safety Incidents Resulting in Harm	Feb 24	188	-			175	121	230

Falls are only counting Inpatients and Exclude Assisted Falls & Outpatient areas.

Safe
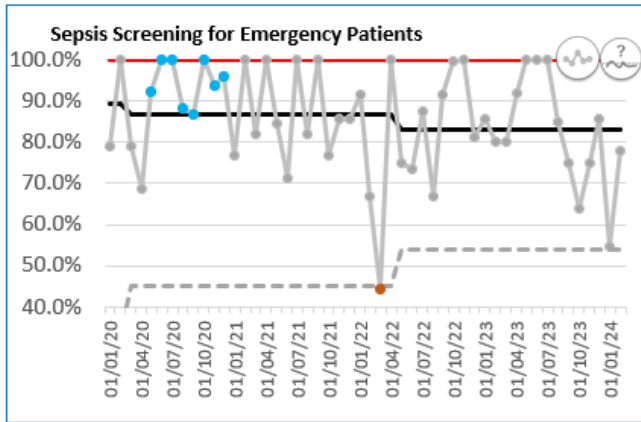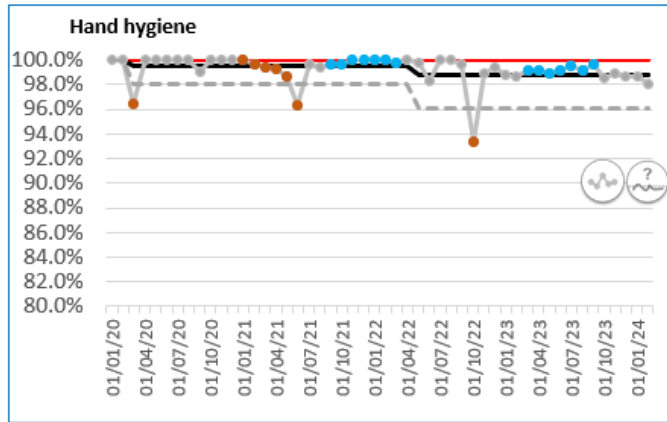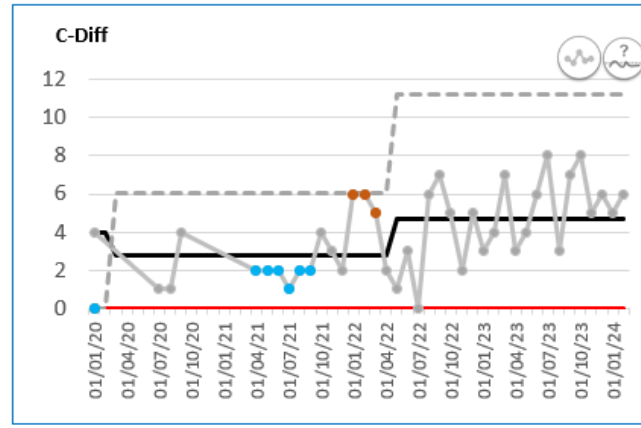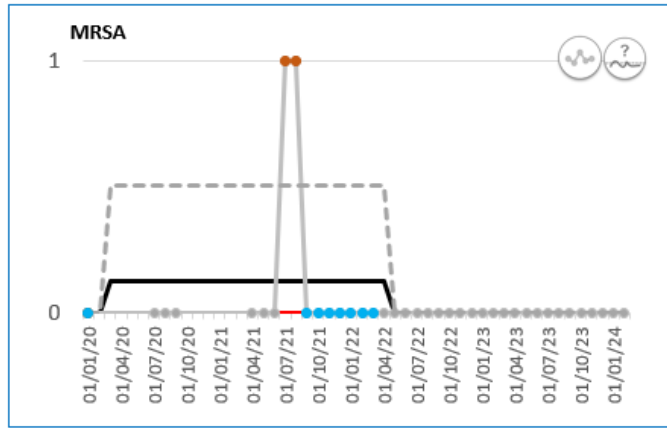
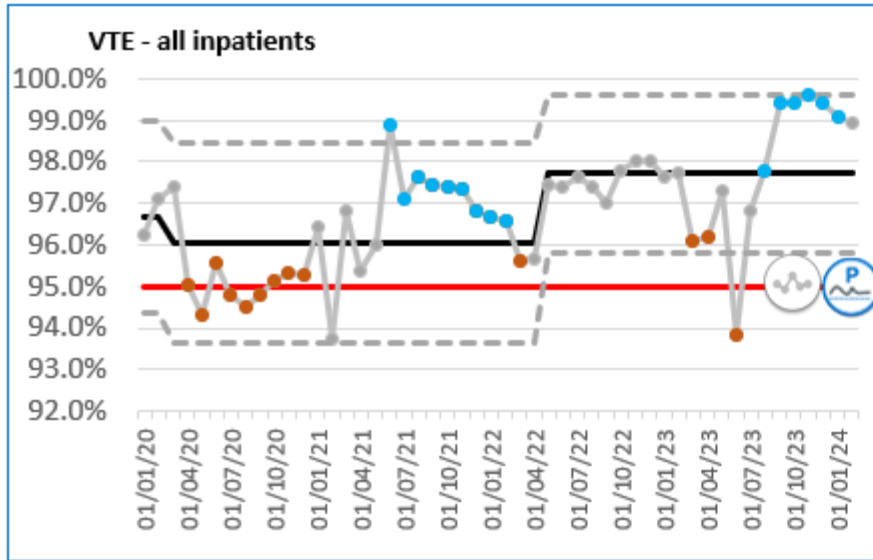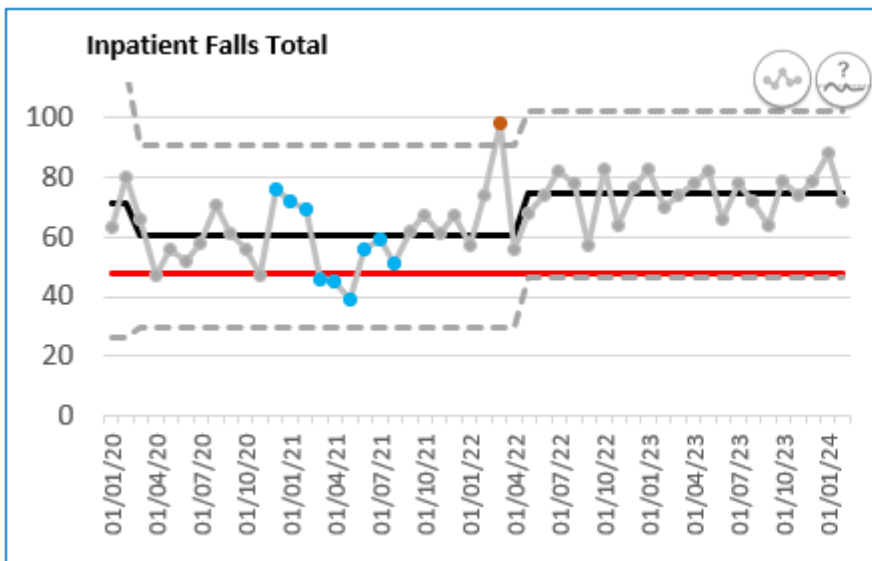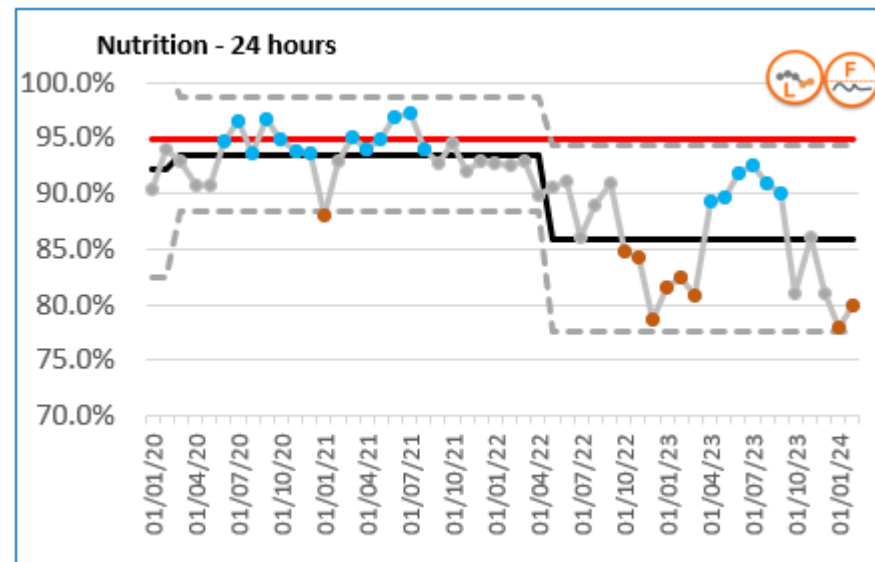| What	So What?	What Next?
There is consistent performance with MRSA Bacteraemia. C-Diff There has been no significant change in month-on-month incident rate measured against the current baseline however the set threshold for cases is 49 which is significantly exceeded, at 87 cases. It is recognised Nationally that the rates of *Clostridioides difficile* have increased significantly over the last two reporting years.	Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. HCAIs pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and may cause significant morbidity to those infected. As a result, infection prevention and control is a key priority for all NHS providers.	The situation is complex, multifaceted and has been escalated to the improvement committee, for return with update in September and monthly reporting into the Patient Quality & Safety Group monthly (previously 3 monthly). The Quality Improvement Programme will run for at least 12 months once the measures are agreed – April 2025. Immediate actions: • Completion of driver diagrams and measures – May 2024 • Retrospective review of antimicrobial prescribing – May 2024 • Review of WSH broad spectrum antibiotic point prevalence survey by the consultant microbiologist & pharmacist to be presented at committees such as drugs and therapeutics – May 2024. • C.Diff patient leaflet – April 2024 • Commencement of C.diff allocation caseload within IPC Team – April 2024

VTE - all inpatients

Mixed Sex Breaches

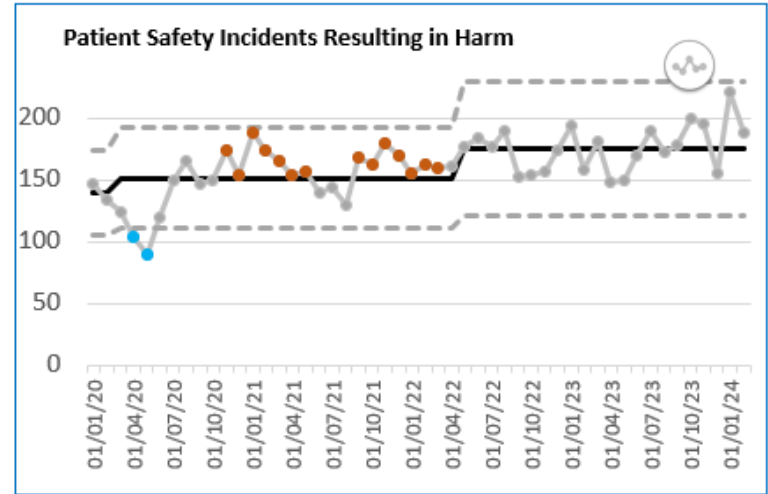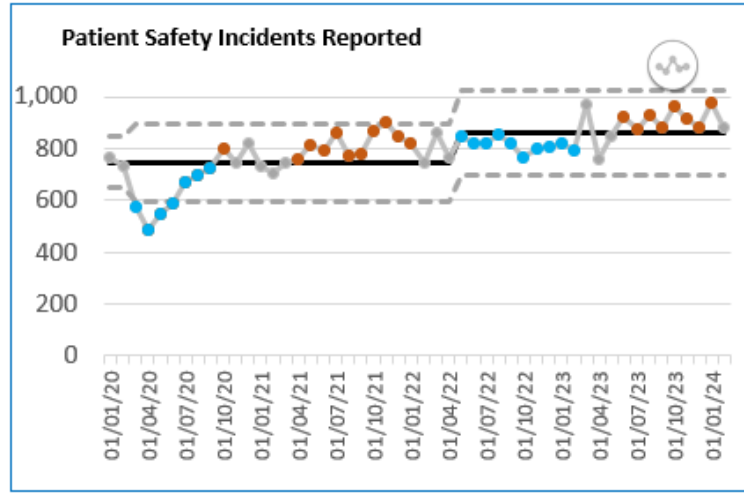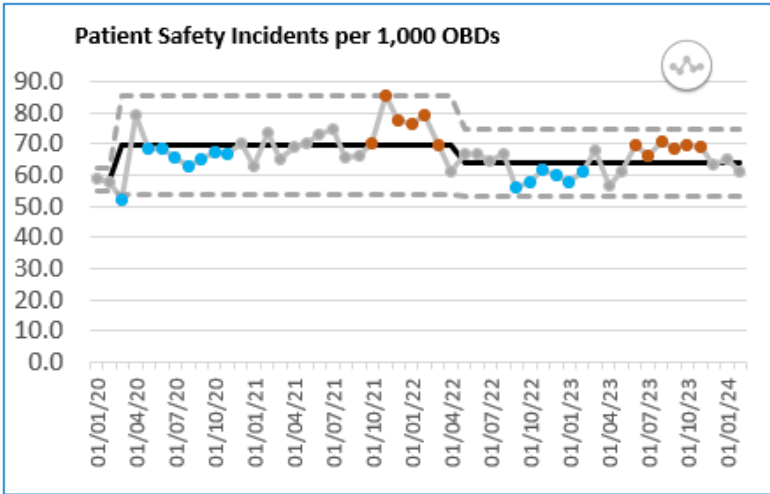| What	So What?	What Next?
Overall VTE compliance remains at a high level with 99.% of assessments completed and is confidence to continue achieving this standard. The compliance in AAU remains relatively high at 89% and is being monitored to ensure maintenance	VTE assessment is important so that patients reive the correct prophylaxis to reduce the incidence of VTE.	The data will continue to be monitored and medical teams will be asked to focus on this issue where performance is slipping.
Mixed sex breaches (MSA). MSA breaches in February, all within critical care (CCU), illustrating the challenges in stepping down from critical care in a timely manner with ongoing capacity challenges.	Risk to patient experience and ability to maintain privacy and dignity within CCU when unable to step out into ward environment due to capacity challenges	MSA and oversight of CCU step downs is reviewed daily at patient flow meetings balancing the need of CCU patients and the UEC pathway

Safe

Community Pressure Ulcers

Acute Pressure Ulcers

Acute Pressure Ulcers per 1000 Beds

Safe

What	So What?	What Next?
Incidents in February demonstrates a slight in month increase in the Acute and a significant reduction in Community PU incidence. Although no sustained improvement or decline trend. In the acute there are no areas of significant concern, wards that have been reporting increased PU incidence have improved this month. Pressure Ulcers remain predominantly in medical wards.	Pressure areas are an avoidable harm having a negative effect on patients health and cost of care provision. We continue to provide prevention training and raise awareness in areas of high incidents. G9 had a run of high incidence in previous months and we targeted some pressure ulcer training at the team, now starting to see some improvement and reported zero HAPU this month	Continue to monitor pressure ulcer incidents and recognise and act on themes through the Pressure Ulcer Prevention Group. TVN team supporting 'areas of high incidence' working with Matrons and department staff to develop practice. Current supportive focus on F9, G10, G8 In conjunction with the launch of Radar in March new pressure ulcer management guidelines will be published inline with the national wound care strategy. This will streamline reporting, reduce duplication and improve accuracy of recording.

Inpatient Falls Total

Acute Falls per 1000 Beds

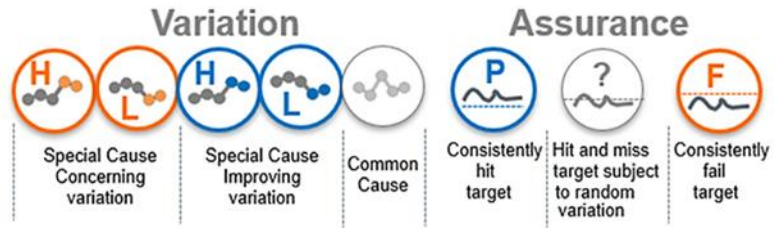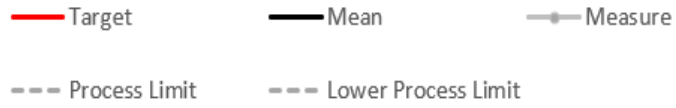| What	So What?	What Next?
There has been no significant change in the number of inpatient falls reported. Although this number reports below monthly average	The effects of falls within hospital can range increase length of stay due to loss of patient confidence and deconditioning, to life changing severe harm. Its widely acknowledge that mortality of patient suffering from severe harm is greatly increased despite initial recovery. Older adults who fall more than once per year are defined as recurrent fallers and are risk for functional decline and mortality.	The bed rail policy has been updated to reflect the safety alert for bed rails issued in 2023. The policy will be discussed and ratified at the next falls group meeting in March.
This month (February) there was 4 falls reported as moderate harm		Continue to raise falls awareness and falls prevention to all staff working within the trust with aim to reduce the number of falls.
During the month of February there were 8 repeat fallers with six patients having 2 falls and two patients having 3 falls in the reporting month		Identifying themes to support with quality improvement projects. The falls with major and moderate harm will be reviewed through PSIRF after action reviews to understand learning and actions

Safe

Nutrition - 24 hours

Safe

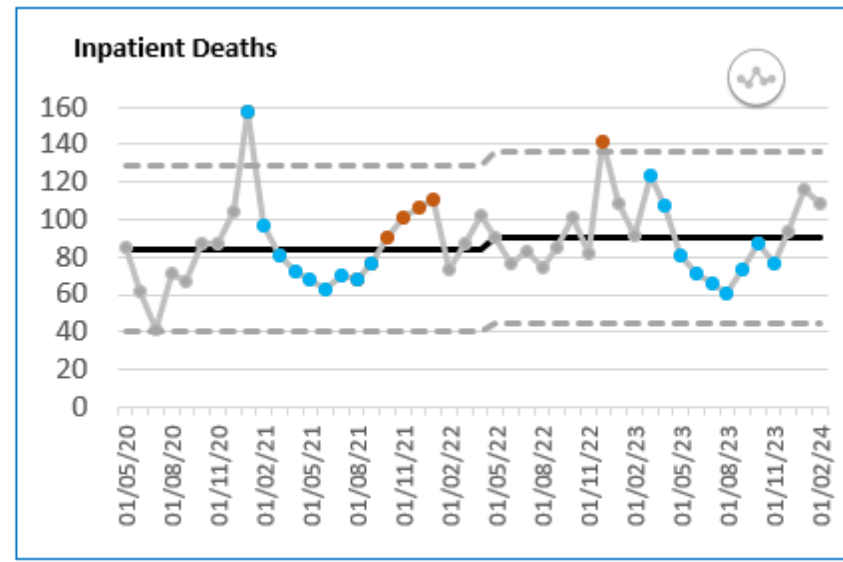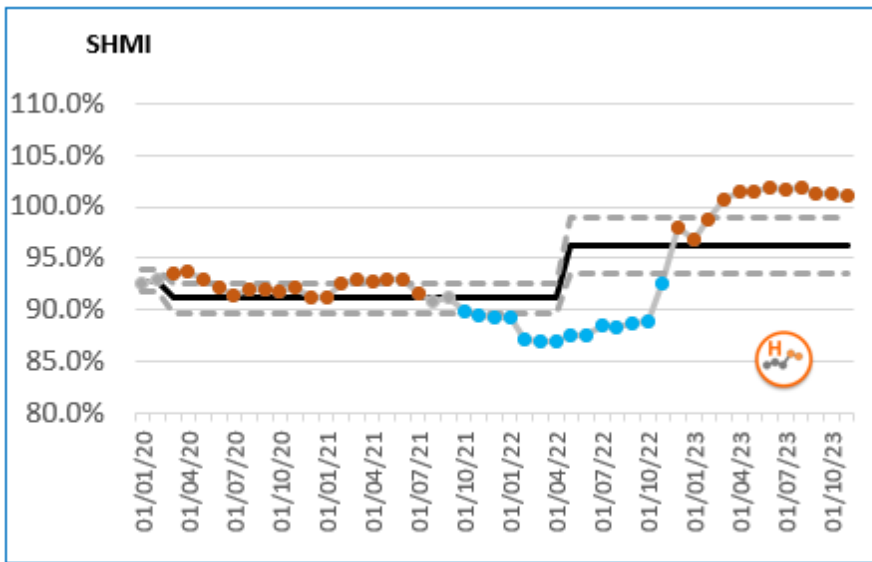| What	So What?	What Next?
Following a second month of decline there are two points of concern. This data directly correlates with Urgent and Emergency Care (UEC) performance within the organisation. As patients are spending long periods in the Emergency Department (ED) awaiting beds, there are delays in patients being transferred to the assessment areas and base ward beds where the assessments are usually performed. The ward teams are encouraged to complete these assessments on transfer to the base wards from the assessment areas or ED, but currently this data is not being captured. The Information team are working on being able to report this metric. On review of the data at 48hrs, the compliance with completing nutritional assessments is 92%. An increase from previous months.	Nutrition and hydration is a fundamental element of care and continues to be an area of focus and improvement for all the teams in the Trust. There is improved awareness that this will underpin a positive experience and outcome for the patients in our care. There are plans in place to renew the reporting process to capture the timeliness of assessments when patients are admitted to a ward. This will provide teams with the opportunity to improve the compliance and accuracy of this important metric. With the proposed changes, this will be measured from the time the patient is transferred to the ward. There have been delays in making this change due to the work being completed on the data warehouse. It is expected this change will not occur until April 2024.	• Engage and focus on activities to improve the UEC performance and continue to monitor • Review of data at performance meetings and Governance reviews monthly to inform performance • Work with Information team to improve metrics and reporting - Completed • Metrics to change to each ward area being monitored for compliance more accurately- April 2024 • Continue to share the data with teams monthly • Encourage teams to improve performance and continue to monitor. • Mouthcare provision audit to be completed in March for all inpatient areas

Safe

Patient Safety Incidents per 1,000 OBDs

Patient Safety Incidents Reported

Patient Safety Incidents Resulting in Harm

What	So What?	What Next?
Patient safety incidents (PSI) per 1000 OBDs remain at an expected level of reported incidents for an organisation of our size, as do PSI reported. PSI resulting in harm remains variable and does not show a useful trend. We have oversight of incidents reported as major or catastrophic at our emerging incident review (EIR) meeting and ensure proportionate investigation pathway, duty of candour requirements and safety mitigation are addressed. We also review incidents which have not caused harm but are perceived to present the greatest opportunity for system-based learning as per the patient safety incident response framework (PSIRF).	Reported patient safety incidents are not a performance measure but one safety metric which allows us to understand how safe we are as an organisation. We encourage staff to report patient safety events to ensure we have an open and candid culture, where colleagues feel able to report incidents without fear of retribution and allow opportunities for learning.	As we transition to Radar, we will have an opportunity to be more proactive around theming as the central team will review all incidents as part of a triage process. We will continue to undertake a thematic analysis of incidents on a quarterly basis to target improvement opportunities working with specialist and divisional leads. This is reported to the safety and quality governance group.

Mortality Summary

Chart Legend

—— Target   —— Mean   —•— Measure

- - - Process Limit   - - - Lower Process Limit

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
SHMI	Nov 23	101.0%		(H)		96.2%	93.5%	98.9%
Inpatient Deaths	Feb 24	108		(common cause)		91	45	137

These will be updated once the SHMI data has been published and the Deaths have been agreed

Mortality

What	So What?	What Next?
As previously reported, SHMI chart highlights special cause concern from Dec 22. Inpatient deaths (local data) rose in December/ January (following national expected pattern for winter months). This will be kept under review but no concerns have been raised through local review of data.	SHMI is reported 4 months in arrears and is expressed as a "12 months to ..". Current data is reporting deaths to October 2023. SHMI currently excludes Covid deaths and so does not exactly match local death data (reported up to September). A SHMI of 100% is graded "as expected" meaning that total number of death exactly matches expected deaths. Our SHMI (12 months to October 2023) is	The Mortality Oversight Group regularly review death data in terms of: Top ten cause of death, deaths by locations and average age of patients. Any variances in these will be managed using the standard making data count method.

RGR50	West Suffolk Hospital	38,325	1,420	1,395	1.0193	As expected SHMI

but it had been 80-90% for a considerable period of time up until Nov/Dec23. A note on the SHMI database next to WSH data states

Data quality notes
There is a high percentage of invalid diagnosis codes for West Suffolk NHS Foundation Trust (trust code RGR). Values for this trust should therefore be interpreted with caution.

Until clinical coding issues have resolved, some patient deaths do not have a primary diagnosis. This means that a breakdown by diagnostic groups cannot be replied on to give an accurate picture. Most noticeably group 73 (Pneumonia) and group 101 (Urinary tract infections) are currently flagged as "below expected" with a SHMI of 67.54% and 39.72 respectively. The published data found at https://digital.nhs.uk/data-and-information/publications/statistical/shmi has the above note to reflect these issues.

An increased SHMI in the diagnostic code" fluid and electrolyte disturbance" has led to a notes review which has highlighted further coding issues eg: Terminal lung cancer being coded as low potassium as this is documented in the notes but clearly not the cause of death. There is ongoing work with the coding team External published data is a source of insight for the CQC and it is therefore important that inaccuracies are recognised.
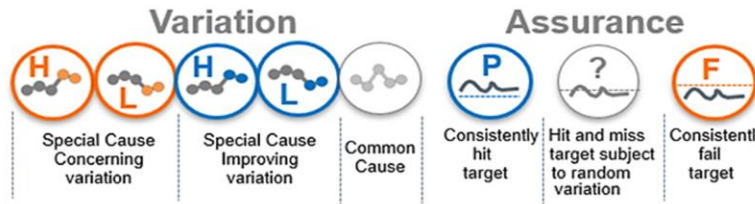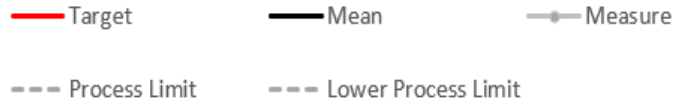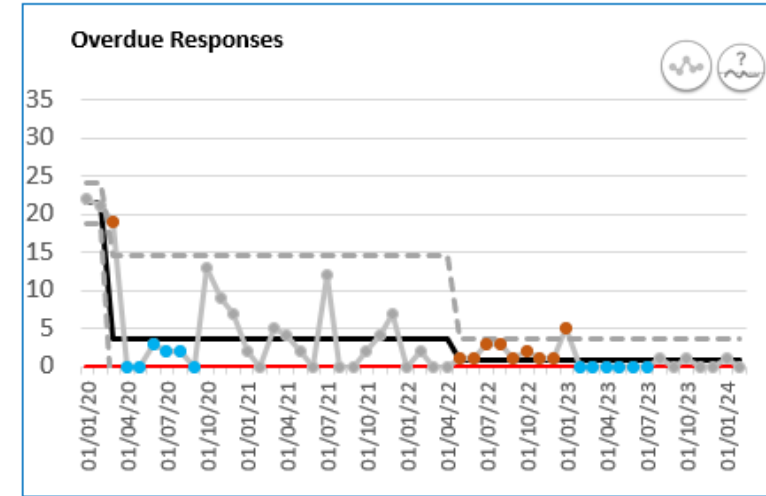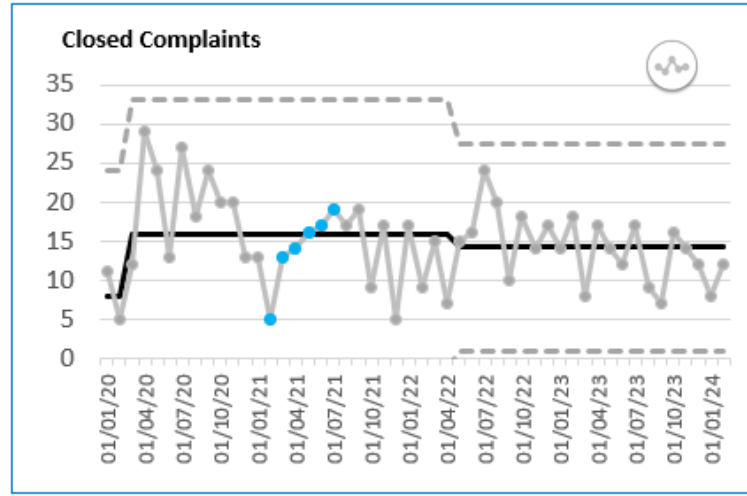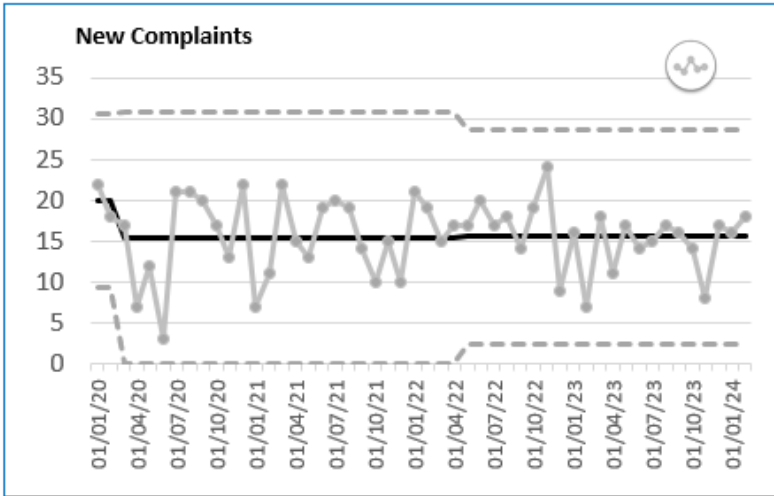
INVOLVEMENT COMMITTEE METRICS

Chart Legend

—— Target   —— Mean   —●— Measure

--- Process Limit   --- Lower Process Limit

Variation

Special Cause Concerning variation	Special Cause Improving variation	Common Cause

Assurance

Consistently hit target	Hit and miss target subject to random variation	Consistently fail target

Safe- Summary

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
New Complaints	Feb 24	18		(variation)		16	2	29
Closed Complaints	Feb 24	12		(variation)		14	1	27
Overdue Responses	Feb 24	0	0	(variation)	(assurance)	1	-2	4

Safe

What	So What?	What Next?
February saw 18 formal complaints received which is just above average for our month on month trend and above average for February. We typically normally see a slight increase at this time of year however this is still within the controlled limits. 12 complaints were resolved in February all within the agreed timeframe.	We are continuing to provide timely responses to complainants and are agreeing response timeframes with complainants when more in depth investigations are required for complex cases. We are also continuing to work with clinical staff to ensure they provide timely comments which aids our investigation	The complaints team continue to meet weekly to discuss upcoming complaints that are due. We are also continuing to meet with patient safety colleagues to triage any potential incidents which has proven effective over recent months. This provides a higher first time resolution rate and timely responses by getting a thorough review earlier. Planning is underway to trial meeting with complainants to resolve their complaint rather than provide written responses. Data will continue to remain within the controlled limits.
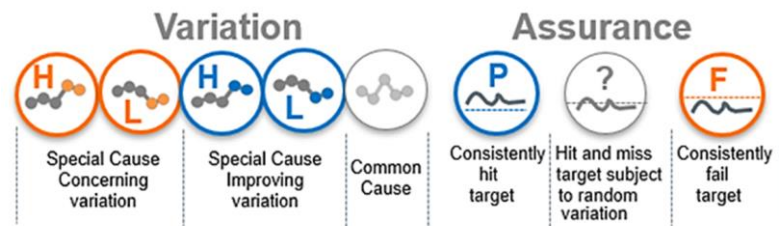
Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Well Led Summary

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Sickness - rolling 12month	Feb 24	4.7%	5.0%			5.0%	4.8%	5.2%
Staff Sickness - monthly	Feb 24	4.7%	5.0%			5.0%	4.8%	5.2%
Mandatory Training monthly	Feb 24	91.0%	90.0%			88.9%	87.7%	90.1%
Appraisal Rate monthly	Feb 24	85.5%	90.0%			82.6%	79.7%	85.4%
Turnover rate monthly	Feb 24	8.9%	10.0%			11.6%	10.7%	12.5%

Well Led
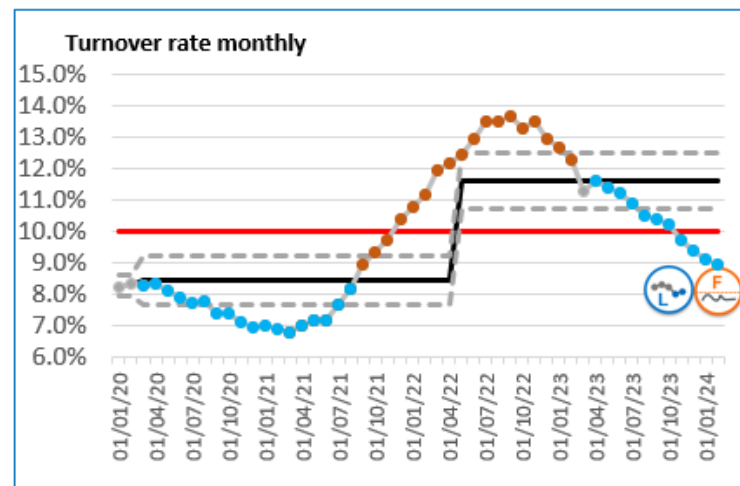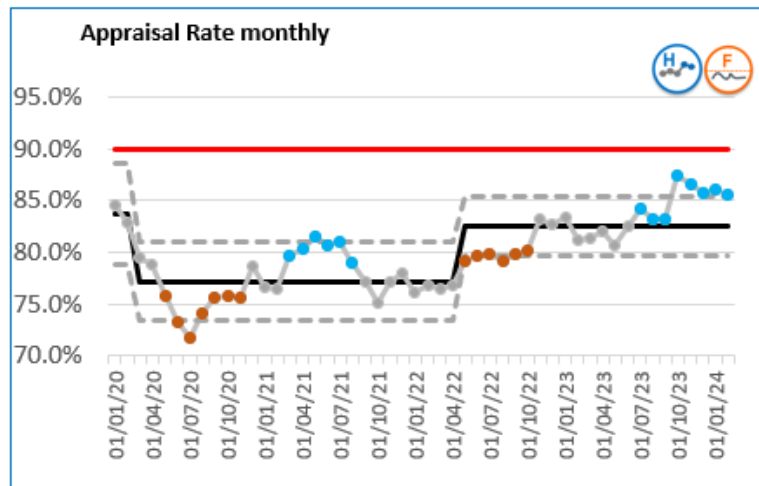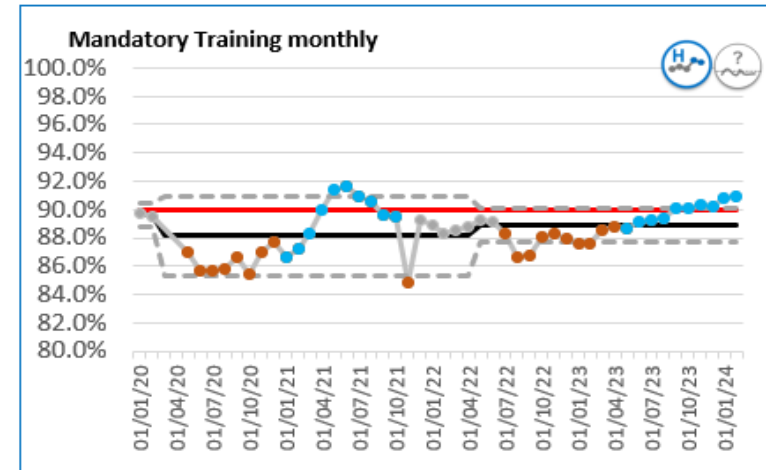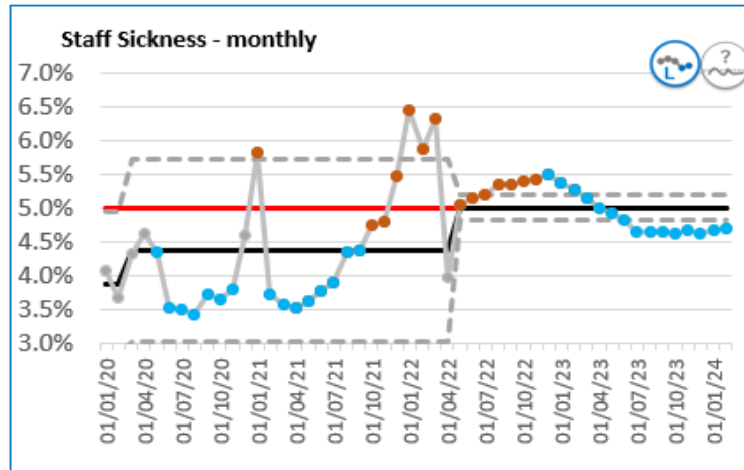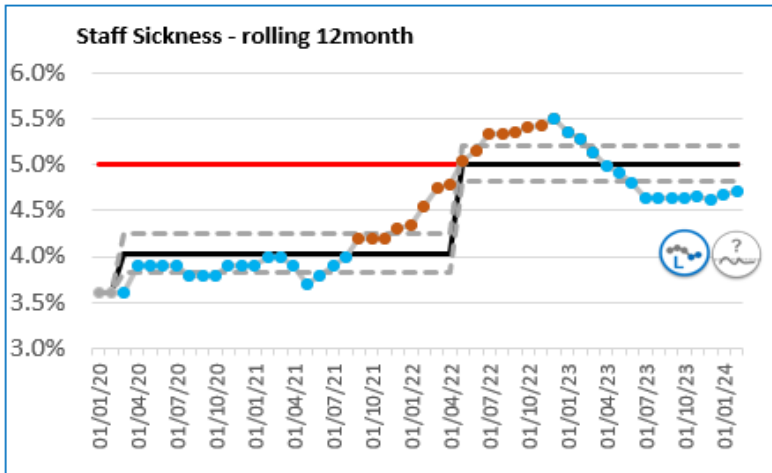
What	So What?	What Next?
All key performance indicators continue to record an improving variation. **Sickness** – achieving target, sustained improvement since December 2022 **Mandatory training** – achieving target for sixth consecutive month **Appraisal** – Consistently failing target, slight decrease on previous month **Turnover** – achieving target, sustained improvement since November 2022	These workforce key performance indicators directly impact on staff morale, staff retention, and therefore, patient care and safety. Additionally, improvements in these workforce key performance indicators will strengthen our ability to be the employer of choice for our community and the recognition as a great place to work.	Maintain improvements in staff attendance and continue to monitor at department level. Sustain the target compliance of mandatory training ensuring areas and staff groups are identified where further focus and support may be required. Continued analysis of appraisal data to support and challenge areas in need of action and improvement. Maintain focus on the delivery of our people and culture plan and priorities.