NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday 31 January 2025, 9:15 AM — 1:15 PM GMT
Venue	Newmarket Hospital, ABC Room
Description	A meeting of the Board of Directors
Organiser	Gemma Wixley

Agenda

AGENDA
Presented by Jude Chin

_WSFT Public Board Agenda - 31 Jan 2025 - v2 PS.docx

9:15 AM — 1. GENERAL BUSINESS
Presented by Jude Chin

10:10 AM — 1.1. Welcome and apologies for absence - Jeremy Over
To Note - Presented by Jude Chin

1.2. Declaration of interests for items on the agenda
To Assure - Presented by Jude Chin

10:10 AM — 1.3. Minutes of the previous meeting - 29th November 2024
To Approve - Presented by Jude Chin

2024 11 29 November - Final Draft Open Board Minutes - Final draft v1.docx

1.4. Action log and matters arising
To Review - Presented by Jude Chin

Open Board Actions.docx

10:10 AM — 1.5. Questions from Governors and the Public relating to items on the agenda
To Note - Presented by Jude Chin

	1.6.	Patient story - Video - To Review - Presented by Susan Wilkinson
10:10 AM	1.7.	Chief Executive's report To inform - Presented by Ewen Cameron Item 1.7 - CEO BOard report - January 2025 FINAL v2.docx
10:10 AM	2.	STRATEGY
10:45 AM	2.1.	Future System board report To inform - Presented by Ewen Cameron Item 2.1 Future system board report public board Jan 2025.docx
	2.2.	Anchors programme update repot To Assure - Presented by Ewen Cameron Item 2.2 Anchors Programme Board update January 2025.docx Item 2.2 SNEE ICE - NHS Impact Report Our Actions as Employers 2024.pdf Item 2.2_Revised-Anchors-Charter-V1-.docx
	2.3.	West Suffolk System Update Report For Report - Presented by Peter Wightman Item 2.3 - WSFT report Dec_24_Jan_25finalPW (2).docx
10:45 AM		Comfort Break
	2.4.	Collaborative Oversight Group To Assure - Presented by Sam Tappenden Item 2.4 - COG Report- open board January 2025 V0.2.docx
10:55 AM	3.	ASSURANCE

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3.1. IQPR Report
For Discussion - Presented by Jude Chin and Nicola Cottington

Item 3.1 - IQPR Cover Sheet.docx

Item 3.1 - Board Report October 2024 - Summary slide.pptx

11:10 AM 3.2. Finance Report
To Assure - Presented by Jonathan Rowell

Item 3.2 - Finance Board Paper - Month 9 Cover Sheet.docx

Item 3.2 - M9 Finance Report for Public Board.pptx

11:35 AM Comfort Break

11:50 AM 4. QUALITY, PATIENT SAFETY AND QUALITY IMPROVEMENT

4.1. Improvement Committee Report - Chairs key issues
To Assure - Presented by Susan Wilkinson

Item 4.1 - Improvement Cttee CKIs 15 01 25 RP, SW.docx

Item 4.1 - Improvement Cttee CKIs 18 12 24 RP.docx

4.2. Quality & Nurse Staffing Report
To Assure - Presented by Susan Wilkinson and Karen Newbury

Item 4.2 - Nurse Staffing Nov.Dec FINAL.docx

4.3. Maternity quality safety and performance Board report
For Approval - Presented by Susan Wilkinson and Karen Newbury

Item 4.3 - January 2025 Maternity quality safety and performance Board report Board copy.docx

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12:15 PM 5. OPERATIONS, FINANCE AND CORPORATE RISK

12:25 PM 5.1. Insight Committee Report
Presented by Antoinette Jackson and Nicola Cottington

- Item 5.1 - Insight CKI 2025.01.15 FINAL.docx
- Item 5.1 - Insight CKI 24.11.20 FINAL.docx
- Item 5.1 - Insight CKI 2024.12.18 FINAL.docx

12:25 PM 6. PEOPLE, CULTURE AND ORGANISATIONAL DEVLEOPMENT

6.1. Involvement Committee Report - Chair's Key Issues from the meeting
To Assure - Presented by Tracy Dowling and Jeremy Over

- Item 6.1- People & OD coversheet.docx
- Item 6.1a - Involvement CKI Decembr 2024 - final.doc

6.1.1. WSFT FTSUG report Q3 2024-2025 (Jane Sharland)
Presented by Jeremy Over

- Item 6.1b - WSFT FTSUG report Q3 2024-2025.doc

6.1.2. PYF awards Jan25 (Carol Steed)
Presented by Jeremy Over

- Item 6.1c - PYF awards Jan25.pptx

12:50 PM 7. GOVERNANCE

7.1. Audit Committee report
For Report - Presented by Michael Parsons and Jonathan Rowell

- Item 7.1 - AUDIT CKI report 10 Dec 2024 MP.docx

7.2. Charitable Funds CKI report
To Assure - Presented by Jeremy Over

- Item 7.2 - Charitable Funds CKI report 3 Dec 2024 MP.docx

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7.3. Board Assurance Framework
For Approval - Presented by Richard Jones

Item 7.3 - BAF report to Board Jan 25.docx

7.4. Governance Report
Presented by Pooja Sharma

Item 7.4 - Governance report Jan 2025.docx

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8. OTHER ITEMS
Presented by Jude Chin

1:10 PM 8.1. Any other business
To Note - Presented by Jude Chin

8.2. Reflections on meeting
For Discussion - Presented by Jude Chin

8.3. Date of next meeting - 28 March 2025
To Note - Presented by Jude Chin

RESOLUTION
The Trust Board is invited to adopt the following resolution:
“That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

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9. SUPPORTING ANNEXES
To inform - Presented by Jude Chin

Item 3.1 IQPR Full Report
To Note - Presented by Nicola Cottington

Item 3.1 - Board Report October 2024.pptx

Matters arising from previous meeting

Item 7.4 Annex A Organisational structure - Organogram 2025 MEG 8 Jan 2025

Presented by Pooja Sharma

- Item 7.4 Annex A Organsational struture - Organogram 2025 MEG 8 Jan 2025.pptx
- Item 7.4 Annex B Insightful provider board - NHS Providers Breifing.pdf
- Item 7.4 Annex C Draft Board meeting agenda.docx

AGENDA

Presented by Jude Chin

WSFT Board of Directors – meeting in public

Date and Time	Friday, 31 January 2025 9:15 – 13:15
Venue	ABC Room Newmarket Hospital, Exning Rd, CB8 7JG

Time	Item	Subject	Lead	Purpose	Format
1.0 GENERAL BUSINESS					
09.15	1.1	**Welcome and apologies for absence**	Chair	Note	Verbal
09.20	1.2	**Declarations of Interests**	All	Assure	Verbal
	1.3	**Minutes of meeting** – 29 November 2024	Chair	Approve	Report
	1.4	**Action log and matters arising**	All	Review	Report
09:25	1.5	**Questions from Governors and the public relating to items on the agenda**	Chair	Note	Verbal
09.35	1.6	**Patient Story**	Chief Nurse	Review	Verbal/ Video
10.00	1.7	**CEO report**	Chief Executive	Inform	Report
2.0 STRATEGY					
10.10	2.1	**Future system board report**	Chief Executive	Assure	Report
	2.2	**Anchor programme - update report**	Chief Executive	Assure	Report
	2.3	**System update report**	West Suffolk Alliance Director and Director of Integrated Adult Health and Social Care	Assure	Report
10:30 Comfort Break					
10:40	2.4	**Collaborative oversight group**	Director of strategy and transformation	Assure	Report
3.0 ASSURANCE					
10:50	3.1	**IQPR report** To consider areas for escalation *(linked to CKI reports from assurance committees)*	Executive leads	Review	Report

Time	Item	Subject	Lead	Purpose	Format
	3.2	**Finance report**	Interim CFO	Review	Report
11:35 Comfort Break					
4.0 QUALITY, PATIENT SAFETY AND QUALITY IMPROVEMENT					
11.50	4.1	**Improvement committee report** – Chair's key issues from the meetings	NED Chair	Assure	Report
	4.2	**Quality and nurse staffing report**	Chief Nurse	Assure	Report
	4.3	**Maternity services report**	Chief Nurse Karen Newbury Kate Croissant Simon Taylor	Approval	Report
5.0 OPERATIONS, FINANCE AND CORPORATE RISK					
12.15	5.1	**Insight committee report** – Chair's key issues from the meetings	NED Chair	Assure	Report
6.0 PEOPLE, CULTURE AND ORGANISATIONAL DEVELOPMENT					
12.25	6.1	**Involvement Committee report –** Chair's key issues from the meetings **Freedom to Speak Up Report Q3** **Putting you first awards**	NED Chair Freedom to Speak Up Guardian Deputy Director of Workforce, Organisational Development and Learning	Assure Review Inform	Report
7.0 GOVERNANCE					
12:50	7.1	**Audit Committee report** – Chair's key issues from the meetings	NED Chair	Inform	Report
12.55	7.2	**Charitable Funds Committee -** Chair's key issues from the meetings	NED Chair	Inform	Report
13:00	7.3	**Board assurance framework**	Trust Secretary	Approval	Report
13:05	7.4	**Governance Report**	Trust Secretary	Inform	Report
8.0 OTHER ITEMS					

Time	Item	Subject	Lead	Purpose	Format
13.10	8.1	**Any Other Business**	All	Note	Verbal
	8.2	**Reflections on meeting**	All	Discuss	Verbal
	8.3	**Date of next meeting** Board meeting on 28 March 2025	Chair	Note	Verbal

Resolution
The Trust Board is invited to adopt the following resolution: "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicly on which would be prejudicial to the public interest" Section 1(2) Public Bodies (Admission to Meetings) Act 1960

Supporting Annexes

Agenda item	Description
3.1	IQPR
4.3	Maternity papers Annexes

Guidance notes

Trust Board Purpose
The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

Our Vision and Strategic Objectives			
Vision Deliver the best quality and safest care for our local community			
Ambition	First for Patients	First for Staff	First for the Future
Strategic Objectives	• Collaborate to provide seamless care at the right time and in the right place • Use feedback, learning, research and innovation to improve care and outcomes	• Build a positive, inclusive culture that fosters open and honest communication • Enhance staff wellbeing • Invest in education, training and workforce development	• Make the biggest possible contribution to prevent ill-health, increase wellbeing and reduce health inequalities • Invest in infrastructure, buildings and technology

Our Trust Values	
Fair	We value fairness and treat each other appropriately and justly.
Inclusivity	We are inclusive, appreciating the diversity and unique contribution everyone brings to the organisation.
Respectful	We respect and are kind to one another and patients. We seek to understand each other's perspectives so that we all feel able to express ourselves.
Safe	We put safety first for patients and staff. We seek to learn when things go wrong and create a culture of learning and improvement.
Teamwork	We work and communicate as a team. We support one another, collaborate and drive quality improvements across the Trust and wider local health system.

1. GENERAL BUSINESS

Presented by Jude Chin

1.1. Welcome and apologies for absence - Jeremy Over

To Note

Presented by Jude Chin

1.2. Declaration of interests for items on the agenda

To Assure

Presented by Jude Chin

1.3. Minutes of the previous meeting - 29th November 2024

To Approve

Presented by Jude Chin

NHS
West Suffolk
NHS Foundation Trust

WEST SUFFOLK NHS FOUNDATION TRUST

DRAFT MINUTES OF THE
Open Board meeting

Held on Friday 29 November, 2024, 09:15 – 13:45
At the Education Centre, WSFT

Members:		
Name	**Job Title**	
Jude Chin	Trust Chair	JC
Ewen Cameron	Chief Executive Officer	EC
Nicola Cottington	Executive Chief Operating Officer	NC
Sue Wilkinson	Executive Chief Nurse	SW
Ravi Ayyamuthu	Interim Medical Director	RA
Jeremy Over	Executive Director of Workforce and Communications	JO
Antoinette Jackson	Non-Executive Director/SID	AJ
Michael Parsons	Non-Executive Director	MP
Roger Petter	Non-Executive Director/Maternity and Neonatal Safety Champion	RP
Clement Mawoyo	Director of Integrated Adult Health & Social Care West Suffolk	CM
Peter Wightman	West Suffolk Alliance Director	PW
Jonathan Rowell	Interim Chief Finance Officer	JR
Sam Tappenden	Director of Strategy & Transformation	ST
Richard Flatman	Non-Executive Director	RF
Heather Hancock	Non-Executive Director	HH
Paul Zollinger-Read	Associate Non-Executive Director	PZR
In attendance:		
Lucie Johnson	Community Clinical Specialist, Occupational Therapy, (Item 1.6 only)	LJ
Richard Jones	Trust Secretary & Head of Governance	RJ
Pooja Sharma	Deputy Trust Secretary	PS
Anna Hollis	Acting Head of Communications	AH
Dan Spooner	Deputy Chief Nurse	DS
Liam McLaughlin	Chief Information Officer (Item 2.5 only)	LMc
Karen Newbury	Director of Midwifery (Item 6.4 only)	KN
Kate Croissant	Clinical Director for Women & Children (Item 6.4 only)	KC
Justyna Skonieczny	Deputy Head of Midwifery (Item 6.4 only)	JS
Ravi Ayyamuthu	Deputy Medical Director	RA
Ruth Williamson	FT Office Manager (minutes)	RW

Apologies: David Weaver, Associate Non-Executive Director Richard Goodwin, Medical Director Alison Wigg, Non-Executive Director	
Governors observing: Jane Skinner, Ben Lord, Rowena Lindberg, J-P Holt.	
Staff: Simon Taylor, Karen Newbury, Kate Croissant, Liam McLaughlin, Anna Hollis, Justyna Skonieczny, Dan Spooner, Joana Proenca, Jane Sharland, Laura Wilkes.	
Members of the public: -	

1.0 GENERAL BUSINESS		
1.1	**Welcome and apologies for absence**	**Action**
	The Trust Chair (JC) welcomed all to the meeting and apologies for absence, detailed above, were noted.	
1.2	**Declarations of interest**	
	There were no declarations of interest for items on the agenda.	
1.3	**Minutes of the previous meeting**	
	The minutes of the previous meeting on 27 September, 2024 were accepted as a true and accurate reflection of the meeting.	
1.4	**Action Log and matters arising**	
	The completed actions were noted: ***Action Ref 3100 – SNEE ICB Joint Forward Plan Update – Consideration of integration of Public Health grants received by local councils*** – today's report, item 2.2 refers. ***Action Ref 3105 – Charitable Funds – Robot Appeal*** – discussion to take place at Management Executive Group Meeting on 4 December, 2024.	
1.5	**Questions from Governors and the public relating to items on the agenda**	
	Nursing Establishment Review Inpatient – How often are community establishments looked at in the same way, as there is no tool for this at present? Question addressed under Item 6.2, Quality & Nurse Staffing report.	
1.6	**Patient Story**	
	Lucie Johnson, Community Clinical Specialist, Occupational Therapy, attended the meeting to present on the impact and health benefits to patients attending the Therapeutic Gardening Group based in Sudbury. This group is funded by donations, including the Friends of West Suffolk and local garden centres. Question raised as to ongoing funding for the project and future expectations. Noted some monies remained and sustainability and widening of partner involvement was being considered.	

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	The outcomes against traditional occupational therapy were raised. Noted trial of the Canadian Occupational Performance Measure was being undertaken, looking at satisfaction with patients' goals and ability to participate, alongside completion of a wellbeing distress monitor. In addition to health, there are also cost benefits associated with people coming into the health centre rather than having a home visit. There was also the potential to adapt exercises in the garden space, thus providing the advantage of group contact. **Questions:** Are there any reflections on the challenges of setting this project up and lessons learned? Clinical time was required to set up the project, in a department already short on time, but there was a strong motivation to continue and make the most of the available time. The visit from the Royal College was a great boost in morale and validation of what was being undertaken was worthwhile. The department is looking to use the learning gained with the stroke patient cohort. The reduction in therapy waiting lists for Sudbury is to be commended. Is there an opportunity to work more closely with WSFT on using this therapeutic approach in other areas, including mental health? A preventative model for those patients with stress and anxiety is being used at GP surgeries and feedback provided. What can we learn from OT in order to pick up on initiatives and move forward? A co-ordinated approach in accessing external funding would be useful. Were there any wider benefits for the registered OTs, such as a release in time to do other things? It has enabled networking and helped remind people of the benefits as well as engendering a boost in morale. The Alliance has worked closely with social care on this project. How can the Trust grow these types of initiatives? Were there other voluntary groups supporting mental and physical health that the Trust could connect with? This project is currently being undertaken on a small scale and with a known group of patients. A meeting has been held with Active Lives and Abbeycroft regarding benefits of health prevention. **Action: Consideration to be given to structure and connection to voluntary sector. Update to be provided to January Board.** The Board offered its sincere thanks for the funding provided by stakeholders and to Lucie and the OT Team for their hard work in making this project such a success.	**PW/CM**

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1.7	**CEO Report**	
	Ewen Cameron, CEO presented the report; highlights from which were noted. ***Provider Collaboration*** – the first patients are being treated at the Essex and Suffolk Elective Orthopaedic Centre (ESEOC). Work is being undertaken with colleagues at East Suffolk and North Essex Foundation Trust (ESNEFT) on paediatric urology to aid in reduction of waiting times. ***National Inpatient Survey*** – WSFT has been ranked 5th nationally for acute and combined trusts and 9th for Urgent and Emergency Care. These were impressive results at a time when healthcare is difficult and a testament to the hard work and commitment of trust and community staff. The need to communicate this success to staff was stressed and noted that the Chief and Deputy Chief Nurses would be visiting wards in this regard. ***New Hospital*** – noted announcement from the Chancellor of the Exchequer of the Government's intention for the new hospital to be built as soon as possible. ***Research and Development*** – the increase in the number of specialities within the Trust involved in R&D was welcomed particularly in light of the associated benefits to staff recruitment and retention. Further development required in terms of community engagement. Noted opportunities being explored through the Integrated Care Academy and alongside ESNEFT, utilising research to progress output from the Darzi Report. ***Patient Portal*** – question raised whether the Trust was doing enough in communicating this exciting initiative. Noted discussions taking place on how to progress further.	
	2.0 STRATEGY	
2.1	**Future System Board Report**	
	Ewen Cameron, CEO presented the report highlights. Noted the report on the new hospital and mentioned of an ongoing archaeological survey. Question raised as to whether the Trust would get the 10% biodiversity net gain. **Action: CEO to ascertain** In terms of new ways of working, will these be evidence based? These are based on confidence of delivery, with some new hospital sites more optimistic. Further work is being undertaken. The plans to increase comms with the broader clinical staff on resizing and modelling were noted. Noted a range of meetings have occurred and are ongoing. These have created some concern regarding size of hospital, potential future size and clinical transformation. The area per service has been driven by demand	**EC**

	modelling. Meetings are being held with those who have expressed concerns regarding layout.	
2.2	**System Update Report**	
	Peter Wightman, West Suffolk Alliance Director presented the report with highlights noted: ***Essex and Suffolk Elective Orthopaedic Centre (ESEOC) – Transport*** – it has been decided to rely on existing provision. A financial hardship fund can be applied for and supported patient transport provided for those meeting criteria. It is assumed that patients will make their own way to the centre and a review will be undertaken over a six-month period. Patients and their families will be advised of the voluntary sector transport option. ***ADHD Pathway – Children & Young People*** – review of pathway noted. Question raised as to the opportunities to address some of the current issues. Noted the Trust has participated in autism spectrum disorder recovery work but ADHD is not part of the Trust provision, this is provided by the mental health trust. This is to be discussed at a locality based mental health meeting. ***Frailty Workshops*** - the outcome of the recent frailty workshops was queried. Noted one workshop had taken place exploring barriers, with another due on 2 December to prioritise in more detail some of big outcome schemes. The Director of Strategy & Transformation is working on reviewing current position for frailty services. It was questioned whether these workshops had the appropriate participants. Noted health and social care were strong on frailty. There was more work to be done on the clinical interface with GPs, but participation was good. The key issue was how, as an organisation, and a system, this shift was facilitated. It was suggested that the joining up of care records and use of AI and data was a great opportunity to help identify those in the early stages of frailty or were already frail. It was requested that the digital team be included in any such discussions. Whilst it was good to see a focus on safeguarding at the recent committee meeting, this was focused on primary care and it was felt that this should be looked at in its entirety.	
2.3	**Collaborative Oversight Group**	
	Sam Tappenden, Director of Strategy & Transformation presented the reports and it was highlighted within the appendix relating to key priorities that one area lagging behind was the development programme and that it had not been possible to convene the responsible officers. Development of the organisation and cultural support was key. Concern expressed at becoming task focused.	

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	If not investing in relationship building it was suggested there would be issues. It was felt that the comment regarding responsible officers was inaccurate. The Director of Workforce and Communication met regularly with counterpart at ESNEFT. It was recognised that the important work described needed to flow in sequence and this clarified the nature of the relationship. The Memorandum of Understanding (MOU) was key as was Phase 1, which was to be undertaken in the next few weeks. Building trust and safety was on the agenda. Suggestion made in terms of GIRFT monitoring that this could be done collectively as visits were joint.	
2.4	**Digital Board Report**	
	Liam McLaughlin, Chief Information Officer, presented the report. Noted nearly 14,000 registrations in the first week of go live on the new patient portal offering. Question raised as to how the Trust would obtain feedback from users. Noted this would be via the Patient Portal User Group, which was soon to be reconvened. Cyber security remains a key focus. Given a change in governance, would assurance on the matter of cyber security be through the Insight Committee? Noted that the recommendation from recent Senior Information Risk Owner training attended by the Chief Operating Officer was that information on cyber security should come to private Board. Question raised as to whether there were other potential companies to the current provider of the Health Roadmap. Noted they were a key player in the technology field, with experience of other markets. Focus was required on the smart building operation for the new hospital and this provider was a potential partner via the road mapping exercise. Query raised as to how the use of Artificial Intelligence (AI) would feature in cyber security and retention of data. It was advised that there could be data security issues associated with the use of AI, an umbrella term, within healthcare. However, there was much benefit from its use in terms of supporting the structures already in place i.e. documentation and a listening tool, rather than changing clinical treatment. There were also significant opportunities in the corporate space. **Action: Discussion outside of meeting on how AI included in cyber security and retention of data. HH and LMc.**	**HH/LMc**

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3.0 ASSURANCE		
3.1	**IQPR Report**	
	Nicola Cottington, Chief Operating Officer, presented the report. ***Ambulance Handovers*** – Release to Respond, which places a 45-minute cap on ambulance waiting times to ED, went live on 28 November. ***Elective & Diagnostic Waits*** – challenges remain. Achievement of the 65 week wait for elective surgery has been extended to 22 December. Dermatology and Gynaecology are areas of vulnerability and will not meet the deadline, but plans are in place to reduce waiting times. Concern expressed at 4 and 12-hour ED performance. The IQPR demonstrated the upper control limit did not reach the target. Was there a requirement to do something different to meet the trajectory? Further, the narrative and data did not reflect a clear understanding of the root causes that would address these issues. Noted the Trust did not benchmark poorly against others for type 1 performance, but was focusing on this area as part of the five national objectives for the winter. Over the last two weeks the Trust has refreshed and reframed the Urgent and Emergency Care (UEC) work programme. However, this was not purely an ED issue, but also a lack of standardisation of ward processes, discharge and admission avoidance. A lack of dedicated urgent treatment centre means that WSFT has to achieve better type 1 performance than those systems with a UTC, in order to achieve better performance overall. The Trust has seen an improvement in overall performance of 5% compared to October last year, with an 8% increase in activity. How could the Trust take a different view and harness community and integrated services to avoid admitting those who do not require it? The Trust needed to focus on things within its control and simple discharges were the greatest opportunity. Reference made to the accuracy of the assurance grid, detailing indicators not attributed to Insight and none to Improvement. Noted this had come through Insight's September report, but due to timing issues for this meeting's papers this was not shown. The Insight Committee fulfilled the assurance function. The Trust is currently under Tier 2 assurance processes for elective and diagnostics. Noted a snapshot report showed the 65-week waiters were 0.2% over threshold. As a result, fortnightly meetings were being held with Region, supplemental to the weekly ones with the ICB. This was to scrutinise Trust plans and offer support where	

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	required. Clarity on exit criteria is awaited. Without the 65 week waits, the Trust would fall within Tier 3. Query raised as to the current position on Virtual Ward, which was not being utilised to full capacity and a planned expansion had been paused. Noted the willingness to refer patients to Virtual Ward had improved, increasing to 74% utilisation in October. The cap on expansion was in order to transition to shared delivery with the integrated neighbourhood team, which had delivered the increase. The Virtual Ward had been reliant on the use of agency staff, which was not sustainable and this ceased as part of the financial recovery plan, leading to capacity constraints, which have now been mitigated by the neighbourhood team. Query raised as to the constraints to be resolved in terms of diagnostics. Noted there were three main issues; 1. Imaging modalities linked to opening of CDC, which was delayed, now, opening mid-December. 2. Scanners and machine programme of replacement. This has been positive and successful, but the Trust did experience some downtime prior, leading to backlog. 3. Utilisation of MRI. Productivity is an area of focus. DEXA scanning was previously provided by a private company, commissioned by the Trust and ICB. This provision ceased in March 2024. Due to estates work, this will continue to be outsourced as an interim measure. Endoscopy required further work to balance the Trust's commitment to deliver ERF. Endoscopy does not have a dedicated team, but is supported by medicine and surgery. Options regarding DEXA and endoscopy will be discussed at the Management Executive Group in the coming weeks. Question raised regarding lessons learned regarding management of demand in light of the delay to building works at the CDC. It was advised that scanners aged and formed part of the capital programme for which budgets are limited. There was appropriate prioritisation. ***C.difficile*** - It was asked what the Trust was doing in terms of the instances of C.difficile. Had a fundamental cause been found? Noted much work had been carried out to identify causation. Ribotyping had shown these were not the same infections and therefore not necessarily caused by cross contamination. Additional resources have been provided to the Quality Improvement programme. Ribotype 955 is an evolving ribotype and is being identified in some areas and the Trust's microbiologists are monitoring this. Antimicrobial stewardship	

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	continues to be an area of focus The Trust has sought support from the ICB and is working with primary care colleagues. The Trust had ceased fogging areas the previous year, on the basis that this was as effective as triple cleaning and following a robust decision model being prepared and presented. Further to this, ward layouts do not lend themselves to this procedure, due to lack of doors on bays and inability to close wards. The Trust continues to focus on cleanliness. October data detailed two cases in October. The Trust was moving in the right direction. ***Nutritional Assessment*** – regarding these assessments it was queried whether the incident mentioned related to inaccurate collection of data and use of the Malnutrition Universal Screening Tool (MUST). Noted the Trust had presented to the Nursing and Midwifery Clinical Council (NMCC) to emphasise completion of the tool. Dieticians attend these meetings, report on assessments and provide evidence of steps taken. ***Improvement Metrics*** – it was noted that these did not detail targets as per other assurance committees. **Action: Consideration to be given to amendment of front sheet to make information more beneficial. Chief Operating Officer and Chief Nurse.**	**NC/SW**
3.2	**Finance Report**	
	Reported that Month 7 had been positive, with an improvement in the ERF performance, despite the absorption of cost pressures from back pay. Benefits from recovery actions were starting to be seen. Savings were also being seen ahead of trajectory, due to delivery earlier than planned, a result of divisional pay controls. There was more to be done. Work will continue on workforce efficiencies and tracking of savings. Discussions undertaken on risks for the remainder of the year, as the Trust enters the winter period and will be regularly reviewed. The cash balance reported as of 31 October, 2024 was artificially high, having received capital from Public Dividend Capital (PDC) and New Hospital Programme (NHP). The underlying cash position remains constrained and the Trust is working with the ICS and region to try and resolve. Noted the Trust has requested £8m additional cash support. Hitting its trajectory in FRP and being below the workforce trajectory at Month 7 will provide the ICB with some assurance for this request.	

	Question raised regarding maintenance of performance for the coming month. Noted a level of uncertainty remained, as the pay award was not complete, with junior doctors yet to come. However, it was understood that elective recovery performance would be on track. Query raised as to alternatives available to avoid the expenditure of an additional escalation ward. Advised there were a range of actions and these formed part of the recovery plan. The reality was that based on bed modelling, early January would require additional capacity and this Trust was not alone in this. Opening of an escalation ward was dependent on meeting pre-set triggers and required agreement of the executives. In terms of the run rate, when the Financial Recovery Plan (FRP) was agreed, the focus was to reduce this, but it was highlighted that the Trust was still running at £2m per month above budget. Noted since the start of the year there had been a significant improvement with a £300k reduction per month. The ambition was to reduce this further, in line with the £15.3m plan. The Trust remained confident that this reduction would be maintained enabling it to hit its trajectory. The community income shortfall was highlighted and reason for increase in wheelchair referrals queried. In terms of community income, non-recurrent funding for various schemes had been discontinued. However, the Trust was on track with the FRP. The demand for wheelchairs had increased. Contained within this was an element of backdated updates and associated repairs. A presentation in this regard had taken place at Insight, which had looked at how costs for the service were apportioned. Noted the Trust did not receive the full cost for recovery and were taking the greater risk. Conversations are ongoing with ESNEFT.	
4.0 PEOPLE, CULTURE AND ORGANISATIONAL DEVELOPMENT		
4.1	**Involvement Committee Report**	
	Report taken as read and has been taken to the Council of Governors.	
4.2	**People and OD Highlight Report**	
	The Putting You First Award citations were noted and recognition will be given to the winners.	
	Guardian of Safe Working Annual Report	
	Francesca Crawley, GoSW and Troy Pask, Resident Doctor, (in attendance). The meeting was advised of residents' concerns regarding staffing pressures as a result of cost improvement measures and advised that they were struggling due to a lack of staff on the wards. Ward	

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	moves were a regular occurrence due to sickness, alongside moral injury due to the occasions when these occurred at short notice. A further issue was the ability for residents to take study and annual leave. Further, some residents were not always able to attend mandatory clinics due to staffing issues. The Board acknowledged that these were legitimate concerns and wished to gain a better understanding of said issues. **Action: Director of Workforce to speak to Francesca Crawley and Troy Pask regarding concerns expressed over staffing pressures. Interim report to be produced for return to January Board, with a verbal update to Involvement Committee.**	**JMO**
	Freedom to Speak Up	
	Jane Sharland, Freedom to Speak Up Guardian in attendance. Highlights from report were noted: ***Themes***: – Concern at the reduction in the Trust's staff psychology service. – Bullying – the Respect for Others policy was assisting. – Environment: o Food at night – this has improved with a reliable stock in vending machines. o Evening temperature on wards. – RADAR incident reporting system: o There have been teething troubles with insufficient training cited, however this has been provided. o The type of questions used in RADAR were considered investigative and not the role of those reporting. Noted these questions have been set by NHSE and are only to be completed if the person feels able to do so. o Training and comms required to encourage use by lower banded staff. EDI survey of existing champions has been completed. Work being undertaken to proactively recruit to this group. Noted 60 current champions, with a further 30 booked in for training. A gap analysis and further EDI survey will be undertaken in March, 2025. Executives were keen to support the work of the champions. **ACTION: FTSU Guardian and Chief Nurse to hold regular meetings. Chief Nurse to arrange.** Question raised as to how to encourage staff to speak up. Noted the comms plan will help raise awareness. There are robust systems in place regarding reporting of patient safety incidents, such as RADAR.	**SW**

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5.0 OPERATIONS, FINANCE AND CORPORATE RISK		
5.1	**Insight Committee Report**	
	The report was noted.	
6.0 QUALITY, PATIENT SAFETY AND QUALITY IMPROVEMENT		
6.1	**Improvement Committee Report**	
	Noted cleaning within the Emergency Department had improved. Basic Life Saving compliance and colonoscopy and endoscopy performance were being looked at. Lack of adequate assurance regarding surgical achievement of some metrics was being investigated.	
6.2	**Quality and Nurse Staffing Report**	
	Biannual inpatient staffing review noted which detailed recruitment and turnover rates remaining positive. The nursing division's commitment to financial responsibilities remained, being under budget for the last two months and with plans to be so at year end. However, it remains cognisant of impact on staff and patients. The ambition is to fill 90%, a level at which safe care can still be delivered. In October, the fill rate dropped below that figure, compounded by a 1% rise in registered nurse sickness. The division was unable to mitigate as would have liked. When talking about reducing temporary spend, there is a risk in requirement to move staff more and this has happened more frequently. It remains a challenge along with the moral injury experienced by nursing staff as a result. Support is being offered to spread the load, including urgent and emergency care from inpatient areas. The community staffing tool is to be relaunched in January, 2025. Confirmation is awaited on whether the current data remains valid. Query raised on reason for the reduction in falls. Noted teams have been coached to go in to wards and take a quality improvement approach, ascertain what is different about the area and tailor interventions accordingly. G10 had promoted "bay watch – stay in bay". This resulted in more engagement within the teams as they gained a greater understanding of their patients. It was queried whether the red rating for Neonatal was an issue. Noted the Safer Nursing Care Tool (SNCT) was only part of the conversation and not the whole solution. There were limitations in its use in terms of other activities and geography. In terms of assurance, for G5 it suggested the need for four additional nurses, on talking to the ward the response was that they were satisfied that their current nursing roster and establishment was adequate. . F8 detailed a high number of nurses, but this was due to an anticipated change in patient profile that did not happen. This number can be reduced accordingly.	

	Noted Neonatal had its own method of recording and did not always move shifts they no longer required. There were few wards in this situation and Neonatal have their own escalation process. This did not present a risk. The division was congratulated on being able to provide a quality service with little or no agency staff. Had this been shared with other Trusts? Noted this had not been shared externally. The Trust is fortunate to have such dedicated nursing staff within the organisation who take great pride in their work. They were totally committed to delivering excellent patient care. The Chief Nurse met with Ward Managers on a weekly basis to listen to them. It is about being heard, acknowledged and thanked. The meeting was advised that at the monthly regional workforce delivery meeting this success had been noted.	
6.3	**Maternity Services Report**	
	Karen Newbury, Associate Director of Midwifery, Kate Croissant, Clinical Director, Women & Children and Justyna Skonieczny, Deputy Head of Midwifery in attendance. ***Maternity and Neonatal Improvement Plan*** – NHSE and ICB assurance visits have been rearranged for end of January at their request. ***Rebirth Report*** – Information leaflets being amended to reflect the reports request for language to be non-blame or judgmental. Staff survey undertaken as part of the ***Perinatal Leadership Programme.*** There was a 49% response rate (261 people). An action plan will be produced for each aspiration. The ***Maternity Incentive*** is due for submission in March and will come to the January Board for approval. Query raised regarding training of junior doctors to work on the ward. Noted this cohort receive emergency skills training as part of their induction programme upon arrival.	
7.0 GOVERNANCE		
7.1	**Audit Committee Report**	
	Debt write-offs – it has been highlighted that such invoices are managed within the finance system and not elsewhere. Concern expressed in terms of external controls. Noted this related to two incidences – one with Research and Development and one with a hosted procurement hub. Actions were in place to close this loophole. ***Internal Auditor Contract Extension*** – Finance Department are considering this.	

7.2	**Board Assurance Framework (BAF)**	
	It was highlighted that scores had not altered since September, with future risk score dated as December, 2024. Noted BAFs were updated at individual assurance committees.	
7.3	**Governance Report**	
	Noted appointment of the Trust's external auditors had been ratified by the Council of Governors. This was a challenging appointment due to the limited market available. Following a constitutional change requested by the Council, the Board had asked that any recruitment process to be more inclusive. Concern was expressed that whilst the paper set out an intention to grow a more diverse set of governors, it was without actions to achieve. Suggestion made that by letting individuals re-join, the opportunities for a more diverse group would reduce. Question raised as to how the impact of the plan would be monitored. The intention was to obtain the most diverse group of candidates at election. However, it was suggested that one previous governor re-standing would not greatly change the group dynamic. When appointing non-executive directors, governors take into account skills and diversity. Suggestion made of similar profiling with appointment of governors and identification of gaps in service users etc. Governors should be encouraged to reach out to minority groups within the community. Work in this regard is to be managed through the Engagement and Involvement Committees. The Patient Experience Team and EDI Leads will also be consulted. Concerns regarding the change to the constitution noted and these will be mitigated by an effective strategy and results. **The Board gave its approval to a change in the Trust's constitution.** **The Trust's Membership and Engagement Strategy was approved by the Board**. This will now go to the Council of Governors for ratification.	
8.0 OTHER ITEMS		
8.1	**Any Other Business**	
	None noted.	
8.2	**Reflections on meeting**	
	– Better balance of significant challenges and good things happening in organisation. Very easy to be focused on the hospital. Balance achieved. – Good in-depth discussion about areas of real need for improvement and not left for sub-committees.	

	– IQPR - good broad discussion. Everyone contributed. Some areas to check back – is there a follow up action, where go etc.	
8.3	**Date of next meeting** 31 January, 2025.	

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1.4. Action log and matters arising

To Review

Presented by Jude Chin

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery	Date Complete
3112	Open	29/11/24	1.6	**Patient Story - locality groups connection to MyWish.** Consideration to be given to structure and connection to voluntary sector. Update to be provided to January Board.		PW/CM	31/01/25	Green	
3114	Open	29/11/24	2.4	**Digital Board Report - AI** - Discussion outside of meeting on how AI included in cyber security and retention of data**.**	**Item for discussion in closed board 31/01/2025**	HH/LMc	31/01/25	Complete	
3115	Open	29/11/24	3.1	**IQPR Report** - Improvement Metrics do not detail targets as per other assurance committees. Consideration to be given to amendment of front sheet to make information more beneficial.	**Imformation team updated and complete.**	NC/SW	31/01/25	Complete	
3116	Open	29/11/24	4.2	**People and OD Highlight Report - Guardian of Safe Working Annual Report** - Director of Workforce to speak to Francesca Crawley and Troy Pask re concerns expressed over staffing pressures. Interim report to be produced for return to January Board, with a verbal update to Involvement.	**Discussed at January meeting of Trust Negotiating Committee. Data shows reduction in bank shift availability although no increase in exception reporting. Further feedback being sought from junior doctor representatives and an update will be provided to Involvement Committee in February.**	JMO	28/03/25	Green	
3117	Open	29/11/24	4.2	**Freedom to Speak Up - Exec Support** - FTSU Guardian and Chief Nurse to hold regular meetings.	**Meeting arranged in the diary and will include Deputy Chief Nurse Dan Spooner.**	SW	31/01/25	Complete	

1.5. Questions from Governors and the Public relating to items on the agenda

To Note

Presented by Jude Chin

1.6. Patient story - Video -

To Review

Presented by Susan Wilkinson

1.7. Chief Executive’s report

To inform

Presented by Ewen Cameron

WSFT Board of Directors (Open)	
Report title:	**CEO report**
Agenda item:	1.7
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Ewen Cameron, Chief executive officer
Report prepared by:	Ewen Cameron, Chief executive officer Sam Green, Acting communications manager Anna Hollis, Acting head of communications

Purpose of the report			
For approval ☐	**For assurance** ☐	**For discussion** ☒	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

December and January have proved a challenging period for the Trust, due to the operational pressure our acute and community services have been under and our financial position.

I would first like to thank all colleagues across our Trust for how they have dealt with the demand for our services recently, particularly those in urgent and emergency care (UEC). Having visited our hospitals over the festive period, which can often be a slightly quieter time, I was taken aback to see that almost all beds were occupied. While this time of year is where we usually see a peak in demand, which increases every year, I am sure colleagues will agree that this was unprecedented. From those working in our emergency department, the wards in our hospitals, theatres, clinical support services such as pharmacy, to our community colleagues, I was immensely proud of how they dealt with this period and the challenges of moving our patients through our services.

We are continuing to see positive signs of progress against our financial recovery plan, cost improvement programme and the additional measures we have put in place to reduce our spend. Colleagues across all services have worked hard and diligently to help us get to this point where we are seeing improvement, and I thank them for working with us on this. While we still have some way to go, I would like to stress that it is vitally important that we return to a financially sustainable position, which is hard, but absolutely necessary.

Performance

Finance

At the end of December, our reported position in-year was a £21.2 million deficit, which is £8.0 million worse than planned.

Work continues at pace to support the Trust's financial recovery plan; we are on track to deliver the revised year end deficit target of between £25.5m to £28.5m. Spend remains more each month than received income, however, it is positive news that the underlying deficit continues to reduce due to a lot of hard work. It is acknowledged that it is difficult to save money like this, but we are turning a corner and moving in the right direction.

There is much work to do to reduce the deficit month on month by March 2025 (and into 2025/26). Due to measures in place, there is confidence that it will continue to reduce.

Workforce has been a key area of focus, and it is recognised this is where colleagues will feel the impact and difficulty of these changes. Overall workforce numbers have reduced; substantive staffing is just beginning to reduce and temporary staffing numbers and spend are much reduced, however, the Trust is employing more substantive staff than at the start of 2024.

The challenge for next year remains and we are working through plans; we continue to identify opportunities to improve this situation, working with our colleagues to meet this challenge head on.

Elective recovery

Despite the pressure we have been under in recent months, our work to reduce elective care waits continues.

We have continued to make progress in our elective recovery generally; at the end of December 2024:

- 120 patients over 65 weeks: 90 of these are capacity related.
- 12 patients over 78 weeks: this continues to reduce each month.
- The focus is now on reducing our 65 week waits.

It is also fantastic that since 11 November we are now able to provide high-quality elective care at both the new, purpose-built Essex and Suffolk Elective Orthopaedic Centre facility in Colchester as well as our main West Suffolk Hospital site. This is supporting increased activity and has had a positive impact on our overall waiting list position in orthopaedics and will ensure our orthopaedic elective patients receive the care they need more quickly, so they can get back to their lives much sooner.

Urgent and emergency care

Our performance against the 4-hour standard was 62.1% against a trajectory of 73.0% in December 2024.

We continue to see high levels of demand for our urgent and emergency care services, including inpatient admissions. We've been dealing with the seasonal prevalence of winter illnesses such as flu, which did see a rise earlier than in previous years. This has impacted ambulance handover at times and meant many of our patients have been waiting longer than we would like.

Inpatient flow has also been challenging but teams have been working hard on initiatives to better support this. The number of patients who no longer meet the criteria to reside who are not discharged on the same day is much lower than the national average.

Cancer

This year, we have focused on the early detection of cancer and reducing waiting times for patients with cancer. We have been aiming to improve our performance against the faster diagnosis standard to 77% - which means our patients having cancer confirmed or ruled out within 28 days, and 70% of patients beginning their cancer treatment within 62 days. At the end of November 2024, the position is:

- 58.6% of patients had cancer ruled out or confirmed within 28 days, this is behind the national standard and our internal Trust trajectory.
- 72% of patients were treated within 62 days, this is above the national requirement for 2024/25.

While we still have some way to go, we are using innovative methods to ensure the patients that are most likely to have a head and neck cancer, are seen as quickly and begin their treatment as quickly as possible. Here, we pre-screen patients over the phone prior to their first in-person appointment to determine the likelihood of them having cancer, allowing us to move the most at-risk patients to the front of the queue. This means we can begin their treatment as soon as possible which increases their chances of recovery, as well as improving our performance against the 62-day target. Please look out for more information on this in our newsroom soon.

Quality

Since November 2022, the Trust has been providing hospital care in the places our patients call home, such as their houses or care homes. During peak periods of demand for our services, the virtual ward helps us prevent avoidable admissions and keep those who may be vulnerable to infection, such as those who are frail or immunosuppressed, out of hospital.

We have recently expanded our virtual ward from 42 to 50 ‘beds’. This means it increases our capacity to care for and monitor our patients by more than a whole additional ward. We also know that often our patients do not want to be in hospital, or they would like to leave sooner than may be appropriate. The virtual ward facilitates patients returning home earlier while remaining under the observation of a multi-disciplinary team remotely while also receiving in-person care from our community teams.

The Government has outlined that as part of its 10-year plan it wants to move hospital care into the community and digitise the NHS to increase efficiency. The virtual ward is therefore a shining example of this, whereby using technology to monitor our patients remotely and shifting the care patients receive from hospital into community, allows us to work more effectively.

Setting this up and steadily growing the virtual ward has been a significant task. Building trust in this new way of delivering care in our teams and with our patients has taken some time, as well as getting our UEC, ward-based and community colleagues to think of this when deciding which care pathway is most appropriate for our patients. I would like to thank the whole virtual ward team and all those involved for their work in this area over the last two years, specifically Dr Vivian Yiu, who has led this project as consultant clinical lead and recently completed a secondment to the Integrated Care Board to develop virtual wards across the local healthcare system.

To further our digitisation ambitions, in November, we upgraded our Patient Portal, opening it up to new registrations. This new version has been designed to make managing your health information easier and more convenient, as the new portal provides an enhanced experience, allowing our patients access to their information and appointment details whenever and wherever they need them.

I am glad to say that so far, more than 25,137 patients have signed up for the Patient Portal, which is a significant proportion of our local population, and surpasses the number that had registered for the previous version.

Those already using the NHS App will be able to access the new portal with their existing NHS App login details. Those not using the NHS App should register for this before registering for the Patient Portal.

Workforce

As always, I've been out and about to meet colleagues nominated for Putting you First staff awards.

Anna Troughton, our learning and development lead for leadership and management was peer-nominated by Gina Suddaby, learning and development lead for coaching and mentoring.

Gina has recently moved into the NHS from the private sector and says Anna has been a helpful and supportive colleague through her transition and specifically stepped in to cover an entire day's training when she was off sick, ensuring the students didn't miss their day of learning.

Thank you to Anna and all colleagues who support each other in their work endeavours.

Visiting teams across the Trust provides me with insight into the breadth and scope of the work our teams carry out every day. I was really pleased to visit our colleagues at Newmarket Community Hospital (NCH) recently, where I had a tour of the fantastic new Community Diagnostic Centre. It's a brilliant development of that site and supporting patients living in the west of the region with quicker and faster access to a wide range of tests, such as MRI, CT, X-ray, and ultrasound, with others such as lung function and cardiology coming on in the near future. Colleagues are delighted to be working in a new and innovative space.

I also had valuable time with many other colleagues working at Newmarket and heard first-hand about the issues they are facing and the pressures impacting their work. Our colleagues based in community locations deliver crucial work supporting patients closer to home and I do not underestimate their daily challenges.

We are one Trust, and I thank all our colleagues in all our services for everything they do.

Future

This week the Government reaffirmed its commitment to replacing West Suffolk Hospital. Our plans for a new, state-of-the-art hospital on the Hardwick Manor site in Bury St Edmunds are moving forward.

They are continuing to prioritise the replacement of RAAC hospitals, such as West Suffolk Hospital, and we welcome the confirmation of a broad budget and a timeframe for commencing construction, following completion of the New Hospital Programme review.

This is good news for our patients, staff and communities in and around west Suffolk. We are pleased our plans align with the estimates provided by the Department of Health and Social Care and, working closely with the Government's New Hospital Programme team, we will continue to ensure the project is completed in the most effective way.

In what is a major milestone at the NCH site, the Newmarket Community Diagnostic Centre (CDC) began seeing its first patients on Monday, 16 December 2024.

With the additional diagnostics services held there this means waiting times will be reduced for patients, and a decrease in the length of time between being referred for tests, having appointments, getting results, and beginning any necessary treatment.

As I said earlier, I have visited the centre and it's a great example of a sustainable build as well. To help the Trust meet the NHS 2040 net zero targets, the CDC has been designed to use low-carbon prefabricated materials, as well as incorporating sustainable methods of construction such as neutralising the water used in concrete production with specialist equipment, reducing the building energy use through modern design and building simulation techniques, and offsetting further energy use with renewable sources. Both on the CDC and across the NCH site, more than 120 solar panels have been installed, which contribute towards a minimum of 46% on-site energy generation for the building This is also supported by heat pumps that will provide heating and cooling to the building year-round.

The Suffolk and North East Essex Integrated Care System's (SNEE ICS) strategy aims to meet the changing needs of our population by supporting our communities to remain in good health while providing swift access to high quality healthcare for all who need it. Like much of the country, our health and care system is operating under significant pressure in the face of increasing demand and a challenging financial environment. There is a need now to identify opportunities to strengthen the delivery of swift access for our population to high quality services when and where people need them.

To support this ambition, the Trust will be working closely with the Suffolk and North East Essex Integrated Care Board (ICB) and the East Suffolk and North Essex NHS Foundation Trust (ESNEFT) to complete a system Sustainability Review into local NHS acute and community health services. This will help local NHS organisations, and our partners consider how to deliver a 'future shift' of resources into primary and community services while improving the clinical and financial sustainability of the system overall. This review aligns to the Government's 10-year plan expected to be published later this year, which will focus on moving from: hospital to community, analogue to digital and treatment to prevention. It is expected to last for four months and will be supported by an external partner, and leaders from across our organisations. The Trust looks forward to playing a leading role in the completion of this review to ensure we provide the best possible services for our local communities.

2. STRATEGY

2.1. Future System board report

To inform

Presented by Ewen Cameron

WSFT Board of Directors (Open)	
Report title:	Future System Board Report
Agenda item:	2.1
Date of the meeting:	January 2025
Sponsor/executive lead:	Ewen Cameron, Chief Executive Officer
Report prepared by:	Gary Norgate, Programme Director

Purpose of the report			
For approval ☐	**For assurance** ☒	**For discussion** ☒	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☐	☐

Executive Summary

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

The project to replace the current West Suffolk Hospital is formally a **Scheme** within the national New Hospitals **Programme** (NHP). The following report provides an overview of progress being made towards our goal to build a sustainable new hospital for West Suffolk by the end of 2030.

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

Recent Government Announcement

The results of the Government Review into the national New Hospital Programme were communicated by Wes Streeting on Monday 20th January 2025. Although the West Suffolk Project was not part of this review, the announcement contained two clear statements about our project:

1) We would be within the first wave of projects with build expected to commence in 2027/28

This is very much in line with our own expectations and provides us with the scope to stay on track for the delivery of a new hospital in the year of 2030. To achieve this goal, we will need to ensure we start construction early in 2027 and that we commence the preparation of the site (bulk earth moving and piling) in advance of this date as “enabling works”.

2) Our capital budget is between £1 and £1.5bn

We have just completed the second design phase (RIBA2) and so have drawn the new hospital to a scale of 1:200. At this level of detail our estimate of cost is broadly in line with budget although we will

be working with our national colleagues and partners to explore options for “value engineering” (without compromising on the functional content and capacity of the new hospital).

People

I am delighted to welcome Dr. Philip Vaughan, Michelle Warwick and Sara Spearpoint to our team. Philip is replacing Dr Jopling as our Clinical Lead, Michelle becomes our Workforce Lead bringing massive experience of managing a wide range of workforce projects across private and public sector and Sara becomes our dedicated NHP project lead, joining us from a successful period in Dorset that saw her support the development of a full business case for four major capital projects. Sara replaces Simon Hirst (who had previously acted as NHP interface for our scheme and two others) in a move that signifies the increased focus and support being placed upon our West Suffolk project.

Our new members will join us in a timely assessment of our team structure and governance which will be independently facilitated by Q5, advisors to the New Hospital Programme.

Royal Institute of British Architects Stage 2 Design:

Stage 2 designs see our new hospital drawn to the 1:200 scale and provide detail on how services will be positioned within the new hospital as well as how they interact with utilities and the fabric / grid of the building. This stage forms part of our critical path (the longest sequence of tasks in the overall project plan that define the end date) and its timely delivery is essential. With this in mind, I am delighted to report that our full report was delivered on time by the end of December, precisely as planned. The documentation is extensive and provides the basis for assessing our readiness to progress with the next stage of design – so called RIBA3 – which will bring our designs down to a granular 1:50 level, the point at which we go beyond simple layouts and start to plan details such as power points and lighting. Given the significance (and cost) of this exercise, we are currently going through NHP’s “control stage 2” gateway which will provide a subject matter expert review of our plans against a defined set of “best practices”. This extra step is scheduled to take c.1 month and will ensure we are all aligned before making material commitments to the stage 3 process.

The completion of RIBA2 also means that our design has moved beyond being a simple “schedule of accommodation” and becomes a “drawn” design that reflects the integration of departments with the fabric of the building. This results in a set of “as drawn” plans which are traditionally larger than the previous “theoretical” schedules (as the practicalities of things such as the routing of plumbing etc. are overlayed onto the simple room and ward designs, they understandably drive extra space). In the case of the our designs, the “as drawn” scale of the hospital has increased by c.10%. The extent to which this increase remains affordable (from a capital perspective) will be discussed as part of our Control Point 2 Gateway. The extent to which this increased massing can be delivered within our planning parameters will be discussed with the West Suffolk Council Planning Team.

Right Sized Hospital

In my last report, I explained that we had held a series of roundtables and workshops to test, challenge and determine a collective view of “the right sized hospital”. Since these workshops, we have programmed the national demand model with our refreshed and collectively agreed “mitigators” (i.e. those actions that we will undertake to improve efficiency, productivity and, therefore mitigate the effects of a growth in demand) and derived an agreed scope and scale for the new hospital. Among the changes that have resulted from this latest step are an increase in theatre capacity – which aligns with the concerns put forward by our own co-production leads – demonstrating that we are combining both science and experience to arrive at an assured conclusion.

This latest round of planning and forecasting provides a high degree of confidence and relatively stability (enough to base our 1:200 designs upon) but does not mean that we will not continue to listen to our stakeholders and adapt spaces and capacity as our journey to a full Outline Business Case (OBC) progresses.

Transformation

Having just highlighted how the way in which we work has a pivotal effect upon the future size and efficacy of our new hospital, we continue to work with our transformation and operations teams in the development and execution of the transformation plans that will underpin the implementation of our clinical and care strategy. Progress of these plans will be governed by the recently established "Operational Readiness Board" which met for the first time in January.

The first meeting re-iterated and emphasised the need for transformation to be viewed through both community and hospital lenses. It also highlighted concerns around the capacity of resources required to deliver the necessary transformation.

Finance

The Programme is progressing within its NHP allocated budget and is fully funded to deliver RIBA stages 2 and 3 as well as its Outline Business Case.

Although the West Suffolk Scheme is outside of the Governmental review of the New Hospital Programme, the capital budget remains undefined, and we are relying on our NHP colleagues to inform us if our designs and associated costs stray beyond the amounts that are likely to be allocated. I expect clearer guidance on this matter as we complete the Control Point 2 review mentioned previously.

Having mentioned last month that we would be employing traditional commercial frameworks for the procurement of a RIBA4 design partner, it has been decided that before launching a tender in this format that we review our decision, informed by any feedback from the Government Review, at the end of January. This will not affect our project plan and is a prudent extra step to take before committing to a particular commercial path.

Part of our preferred design would include establishing a remote endoscopy hub, co-located with our community diagnostic hub in Newmarket. The funding of this new building was to have been provided as part of our wider NHP scheme, however, there is an opportunity to seek alternative funding from a new national initiative, The case for these funds is currently being prepared and if successful will drive a decision on the best way to fund and progress this part of our future infrastructure.

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

- Complete the NHP Control Point 2 Gateway review of our RIBA 2 report.
- Conclude discussions with planners on the viability of our "drawn" massing.
- Transformation – continue plans for the delivery of the Clinical and Care Strategy and draft an operational readiness plan.
- Continue to work with co-production teams on the refinement of scale and layout of individual departments.
- Conclude the funding route for community diagnostic hub.

Action Required

The Board of directors is asked to note the content of this report.

Risk and assurance:	

Equality, Diversity and Inclusion:	
Sustainability:	
Legal and regulatory context	

2.2. Anchors programme update repot

To Assure

Presented by Ewen Cameron

WSFT Board of Directors (Open)	
Report title:	**SNEE Anchors Programme Board update.**
Agenda item:	2.2
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Dr Ewen Cameron, Chief Executive Officer
Report prepared by:	Ewen Cameron, Chief Executive Officer

Purpose of the report			
For approval ☐	**For assurance** ☐	**For discussion** ☒	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive Summary
WHAT? *Summary of issue, including evaluation of the validity the data/information*
The Health and Care Act 2022 lays the foundations to improve population health outcomes by joining up NHS, social care and public health services at a local level with helping the NHS support broader social and economic development being managed locally through the Anchors Programme Board.
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
The aim of this paper is to update Board on the work carried out by the Anchors Programme Board over 2024 through the Suffolk and North East Essex ICS Anchors Charter and the impact reports for Workforce and Estate and Sustainability.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The next impact report under preparation is for Procurement and Communities.
Action Required
The Board of directors is asked to discuss current and inform future Anchors work carried out by the Trust.

Risk and assurance:	
Equality, Diversity and Inclusion:	Designed to address Health Inequalities.
Sustainability:	Environmental sustainability.
Legal and regulatory context	Health and Social Care Act 2022

SNEE Anchors Programme Board Update.

1.	**Introduction**
	The Health and Care Act 2022 lays the foundations to improve population health outcomes by joining up NHS, social care and public health services at a local level. It strengthens duties on NHS organisations to consider the impact of their decisions on health inequalities. From July 2022, integrated care systems (ICSs) were placed on a statutory footing with four main aims: • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • help the NHS support broader social and economic development. The fourth of these aims is addressed through the Anchors Programme Board. The aim of this paper is to update Board on the work carried out by the Anchors Programme Board over 2024.
1.1	Included in the pack for this item are the Suffolk and North East Essex ICS Anchors Charter and the impact reports for Workforce and Estate and Sustainability. The next impact report under preparation is for Procurement and Communities.
2.	**Recommendations**
	Discuss current and inform future Anchors work carried out by the Trust.

CAN DO HEALTH & CARE
Suffolk and North East Essex Integrated Care Partnership

Suffolk and North East Essex ICS Anchors Programme Board

Impact Report:

Our Actions as Employers

Sharing our Learning and Good Practice

May 2024

Introduction

The 4th purpose of Integrated Care Systems (ICS) is to help the NHS support broader social and economic development.

Anchor institutions are large organisation that are 'anchored' in place, having a significant impact in that place. Its assets and resources can be used to maximise social, economic, and environmental benefits, improve health outcomes and tackle health inequalities.

The ICS Anchors Programme Board brings together a number of NHS Anchor Institutions from across Suffolk and North East Essex to help facilitate strategic change at scale that might not be possible for organisations working in isolation. Our ICS Anchor Charter sets out the ways in which partners in the ICS, particularly local NHS Trusts, aim to have a positive impact on their local communities through their role as local employers, purchasers, land and asset owners and in the way that they impact the environment and work with their local community.

This report brings together the insight gathered from our recent Anchors Dashboard reporting from March 2024, that focused on how we are collectively working to make a difference in our role as employers. It also highlights some of the key partners we work with across the ICS.

Our Anchor Ambition

Local People have stable, fulfilling jobs that pay them at least a living wage, and offer them opportunity to learn, grow and progress.

There is a plentiful supply of compelling evidence that employment and work has a major influence on health and wellbeing and is one of the biggest determinants of health, having a significant impact on income, our sense of purpose and self-worth, and on our sense of belonging as part of our social infrastructure.

The NHS is the largest employer in England, employing roughly **1.7 million people**, with **over 30,000 people employed** by the 4 Acute and Mental Health Trusts featured in this report.

This means we are in a position where we can have a major impact on positively influencing the local social, economic and environmental conditions that influence health and health inequalities in our surrounding population.

Both unemployment, and employment in low-quality work, are associated with poorer health outcomes. By recruiting from our local community, widening participation, and embedding inclusive recruitment processes we can help by offering good-quality local job opportunities, which will contribute to the prosperity of local people through the creation of social and economic growth.

There are a number of evidence based ways of offering good jobs and being good employers:

- Thinking and working in different and innovative ways, including partnership working between Anchor Organisations, education partners and the VCFSE sector.
- Having a focus on skills development, training and creating opportunities for employment.
- Sharing resources, for the mutual benefit of the NHS, our partners and the communities we serve.

These actions benefit local people and help to reduce health inequalities by ensuring easier access to good jobs for those who need them most, and by actively seeking talent from the local community.

Read on to find out about just some of the ways that our system partners are achieving this…

NHS East Suffolk and North Essex NHS Foundation Trust
NHS Essex Partnership University NHS Foundation Trust
NHS Norfolk and Suffolk NHS Foundation Trust
NHS West Suffolk NHS Foundation Trust
NHS Suffolk and North East Essex Integrated Care Board

Anchor Ambition:

Access to local employment

Apprenticeships

West Suffolk
NHS Foundation Trust

The Trust visits local schools and colleges throughout the year to promote Healthcare Apprenticeships. One such event supported for the past two years is a mock apprenticeship recruitment day for sixth form students.

The students apply for a fictitious apprenticeship by completing a Trust application form. If shortlisted, the students are interviewed and the apprenticeship position is offered to the successful candidate. During the day support is given and feedback is provided at each stage of the process.

We have increased our focus on pre-apprenticeship support. One way has been helping colleagues get ready to study by improving their literacy and numeracy skills. We have done this by working with West Suffolk College and using NHSE funded maths and English pathways as well as internal offers to support colleagues.

The Trust was also part of the group that worked with University of Essex to support the development of a science access module for some of the clinical degree apprenticeship courses.

Currently the Trust support apprentices over a range of 33 different standards and at all levels (level 2 – level 7). Last year we had an **achievement rate of 89%** and this year so far we have an **achievement rate of 85%**.

To date **98% of apprentices stay with the organisation** post completion.

There is a commitment to levy share and we currently transfer funds to several local health and care providers.

Case Study

West Suffolk
NHS Foundation Trust

I was working in a retail job when I saw the job advert for an apprentice administration assistant that could offer me a qualification in business administration level 3. I thought that it was a great opportunity to try something new and gain a qualification. I was eager to learn new skills and meet new people; I felt that undertaking an apprenticeship was the best way forward. Once I started at the Trust in November 2020, I was enrolled into my apprenticeship a month later. I was given an appropriate amount of study time to compete my apprenticeship work and felt really supported during the process by the Trust and West Suffolk College. It took approximately 15 months to complete. **This apprenticeship has not only taught me skills at work, such as IT, time-management, and organisation; it has also taught me skills that I can use outside of work such** as communication, resilience and has helped me build my confidence.

Once I completed my apprenticeship, I was able to move into a band 3 administration assistant role within the same team. I am now on a 1-year secondment as a Band 4 working on a quality improvement project for clinical competencies. I am really thankful for the opportunities that WSFT has given me and continuous support I have felt over the last few years.

Norfolk and Suffolk
NHS Foundation Trust

The Trust is particularly proud of its track record of using apprenticeship programmes to support their 'grow your own' workforce initiative; they were early adopters of using the apprenticeship levy to grow their Assistant Practitioner provision, a workforce which has proven to be invaluable and created a pipeline for future nursing associate and degree nurse apprenticeship pathways.

Essex Partnership University NHS Foundation Trust

There is continued partnership working with Essex Cares Limited (ECL) on their employment programmes supporting people with disabilities. North Essex Care group has increased its apprenticeship route on top of current establishment focussing on the NHS People Plan 'Grow your own' initiatives. In doing so, those individuals are projected to contribute towards the nursing community within the next three years. This is on top of other placement and volunteer opportunities currently ongoing.

East Suffolk and North Essex NHS Foundation Trust

Next-Medic is open to students in Year 9 and will span across 5-years. **The programme is specifically for students living and/or studying in disadvantaged areas** and provides an opportunity for those students who would not typically have the exposure or resource to study medicine. From 2023-2025 we will be including an additional 2-year programme for Year 12s until we have a substantial cohort for each year group from Year 9 to 13.

Following the success of the programme launch in North Essex, and in order to provide equal opportunities across ESNEFT services, we aim to extend the offering to East Suffolk for September 2024. The expansion will enable opportunities for secondary school students in both North Essex and East Suffolk to aspire to undertake medicine at their local medical school, and potentially work within the local NHS workforce at ESNEFT.

Across the ICS

CAN DO HEALTH & CARE
Suffolk & North East Essex Integrated Care System

The Centre of Excellence for Health Apprenticeships (CEHA), launched in January and will provide apprenticeship progression routes from levels 2 through to 7 – the equivalent of GCSE levels right through to Master's degrees in East Anglia, becoming a 'one-stop-shop' for learners and employers in the region.

It's a partnership between the University of Suffolk, Suffolk New College, East Coast College and the College of West Anglia working with the SNEE and N&W ICBs.

Existing apprenticeships already provided by the partners include a diverse range of career paths, including in early years, nursing, paramedics, clinical associates, radiography, midwifery and dental technicians among others.

New apprenticeships are also set to be developed under the plans, due to launch in the next 18 months.

Mandi Syrett, project manager for the **Centre of Excellence for Health Apprenticeships (CEHA)**, has more than seven years of experience in health apprenticeships in both clinical and education settings.

> *I am incredibly excited to lead this partnership – I really believe in apprenticeships and how integral they are to helping address our health and social care workforce challenges. All of the partners have a really strong track record of developing learners to become career-ready in the health sector, and by having both employers and training providers on board with the Centre of Excellence we are putting learners in the best position possible to start and progress in their careers.*

University of Suffolk

Hold regular info events 1:1 career chats to promote opportunities

NHS
East Suffolk and North Essex
NHS Foundation Trust

This financial year to date the Trust has:

- **68** **'new to ESNEFT' staff** commenced onto an apprenticeship (L2 – L7)
- **221** **enrolments** (includes the 68 new to ESNEFT)
- **424** **staff** are currently enrolled onto an apprenticeship programme
- Provided **£142,844** in levy to 20 local employers (L2 –L7)

Enrolments for Apprenticeships have increased from the previous financial year by **15%** and an overall increase of enrolments by **47%** since 2021/22

Medical Doctor Degree Apprenticeship (MDDA)

Medical Doctor Degree Apprenticeship was open to applications for both staff and the general public in February 2024. Their offering is for 25 positions, starting their employment in August and their formal training in September 2024.

EoE is an historically "under doctored" region with some areas in North Essex and South Suffolk where representation of medical degree applicants is either low or non-existent. Their vision is to create opportunities for those who may otherwise not have been able to apply.

Since launching the MDDA opportunity engagement has been the following:

- **2,806** Applications of Initial interest were received
- **1,240** were invited to Face-to-Face information events
- **338** Applied for the MDDA Apprenticeship position

Promote the career progression pathways on internal training platforms

Case Study

NHS
East Suffolk and North Essex
NHS Foundation Trust

Learner A was an existing staff member in a community setting, who felt they wanted to give more to their patients, but due to scope of practice as a Healthcare Assistant they were unable to. They were one of a group of 24+ apprentices and did not possess a level 2 maths functional skills or equivalent qualification, as they found maths challenging, but they were determined to succeed and eventually passed. The ESNEFT had clear entry requirements for all staff members wishing to pursue an apprenticeship from level 4 and beyond, which included a level 3 qualification, therefore Learner A engaged with the Senior Healthcare support worker apprenticeship pathway within the Trust. They were then successful at interview with the University of Suffolk for the Nursing Associate apprenticeship and worked hard before starting the programme, with the aspiration to complete the course as long as they could pass each module. As the programme progressed and the grade marks increased with each module, their confidence grew and they started to talk about their ultimate dream of being a Registered Nurse, something that they initially believed was out of their reach. **Learner A qualified as a Nursing Associate and was supported by ESNEFT to pursue their dream of becoming a Registered Nurse** and enrolled on the Adult Nursing Apprenticeship in February 2024.

University of Suffolk

Student attending the Next Medic launch event at ESNEFT

Future Workforce

West Suffolk College have a close working relationship with West Suffolk NHS foundation trust, this relationship provides impactful experience. Including T level industry placements that reflect the students longer term ambitions and Btec placements that support students to widen their awareness of skills and knowledge required for the industry. We also work together to support students with career development experiences. This close working relationship fosters vital skills development for our students and the longer-term recruitment to the workforce within the sector.

WEST SUFFOLK COLLEGE

Local young people are aware of opportunities to work in health and care

West Suffolk
NHS Foundation Trust

For the last 2 years the Trust has been working with West Suffolk college on their Btech and T-level programmes with additional clinical shadowing and student volunteering.

- This academic year we have supported **9 x 2nd years** and 12 x 1st years
- This year we will be offering the **opportunity to complete the Care Certificate** as part of their programme
- **50% of the second year T-level students** are now enrolled on bank

The Trust are currently in discussion to formalise this project with the introduction of Apollo. The project will support workforce and retention and will acknowledge challenges with recruiting frontline staff with broader support and ancillary roles, across a variety of contract types. This collaboration will enable the promotion of lesser-known vacancies and work together getting groups ready for work.

West Suffolk
NHS Foundation Trust

This year has seen a further reduction nationally in the numbers of those applying for pre-registration adult nursing courses. This is having an impact on the number of first year students choosing to study adult nursing at our local universities and choosing the WSFT as their base site. On the 8 October 2023 the Trust held its first open event to promote not only adult nursing but also WSFT as the place to undertake clinical placements. Approximately **20 people attended who expressed an interest in a career in adult nursing**. Verbal feedback was excellent with many commenting that all their questions had been answered and that WSFT seemed a friendly and supportive place to study and work.

East Suffolk and North Essex
NHS Foundation Trust

The Trust has accommodated **289 work experience placements** to date for the 23/24 academic year.

122 applicants completed the evaluation with **118** stating they would consider working at ESNEFT in the future following their work experience placement, and **119** would recommend work experience at ESNEFT to a friend.

The Trust has accommodated **66 T-Level and BTEC placements** for this academic year. 3 of these students have successfully obtained part-time positions at ESNEFT.

NHS
Suffolk and North East Essex
Integrated Care Board

The ICB has co-ordinated a number of STEAM (Science, Technology, Engineering, Arts and Maths) Events, the most recent involved **over 200 primary school children** from 9 schools across Tendring attending an event at Clacton Town Hall.

It was a partnership between the ICB, Essex County Council and Tendring District Council with 21 providers involved including ESNEFT, EEAST, EPUT, the Port of Felixstowe, Essex Police, Colchester Zoo, Hutchison Ports, First Site, Openreach, Rose Builders and RWE/Galloper Windfarm.

Key learning:

- Young people tend to only aspire to what they can see.
- There is a need to be able to correlate future jobs and skill requirements with the importance of studying STEAM subjects at school.

> *The children thoroughly enjoyed the event today - we had a good discussion in class this afternoon about what they did and didn't enjoy and if any of them now have ideas about what they would like to do in the future. Lots of the children aspired for their future and were now considering career paths that they had not considered before.*

Students attending a STEAM event in North East Essex

NHS
East Suffolk and North Essex
NHS Foundation Trust

Training Academies

Work with their nationally recognised training academies continues, with their latest flagship academy in Ipswich completing earlier this year.

For this academy, **the Trust had 50 participants**, with 19 going on to secure jobs locally (eight within ESNEFT), and a further 28 participants referred to further learning courses, in a bid to increase their employability and future career growth.

Looking to the future, the Trust are partnering with West Suffolk Foundation Trust, and West Suffolk College, to deliver a training academy to support the recruitment for WSFT's new Community Diagnostic Centre in Newmarket. This will be the first training academy that will be delivered outside of ESNEFT's footprint and comes from their ongoing commitment to sharing best practice and supporting other organisations within SNEE to recruit and retain staff.

NHS
Essex Partnership University
NHS Foundation Trust

North Essex Care group created a workforce Implementation Group (WIG) to undertake a grip of the workforce issues, apply actions and strategies compared to previous years. In doing so and since March 2023 the care group has now partnered with the ICB and partners on various career projects contributing to both the levelling up of the community and promotion of hard to identify roles other than clinical.

The group has engaged with secondary schools, colleges and Universities in the North of Essex and there is an initiative currently underway to improve work experience within the community setting which has been difficult in the past.

Norfolk and Suffolk
NHS Foundation Trust

NSFT's Talent for Care team has received a gold quality award for the standard of work experience it offers, opening doors to future employment and apprenticeships. Health Education England's Work Experience Quality Standard has been created to help healthcare organisations to quality assure their work experience placements. Organisations must demonstrate how the placements they offer are planned, delivered and evaluated. The Trust now runs a work experience induction, has implemented a work experience workbook, offers peer support while on placement and follows up with students post placement to keep engagement until they leave school /college.

> *Before the award was achieved the NSFT work experience offer was extremely limited. In fact, we didn't offer any placements during covid, just virtual ones twice a year. Now we have had more than 40 applications already this year. Work experience is a crucial tool in developing our future workforce, we focus on the growth of the workforce through pre-employment engagement to attract the next generation of workers. It can provide an individual with 'real life' experience, an introduction to a working environment, opportunity to improve key skills/personal development and employability and an insight to the variety of careers in the NHS and NSFT.*

Suffolk and North East Essex
Integrated Care Board

The You Care Academy was delivered with Lofty Heights and Care Careers Suffolk to provide an insight into health and social care careers. The academy was **delivered to 14 individuals** who were either school leavers, sixth form students or NEETs. Interactive sessions were delivered on NHS social care careers, safeguarding, communication including Makaton and BSL, nutrition and health and personal care alongside employability skills and information on apprenticeships, college placements and volunteering. In addition to this, local employers visited and provided a talk on the work they do. All participants gained a free accredited first aid certificate.

Outcomes

- ✓ All 14 participants were **provided with an insight to health and social care**
- 7 participants gained knowledge to **aid their sixth form/college placement**
- 6 participants **applied for a social care role**
- 5 participants **attended a taster day** at a local learning disability service
- 2 participants **applied for work experience** with Talent for Care
- 1 participant **gained a paid job role**
- 1 participant **gained a volunteer role**

Case Study

4 years ago, I attended an NHS presentation at the Apex in Bury St Edmunds. After the presentation I approached the Volunteer Services stand and was signed up as a volunteer on the Discharge Waiting Area (DWA).

West Suffolk
NHS Foundation Trust

> *I have been with the DWA ever since that initial introduction and it has been my good fortune to work alongside a wonderful team of a dedicated sister, nurses, and Healthcare assistants. Over the years my duties as a volunteer within the DWA have proved to be many and varied and I have enjoyed every moment. As with any volunteering position the primary aim of course is the comfort and safety of the patients. I have thoroughly enjoyed my years volunteering, working alongside staff I like to think of as friends. The single regret I have since joining the volunteer scheme is that I did not join much earlier!*

NHS
Suffolk and North East Essex
Integrated Care Board

My Essex, My Future Work Insight Programme

The ICB has partnered with the University of Essex Outreach team to provide Year 10 students in Clacton with experiences of the workplace through a series of work insight days. These activities have been designed with local employers to showcase local careers, provide an insight into the workplace and the skills, qualities and qualifications needed to enter a range of local careers. Employer Insight days included Galloper Windfarm, Colchester United, Rose Builders and Essex Wildlife Trust. In addition, students were able to take part in simulated workplace-based tasks around Health and Social Care in University of Essex facilities and Colchester Institute.

Outcomes:

- Over **540 student participants**
- Increased awareness of **local careers**
- Increased awareness of the **education routes** required for roles
- Increased awareness of the **skills and qualifications** needed in the workplace
- What was most useful? – "behind the scenes information because I didn't release how many people had to work in a football stadium to make it run"

Professor Helen Langton MBE, Vice-Chancellor said: "As an anchor institution in Ipswich and Suffolk, it is important that the University of Suffolk delivers real-world impacts in our communities, and our signing of the Civic University pledge marks a continued commitment to this goal. Providing transformational higher education study opportunities for those who may never have had the chance, supporting and developing our NHS workforce, and partnering with businesses and community organisations are just some of the ways we have, and will continue, to serve Ipswich, Suffolk and beyond"

University of Suffolk

NHS
East Suffolk and North Essex
NHS Foundation Trust

The Trust ran a Healthcare Science Masterclass which followed a patient's journey (the students were their 'patient') and they were referred to a range of HCS professions; Pathology, Cardiac physiology, Respiratory physiology, Neurophysiology and Radiotherapy. The students rotated around each profession in smaller groups, which was extremely engaging and allowed them the opportunity to get hands-on and fully involved. **The Trust had 26 students in attendance** from one of their target schools in a disadvantaged area.

The Trust ran their 'So you want to be a Doctor' event with **56 students in attendance** aged between 15 and 17. The day included a range of speciality talks and practical skills stations including; Basic Life Support, Cannulation, Suturing and GP history taking for all students to get fully involved.

Clacton Community Diagnostic Training Academy learners

Anchor Investment

NHS
East Suffolk and North Essex
NHS Foundation Trust

ESNEFT has invested in Suffolk New College and Colchester Institute, working with each college to improve education and job opportunities in the local community, most recently to support them to train students for much needed roles in Healthcare Science.

At Suffolk New College, ESNEFT's investment supports the purchasing of essential equipment, resources, and development of the new Biomedical Science course.

ESNEFT has also recently financially supported Colchester Institute in the purchasing of essential equipment, covering staffing costs, and contributing to the development of the new Biomedical Science course.

This support into both colleges allows them to train students in a wide range of subjects in applied science fields, providing students with in-depth knowledge and practical skills essential for healthcare science roles. Also establishing a collaboration with each college, the Trust has aligned course content with job roles and opportunities at ESNEFT and are actively promoting career openings to college students, supporting them with careers at ESNEFT and creating more local job opportunities.

Suffolk New College and ESNEFT have worked collaboratively to create learning opportunities that support aspiring Health Care practitioners in achieving their career goals. With a comprehensive placement programme, an array of guest speakers and interactive, immersive experiences for learners, and a regularly reviewed curriculum ensuring that students learn and develop the most up to date skills and techniques and we have seen a significant increase in learners making the transition from college into industry, or into Higher Education for the next steps.

Suffolk New College

Over the last year, we've co-developed an exciting, career-focused curriculum offer for Biomedical Sciences. Working together, representatives from SNEE, University of Suffolk, and Suffolk New College, have combined experience with a carefully selected programme of study with topics such as the **Principals and Applications of Science with Health**, **Practical Scientific Procedures and Scientific Investigation Skills**, **Microbiology**, **Biomedical Molecules**, **Genetics**, and **Biomedical Sciences**. The topics have been mapped with application and practical learning which will happen during placements with ESNEFT, as well as in Suffolk New College's new and state-of-the-art Health[1]Science campus, with specialist equipment for learning purchased via a grant from ESNEFT to support the development of the future workforce. With a careers-centred approach, learning will be directed to careers in Radiography, Oncology, Pathology, Biomedical science, Phototherapy and Cardiology.

Colchester Institute have an excellent working relationship with ESENFT that is supported by a commitment to:

- Co-designing the curriculum, particularly at level 3, for example the new Biomedical Science pathway for BTEC L3 students
- Running an 'elite' co-delivered Career Start programme for L3 Health and Social Care and L3 Science students which includes mentoring from Trust staff, masterclasses, NHS Induction; Hospital-based work placements and guaranteed job interviews
- The P3 programme for all Health and Social Care and Science students – Preparation, Placement and Progression – involves all students in Health and Social Care and Science doing all NHS induction modules, participating in placements and gaining support to progress to Higher Education or into jobs
- Co-delivery – sessions and content are informed and delivered by Trust staff
- Promotion of part time teaching roles to Trust staff
- Reciprocal arrangements for the use of estates/ accommodation
- Financial support for purchase of relevant equipment to mirror that which students/graduates will use and see in the workplace.
- Funded roles – including a Technical Trainer in Biomedical Science to form a link between College and Trust, for students on this new programme.

Colchester Institute

> *The facilities in the Health and Social Care department are excellent and we get access to lots of practical sessions in actual healthcare settings. I started at Colchester Institute studying Level 2 Health and Social Care and I'm now an employee of ESNEFT after finishing the Career Start programme. The programme provided access to additional training, where I learnt specific skills to ensure I progressed directly into a career in the NHS.*

NHS
Suffolk and
North East Essex
Integrated Care Board

My Future My Tendring

The ICB has partnered with the University of Essex Outreach team to launch the virtual **My Future Programme in Tendring project**. This project aims to challenge stereotypes and raise careers aspirations of primary school students. The project provides Year 1 – 6 students access to relatable role models from careers within key growth sectors such as health and social care, construction and sustainability.

Outcomes:

- **12 sessions** delivered
- **3,150 students** reached
- **20** Tendring primary schools **engaged onto the programme**
- This academic year student participants have accessed **18 employers role models**

"We really liked that a woman was a carpenter because we thought at first only men could do building jobs."
- School feedback.

"I have learnt that people don't look like what their job is. I've learnt what types of jobs people can have."
- Student feedback.

ESNEFT staff attending a STEAM event

University of Essex

The University of Essex launched its new innovative Health, Wellbeing and Care Hub (HWCH), in March 2024, joined by partners across the SNEE ICB.

The Health, Wellbeing and Care Hub is an innovation underpinned by three key drivers: workforce development, service provision and clinical research.

The HWCH aims to deliver services in the community, which meet local needs and fill gaps in service provision. Services are provided by health and care students, our future workforce, and training and CPD are offered to upskill the existing workforce and enhance retention of staff. A programme of research will be undertaken to support the use of routinely collected data to shape future services, and strengthen the evidence base for service provision.

> *Since February 2023 the partnership between The North East Essex Integrated Care board and the University of Essex Outreach team has provided thousands of young people in Essex with access to inspirational outreach activities. Activities have focused on increasing students knowledge and aspirations of education and careers pathways. Through these activities the partnership aims to impact the future long term health outcomes in the local area.*

> From working with the schools and speaking to young people it became clear that it can be difficult for them to visualise themselves in a certain job or sector. But giving them opportunities to speak to people doing those jobs and to look at and pick up equipment, and visit universities to actually experience what it might be like, are all really important aspects of removing those barriers.

Removing barriers to work

NHS
West Suffolk
NHS Foundation Trust

The Trust has been working with the DWP for approximately 18 months to help their clients back into the workforce. The most recent project is centred around the new Community Diagnostic Centre opening in Newmarket in 2024. DWP clients have been invited to join a 12-week training programme, during which they will have work placements and support around key skills for securing employment, such as application writing and interviewing. At the end of the programme, all those who have completed it are guaranteed an interview and from their work placement, will be able to draw upon recent relevant experience.

Furthermore, the Trust has collaborated with several outreach projects such as the Care Leaver Covenant, with a steppingstones project to support care leavers into employment, and a local initiative with Suffolk County Council the 'Family business skills academy' supporting young people leaving care to secure and sustain employment.

"We at Job Centre Plus are proud to be working in partnership with the Newmarket Community Diagnostic Centre. In collaboration with the NHS and West Suffolk Hospital we are running a Sector Based Work Academy which supports customers that require additional help and support to find work. The Sector Based Work Academy is made up of work experience , training, and a final guaranteed job interview. We have had a great response with 26 customers being accepted onto the course."

jobcentreplus

NHS
Suffolk and North East Essex
Integrated Care Board

Jobs & careers roadshows are a one stop shop for anyone living in Tendring/Colchester, they may either be looking to make their first step back into employment, going into employment for the first time or maybe thinking about voluntary/education paths.

They can come along and meet their partners who can help and support them on their journey. Travelling across north east Essex once a month, bringing the opportunities to people and helping to reduce barriers and are now planned for Suffolk too.

36 **partner organisations** now attend the roadshow either on a regular or adhoc basis when looking to employ into roles.

The ICB have anchor organisations such as NHS, Essex Police, EEAST, TDC, DWP, Colchester Institute, attending every roadshow as well as hyperlocal organisations attending those in their area such as Aldanat care, Rose Builders, CVST, Community 360, Barnardos.

There have been at least **1282 interactions** during the roadshow this past year.

Increased communication between partners and agencies

Targeted advertising and remove jargon

The ICB led the development of a recruitment App to help remove the barriers applicants face in securing roles as a Health Care Support Workers (HCSW) which after just weeks of launching received Special Commendation at the Healthcare Support Worker Shared Learning Event for innovative recruitment practices.

The app was co-designed with key stakeholders including the VCFSE sector, DWP, NHS HR leads and prospective and previously unsuccessful candidates. It builds upon the experiences of the recruitment team from their community outreach work that engaged with underrepresented communities to understand the barriers they face to accessing employment and developing careers in health.

The engagement enabled them to view the recruitment process through a different lens and consider how they could address high vacancies of HCSWs by looking at new ways of working. The engagement highlighted:

- Recruitment processes were too formal and lacked a valued based focus.
- There was a lack of insight for new recruits to understand what's involved in working in healthcare roles.
- Failing to consider the transferable skills of those who have worked in other industries such as hospitality.
- Not providing sufficient reasonable adjustments for job seekers that might need/benefit from 1:1 support or coaching and mentoring.
- Lack of awareness of the reasonable adjustments needed for refugee and asylum seekers relating to DBS and language barriers and providing more support with training and pre-employment training opportunities.
- Offering greater flexibility for middle aged people who needed flexibility for caring responsibilities.
- How to benefit from the lived experiences of candidates who may have learning disabilities or mental health which gives them a greater understanding of the diversity of patients.

NHS
Suffolk and North East Essex
Integrated Care Board

> *The Co-production workshops helped us understand the barriers – until we had done that, we would have never known about the approach to take. Listening to our local population and understanding the barriers was key to this work and we realised that the language used, and the desirable criteria listed in the Job Spec created barriers let alone the actual application process.*

This insight resulted in a number of significant changes to the recruitment process and development of the app which now includes:

- A shortened application process.
- Value based interview questions.
- A Resource section on the app to provide more details about the role and what to expect – using video rather than lengthy written documents that are inaccessible.
- A guaranteed interview for all applicants using the app.
- Promoting volunteer opportunities for people who aren't quite ready for paid employment but are keen to experience working in a healthcare environment.

A bespoke pre-employment course enables people to be 'work ready' which has been developed in partnership with Colchester Institute offering accredited and unaccredited training to reflect candidate's needs.

Simplifying recruitment processes and rethinking the qualifications and experience needed

East Suffolk and North Essex NHS Foundation Trust

The Trust ran a Masterclass in April specifically for Looked After Children in collaboration with Essex County Council. **The event showcased the 350+ NHS Careers** to emphasise there is a career for everyone. The Trust are also proposing an employment programme for Care Leavers which will include a series of work experience placements and dedicated 1:1 meetings with Talent for Care and ESNEFT professionals. On conclusion, the programme will offer mock interview and application support with the opportunity of a guaranteed interview for suitable vacancies.

Inclusive Employment Practices for People with Learning Disabilities

Following a funding award from NHS England's Workforce Disability and Equality Standard fund, the Trust has sought to implement a new pathway for people with learning disabilities to apply for jobs at ESNEFT, recognising that the "traditional" recruitment pathway may not always be accessible, and access to existing reasonable adjustments can be confusing for those unfamiliar with the Trust.

Following consultation with the Trust's disability network, equality leads, recruitment and the ICB, the Trust partnered with Essex Cares Ltd – an organisation in Essex dedicated to helping people with LDs find meaningful employment.

As a result of this partnership, the Trust are about to implement a new recruitment pathway for people with LDs, as well as opting in ECL's candidates to their guaranteed interview scheme and better advertising their existing reasonable adjustment processes. Additionally, the Trust has already had two successful job outcomes as a direct result of this project.

Essex Partnership University NHS Foundation Trust

Shadowing opportunities have been offered to members of the NHS Leadership Academy via EPUT's Equality Advisor.

EPUT is a Disability Confident Leader (with support from the D&MH Network in the Trust) and as such offers interviews to any applicant with a disability who meets the required criteria on the person specification.

A Management Development Programme also includes guidance for managers on supporting new staff members with reasonable adjustments in the workplace.

Workforce Operational plans looking to promote new inclusive recruitment pilot across the Trust offering opportunities to those with learning disabilities and Autism.

Adjustments to recruitment processes underway removing barriers to employment e.g. summary JD's, shared interview questions pre interview.

> In February, EPUT's Recruitment Team worked with partners to deliver the Trust's first inclusive recruitment and workforce roadshow. The roadshow celebrated the unique strengths of people who have learning disabilities or neurodivergent conditions, providing advice and support to these individuals who are looking to work in the NHS. Work has also begun to explore workplace-adjustments for neurodivergent colleagues, in partnership with the Trust's new Occupational Health provider.

ecl Person-centred care

> By adopting innovative and diverse approaches to recruitment, we have the potential to generate additional opportunities for individuals with learning disabilities and/or autism. Inclusive Employment emphasises the significance of fostering a supportive environment for individuals with disabilities, aligning with the anchors work our core values and objectives.

Anchor Ambition:

Access to training, development and progression

As part of on-going development work, the annual appraisal process has been reviewed and revamped. This now includes 3 check-in conversations as well as the more formalised annual review. It integrates the Scope for Growth career conversations as well as wellbeing and Equality, Diveristy and Inclusion points of focus, inviting objectives to be set in each of these areas. Discussions around career development within this newly embedded process further encourages individuals' wellbeing needs to be prioritised and reduces the risk of discriminatory working practices.

The introduction of Care Certificate champions across clinical areas has supported and promoted the value the Trust place on their HCSWs, many of whom are recruitment from the locality. As a result, **attrition of their HCSW during the first 12 weeks is 11%**, which is a significant reduction since 2020. Similarly, Legacy Mentors have been recruited to support pre-registration students and newly registered staff, with the aim of improving retention and supporting career progression.

NHS
West Suffolk
NHS Foundation Trust

The Trust has also welcomed **10 x T-level students** and **10 x BTech students** from West Suffolk College to placements at WSFT. They are being supported with rotational clinical placements to promote the variety of careers within the NHS. Feedback from the students has been positive so far and all continue to express a desire to work within healthcare.

Their Cambridge Graduate Course in Medicine set up in partnership with WSFT, Cambridge University and local GP practices takes **40 graduates per year**. Now in its twenty second year, several consultants who are now working at WSFT did their original medical degree as part of this course, demonstrating career progression can be enabled across the wider system and NHS in an integrated way.

NHS
Norfolk and Suffolk
NHS Foundation Trust

Traditionally NSFT has offered a considerable portfolio of internal and external staff development programmes for clinical and non-clinical staff alike. This offer, which targeted all staff bands, has always been positively received by colleagues but given the staff retention challenges experienced by the Trust senior leaders have questioned the impact of such interventions.

Consequently, in the last quarter a full review of their leadership and development provision has been undertaken, with the specific intention to re-design the offer to enhance impact and to embed an effective evaluation methodology. It is anticipated the changes to be implemented will have a positive impact on staff retention and overall satisfaction; key to this activity will be a focus on achieving measurable outcomes of success, which to date have been low priority.

“

ECL (Essex Cares Limited) is working in partnership with Anchor Institutions to ensure adults with learning disabilities and/or autism achieve paid and meaningful employment. Not only does this offer individuals the opportunity to learn, grow and progress but it instils independence and has a positive impact on the individuals and the communities they live in.

Inclusive Employment is pivotal in supporting Anchor partners to tap into a pool of untapped talent. This year has been especially positive for ECL's Inclusive Employment service, in which it further developed partnerships with both Essex Partnership University Trust and East Suffolk and North Essex NHS Foundation Trust.

To date ECL's Inclusive Employment service across Essex has achieved over 425 successful paid employment outcomes. Of these,135 have transitioned directly from day services. It has facilitated more than 11,913 job applications, 1,730 interviews and 253 work trials. In addition to working closely with the Essex business community to encourage more companies to become inclusive employers.

ecl
Person-centred care

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University of Suffolk Dental Community Interest Company

The University of Suffolk Dental CIC is a unique partnership between the University of Suffolk and Suffolk and North East Essex ICB which looks to address the issues surrounding dental provision and access in Suffolk and address the long term workforce challenges in dentistry.

The CIC is equipped with 10 dental chairs and features with the latest cutting-edge technology and all required infrastructure to enable administration support services. As a Dental Social Enterprise profits are reinvested back into the local community, whilst promoting socially and environmentally sustainable oral health care further supporting the work of the University of Suffolk to improve the oral health of the local population. The CIC only offers NHS treatment, in line with the NHS Treatment Guidelines. The CIC long term workforce model includes GDC registered dental care professionals e.g., dentists, dental therapists/ hygienists and extended duties dental nurses supported by reception staff and will in the longer term include undergraduate trainees and apprenticeships.

University of Suffolk Dental CIC

The CIC offers salaried employment to eligible dentists, dental therapists/hygienists and dental nurses resulting in increased workforce stability with staff benefitting from a more holistic approach to oral healthcare and shift away from traditional activity metrics, paid holidays, sick pay, and a structured career pathway providing opportunities for those starting or continuing a dental career in the East of England. This, alongside the prospect of subsidised CPD with the University of Suffolk and access to courses from the University of Suffolk Dental Development Centre makes for an attractive model and business to work for, therefore; the risk of not recruiting dentists to work within the CIC is reduced compared to conventional dental recruitment in the local area. The University of Suffolk has also invested in dental education and training infrastructure including a dedicated specialist Dental Training Laboratory with state-of-the-art equipment, phantom heads and further infrastructure to support both undergraduate and postgraduate education to a range of workforce disciplines. The 2023/2024 academic year will include undergraduate provision linked to dentistry, initially commencing with a BSc in Dental Hygiene and Therapy; it is envisaged that this provision will swiftly grow to include dental nursing and technician apprenticeships and, hopefully, an undergraduate dentistry in the coming years.

Dental Hygiene and Therapy student

Dentistry teaching labs

Integrated Care Academy (ICA)

The Integrated Care Academy was launched in May 2021 with a vision to enable the best possible integrated care for all.

Hosted by the University of Suffolk, it is a partnership that seeks to collaborate with and support partners across the Suffolk and North-East Essex Integrated Care System and beyond. Partners include local authorities, health and care system provider partners, higher education, Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations and the wider Integrated Care System.

The ICA focusses on enabling the best possible person-centred and integrated care, responsive to the needs of individuals in the context of the people who care for them and the community they live in. A key priority is to ensure that reducing health inequalities is core to their work. The partnership does this through co-production, education and learning, leadership transformation, workforce development, research and innovation. The ICA strives to make its work practical, useful and useable, grounded in the realities of the challenges faced in our system and beyond.

ICA Achievements and Impact to date

Co-production - With over **200 members**, the Co-production hub continues to engage stakeholders from across the system and beyond in promoting and embedding the principles of co-production through the Network of Networks and training which has already **trained over 182 people**.

Digital, Data and Technology was launched, with funds secured to deliver a digital upskilling project. In December 23, we concluded a short scoping review as well as co-production session which identified community pharmacy as an area of focus. The ICA is now in the process of producing a delivery offer.

Education and experiential learning –

18 **students** have **completed their Suffolk Executive Post Graduate Certificate (PGC) in Business Administration (Integrated Care Pathway)**.

15 **PGC scholarships awarded** for the **MA in Professional Practice - Integrated care.**

30 **Undergraduate students have benefited from learning more about integrated care and it's importance in delivering outcomes for our population through Integrated Care Days**.

Leadership transformation - Over the last two years, the One Team Programme has made a significant impact on the wider system, reaching 179 leaders, with representatives from a wide range of partner organisations including: VCFSE, Local Authorities; Mental Health services, ICB and Primary Care. Our Integrated Care Fellowship Programme has made a significant impact not just in SNEE but across the region, reaching over 60 multidisciplinary primary care participants.

Research – the ICA has delivered responsive and impactful research aligned with our with our enablers. The ICA is also supporting three PhD Students in their studies in integrated care.

Workforce transformation – Over **130 colleagues** from across the ICS have completed workforce development training, providing further knowledge and skills to rise to meet workforce demands of today and tomorrow.

Innovation – the ICA has supported the development and delivery of upskilling projects, utilising co-production to identify the required support for community pharmacy. Partnership work with innovators led to implementation and evaluation of new ways of working to support our older population to meet their identified needs to remain independent.

Income generation – the ICA has generated £3m of projects since inception (excluding founding partner seed funding) that has allowed development of capacity and capability for reinvesting into integrated care transformation within the system.

> *Dr Caroline Angus, Director of the ICA said: "The ICA is the first partnership of its kind in the country to take a co-ordinated approach to improving integrated care across multiple system partners, using our key enablers to support this work with co-production as a golden thread throughout our programmes"*

Career lounges have been provided in the Trust for staff with disabilities and long-term conditions, as well as BME staff members. Sessions are specifically tailored to the group with guest speakers and support from Staff Networks.

The leadership development programme is offered to staff (clinical & nonclinical) who do not line manage and is open to bands 2-6, the programme offers resources to build confidence, encouraging colleagues to explore outside of their comfort zone, to explore and understand EPUT processes i.e. appraisal and supporting them on their career journey.

NHS
Essex Partnership University
NHS Foundation Trust

The Ward Manager Programme (clinical only for Ward Managers only -), the programmes explores five modules including effective & compassionate, ward manager foundations, ward managers as great leaders, ward Managers' role in developing the EPUT workforce, effective time management and technology for Ward Managers and exploring high performing teams.

Leadership Development Programmes

The Trust offer three leadership programmes for their trust employees, which have been running for almost two years.

Visible leader, open to band 8b's and above, has been very successful. They are facilitated by an external organisation, and the Trust has offered eight cohorts to date. Up to **159 employees** have completed this prestigious programme and delegates had the opportunity to meet with the executive board to engage with them about Trust issues and discuss ways to work through them together.

NHS Elect has been facilitating the Engaging leader programme. There have been 18 cohorts so far, with a further three fully booked. More than **280 members** of the trust have completed this course which provides them with a practical understanding of leadership in a wider context and encourages participants to think about their own leadership preferences and styles by self-assessment. There is a focus on relationships and building a compassionate culture within teams.

Internal Facilitators deliver their Emerging Leader Programme which provides the foundation understanding of how their role aligns to leadership and culture. This programme is very popular and has been completed successfully by more than **240 band 3 to 6 trust employees**. This is a CPD-accredited programme, delivered in-house, consisting of three modules, each a day long. There is also a time to reflect in the online session at the end. Twelve cohorts have completed their programme, and a further seven cohorts are fully booked.

All three programmes follow the same themes; Leading Self and others, Managing and motivating Teams, Compassionate Cultures.

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Masterclasses

There are Leadership Masterclasses available to all staff covering a range of subjects, most of which are touched on in the Leadership programmes, and more are being developed. Since making these sessions available in late February, over 200 have either attended or are booked to attend a session. These short workshops include conflict resolution, effective communication and motivating high performing teams, which are the perfect toolkit for those in managerial positions in the trust.

The initial six masterclasses have proved very popular, with some classes, such as psychological safety, being fully booked within weeks of advertising. The classes are open to all trust employees, and due to the on-site locations, they are easily accessible to all. Between February and April, the leadership development team have offered 18 classes, seven of which are fully booked. Due to the popularity of these classes, the Trust are in the process of organising more classes for their trust staff.

Toolkits

Alongside colleagues in other departments the Trust are developing 'bite-sized' sessions to support procedural activities in line with managerial responsibility, these include Health & Safety, ESR, finance and budgets. The first of these is due to be available for staff in May 2024.

Essex Partnership University
NHS Foundation Trust

RISE (Resilience, Intelligence, Strength, and Excellence) is a comprehensive program meticulously crafted to foster professional growth and development. It is open to colleagues from black and Asian backgrounds across roles from bands 2 to 8b.

The aims of the programme is to support participants in building their emotional intelligence to have personal impact in challenging environments and to navigate structural barriers and remove psychological restrictions hindering career progression.

> *The programme has given me the confidence to rise above the walls and boundaries surrounding me, especially the self-imposed ones. It has exposed me to a wealth of knowledge about working in leadership roles within the NHS. I have learned more about the structure of the NHS in the program than during my ten years of service. I can only describe the RISE Programme as transformative.*

Anchor Ambition:

Stable employment in an organisation that is good to work for

West Suffolk
NHS Foundation Trust

The Trust has recently undertaken a full review of their provision using the NHS Health and Wellbeing Framework, self-assessing against all 7 indicators. Once correlated and augmented with other internal and external data, the Trust has developed a 65-point workplan under five key themes, which will support their focus moving forward, enabling us to continue to benchmark their wellbeing interventions against a national standard.

The Trust continue to invest in their Abbeycroft leisure partnership which supports their staff to enhance their own wellbeing, whilst collaborating with and supporting the continued provision of services by a local organisation. Their fast-track staff physiotherapy service and staff psychological support and wellbeing team provide both recovery and prevention interventions for their staff, improving return to work rates and general wellbeing. Feedback suggests these are highly values by their staff.

The Trust has four staff networks which provide a safe place for staff for come together and support one another, as well as a critical and representative voice for Trust policies, strategies and decision making. The Disability Network has been closely involved in supporting the development of reasonable adjustments guidance and a new governance framework, which aims to support disabled colleagues as well to help managers to support their teams. The staff networks have also been supported with new governance and guidance, providing chairs with information on how they can provide targeted peer support to staff.

There is a new process to support staff who have experienced inappropriate behaviour in the workplace and a new trainer has been appointed to deliver Conflict Resolution and Breakaway training across their acute and community settings. Their wellbeing champion network and FTSU champion network are active in providing staff support.

Norfolk and Suffolk NHS Foundation Trust

NSFT implemented the NHS Equality Delivery system in February 2024. As part of the process of gathering evidence, scoring each domain, and developing action plans, the Trust engaged with network chairs, had a dedicated session with the Equality Delivery Group, and shared the EDS report with other key stakeholders. In addition, the Trust also engaged with the Norfolk and Waveney ICS Workforce Inclusion team.

The NHS annual staff survey remains a leading indicator of staff engagement, morale and various elements of the workplace that contribute to a positive working environment. It helps track and enable improvement in staff experience.

Freedom To Speak Up

The Guardian Service Limited (GSL) began providing the Freedom to Speak Up (FTSU) service for Norfolk & Suffolk NHS Foundation Trust (NSFT) in 2022. The overarching goal is to strengthen their internal speaking up infrastructure and to create the right environment for staff to speak up, feel heard, and to feel supported. Listening to staff is an important element of their organisational culture and this is made possible by an accessible and effective speaking up arrangement.

Key highlight from 23/24 include:

- In line with national guidance, NSFT adopted the new NHS England strengthened Freedom to Speak Up policy in November 2023.
- To ensure prompt response and closure of cases, the Trust introduced a monthly meeting where the guardian meet with representatives of the Patient Safety team, HR Business Partners, and the Employee Relations team to review unclosed cases. The wide representation in the monthly meeting helps to ensure the Trust adopt a holistic response to cases.
- Based on some of the reported outcomes after actions has been taken, the FTSU service is not only enabling staff to speak up, learning from concerns are leading to positive change and improved outcomes.

East Suffolk and North Essex NHS Foundation Trust

The Trust provide stable employment for their employees by providing a positive work environment; the result of this are evidence-based practices implemented within their organisation. Their commitment to employee well-being is evident through various initiatives. The retention hub, well-being hub, and financial well-being workshops demonstrate their dedication to supporting employees at different stages of their careers. Offering mental and physical well-being classes underscores their holistic approach to employee health. Moreover, their partnership with unions fosters collaborative efforts in addressing employee concerns and advocating for their rights. The presence of F2SU guardians further ensures a safe and supportive work environment. Through activities, staff forums, and these comprehensive programs, we prioritise creating a healthy workplace where employees feel valued and supported, ultimately enhancing their overall satisfaction and productivity.

Essex County Council / Suffolk and North East Essex Integrated Care Board

Following the success of the 2023 Return to Social Care Programme, Essex County Council (ECC) launched the Return to Practice programme for 2024. The Return to Practice programme is a six month programme designed specifically for qualified Social Workers and Occupational Therapists who may be looking to return to practice within Adult Social Care (ASC) or Children and Families (C&F). It re-educates participants on the legislation and systematic practices whilst regaining experience and knowledge, so they can confidently return to practice, making a positive difference in the lives of Essex residents. Last year the programme resulted in two fully fledged social workers returning to the profession. With two further Returnees joining ECC later this month, and a fantastic response to the most recent recruitment campaign, the Return to Practice programme is fast becoming a recognised career pathway for individuals looking to return to the sector/industry.

Five Staff Equality Networks currently operating within the Trust

- Gender Equality
- Ethnic Minority and Race Equality
- Disability and Mental Health (inc. LTC and Neurodiversity)
- Faith and Spirituality
- LGBTQ+

Networks support in the implementation of goals for improvement within the organisation, have healthy attendance and positive feedback from members. Executive Sponsors work together with Staff Networks and are guest speakers at Trust EDI events and regularly provide statements to show support.

EPUT staff intranet pages have many health and wellbeing pages with links and resources. These include manager support, physical activity, sleep, healthy eating, staying hydrated, stopping smoking, alcohol and drugs, resilience, mindfulness, finance and much more. In addition, EPUT also provides:

- The Health and Wellbeing Toolkit for Managers and Staff.
- Employee Assistance Provider (provided by PAM Group), providing confidential and free support to improve wellness and wellbeing. Providing guidance and support for mental and physical conditions.

NHS
Essex Partnership University
NHS Foundation Trust

- PAM provide access to the PAM Assist website, which is a resource available to all EPUT staff supporting them with a healthy lifestyle. PAM Assist also features an app available on the Google Play Store and Apple App Store.
- Fast-Track Physio, via PAM, provides support for physical conditions requiring physiotherapy.
- "ACT for You" workshops teach staff Acceptance and Commitment therapy training techniques, teaching participants skills to support psychological flexibility and resilience.
- Reasonable Adjustments Passports are available for all staff in EPUT, with a no-diagnosis model to ensure adjustments can be implemented quickly.
- There are several trained Mental Health First Aiders across the Trust.
- Sickness task and finish groups integrated throughout the Trust finding ways to support staff back to work safely utilise initiatives like reasonable adjustment passports and access to work.
- Access-to-Work Support is available to individuals who are experiencing difficulties at work due to depression, anxiety, stress and/or other mental health conditions. With trained professionals able to support employees in resuming their role.

STAFF NETWORKS
at ESNEFT

We are committed to creating a more
equal, diverse and inclusive ESNEFT

One of the ways we are doing this is by developing staff networks for groups of colleagues who have been marginalised in the workplace.

We are on the look-out for more champions to join and lead our staff networks. Watch this space for details.

NHS
East Suffolk and North Essex
NHS Foundation Trust

These staff-led communities can:

- Create safe spaces for colleagues to share knowledge and experiences
- Raise awareness of workplace issues facing staff groups to the rest of ESNEFT
- Become a collective voice to influence policy and practice and communicate with leaders of ESNEFT
- Be a place to celebrate achievements of colleagues and to create a sense of belonging
- Provide support to colleagues facing individual challenges at work
- Enhance the services we offer to patients, visitors and our local communities in these groups
- Promote career progression

Our staff networks

- Armed Forces network
- LGBT+ Friends network
- ESNable disability network
- Equality Moving Beyond Race (EMBRace) network

We have big plans for more!

Being successful in any or all of the above will help us to make ESNEFT a better place to work. And when we feel happy at work, the positivity reaches our potential.

Everyone is welcome!
Let's create conversation, inclusion and mutual understanding

Anchor Ambition:

Earn a real living wage and be adequately rewarded for work

NHS West Suffolk NHS Foundation Trust

WSFT pays staff in accordance with nationally set pay scales. The Trust also support their staff through a range of reward and recognition approaches, including encouraging flexible working; providing access to salary and encouraging saving through Wagestream; enabling staff to buy or sell holiday days; subsidised food provision in our Timeout café; the promotion of salary sacrifice and NHS discount schemes; support with financial wellbeing; as well as their Abbeycroft, physiotherapy and psychological services support.

NHS East Suffolk and North Essex NHS Foundation Trust

Achieving a real living wage and fair compensation for your work is crucial, and their organisation prioritizes evidence-based actions to support this.

Implementing staff discount schemes, including the realignment to increase Healthcare Support Workers to Band 3, demonstrates their commitment to recognizing and valuing employee contributions. Moreover, financial well-being workshops empower employees with essential money management skills, promoting financial stability.

Initiatives like the Blue Light Card and salary sacrifice options for cars and bikes further enhance employee benefits, making their workplace not only financially rewarding but also supportive of overall well-being. These evidence-based strategies reflect their dedication to ensuring that employees can earn a living wage and feel adequately rewarded for their hard work and dedication.

NHS Essex Partnership University NHS Foundation Trust

Trust intranet page offer financial wellbeing advice and signposting advice for those staff suffering.

- In some cases **circumstantially advanced pay is provided to staff suffering with cost of living**.
- **Quarterly forums for pension updates and support** are provided by payroll provider.
- **Blue light initiative** was provided to staff and paid for at the expense of the Trust 2023/24.
- In 2023/24 financial year vouchers provided to staff at a total of **£50, twice last year**.
- **Salary sacrifice schemes** for cycle to work and car purchase.
- **Car-pooling opportunity** being looked at in North East Essex Care group.
- **Buying and Selling Annual Leave windows** are available for staff to, providing flexibility to staff

- *Discount schemes*
- *Saving schemes*
- *Salary sacrifice schemes*
- *Pension updates*
- *Supporting employee wellbeing*

Anchor Ambition:

Equitable employment and opportunity

West Suffolk NHS Foundation Trust

Student programmes and pre-employment opportunities are open to all upon application. The Trust work closely with local schools and colleges but will also accept applications from other areas. The Trust has a range of clinical and non-clinical health ambassadors who promote healthcare in schools.

The student volunteering involves a formal process and an informal interview to ensure recruitment is completed in a fair and impartial way.

Whilst the Trust has mentors in a number of clinical areas, they are in the process of developing a Trust wide approach to coaching and mentoring. This will include coaching and mentoring to support personal, professional and career development and will also include areas of focus such as reverse mentoring (EDI), menopause mentoring and legacy mentoring.

The Trust has a bank of Health ambassadors who promote Healthcare roles in local schools and colleges, working closely with schools and colleges is paramount to their future workforce. The Health Ambassadors who volunteer in this role promote the **350 different clinical and non-clinical careers**.

Norfolk and Suffolk NHS Foundation Trust

Under the NSFT's new culture strategy, the Trust are increasing investment in celebrating their diversity, with becoming an anti-racist employer as one of their priorities.

Use workforce data to identify groups effected and where actions could be taken

ESNEFT careers fair

East Suffolk and North Essex NHS Foundation Trust

Ensuring equitable employment and opportunity is paramount, the Visible, Engaging, and Emerging Leadership Programme provides comprehensive leadership training for leaders across all bands, fostering a culture of inclusive leadership. Additionally, the Career and Retention Partners offer personalized guidance to employees, promoting career advancement and retention. Active mentorship programmes further facilitate professional growth and ensure equal access to opportunities. By offering coaching and mentoring initiatives for leaders and providing bite-sized training on people management, the Trust equip their workforce with the skills and resources necessary for success. These evidence-based strategies not only promote fairness and diversity but also contribute to a thriving and inclusive work environment where everyone has the chance to excel.

Essex Partnership University NHS Foundation Trust

The Inclusion Ambassador program within Trust has members of Ethnic Minority and Race Equality (EMREN) sitting on Disciplinary and Interview panels to ensure cultural awareness and mitigate bias and potential discrimination.

Making a difference

Our ambition for our population of Suffolk and North East Essex is to have an integrated workforce that delivers care at the right time, in the right way, in the right place, by the right person. In SNEE we adopt an integrated approach to workforce with system partners that allows us to think differently and develop a collaborative workforce strategy; that has been evidenced throughout this report and shows the important role that anchor organisations have in supporting local employment opportunities and ensuring that the NHS is an inclusive working environment.

The NHS Long Term Workforce Plan (2023) is a comprehensive strategy aimed at improving patient care and staff retention. The plan outlines long-term workforce supply and demand projections up to 2037 that considers population growth, technological advancements, and changing healthcare needs.

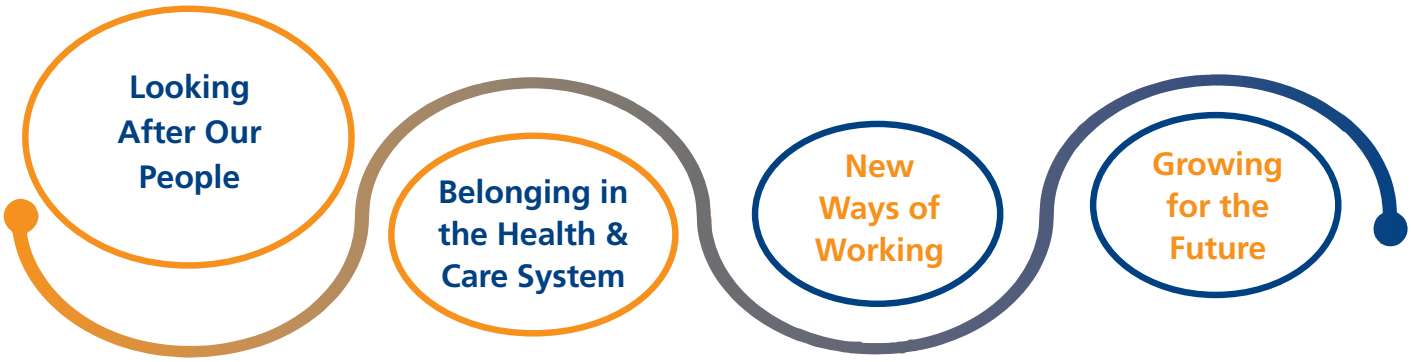
There are three priority areas: **Train:** focusing on training and education to ensure a skilled workforce. **Retain:** strategies to retain existing talent and improve staff experience. **Reform:** implementing reforms at local, regional, and national levels.

Train: Fostering a vibrant and informed future workforce in the health and care sector, with a focus on engaging with local schools, colleges, and universities through a variety of innovative approaches.

Retain: Looking after our people with quality health and wellbeing support for everyone and providing a compassionate working culture at all levels.

Reform: Developing new and innovative ways to support health and care through new roles, digital innovation and apprenticeships, to ensure we fully usitilse the skills and experience of our workforce.

We are working with system partners to scope and develop an attraction and supply improvement plan which identifies and targets the key areas of focus such as apprenticeships, direct entry and certain population groups such as young people and care leavers.



> We recognise the strong link between work and health and that providing 'good work' which offers stable employment, fair working conditions, pays a living wage and offers careers progression is important, not just in our role as Anchor organisations, but it's also a fundamental component of the workforce strategy for Suffolk and North East Essex.
>
> Amanda Lyes, Director of Workforce and People,
> NHS SNEE ICB and Senior Responsible Officer for Sustainability

CAN DO HEALTH & CARE
Suffolk and North East Essex Integrated Care Partnership

www.sneeics.org.uk

Suffolk and North East Essex ICS Anchors Charter

All partners in the Suffolk and North East Essex ICS are committed to reducing health inequalities in their local population. Some of the greatest inequalities arise from socio-economic and environmental factors such as employment, educational attainment, housing and income. As key local public sector partners, we recognise that we collectively can support addressing these influencing factors through our role as anchor institutions in the communities we are embedded within and through the collaborative actions we undertake with our partners. As local organisations, we therefore actively commit to focusing on maximising influence over the socio-economic wider determinants of health and wellbeing in the communities we serve.

As employers

Recruitment

We will actively address local employment issues by ensuring we are as open and accessible as possible in our recruitment processes and that we ensure our communities understand how we recruit and the opportunities that we have. We will provide focused outreach programmes to consider roles within health, care, and our partner organisations.

We will focus on supporting and increasing local employment opportunities to residents and actively targeting recruitment from within our most deprived communities. We will provide inclusive recruitment processes to remove barriers people might face due to the geographical areas they live and work in or factors relating to their health, well-being or personal situation that make it more difficult to find and maintain employment.

Training, development and progression

We will help and encourage local people to work within health and care by ensuring that they are aware of the varied employment and careers the NHS and partners can offer including training and the skills transferability support we give. This will include delivering a targeted schools engagement programme, promoting apprenticeships and career programmes linking to Job Centre Plus, Further Education, local Adult Learning institutions and university partners. We will commit to supporting lower paid staff to reach their potential via inclusive personal and professional development, flexible working, transparent progression pathways and excellent management and mentorship.

Healthy Workplaces

We will ensure all health organisations provide inclusive, healthy workplace wellbeing schemes that reach all staff especially those with highest needs. We will actively seek staff engagement to help us with this agenda to ensure we address issues that are most important to our workforce. Where possible we will look to influence our providers to adopt these same practices.

Volunteering

We will increase opportunities for local people to volunteer in our organisations; this will help to support an understanding of the opportunities for people in health and care employment and widen inclusion and diversity. We will work with local education providers to promote work experience opportunity and look to how we can support local people into health and care careers through an active mentorship scheme. We will encourage staff to volunteer in their communities to build relationships and have greater knowledge and understanding of their local community.

As purchasers

Local supply chains

We will procure locally when able and seek to commission Small and Medium sized enterprises (SMEs) and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to deliver services wherever possible. We will actively work with other local anchor institutions to identify opportunities and promote these to local business through engagement channels. This will contribute towards indirect local employment and support economic, sustainable growth within the local area. We will expect providers to support the similar workforce practices to those we espouse.

Social and environmental value from procuring goods and services

We will build social value into our commissioning and contracting activities expecting providers to consider how the provision of services and goods can improve the economic, social and environmental wellbeing of our population.

Through the social value offer, we will look to support inclusive employment opportunities to local people and incorporate sustainability criteria and measurement into our contracts to reduce our environmental impact.

As land and asset owners

Best use of land and assets

We will utilise and maximise the use of our estate to ensure that we can support our staff and local communities. We will do this through sharing our land assets to support need through concepts such as green space, encouraging community groups to use void spaces and we will work with our local planning authority partners to ensure that NHS land disposals, where possible, supports the delivery of housing for local communities including our own NHS staff (or essential public sector workforce).

New development

We will procure capital build developments and regeneration of estate projects in ways which support the creation of local jobs, skills, training and apprenticeships, with focus on young people and those facing disadvantage. We will seek to engage with local SME and VCFSE organisations either directly or via supply chains where possible and ensure that social value becomes embedded within these development schemes.

Our Commitment to environmentally sustainable practices

We recognise that our actions have a direct impact on issues such as climate change, and in turn poverty and inequality. This includes choices around the goods and services that we buy and how we shape and commission services. We will seek to reduce carbon emissions, air pollution and waste whilst increasing green spaces and nature, improving our climate resilience and increasing wider social value.

We will influence sustainable practices in the local community, by advocating for schemes that reduce pollution.

Recognising our role as anchors and working together

Each organisation will recognise their role in being a local anchor and commit to working within the anchor network and with system partners on this agenda so to maximise the collective influence we have in addressing socio-economic and environmental determinants. By embedding this anchor mission into our ethos through our organisational vision, values, culture, communications, behaviours, leadership, corporate planning and budgeting, we will seek to support inclusive, sustainable growth and the people and communities we are anchored within.

We will listen to our communities to ensure that our mission addresses what matters most to them and work with them through our partnerships to make sure our influence supports positive change. We commit to work together through the Suffolk and North East Essex ICS Board to seek and agree best practice, to measure impact and hold each other to account. We will share best practice and learning as an active network of anchors within the system and with wider partners.

2.3. West Suffolk System Update Report

For Report

Presented by Peter Wightman

Committee	
Report title:	**West Suffolk Alliance Update**
Agenda item:	
Date of the meeting:	
Sponsor/executive lead:	Peter Wightman – Director West Suffolk Alliance
Report prepared by:	C King/M Shorter/P Wightman

Purpose of the report			
For approval ☐	**For assurance** ☐	**For discussion** ☒	**For information** ☐
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☐	☐

Executive Summary
WHAT? *Summary of issue, including evaluation of the validity the data/information*
The attached paper provides a summary of the key items of business for West Suffolk Alliance at December 2024 and January 2025 meetings
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
Board members are asked to note progress identified
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed up (evidence impact of action)*
Actions are managed through the Alliance Committee process
Action Required
Note the report

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

West Suffolk Alliance reporting for December 2024 and January 2025 Committee meetings.

1.	**Introduction**
	West Suffolk Health and Wellbeing Alliance Committee meetings held 11 December 2024 and 14 January 2025
	Key themes
1	**Suffolk Enhanced Bus Partnership – NHS Travel update (January 2025)** • Noted high utilisation of new bus routes introduced in 2024/25, routes include changes to enable stops at WSFT main hospital site (appendix 1) • 2025/2026 funding announced and ideas requested from Alliance members • Alliance partners (especially WSFT) to communicate current bus routes to staff and patients and provide suggestions for adjustments.
2	**Physical activity commissioning** ***a. Evaluation of Physical Activity pilot – Abbeycroft Leisure*** • Place-based Activity Pilot delivered in the areas of highest need - Haverhill, Mildenhall, Sudbury with funding for 2 years – due to complete in March 2025. The active communities team funded by this project focused on meeting health and wellbeing needs locally through partnership. Focus on the right intervention for the harder to reach and inactive in a local venue; and on conditions where demand is high on Alliance partners. • Community Engagement included outdoor exercises in Lakenheath and wheelchair-bound individuals in Haverhill • The project highlighted the importance of tailoring approaches and community relationships • What we learned from the project: focus brings results; outcomes need to be clear from the start; there is great evaluation potential to link to outcomes; created the building blocks for future system-based work; the impact and value is long-term and resource intensive • Outcomes have been very positive in place area with thousands of people attending various activities across the term of the pilot – full infographics are available upon request. • Please view this new video https://www.abbeycroft.org.uk/active-communities/ to hear from some of the participants describing the impact this has had for them. **Next** • The alliance's new Physical Strategy Group is meeting to determine the way forward including potential partner financial contributions and commissioning requirements ***b. Waiting Well Evaluation*** • The service proactively contacted patients on the orthopaedic waiting list with highest risk to offer physical activity. Uptake has been limited despite targeted contact • The project has now completed. The evaluation from the Abbeycroft perspective is to move from bespoke classes to incorporating the waiting well into the leisure and health pathways. WSFT to consider funding from the trust perspective with regards to proactive contacts.
3	**West Suffolk Housing strategy** • West Suffolk District Council (WSDC) is consulting on its new Housing strategy, led by newly appointed director at WSDC • The strategy includes reduction of homelessness and rough sleeping, early prevention work, family mediation and collaborative prevention efforts with funding for education

	and life skills training for young people. The strategy also aims to improve housing standards, support adaptations through the disabled facilities grant and address issues in houses of multiple occupation (HMOs) • Multi-partner consultation workshop held on 15 January with actions identified • This item to return to Committee at a future date
4	**Bury Town/Bury Rural Locality update** • The group noted it is at an early stage and is focussing on building involvement and identifying priorities. The group includes both Bury Town and Bury rural areas. • Priority themes to date are; Transport; Communication on services available; Loneliness and isolation; Mental health all ages; Housing need • Asks of Committee include support to join the "Knitters" who are currently under-represented; a request for any administrative resource to support and develop a wide network of community contacts; and a request as to how to link domains with locality residents.
5	**Age well and stay well domains** ***a. Adult Social Care Winter Plan*** • Presented to Committee with emphasis on the importance of supporting people in the community during the winter months and the role of Integrated Neighbourhood Team's (INT) • INT's teams have not been able to utilise population health management data yet – due to GP collective action limitations. • It was noted that financial pressures at West Suffolk Foundation Trust (WSFT) has led to limitations on recruitment. **b.** ***Virtual Ward update*** Headlines of key data: ▪ 40 bed capacity at October '24 increasing to 59 at March 2025 ▪ Average number of patients 33 at December '24 ▪ Average length of stay (LOS) 7 days at December ' 24 The service is in the process of being integrated within the WSFT community division with INT teams and Early Intervention Team. This has been implemented in 4 INTS's with 2 remaining. ***c. Age Well domain update***

Goals	Issues
• reduction year on year of emergency hospital admissions due to falls	**1.** level 1 falls service uptake below plan. Next quarter to increase awareness in EEAST. UCCH now have a stabilised workforce 2. Inconsistent clinical attendance at MDT's – a position paper on Frailty including stocktake of services is planned for next quarter and INT locality focus group meeting in train. 3. Data on uptake of frailty toolkit unclear. Communication plan to complete in next 3 months.
4. meet national target of 66.7% dementia diagnosis rate by end of March 2025	**5.** 54.48% rate achievement against a national target of 67%. **6.** 92 patients have been added to the register since April 2024. **7.** Long waiting times for assessment at NSFT continue 8. Coding/data issues are affecting recorded Dementia diagnosis. 9. Cross-partner action plan in place

	d. Urgent and Emergency Care • Trajectories for 78% of people seen within 4 hours in A & E by March 2025 are not likely to be achieved. • The Minor Emergency Care Unit (MECU) pilot is up and running and will be subject of evaluation in new year.
6	**Finance and Planning** • Alliance is part of SNEE ICB action to limit spending to ensure financial balance in 2024/25. This has impacted health equity programme, extra winter GP appointments. • ICB Alliance medicines budget demonstrates 0.5% under budget; 15 practices under budget; only three practices at least 10% over budget. This is a significant improvement. • Future reports to seek to include comparative quality indicators for medicines optimisation and finance perspective from each alliance partner. • Planning guidance expected in late January. National elective recovery guidance published.
	Appendix – Focus on Bus Services **Evidence of increased use of bus routes funded** • X15 Haverhill – Bury St Edmunds Overall use Sep-Dec up 50%, Hospital passengers = 3% • 16 Newmarket – Mildenhall – Bury St Edmunds Overall use Sep-Dec up 13%, Hospital passengers = 10% • Together they had 1,100 passengers boarding at WSH in this period. • Evening and Sunday trips on service 753 Sudbury – Bury St Edmunds overall use up 7% Existing services also doing well. No data from Mulley's as yet, but Coach Services report 11,500 passengers on service 84 (Thetford – Bury) and 17,146 on service 86 (Brandon – Bury) boarding at WSH during 2024. 4 new schemes allocated remainder of 2024/25 funding but not coming to WSH. Service 201 (Mildenhall – Lakenheath – Brandon – Thetford (peak hours only) to be extended to run the full route all day. Opens up options for Lakenheath, Beck Row and West Row to connect with services to WSH or use facilities in Thetford **2025/26 improvements** 2025/26 funding announced: • Revenue: £2,805,076 • Capital: £5,229,805 • Capacity: £125,000 Indications from DfT that this funding will be continued for 2026 onwards Current plans include: - fund expansion of Bump & Baby pass to more operators. - potential to fund improvement of on-site bus stop at WSH to increase capacity Suffolk County Council welcomes ideas for use of revenue and capital funding to improve services to assist access to health services for patients, visitors, carers and staff.

	Suffolk Enhanced Bus Partnership Approaching retendering of contracts for Connecting Communities. Majority of these journeys are to reach healthcare appointments. Mix of small minibuses and community car services, able to go where a big bus can't and provide a level of care not appropriate for a timetabled route. Currently available to all residents unable to use a regular bus service – either for mobility reasons or because there is no suitable bus service. SCC to continue working with health partners to understand requirements to inform the tender including times of operation, locations, etc.
4.	**Next steps**
	WSFT specific actions include: – increased communication of current bus routes and feedback on improvement ideas - Jointly developing frailty strategy as part of WSA - Continued virtual ward development and integration into community neighbourhood teams
5.	**Conclusion**
	WSFT remains an active part of multi-partner working focussed on specific improvement goals through the live well domains.
6.	**Recommendations**
	Note the report

Comfort Break

2.4. Collaborative Oversight Group

To Assure

Presented by Sam Tappenden

Committee	
Report title:	**Collaborative Oversight Group update January 2025**
Agenda item:	
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Sam Tappenden, Executive Director of Strategy and Transformation
Report prepared by:	Stephanie Rose, Programme Director

Purpose of the report			
For approval ☐	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive Summary
WHAT? *Summary of issue, including evaluation of the validity the data/information*
The Collaborative Oversight Group (COG) formed in 2024 replacing the previous board to board meetings between West Suffolk NHS Foundation Trust (WSFT) and East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and provides strategic direction to the Suffolk and North East Essex Provider Collaborative programme (SNEE PC). This report provides a summary update on the progress of collaborative working across WSFT and ESNEFT under the proviso of the SNEE PC.
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
The 2019 NHS Long Term Plan sets out a "duty to collaborate" which was further developed in Working Together at Scale (2021), which requires NHS Providers to be part of one or more Provider Collaboratives. With finite resources, increasing demand, and the shift towards greater collaboration, the Trust has real opportunities to collaborate with partners for patient benefit. There has been significant progress this year in collaboration across WSFT and ESNEFT which includes the strengthening of governance arrangements to enable collaborative working at all levels within the providers, delivery against the agreed workplan, and developing relationships across the two organisations.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The Trust will continue to prioritise the deliver of the Provider Collaborative work plan, and provide update reports to Board regarding progress.
Action Required
Continued support from Board for the development of the Provider Collaborative.

Risk and assurance:	
Equality, Diversity and Inclusion:	*As per individual reports*
Sustainability:	*As per individual reports.*
Legal and regulatory context	

Collaborative Oversight Group update January 2025

1.	**Introduction**
1.1	The West Suffolk NHS Foundation Trust (WSFT) and the East Suffolk and North Essex NHS Foundation Trust (ESNEFT) have been developing a collaborative approach over the past four years through the 'Suffolk and North East Essex Provider Collaborative' (SNEE PC). A governance structure has been established which includes the formation of a Collaborative Oversight Group to provide assurance and scrutiny. The purpose of this paper is to update the Board on the progress of the SNEE PC.
2.	**Background**
2.1	The Collaborative Oversight Group (COG) formed in 2024 replaced the previous board to board meetings between West Suffolk NHS Foundation Trust (WSFT) and East Suffolk and North Essex NHS Foundation Trust (ESNEFT).
2.2	The purpose of the Collaborative Oversight Group is to steer and oversee the development of the Provider Collaborative and the delivery of its workplan. The COG does not hold delegated powers and draws its authority from the Executive teams of both Trusts to make decisions within defined parameters. The COG forms part of the governance structure established to support collaborative working between WSFT and ESNEFT.
2.3	The Collaborative Executive Group (CEG) reports to the Collaborative Oversight Group. The purpose of this group is to establish, maintain, and drive the collaborative work programme of SNEE PC.
2.4	The COG has held two meetings on the 4th of June 2024 and 1st October 2024 and the next meeting is scheduled for 4 February 2025. Terms of reference are established, and the membership includes the Suffolk and North East Essex Integrated Care Board (SNEE ICB) colleagues. Whilst new in structure, the group has formed and is embedding its role and providing assurance to respective Trust Boards and steering the work of the CEG.
2.5	The CEG meets on a monthly basis and this group has strengthened over the last year and now includes all programme senior responsible officers (SROs) leading the five strategic programmes of work within the SNEE PC which include: (1) elective recovery; (2) clinical services; (3) efficiencies at scale; (4) digital and (5) organisational development.
3	**Elective Recovery Programme**
3.1	Despite the operational challenges faced in elective care across all NHS providers, we are delighted that our teams have worked at pace to enable the opening of the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) on 11th November 2024. The first few months of opening has already exceeded our expectations including work commencing on high volume, low complexity lists by WSFT surgeons, over 100 patients being sent home on the same day, and semi-elective ambulatory trauma work commencing. This is the largest collaborative programme that has been worked on within SNEE PC and is a massive achievement for both providers. Working closely with place and the ICB, this year saw the launch of a SNEE wide Access Policy which has been widely consulted on within primary care and delivers a uniformed approach to access to acute services within SNEE.
4	**Clinical services**

4.1	The work of this programme has largely been with supporting the opening of ESEOC, including the shared pathways and policies implemented to support this large-scale initiative. Alongside this project, paediatric urology has been an area of focus, and we are delighted to have overseen the repatriation of over 68 patients from WSFT to be treated at ESNEFT to ease the pressures on the WSFT paediatric surgery/urology clinics, which were more than 45 week waits. A third of these patients have now been discharged and the remainder have either been reviewed and are awaiting further follow-up or have been operated on. A second consultant has been appointed at ESNEFT from Great Ormand Street Hospital and we continue to work in collaboration with ESNEFT to improve child health inequalities across SNEE.
5	**Efficiencies at scale**
5.1	This programme has been largely focused on supporting the Trusts with financial recovery through the identification and delivery of collaborative cost improvement projects (CIP), which include: (1) fit testing services; (2) a shared model for mattress decontamination; (3) car park contracting services; (4) analysis of potential VAT rebates and (5) exploring other opportunities for sharing back office functions. The development of a shared approach to mattress decontamination services to WSFT will deliver an annual recurrent saving of £150k per annum alone.
6	**Digital**
6.1	The digital programme benefits from existing strong relations and joint working across providers. As per the clinical programme, a large amount of time has been dedicated to enabling the implementation of ESEOC which included shared working and systems to be enabled to allows the transfer of clinical data. Work has commenced on integrating contract registers for the two providers which will enable the identification of opportunities for the 2025-26 work programme. The two providers have recognised the need to work collaboratively with the implementation of the EPIC electronic patient record (EPR) to ESNEFT. Work will largely be focused on non-EPR systems and licences, and a workshop has been set up for January to explore these opportunities.
7	**Organisational development**
7.1	The Collaborative Oversight Group agreed on 4th June 2024 that it would be helpful to develop a memorandum of understanding (MoU) to further enhance governance arrangements within the collaborative. The MoU will serve as a document outlining the principles and behaviour expected between the providers within the collaborative and this is to be launched in Spring 2024.
8	**Communications**
8.1	The programme has engaged with Trust communications teams, SNEE ICB, and NHS Providers regarding sharing the outputs of the work delivered through this programme. A series of case studies have been developed which will feature in the NHS Providers next publication. The collaborative meets monthly with NHS England who are pleased with the progress of the SNEE PC and we are often called upon to support with other provider collaboratives in the region and are held in good esteem. A briefing session was held with governors from WSFT and ESNEFT on 13 November, and this was well attended and allowed an opportunity to share the work of the SNEE Provider Collaborative with our governors and to seek their support with the work programmes underway.
9.	**Next steps**
9.1	As we enter quarter four of this financial year, we look forward to welcoming our second joint role, a project management officer (PMO) who will be supporting the collaborative programme. The introduction of a Collaborative PMO will enable continued development of the reporting aspects of this programme, support to programmes in delivery of projects, benefits realisation, and wider programme support with comms.
9.2	Delivery against workplan continues at pace and the look ahead to 2025-26 has commenced as we prepare our workplan for the coming year which will also see the launch

	of the new 10-year NHS plan and the results of the SNEE ICB Sustainability Review which will help inform the future direction of the provider collaborative.
9.3	Business planning for the two providers is already undertaken collaboratively through the SNEE Finance System Group and for the first year, the two providers will be sharing CIP plans for 2025-26 to look at areas for collaboration to drive further efficiencies and increased productivity.
9.4	A survey is being prepared for executive directors to inform future work on strengthening relationships within the provider collaborative and to identify any particular areas of focus for enhanced leadership support.
9.5	We continue discussions with contracting teams regarding community services and how best we integrate this contract into the work of the provider collaborative and start to shape the future of community services.
10	**Summary**
10.1	The SNEE PC has progressed significantly in 2024 and nears the financial year end in a good position. Our largest collaboration to date, the ESEOC, opened on 11th November 2024, and demonstrates the effectiveness of the two providers working in collaboration and the benefits this brings to the population of Suffolk and North East Essex. All five programmes within SNEE PC are on track to deliver by the end of the financial year and we look forward to introducing a PMO lead in January to support the delivery of collaborative projects.

3. ASSURANCE

3.1. IQPR Report

For Discussion

Presented by Jude Chin and Nicola Cottington

WSFT Board of Directors (Open)	
Report title:	**Integrated Quality and Performance Report**
Agenda item:	3.1
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Sue Wilkinson, chief nurse and Nicola Cottington, chief operating officer
Report prepared by:	Andrew Pollard, information analyst. Narrative provided by clinical and operational leads.

Purpose of the report:			
For approval ☐	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive summary:	The Integrated Quality and Performance Report (IQPR) uses the Making Data Count methodology to report on the following aspects of key indicators: 1. The ability to reliably meet targets and standards (pass/fail) 2. Statistically significant improvement or worsening of performance over time. Narrative is provided to explain what the data is demonstrating (what?), the drivers for performance, what the impact is (so what?) and the remedial actions being taken (what next?). The assurance committees have reviewed the metrics used in the IQPR and included the 2024/25 operational priorities in a refreshed suite from April 2024. Please refer to the assurance grid for an executive summary of performance. The following areas of performance are highlighted below for the board's attention: • Ambulance handovers within 30 minutes is not showing significant improvement and is linked to the overall Urgent and Emergency Care (UEC) performance challenges. 4-hour performance in the Emergency Department (ED) is not meeting trajectory or target (64.76% against the trajectory of 73% and target of 78% by March 2025). The Urgent and Emergency Care recovery plan is monitored at departmental, Trust, system, and regional levels. The UEC delivery plan is currently being rationalised in line with national winter objectives. Current areas of focus include the potential extension of the Minor Emergency Care Unit (MECU), accommodating Release to Respond to offload ambulances within a maximum of 45 minutes and new pathways to surgical Same Day Emergency Care (SDEC).

	• Virtual Ward occupancy continues to improve although still slightly below target (74% against target of 80%), within the current capacity of 42 beds. The Virtual Ward has adopted a shared service delivery methodology, embedding the service within the Integrated Neighbourhood Teams to maximise capacity, and will increase beds to 53 by March 2025. A new clinical leadership model has also been agreed. • Performance against the 28-day Faster Diagnosis Standard (FDS) is variable and there are specific recovery actions in place for skin, colorectal, breast and gynaecology in order to meet the target of 77% by March 2025. 62-day performance is no longer on an improving trajectory. • 6-week diagnostic performance is variable; this is due to a number of factors including the delay in the Community Diagnostic Centre (CDC) opening, staffing issues, reduction in additional sessions for endoscopy and the change in DEXA provision. The Trust is no longer predicting to meet the national target date for overall compliance by March 2025, however some imaging modalities will recover rapidly with the additional capacity at the CDC. • There has been a significant improvement in the total volume of patients over 65 weeks, however there is risk in gynaecology and dermatology meeting the revised deadline of end of December 2024 for reducing the number to zero. Additional sessions and independent sector capacity is being utilised to mitigate the risks. To note, the Trust has been placed in Tier 2 with regional oversight of elective and diagnostic recovery. • Timely and accurate nutritional assessments continue to be a focus of quality improvement. The introduction of the new shortened assessment for the emergency department will be monitored for effectiveness. • On going quality improvement will continue within the maternity services regarding post partum haemorrhage and will be monitored through the maternity improvement board, performance review meetings and externally through the local maternity and neonatal system strategic meetings. • We continue to monitor the threshold combination of HOHA and COHA cases of C-Difficile infections and work with community colleagues to support appropriate stewardship of anti-microbial usage. We have enhanced support for the QI programme and this continues to report into Improvement committee.
Action required / Recommendation:	To receive and approve the report

Previously considered by:	**Component metrics are considered by Patient Safety and Quality Group and Patient Access Governance Group.**
Risk and assurance:	BAF risk: Capacity (Ref: 02): The Trust fails to ensure that the health and care system has the capacity to respond to the changing and increasing needs of our communities
Equality, diversity and inclusion:	Monitoring of waiting times by deprivation score and ethnicity are monitored at ICB level. From June 2024, health inequalities metrics will be included in the IQPR.

Sustainability:	N/A
Legal and regulatory context:	NHS Act 2006, West Suffolk NHS Foundation Trust Constitution

Assurance Grid

Performance in October 2024	ASSURANCE: Will we reliably meet the target based?		
	Pass 	Hit and Miss 	Not Met Fail 
VARIANCE: Variation from the mean The colours indicate the trend- positive (blue), Negative (orange), or neither (grey)			
Special Cause Improvement 		**INVOLVEMENT:** Staff Sickness – Rolling 12months Staff Sickness Turnover	**INSIGHT:** Virtual Ward Total average occupancy number RTT 78+ Week Waits
Common Cause 	**INSIGHT:** Urgent 2 hour response – EIT Virtual Ward Total average LOS per patient	**INSIGHT:** Ambulance Handover within 30min Non-admitted 4 hour performance % patients with no criteria to reside Virtual Ward Total average occupancy percentage 28 Day Faster Diagnosis Cancer 62 Day Performance Community Paediatrics RTT Overall 104 Weeks Wait **IMPROVEMENT:** C-Diff Hospital & Community **INVOLVEMENT:** Mandatory Training	**INSIGHT:** 12 Hour Breaches 4 hour performance Incomplete 104 Day Waits **INVOLVEMENT:** Appraisal
Special Cause Concern  Deteriorating		**INSIGHT:** 12 hour breaches as a percentage of attendances Community Paediatrics RTT Overall 78 Weeks Wait	

These 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.

*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: 12 Hour Breaches, 4 hour performance, 12 hour breaches as a percentage of attendances, Virtual Ward Total average occupancy number
Cancer: Incomplete 104 Day Waits
Elective: RTT 78+ Week Waits, Community Paediatrics RTT Overall 78 Weeks Wait
INVOLVEMENT – Well Led: Appraisal

3.2. Finance Report

To Assure

Presented by Jonathan Rowell

WSFT Board of Directors (Open)	
Report title:	Finance Report – as at December 2024 (M9)
Agenda item:	3.2
Date of the meeting:	31 January 2025
Lead:	Jonathan Rowell, Acting CFO
Report prepared by:	Nick Macdonald, Deputy Director of Finance

Purpose of the report:			
For approval ☒	**For assurance** ☒	**For discussion** ☒	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☐	☐	☒

Executive Summary

WHAT?

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

The attached Finance Board Report details the financial position for Month 9 (December 2024).

Income and Expenditure position

We agreed a planned I&E deficit of £15.2m after delivering a Cost Improvement Programme of £16.5m (4%). Whilst, however, our financial recovery plan forecasts a deficit of £28.5m. During December we were able to recognise a significant improvement in our ERF income which has resulted in a £1.5m improvement in the YTD position. We are therefore now optimistic that the Trust will exceed its 'likely case' outturn position as presented in the FRP (£28.5m deficit) and are now forecasting a deficit of £26.5m.

The reported I&E for the year to December is a deficit of £21.2m against an external planned deficit of £13.2m. This results in an adverse variance of £8.0m YTD. The in-month position is a deficit of £0.5m which includes non-recurring benefits of £1.3m, largely associated with ERF. The recurring deficit in December is £1.8m. In December, the trust is £91k better than the anticipated FRP trajectory, due largely to ERF and staffing reductions.

Efficiencies

The combined efficiency schemes were planned to deliver £10.2m YTD (£19.2m full year), with actual delivery of £13.5m YTD, a favourable variance of £3.3m YTD.

Cash

The cash position remains critical and the Trust has put in an application for a further £15.5m of revenue (deficit) support for quarter 4.

SO WHAT?

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

The revised forecast (£26.5m deficit) remains challenging and has some risks. However, the focus remains on ensuring that the exit monthly run rate for the year is in line with the original plan at £1.3m deficit per month. This exit rate for 24/25 is important in determining the start position for the 25/26 plan.
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
The FRP aims to improve our recurring run rate as we plan for 25-26 and therefore all recurring savings made in 24-25 will help ensure a robust plan to improve our financial position for 25-26.
Recommendation / action required
The Board of directors is asked to review and approve this report.

Previously considered by:	This paper was discussed at the November Insight Committee
Risk and assurance:	Financial risk
Equality, diversity and inclusion:	n/a
Sustainability:	Financial sustainability
Legal and regulatory context:	Financial reporting

WSFT Monthly Finance Report

2024-25 - December 2024 (M9)

For : Public Board

West Suffolk NHS Foundation Trust

Putting you first

Executive Summary as at December 2024

NHS West Suffolk NHS Foundation Trust

The Trust continues to make progress on its recovery trajectory and is £2m ahead of its revised savings plan for the year, and in month was again ahead of the Financial Recovery plan (FRP) trajectory. In particular, workforce savings are being seen, with the trust reporting 168.5 fewer WTE in December than in April 2024. However, the focus remains on ensuring that the exit monthly run rate for the year is in line with the original plan at £1.3m deficit per month. This exit rate for 24/25 is important in determining the start position for the 25/26 plan.

During December we were able to recognise a significant improvement in our ERF income which has resulted in a £1.5m improvement in the YTD position. We are therefore now optimistic that the Trust will exceed its 'likely case' outturn position as presented in the FRP (£28.5m deficit) and are now forecasting a deficit of £26.5m.

Revenue
The reported I&E for the year to December is a deficit of £21.2m against an external planned deficit of £13.2m. This results in an adverse variance of £8.0m YTD. The in-month position is a deficit of £0.5m which includes non-recurring benefits of £1.3m, largely associated with ERF . The recurring deficit in December is £1.8m. In December, the trust is £91k better than the anticipated FRP trajectory, due largely to ERF and staffing reductions.

The ERF over performance within the year-to-date position amounts to £2.51m (net of final 23/24 performance), which is 4.7% above target

Efficiencies
For ease of monitoring and reporting we now aggregate the efficiencies from the revised CIP and FRP programmes. The combined schemes were planned to deliver £10.2m YTD (£19.2m full year), with actual delivery of £13.5m YTD, a favourable variance of £3.3m YTD. The backdated ERF is included within the M9 figures (£1.5m). Progress against all efficiencies is reviewed by the Financial Recovery Group each week.

Capital
YTD capital spend at Month 9 is £27.3m. This is behind plan, mainly due to delayed expenditure on RAAC and general estates projects. The Capital Programme has also been reforecast to take in to account a rephasing of capital spend on the New Hospital Programme in to 2025/26 and the anticipated underspend (against internally funded projects) of £1m that has been agreed by the Trust Board.

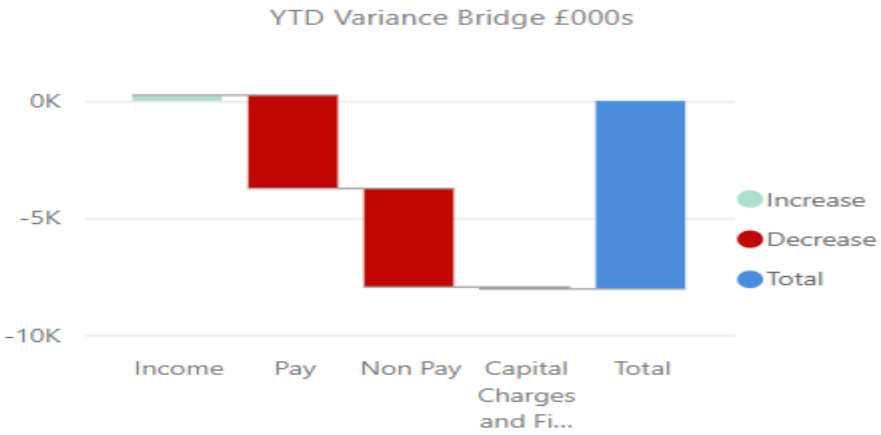
Cash
The Trust's cash balance as at 31 December 2024 was £6.9m compared to a plan of £1.1m. Cash continues to be rigorously monitored and managed to ensure that we have adequate cash reserves to match our expenditure. However, as the Trust continues to report a deficit, our cash position continues to deteriorate. To date, the Trust has received £13m in revenue (deficit) support and £2.1m of working capital revenue support. The cash position remains critical and the Trust has put in an application for a further £15.5m of revenue (deficit) support for quarter 4.

M9 position and forecast

Our formal forecast remains as per our initial plan at £15.2m deficit. However, our financial recovery plan forecast a deficit of £28.5m and we are now anticipating that we can improve this to £26.5m due to additional ERF.

	In-Month Budget £m	In-Month Actuals £m	In-Month Variance £m F/(A)	YTD Budget £m	YTD Actuals £m	YTD Variance £m F/(A)	Annual Budget £m
EBITDA							
Income							
NHS Contract Income	30.3	32.1	1.8	274.0	275.9	1.9	364.8
Other Income	3.3	2.4	-0.8	29.7	28.0	-1.6	39.5
Total	**33.5**	**34.5**	**1.0**	**303.6**	**303.9**	**0.2**	**404.3**
Expenditure							
Pay Costs	23.9	23.7	0.2	215.7	219.7	-4.0	286.3
Non-pay Costs	9.0	9.7	-0.7	84.7	88.9	-4.2	111.3
Total	**32.9**	**33.4**	**-0.5**	**300.4**	**308.6**	**-8.2**	**397.6**
EBITDA Position	**0.6**	**1.1**	**0.5**	**3.3**	**4.7**	**-8.0**	**6.7**
Depreciation	**1.4**	**1.4**	**0.0**	**12.5**	**12.5**	**0.0**	**16.6**
Finance Costs	**0.4**	**0.4**	**0.1**	**3.9**	**3.8**	**0.1**	**5.2**
Impairments	**0.0**	**0.1**	**0.1**	**0.0**	**0.2**	**-0.2**	**0.0**
Deficit/(Surplus)	**1.2**	**0.5**	**0.7**	**13.2**	**21.2**	**-8.0**	**15.2**

Deficit YTD £	**21.2M**	
Variance against plan YTD £	**-8.0M**	**Adverse**
Movement in month against plan £	**0.7M**	**Favourable**
EBITDA Postion YTD £	**-4.7M**	**Adverse**
EBITDA margin YTD	**-2%**	**Adverse**
Cash at bank	**£6.9M**	



Income and Expenditure Summary - December 2024

The adverse variance was £0.5m in December, which includes a shortfall of £0.5m against our monthly CIP target. However, our position improved significantly due to being able to recognise additional ERF for the period to December totalling £1.5m. Should this continue through Q4 we would anticipate beating our revised forecast by £2m, although it is likely that sustaining this level of Q4 during this period will be extremely challenging.

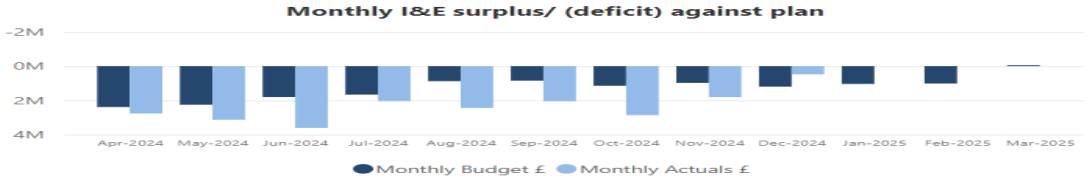
Our recurring run rate in December was around £160k better than in November. This is largely as a result in a drop in staffing numbers (75 WTEs in total during December).

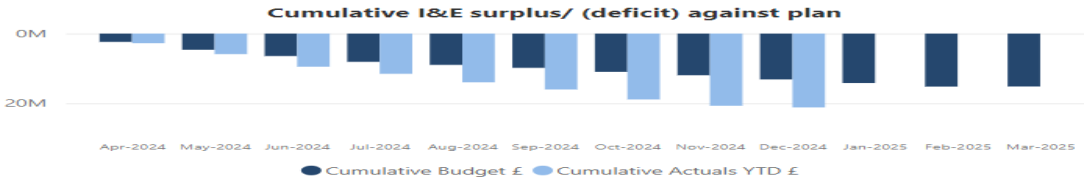
Board Report Item	Original Plan/ Target £000s	Actual/ Forecast £000s	Variance to Plan £000s F/(A)	
In month surplus/ (deficit)	-1,199	-478	721	↑
YTD surplus/ (deficit)	-13,171	-21,212	-8,040	↓
Clinical Income YTD	273,997	275,857	1,860	↑
Non-Clinical Income YTD	29,653	28,042	-1,611	↓
Pay YTD	215,702	219,694	-3,992	↓
Non-Pay YTD	84,692	88,906	-4,214	↓
EBITDA YTD	3,256	-4,702	-7,957	↓
EBITDA %	1.1	-1.5	-2.6	↓

Adverse variance > 1% ↓

Adverse variance within 1% →

On plan or favourable variance ↑





High level reasons for variance from plan to December 2024	Monthly Variance									
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non - Recurring										
ED expenditure relating to UEC improvement in 2324	150	0	0	0	0	0	0	0	0	150
Escalation ward unfunded (April and May)	155	115	0	0	0	0	0	0	0	270
Endoscopy Maintenance	0	0	90	0	0	0	0	0	0	90
Industrial action	0	0	130	0	0	(311)	0	0	0	(181)
Drug underspends (Exclude Medicine)	0	0	0	(72)	(13)	60	0	0	0	(25)
Rates Credit	0	0	0	(554)	0	0	0	0	0	(554)
Other non Clinical Income	0	0	0	0	197	0	0	0	0	197
ERF income	0	0	0	0	0	0	(409)	0	(1,468)	(1,877)
Pay award backdated	0	0	0	0	0	0	904	(214)	0	690
Bad debts written off							143	4	0	147
Redundancies								190	29	219
Impairment of Fixed asset		2.38%						196	0	196
Transformation Costs								100	100	200
Back dated APA claims and salary arrears from 2324								(199)	0	(199)
Blood bottles rebate								(130)	0	(130)
Energy bills	(97)	(97)	78	(58)	(43)	0	47	(116)	0	(286)
	208	18	298	(684)	141	(251)	685	(169)	(1,339)	(1,093)
Recurring, but outside of our control										
Inflationary pressures	60	65	70	75	80	85	90	95	100	720
Pay award M7 onwards	0	0	0	0	0	0	151	120	120	391
Private patient income	0	0	0	(152)	86	35	40	168	(98)	79
	60	65	70	(77)	166	120	281	383	122	1,190
Recurring, but we can improve										
Community Income shortfall	64	64	64	64	44	46	28	4	0	378
Community Equipment and Wheelchairs	0	160	80	0	119	42	87	54	27	569
CIP behind original plan	0	0	360	921	631	773	627	666	548	4,526
ECW above plan	271	207	359	263	252	181	148	126	123	1,930
Back dated APA claims and salary arrears	126	200	145	100	34	0	25	0	0	630
Drugs within Medicine	100	100	100	(65)	(84)	240	65	50	108	614
Various mitigating (underspends) / overspends	(450)	225	169	(146)	262	57	(227)	(305)	(126)	(541)
ERF income	0	(160)	160	0	0	0	0	0	(184)	(184)
Winter	0	0	0	0	0	0	0	0	0	0
Total recurring variance	**171**	**861**	**1,507**	**1,060**	**1,424**	**1,459**	**1,034**	**978**	**618**	**9,112**
Total Variance	**379**	**879**	**1,805**	**376**	**1,565**	**1,208**	**1,719**	**809**	**(721)**	**8,019**
Actual deficit	**2,769**	**3,136**	**3,611**	**2,042**	**2,442**	**2,056**	**2,866**	**1,811**	**478**	21,211
Planned deficit	**2,390**	**2,257**	**1,806**	**1,666**	**877**	**848**	**1,147**	**1,002**	**1,199**	13,192
Recurring actuals	**2,561**	**3,118**	**3,313**	**2,726**	**2,301**	**2,307**	**2,181**	**1,980**	**1,817**	**22,304**

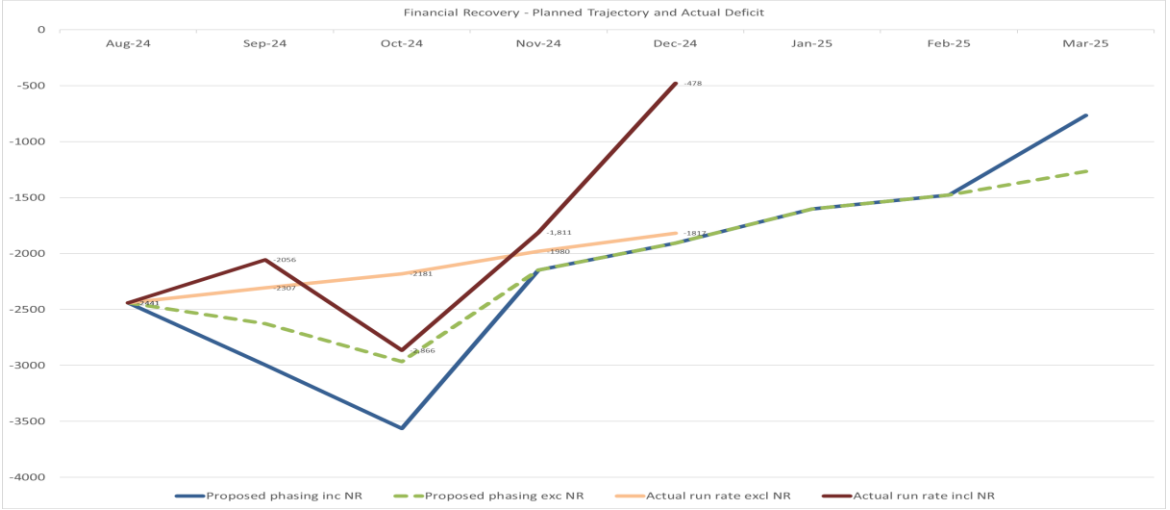
Actions, Finance Recovery Plan and Run Rate

Progress against recovery plan

Good progress is being made against the FRP trajectory – with both reported savings and underlying financial position £3.3m better than trajectory. £1.5m of this relates to ERF being better than the FRP. Savings in many areas are being seen earlier than were phased in the FRP.

Pay spend is decreasing. There has been material reductions in substantive staff, bank, agency and locum spend, with further savings expected. However, there are timing issues with payments for some temporary staff costs being delayed in M9. Any such payments will be corrected in M10. We do not believe the impact to be significant.

We are aiming for a recurring deficit of £1.3m by March 2025 and our current trajectory forecasts this will be £1.4m



Run rate

Our rate of expenditure over income (run rate) is as below:

- April £2.8m (£2.3m recurring)
- May £3.1m (£2.9m recurring)
- June £3.6m (£3.1m recurring)
- July £2.1m (£2.4m recurring)
- August £2.4m (£2.4m recurring)
- September £2.1m (£2.3m recurring)
- October £2.9m (£2.18m recurring, £2.03m recurring without pay awards)
- November £1.8m (£1.98m recurring, £1.86m recurring without pay awards)
- December £0.5m (£1.8m recurring, £1.7m recurring without pay awards)

Reconcile M9 actual to FRP trajectory	£'000
FRP planned deficit for December	(1,908)
December anticipated costs didn't arise	
Optimism bias	89
Adjusted FRP for December	(1,819)
Actual deficit	478
Redundancies	(29)
PA fee	(100)
Overperfoming Private Patients income	98
Revised CIP ahead of FRP	59
FRP actions behind plan	(38)
10 actions behind FRP (excl ERF)	(125)
Backdated ERF	1,468
Other	8
	1,819

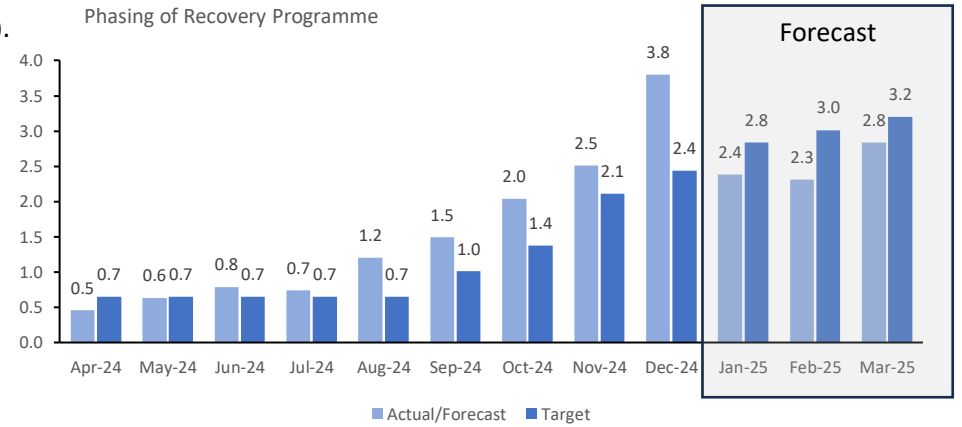
Efficiencies as per Finance Recovery Plan

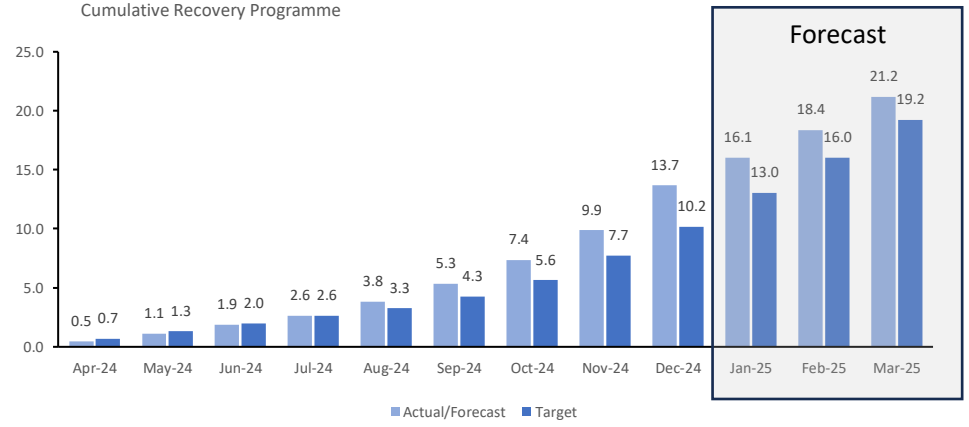
The combined revised CIP and FRP schemes planned to deliver £10.2m YTD, with actual delivery of £13.5m YTD, a favourable variance of £3.3m YTD.

The current overperformance is due to FRP schemes delivering earlier than anticipated in the FRP, as well as a non-recurrent adjustment for ERF of £1.5m. The forecast is to deliver the planned total efficiencies (£21.2m).

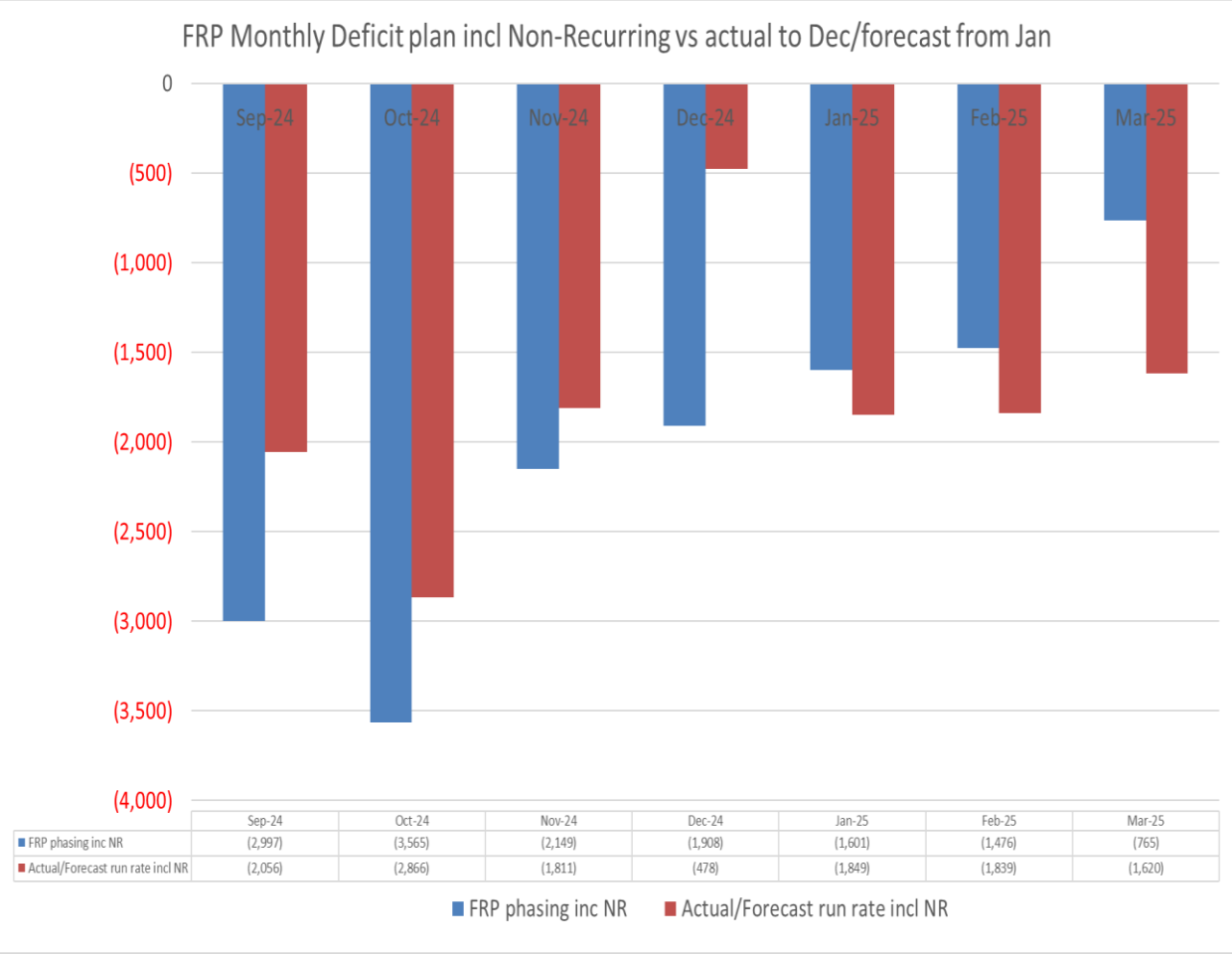
M9 totals £3.8m against a plan of £2.4m, a favourable variance of £1.4m (due largely to the non-recurring ERF).

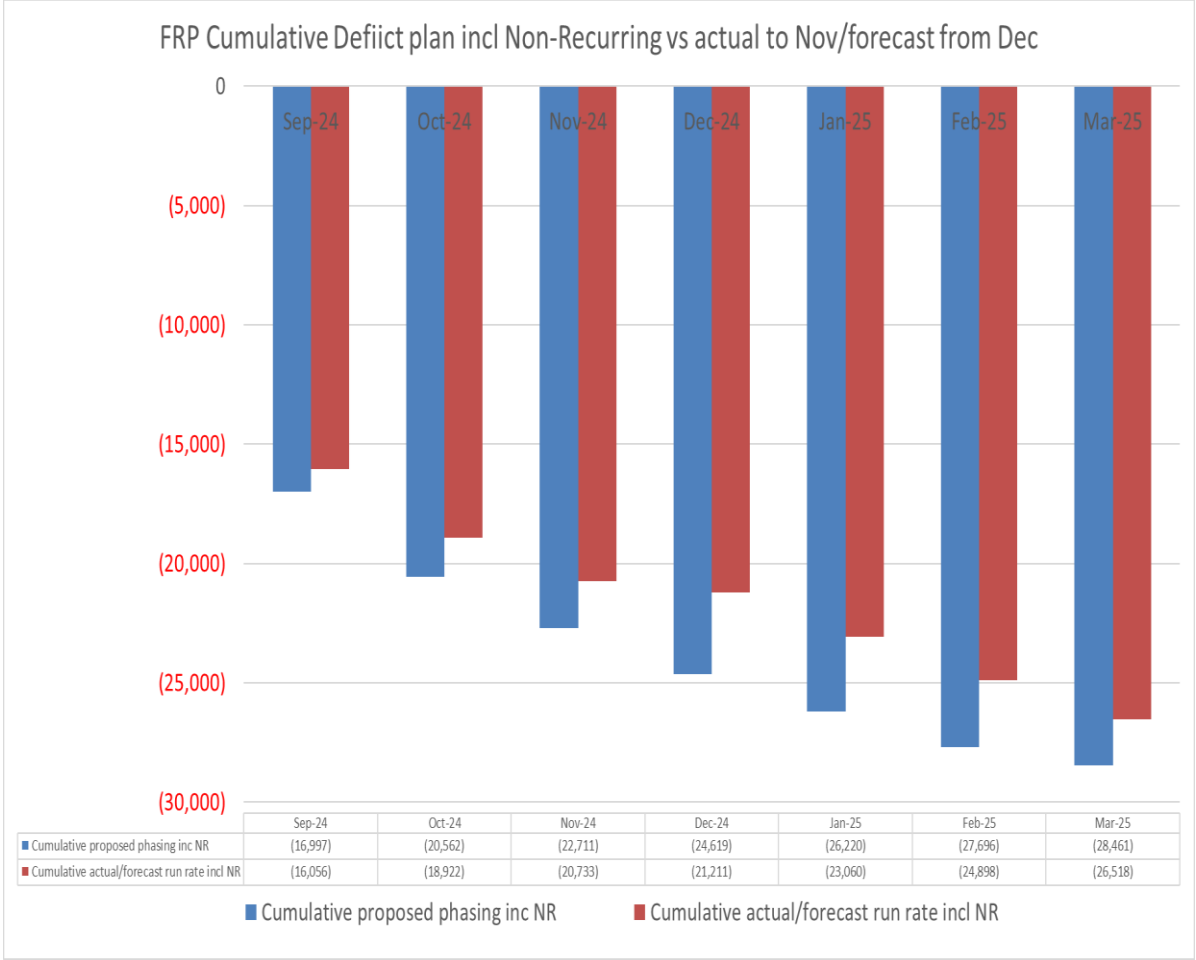
Division	Year to Date			Full Year			In Month		
	Target YTD	Actuals YTD	Variance	Annual Target	Actuals/ Forecast 2024-2025	Variance	Target	Actuals	Variance
CIP									
Community	617	834	217	865	1,296	431	80	231	151
Corporate	1,850	2,660	810	2,595	3,688	1,092	239	355	116
CSS	359	565	206	504	805	301	46	70	24
Estates & Facilities	358	756	399	502	924	422	46	51	5
Medicine	737	544	(193)	1,099	1,053	(46)	116	77	(39)
Surgery	1,002	1,084	82	1,406	1,190	(216)	130	79	(51)
Women & Children	285	300	14	327	308	(20)	13	5	(8)
Trust Wide (not division specific)	1,071	218	(852)	1,502	428	(1,074)	139	0	(139)
CIP Target Adjustment (per FRP)		0	0		0	0		0	0
Total CIP	6,280	6,962	683	8,800	9,692	892	810	868	59
FRPs									
Community	352	412	60	881	971	90	176	128	(48)
Corporate	36	59	23	200	156	(44)	24	22	(2)
CSS	90	494	404	600	718	118	70	137	67
Estates & Facilities	90	152	62	300	317	17	60	55	(5)
Medicine	402	754	352	1,348	1,222	(126)	230	177	(53)
Surgery	173	301	128	524	591	67	114	143	29
Women & Children	183	526	343	835	896	61	116	91	(25)
Total FRPs	1,326	2,697	1,370	4,688	4,871	183	790	753	(38)
Ten Actions									
01 - Non-Pay Control Panel	280	254	(26)	490	449	(41)	70	44	(26)
02 - Non-Pay Procurement Catalogue Masking	150	39	(111)	300	85	(215)	50	8	(42)
03 - Temporary Medical Staffing Spend	80	135	55	140	195	55	20	24	4
04 - Temporary Nursing Staffing Spend	200	268	68	500	516	16	100	83	(17)
05 - Interim and Contract staff Spend	30	40	10	60	70	10	10	12	2
06 - Vacancy Control Panel Pause during August-24	680	217	(463)	1,760	946	(814)	280	146	(134)
07 - Other temporary spend (non-medical, non-nursing)	120	139	19	210	210	0	30	24	(6)
08 - Review of Trust Contracts (SLA, maintenance contracts)	0	0	0	150	0	(150)	0	0	0
09 - Income and ERF review	438	2,109	1,671	870	2,897	2,027	130	1,693	1,563
10 - Review of 24/25 planned 'investments'	600	600	0	1,269	1,269	0	150	150	0
Total Ten Actions	2,578	3,800	1,222	5,749	6,637	889	840	2,183	1,343
	10,184	13,459	3,275	19,237	21,200	1,964	2,440	3,804	1,364



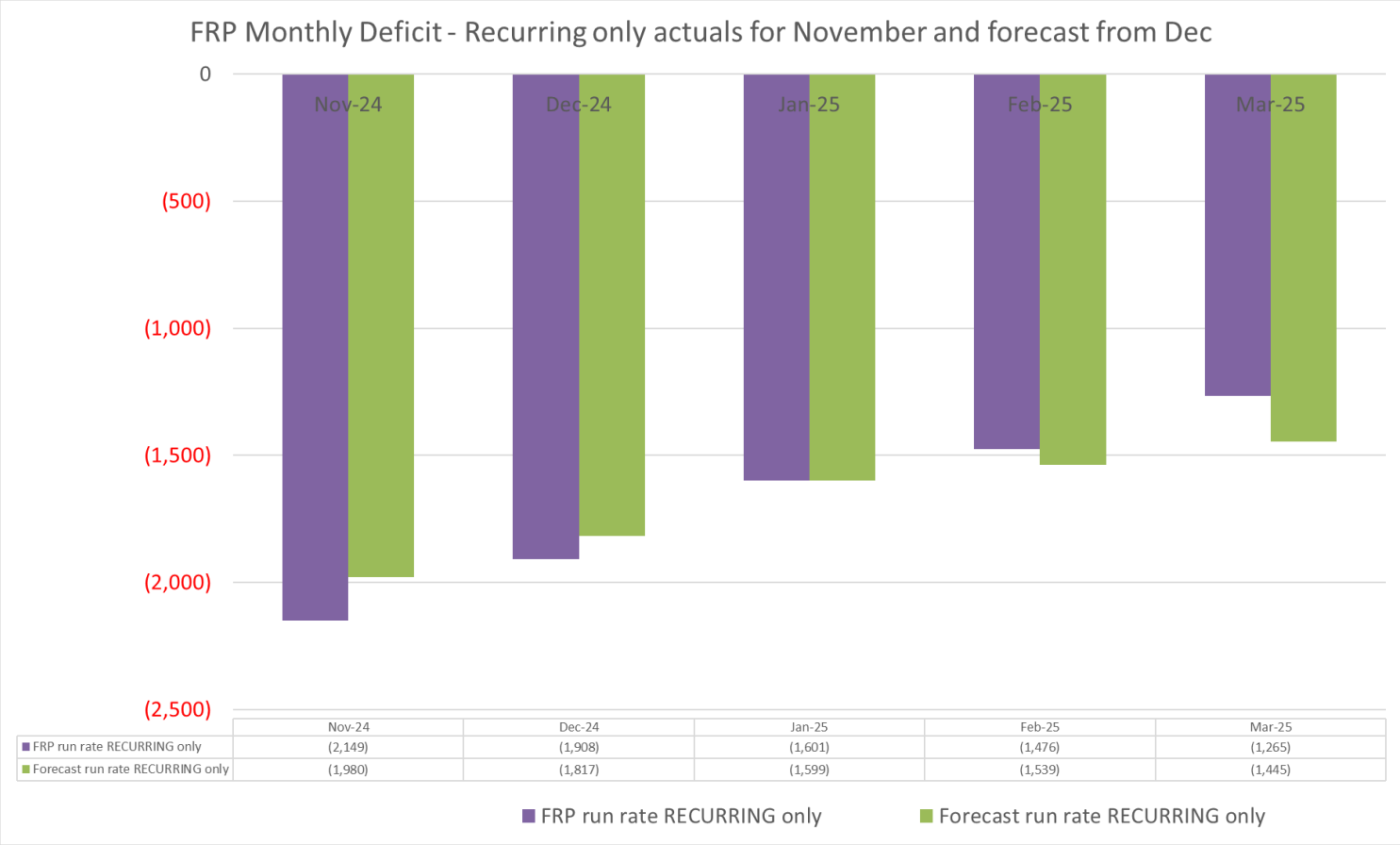


Actual expenditure/forecast against our initial trajectory as presented in the FRP, as at M9





Recurring deficit forecast as at M9 against FRP



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FRP run rate RECURRING only	(2,149)	(1,908)	(1,601)	(1,476)	(1,265)
Forecast run rate RECURRING only	(1,980)	(1,817)	(1,599)	(1,539)	(1,445)

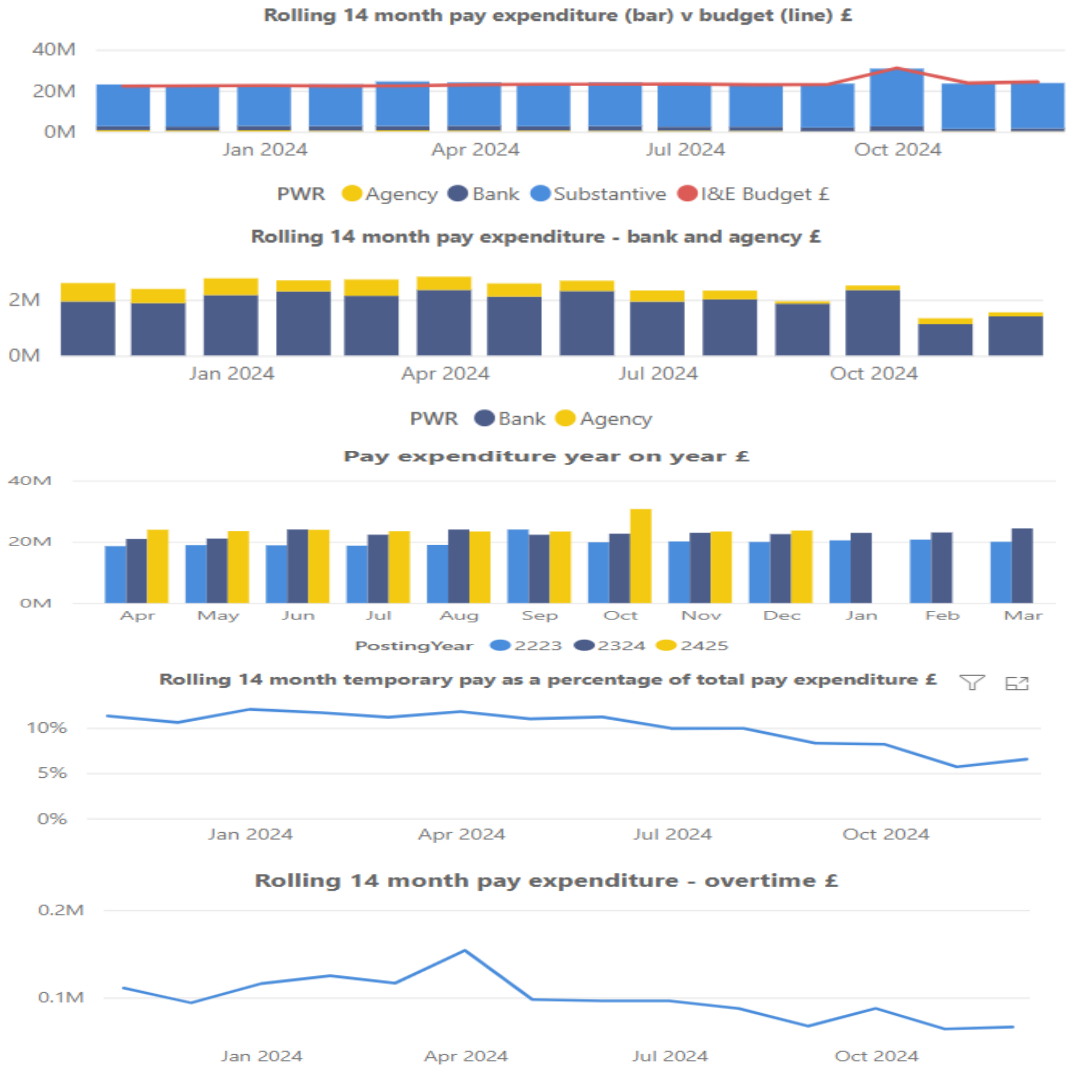
Workforce

During December the Trust overspent by £0.2m on pay.

The monthly expenditure has reduced due to the new processes which review all substantive recruitment and temporary pay requests. The movement in costs between November and December recognises the non-recurring credit in November of £850k relating to previous over accruals of back dated pay awards for locums and junior doctors.

There are timing issues with payments for some temporary staff costs being delayed in M9. Any such payments will be corrected in M10 but this note of caution should be borne in mind when reviewing M9 WTEs and pay costs, although we do not believe the impact to be significant.

		Prior Month Actuals £000	In-Month Actuals £000s	In-Month Budget £000s	In-Month Variance £000s	YTD Actuals £000s	YTD Budget £000s	YTD Variance £000s
Substantive	Medical Staff	5,367	5,671	6,056	385	51,656	54,563	2,907
	Nursing	7,978	7,977	8,727	750	71,340	78,970	7,630
	Sci & Professional	1,116	1,103	1,189	86	10,001	10,710	709
	A&C	3,572	3,552	3,808	256	32,154	33,969	1,815
	AHP	2,398	2,384	2,554	169	20,955	22,687	1,732
	Prof & Tech	220	226	255	29	2,044	2,230	185
	Support Staff	830	816	905	89	7,444	8,201	757
	Other	638	435	444	10	4,083	3,871	-212
	Unallocated CIP	0	0	-520	-520	0	-3,540	-3,540
	Total	22,120	22,164	23,418	1,254	199,677	211,661	11,984
Additional Medical Sessions	Medical Staff	216	222	99	-123	2,857	928	-1,928
	Total	216	222	99	-123	2,857	928	-1,928
Bank & Locum Staff	Medical Staff	-9	375	156	-220	4,454	1,107	-3,347
	Nursing	616	499	19	-479	5,759	156	-5,603
	Sci & Professional	29	28	4	-24	281	34	-247
	A&C	41	51	14	-37	695	124	-571
	AHP	18	14	0	-14	166	3	-163
	Prof & Tech	1	1	0	-1	6	0	-6
	Support Staff	145	142	86	-56	2,368	778	-1,591
	Other	2	2	0	-2	5	0	-5
	Total	843	1,111	279	-832	13,734	2,201	-11,533
Agency	Medical Staff	85	94	32	-62	1,093	284	-810
	Nursing	26	12	17	5	424	151	-274
	Sci & Professional	9	9	10	2	161	92	-69
	A&C	62	7	18	11	460	161	-299
	Prof & Tech	24	22	17	-5	472	154	-318
	Support Staff	0	0	0	0	1	0	-1
	Total	205	144	93	-50	2,611	841	-1,770
Overtime	Nursing	14	25	2	-23	231	22	-209
	Sci & Professional	10	7	5	-2	112	43	-68
	A&C	14	14	0	-14	202	4	-198
	AHP	17	10	0	-10	114	0	-114
	Prof & Tech	9	10	0	-10	157	0	-157
	Total	64	66	8	-58	815	70	-745
Total		23,448	23,706	23,897	191	219,694	215,702	-3,992

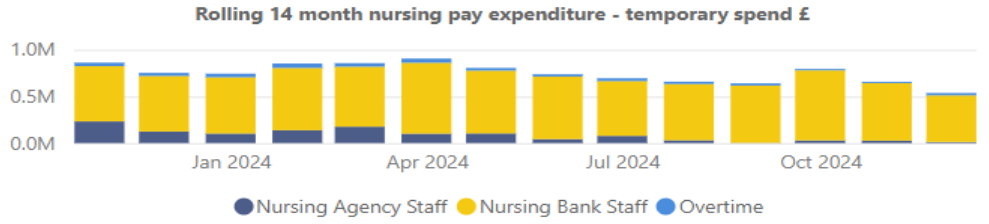


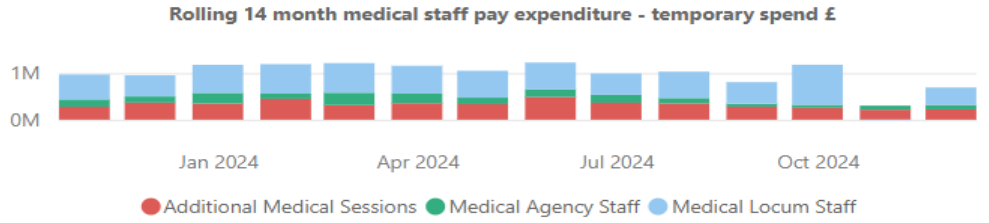
Pay Costs (by Staff Type)

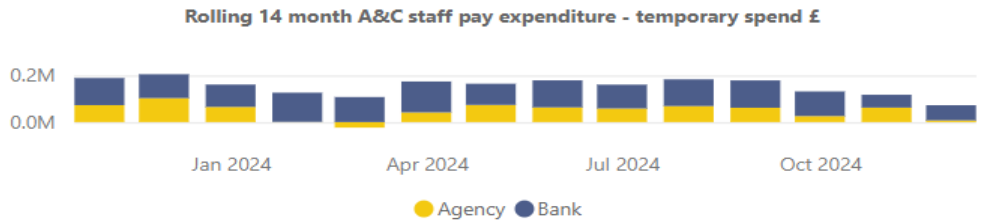
Medical Staffing, and in particular Extra Contracted Work (ECW) are the staff group with the most significant adverse variance. ECW increased by £6k in December compared with November.

Note that month on month comparisons for medical staff are difficult due to the impact of backdated pay awards adjustments in November.

		Prior Month Actuals £000	In-Month Actuals £000s	In-Month Budget £000s	In-Month Variance £000s	YTD Actuals £000s	YTD Budget £000s	YTD Variance £000s
Medical Staff	Substantive	5,367	5,671	6,056	385	51,656	54,563	2,907
	Additional Medical Sessions	216	222	99	-123	2,857	928	-1,928
	Bank & Locum Staff	-9	375	156	-220	4,454	1,107	-3,347
	Agency	85	94	32	-62	1,093	284	-810
	Total	5,660	6,362	6,342	-19	60,060	56,882	-3,178
Nursing	Substantive	7,978	7,977	8,727	750	71,340	78,970	7,630
	Bank & Locum Staff	616	499	19	-479	5,759	156	-5,603
	Agency	26	12	17	5	424	151	-274
	Overtime	14	25	2	-23	231	22	-209
	Total	8,633	8,512	8,765	253	77,754	79,299	1,545
Sci & Professional	Substantive	1,116	1,103	1,189	86	10,001	10,710	709
	Bank & Locum Staff	29	28	4	-24	281	34	-247
	Agency	9	9	10	2	161	92	-69
	Overtime	10	7	5	-2	112	43	-68
	Total	1,164	1,147	1,208	62	10,555	10,879	325
A&C	Substantive	3,572	3,552	3,808	256	32,154	33,969	1,815
	Bank & Locum Staff	41	51	14	-37	695	124	-571
	Agency	62	7	18	11	460	161	-299
	Overtime	14	14	0	-14	202	4	-198
	Total	3,689	3,624	3,840	216	33,510	34,257	747
AHP	Substantive	2,398	2,384	2,554	169	20,955	22,687	1,732
	Bank & Locum Staff	18	14	0	-14	166	3	-163
	Overtime	17	10	0	-10	114	0	-114
	Total	2,433	2,409	2,554	145	21,235	22,690	1,456
Prof & Tech	Substantive	220	226	255	29	2,044	2,230	185
	Bank & Locum Staff	1	1	0	-1	6	0	-6
	Agency	24	22	17	-5	472	154	-318
	Overtime	9	10	0	-10	157	0	-157
	Total	254	259	272	14	2,679	2,384	-295
Support Staff	Substantive	830	816	905	89	7,444	8,201	757
	Bank & Locum Staff	145	142	86	-56	2,368	778	-1,591
	Agency	0	0	0	0	1	0	-1
	Total	975	958	991	33	9,813	8,979	-834
Other	Substantive	638	435	444	10	4,083	3,871	-212
	Total	638	435	444	10	4,083	3,871	-212
Other	Bank & Locum Staff	2	2	0	-2	5	0	-5
	Total	2	2	0	-2	5	0	-5
Unallocated CIP	Substantive	0	0	-520	-520	0	-3,540	-3,540
	Total	0	0	-520	-520	0	-3,540	-3,540
Total		23,448	23,706	23,897	191	219,694	215,702	-3,992







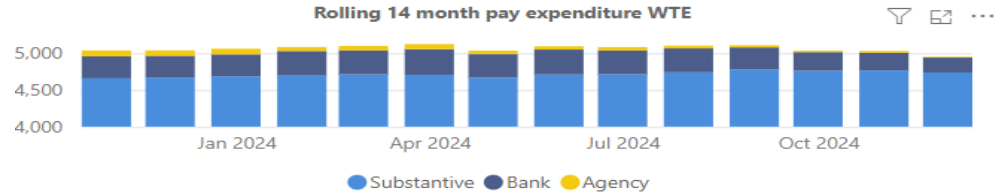
Workforce - WTEs

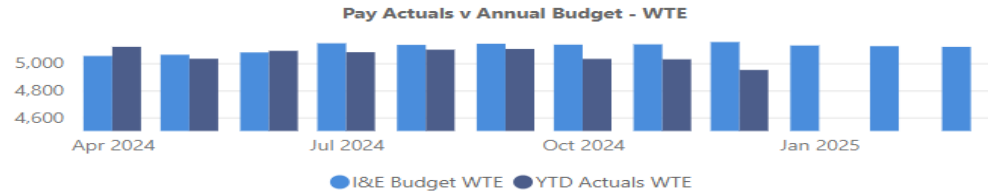
The table below reports a reduction of 76.5 WTEs in December compared with November. However, it has been noted that there were delays in some temporary staff payments which may have impacted on the December WTE numbers, albeit not significantly.

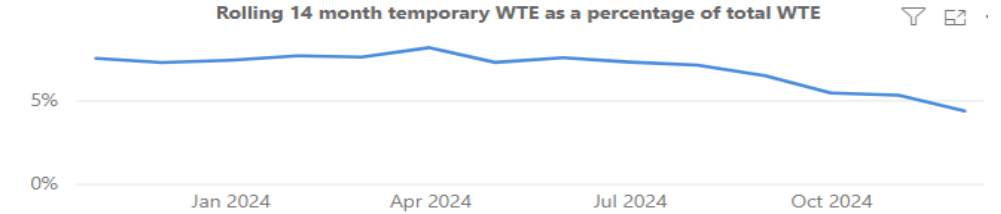
Substantive staff have decreased by 25.7 WTEs in month. However, since April they have increased from 4,703.8 to 4,737.1 WTEs.

In total we are reporting a reduction of 168.5 WTEs since April 2024 (5,120.5 WTEs).

		Prior Month Actuals WTE	Prior Yr Same Period Actuals WTE	In-Month Actuals WTE	In-Month Budget WTE	In-Month Variance WTE	YTD Actuals Average WTE	YTD Budget Average WTE	YTD Variance Average WTE
Substantive	Nursing	1,960.1	1,916.9	1,952.0	2,145.5	193.5	1,940.6	2,135.3	194.7
	A&C	976.0	973.5	966.4	1,038.8	72.4	979.0	1,029.5	50.5
	Medical Staff	585.3	555.0	587.0	628.4	41.4	582.7	622.1	39.4
	AHP	558.2	550.0	559.1	590.6	31.6	549.6	596.3	46.7
	Support Staff	288.5	279.7	285.1	315.4	30.3	285.4	320.1	34.8
	Sci & Professional	273.9	272.1	272.2	298.3	26.1	274.2	297.8	23.6
	Other	72.5	75.6	66.3	83.0	16.7	68.4	62.3	-6.1
	Prof & Tech	48.4	47.6	49.0	56.4	7.4	49.4	54.7	5.4
	Unallocated CIP	0.0	0.0	0.0	-21.5	-21.5	0.0	-24.5	-24.5
	Total	4,762.8	4,670.5	4,737.1	5,134.9	397.9	4,729.1	5,093.6	364.4
Additional Medical Sessions	Medical Staff	11.1	8.6	9.2	4.3	-4.9	14.8	7.3	-7.5
	Total	11.1	8.6	9.2	4.3	-4.9	14.8	7.3	-7.5
Agency	Medical Staff	6.3	9.1	1.7	1.9	0.3	7.7	1.9	-5.8
	A&C	7.1	17.2	0.0	0.0	0.0	6.4	0.0	-6.4
	Support Staff	0.0	3.9	0.0	0.0	0.0	0.0	0.0	0.0
	Sci & Professional	1.3	6.8	1.3	0.0	-1.3	4.1	0.0	-4.1
	Prof & Tech	6.2	20.1	3.3	0.0	-3.3	11.3	0.0	-11.3
	Nursing	2.9	15.8	3.9	0.0	-3.9	6.7	0.0	-6.6
	Total	23.9	72.9	10.2	1.9	-8.2	36.1	1.9	-34.2
Overtime	Sci & Professional	1.5	4.3	1.1	0.0	-1.1	2.4	0.0	-2.4
	AHP	4.3	2.9	2.0	0.0	-2.0	2.8	0.0	-2.8
	A&C	2.5	4.5	2.4	0.0	-2.4	4.6	0.0	-4.6
	Prof & Tech	2.3	3.9	2.9	0.0	-2.9	4.8	0.0	-4.8
	Nursing	2.8	7.1	5.3	0.0	-5.3	5.4	0.0	-5.4
	Total	13.5	22.7	13.6	0.0	-13.6	20.0	0.0	-20.0
Bank & Locum Staff	Prof & Tech	0.2	0.2	0.3	0.0	-0.3	0.2	0.0	-0.2
	Other	0.8		0.6	0.0	-0.6	0.2	0.0	-0.2
	AHP	3.9	4.7	3.1	0.0	-3.1	4.3	0.0	-4.3
	Sci & Professional	7.2	8.6	6.8	0.0	-6.8	8.3	0.0	-8.3
	Support Staff	10.3	32.7	13.8	3.3	-10.4	30.7	3.3	-27.4
	A&C	22.2	28.1	15.6	2.5	-13.1	25.6	2.5	-23.1
	Medical Staff	30.6	36.2	25.7	8.5	-17.2	39.1	7.7	-31.4
	Nursing	142.2	150.1	116.3	0.3	-116.0	151.8	0.3	-151.5
	Total	217.2	260.6	182.0	14.6	-167.5	260.1	13.8	-246.3
Total		5,028.5	5,035.4	4,952.0	5,155.7	203.7	5,060.2	5,116.5	56.4



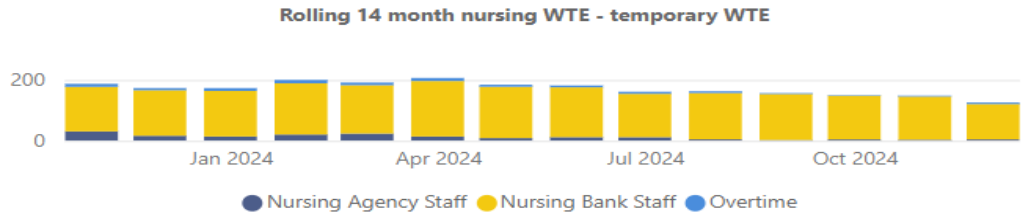


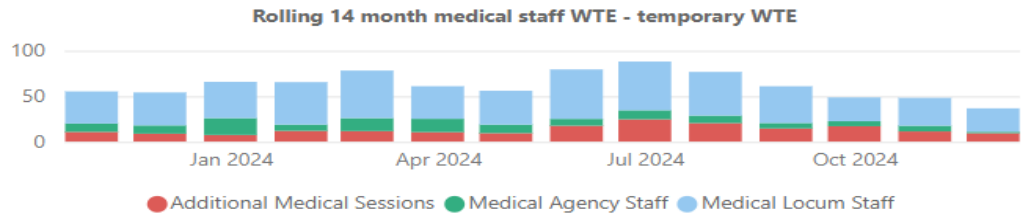


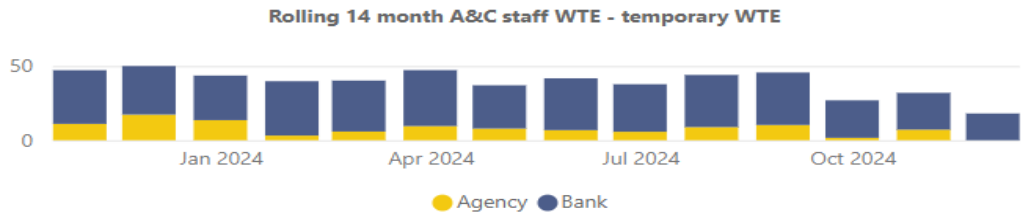
Workforce - WTE (by Staff Group)

There appear to be 32.0 WTE more Substantive Medical Staff than in December 2023, with a reduction in the use of temporary medical staff (Extra Contracted Work, locums and agency staff) of 17.5 WTE. Total increase of 14.5 WTE (2.4%).

		Prior Month Actuals WTE	Prior Yr Same Period Actuals WTE	In-Month Actuals WTE	YTD Actuals Average WTE
Medical Staff	Substantive	585.3	555.0	587.0	582.7
	Additional Medical Sessions	11.1	8.6	9.2	14.8
	Bank & Locum Staff	30.6	36.2	25.7	39.1
	Agency	6.3	9.1	1.7	7.7
	Total	633.3	609.0	623.5	644.3
Nursing	Substantive	1,960.1	1,916.9	1,952.0	1,940.6
	Bank & Locum Staff	142.2	150.1	116.3	151.8
	Agency	2.9	15.8	3.9	6.7
	Overtime	2.8	7.1	5.3	5.4
	Total	2,107.9	2,089.8	2,077.4	2,104.4
Sci & Professional	Substantive	273.9	272.1	272.2	274.2
	Bank & Locum Staff	7.2	8.6	6.8	8.3
	Agency	1.3	6.8	1.3	4.1
	Overtime	1.5	4.3	1.1	2.4
	Total	283.9	291.9	281.4	288.9
A&C	Substantive	976.0	973.5	966.4	979.0
	Bank & Locum Staff	22.2	28.1	15.6	25.6
	Agency	7.1	17.2	0.0	6.4
	Overtime	2.5	4.5	2.4	4.6
	Total	1,007.8	1,023.3	984.3	1,015.5
AHP	Substantive	558.2	550.0	559.1	549.6
	Bank & Locum Staff	3.9	4.7	3.1	4.3
	Overtime	4.3	2.9	2.0	2.8
	Total	566.4	557.6	564.2	556.7
Prof & Tech	Substantive	48.4	47.6	49.0	49.4
	Bank & Locum Staff	0.2	0.2	0.3	0.2
	Agency	6.2	20.1	3.3	11.3
	Overtime	2.3	3.9	2.9	4.8
	Total	57.1	71.9	55.4	65.7
Support Staff	Substantive	288.5	279.7	285.1	285.4
	Bank & Locum Staff	10.3	32.7	13.8	30.7
	Agency	0.0	3.9	0.0	0.0
	Total	298.8	316.2	298.8	316.1
Other	Substantive	72.5	75.6	66.3	68.4
	Total	72.5	75.6	66.3	68.4
Other	Bank & Locum Staff	0.8		0.6	0.2
	Total	0.8		0.6	0.2
Unallocated CIP	Substantive	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0
Total		5,028.5	5,035.4	4,952.0	5,060.2







Comfort Break

4. QUALITY, PATIENT SAFETY AND QUALITY IMPROVEMENT

4.1. Improvement Committee Report - Chairs key issues

To Assure

Presented by Susan Wilkinson

West Suffolk NHS Foundation Trust

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Improvement Committee			**Date of meeting: 15 January 2025**		
Chaired by: Roger Petter			**Lead Executive Director: Susan Wilkinson, Richard Goodwin**		
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 **PQSGG**	**Nutrition Steering Group** Must Risk Assessment <24 hrs Insufficient staff able to operate Cortrak machine for placement of enteral feed tubes Patients requiring parenteral nutrition cared for on designated wards (eg gastro and surgical)	3 2 2	Improvements seen, moving from special cause concern to common cause variation. This allows timely intervention / referral. Equipment uses electromagnetic sensing so fewer Xrays and more effective placement. Issue when nutrition nurse unavailable. Small audit suggests that safety & monitoring is much improved	Impact of early assessment in ED being reviewed. Ongoing 'food as medicine' QI programme. Ward managers monitoring performance. Gastro registrars may be trained, but with their turnover this may not be justified. ITU staff have been trained. Continued audits will be performed. ECare recording of PN should help compliance.	1
5.1 **PQSGG**	**Trauma Group** areas requiring improvement: Level 2 trauma training for ED nurses (currently all Level 1);	3	Trauma peer review is expected summer 2025. WSFT is a designated trauma unit and part of EoE trauma network.	Trauma network aiming to increase nurse training, so training level should improve.	1

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	No trauma coordinator at WSFT; Performing and reporting of trauma CTs within 1 hour both require improvement; M&M review of all trauma deaths			May recruit trauma coordinator by summer 2025, but funding will be an issue (business case in progress). QI in place for CT scanning. M&M reviews - data requested for next PQSGG.	
5.1 **PQSGG**	**<u>Infection Prevention Cttee</u>** C diff M pox FFP3 Fit test training	 3 2 3	 Rates in common cause variation. A high consequence infectious disease (HCID) Training delivery not at adequate level.	 QI programme relaunch Nov 24-Jan 25. Collaborative project underway with ICB focussing on high incidence areas. Working group established, looking at risk assessment, pathways & PPE. PPE in stock, and outstanding training for use has been escalated. Future delivery being explored by execs, within current budget	1

NHS West Suffolk NHS Foundation Trust

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5.1 **PQSGG**	**Falls Steering Group** Falls data improving Lighting at night may contribute to falls of frail patients	 1 2	Falls incidence and falls per 1000 bed days improving. Falls with severe harm data shows WSFT below national average. Emphasis on falls with harm rather than just numbers.	Falls lead working with Estates and will submit bid to MyWish to see if they will help fund improvements to lighting. Some work to be done re falls with frailty and functional assessments.	1
5.1 **PQSGG**	**Pressure Ulcer Prevention Group** New acute pressure ulcers in common cause variation. Pressure Ulcer evaluation tool (PURPOSE-T) now embedded following training. Concerns over community staffing levels in TVN team	 2 1 3	PURPOSE-T supports nurse decision making and also identifies those with previous ulcers requiring input Reduced admin support has affected clinical time available due to performing admin tasks	Continued compliance with recruitment restrictions	1
5.1 **PQSGG**	**Drugs & Therapeutics**				1

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	Medication incidents now at similar level to pre-RADAR	1	Initial decline with RADAR as anticipated	Monthly audit to continue	
	Naloxone safety audit completed	2	Most use appropriate (for opioid side effects or to treat overdose). 10% cases may have had avoidable harm	Findings to be shared and used in new Sedation Committee	
	Omnicell cabinets introduced in ED	1	Increased governance and safety	To monitor for quality and safety impact in ED	
5.1	**<u>Patient Safety</u>** Patient Safety and Quality quarterly report presented	1	Reporting back to pre-RADAR levels; % of incidents resulting in harm is reducing; 92% staff completed patient safety level 1 training; compliance with DoC remains in common cause variation.	Consider sharing report wider. In general, reporting is high and harms are low, which is good.	1
	Learning outcomes from the RADAR form were assessed	1	Some incidents presented a challenge when assessed with the HSSIB tool.	Audit to be repeated in Q3	

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			Evidence suggests the avoidance of blame language, indicating a positive safety culture.		
5.2 **CEGG**	**Microbiology Accreditation**	2	Microbiology has a surveillance programme in place. Challenges include: new revision of standards, current condition of containment level 3 room, staffing issues for OOH, reduction of SAMBA services, rejection of orders	Most of the challenges can be met within the department	1
5.2 **CEGG**	**NICE**	3	14 guidance documents reviewed and 4 had areas of non-compliance requiring action: Improvement projects focusing on shared decision making; updates to urinary incontinence pathways; review of jaundice guidelines; cost evaluation of	NICE guidance assessments are being prioritised. Use of RADAR to streamline recording is to be assessed. Two active clinical risks were identified and the impact of these needs to be evaluated.	3

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			phototherapy monitoring devices		
5.2 **CEGG**	**Research & Development**	1	R&D performance report for 2023/24 provided assurance of compliance with statutory obligations.	Targeted initiatives will continue to build research capacity, and commercial research will be explored. Engagement and relationships with key partners will be strengthened. It was agreed that more oversight and visibility of R&D is needed (? a deep dive or develop R&D strategy)	1
6.1 6.2	**Integrated Quality and Performance Report (IQPR)** Including **Performance Review Meetings (PRM Packs)**	2 2	C diff data - November rates fell but remain in common cause variation due to the multiple factors involved. Nutritional assessments within 24 hours in common cause variation. ED pressures affect completion and screening tool	Remains an organisation key priority. QIP in progress. Collaborative research with ICB focussing on high incident areas. ED short assessments will continue to be monitored and reviewed. Incidents relating to nutritional intake or support will be monitored. Work following the	1

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		2	continues to identify highest risk. <u>Post-partum Haemorrhage</u> (>1500 ml) - ongoing quality improvement. Nov data shows normal variation (3 cases). Primary cause a combination of trauma and poor tone. Ongoing implications for mother, baby, family, staff and organisation. The number of Patient Safety Incidents (PSI) and reportable occurrences (RO) remain stable. We are reporting low harm and near-miss events, indicating safe care. SHMI data shows we currently have fewer deaths than expected for our demographic	'Food as Medicine" workshop is in progress. Ongoing QI programme. Engagement with local and regional QI programmes. Best methods of supporting both parents are being evaluated. This month there has been an increase in incidents relating to nutrition and a reduction in medication incidents. Monthly reports are used to support clinical teams. This is a good indicator of safe care.	
		1			
7.1	**<u>Deep Dive: Shared Decision Making</u>**	2	Very helpful presentation on the process by which patient, family, doctors and nurses make	Guidelines for CYP and adults without capacity are nearing completion. Future work on	1

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			shared decisions. Required by GMC, LMC, NHSE, CQC. Mandatory training in place. Roll out to ACPs, nurses and midwives due April 2025. Trust's guidelines for adults with capacity are in place.	guidelines for EOLC, with anticipated benefits for patients and the Trust. Outcomes will need to be assessed and there are various ways of doing so	
7.2	**Implementation of External Reporting Pathway - update**	2	Incident reporting to external regulators should be timely, accurate, owned (executive and subject matter expert leads), and improvement focussed. Currently in pilot, with phase 2 about to begin.	Clear flow charts in place. Phase 2 to use RIDDOR and SNOW and further reviews + phase 3 after that. It was agreed this should be embedded and we should proceed.	1
7.3	**Single Assessment Framework - update**	3	The SAF has been implemented, but the CQC is reviewing the process through a series of stakeholder events, so the process could change. Helpful summary of what the trust has done, is currently doing, and might do in the future	Future areas could include local measures (eg self-assessment using the SAF framework, core area specific self-assessment and development of staff guidance), and also Strategic measures such as being a pilot site for the national "improving	3

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			in order to improve our CQC rating. We need to demonstrate the improvements made, eg to corridor care and safety issues.	patient safety culture – a practical guide", taking part in an ICB CQC leads meeting, and application to be part of CQC national work. It was agreed that a CQC inspection is likely this year, and Richard Sue and Rebecca will meet to plan this.	
7.4	**Maternity Report** Neonatal Workforce Planning	1	As part of the Maternity Incentive Scheme, we are required to demonstrate effective neonatal workforce planning, and we meet the criteria. Effective escalation pathway ensures any gaps are covered by the consultant paediatrician, planned rostering, or with locums or consultants acting down	Staffing levels are monitored monthly and reported 6-monthly. Neonatal clinical lead has oversight of training. Recruitment and retention of staff is a key strategy. Consultant compliance with the required neonatal training is 93% - one consultant has to complete the required amount.	1

Originating Committee: Improvement Committee			Date of meeting: 15 January 2025		
Chaired by: Roger Petter			**Lead Executive Director: Susan Wilkinson, Richard Goodwin**		
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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7.4	**Maternity Report** Obstetric Workforce Planning	1	4 measures used: a) use of short-term locums; b) use of long-term locums; c) compensatory rest for consultant obstetricians; d) presence of consultant obstetrician at certain high-risk births or clinical scenarios. The Trust was not compliant with b) between 1 Feb – 31 July 2024, but systems are now in place to improve this. A repeat audit between 1July – 31 Dec showed that the Trust WAS compliant. We were compliant with a), c) and d) in the reporting period.	6 monthly reports will monitor the situation, particularly use of long-term locums. Locum use is reported to Board. RADAR reports are monitored to assess consultant obstetrician attendance at high-risk scenarios, and such attendance is reported to Board. An action plan has been completed to improve recruitment of locum obstetric staff – the need for locums is now reducing.	1
7.4	**Maternity Report** Anaesthetic Staffing within Maternity Services	1	In Q1and Q2 of 2024-25 we were compliant with all requirements: rostered dedicated obstetric anaesthetist; elective caesarean section lists covered separately; named consultant on rota. No current	The situation will continue to be monitored, particularly in relation to Ockenden recommendations.	1

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Chaired by: Roger Petter			Lead Executive Director: Susan Wilkinson, Richard Goodwin		
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			vacancies for consultant obstetric anaesthetists.		
8.1	**BAF – Review Forward Plan Update**	3	Overview of current risks to providing health and care services and responding to changing pressures and demands. This could impact quality of care, operational pressures and financial viability	Ongoing progress in many areas and risk appetite discussed. Assurance and control gaps identified. Various mitigations to reduce risk, and some of these are already completed. The BAF risk wording will be looked at so that once actions are embedded, they can move up the risk rating. Some indication of time course (long or short term) will be provided.	1
8.2	**Improvement Committee Terms of Reference**	1	Minor changes to the ToR were agreed	For annual review	1
8.3	**Update on Divisional Governance Review**	2	Internal review of divisional governance to see how effective our accountability and reporting structures are. Structures in different divisions are variable	Standardised templates (with some flexibility) will improve accountability and reporting, and the documentation of Divisional Board meetings. Process still in	1

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			and based on different models. Strong governance is vital for the Trust and for CQC.	development, but the plan is to move to a governance framework. Completion aimed for summer 2025.	

**See guidance notes for more detail*

West Suffolk NHS Foundation Trust

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: 18 December 2024		
Chaired by: Roger Petter			**Lead Executive Director: Susan Wilkinson, Richard Goodwin**		
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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5.1 **PQSGG**	**Human Factors**	1	Project work on implant identification in orthopaedic theatres following a Never Event. Human Factors perspective on patient safety. A good example of learning from events.	We discussed possible future input from the Human Factors team at board level and may follow up at a board development day.	1
5.1 **PQSGG**	**Mental Health** Inpatient and ED length of stay	3	Ensure patient receives care in right environment. Waits in ED reduce flow and decrease opportunities for MH therapy	Compliance with 4-hour standard is improving. Case-by-case assessment is made	1
	Eating Disorders	1	Following an increase in admissions, clear care pathways have been implemented	This has reduced emergencies and improved patient experience and is now established care	1

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	Training	2	MH mandatory training agreed via eLearning. Reduced time commitment. Ward managers attending 3-day personality disorders training to support staff	Target tbc but likely to be 90-95%. Will be monitored through ESR	1
5.1 **PQSGG**	**Learning Disability & Autism**	2 1	Oliver McGowan mandatory training delayed due to ICB concerns about delivery at WSH, and the financial implications of training and staff backfill. Resource folders now available across inpatients and community	Agreement recently reached so we can now proceed with the training Reasonable adjustments can more easily be provided. Use and feedback to be monitored	1 1
5.1 **PQSGG**	**Safeguarding Adults** Safeguarding Training	3	Safeguarding Training: Level 1 and 2 are at 93% Level 3 not currently offered	Gap analysis underway to identify staff requiring Level 3 training which will be presented to MEG to expedite implementation of Level 3. Methods to include safeguarding supervision sessions, team-	3

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	Serious safeguarding allegations and section 42 review governance group now running	1	Group provides oversight and advice on any SG issues involving WSFT staff	based learning, safeguarding champions, on-site training Shared learning of section 42 themes and outcomes	1
5.1 **PQSGG**	**Safeguarding CYP** Procurement of cameras Transition from yearly Level 3 training to 3-yearly Improved training compliance for Level 3 training	 3 1 2	 Photos taken by clinicians are not currently admissible in court. Procurement of cameras and training are outstanding Approach agreed with clinical teams Overall compliance 93%. Improvements in ED medical staff helped by training flexibility	 Currently stalled, awaiting funding approval. Camera purchase order to be submitted to non-pay control panel Total training hours and cost remain the same, but new system will be more flexible. A&E nursing staff next target group, using flexible accessible approach.	 1 1 1
5.2 **CEGG**	**Biochemistry Accreditation**	2	4-year cycle of accreditation. Biochem has a surveillance programme in place. Challenges include: formalised testing of	Consideration of the reporting pathways for SNOW	1

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			Business Continuity Plan; more emphasis on recording of risk to patient care; no fulltime on site clinical lead. Concerns over the Trust's oversight of ext reporting of 'significant non-conformities of work" (SNOW)		
5.2 **CEGG**	**Quality Improvement**	1	Updates on current QI projects; priorities such as transfer of care and C diff; training uptake;	Further development of QI support	1
5.2 **CEGG**	**Public Health** Prevention, Health Inequalities and Personalised Care strategy	2	Of 18 actions in the PHIPC strategy, 4 are complete, 8 green, 4 amber and 2 red. Overall this is good progress given our financial constraints	Current actions continue to end March 2025. New plan to be developed for 2025-27, and will be presented to CEGG in Feb 2025	1
5.2 **CEGG**	**Public Health** Population Health Management (PHM)	2	Identifying patient groups that would benefit from evidence-based interventions. Primary care datasets are not available to PHM.	Dataset issue escalated to ICB and hoped this will be resolved by New Year	1

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			Population Health tool has been removed from Oracle Cerner (cost saving)	PHM tool risk mitigated by ICS linked dataset and local risk stratification	
5.2 **CEGG**	**CEGG Development Plan**	2	Main area for development is a CEGG dashboard with measures for all subject areas		1
6.1 6.2	**Integrated Quality and Performance Report (IQPR)** Including **Performance Review Meetings (PRM Packs)**	2 2	C diff data - October rates lowest for 18 months, but remain in common cause variation. Nutritional assessments within 24 hours in common cause variation. Slight decline in last 3 months in line with ED pressures. ED screening tool in place to identify highest risk, though this is not a full assessment.	Remains an organisation key priority. QIP in progress and will run till at least April 2025. Enhanced cleaning of ED in progress. Work underway with Norfolk ICB to provide more information on Thetford patients. Nutritional assessments will continue to be monitored through Nutritional Steering Group. Updated reporting process will relate data to the ward area rather than the admitting area.	3

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		3 1	Post-partum Haemorrhage (>1500 ml) - ongoing quality improvement. Oct data shows special cause concern (11 cases). Most were white British women and primary cause a combination of trauma and poor tone. Ongoing implications for mother, baby, family, staff and organisation. The number of Patient Safety Incidents (PSI) and reportable occurrences (RO) remain stable and there is an ongoing gradual reduction in harm as a % of total incidents, indicating safe care. SHMI data shows we currently have fewer deaths than expected for our demographic	PPH rates will continue to be monitored through the usual channels. Ongoing QI project, 5 workstreams identified. Feedback from service users has highlighted the need for support for both partners following PPH, and the methods for doing so are being evaluated. This month there has been an increase in incidents relating to medication and equipment, nutrition hydration and feeding tubes, IT, and staffing level difficulties. This is a good indicator of safe care.	
7.1	**Deep Dive: <u>Patient Safety Incident Response Framework</u>**	2	Comprehensive overview particularly relating to learning from incidents, improved	Transition to Radar is complete and we are compliant with LFPSE. Our current Patient	1

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			governance and oversight and a better experience for those affected. The Emerging Incident Review process addresses proportionate response, Duty of Candour and staff support. We have completed transition to Learning From Patient Safety Events (LFPSE).	Safety Incident Response Plan (PSIRP) will be reviewed Jan-March 2025. The Plan is now specifically used to focus efforts. Ongoing work with FTSU and with People and Culture Committee so staff feel supported to raise concerns. Strengthen links with Patient Safety Specialists. Continue to work on our Safety Culture, eg by piloting safety walkabouts.	
7.2	**Omnicell Automated Dispensing Cabinets**	1	Automated drug dispensing cabinets have been installed: Phase 1 Central Pharmacy Controlled Drugs; Phase 2 Emergency Drug Cupboard; Phase 3 Emergency Department. These are fully secure (access via fingerprint bioID) and have automatic inventory and reordering.	Training for use of the cabinets is ongoing and ED has attained close to 100% completion for nursing staff. CD policies have been updated. It is expected that savings in staff time and costs will result and these will be monitored.	1

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7.3	**Maternity Report** **Midwifery Workforce Planning**	1	As part of the Maternity Incentive Scheme, we are required to demonstrate effective midwifery workforce planning, and we meet the criteria. Vacancies for Band 6 midwives are hard to fill but we successfully recruit Band 5, and from abroad. Vacancy rate overall is 5.3% (up from 3.4% in April). We have a low staff turnover & there are fewer staffing 'red flags' than in April	There are numerous projects aimed at recruiting, developing and retaining staff. Any recurring red flags that relate to staffing will be reviewed so that mitigations can be put in place.	1
7.3	**Maternity Report** **Maternity Claims Scorecard, Incident and Complaint Data**	2	Data required for compliance with the Maternity Incentive Scheme. Over the last 10 years, claims totalled £31.5 million with an average claim approx £1 million. Obstetric reportable events include anal sphincter injuries,	Proactive monitoring is required to mitigate risks and improve outcomes. Moving to digital recording of fetal heart monitoring ensures that traces can be accessed indefinitely. Current risks of a digital trace being stored on the	1

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			PPH, Term admissions to neonatal unit. Escalation during emergencies and communication are key themes. There is an emphasis on learning from events.	wrong patient's notes but with training and education, audits show compliance is increasing. Paper printouts remain until full compliance is met.	
8.1	**BAF – Review Forward Plan Update**	3	Overview of current risks to providing health and care services and responding to changing pressures and demands. This could impact quality of care, operational pressures and financial viability	Ongoing progress in many areas and risk appetite discussed. Assurance and control gaps identified. Various mitigations to reduce risk, and some of these are already completed. The BAF risk wording will be looked at so that once actions are embedded, they can move up the risk rating. Some indication of time course (long or short term) will be provided.	3

**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?
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Assurance level

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4.2. Quality & Nurse Staffing Report

To Assure

Presented by Susan Wilkinson and Karen Newbury

WSFT Board of Directors (Open)	
Report title:	Nursing, safe staffing report: November and December 2024
Agenda item:	4.2
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Susan Wilkinson, Chief nurse
Report prepared by:	Daniel Spooner, Deputy Chief Nurse

Purpose of the report			
For approval ☐	**For assurance** ☒	**For discussion** ☒	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive Summary
WHAT? *Summary of issue, including evaluation of the validity the data/information*
This paper reports on safe staffing, fill rate, contributory factors, and quality indicators for inpatient areas for the months of November and December 2024. It complies with national quality board (NQB) recommendations to demonstrate effective deployment and utilisation of nursing and midwifery staff. The paper identifies planned staffing levels and where unable to achieve, actions taken to mitigate where possible. The paper also demonstrates the potential resulting impact of these staffing levels. It will go onto review vacancy rates, nurse sensitive indicators, and recruitment initiatives within the sphere of nursing resource management. This paper also demonstrates how nursing directorate is supporting the Trust's financial recovery ambitions, through the nursing and midwifery deployment group.
SO WHAT? *Describe the value of the evidence and what it means for the Trust, including importance, impact and/or risk*
• High sickness levels in Q3 and this period has impacted on staffing challenges, fills rates and CHPDD • Sickness levels in RN/RM over 5%. Increase in cold/flu symptoms as reason for absence. • Overall fill rate at 90% for all shifts and areas • CHPPD in special cause for concern • Turnover saw small increase but consistently under 10% ambition. • Nursing and midwifery pay spend on track for being under budget at year end by £1.4 million
WHAT NEXT? *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*
To continue to embed and monitor temporary spend and achievement of CIP whilst monitoring any potential safety implications. Continued focus on recruitment and retention on nursing assistants
Action Required
For assurance around the daily mitigation of nurse and midwifery staffing and oversight of nursing and midwifery establishments. No action from board required.

Risk and assurance:	Red Risk 4724 amended to reflect surge staffing and return to BAU
Equality, Diversity and Inclusion:	Ensuring a diverse and engaged workforce improves quality patient outcomes. Safe staffing levels positively impacts engagement, retention and delivery of safe care
Sustainability:	Efficient deployment of staff and reduction in temporary staffing and improving vacancy rates contributes to financial sustainability
Legal and regulatory context	Compliance with CQC regulations for provision of safe and effective care

Nurse Staffing Report – November and December 2024

1. Introduction

1.1 This paper illustrates how WSFT's nursing and midwifery resource has been deployed for the months of November and December 2024 (M8 and M9). It evidences how planned staffing has been successfully achieved and how this is supported by nursing and midwifery recruitment and deployment. This paper also presents the impact of achieved staffing levels including nurse and midwifery sensitive indicators such as falls, pressure ulcers, complaints and compliance with nationally mandated staffing such as CNST provision in midwifery. The paper will also demonstrate initiatives underway to review staffing establishments and activities to ensure nursing and midwifery workforce is deployed in the most cost-efficient way.

2. Background

2.1 The National Quality Board (NQB 2016) recommend that monthly, actual staffing data is compared with expected staffing and reviewed alongside quality of care, patient safety, and patient and staff experience data. The trust is committed to ensuring that improvements are learned from and celebrated, and areas of emerging concern are identified and addressed promptly. This paper will identify safe staffing and actions taken in November and December 2024. The following sections identify the processes in place to demonstrate that the Trust proactively monitors and manages nurse staffing to support patient safety.

3. Key issues

3.1 **Nursing Fill Rates**

The Trust's safer staffing submission has been submitted to NHS Digital for November and December 2024. Table 1 shows the summary of overall fill rate percentages for these months and for comparison, the previous four months. Appendix 1a and 1b illustrates a ward-by-ward breakdown for these periods.

	Day		Night	
Average fill rate (planned Vs actual)	Registered	Care Staff	Registered	Care staff
July 2024	96%	90%	97%	101%
August 2024	94%	87%	96%	96%
Sept 2024	90%	87%	96%	95%
October 2024	87%	85%	93%	93%
November 2024	87%	85%	95%	94%
December 2024	87%	87%	94%	93%

Table 1

Planned versus actual staffing fill rates is in common cause variation but has maintained a level above 90% for the last 12 months as demonstrated in Chart 2.M8 and M9 average overall fill rate is consistent at 90%.

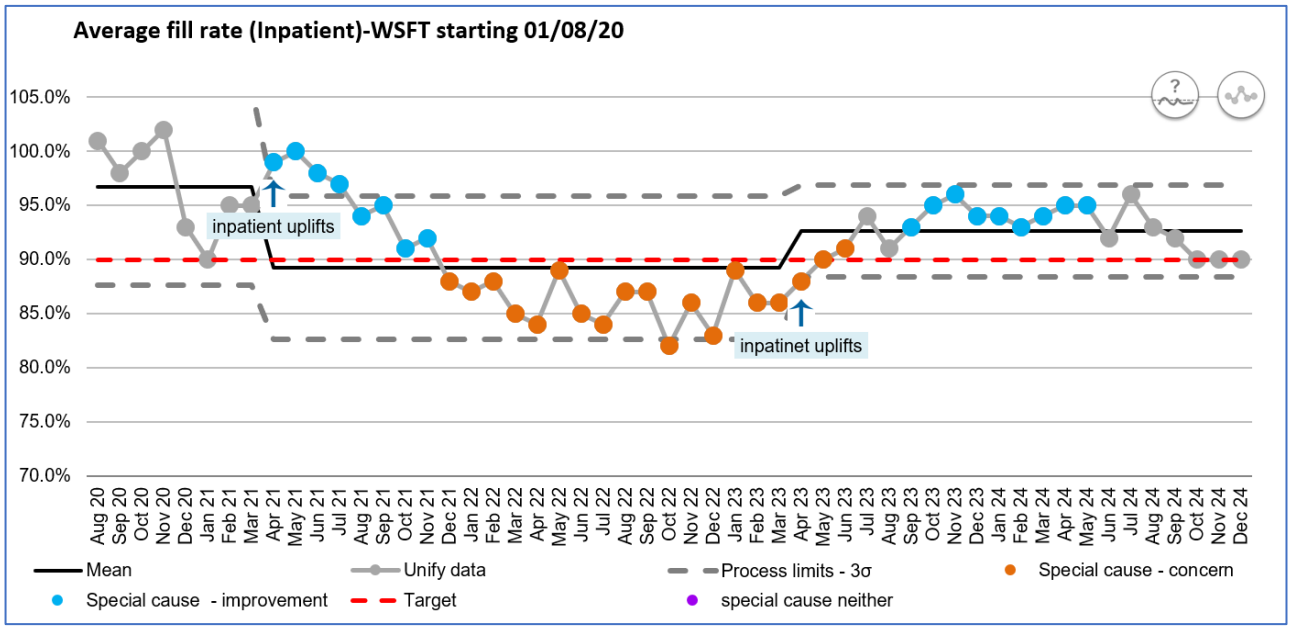


Chart 2

3.2 **Care hours per patient day**

CHPPD is a measure of workforce deployment and is reportable to NHS Digital as part of the monthly returns for safe staffing (Appendix 1a/b). CHPPD is the total number of hours worked on the roster by both Registered Nurses & Midwives and Nursing Support Staff divided by the total number of patients on the ward at 23:59 aggregated for the month (lower CHPPD equates to lower staffing numbers available to provide clinical care). CHPPD can be affected adversely by opening additional beds either planned or emergency escalation, as the number of available nurses to occupied beds is reduced. Periods of high bed occupancy can also reduce CHPPD.

Model hospital data suggests that WSFT is in the lowest quartile nationally, when bench marking against all other organisations with inpatients beds (Appendix 2 for full data set). This suggests that WSFT provides less care hours per patient than many organisations. When compared to our peer organisations [those of a similar size and service provision] we also rank in the lowest quartile. The mean CHPPD for peer organisations is 8.2. M8 and M9 saw a significant reduction in CHPPD. This is likely to be linked to a number of drivers including escalating sickness rates, 90% fill rate ambition [although not in M9], reduced bank fill and consistent staffing of escalation areas.

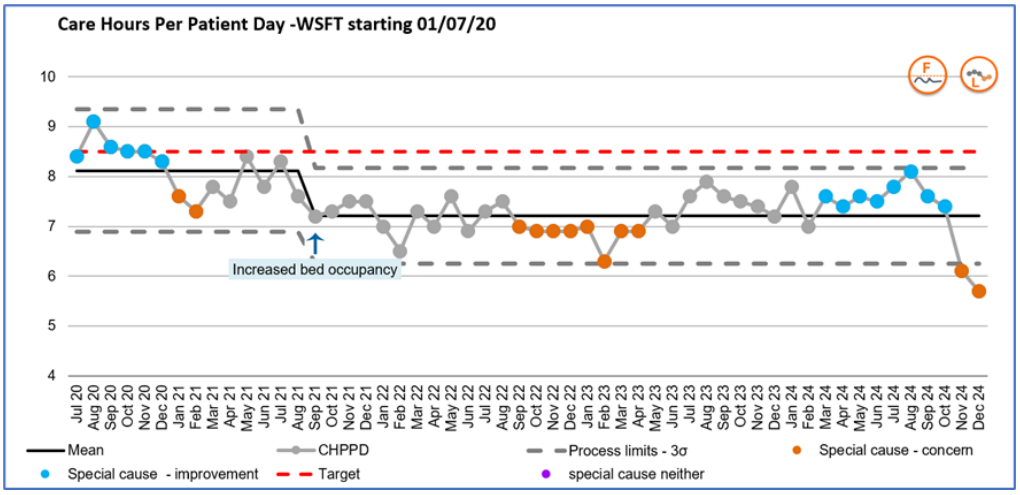


Chart 3

3.3 **Sickness**

December saw another increase in RN sickness. This represents an increase of approx. 2% since September. This the highest sickness seen over the last year and mirrors sickness rate in January 2024.

	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
Unregistered staff (HCSW)	6.22%	7.33%	7.95%	7.83%	6.94%	7.25%	6.55%	6.61%
Registered Nurse/Midwives	3.55%	3.72%	3.41%	3.37%	3.70%	4.79%	4.90%	5.54%
Combined Registered/Unregistered	**4.42%**	**4.88%**	**4.87%**	**4.78%**	**4.71%**	**5.55%**	**5.42%**	**5.87%**

Table 4

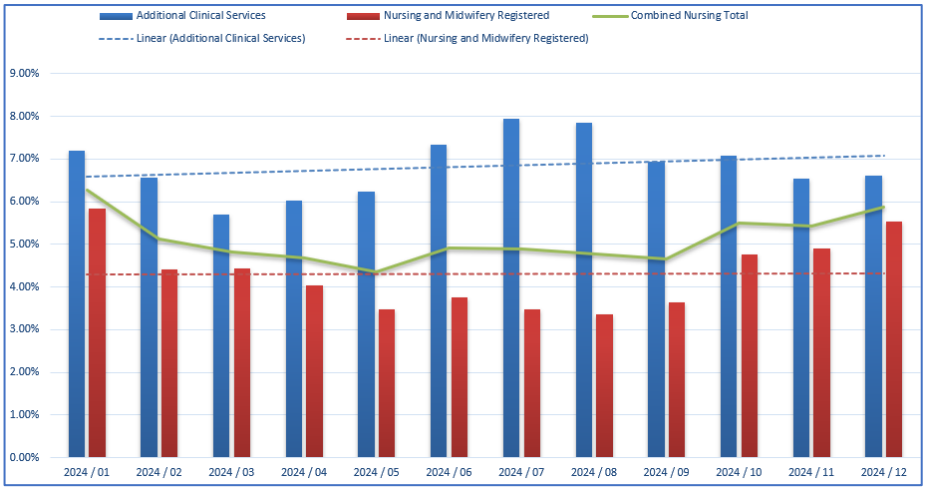


Chart 4

A review of absence data over from September to December 2024 (chart 4a), indicates that cough, colds, and Influenza is consistently the top cause of short notice absence. December (M9) saw a large increase in this period which is consistent with the flu prevalence in the community and within the inpatient setting. It is anticipated that influenza activity will peak in early January (M10).

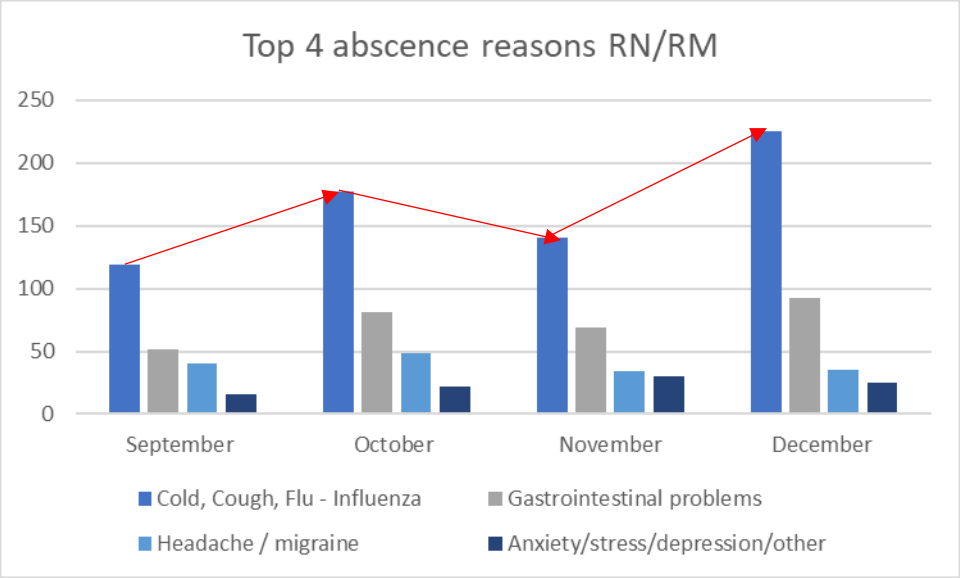


Chart 4a

3.4.1 **Recruitment and Retention**

Vacancies: Registered nursing (RN/RM) and Nursing assistants (NA):

Table 5 demonstrates the total RN/RM establishment for the inpatient areas in whole time equivalents (WTE). The total number of substantive RNs has seen an improving trend. Full list of SPC related to vacancies and WTE can be found in appendix 2. Areas of concern remain within the non-registered staff group where vacancy percentage is higher.

- Inpatient RN/RM vacancy percentage has increased by 1% to **8.2%** at M9.
- Total RN/RM vacancy rate has also increased from 6.7% to **7.3%** at M9.
- Inpatient NA vacancy rate has remained static in in M7 at **12.4%**
- Total NA vacancy has improved from 12.7% to **12.2%** at M9.

Despite some small increases in vacancy rate inpatient WTE and vacancy percentage are in special cause improvement. Overall RN/RM vacancy rate has moved into common cause variation.
While NA WTE is in special cause concern, vacancy rates in both inpatient and overall have remained in common cause variation, suggesting budgetary changes have kept vacancy rate reasonably static

	Sum of Month 4	Sum of Month 5	Sum of Month 6	Sum of Month 7	Sum of Month 8	Sum of Month 9	WTE vacancy at M9
RN	715.3	713.6	727.5	729.6	727.2	724.7	64.5
NA	385.8	382.3	388	380.3	384.3	383.3	54.3

Table 5 Inpatient actual substantive staff WTE.

3.4.2 **New Starters**

Table 6 demonstrates registered and non-registered staff commencing induction within the WSFT. Currently nonregistered staff are not being recruited for bank services due to the additional cost pressure of supporting training which is absorbed by the ward areas. This is planned to commence in January where a shorter induction period is being delivered and accelerated completion of the care certificate program will start. This will reduce non effective time of staff new to care in addition to more supervised support from the integrated education team.

	May 24	Jun3 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
RN	8	8	16	16	19	24	17	5
NA	17	8	12	13	11	16	16	11

Table 6: Data from HR and attendance to WSH induction program. INR arrivals will be included in RN inductions.

- In November, 17 RNs attended induction; of these; 9 were for the acute, 3 for bank services, 4 for community and 1 for midwifery.
- In November, 16 NAs attended induction; of these; 14 NAs were for the acute Trust and 2 for community services.

- In December, 5 RNs attended induction; of these; 2 were for the acute, 1 bank staff, 2 for community teams.
- In December, 11 NAs attended induction; of these; 8 NAs were for the acute Trust, 1 for community services and 2 for maternity services

3.4.3 **Turnover**

On a retrospective review of the last rolling twelve months, turnover for RNs continues to positively be under the ambition of 10%. RN turnover saw a marginal increase to 4.92%. NA turnover saw an increase of 1% to 8.85%

		Turnover	01/01/2024	-	31/12/2024			
Staff Group	Average Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
Nursing and Midwifery Registered	1,503.50	1,319.9956	81	69.4533	79	64.8800	5.2544%	4.9152%
Additional Clinical Services	614.50	520.4839	131	121.6266	59	46.0666	9.6013%	8.8507%

Table 7. (Data from workforce information)

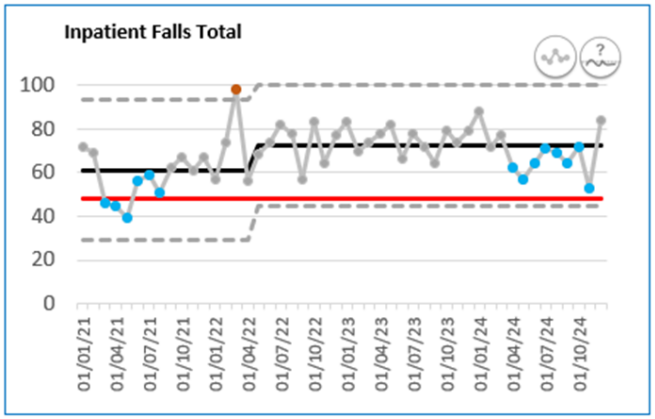
3.5 **Quality Indicators**

<u>Falls and acquired pressure ulcers.</u>

Improvement projects and oversight of these quality indicators are reviewed through the patient quality and safety governance group (PQASG).

Falls per 1000 bed days and overall falls continued in special cause improvement in M8 however a spike in falls was seen in M9. Additional detail reviewing M9 falls can be found in appendix 4. The falls lead is reviewing this data with the head of nursing for medicine to identify any learning. Incident rates and actions taken will be monitored through PQSGG.

Pressure ulcers remain in common cause variation and incidents have been below expected average for four out of the past five months within the acute site.



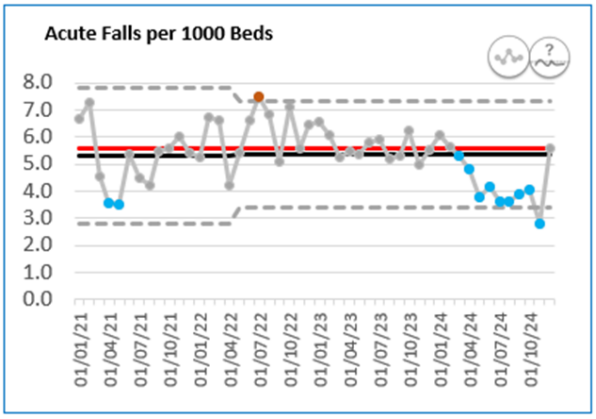
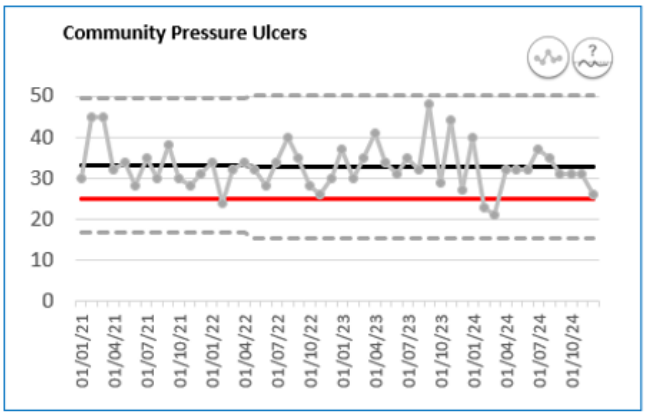


Chart 8 inpatient falls



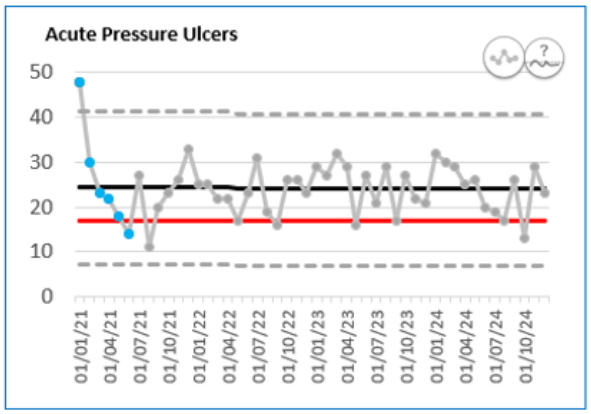
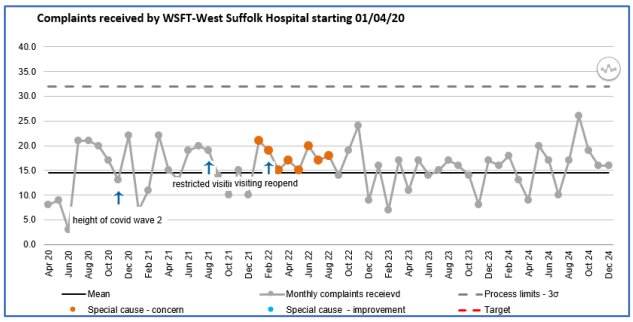
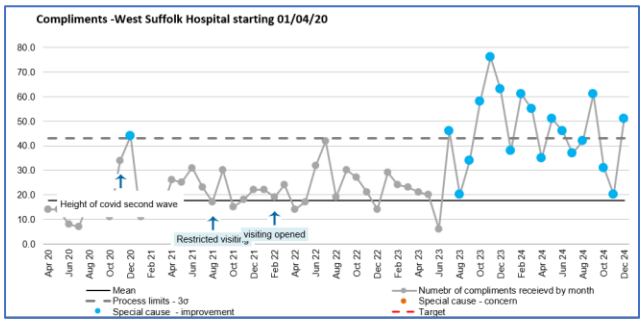
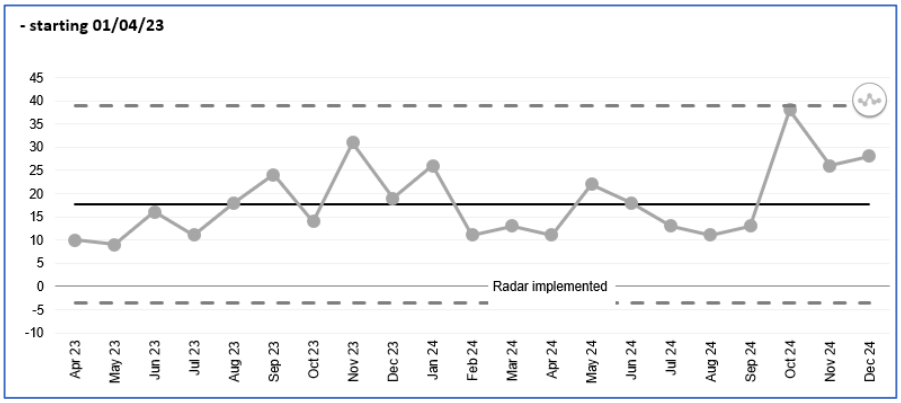


Chart 9 Pressure ulcers acquired in care.

3.6	**Compliments and complaints** 16 formal complaints were received in November. The most consistent theme this month was communication, with a total of 4 formal complaints being listed under this subject. The cardiac centre, maternity day assessment unit (MDAU) and orthopaedics each received 2 formal complaints making these the highest areas for the month. 16 formal complaints were received in December. The emergency department received the highest number of complaints this month with a total of 3 formal complaints. Orthopaedics and general surgery each received 2 formal complaints. The most common theme this month was clinical treatment – (Surgery) with 4 complaints being listed under this heading. These complaints related to delays in treatment and diagnosis. 3 complaints were listed under the subject communications. Chart 10a and 10b demonstrates the incidence of complaints and compliments for this period. The number of complaints for this period has reduced on month and compliments continue in special cause improvement.  Chart 10a (complaints)  Chart 10b (compliments)
3.7	**Adverse staffing incidents** This is the first data pulled from RADAR since transitioning from the Datix system. It doesn't appear that the implementation of RADAR impacted on incident reporting. October saw the largest number of incidents in the last year (chart 11). This coincides with the grip and control of 90% fill rate ambition, reduced bank fill and escalating sickness rates since September. This suggests that during this time, the resilience of staffing was reduced. Since relaxing the 90% fill rate these incidents have reduced although still higher than average. Red flags as per MQB (Appendix 5) are now able to be reported through RADAR in M9. This was initially lost in the transition from Datix.  Chart 11.
3.8	**Maternity services** A full maternity staffing report will be attached to the maternity paper as per CNST requirements. **1:1 Care in Labour** The recommendation comes from NICE's second guideline on safe staffing in the NHS, which gives advice on midwifery safe staffing levels for women and their babies on whatever setting they choose. This recommendation is also 1 of the 10 safety actions published as part of the Maternity Incentive Scheme Year 6. Maternity services should have the capacity to provide women in established labour with supportive one-to-one care. This is because birth can be associated with serious safety issues and can help ensure that a woman has a safe experience of giving birth. Escalation plans have been

developed to respond to unexpected changes in demand. In both November and December 2024 compliance against this standard was 100%. December 2024 marks the end of the CNST/ MIS Year 6 compliance where a full compliance with Safety Action 5 – 1:1 care in labour was declared by the Maternity Service at WSFT.

Red Flag events

NICE Safe midwifery staffing for maternity settings 2015 defines Red Flag events as events that are immediate signs that something is wrong, and action is needed now to stop the situation getting worse. Action includes escalation to the senior midwife in charge of the service and the response include allocating additional staff to the ward or unit. Red Flags were previously captured on Datix and highlighted and mitigated as required at the daily Maternity Safety Huddle. In April 2024 the Trust introduced a new reporting system RADAR. In November 2024 no red flag event was reported, and in December 2024 two red flag events were recorded due to delay in induction of labour process. No adverse outcome resulted from the occurrence.

Midwife to Birth ratio

The latest BirthRate plus review was undertaken in March 2023 and illustrated that Midwife to Birth ratio at West Suffolk NHS Foundation Trust should reduce to 1:21. The ratios are based on the Birthrate Plus® dataset, national standards with the methodology and local factors, such as % uplift for annual, sick & study leave, case mix of women birthing in hospital, provision of outpatient/day unit services, total number of women having community care irrespective of place of birth and primarily the configuration of maternity services.. December 2024 marks the end of the CNST/ MIS Year 6 compliance where a full compliance with Safety Action 5 – Midwife to birth ratio was declared by the Maternity Service at WSFT, irrespective of place of birth and primarily the configuration of maternity services.

- November 2024 Midwife to birth ratio was 1:18.3
- December 2024 midwife to birth ratio was 1:20.6

Supernumerary status of the labour suite co-ordinator (LSC)

This is one of the Maternity Incentive Scheme Year 6 safety actions requirements and was also highlighted as a 'should' from the CQC report in January 2020. The band 7 labour suite co-ordinator should not have direct responsibility of care for women. This is to enable the co-ordinator to have situational awareness of what is occurring on the unit and is recognised not only as best but safest practice. 100% compliance against this standard was achieved in both November and December 2024. December 2024 marks the end of the CNST/ MIS Year 6 compliance where a full compliance with Safety Action 5 - supernumerary Labours Suite Coordinator was declared by the Maternity Service at WSFT.

	Standard	June	July	August	Sept	Oct	Nov	Dec
Supernumerary Status of LS Coordinator	100%	100%	100%	100%	100%	100%	100%	100%
1-1 Care in Labour	100%	100%	100%	100%	100%	100%	100%	100%
MW: Birth Ratio	1:21	1:21	1:19	1:24	1:23	1:19	1:18.3	1:20.6
No. Red Flags reported	NA	2	1	3	2	0	0	2

Table 12

3.9 **Community and integrated neighbourhood teams (INT)**

Sickness & Turnover

Special cause improvement in both turnover (chart 13a) and sickness (chart 13b are under trust target ambition. Some areas observed high sickness in December, however overall sickness is at 4.66%

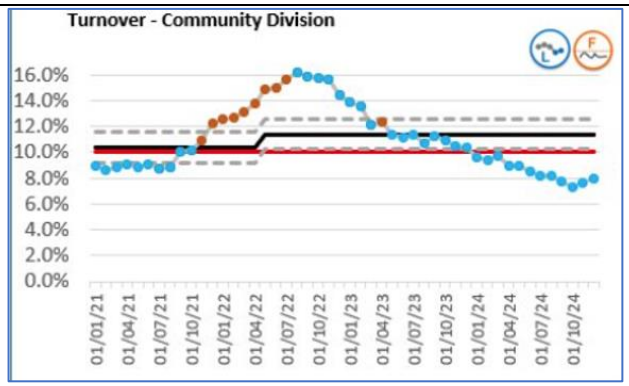


Chart 13a

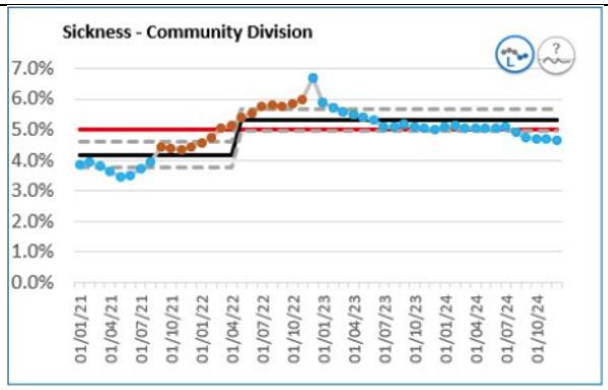


Chart 13b

Demand

The demand for community nursing services continues to increase (chart 14), although both M8 and M9 saw lower activity than the previous reporting period. The division has begun to review the clinical impact of this by measuring the number of cancelled care plan hours per week, as the clinical team's triage, defer and manage their visits (chart 15). This often involves deferring visits to the following day if the visit has been triaged as a lower priority. Special cause concern was seen in mid November and three weeks concluding in 31.12.24. Following a snapshot audit by the CHT team leaders, currently no harm has occurred because of this practice. This is being monitored and staff are supported to complete RADARs if a delayed visit is perceived to have contributed to any patient harm.

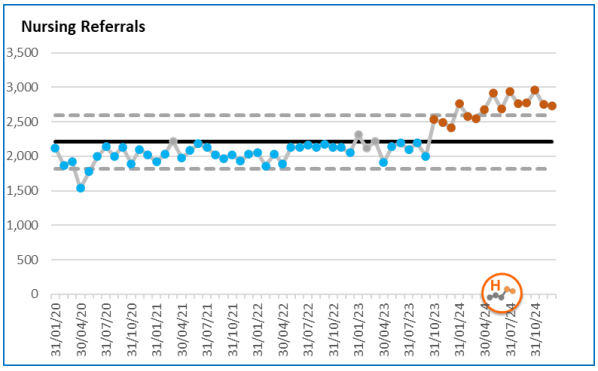


Chart 14

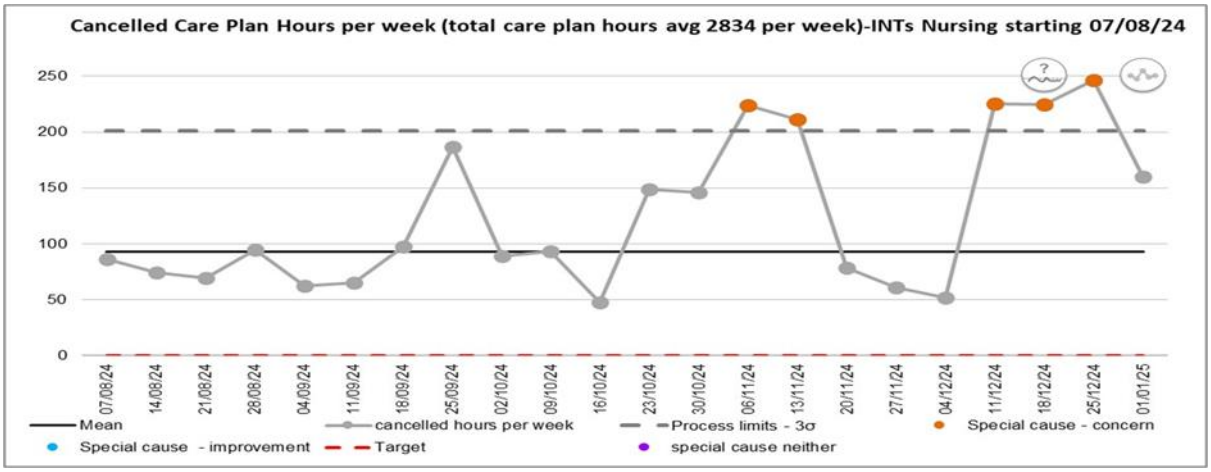


Chart 15

Actions

- The community nursing safer staffing tool (CNSST) has been re-launched in January 2025 following data validation. The trust has obtained the updated licence and will use this as part of an establishment review in the near future.
- The integrated neighbourhood teams, early intervention team and the virtual ward supporting a shared services integration project, this has resulted in an improved capacity in the virtual ward in December. There are 4 out of the 6 INTS supporting virtual ward work.

- INT teams continue to utilise the daily capacity dashboard [utilised to support any staff moves] and is reviewed on weekly basis to proactively review rosters and to manage daily capacity challenges

4. Next steps/Challenges

4.1

Nursing Resource oversight Group

The Nursing Deployment Group continue to meet monthly to review best practice methods of deploying staff and to reduce the temporary nursing spend. Interventions include the commencement of a better rostering subgroup to fully utilise eRostering modules, stringent control over agency and overtime spend and reducing high-cost temporary nursing shifts. The reduction in temporary spend is demonstrated in the chart 11 below. M9 illustrates a significant reduction in temporary spend this is likely to be driven by high levels of sickness and inability to fill bank shifts during the festive period.

Regular agency use has been all but eliminated in all areas, and sourcing high cost is managed by exception only.

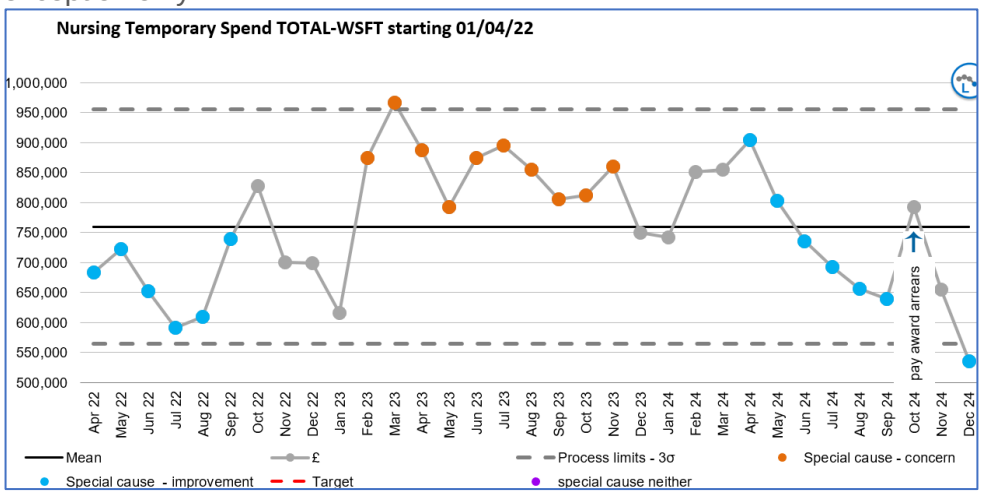


Chart 12

Nursing spend came in underbudget in M9 and is currently forecast to end this financial year under budget (table 12.) in the region of 1.4 million. While this is encouraging, continued focus on reducing run rate is required to achieve final ambitions.

Pay Category	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	FY Budget	FY Forecast	FY Variance	WTE Bgt	WTE Act	WTE Var
Substantive	8,726,854	7,976,864	749,989	78,970,103	71,339,652	7,630,450	104,385,711	95,311,556	9,074,155	2,145.52	1,951.98	193.54
Bank	21,787	523,582	-501,795	178,245	5,990,264	-5,812,019	245,795	7,603,470	-7,357,675	0.27	121.53	-121.26
Agency	16,737	11,837	4,900	150,633	424,440	-273,807	200,844	482,888	-282,044	0.01	3.90	-3.89
Grand Total	8,765,377	8,512,283	253,094	79,298,980	77,754,356	1,544,624	104,832,350	103,397,914	1,434,436	2,145.80	2,077.41	68.39

Table 12.

Additional schemes are in train to further contribute to the run rate including a review of supernumery provision (stll scoping) and the delivery of the care certifcate training, which will be in delivery in M10.

Schemes	YTD Actual	FY Forecast
Rapid pool	£ 53,900	£ 77,000
Sunday LD reduction	£ 64,165	£ 101,007
Care Certificate Training	£ -	£ 18,000
Bank shifts pay for substantive staff	£ -	£ 35,000
Reduction in registered nursing shift fill rate (in-patients, daytime)	£ 78,976	£ 197,440
Review of clinical education teams	£ 11,250	£ 22,500
Total	**£ 208,291**	**£ 450,947**

Healthcare support worker role profile review

Following engagement with local trusts and staff side support The Band 2 Healthcare support worker (HCSW) job role profile review is now complete and the final renumerations [where relevant] will be seen in M10 pay.. Individual pay journeys were calculated for those staff that had been deemed competent and performing a band 3 role/tasks. Due to the nuances of agenda for change payscales, some staff would have receieved a higher rate of pay as a Band 2 than a Band 3 from August 2021.

	When calculating individual pay jounerys, these staff would not be eligible for back pay, and this equates to approximately 42% of staff that have been through this process. The cost of renumerating staff that would have be eligible for pay arrears has been to date £232,171k this is approximately 31% of the funds that were reserved for this project. It is not anticipated than any further claims will be made. Regular communications to staff briefing, staff face book and line managers suggest that this project will close at end of finanical year. For awareness there is now a national move to review registered nursing B5 and above profiles. The deputy chief nurse has joined the regional inaugural working group to review the potential implications and to ensure that WSFT are sighted on any devlopements or information sharing. There is a desire to ensure a regional approach to this folowing learning from the inconsistent delivery of the HCSW profile reviews.
5.	**Conclusion**
5.1	Registered nurse recruitment continues positively and the trust vacancy rate for both inpatient and total nurses and midwives is consistently under 10%. Nursing assistant recruitment has remained static. Average fill rate for inpatient planned staffing is consistent at 90%, but day shifts for RNs has been below 90% for the last three months, this has been driven by escalating sickness rates that have meant that the 90% fill rate ambition was negatively overachieved. Despite reviewing the management of this in M9, which did not result in an improved rill rate, we have seen an increase in total falls, which is a key nurse sensitive indicator, often related and linked to staffing levels. While this is worthy of note and triangulation there is no escalating trend at this point. The focus on temporary spend continues and nursing and midwifery pay is on track to be underbudget at year end. There may be a risk that the underspend is affected by the responsive review of 90% CIP ambition. The removal review of our response to this ambition will be reviewed as staff seasonal sickness begins to reduce.
6.	**Recommendations**
	For the board to take assurance around the daily mitigation of nurse and midwifery staffing and oversight of nursing and midwifery establishments,

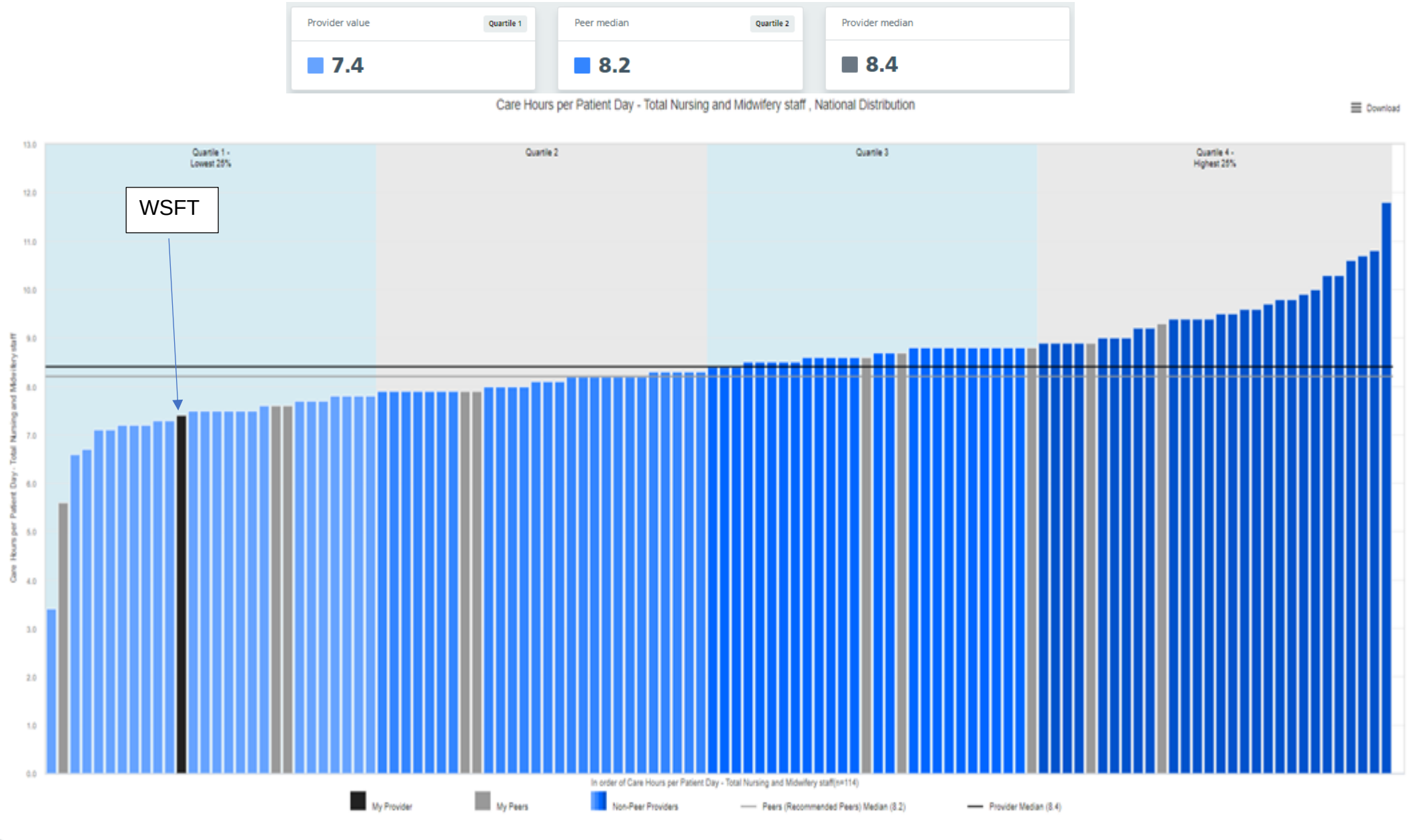
Appendix 1a. Fill rates for inpatient areas (November 2024) Data adapted from Unify submission.
RAG: Red <79%, Amber 80-89%, Green 90-100%, Purple >100

	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	RNs/RMN		Non registered (Care staff)		RNs/RMN		Non registered (Care staff)									
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average Fill rate RNs/RM %	Average fill rate Care staff %	Average Fill rate RNs/RM %	Average fill rate Care staff %	Cumulative count over the month of patients at 23:59 each	RNS/RMs	Non registered (care staff)	Overall
Rosemary Ward	1381	1248	1731	1576.5	1035	1012	1380	1352	90%	91%	98%	98%	1025	2.2	2.9	5.1
Glastonbury Court	690	691.5	1038.75	925.5	690	691	525	499.5	100%	89%	100%	95%	642	2.2	2.2	4.4
Acute Assessment Uni	2434.25	2446	1910.2	1704.7	1725	1683.5	1374.983333	1352.75	100%	89%	98%	98%	994	4.2	3.1	7.2
Cardiac Centre	1725	1498	1008.5	794	1725	1654.5	690	628.666667	87%	79%	96%	91%	836	3.8	1.7	5.5
G10	1689	1345.3333	1723.5	1573.6667	1035	989.6666667	1725	1551.5	80%	91%	96%	90%	1319	1.8	2.4	4.1
G9	1656	1456	1370.5	1224	1334	1322.5	1035	1010.5	88%	89%	99%	98%	1045	2.7	2.1	4.9
F12	552	667	330.5	224	690	632	345	277.5	121%	68%	92%	80%	356	3.6	1.4	5.1
F7	1691	1405.6667	1722	1354	1380	1193.5	1725	1415.5	83%	79%	86%	82%	1527	1.7	1.8	3.6
G1	1402.5	1081.75	341	232	690	690	345	310.5	77%	68%	100%	90%	447	4.0	1.2	5.3
G3	1679	1459.25	1709	1397	1035	1034	1380	1311	87%	82%	100%	95%	1083	2.3	2.5	4.8
G4	1737.5	1446	1716.25	1458.75	1035	851	1368.5	1459.5	83%	85%	82%	107%	150	15.3	19.5	34.8
G5	1697.5	1382.3667	1683	1366.25	1012	1009	1368.5	1294.5	81%	81%	100%	95%	210	11.4	12.7	24.2
G8	2238	1789.3333	1685	1393	1610	1548.583333	1035	1056.8	80%	83%	96%	102%	1165	2.9	2.1	5.2
F8	1536.5	1369.5833	1714.5	1434	1018.5	826.5	1368.5	1401	89%	84%	81%	102%	1009	2.2	2.8	5.0
Critical Care	2748	2302.5	147	140	2415	2282.25	0	0	84%	95%	95%	*	240	19.1	0.6	19.7
F3	1686	1461.5833	1714.5	1373.5	1035	994.25	1380	1360.5	87%	80%	96%	99%	1131	2.2	2.4	4.7
F4	921.75	776.75	690	445.75	690	591.5	586.5	360.5	84%	65%	86%	61%	233	5.9	3.5	9.7
F5	1716.5	1326.25	1371.5	1243.75	1035	998	1035	1002	77%	91%	96%	97%	550	4.2	4.1	8.3
F6	1528.5	1322.25	1680.25	1335	1035	995.5	1378	1278.5	87%	79%	96%	93%	1445	1.6	1.8	3.6
Neonatal Unit	1837	1426.75	451	538.25	1080	982.5	720	456	78%	119%	91%	63%	142	17.0	7.0	24.0
F1	1374.5	1509.75	690	806.5	1380	1368.5	0	97.0833333	110%	117%	99%	*	251	11.5	3.6	15.1
F14	355.5	370.5	360	360	720	720	0	0	104%	100%	100%	*	260	4.2	1.4	5.6
Total	34,277.00	29,782.12	26,787.95	22,900.12	25,404.50	24,070.25	20,764.98	19,475.80	**87%**	**85%**	**95%**	**94%**	**16060**	**3.4**	**2.6**	**6.1**
* planned hours are zero, so additional support used on ward to mitigate unfilled nursing hours																

Appendix 1b. Fill rates for inpatient areas (Dec 2024) Data adapted from Unify submission.

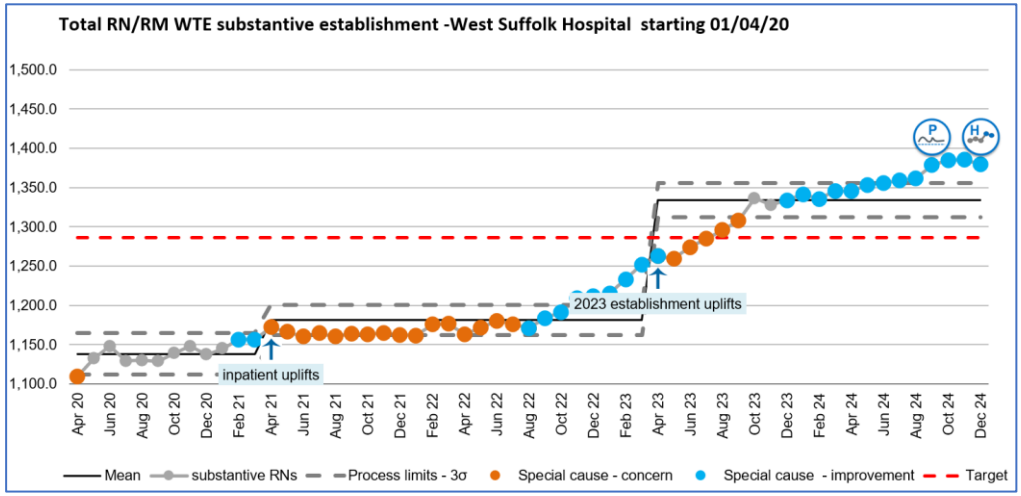
	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	RNs/RMN		Non registered (Care staff)		RNs/RMN		Non registered (Care staff)									
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average Fill rate RNs/RM %	Average fill rate Care staff %	Average Fill rate RNs/RM %	Average fill rate Care staff %	Cumulative count over the month of patients at 23:59 each day	RNS/RMs	Non registered (care staff)	Overall
Rosemary Ward	1429.5	1282.75	1769.25	1605.5	1069.5	1033.5	1424.516667	1377.5	90%	91%	97%	97%	929	2.5	3.2	5.7
Glastonbury Court	713.5	713.5	1060	1036	713	713.5	542.5	531.5	100%	98%	100%	98%	572	2.5	2.7	5.2
Acute Assessment Unit	2384.5	2316	1919.25	1777	1725	1707	1394	1370	97%	93%	99%	98%	1061	3.8	3.0	6.8
Cardiac Centre	1782.5	1581.5	1063	739.25	1782.5	1640.5	700.5	670.5	89%	70%	92%	96%	848	3.8	1.7	5.5
G10	1746	1425	1778.25	1611.1667	1069.5	990.75	1782.5	1552.5	82%	91%	93%	87%	1354	1.8	2.3	4.1
G9	1726	1527.75	1426	1218.5	1391.5	1403	1058	1057.5	89%	85%	101%	100%	1076	2.7	2.1	4.9
F12	552	659.5	356.5	321.25	701.5	549.5	356.5	291.75	119%	90%	78%	82%	370	3.3	1.7	4.9
F7	1765.5	1415	1764.5	1503	1414.5	1276.5	1764.5	1522.75	80%	85%	90%	86%	1575	1.7	1.9	3.7
G1	1451.5	1046.25	355	331	713	711.5	356.5	286.5	72%	93%	100%	80%	446	3.9	1.4	5.5
G3	1766	1470.5	1764	1540.75	1069.5	1028.5	1417	1408.25	83%	87%	96%	99%	1116	2.2	2.6	4.9
G4	1774.5	1503.5	1778	1535	1069.5	908.5	1425.5	1470.25	85%	86%	85%	103%	618	3.9	4.9	8.8
G5	1727	1405.0833	1765.5	1457.8333	1069.5	1009	1425.5	1331	81%	83%	94%	93%	217	11.1	12.9	24.2
G8	2332.5	1770.6333	1784.4833	1455.3167	1702	1684.833333	1069.5	1012	76%	82%	99%	95%	1216	2.8	2.0	5.0
F8	1782.5	1425.3333	1772.5	1430.9167	1069.5	844.75	1426	1409.25	80%	81%	79%	99%	1053	2.2	2.7	4.9
Critical Care	2857	2383.4167	97.5	98.5	2493.5	2402.833333	0	0	83%	101%	96%	*	240	19.9	0.4	20.4
F3	1736.5	1501.5	1776	1538.75	1069.5	1058	1426	1392	86%	87%	99%	98%	1164	2.2	2.5	4.8
F4	857	764	647	374.5	690	534	540.5	244.75	89%	58%	77%	45%	227	5.7	2.7	8.9
F5	1587	1401.2833	1423.5	1284	1012	966	1069.5	1059.5	88%	90%	95%	99%	623	3.8	3.8	7.6
F6	1545	1425.25	1639.5	1365	1074	1048	1415.5	1251	92%	83%	98%	88%	1485	1.7	1.8	3.6
Neonatal Unit	1866	1456	366	607.5	1116	960	744	595	78%	166%	86%	80%	184	13.1	6.5	19.7
F1	1426	1709.75	713	634.5	1426	1365.483333	0	23	120%	89%	96%	*	257	12.0	2.6	14.5
F14	367.5	394.5	372	372	744	744	0	0	107%	100%	100%	*	299	3.8	1.2	5.1
F10 (WEW)	280	188	165	136	187.5	130.5	164.5	170.5	67%	82%	70%	104%	744	0.4	0.4	0.8
Total	35,175.50	30,578.00	27,390.73	23,837.23	26,185.00	24,579.65	21,338.52	19,856.50	**87%**	**87%**	**94%**	**93%**	**17674**	**3.1**	**2.5**	**5.7**
* planned hours are zero, so additional support used on ward to mitigate unfilled nursing hours																

Appendix 2. CHPPD Model Hospital data (October data most recent accessed 17.1.25)

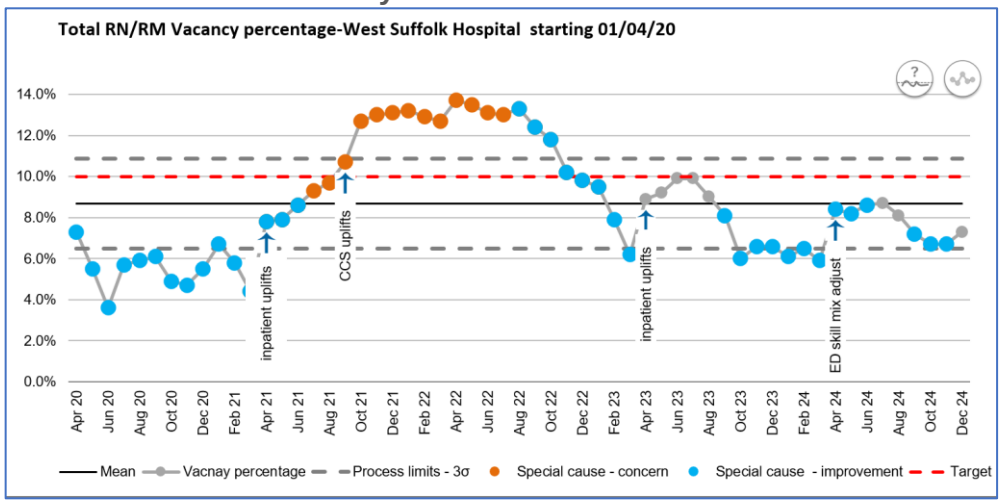


Appendix 3 WTE and Vacancy rates.

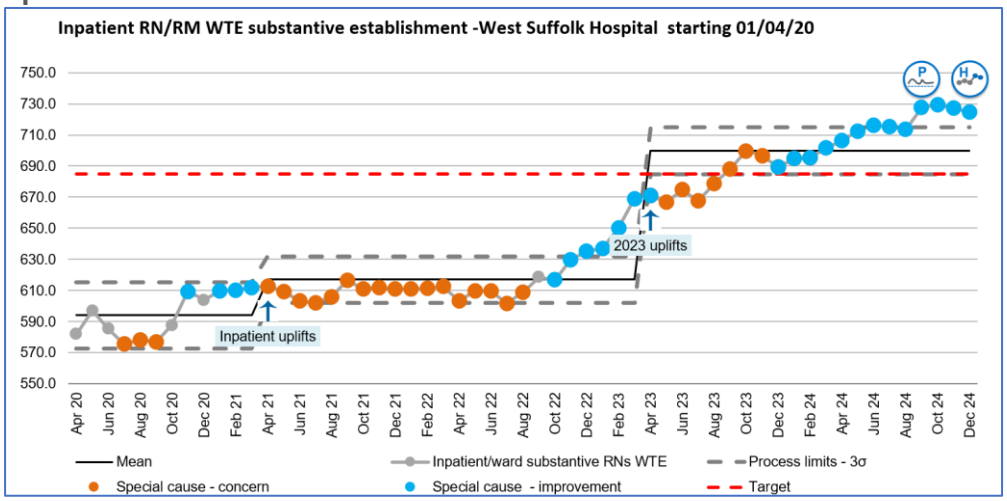
Trust Total RN/RM WTE



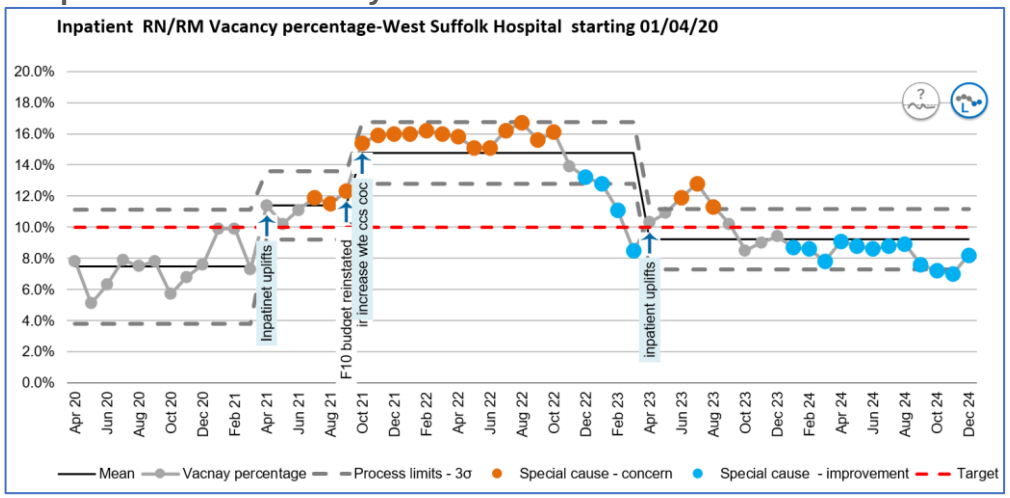
Trust Total RN/RM vacancy %



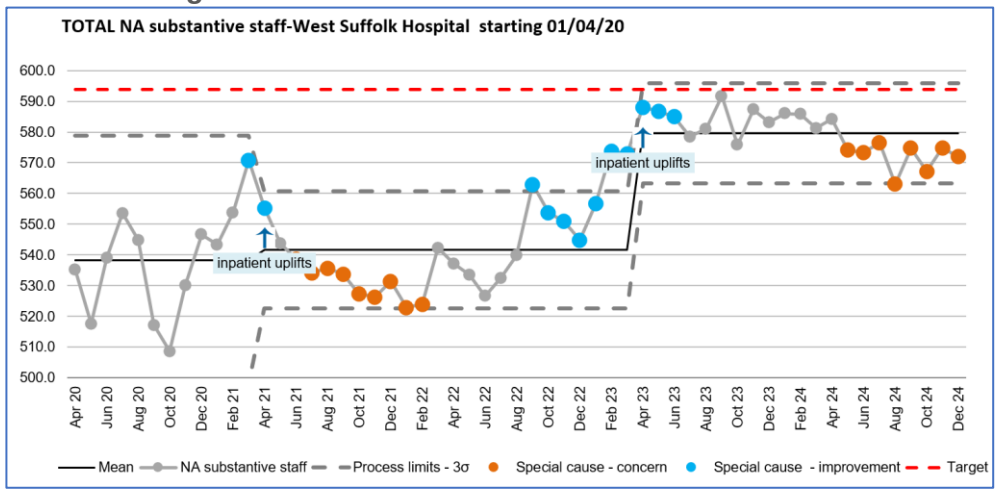
Inpatient RN/RM WTE



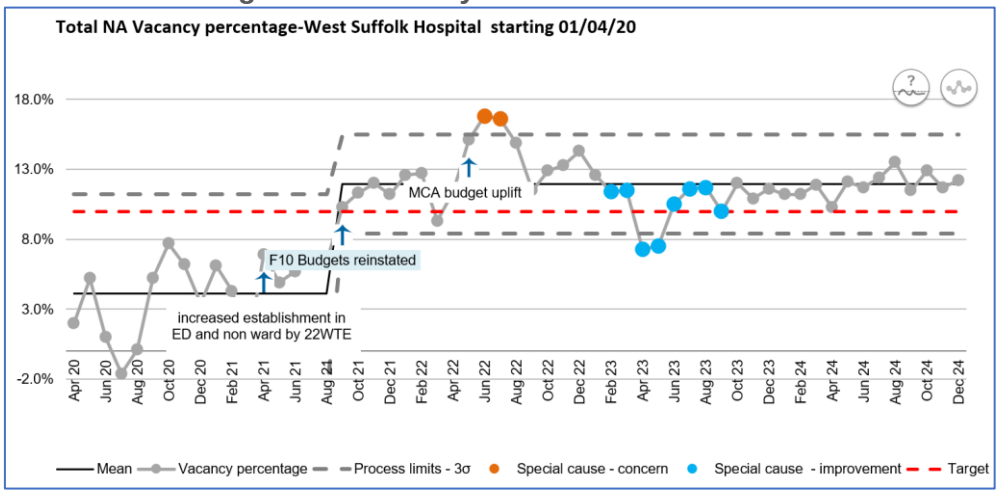
Inpatient RN/RM vacancy %



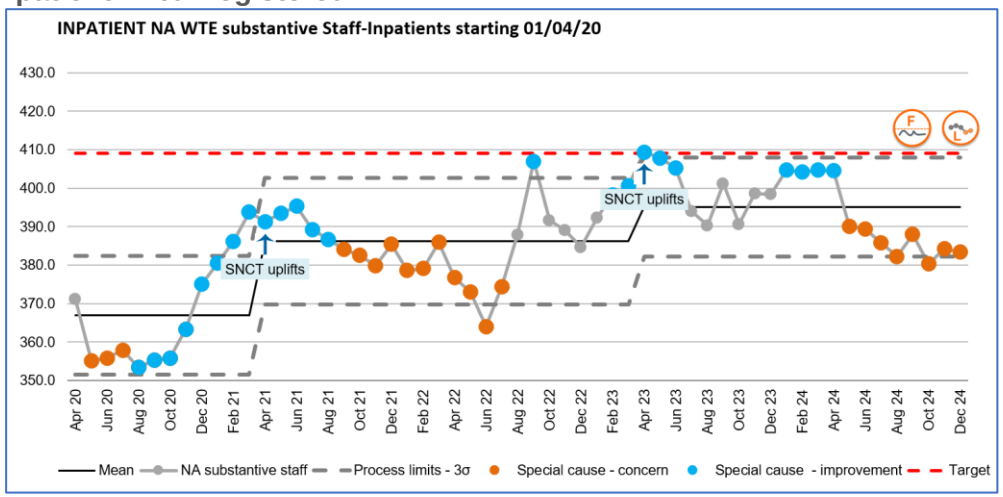
Total NA/unregistered WTE.



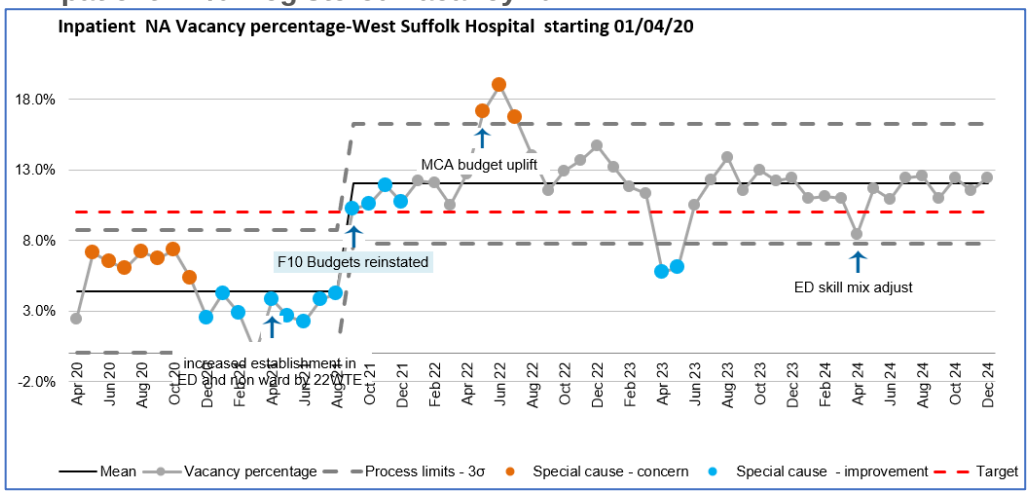
Total NA/Unregistered vacancy %



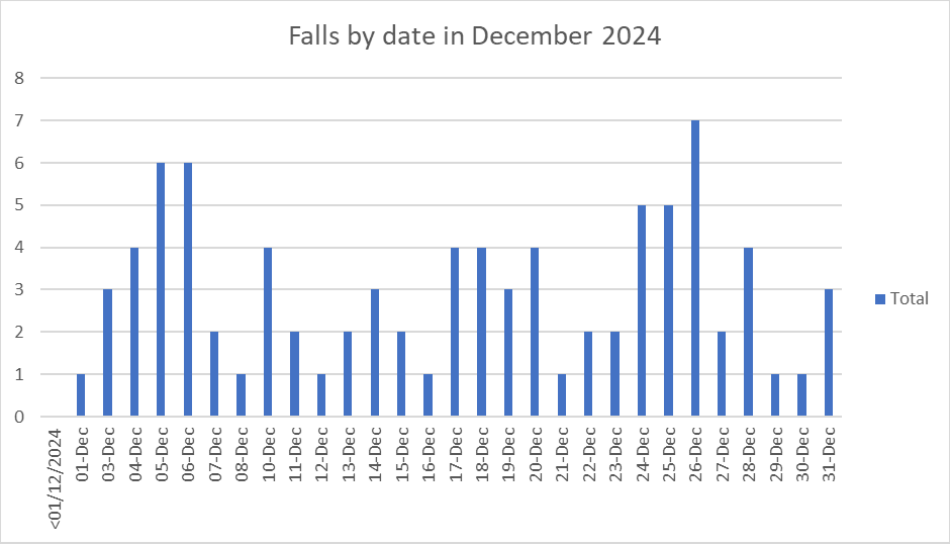
Inpatient NA/unregistered

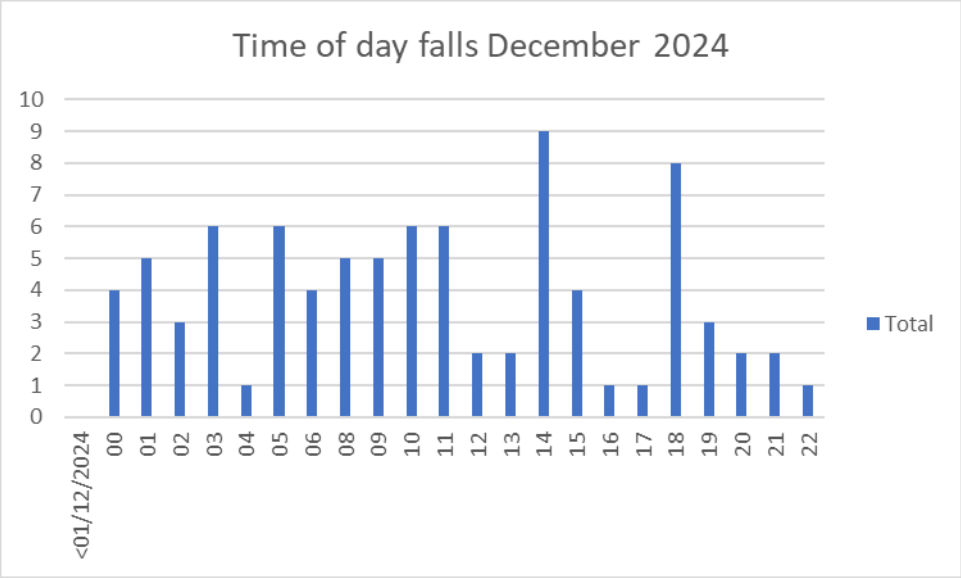


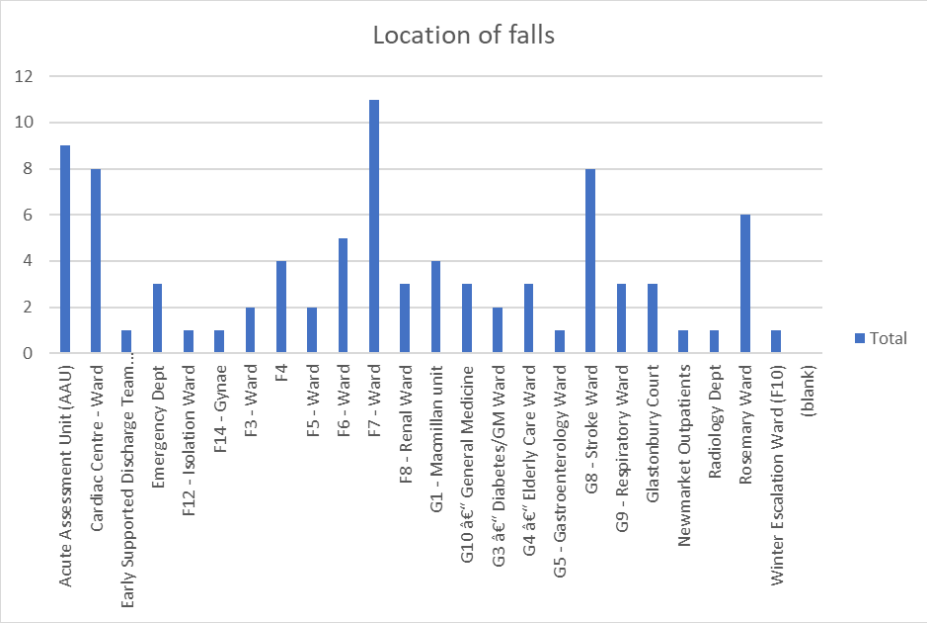
Inpatient NA/unregistered vacancy %



Appendix 4 Detail of M9 falls







Appendix 5. Red Flag Events

Maternity Services

Missed medication during an admission
Delay of more than 30 minutes in providing pain relief
Delay of 30 minutes or more between presentation and triage
Delay of 60 minutes or more between delivery and commencing suturing
Full clinical examination not carried out when presenting in labour
Delay of two hours or more between admission for IOL and commencing the IOL process
Delayed recognition/ action of abnormal observations as per MEOWS
1:1 care in established labour not provided to a woman

Acute Inpatient Services

Unplanned omission in providing patient medications.
Delay of more than 30 minutes in providing pain relief
Patient vital signs not assessed or recorded as outlined in the care plan.
Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as: • pain: asking patients to describe their level of pain level using the local pain assessment tool. • personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration. • placement: making sure that the items a patient needs are within easy reach. • positioning: making sure that the patient is comfortable, and the risk of pressure ulcers is assessed and minimised.
A shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift.
Fewer than two registered nurses present on a ward during any shift.
Unable to make home visits.

4.3. Maternity quality safety and performance Board report

For Approval

Presented by Susan Wilkinson and Karen Newbury

WSFT Board of Directors (Open)	
Report title:	Maternity quality, safety, and performance report
Agenda item:	4.3
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Sue Wilkinson, Executive Chief Nurse Richard Goodwin Medical Director & Executive Mat/Neo Safety Champion
Report prepared by:	Karen Newbury, Director of Midwifery Justyna Skonieczny Head of Midwifery

Purpose of the report			
For approval ☐	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	☒	☒	☒

Executive Summary

WHAT?

This report presents a document to enable board scrutiny of Maternity and Neonatal services and receive assurance of ongoing compliance against key quality and safety indicators and provide an update on Maternity quality & safety initiatives in line with the NHS Perinatal quality surveillance Model (Dec 2020).

This report contains:

- Maternity improvement plan
- Safety champion feedback from walkabout
- Listening to staff
- Service user feedback
- Reporting and learning from incidents
- Training compliance for all staff groups in maternity related to the core competency framework.
- Reports approved by the Improvement Committee
- Report on Trust Compliance with NHS Resolution (NHSR) Maternity Incentive Scheme (MIS) Year 6 (annex A)
- Closed Board reports;
    - Perinatal Mortality Report Q3 October-December2024
    - Maternity and Neonatal Safety Investigations (MNSI) Q3 October - December 2024

SO WHAT?

The report meets NHSE standard of perinatal surveillance by providing the Trust board a methodical review of maternity and neonatal safety and quality.

WHAT NEXT?

Action plans will be monitored and any areas of non-completion will be escalated as appropriate. Quarterly, bi-annual and annual reports will evidence the updates.

As applicable, reports will be shared with external stakeholders as required.
Action Required
For assurance and information only.

Risk and assurance:	As below
Equality, Diversity and Inclusion:	This paper has been written with due consideration to equality, diversity, and inclusion.
Sustainability:	As per individual reports
Legal and regulatory context	The information contained within this report has been obtained through due diligence.

Maternity quality, safety, and performance report

1. Detailed sections and key issues

1.1 **Maternity and Neonatal improvement plan**

The Maternity and Neonatal Improvement Board (MNIB) receives the updated Maternity improvement plan monthly. This has been created through an amalgamation of the original CQC improvement plan with the wider requirements of Ockenden, Maternity and Newborn Safety Investigations, external site visits and self-assessment against other national best practice (e.g., MBRRACE, SBLCBv3, UKOSS). In addition, the plan has captured the actions needing completion from the 60 Supportive Steps visit from NHSE and continues to be reviewed by the MNIB monthly. It has been agreed with the exit from the Maternity Safety Support Programme (MSSP) in October 2022, that NHSE regional team and ICS (Integrated Care System) will be invited to attend the MNIB monthly for additional assurance and scrutiny.

NHSE and the ICS, with the national chief midwife in attendance, undertook a 60 Supportive Steps visit in December 2023, to provide a systematic review of the Trust's maternity and neonatal service. The day's feedback was overwhelmingly positive, and the necessary steps outlined in the recommendations are being actively pursued and incorporated into the Maternity and Neonatal Quality and Safety action plan. To date, four actions are incomplete from the December 2023 visit, however significant progress has been made and the target dates should be met.

Action	Lead	Update	Start date	Target date	RAGB
Digital personalised care plans	Digital Midwife	Paper copy has been launched whilst awaiting digital build. Due to a pending system upgrade, there has been a change freeze of our digital system. This will hopefully be rectified by the end of February 25, hence revised target date.	11/12/23	~~31/01/25~~ 31/03/25	
Access to specialist diabetes training	Outpatient matron	Specialist training funded by LMNS. The course was commenced May 2024 however due to unforeseen circumstances this course	11/12/23	31/05/26	

		was postponed, due to recommence May 2025 (1year course)			
Information leaflets to be reflective of the 'Rebirth Report' (to use language approved by service users/non-blame or judgmental)	Clinical Effectiveness midwife	Rebirth language adopted by Trust. Updating of leaflets has commenced. Due to the number of leaflets and unavailability of admin support, the target date has been revised to a more achievable timeframe.	March 2024	~~31/01/25~~ 31/12/25	
Introduction of Neonatal supernumerary shift co-ordinator	Head of Midwifery	Business case approved by board. Recruitment commenced, 2.2 wte appointed and now back out to advert for the remaining posts.	11/12/23	31/03/25	

The impact of all changes is being closely monitored through various channels such as the Maternity and Neonatal Improvement Board, training trackers, dashboards, clinical auditing, and analysis of clinical outcomes for specific pathways. The Trust remains dedicated to making sustained improvements in quality and safety for women, babies, their families, and the staff working within the teams. Both NHSE and the ICS have mutually agreed that a follow-up visit will not be necessary, and have decided to transition to annual visits, with the next one scheduled for 31st January 2025.

1.2 **Safety Champion feedback**

The Board-level safety champion undertakes a monthly walkabout in the maternity and neonatal unit. Staff can raise any safety issues with the Board level champion and if there are any immediate actions that are required, the Board level champion will address these with the relevant person at the time.

Individuals or groups of staff can raise issues with the Board champion. An overview of the Walkabout content and responses is shared with all staff in the monthly governance newsletter 'Risky Business'.

Roger Petter our Non-Executive Maternity and Neonatal Safety Champion visited Gainsborough Community Midwifery Clinic, Sudbury on the 28th November 2024. The staff he spoke to, indicated good morale and job satisfaction and generally felt that there were no significant safety issues involving either staff or service users. They are a well led team and communication is good within the team, and with the hospital.

The only issue raised is that the information shared to the community midwives on discharge from the neonatal unit is not always as clear as they would like. This is largely due to data being recorded on different systems and is not a reflection of communication between the staff themselves, which is generally good. An example given is the recording of neonatal weights, which are not always detailed in the red book. This has potential implications for the care given after discharge. Otherwise, no concerns were raised. This will be shared with the Neonatal unit to look at potential solutions.

Roger visited the Antenatal Clinic (ANC) and Maternity Day Assessment Unit (MDAU) on the 17th December 2024. Roger spoke to a variety of staff, all of whom were generally happy with their situation, and the quality and organisation of the service provided. There were no concerns regarding patient safety.
Obstetric support for the MDAU has improved since the last visit and no further concerns were raised.

	The radiographers in ANC reported that there is an increase in patients being late for their scans. This affects the smooth running of the clinic, and in order to fit these patients in, other patients are kept waiting and the staff will often miss their breaks. Reminders to service users regarding this will be sent via social media. Otherwise, there was no specific feedback and no other areas that need to be addressed. In addition to this, both Board Safety Champions (executive and NED) meet with the perinatal leadership team at least bi-monthly to determine if Trust Board support is required and if so, the progress relating to this. Any escalations are captured on the Safety Champion action log and reviewed at the monthly Maternity/Neonatal Safety Champion meeting.
1.3	**Listening to Staff** The maternity and neonatal service continues to promote all staff accessing the Freedom to Speak up Guardians, Safety Champions, Professional Midwifery/Nursing Advocates, Unit Meetings and 'Safe Space'. In addition to this there are maternity and neonatal staff focus groups, and specific care assistant and support worker forum, which all provide an opportunity to listen to staff. On the back of retention data from the national and regional teams, it is recognised that the majority of midwives are leaving the profession 2-5 years after qualification. Our recruitment and retention lead has offered all band 6's a 'stay conversation' and continues to update line mangers and the senior leadership team of any themes identified so that solutions can be sought. The National Staff Satisfaction Survey results were published at the end of February 2024. The quadrumvirate are reviewing the findings and subsequent action plan, however, the focus will be on the SCORE Culture Survey results as this had a higher response rate, as well as providing in-depth information regarding our workforce, specific to roles, teams and work settings. SCORE Culture Survey is the final component of the Perinatal Culture & Leadership Programme with the aim of nurturing a positive safety culture, enabling psychologically safe working environments, and building compassionate leadership to make work a better place to be and is included in the requirements for NHS Resolutions Maternity Incentive Scheme. All staff across Women's & Children were invited to participate in the survey with a response rate of 49%. An external culture coach then met with targeted groups to gain further understanding of the survey results. This feedback has been reviewed and the following aspirations identified. 1. Develop a strong and effective communication ethos, 2. Create a strong sense of belonging for all, across the service 3. Culture is embedded and prioritised as how we do things here. The perinatal quadrumvirate and in-house culture coaches are continuing the work regarding our safety culture and aspirations.
1.4	**Service User feedback** The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give views after receiving NHS care or treatment.

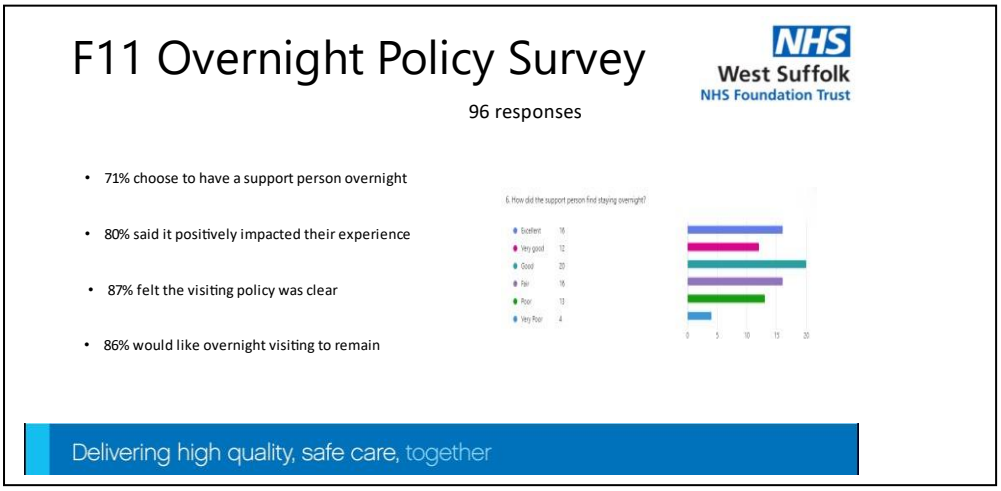
Ward/Dept	November Survey returns	% of discharged people provided feedback *	November Very good and good %	December Survey returns	December Very good and good %	% of discharged people provided feedback *
F11	35	11.1%	82.86%	24	87.5%	6%
Antenatal	24	NA	91.67%	19	100%	NA
Postnatal Community	23	NA	100%	7	85.71%	NA
Labour Suite	9	45%	88.89%	2	100%	10.5%
Birthing Unit	6	50%	100%	1	100%	16.6%
NNU	0	0%	NA	4	75%	13.3%
Transitional Care	7	NA	100%	6	100%	NA

*Target of ≥30%

Due to the low number of responses the maternity and neonatal team are working closely with the Patient Engagement team and the recently appointed Parent Education and Patient Experience Lead Midwife to increase the number of responses.

In addition to the FFT, feedback is gained via our PALS, CQC Maternity survey and Healthwatch surveys. The maternity service has also noted increased volume of feedback received via social media. To note our Maternity and Neonatal Voice Partnership (MNVP) chair has stepped down from their position at the beginning of this 2024. Since then, the MNVP has lacked both a chair and sufficient members to function effectively. The release of the Maternity and Neonatal Voices Partnership guidance in November 2023 provided our Local Maternity and Neonatal System with the opportunity to reassess and establish more sustainable services. In response, the new MNVP Lead has been appointed and commenced in their role in October 2024. The incoming MNVP Lead will be responsible for the re-establishment of the WSFT MNVP.

The CQC maternity service survey results from 2024 are now available. Although most questions performed better or about the same compared with all other trusts, there was one that was somewhat worse than expected relating to their partner being able to stay with them as long as they wanted (in hospital after birth). In April 2024 the service introduced a support person staying overnight postnatally and as questionnaire was from those who birthed in January and February 2024 this was prior the service change. 3 months after the pilot commenced a survey was undertaken to sense check the change in service with positive results.



The negative responses received were regarding the uncomfortable chairs on F11 for the support person to sit in. With the support of My Wish charity, more comfortable chairs have been provided.

The Next step is to work with our service users and MNVP to co-produce an action plan regarding the overall CQC survey results. This will be shared with the board in due course.

No compliments were shared with the patient experience team related to maternity and neonatal service in November 2024. Four compliments were shared with the patients experience team in December 2024, related to the care received on Labour Suite, Antenatal Clinic, and ward F11 at WSFT.

In November 2024, the Trust received a total of four PALS enquiry for Antenatal Clinic, Labour Suite, and ward F11 related to patient care, clinical treatment/ access to treatment and communication. In December 2024 two PALS enquiry were received related to Antenatal Clinic and Jade community team related to the appointments at Maternity Service, WSFT

In November 2024 three formal complaints were received related to patient care, communication, and values & behaviours and in December 2024, no formal complaints were received. On review of complaints received during this period the main themes were clinical treatment and patient care. Following all complaints any actions are shared with staff and annual thematic reviews will be undertaken.

1.5 **Reporting and learning from incidents**

During November and December 2024 there was 0 cases that met the referral criteria to the Maternity and Newborn Safety Investigations (MNSI).

The maternity service is represented at the Local Maternity and Neonatal System (LMNS) monthly safety forum, where incidents, reports and learning are shared across all three maternity units.

Quarterly reports are shared with the Trust Board to give an overview of any cases, with the learning and assurance that reporting standards have been met to MNSI/Early Notification Scheme and the Perinatal Mortality Reporting Tool (PMRT).

1.6 **Training compliance for all staff groups in maternity related to the core competency framework.**

Overall % Training Compliance – Monthly Accumulative Data

NOV 2024 Staff Group	Saving Babies Lives 1,2,5,6	GAP/GROW	Maternity Emergencies / PROMPT	Skills and Drills	Personalised Care	Safeguarding	Care in labour & Immediate Postnatal	Neonatal Life Support	Fetal Heart Surveillance	Newborn Feeding update
Midwives	96%	88.9%	96.47%	96.47%	87.06%	97.14%	91.12%	96.47%	96%	97.14%
MCA/MSW	NA	NA	94.29%	94.29%	NA	87.5%	84.62%	94.29%	NA	87.5%
Consultant Obstetrician	87.5%	88.4%	94.12%	94.12%	76.47%	100%	70.59%	NA	100%	NA
Obstetric Registrar	75%	75%	91.67%	91.67%	50%	100%	41.67%	NA	91%	NA
SHO/Core trainees	N/A	87.5%	100%	100%	N/A	100%	N/A	NA	NA	NA
Sonographer	NA	89.5%	NA	NA	NA	NA	NA	NA	NA	NA
Consultant Obstetric Anaesthetists	NA	NA	94.12%	94.12%	NA	NA	NA	NA	NA	NA
Obstetric Anaesthetists	NA	NA	92.4%	92.4%	NA	NA	NA	NA	NA	NA
Neonatal Consultants	NA	NA	NA	56.25%	NA		NA	100%	NA	No Data
Neonatal Nurses	NA	NA	96%	96%	NA	95%	NA	96%	NA	95%
Neonatal Doctors	NA	NA	NA	No Data	NA		NA	94.1%	NA	No Data
ANNP/PA	NA	NA	NA	No Data	NA		NA	100%	NA	No Data

The highlighted columns above are the training sessions required for the Maternity incentive scheme – 90% compliance in each staff group by the end of November 2024.

DEC 2024 Staff Group	Saving Babies Lives 1,2,5,6	GAP/GROW	Maternity Emergencies / PROMPT	Skills and Drills	Personalised Care	Safeguarding	Care in labour & Immediate Postnatal	Neonatal Life Support	Fetal Heart Surveillance	Newborn Feeding update
Midwives	98.29%	92.3%	97.02%	97.02%	95.88%	97.65%	98.82%	97.02%	96%	97.65%
MCA/MSW	NA	NA	97.3%	97.3%	NA	95.83%	92.68%	97.3%	NA	95.83%
Consultant Obstetrician	93.75%	88.3%	100%	100%	82.35%	100%	82.35%	NA	100%	NA
Obstetric Registrar	83.33%	91.67%	90.91%	90.91%	54.5%	100%	66.67%	NA	100%	NA
SHO/Core trainees	N/A	37.58%	75%	75%	N/A	100%	N/A	NA	NA	NA
Sonographer	NA	89.5%	NA	NA	NA	NA	NA	NA	NA	NA
Consultant Obstetric Anaesthetists	NA	NA	81.25%	81.25%	NA	NA	NA	NA	NA	NA
Obstetric Anaesthetists	NA	NA	93.75%	93.75%	NA	NA	NA	NA	NA	NA
Neonatal Consultants	NA	NA	NA	75%	NA	76%	NA	93.7%	NA	No Data
Neonatal Nurses	NA	NA	100%	100%	NA	92%	NA	92%	NA	92%
Neonatal Doctors	NA	NA	NA	No Data	NA	75%	NA	100%	NA	No Data
ANNP/PA	NA	NA	NA	No Data	NA	100%	NA	100%	NA	No Data

Key

COLOUR CODE	MEANING	ACTIONS
	>90%	Maintain
	80-90%	Identify non-attendance and rebook; monitor until >90% for 3 months
	<80%	Urgent review of non-attendance and rebook; monitor monthly until >90% or direct management if <90%
	Not applicable to that staff group	Review criteria for training as part of annual review
	New training for that staff group	Review compliance trajectory after 3 months

The drop in compliance from November to December for SHOs/core trainees is due to a new cohort commencing in December. The consultant obstetric anaesthetist reduction equates to one person who was required to forego the training to facilitate additional theatre lists. They will be prioritised to attend the next session. The Neonatal consultants and trainee doctors attending safeguarding equates to two people in each group, who were unable to attend the December training due to sickness. Again, they will be prioritised for the next available sessions. All other training compliance shows a steady increase.

Additional training sessions were introduced at the beginning of 2024 in response to the launch of the Six Core Competency Framework version 2, and although compliance in these areas is improving, it has not yet been graded as it has not been in place for 12 months.

Data collection regarding compliance is not yet robust, but processes have now been put into place to try and resolve this, however for some training elements this is reliant on individuals providing evidence of training compliance in their previous Trust.

2. Reports

2.1 Report on Trust Compliance with NHS Resolution (NHSR) Maternity Incentive Scheme (MIS) Year 6

Year 6 of the scheme was launched in April 2024 and the reporting period finished 30th November 2024. The nature of the ten safety actions remains largely unchanged from previous years covering ongoing reporting of and monitoring of mortality and morbidity, compliance with national frameworks, standards of care, reporting criteria and timeframes, education and training, workforce standards, involving service users in the safety and improvement work and quality and sharing of learning. Whilst there are still areas where the maternity and neonatal services can continue to develop and improve, maintenance and monitoring of standards is a key part of everyday working within the maternity and neonatal units. The Trust is expecting to be able to submit full compliance with all ten safety actions by the submission date 3rd March 2025. The Trust Board is asked to receive the report with confirmation of how compliance is met and confirm that they are assured by the Trust CEO signing the declaration document. The submission and declaration of compliance will also be confirmed by

	the Integrated Care Board/Local Maternity and Neonatal Services Chief Executive within the required timeframe.
2.2	**Reports approved by the Improvement Committee** Year 6 of the NHS Resolution Maternity Incentive Scheme was launched in April 2024 with ten key Safety Actions to be achieved and maintained by the Maternity and Neonatal Services provided by West Suffolk NHS Foundation Trust. Whilst there have been some minor changes to the safety requirements for this year in some of the Safety Actions, one of the key changes has been to the processes and pathways for Trust committee and Board oversight. This has afforded the Trust the opportunity to optimise the reporting structures and assurance processes to ensure that each report has appropriate oversight and approval during this time. Reports to provide assurance in each Safety Action can be monthly, quarterly, six-monthly, annually or as a one-off oversight report at the end of the reporting period for sign-off prior to submission. Many of the reporting processes are embedded into business as usual for the services so are continued out with the Maternity Incentive Scheme (MIS). The updated process was agreed at the Board Meeting on the 24th May 2024, whereby some reports will be presented and approved by the Board sub-committee, the Improvement Committee. The Improvement Committee will provide an overview and assurances to the Trust Board that reports have been approved and any concerns with safety and quality of care or issues that need escalating. Following reports were presented and approved at the Improvement Committee held on the 20h November 2024: • Postpartum Haemorrhage 'so what' presentation • Maternity Claims Scorecard, Incidents and Complaints Annual review – 2024 18th December 2024: • Maternity claims scorecard review – Quarter 2 24/25 • Midwifery Staffing biannual review- 1st April 2024- 30th September 2024 15h January 2025 • Neonatal Medical workforce biannual review – 1st April 2024- 30th September 2024* • Obstetric workforce biannual review–1st July 2024- 31st December 2024 • Obstetric anaesthetic workforce biannual review - 1st April 2024- 30th September 2024 *Due to an amendment being required to this paper the Improvement committee agreed that the paper could be shared with the Maternity and Neonatal Safety Champions on the 23rd January 2025 for approval.
3.	**Reports for CLOSED BOARD** Due to the level of detail required for these reports and subsequently containing possible patient identifiable information, the full reports will be shared at Closed board only.
3.1	**Perinatal mortality Report Q3 1st October – 31st December 2024** The Trust reported five baby losses to Mothers and Babies; Reducing Risk through Audit and Confidential Enquiries (MBRRACE) in this quarter. Three of these were as a result of medical termination of pregnancy due to fetal abnormalities. All cases have received bereavement support. All the timeframes for reporting to MBRRACE have been met and local and Perinatal Mortality Review Tool (PMRT) reviews are on course for completion. Two PMRT reports have been completed from previous quarters and learning has been identified and shared with the teams. The prediction, prevention and preparation for preterm birth are part of the improvement plans that are being progressed within the unit through the Saving Babies Lives care bundle version 3.
3.2	**Maternity and Neonatal Safety Investigations (MNSI) Report Q3 1st October – 31st December 2024** There have been no incidents in the Trust that meet the reporting criteria for MNSI and the NHS Resolution Early Notification Scheme (ENS) in this quarter and no completed MNSI reports. The Maternity and Neonatal services remain vigilant to identify any incidents that may need further

	external investigation and have embedded processes to review and identify learning at an early stage.
4.	**Next steps**
4.1	Reports will be shared with the external stakeholders as required. Action plans will be monitored and updated accordingly.

5. OPERATIONS, FINANCE AND CORPORATE RISK

5.1. Insight Committee Report

Presented by Antoinette Jackson and Nicola Cottington

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Insight Committee			**Date of meeting: 15 January 2025**		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
PAAG/IQPR	**Elective Recovery** The cohort of elective patients waiting 65 weeks or more is reducing, however the provisional December month end position is 109 patients over 65 weeks, and as of 8 January 2025 this stands at 118 patients, of which 90 are capacity breaches.	**3 Partial**	Elective long wait trajectories are being reforecast to deliver zero 65 week waits by the end of March 2025 at the latest. Dermatology are expected to meet this threshold by 02 March 2025, with gynaecology by 30 March 2025. The latter assumes additional theatre capacity and surgical activity of four cases per week can be delivered alongside the continuation of activity being delivered by Nuffield Health.	As a result of our elective and diagnostic performance we have been placed into 'Tier 2' nationally, with fortnightly meetings including WSFT, SNEE ICB and the NHS England East of England regional team to agree recovery actions and trajectories for the elective specialties and diagnostic modalities that are driving underperformance. Regional intervention will stay in place until the Trust reaches zero 65 week waits and stays there for a whole quarter.	3. Escalate to Board

PAAG/IQPR	**Diagnostics** Diagnostic performance against the 6-week standard is expected to be c.80% in March 2025, against the expectation of 95% compliance. Current levels of activity do not support this ambition, and although the opening of the Newmarket CDC in late 2024 will see the modelled step change increase in imaging performance delivered, delays to the DEXA service relocation, non-obstetric ultrasound and levels of endoscopy activity will need to be addressed to regain compliance.	**3 Partial**	Longer waiting times for diagnosis and treatment have a detrimental effect on patients.	As a result of our elective and diagnostic performance we have been placed into 'Tier 2' nationally, with fortnightly meetings including WSFT, SNEE ICB and the NHS England East of England regional team to agree recovery actions and trajectories for the elective specialties and diagnostic modalities that are driving underperformance.	*3.Escalate to Board*

PAAG/IQPR	**Urgent and Emergency Care** Ambulance handovers within 30 min and non-admitted 4-hour performance are not reliably hitting target, The overall four-hour performance trajectory was missed again in November with the same performance as October, 64.8% against a plan of 74%.	**3 Partial**	Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be and being nursed in escalation areas which makes for a poor patient experience.	Recovery against the 4-hour UEC trajectory needs to ensure improvement initiatives are delivering expected benefits, alongside robust daily management of performance expectations. The UEC delivery plan has been revised and is being supported the fortnightly UEC Delivery Group and weekly Emergency Department leadership meetings, reporting to the monthly West Suffolk Alliance Operational Group.	3 Escalate to Board

IQPR/PAAG	**Cancer Faster Diagnosis (FDS) Targets** Cancer Faster Diagnosis Standard performance has not consistently met the 75% target in any month of 2024/25, with a further month of consecutive decline in October, projected to continue into November though with recovery on the breast pathway being demonstrated in December.	**3 Partial**	Achieving the FDS target of 77% and a 62-day performance of 70% by March 2025 are the key objectives for cancer in 2024/25 planning. Under performance has largely been driven by activity not keeping pace with demand in the high-volume breast and skin pathways. Breast clinic activity has reduced due to radiographer shortages and fewer shifts from external bank staff The skin pathway has been impacted by increases in demand across the summer, ceasing of insourcing and sickness within the photography team for the teledermatology service provided as part of the pathway	Improving radiological support to suspected breast cancer clinics, will be a key area of focus, alongside the plan to deliver more dermatology activity for the suspected cancer pathway alongside elective long waits. It is expected that FDS performance will increase from December with one-stop breast clinics being booked within 28 days once more.	3. Escalate to Board

Reforming elective care for patients	On 06 January 2025, NHS England and the Department of Health and Social Care published the plan "Reforming elective care for patients". This plan sets out a commitment to the constitutional standard of 92% of patients waiting less than 18 weeks by March 2029, with an interim milestone of 65% by March 2026. As of 5 January 2025, WSFT's performance is 55.95%.	**For information**	The plan includes 75 actions and recommendations to be delivered by NHS England, Integrated Care Boards, primary care and providers of elective services, across four domains: • empowering patients • reforming delivery • delivering care in the right place • aligning funding, performance oversight and delivery standards.	An action plan in response to the document will be developed alongside the national operational planning guidance when this is published. This will enable Insight Committee to assess the risk to delivery and assess overall levels of assurance.	3 Escalate to Board for information

Finance Accountability Committee	**Month 9 and Financial Recovery** The financial recovery plan (FRP) forecasts a deficit of £28.5m. During December the Trust was able to recognise a significant improvement in Elective Recovery Fund (ERF) income which has resulted in a £1.5m improvement in the year-to-date position. The in-month position is a run rate deficit of £0.5m which includes adjustments to ERF year to date of c £1.3m. The underlying deficit in December is £1.8m. The trust is £91k better than the anticipated FRP trajectory in month, on an underlying basis The combined efficiency schemes were planned to deliver £10.2m YTD with actual delivery of £13.5m YTD, a favourable variance of £3.3m YTD. The cash position remains critical and the Trust has put in an application for a further £15.5m of revenue (deficit) support for quarter 4.	**2 Reasonable**	The Trust is optimistic that it will exceed its 'likely case' outturn position as presented in the FRP and are now forecasting a deficit of £26.5m. This revised forecast remains challenging and has some risks. However, the focus remains on ensuring that the exit monthly run rate for the year is in line with the original plan at £1.3m deficit per month. This exit rate for 24/25 is important in determining the start position for the 25/26 plan. The FRP aims to improve our recurring run rate as we plan for 25-26 and therefore all recurring savings made in 24-25 will help ensure a robust plan to improve our financial position for 25-26.	Work continues on the development of the Financial Recovery Plan for 2025/26 An update on progress will be reported to the January 2025 Board meeting.	3.Escalate to Board

Control Total reset	Following a review conducted jointly by the ICB and Regional finance teams, SNEE ICB wrote to the chief executive with a proposal to formally re-set WSFT's 2024/25 control total to £26.5m for the year, from the original £15.3m plan. The letter also outlined a number of further mitigations or conditions to the offer which the board were asked to accept in order to reach agreement on the re-set. Because of timing issues in relation to the ICB's meetings Insight Committee was making a decision on behalf of the Board and the meeting was attended by the Chair and some other members of the Board for this item.	**2 Reasonable**	Given the improved performance in month 9 described above the Committee agreed that the Trust should accept the proposals as outlined, and agreed a draft response to be sent from the CEO to the ICB. The key components were to accept a control total of £26.5 m for 24/25 and to aim to exit 2024/25 at a run rate deficit of £1.3m per month. This was caveated by the current financial uncertainty nationally about the future of ERF funding. The Board could not commit to final targets for 25/26 until further information on operational planning guidance is available and the 25/26 budget can be considered by the Board.	The Chief Executive has written to the ICB with the Committee's decision, and they will consider the response at their next Board meeting.	3. Escalate to Board for information

Deep Dive Environmental Sustainability	The Committee received a presentation on the work the Trust was undertaking on Environmental Sustainability. The NHS produces around 20 million tonnes of carbon a year (5.4% of the UK's total carbon emissions). There are two targets the NHS much achieve: For the emissions it can control, the NHS must reach net zero by 2040, with the ambition to reach an 80% reduction by 2028-2033 For the emissions it can only influence, the NHS must reach net zero by 2045, with an ambition to reach an 85% reduction by 2036-2039 (both from a 1990 baseline). As an NHS Trust we must support these targets, and we demonstrate our commitment to them through our Green Plan.	**1 Substantial**	The Trusts current Green Plan runs from 2021-2025. There are 9 key focus areas: Workforce and System Leadership • Sustainable Models of Care •Digital Transformation • Travel and Transport • Estates and Facilities • Medicines • Supply chain and Procurement • Food and Nutrition • Adaptation Progress has been made in many areas with the most recent example being the Community diagnostic centre in Newmarket, which saved 238 tonnes of carbon in the construction. Photo-voltaic and heat pump technologies are contributing to 45% of the building energy requirements and 100% of electricity is from renewable electricity supply.	The Green Plan will be updated during 2025. The Committee noted that there had been limited focus on this work at Board and Assurance Committees. In future the Sustainability Net Zero Steering Group (SNZSG) will be reporting into Insight twice a year. The Group is responsible for the delivery of plans designed to achieve the Net Zero target for the NHS and addressing any gaps; and acts in an advisory capacity to the wider organisation.	

BAF Risk 7	The committee considered an updated version of BAF risk 7 which deals with financial sustainability and BAF risk 2 which relates to organisational capacity Success in managing this risk is also linked to other risks on the risk register including those relating to capability and transformation.	**3. Partial**	There is still work to be done to finalise risks scores and mitigating actions and currently both risks are higher than the Board's risk appetite.	A further report to Board is needed on the updated risk and mitigations so the Board can consider this and its associated risk appetite. There is also a need to consider how we report and consider the interdependency between risks. Some mitigating actions are being reported elsewhere, when another assurance committee owns that particular risk. This makes it harder to understand what assurance is in place. The Trust Secretary will give further thought to how we best report these interdependencies.	3. Escalate to Board

Internal Audit Update	The Committee considered items on the Internal audit plan which were relevant to the Committee's remit. One new report has been issued on Key Financial Controls - Creditors Review. This had been given reasonable assurance.	**2. Reasonable**	The Head of Internal audit's opinion for 23-24 stated that "The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance, and internal control to ensure that it remains adequate and effective." The Internal Audit Plan provides some external assurance for the Insight Committee on those issues where internal audits have been undertaken.	The Committee noted that much progress had been made on business continuity planning, but escalated to the Audit Committee the number of outstanding actions that still existed in relation to business continuity plans.	3. Escalate to the Audit Committee

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	**Further consideration…**
What?	**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!

Deepening **understanding** of the evidence and ensuring its **validity**		
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 November 2024**		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:** **SO WHAT?** *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
IQPR/PAGG	**Glemsford Surgery** The Committee had previously expressed concern about the lack of data on Glemsford performance. Data is now available via the ICB, showing that 77.9% of appointments are within the headline 2-week standard 40.36% are within 48 hours.	**2 Reasonable**	There has been limited data available previously to measure performance	It will now be possible to track performance	1. no escalation

Originating Committee: Insight Committee			Date of meeting: 20 November 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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PAAG/IQPR	**Urgent and Emergency Care** No indicators are on target except Urgent Community 2 hour response, and most indictors have got worse. 4-hour performance October 24 forecast 64.8% against trajectory of 73%. (compared to 67.7% in September) 12-hour waits have increased since August as a % of attendances – 9.2% against a target of 2% Ambulance handovers within 30 mins at 79.7% against target of 95%. This decreased from last month, but remains one of the top regional performers.	4 Minimal	Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be and being nursed in escalation areas which makes for a poor patient experience. The Minor Emergency Care Unit opened on 14 October 2024 but it is too early to see the impact of this. There is variation in non-admitted performance day to day and overnight.	The West Suffolk Alliance Operational Group (UEC) agreed the WSFT UEC Delivery Group plan being revised to focus on 3-4 actions with the most significant impact to regain progress against the 4-hour trajectory. This will include looking at the underlying cause of variations in performance. The current focus for Early Intervention Team is on supporting the Emergency Department and building the team's resilience	3 Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20 November 2024		
Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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	Acute patients not meeting criteria to reside at 11.3% against target of 10%, however discharge delays remain low (average time to discharge is consistently less than 1 day). Urgent Community Response 2-hour performance increased to 95.4% and the target is consistently met, however activity has reached capacity.				

Originating Committee: Insight Committee			Date of meeting: 20 November 2024		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
IQPR/PAAG	**Cancer Faster Diagnosis (FDS) Targets** Cancer FDS performance decreased further in August (reporting is one month in arrears) – driven by breast and skin pathways not delivering sufficient activity to meet demand. Additional radiologist cover for breast clinics was approved however uptake of sessions has been low.	**4 Minimal**	Achieving the FDS target of 77% and a 62-day performance of 70% by March 2025 are the key objectives for cancer in 2024/25 planning.	Skin activity will be planned alongside elective activity, with a system wide pathway review meeting being held in early December – focussed on teledermatology image taking and straight to surgery pathways. FDS performance is predicted to decrease further in September and October given the high volume and proportion of breast and skin pathways.	3. Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 20 November 2024		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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	Elective The deadline to meet zero patients waiting 65 weeks at the end of September was missed by 192 patients, with largest cohorts in orthopaedics and gynaecology. 72 patients in Gynaecology and 62 in dermatology require treatment plans and this will require delivering additional activity either in-house or externally The volume of patients over 78 weeks has reduced this month. The total waiting list remains high, but has stabilised, and does not appear to be continuing to rise.	**3 Partial**	There is a lack of external assurance for these services. Delivering the objective of no patients waiting over 65 weeks by September 2024 is the central focus of 2024/25 planning, – 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.	Orthopaedics are planning to meet the revised deadline of 22 December, supported by additional ESEOC activity from November. Gynaecology will expand elective inpatient activity through weekend lists, with the potential for further increase should the inpatient bed base be reconfigured as part of ESEOC backfill. Skin activity will be planned alongside elective activity, with a system wide pathway review meeting being held in early December – focussed on teledermatology image taking and straight to surgery pathways.	

Originating Committee: Insight Committee			Date of meeting: 20 November 2024		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
			SO WHAT? *Describe the value* of the evidence and what it means for the Trust, including importance, impact and/or risk*	**WHAT NEXT?** *Describe action to be taken (tactical/strategic) and how this will be followed-up (evidence impact of action)*	**Escalation:** 1. No escalation 2. To other assurance committee / SLT **3.** Escalate to Board
	Diagnostics September performance was 65.03%, with an October forecast of 57.05%. All services except urodynamics and cardiology are currently underperforming. Current March 2025 compliance is predicted to be around 80.0% against the performance expectation of 95.0%.	**4. Minimal**	Delayed diagnosis impacts on patient treatments. There is a lack of external assurance for these services. Following the latest review of national tiering of providers, WSFT have been placed into Tier 2 for elective and diagnostic performance. This will require fortnightly meetings with the NHSE regional team to develop and agree a targeted action plan for recovery	Imaging services will see step change increase in performance when Community Diagnostic Centre activity begins at the end of 2024. Additional activity is required in endoscopy and DEXA to regain progress against 95% target. However, this will represent a cost pressure. Endoscopy will not benefit from the CDC and DEXA (bone density scanning) is impacted by delays to bring the service back in house following cessation of external provider provision. Recovery plans will be developed with the NHSE regional team.	3. Escalate to Board

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Deep Dive **Health inequalities in Elective Access**	WSFT data has been reviewed via the SNEE ICB's 'Strategic Programmes Elective and Diagnostic Committee'. To date this has demonstrated that there is no statistically significant difference in either deprivation or ethnicity data. In more recent data, there had looked to be a difference in the ethnicity data, however further analysis of the waiting list suggested this was due to the very small numbers of patients in minority ethnic groups. There are 15% of patients on the list where ethnicity is not recorded and this needs addressing to give fuller assurance. It was noted that Equality Impact Assessments (EQIAs) should be completed as part of Trust decision making.	**2. Reasonable**	Inclusivity and fairness are core values for the Trust. By taking a comprehensive and inclusive approach, the Trust can significantly reduce health disparities and improve patient outcomes.	Ethnicity, deprivation, age and gender are already agreed metrics that the Trust needs to measure and report. These will be reported through the IQPR going forward. Involvement Committee is due to receive a report on EQIAs. Agreed to escalate to the committee Insight's concern about how the Trust monitors the effectiveness of these. Action will be taken to improve the accuracy of data to provide assurance and enable improvements to be targeted appropriately. There continues to be an ongoing focus on capturing ethnicity at the point of care.	2. Escalate to Involvement Cttee

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Finance Accountability Group	In October the Trust was £18.9m in deficit against a planned deficit of £11m. This results in an adverse variance of £7.9m YTD. The October figures include the net cost of pay awards partially offset by increased Elective Recovery Fund income. The recurring run rate in October was around £100k better than in September and would have been £250k better without the pay award issue. This reduction in run rate is largely as a result in a drop in staffing numbers (73.5 WTEs in total during October). In October, the Board agreed a financial mitigation Recovery plan, which outlined a best-case outturn	**3 Partial**	WSFT's deficit impacts on the rest of SNEE ICB system partners. Some of the financial control measures put in place as part of the FRP are beginning to show a financial impact but some of this is slower than anticipated. Considerable risk remains, and the impact of junior doctor pay awards could worsen the position in month 8. The Committee discussed the need to maintain pace in the current year to ensure the Trust entered 25/26 in a good place. The importance of the 25/26 Budget plans and the need to consider options and choices was stressed.	The Quality Improvement panel evaluates budget proposals. The Committee asked for more information about the risks and impacts of approved schemes to help assurance. The budget plans for 25/26 will be discussed at the Board in November and January.	3 Escalate to Board

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Chaired by: Antoinette Jackson			Lead Executive Director: Nicola Cottington/Jonathan Rowell		
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	position of £25.5m, and a likely case of £28.5m. In month 7, the trust is £0.7m better than the anticipated FRP trajectory. For ease of monitoring and reporting the efficiencies from the revised CIP and FRP programmes have been combined. The combined schemes were planned to deliver £5.6m YTD (£19.8m full year), with actual delivery of £6.6m YTD, a favourable variance of £1.0m YTD. As the Trust continues to report a deficit, the cash position continues to deteriorate. To date, the Trust has received £9m in revenue (deficit) support across quarters 1 and 2 and £2.1m in working capital revenue				

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	support in quarter 3. The Trust originally asked for £17m of revenue support for quarter 3 and to date has only received £2.1m of this request.				

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Capital Programme	The original Capital Plan for 2024/25 was £44m. £11.99m will be internally funded, with the remaining £32m being funded by Public Dividend Capital (PDC). Further PDC of £7.4m has been awarded for the New Hospital Programme since the original Capital Plan was set along with £1.1m for a CT Scanner at Newmarket Community Diagnostic Centre. Because of the Trust's financial deficit the capital programme has been reviewed and schemes worth £1.4m have been removed from the 24/25 programme and reprofiled into 25/26.	**3. Partial**	Removing a number of capital schemes in the last half of 2024/25 and putting them into 2025/26 does not cause operational risk to the Trust. The Estates and Facilities Team have prioritised statutory compliance. The Digital Team have prioritised core Infrastructure and Cyber Security However simply moving the schemes back, causes an over commitment of £5.12m as the starting point for the 25/26 programme. This is unsustainable, so all schemes will need to be rigorously reviewed as part of 25/26 capital planning.	Capital panning for 2025/26 will begin in December.	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

Originating Committee: Insight Committee			Date of meeting: 18 December 2024		
Chaired by: Antoinette Jackson			**Lead Executive Director: Nicola Cottington/Jonathan Rowell**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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PAAG/IQPR	**Elective Recovery** The cohort of elective patients waiting 65 weeks or more is reducing. As of the week ending 6th December, Orthopaedics were 63 patients ahead of trajectory, supported by ESEOC activity. Gynaecology had an unmitigated position of 43 (reduced from 72) patients, and dermatology 34 (reduced from 62).	**3 Partial**	Even with additional activity in gynaecology and dermatology the deadline of zero patients by 22 December 2024 is at risk. The forecast is dermatology to achieve target by February 25 and gynaecology by the end of March 25.	Tier two meetings have been held with NHS East of England to discuss the mitigations plans for 65 week waits and diagnostics and a recovery plan is in place. The ICB representative present at the Insight meeting noted the good working between the Trust and the ICB on these issues. Regional intervention will stay in place until the Trust reaches zero 65 week waits and stays there for a whole quarter.	3. Escalate to Board

Originating Committee: Insight Committee			Date of meeting: 18 December 2024		
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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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PAAG/IQPR	**Diagnostics** November performance is forecast as 55.73% which is lower than October performance, All modalities except cardiology are currently underperforming. March 2025 compliance is predicted to be around 80.0% against the performance expectation of 95.0%.	**3 Partial**	Imaging modalities will see a step change increase in performance when Community Diagnostic Centre (CDC) activity commences by the end of 2024 To achieve the performance target additional activity is required in endoscopy (which will not benefit from the CDC), DEXA (which has impacted by delays to bring the service back in house following cessation of external provider provision) and non-obstetric ultrasound. These will cause costs pressures which will need to be evaluated and approved by WSFT and SNEE ICB as part of the financial double lock arrangement.	Diagnostic performance is included in regional Tier 2 meetings. There are no specific exit criteria for diagnostics, elective performance will determine the removal of intervention from region (see above).	3.Escalate to Board

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PAAG/IQPR	**Urgent and Emergency Care** Ambulance handovers within 30 min and non-admitted 4-hour performance are still not reliably hitting target. Ambulance handovers within 30 mins reduced to 65% against target of 95%. 4-hour performance dropped below the Trusts in-month trajectory of 73% to 64.7%. 12-hour waits have increased to 10.9% in October against a target of 2% and this remains an area of concern. Acute patients not meeting criteria to reside at 11.3% against target of 10%, however discharge delays remain low (average time to discharge is consistently less than 1 day).	3 Partial	Not meeting urgent and emergency standards means some patients are waiting longer in the Emergency Department than they should be and being nursed in escalation areas which makes for a poor patient experience.	The Committee considered the detailed recovery plan agreed with the West Suffolk Alliance Operational Group. The plan focuses on actions with the most significant impact to regain progress against the 4-hour trajectory. 4-hour performance is heavily correlated to both ambulance handover and 12-hour performance, indicating that actions focused on 4-hour will enable delivery of all three.	3 Escalate to Board

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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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	Urgent Community Response 2-hour performance increased to 95.4% and the target is consistently met, however activity has reached capacity.				

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IQPR/PAAG	**Cancer Faster Diagnosis (FDS) Targets** Cancer FDS performance decreased further in October (reporting one month in arrears) – driven by breast and skin pathways not delivering sufficient activity to meet demand. Additional radiologist cover for breast clinics approved by the Management Executive Group (MEG) means appointment times are now less than 28 days.	**3 Partial**	Achieving the FDS target of 77% and a 62-day performance of 70% by March 2025 are the key objectives for cancer in 2024/25 planning.	Additional skin activity to reduce backlogs and meet demand will be planned alongside elective activity, with a system wide pathway review meeting being held in early December – focussed on teledermatology image taking and straight to surgery pathways. FDS performance is predicted to decrease further in October given the high volume and proportion of breast and skin pathways but should begin to improve in November.	3. Escalate to Board

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Finance Accountability Committee	**Month 8 -** the Trust was £2m ahead of its revised savings plan for the year, and ahead of its Financial Recovery plan (FRP) trajectory. Workforce savings are being demonstrated with the trust having 92 fewer whole time equivalent (WTE) staff in November than in April. YTD capital spend is behind plan, mainly due delayed expenditure on RAAC projects, Newmarket CDC and general estates projects. There is likely to be a underspend by year end of £1m. The Trust's cash position remains critical and the committee approved an application for a further £15.5m of revenue (deficit) support for quarter 4.	**2 Reasonable**	There is increasing confidence of the Trust achieving its 'likely case' outturn position of £28.5m, and work continues to seek to reduce the deficit further	Work continues on the development of the Financial Recovery Plan – see below. An update on progress will be reported to the January 2025 Board meeting	3.Esclate to Board

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	Financial Recovery 2025/26 Detailed recovery programmes are being developed to ensure a focus on 25/26 recovery. These are being developed across three themes: Productivity; Workforce; and Estates, Corporate and Non-Pay. Each workstream will have an identified target supported by detailed workstreams. Progress is being made on the corporate review with a phased approach in place. Areas with the largest benchmarked opportunity (IT, Finance) being targeted for implementation by April 2025. Remaining areas are targeted for October 2025.	**3. Partial**	It will be critical to the recovery that these programmes start as early as possible to ensure we see the full year effect of them.	The remaining PA commissioned support is now focusing on assisting the delivery of these workstreams, and the development of further, smaller, workstreams. Further information will be reported to the Board in January which will give greater understanding of Levels of assurance for FRP delivery.	3. Escalate to Board

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BAF Risk 7	The committee considered an updated version of BAF risk 7 which deals with financial sustainability. Success in managing this risk is also linked to other risks on the risk register including those relating to capacity and transformation.	**3. Partial**	There is still work to be done to finalise risks scores and mitigating actions and currently the risk is higher than the Board risk appetite for this risk which is cautious.	A further report to Board is needed on the updated risk and mitigations so the Board can consider this and its associated risk appetite.	3. Escalate to Board

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Estates and Facilities Deep dive	The Committee had requested a deep dive into the benchmarking data for the Estates and Facilities service and where future quality efficiency measures should be focused. It was clear that the way data is collected nationally has some inconsistencies in reporting so some measures were less reliable than others.		The data highlighted that the Trust should review portering and domestic services, the latter is complete, and the former will be complete shortly. Interventions are in-place to support cost reduction in Linen and Laundry although the delay to the introduction of new scrubs has impacted on progress in this area.	Work will continue with ESNEFT to compare approaches and to identify opportunities for joint working. This will include a workshop to compare definitions and data collection to ensure good practice and consistency. An action plan will be developed to tackle further opportunities for efficiency and cost reduction. Chris Todd will make contact with the national team to discuss the underlying discrepancies in the data and what can be done to improve the validity of the data set for accurate benchmarking.	1. No escalation

Guidance notes

The practice of scrutiny and assurance

	Questions regarding quality of evidence…	**Further consideration…**
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6. PEOPLE, CULTURE AND ORGANISATIONAL DEVLEOPMENT

6.1. Involvement Committee Report - Chair's Key Issues from the meeting

To Assure

Presented by Tracy Dowling and Jeremy Over

WSFT Board of Directors (Open)	
Report title:	**People, culture and organisational development**
Agenda item:	6
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Tracy Dowling, Chair of Involvement Committee Jeremy Over, Director of Workforce and communication
Report prepared by:	Tracy Dowling, Non-Executive Director (CKI report) Jeremy Over, Director of Workforce and communication (PYF) Jane Sharland, Freedom to Speak up Guardian (FSUP report)

Purpose of the report:			
For approval ☐	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
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 following:

- Involvement Committee report – Chair's key issues from the meetings **(Annex 1)**
- Freedom to Speak Up Report Q3 **(Annex 2)**
- Putting you first awards **(Annex 3)**

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 Board in maintaining oversight of key activities and developments relating to People, culture and organisational development.

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

The Board of directors is asked to note the content of report.

Previously considered by:	N/A
Risk and assurance:	Research demonstrates that staff that feel more supported will provide better, higher quality and safer care for our patients.

	Risk of failure to ensure the Trust has the capability and skills to deliver the highest quality, safe and effective services that provide the best possible outcomes and experience (Inc developing our current and future staff) Risk of failure to ensure the Trust can effectively support, protect and improve the health, wellbeing and safety of our staff.
Equality, diversity and inclusion:	A core purpose of our 'First for Staff' strategic priority is to build a culture of inclusion.
Sustainability:	Our role as an anchor employer, and staff retention.
Legal and regulatory context:	Certain themes within the scope of this report may relate to legislation such as the Equality Act, and regulations such as freedom to speak up / protected disclosures.

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Involvement Committee			Date of meeting: December 18th 2024		
Chaired by: Tracy Dowling – 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
5.1	Feedback from Governors regarding line management, performance management and appraisal	2. Reasonable	• The Committee was asked to consider the feedback as it underwent the business of the meeting	• Director of Workforce to discuss any outstanding concerns with staff governors at their regular informal forum	1. No escalation
6.1	People and Culture Group	3. Partial	• The November meeting was cancelled due to poor attendance, with urgent items from this meeting escalated to this committee.	• Director of Workforce to attend the Senior Operational Forum to discuss way forward with ADOs	1. No escalation
6.2	Experience of Care and Engagement Committee	2. Reasonable	• Feedback received from VOICE network and experience of care committee • Issue raised from Insight Committee regarding oversight of EIAs and QIAs	• Deputy Director of Workforce, OD and Learning in process of reviewing EIA process and will consider how we align review of QIA and EIA	1. No escalation but for follow up at next meeting
7.1	**First for Staff** Pulse staff survey results 2021-2024	2. Reasonable	• WSFT has consistently achieved better results than peer trusts and good response rates	• Continue to undertake Pulse survey and review with annual survey – especially and ward / department level	1. No escalation

Originating Committee: Involvement Committee			Date of meeting: December 18th 2024		
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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
			• Current measures regarding financial recovery are impacting on scores and a reduction in staff scores is anticipated from the annual staff survey	• Consider how communication and engagement of staff with recovery programme can be enhanced	
7.2	Sexual Safety in the Workplace	2. Reasonable	• The extent of reporting issues of unwanted sexual behaviours nationally and at WSFT was shared • The NHS ENGLAND Charter for Sexual Safety in Healthcare was presented • The areas of development in the action plan were shared	• Progress with developing and implementing the action plan to be presented to the April meeting of the Involvement Committee	1. No escalation
7.3	Staff Wellbeing Workplan	2. Reasonable	• The priorities in the current plan were approved	• Agreed to review progress and to review areas of priority again in a further 6 months.	1. No escalation
9.1	**First for Patients** Publication and maintenance of Patient Information leaflets	2. Reasonable	• The agreed process for development and maintenance of patient information leaflets was presented	• Suggestion to link to quality indicator work for assurance.	1. No escalation

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	Latest CQC survey results a) UEC b) Maternity Services	2. Reasonable	• For UEC - WSFT scored amongst the highest in the region in most areas. • For maternity again scores were for the most part better than average.	• Areas of improvement are being worked through including communicating with patients when there are long waits • There is an improvement plan in place even for areas where we have scored highly; the only area of concern is delays on the day of discharge.	1. No escalation
9.3	Adult in-patient establishment review	1. Substantial	• The biannual review has been completed for 17 ward areas. There are no areas of concerns regarding staffing levels being low, with 2 areas reviewing whether their staffing is high	• Continue to undertake biannual review of adult inpatient establishments in line with national guidance • Align required resource levels with 25-6 budget setting	1. No escalation
10.1	IQPR extract for Involvement Committee	2. Reasonable	• Good sustained performance on workforce metrics and patient experience indicators in spite of operational challenges	• Continue to focus improvement on appraisal participation rates which are just below target levels	1. 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.

6.1.1. WSFT FTSUG report Q3 2024-2025 (Jane Sharland)

Presented by Jeremy Over

Freedom to Speak Up: Guardian's Report Q3. 2024 – 2025. October, November, December 2024.

Speak Up Month

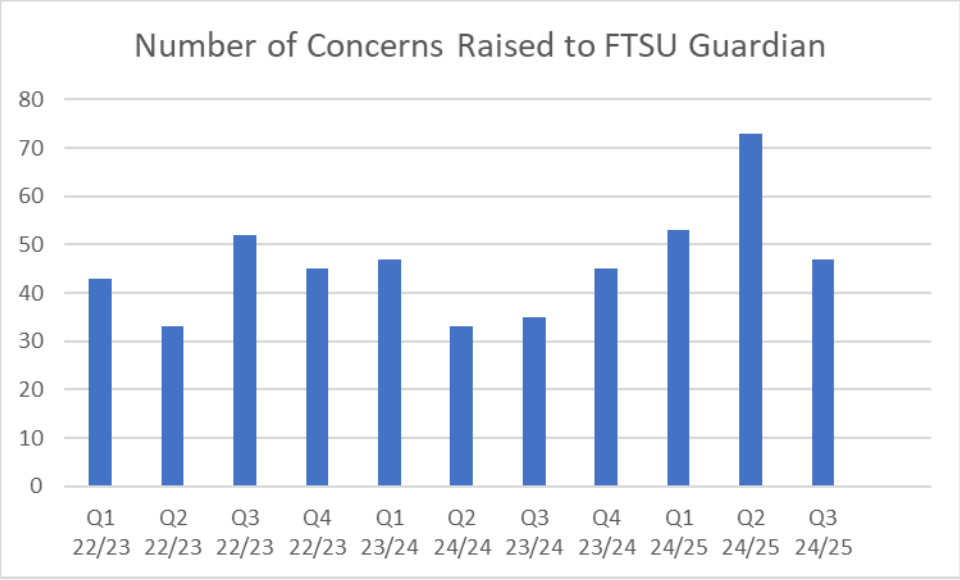
Each year in October the National Guardian's Office (NGO) support organisations to celebrate 'Speak Up Month', as an opportunity to raise awareness of Freedom to Speak Up (FTSU). In 2024 the theme was 'Listen Up', focusing on the power of listening. Confidence to speak up comes from knowing that that if you do, you will be listened to and that appropriate action will be taken.

Activities during Speak up Month included a stand in Time Out with promotional material and the Guardian and Champions available to chat to, an information stand at the Palliative Care Conference, a Guardian presentation at the October All Staff Update, articles in Green Sheet to raise awareness and signpost staff to resources and channels for speaking up and encourage staff to participate in 'Wear Green Wednesday' to promote FTSU.

Data Sent to National Guardian's Office

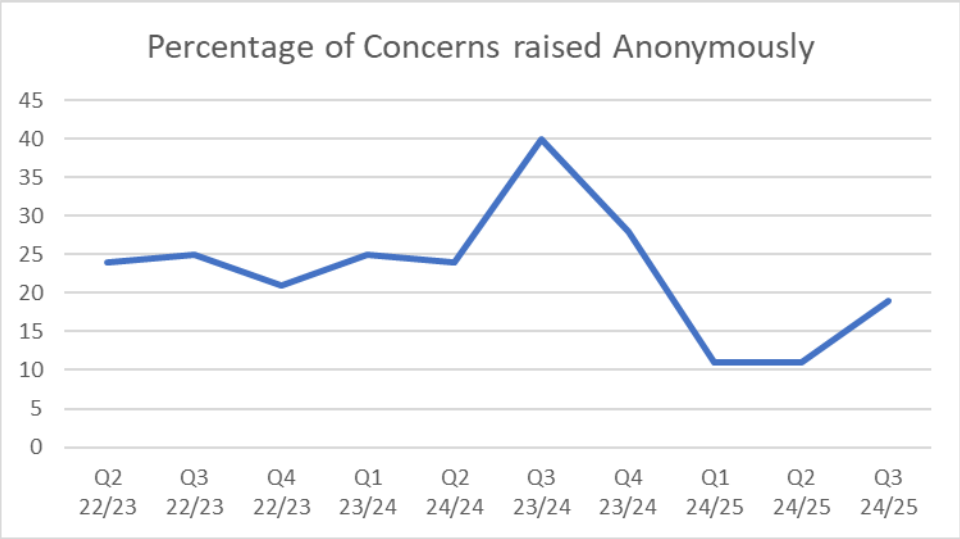
FTSU Guardian's for each organisation are required to submit data around the concerns raised to them each quarter. (NGO Guidance, 2024). This is to inform the NGO's understanding of the implementation and utilisation of the Guardian role and the themes and trends in speaking up. It is also felt that observing that the guardian actively submits data may increase workers confidence in the effectiveness of the guardian route and potentially increase confidence in choosing to speak up.

The number of concerns raised with the Guardian in Quarter 3 was 47. This is a return to the previous levels (following a spike last quarter due to concerns around reducing the staff psychology support provision).



Anonymous Reporting

Whilst it is important to have an option for anonymous reporting, the NGO acknowledges in its report the challenges for organisations in investigating anonymous cases due to limited information and the difficulty in providing feedback. The percentage of anonymous concerns is an indicator for how confident staff feel to speak up. In Quarter 3, there were 9 anonymous reports, with a percentage increase to 19%, from 11% previous quarter.



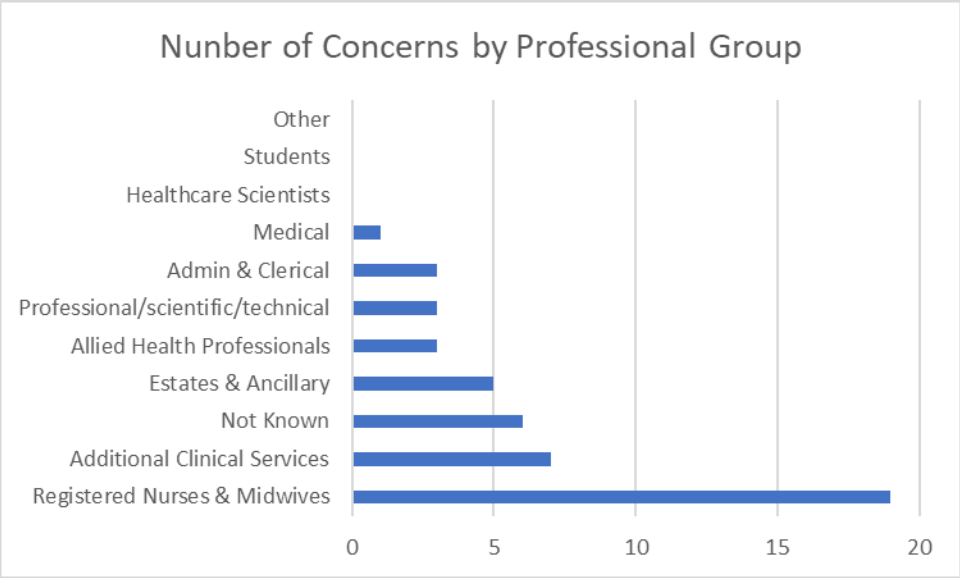
Anonymous reporting themes

The themes from anonymous reporting this quarter included concerns over finance restrictions and consequent vacancies, and again concerns over the communication some staff had experienced from managers, including rudeness and incivility. There were two anonymous concerns raised around perceived unfairness in allocation of shifts over the holiday period. These anonymous reports are taken seriously and each one was investigated as far as possible.

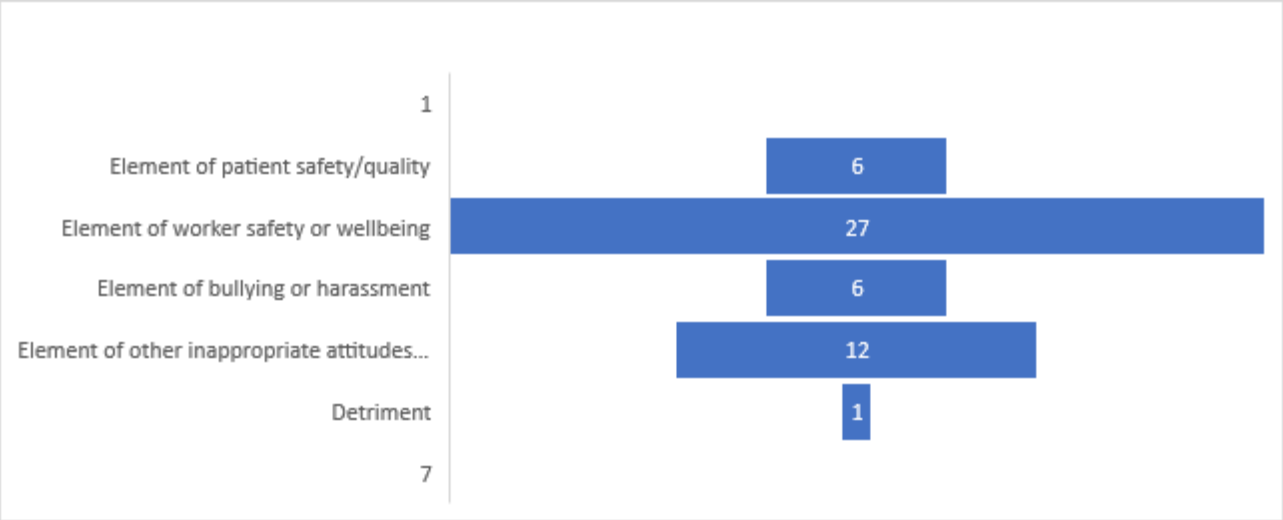
The Guardian, working with the Trust's Speak Up champions, continues to tackle barriers to speaking up and to assure staff that detriment to those who do speak up will not be tolerated in the Trust. The Guardian is also working closely with the wellbeing team to understand barriers to speaking up highlighted in their work, and how to provide appropriate re-assurance.

Who is speaking up?

Looking at the worker groups who have used FTSU service, the largest group raising concerns was again nurses and midwives,(40%) as might be expected as nursing and midwifery make up the largest proportion of staff.
The most notable change from previous quarters is that the percentage of unregistered support staff (recorded under Additional Clinical Services) raising concerns, increased last quarter, and has remained steady at 14% (13% last quarter).



What were people speaking up about?



Many cases involve an element of staff safety or wellbeing. Patient safety concerns comprised 6 percent of concerns raised, mainly around staffing levels. The national figure is 19%. Each of these cases has been investigated and addressed individually. The Trust has a patient safety team and robust systems in place where most patient safety concerns are reported.

Themes from Q3. 2024/2025, with learning and actions

Every Freedom to Speak Up concern is dealt with on an individual basis and raised with the appropriate senior leader**.** However, the Trust continues to address broad themes raised via FTSU, and accepts the information gained as a gift to support future learning and development to help support improvements across the organisation.

Theme: Impact of current financial constraints on the organisation, staff and services, both clinical and non-clinical, especially around vacancies being held, repair of equipment and reduction in housekeeping services. Individual concerns have been escalated to the appropriate approval panel for their consideration.

Learning and Action: As some vacancies are still requiring to be held this is impacting staff wellbeing. The importance of communicating reasoning and progress in an effective and transparent way has been recognised. Staff have welcomed the regular information updates at the All Staff Update, including clear information on progress against targets.

Theme: Issues with incivility and poor working relationships continues to be a theme, including behaviours in meetings.

Learning and Action: A focus continues to be maintained on building and maintaining professional relationships and civility. The importance of civility, and the Trust value of 'respect' needs to be reiterated throughout all levels of leadership. The importance of meetings being a psychologically safe place where everyone feels safe to raise concerns or make suggestions is recognised.
Two departments in the Trust are currently planning to undertake Professional Behaviours workshops, delivered by the GMC and NMC with a focus on professionalism and civility to improve safety and wellbeing in the workplace.
The Trust's Values Based Line Management Standards Framework and the incorporation of Civility Saves Lives training into the Human Factors programme continue to support this work around behaviours.
There is recognition that ongoing stress and pressures, both personal and professional, may exacerbate the issues with incivility. The Trust has launched an Employee Assistance Programme (EAP) to provide confidential and impartial wellbeing support for all colleagues, 24/7.
Emma Taylor, organisational development manager for health and wellbeing, said: "Supporting the health and wellbeing of all our colleagues is a top priority, and this new service is a valuable addition to the resources we already offer. Vivup provides practical tools and tailored support to help you navigate challenges both in and out of work."

Theme: Bullying. The percentage of concerns where an element of bullying is mentioned has remained at 12%, compared with the national average of 20%.

Learning and Action: The Trust's Respect for others - West Suffolk NHS Intranet policy states: 'As part of its commitment to equality and diversity, West Suffolk NHS Foundation Trust is committed to promoting and ensuring a working environment where colleagues are treated with courtesy and respect and wants to support a working environment and culture in which bullying and harassment is unacceptable'. However, bullying is still a concern for some of our colleagues.

Staff feeling able to speak up about bullying is an important step to address it. As we know from the NHS staff survey, it is likely that cases of bullying go unreported. This is an area where the ongoing work to psychological safety to report incidents is especially important.

Each case reported has been investigated and addressed, and those speaking up about it have been offered support.

Theme: Environment. Lack of provision of gender neutral toilets and changing facilities.

Learning and Action: Capital project is planned to provide some specifically gender neutral toilets. Currently all disabled toilets are gender neutral and information on their location has been shared as requested.

Theme: Discharge planning, including communication issues between acute and community divisions. Poor feedback to community teams following RADAR reports concerning discharge incidents.

Learning and Action: Importance of feedback to staff raising incidents. Concerns were escalated and as a result work is underway to formulate a system for incidents relating to discharge to be fed back routinely. There will be a review of the discharge checklist and other communication systems between discharge planning team and community teams around Pathway 1 discharges.

Feedback on the Freedom to Speak Up Process

Following closure of each FTSU case, the person speaking up is sent an evaluation form to report their experience of the process. The themes emerging from the FTSU process evaluation indicated once again that it was a positive experience being able to talk to an independent and impartial person

The figures below show a summary of evaluations received in Q3.

- Three responses were received to the FTSU feedback survey for Quarter 3. 2 respondents said they would speak up again. One respondent said maybe, and none said no.
- Free text comments and other feedback received verbally and via email was generally positive. Feedback taken from the form and email responses include:

Thank you for listening and exploring options. Although the feedback was not what I was hoping it has given me a clearer picture of where to go from here.

I really appreciate your help and moving things forward, especially the replies from RADAR's.

I feel listened to for the first time and that my concerns were escalated to the right person.

Whilst the communications from FTSU were excellent I feel the issue has not been resolved and I would expect the person involved to act the same way again.

The Guardian and FTSU champions are working to improve the culture of speaking up throughout WSFT. Our actions are categorised under eight key areas aligned with the National Guardian's Office guidance for leaders and managers.
(New actions in bold)

Principle 1: Value Speaking Up:

For a speaking-up culture to develop across the organisation, a commitment must come from the top.

What's going well:

- Ongoing support from Board and SLT for Freedom to Speak Up
- Non-executive director for FTSU attended champion training.

Next Steps:

- **Non-executive director for FTSU to review FTSU contribution to the Trust's welcome session for new members of staff., by February 2025. Programme in place for an executive to attend each FTSU champion training and refresher training.**

Principle 2: Senior leaders are role models of effective speaking up and set a health Freedom to Speak Up Culture

What's going well:

- FTSU non-executive director in post.
- CEO supporting the role of FTSU Guardian and promoting Speaking Up culture in staff briefing and public communications.
- NED and Exec walkabouts to ask colleagues for opinions, and feedback on improvements which could be made.
- Regular meetings established between FTSU NED and Guardian.

Next steps : FTSU message to be re-iterated by exec attending Trust's welcome session - ongoing

Principle 3: Ensure workers throughout the organisation have the capability, knowledge, and skills they need to speak up themselves and feel safe and encouraged to do so.

What's going well:

- FTSU continues to be promoted throughout the Trust. Training sessions by FTSU Guardian for preceptorship, new starter Welcome and student training programmes.
- FTSU guardian visiting wards and departments, including community teams, increasing awareness of FTSU and encouraging recruitment of champions as widely as possible.
- 'Speak Up' and Listen Up' mandatory training is promoted, and we have high numbers of staff completing this (94% and 91% respectively)
- Focus on inclusion and reaching those who may be less likely to speak up - Champion Gap analysis completed and active recruitment undertaken in areas lacking champions.
- All staff meeting FTSU Guardian at Welcome Session.
- FTSU Communication Plan has been developed by Guardian with support of Communications Team. . FTSU COMMS PLAN 2024 - FINAL.docx
-
- **Many managers are promoting Speaking up and supporting their staff to Speak up; e.g. Guardian recently received very warm welcomes and offers to visit their team, eg by Procurement, Facilities and Sterile Services teams.**

- **Working with Wellbeing and EDI leads to develop governance structure for all champions, by March 2025**

Next steps:

- FTSU Guardian to continue to visit wards and departments including community sites
- Ongoing development of FSTU champion network
- Culture continues to improve to enable psychological safety in all teams. It is hoped this will be achieved through continued FTSU training and promotion, and work undertaken around values and behaviours. FTSU Guardian to work with OD Manager – Health & Wellbeing, to consolidate psychological safety training and ensure appropriate governance around champions.

Principle 4: Respond to Speaking Up; when someone speaks up they are thanked, listened to and given feedback.

What's going well:

- Increased promotion regarding Trust's stance on protecting staff who speak up and a zero-tolerance approach to detriment. Focus on psychological safety in welcome session.
- Individuals are thanked for speaking up, and told they are they are helping to identify areas of learning and improvement
- Champions offer valuable support by listening to colleagues, especially during times of pressure
- All leaders complete 'Listen Up' mandatory training, which stresses the importance of thanking colleagues for speaking up.
- Leadership programmes are now in place which will support listening skills and promotion of Speaking Up culture as business as usual.

Next steps:

- Senior Leaders to complete 'Follow Up' training.

Principle 5: Information provided by speaking up is used to learn and improve

What's going well:

- Where possible and obvious, swift action is taken to address concerns, to learn and improve.
- Regular meetings set up to share and explore themes identified with patient safety team and PALS to support organisational learning.

Next steps:

- Continue to work closely with HR business partners, department leads and executive to ensure concerns are shared and used for learning and improvement.

Principle 6: Appointment and support of Freedom to Speak Up Guardian
Aim to support Guardian to fulfil their role in a way that meets worker's needs and NGO requirements.

What's going well:

- Full-time dedicated FTSU Guardian in post, registered with NGO and training complete.
- On-going support from Guardian Mentors and Community of Practice

Next Steps:

- FTSU Guardian enrolled on Coaching Professional apprenticeship. Starts January2025

Principle 7: Barriers to speaking up are identified and tackled

What's going well:

- Regular and ongoing face to face sessions for speak up training.
- Inclusion training session offered for FTSU champions.
- EDI data collection form has been created by Guardian and OD Manager – EDI, and is now established as part of the FTSU process.
- **EDI gap analysis has completed for champion network. EDI Survey sent to FTSU champions with a view to identify and address any gaps. There were 38 responses out of 55 champions. Results of this have been discussed with the Trusts EDI lead and plans in place to increase diversity within the champion team. EDI review to be repeated Spring 2025**

Next Steps:

- FTSU champion to continue to work closely with newly appointed EDI lead to ensure barriers to speaking up are identified and overcome
- FTSU Guardian to cover further out of hours shifts to ensure equal visibility to OOH staff.

Principle 8: Speaking up policies and processes are effective and constantly improved. Freedom To Speak Up is consistent throughout the health and care system

What's going well:

- FTSU policy , in line with NGO guidance, adopted and adapted to suit WSFT easily available online on the Trust's intranet, Freedom to Speak Up section.
- FTSU Guardian working closely with NGO and local area FTSU Guardian network to ensure adherence with national policies and processes.
- Working with Communications and Information Governance Team, Website and Intranet information on FTSU has been updated to reflect current contacts.

Next Steps:

- FTSU Guardian with NED to undertake FTSU reflection and planning tool to ensure ongoing adherence with National policies and processes – this has begun by Guardian and NED working together. **Review February 2025**
- NGO are undertaking a review of Guardian job description. WSFT will review and adopt changes as appropriate. July 2025

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References:

NGO, February 2024, Recording Cases and Reporting Data (nationalguardian.org.uk)

WSFT, September 2024 Values-based Manager and Leader Behaviour Framework - West Suffolk NHS Intranet)

6.1.2. PYF awards Jan25 (Carol Steed)

Presented by Jeremy Over

NHS
West Suffolk
NHS Foundation Trust

Putting You First awards

December / January 2024/5 winners

Board of Directors: 31 January 2025

Putting you first

Kirsty Millard, INT coordinator, Haverhill
Nominated by Natalie Readings, team manager

Kirsty is the pride of the Haverhill Community INT team. She is an invaluable resource not only for the Haverhill Locality but for the Suffolk Alliance partners. The INT and MDT meetings which Kirsty leads have high engagement with optimum multidisciplinary interventions resulting in effective and responsive personalised patient care. Kirsty's work has reduced patient admittance to hospital, with them receiving continued MDT care in their own home, resulting in a quicker care pathway resolution. In addition, due to Kirsty's enthusiasm in her role, community service networking has been enhanced. She has been a key stakeholder in developing Haverhill's local marketplace event - stalls manned by local voluntary, social and health resources - for the public and professionals to attend. Thank you, Kirsty for not only supporting Haverhill Locality but also working hard to ensure each patient receives the best care the Trust can provide.

Lisa Hagger, clerical officer, clinical coding
Nominated by Joanna Hood, clinical coding audit manager

Lisa is the backbone of the Coding Team. In addition to her role of entering thousands of outpatient coding forms, vital to the Trust's finance she also supports the team in many ways. Lisa learns all the specialty systems used by the Inpatient Clinical Coders and then supports us with them despite not using them in her role. She is also our inhouse technology support with emails, Word and ESR. She looks after the Team wellbeing alongside the Coding Team Manager by organising social events, meals and sorting our supplies of tea, coffee and snacks! It is her cheerful personality that sticks out. Nothing ever seems too much for her. Every Team should have a Lisa.

7. GOVERNANCE

7.1. Audit Committee report

For Report

Presented by Michael Parsons and Jonathan Rowell

NHS West Suffolk NHS Foundation Trust

Board assurance committee - Committee Key Issues (CKI) report

Originating Committee: Audit Committee			**Date of meeting: 10 December 2024**		
Chaired by: Michael Parsons			**Lead Executive Director: Jonathan Rowell**		
Agenda item	**WHAT?** *Summary of issue, including evaluation of the validity the data**	**Level of Assurance*** 1. Substantial 2. Reasonable 3. Partial **4.** Minimal	**For 'Partial' or 'Minimal' level of assurance complete the following:**		
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Progress report on Internal Audit plan 2024/25 (RSM)	Update on delivery of internal audit plan and implementation of recommendations.	Reasonable	The Committee considered two final reports that had been issued, both with positive opinions: Data Security & Protection Toolkit and DBS Checklist. The Committee agreed to vary the audit plan to defer (to later in the year) the divisional governance structure audit, and to bring forward the consultant job planning process audit. The Committee also reviewed progress with implementation of recommendations.	Welcomed ongoing reduction in outstanding audit actions, although requires continuing focus by management to address the overdue actions.	2 -> Management Executive

Originating Committee: Audit Committee			Date of meeting: 10 December 2024		
Chaired by: Michael Parsons			**Lead Executive Director: Jonathan Rowell**		
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5.4	Preparations for new public procurement regulations	Substantial	Considered a report on WSFT's readiness for the introduction of the new public procurement regulations in February 2025. Stressed importance of strengthening contract management and improved forward planning.	Noted delay in Government issuing all the necessary templates and launching the digital platform. An early audit would be welcomed to review arrangements after the first few tenders under the new regs.	Chief Opersintg Officer to follow up on IT contracts.
6	Progress report on Internal Audit (IA) and Counter Fraud activity (CF) undertaken by RSM	Reasonable	The Committee considered recent audit reports and approved minor changes to the 24/25 audit plan and agreed a revised protocol (which sets out expectations and timelines for responding to IA). Stressed importance of engaging and agreeing scopes for audits well in advance. Discussed the coverage of financial controls (including	Noted concern that many audits were now delayed to the back end of the financial year and the importance of keeping to timelines to ensure the majority of the audit plan was completed.	Exec requested to respond promptly to remaining audits planned for the year – and to continue progress on clearing recommendations from previous audits.

Originating Committee: Audit Committee			Date of meeting: 10 December 2024		
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			financial strategy, budgeting, workforce controls, and contract management) in recent audit plans. Given WSFT's financial position, agreed that these areas were a priority focus for the 25/26 audit plan. Discussed activity during Fraud Awareness month. Considered revisions for the Anti-Fraud Policy but asked for content on cyber fraud to be reviewed before approval at a future meeting.		Chief Operating Officer to review cyber fraud content with RSM.
7	External Audit	Substantial	External audit plan approved.		No escalation
8	Charitable Funds Annual Report & Accounts (ARA)	Substantial	CF ARA approved.		No escalation.

Originating Committee: Audit Committee			Date of meeting: 10 December 2024		
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AOB	Contractual arrangements for Internal Audit / Counter Fraud and External Audit	Substantial	Noted CoG had approved award of external audit contract to EY and a contract was being drawn up. Noted Director of Finance was reviewing the required number of internal audit days, before finalising the extension of the IA contract.	Update to next meeting.	No escalation

**See guidance notes for more detail*

West Suffolk NHS Foundation Trust

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.

7.2. Charitable Funds CKI report

To Assure

Presented by Jeremy Over

Committee Key Issues (CKI) report

Originating Committee: Charitable Funds Committee			Date of meeting: 3 December 2024		
Chaired by: Michael Parsons (on behalf of Richard Flatman)			**Lead Executive Director: Jeremy Over**		
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, 6, 7 + AOB	Audit Report, Letter of Representation (LoR), and Annual Report & Accounts (ARA)	Substantial	Audit work mostly complete – no issues and unqualified report anticipated. LoR and ARA approved. Also discussed extension / renewal of external audit contract.	Annual Report commended for bringing to life so well the inspiring and valued work of the charity. Agreed to undertake some benchmarking before decision on renewal or retendering of external audit contract – for consideration at next meeting.	No escalation
8	Investment Report	Substantial	Confirmed that CCLA (investment managers) should be invited to a future meeting for the Committee to gain assurance that the investment strategy remained appropriate.	March 2025 agenda item – to include consideration of setting long-term target return for investments.	No escalation
9	Fundraising Report	Substantial	Noted excellent summary of recent fundraising activity, legacies notified, and upcoming priorities.	Expansion of activity around legacies over the last few years was particularly impressive.	No escalation

Originating Committee: Charitable Funds Committee			Date of meeting: 3 December 2024		
Chaired by: Michael Parsons (on behalf of Richard Flatman)			**Lead Executive Director: Jeremy Over**		
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
9	Family cancer therapies "pod"	Substantial	Considered a request to support provision of a "pod" near the MacMillan Unit.	Agreed to approve in principle and to allocate a ceiling amount – subject to Exec colleagues working through the detail and addressing the issues raised in discussion. Update at next meeting.	No escalation
10	Robot Appeal	Substantial	Noted Director of Finances had reviewed business case and was content. Agreed to proceed with appeal.	Fundraising!	No escalation
AOB	Sue Smith was retiring as Head of Fundraising and was thanked most sincerely and wholeheartedly for everything she has done for the Charity and WSFT.			A new Head of Fundraising has been appointed to start in February 2025.	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?

7.3. Board Assurance Framework

For Approval

Presented by Richard Jones

WSFT Board of Directors (Open)	
Report title:	**Board Assurance Framework**
Agenda item:	7.3
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Richard Jones, Trust Secretary
Report prepared by:	Mike Dixon, Head of Health, Safety and Risk

Purpose of the report:			
For approval ☒	**For assurance** ☐	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
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 provides an update on development of the board assurance framework (BAF). The BAF remains structured around the agreed **10 strategic risks:**

1. Capability and skills
2. Capacity
3. Collaboration
4. Continuous improvement & Innovation
5. Digital
6. Estates
7. Finance
8. Governance
9. Patient Engagement
10. Staff Wellbeing

The assessment of each BAF risk continues to be developed in line with the approach approved at by Board, including review by the agreed governance group and Board assurance committee.

Annex A of this report **maps movement for each of the BAF risk** according to the risk score for 'current' (with existing controls in place) and 'future' (with identified additional controls in place).

All of the BAF risk assessments have been reviewed and updated. The Management Executive Group (MEG) now undertake scheduled reviews of the individual risks within the BAF, this supports reporting into the Board assurance committees.

The following **summarises changes since the last report**:

- **BAF 1 Capability and Skills** – reviewed and updated by the Executive Director of Workforce and Communications and presented to MEG in January
- **BAF 2 Capacity** – reviewed and updated by the Chief Operating Officer and presented to MEG in December and the Insight Committee in January.
- **BAF 5 Digital** – reviewed and updated by the Chief Operating Officer and presented to the Digital Board in January
- **BAF 7 Finance** – reviewed and updated by the Finance Director and presented to MEG and Insight in January. This review is ongoing to reflect the current risk and assurance ratings
- **BAF 8 Governance** – reviewed and updated by the Executive Chief Nurse and presented to MEG in December and the Improvement Committee in January
- **BAF 10 Staff Wellbeing** – reviewed and updated by the Executive Director of Workforce and Communications and presented to MEG in January

Based on the current assessments **four risks will achieve the risk appetite** rating approved by the Board based on the identified additional mitigations and future risk score (Annex B). This position will form part of the review and challenge by the relevant assurance committee of the Board for all of the risks – testing the risk rating, additional controls and risk appetite.

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

The Board assurance framework 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.

Failure to effectively identify and manage strategic risks through the BAF places the strategic objectives at risk. It is critical that the Board can maintain oversight of the strategic risks through the BAF and track progress and delivery.

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

To continue with the review and update of the strategic risks within the BAF including:

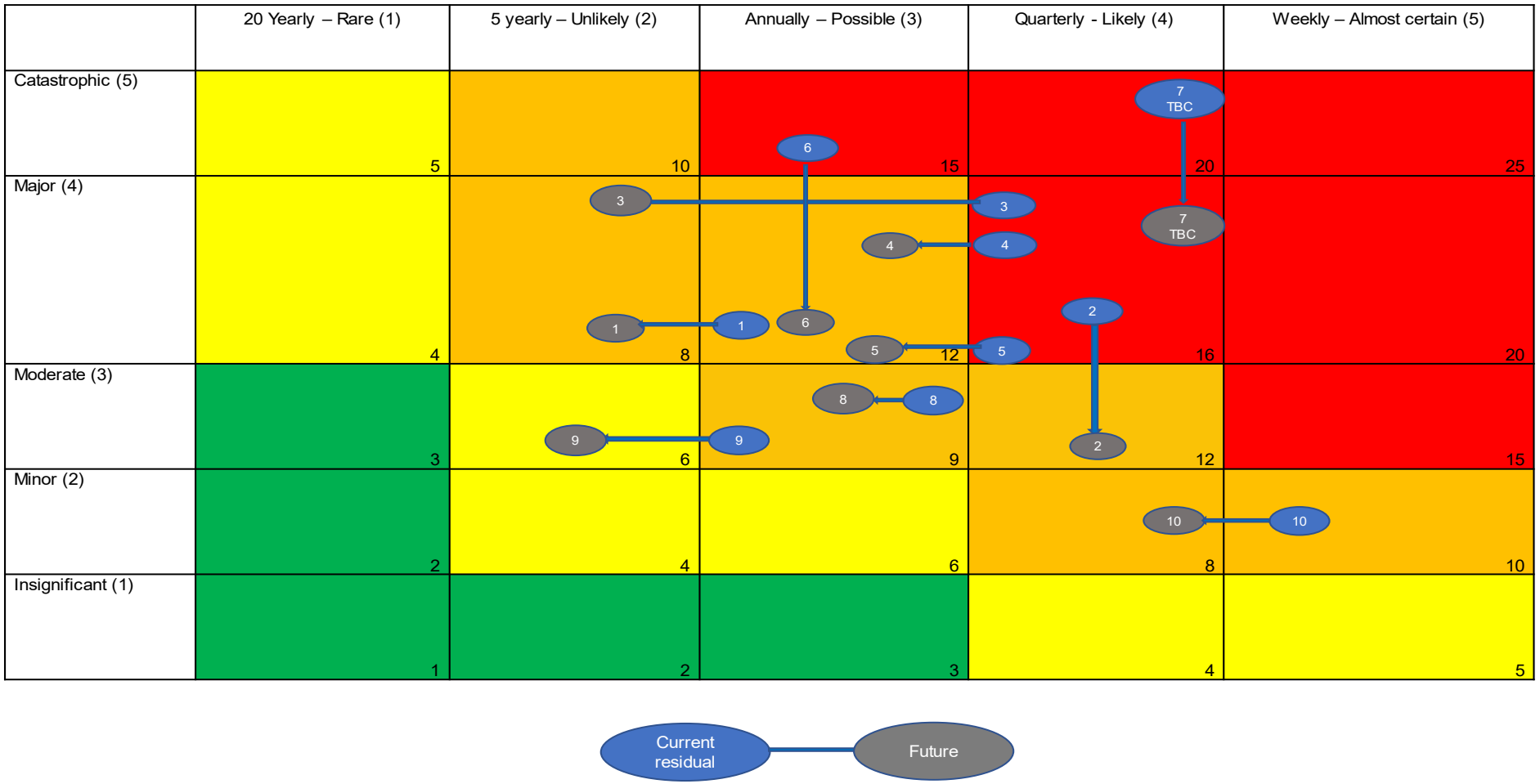
- Maintain **review process** through MEG, governance groups and assurance committees (ongoing)
- Respond to the **internal auditor's** review of the BAF. The findings and response will be reported to the audit committee (Q4)
- Following discussion at the Insight Committee a matrix will be developed to **map the interdependencies** between individual BAF risks. An example is the strategy refresh described within the improvement risk (BAF 4) directly links with the additional controls for capacity. The next iteration of this report will include this update to provide greater visibilities of interdependencies (Q4)
- Schedule **review of risks to the agreed strategic** when the strategy refresh has been undertaken. This will also include review and assessment of the risk appetite for each risk (Q1)
- Develop **longer term assessment** of the mitigation and risk for each of the BAF risks to achieve the agreed risk appetite (Q1).

Action Required

1. **Note the report** and progress with the BAF review and development
2. **Approve the 'Next steps' actions**.

Previously considered by:	The Board of Directors
Risk and assurance:	Failure to effectively manage risks to the Trust's strategic objectives. Agreed structure for Board Assurance Framework (BAF) review with oversight by the Audit Committee. Internal Audit review and testing of the BAF.
Equality, diversity and inclusion:	Decisions should not disadvantage individuals or groups with protected characteristics
Sustainability:	Decisions should not add environmental impact
Legal and regulatory context:	NHS Act 2006, Code of Governance. Well-led framework

Annex A: BAF risk movement



1. Capability and skills
2. Capacity
3. Collaboration
4. Continuous improvement & Innovation
5. Digital
6. Estates
7. Finance
8. Governance
9. Patient Engagement
10. Staff Wellbeing

Annex B: Risk themes – summary table

Risk Descriptions	Exec lead	Board comm.	Board committee review (MEG review)	Appetite Level and score	Current risk score	Future risk score (target date)	Future risk with appetite?	Assur. level
BAF 1 Fail to ensure the Trust has the capability and skills to deliver the highest quality, safe and effective services that provide the best possible outcomes and experience (Inc developing our current and future staff)	HR&C	Involvement	Planned for Feb 25 (Jan '25)	Cautious (9)	12	8 (Mar 25)	Yes	Reasonable
BAF 2 The Trust fails to ensure that the health and care system has the capacity to respond to the changing and increasing needs of our communities	COO	Insight	Jan '25 (Dec '24)	Cautious (9)	16	12 (Mar 25)	No	Partial
BAF 3 The Trust fails to work effectively with our partners to ensure the greatest possible contribution to preventing ill health, increasing wellbeing and reducing health inequalities	DST	Involvement	Dec '24 (Oct '24)	Hungry (20)	16	8 (2026)	No	Partial
BAF 4 There is a risk that the Trust does not have the capacity, capability, or commitment to change the way it provides health and care services, which could lead to a failure to respond to changing demand pressures, unsustainable services, and/or not delivering major projects, which would worsen operational pressures, quality of care, and financial viability.	DST	Improvement	Dec '24 (Sep '24)	Open (12)	16	12 (Mar 25)	Yes	Partial
BAF 5 Fail to ensure the Trust implements secure, cost effective and innovative approaches that advance our digital and technological capabilities to better support the health and wellbeing of our communities	COO	Digital Board	Jan '25 (Oct '24)	Cautious (9)	16	12 (Dec 24)	No	Partial
BAF 6 [1] Fail to ensure the Trust estates are safe, fit for purpose while maintained to the best possible standard so that everyone has a comfortable environment to be cared for and work in today and for the future	DoR	Future Systems Board	Planned for Mar '25 (Feb '25)	Open (12)	15	12 (Dec 24)	Yes	Reasonable
BAF 7 Fail to ensure we manage our finances effectively to guarantee the long-term sustainability of the Trust and secure the delivery of our vision, ambitions, and values	DoR	Insight	Planned for Feb '25 (Jan '25)	Cautious (9)	TBC	TBC	TBC	TBC

Risk Descriptions	Exec lead	Board comm.	Board committee review (MEG review)	Appetite Level and score	Current risk score	Future risk score (target date)	Future risk with appetite?	Assur. level
BAF 8 Fail to ensure the Trust has the appropriate governance structures, principles and behaviours to help us safely deliver the best quality and safest care for our local population (our vision) and ambitions (for patients, staff and the future) in the right way	ECN	Improvement	Jan '25 (Dec '24)	Minimal (6)	9	9	No	Partial
BAF 9 [1] Fail to effectively engage and communicate with our patients and the public, reducing inequality and responding to the needs of our communities	ECN	Involvement	Dec '24 (Oct '24)	Cautious (9)	9	6 (Dec 24)	Yes	Reasonable
BAF 10 [1] Fail to ensure the Trust can effectively support, protect and improve the health, wellbeing and safety of our staff	HR&C	Involvement	Planned for Feb '25 (Jan '25)	Cautious (9)	10	8 (Mar 25)	No	Reasonable

[1] risk rating increases in future years as WSH building reaches end of effective life

7.4. Governance Report

Presented by Pooja Sharma

WSFT Board of Directors (Open)	
Report title:	**Governance report**
Agenda item:	7.4
Date of the meeting:	31 January 2025
Sponsor/executive lead:	Richard Jones, Trust Secretary
Report prepared by:	Richard Jones, Trust Secretary Pooja Sharma, Deputy Trust Secretary

Purpose of the report:			
For approval ☐	**For assurance** ☒	**For discussion** ☐	**For information** ☒
Trust strategy ambitions			
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 November 2024, as follows: • Senior Leadership Team • Management Executive Group • Remuneration committee • Urgent decisions by the Board • Use of Trust's seal • Agenda items for next meeting
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 Board 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
The Board is asked to note the content of report.

Legal and regulatory context	NHS Act 2006, Health and Social Care Act 2013

Governance Report

1. Senior Leadership Team report

The Senior Leadership Team met on 16 December 2024.

The December session reviewed progress with the divisional governance review and used breakout groups to feedback on areas for development. In addition, the meeting received an update on urgent and emergency care and the financial position for month 8.

2. Management Executive Group

The Management Executive Group is established as the most senior executive forum within the Trust. Meeting takes place at least three times in a month, including corporate performance review meetings.

As part of the discussions MEG reviewed and approved the updated corporate governance chart which summarises the accountability of key management and assurance committees (see Annex A).

3. Remuneration committee

The remuneration committee met on 13 January 2025 to consider recruitment for the executive chief nurse and chief finance officer. Agreement was also given to the new chief information officer (CIO) being a regular attendee of the Board.

4. Insightful board publications

At the end of 2024 NHS England (NHSE) published 'The insightful provider board' and 'The insightful ICB board' alongside supporting documents.

A summary from NHS Providers is appended to this report (Annex B) which provides an overview of the documents and informed the proposed management response. A full copy of the provider board document is available via https://www.england.nhs.uk/long-read/the-insightful-provider-board/.

The document poses a number of questions for boards which are structured around governance, culture and committees as well as the domains of: strategy, quality, people, access & targets, productivity and finance.

Following discussion at the management executive group it is proposed to:

- Include the guidance and example from the document to inform review and develop of the IQPR. This takes place annually as [part of the update based on the annual planning guidance and operational standards.
- Consider the questions within the guide as part of the progress update against the AuditOne well-led report recommendations. This also aligns with the CQC single assessment framework and is planned to report in March 2025 via the improvement committee.

5. Urgent decisions by the Board

Following receipt of a letter from the ICB with a proposed agreed financial position for the 2024/25 the Board used the Insight Committee to approve the response within the required timescale. This was treated as an urgent decision and all Board members were invited to provide input. The approval decision included the following NEDs: Jude Chin, Antoinette Jackson, Michael Parsons, Richard Flatman, Heather Hancock, David Weaver, Alison Wigg (via MS Teams) and Tracy Dowling (via email). And the following Execs: Ewen Cameron, Nicola

Cottington, Sam Tappenden, Sue Wilkinson, Jonathan Rowell, Richard Goodwin and Jeremy Over.

The agreed revised control total for the Trust is a £26.5m deficit, before the application of system contingencies. These contingencies once applied non-recurrently will further reduce the expected deficit to £23.9m for the year. Further detail of the agreed financial position is provided within the finance report.

6. Use of Trust Seal

None to report.

7. Agenda Items for the Next Meeting (Annex C)

The annex provides a summary of scheduled items for the next meeting and is drawn from the Board reporting matrix, forward plan and action points. The final agenda will be drawn-up and approved by the Chair.

8. OTHER ITEMS

Presented by Jude Chin

8.1. Any other business

To Note

Presented by Jude Chin

8.2. Reflections on meeting

For Discussion

Presented by Jude Chin

8.3. Date of next meeting - 28 March 2025

To Note

Presented by Jude Chin

RESOLUTION

The Trust Board is invited to adopt the following resolution:

“That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

9. SUPPORTING ANNEXES

To inform

Presented by Jude Chin

Item 3.1 IQPR Full Report

To Note

Presented by Nicola Cottington

Assurance Grid

Performance in October 2024	ASSURANCE: Will we reliably meet the target based? Pass (P)	Hit and Miss (?)	Fail (F) — Not Met
VARIANCE: Variation from the mean. The colours indicate the trend- positive (blue), Negative (orange), or neither (grey). Deteriorating. Special Cause Improvement (H / L)		**INVOLVEMENT:** Staff Sickness – Rolling 12months Staff Sickness Turnover	**INSIGHT:** Virtual Ward Total average occupancy number RTT 78+ Week Waits
Common Cause	**INSIGHT:** Urgent 2 hour response – EIT Virtual Ward Total average LOS per patient	**INSIGHT:** Ambulance Handover within 30min Non-admitted 4 hour performance % patients with no criteria to reside Virtual Ward Total average occupancy percentage 28 Day Faster Diagnosis Cancer 62 Day Performance Community Paediatrics RTT Overall 104 Weeks Wait **IMPROVEMENT:** C-Diff Hospital & Community **INVOLVEMENT:** Mandatory Training	**INSIGHT:** 12 Hour Breaches 4 hour performance Incomplete 104 Day Waits **INVOLVEMENT:** Appraisal
Special Cause Concern (H / L)		**INSIGHT:** 12 hour breaches as a percentage of attendances Community Paediatrics RTT Overall 78 Weeks Wait	

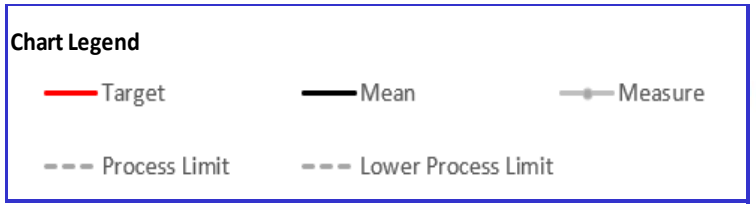
These indicators for escalation as the variation demonstrated shows we will not reliably hit the target. For these metrics, the system needs to be redesigned to reduce variation and create sustainable improvement.

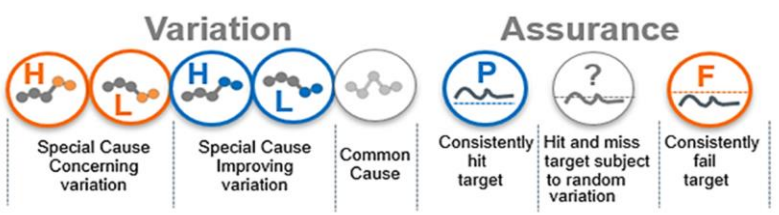
*Cancer data is 1 month behind

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: 12 Hour Breaches, 4 hour performance, 12 hour breaches as a percentage of attendances, Virtual Ward Total average occupancy number
Cancer: Incomplete 104 Day Waits
Elective: RTT 78+ Week Waits, Community Paediatrics RTT Overall 78 Weeks Wait
INVOLVEMENT – Well Led: Appraisal

INSIGHT COMMITTEE METRICS

Urgent & Emergency Care summary

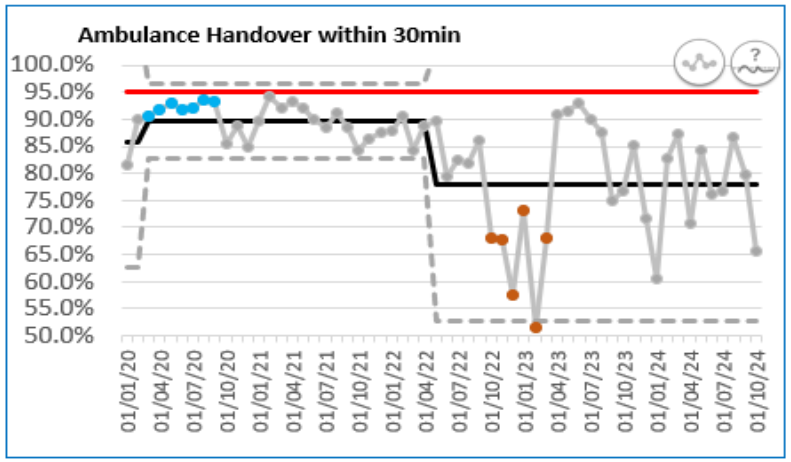


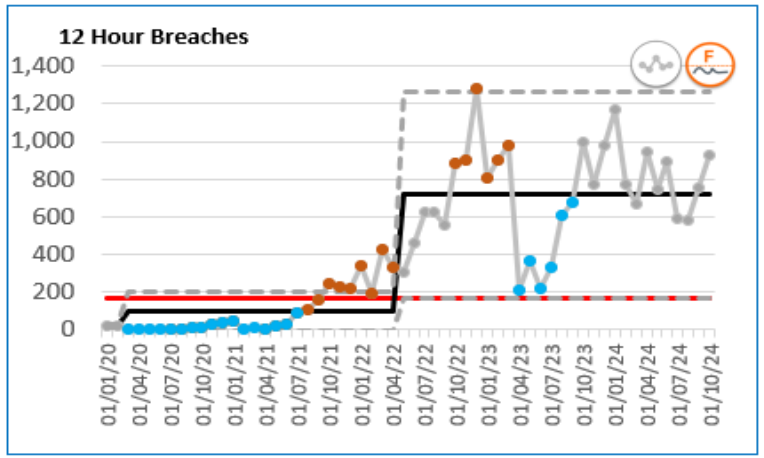


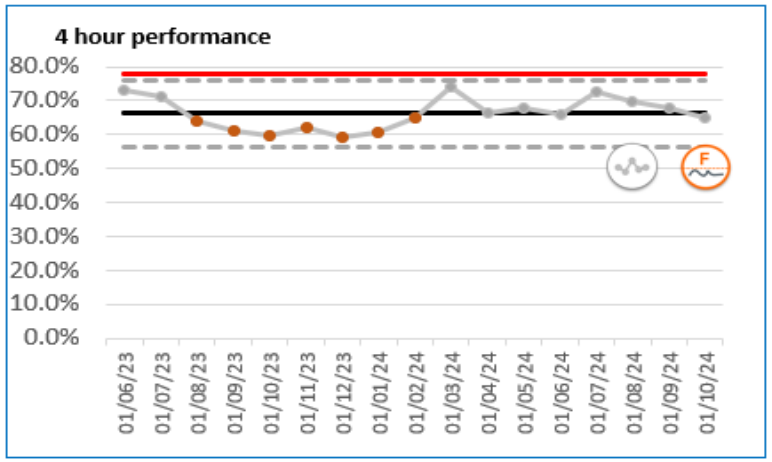
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Ambulance Handover within 30min	Oct 24	65.5%	95.0%			77.9%	52.7%	103.1%
12 Hour Breaches	Oct 24	929	165		F	718	168	1268
4 hour performance	Oct 24	64.8%	78.0%		F	66.2%	56.4%	75.9%
Non-admitted 4 hour performance	Oct 24	74.1%	85.0%			76.0%	64.8%	87.2%
12 hour breaches as a percentage of attendances	Oct 24	10.9%	2.0%	H		5.4%	1.2%	9.6%
Urgent 2 hour response - EIT	Oct 24	90.0%	70.0%		P	90.5%	82.7%	98.3%
Criteria to reside (Average without reason to reside) Acute	Oct 24	47				56	41	70
**Criteria to reside (Average without reason to reside) Community	Oct 24	33				34	31	37
% patients with no criteria to reside (acute)	Oct 24	11.3%	10.0%			12.8%	8.8%	16.9%
Virtual Beds Trajectory	Oct 24	40	40					
Virtual Ward Total average occupancy number	Oct 24	30.5	80.0	H	F	22.2	14.3	30.0
Virtual Ward Total average occupancy percentage	Oct 24	74%	80%			67%	42%	93%
Virtual Ward Total bed days	Oct 24	931				656	306	1006
Virtual Ward Total average LOS per patient	Oct 24	7.5	14.0		P	9.2	4.9	13.4

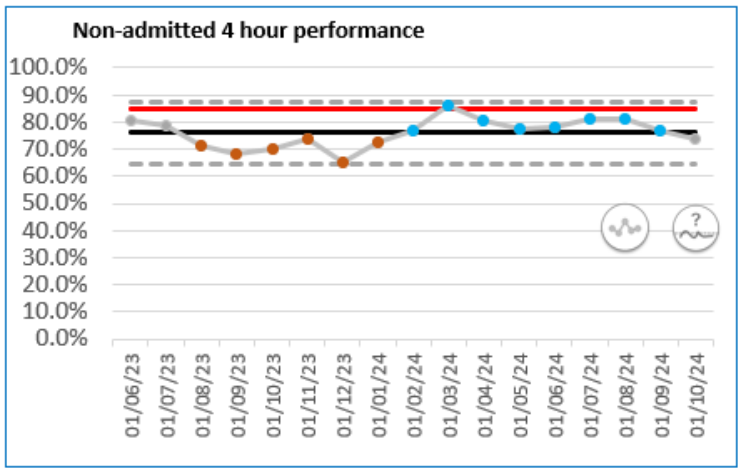
** Figures are for Glastonbury and Newmarket only, data not currently captured at Hazel Court.

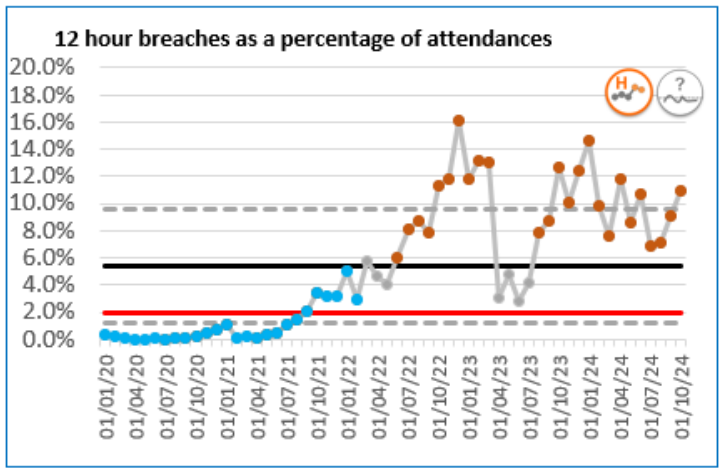
Urgent & Emergency Care: ED 4 Hour Performance

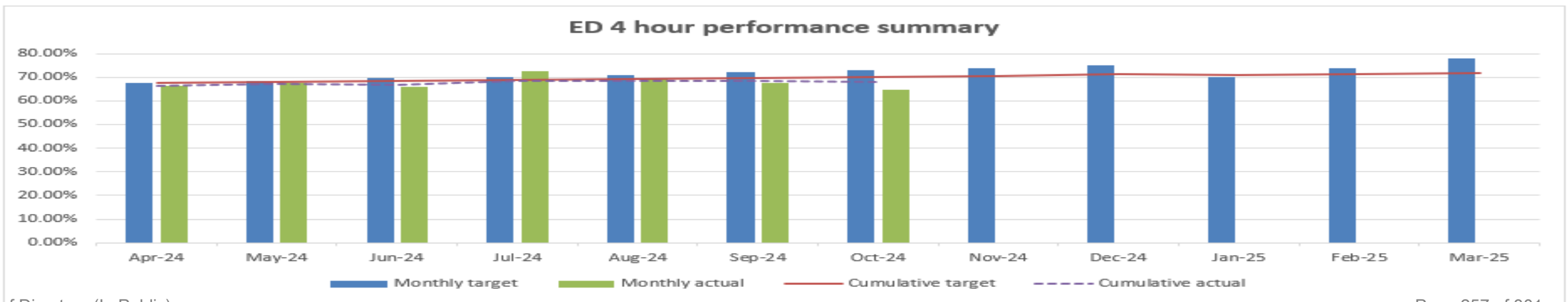












Urgent & Emergency Care

What	So What?	What Next?
30 minute Ambulance handover performance continues to show no significant change and remains a challenge. Factors that contribute to this include the number of patients in the Emergency Department with an increased length of stay who are waiting for a bed, which results in the need to cohort patients into escalation areas including the Rapid Assessment Triage Area, which then reduces ability and capacity to offload ambulances. The number of 12 hour length of stay breaches in the month of October demonstrate no significant change. There were 929 breaches which was 176 more when compared to September. We continue not to meet this metric. The number of 12 hour breaches as a percentage of attendances shows no significant change, and remains a concern. Non-admitted performance demonstrates no significant change and was 76.7% for the month of October. The Emergency Department 4 hour performance dropped below our in-month trajectory of 73% to 64.76 %.	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 the 78% 4 hour Emergency Department standard will meet the national targets. Reaching the trajectory will keep us on track to achieve 78% by March for the 4 hour standard. Some patients are waiting longer in the Emergency Department than they should be and being nursed in escalation areas, making for a poorer patient experience.	Revised Urgent and Emergency Care action plan developed with a trajectory to achieve 78% 4hr Emergency Department target by March '25. An internal Urgent and Emergency Care delivery group with workstream leads is in operation. Planning to condense this plan to provide more focus to key areas. Weekly triumvirate performance meetings between the Emergency Department and Medical Division Senior Leaders with an associated action plan. Robust data and clinical review for periods of reduced performance to obtain learning to improve performance. Focussed work for improving overnight Emergency Department performance including: • Template guidance for Emergency Physician in Charge handover with clear actions for night • Focused leadership training for Registrars overnight to be included within study sessions • Support from the Organisational Development team in developing the leadership skills of the senior medical team within the Emergency Department. • Completed profiling of doctor's shift patterns in relation to activity within the department, using the Emergency Care Improvement Support Team (ECIST) Safecare tool. Proposed adjustments to FY2 rota is shortly going to consultation. The Minor Emergency Care Unit (MECU) opened on the 14th October and saw 557 patients to the end of October. 4hr performance for this stream is 100% **Projects in October/November '24** • Pre booked next day returner Emergency Nurse Practitioner slots to support minor injuries attending after 10pm commenced 24th August - pilot continues.. • Exploring extending The Minor Emergency Care Unit operating hours until midnight. • Ambulance handover action plan in place – actions currently being worked through. • Release to Respond commences 28th November. Patients waiting longer than 45 minutes on an ambulance will be brought into ED. • New pathways for Ear, Nose and Throat and Orthopaedic expected patients to be accommodated in surgical same day emergency care is now live, working on embedding this to become business as usual. • The continuation of the rota for the Emergency Department leadership team to be solely based in department supporting performance. The Acute Admissions Unit also have a similar rota.

Community Access Glemsford Surgery

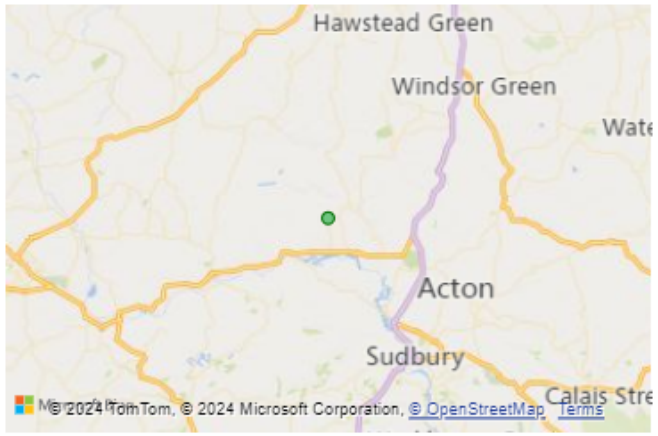
Practice Appointments

SNEE Business Intelligence

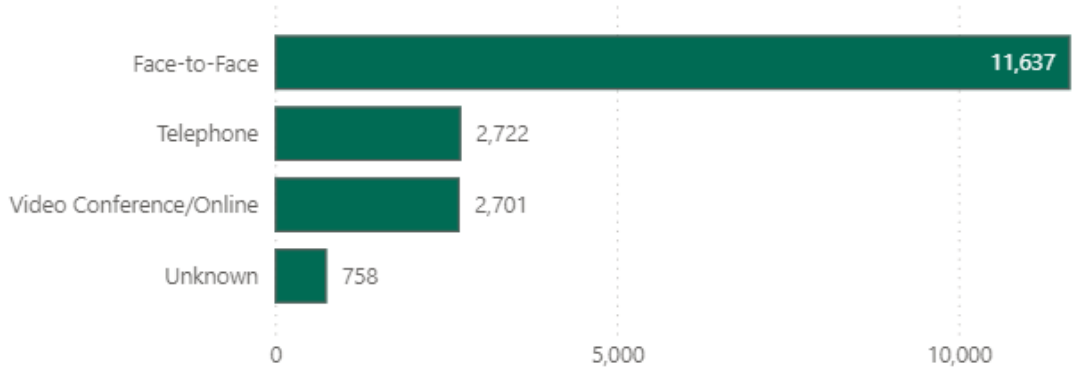
Refreshed on 24/10/2024, Data coverage up to 01/08/2024

NHS Suffolk and North East Essex Integrated Care Board

Alliance: All | **PCN**: All | **Practice**: Glemsford



Practice appointments by contact mode



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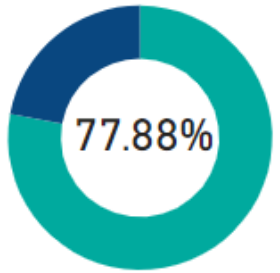

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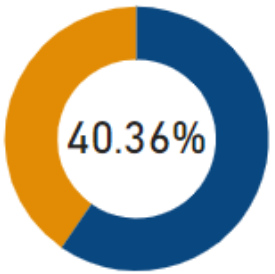
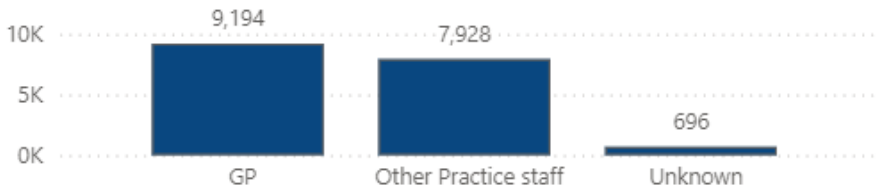
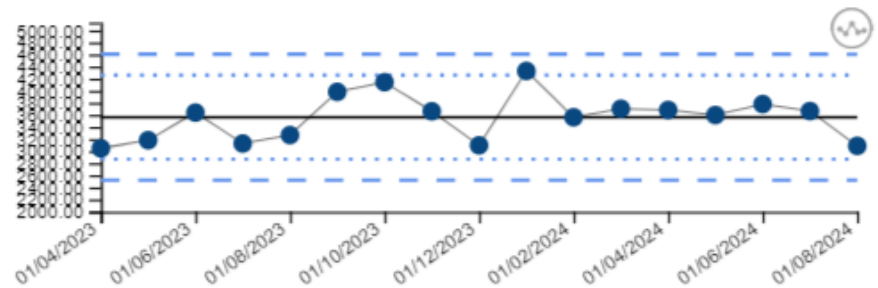


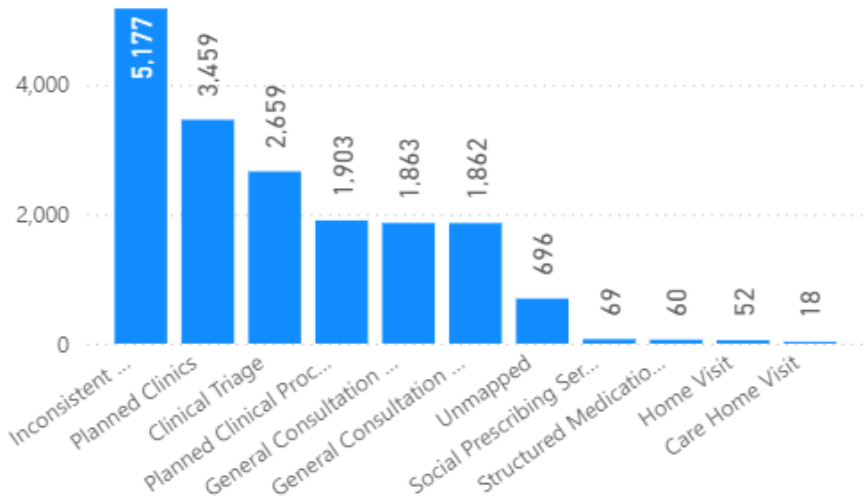
Practice appointments by health care professional type



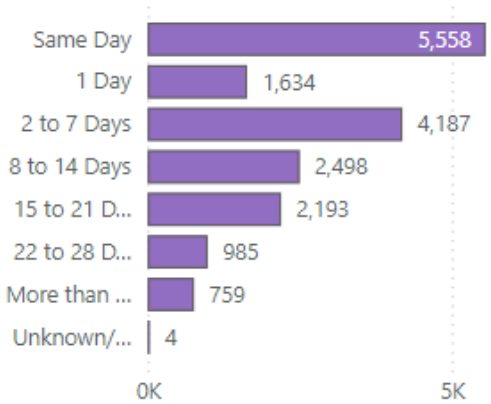
Total appointments by month



Sum of Total Appointments by National Category

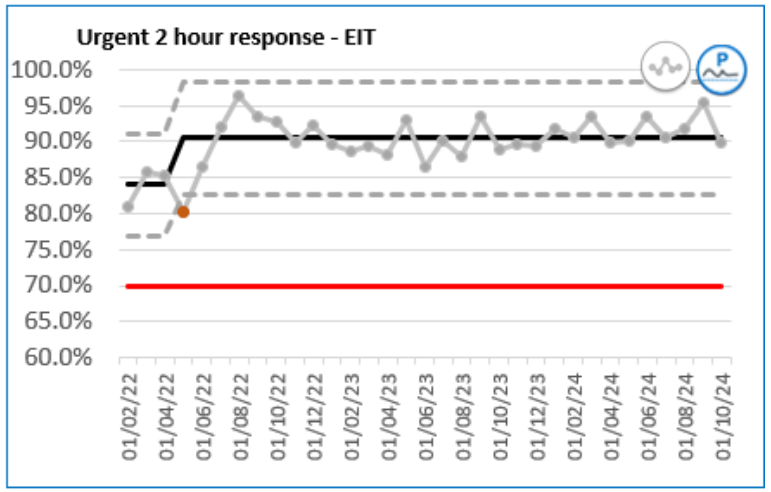


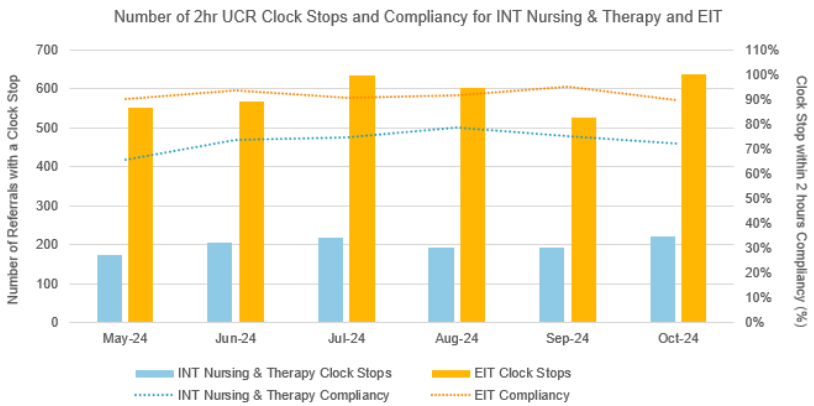
Appointments by wait time

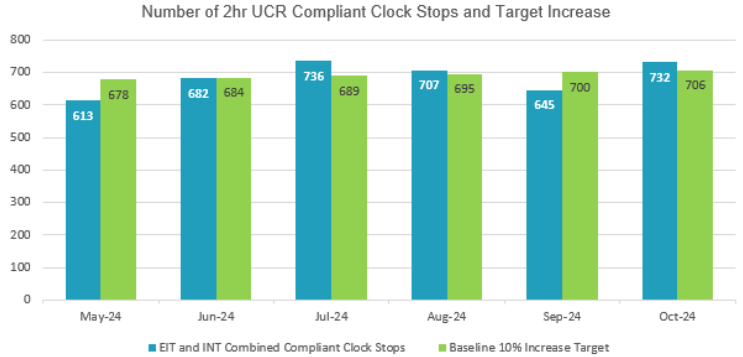


Produced by ICB

Urgent & Emergency Care: UCR



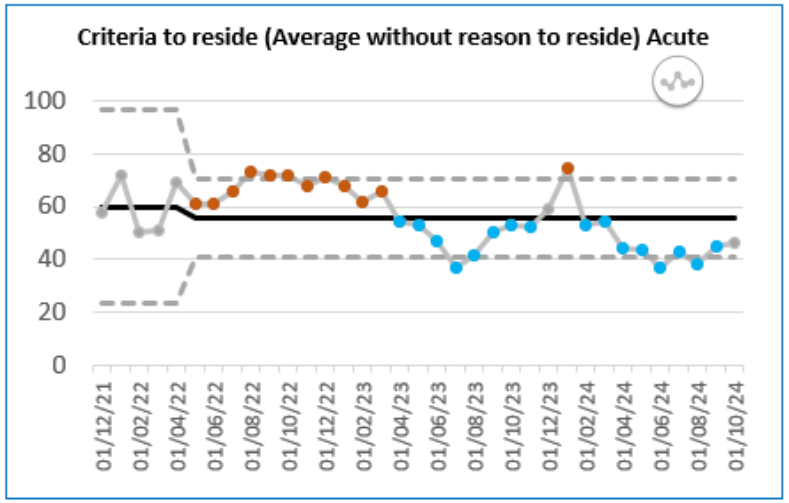


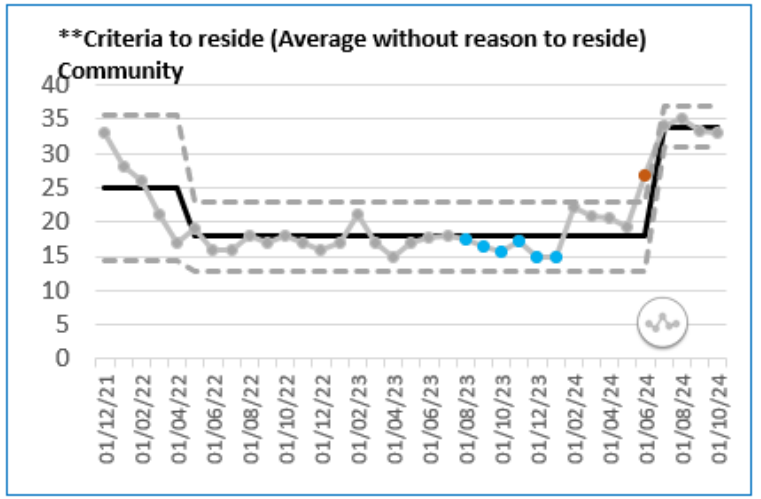


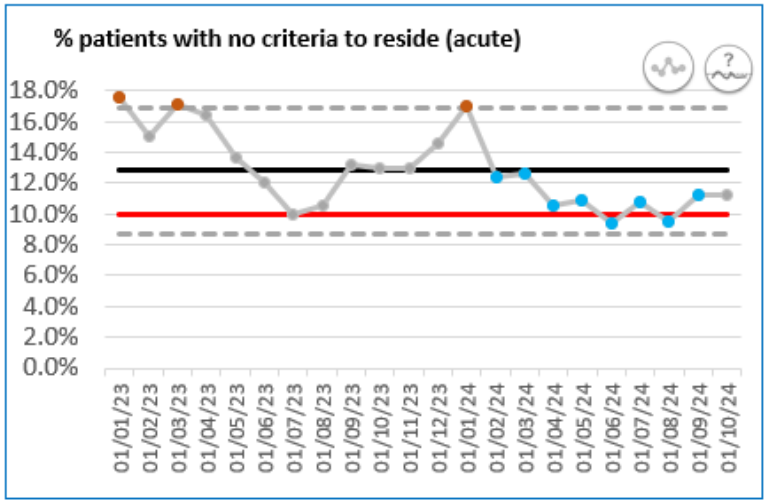
Team	May-24				Jun-24				Jul-24				Aug-24				Sep-24				Oct-24			
	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant	Total referrals with a RTT clock stop	Compliant	Breaches	% Compliant
Total INT Nursing & Therapy	175	115	60	66%	204	150	54	74%	217	162	55	75%	194	153	41	79%	191	144	47	75%	220	159	61	72%
Total EIT*	552	498	54	90.22%	569	532	37	93.50%	633	574	59	90.68%	604	554	50	91.72%	525	501	24	95.43%	637	573	64	89.95%
Combined Total	727	613	114	84.32%	773	682	91	88.23%	850	736	114	86.59%	798	707	91	88.60%	716	645	71	90.08%	857	732	125	85.41%

Urgent & Emergency Care: UCR

What	So What?	What Next?
Early Intervention team (EIT) shows no significant deviation from average performance, the percentage of clock stops remaining above target. • Combined Integrated Neighbourhood Team (INT) and EIT compliance above the 10% increased activity trajectory by 26 , with both INT and EIT recording more activity with clock starts • Overall INT nursing 2 hour compliance remains above KPI of 70% but compliance has continued to fall over last 3 months. Within the overall figure 2/6 teams did drop below 70% compliance (Mildenhall and Bury Rural) • Demand for INT nursing has seen a special cause of concern with higher than average referrals for the past year.	EIT continues to prioritise Care Coordination Centre community referrals, Emergency Department (ED) and Acute Assessment Unit (AAU). •Sustained Compliance to the 2 hour response activity has been maintained in INTs by cancelling and/or deferring less urgent work – In October up to 41 hours per day of non-urgent care and up to 18 hours per day of 'amber' (visits that are required within 48hr) have been recorded by INTs as cancelled or postponed to prioritise urgent care, these figures are double what was recorded last month. Postponing of planned care takes clinical and administrative time, can affect staff morale as they wish to provide best care, and need to manage patient expectation. •There has been an increase in INT nursing teams reporting OPEL 3 indicating capacity concerns since September. To report OPEL 3 more urgent planned or timed care is being cancelled or deferred. Deferring or cancelling a visit is accepted practise, deferring care is a red flag identified by the Queens Nursing Institute. An Audit to review the risk of deferring / impact on quality completed for the 61 patients whose care was delayed in Oct (58 nursing 3 therapy) – outcome is no harm occurred except for 2 patients where possibly healing may have been delayed. •Sickness in INTS is higher than other teams within division, absences are impacting compliance	Division wide focus required to enable further Emergency Department (ED) improvements. EIT to attend ED handovers in November when possible, to publicise EIT remit / hours of service . EIT staff to be based in ED Continue to utilise acute therapy team to provide support in ED as able. A new contact form for ED has been implemented to improve the accuracy of data collected in relation to the 15 minute response. This has also been implemented to record AAU referrals and will be monitored over the next month. • Teams are instructed to report when clinicians have concern that patient care is sub-standard or if any harm is suspected due to longer waits. Reports reviewed/investigated by INT Specialist Therapists and Team Managers will be reported and reviewed through the Division's Clinical Governance group. • Audit results suggests sound clinical judgements regarding what care can be safely postponed. Audit of the impact of cancellation / postponement of nursing visits to be repeated quarterly (February) or sooner if concerns raised. • INT therapy working collaboratively with ASC therapy and Trusted Installer to increase efficiency support with work as competency and patient need allows – ongoing and reviewed monthly. • To reduce sickness HR & service leads have identified action plans including management of those on long term sick. It is recognised that this can be a lengthy process which can affect team members morale. Access and capacity for supervision is being prioritised and planned in line with clinical visits, deferring and rearranging clinical work as needed to keep staff well in work, and practicing safely. This culture shift has, and will continue to take time to embed fully.

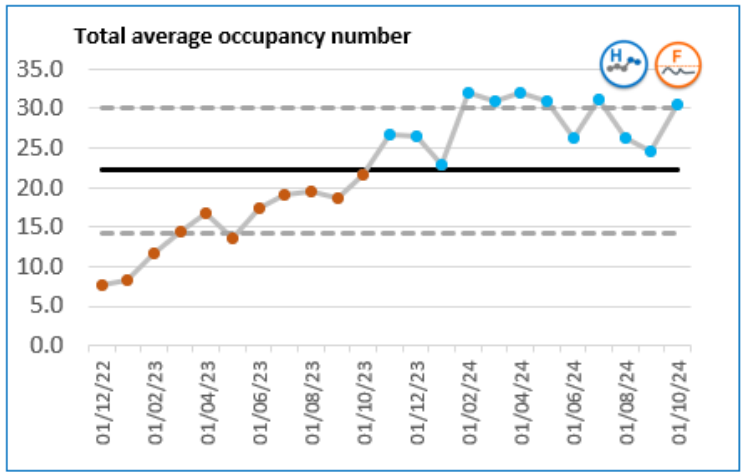


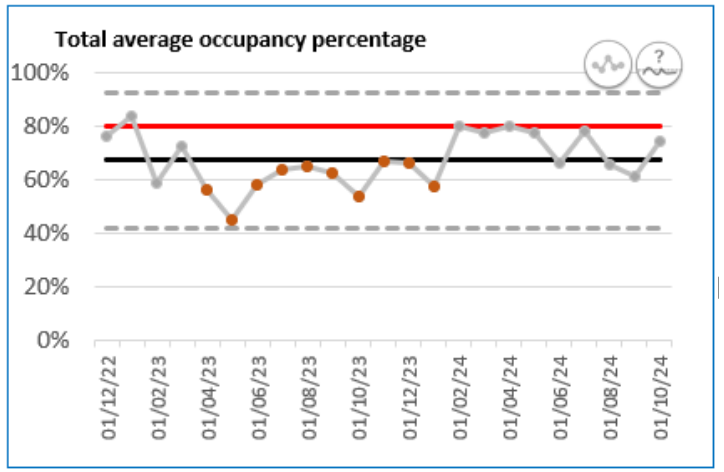


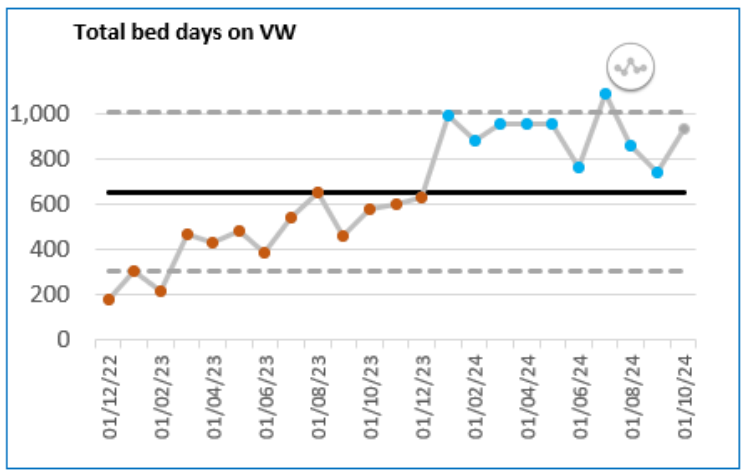


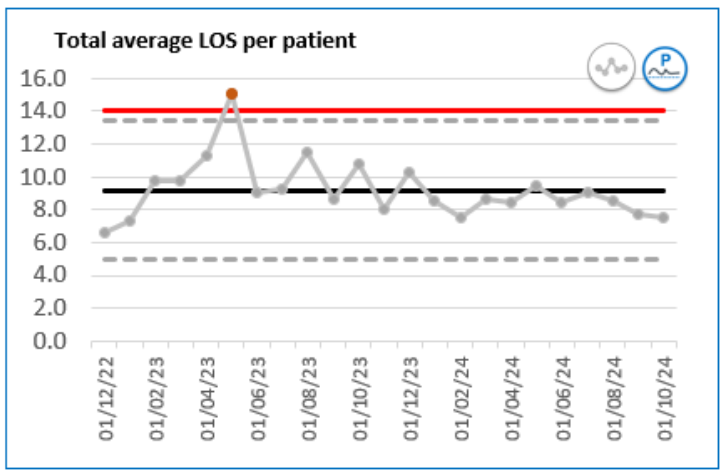
What	So What?	What Next?
The percentage of patients without criteria to reside in the acute remained at 11.3% this month, with the average number rising just slightly to 47 from 45 in September. The community figures remained the same with an average figure of 33.	Patients remaining in hospital longer without criteria to reside directly impacts on bed capacity and patient flow within the Trust. Longer length of stay leads to greater deconditioning and loss of independence.	The trusted assessor model piloted with Rosemary Ward, Newmarket is now also in place for transfers to Kings Suite & Glastonbury Court. The feedback from both acute and CAB colleagues is positive. The new model also appears to be enabling better planning for filling beds from future/planned discharges. Escalation processes for the Transfer of Care Hub and community colleagues have been established and plans to share these with system partners by the end of November. Alongside this there are planned biweekly system escalation/capacity calls from week commencing 16th December. Work to review pathway 2 capacity and modelling future requirements continues.

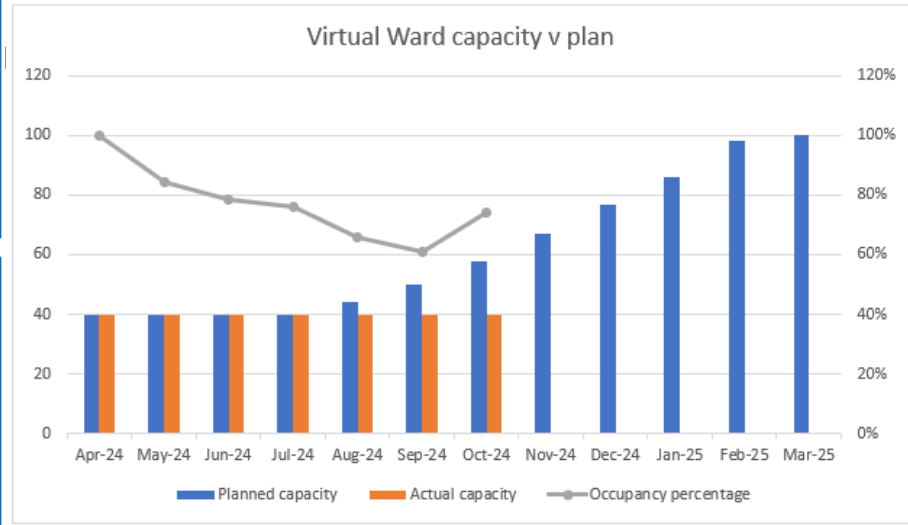
Urgent & Emergency Care (TRUST – Virtual Ward)







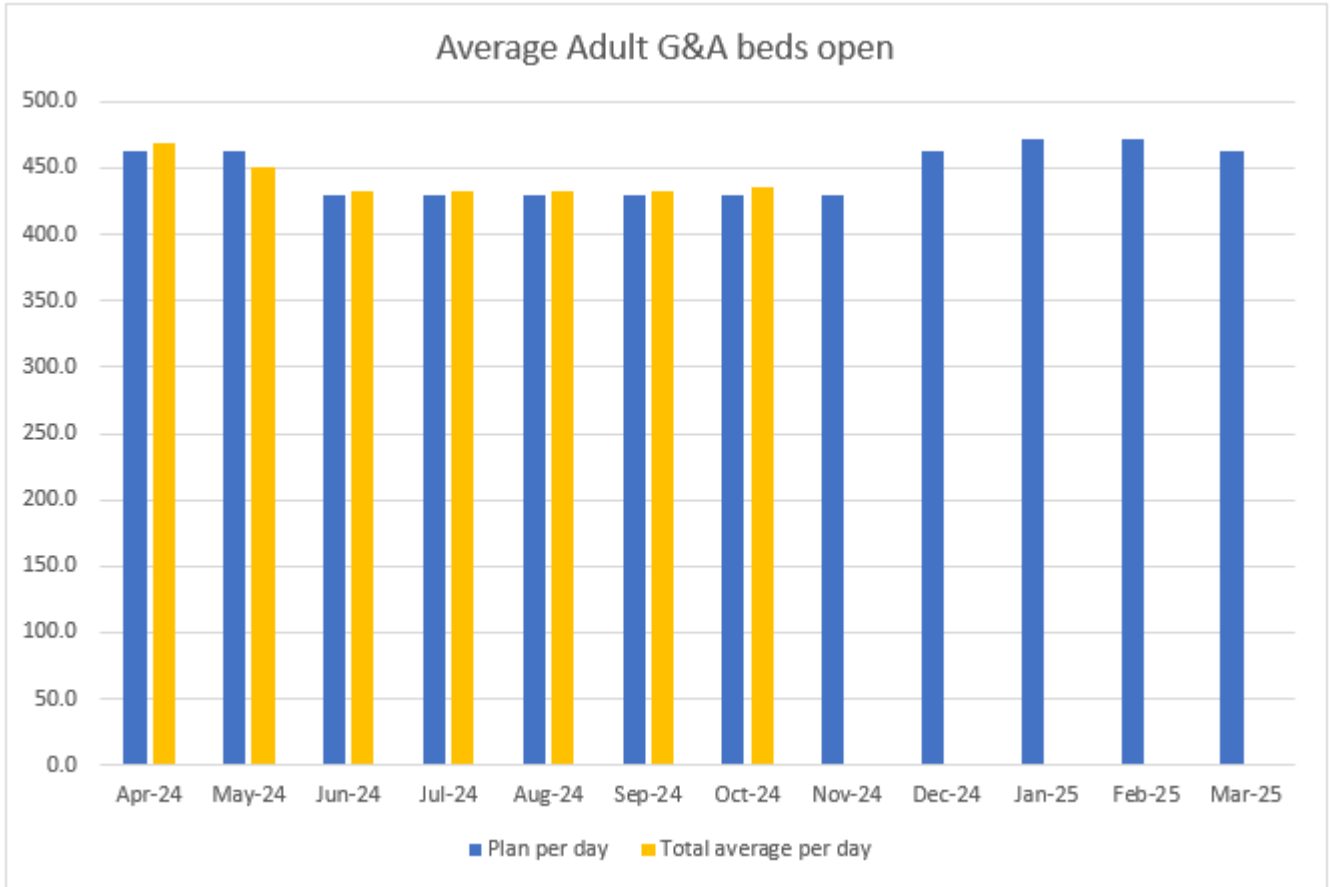




Urgent & Emergency Care (TRUST – Virtual Ward)

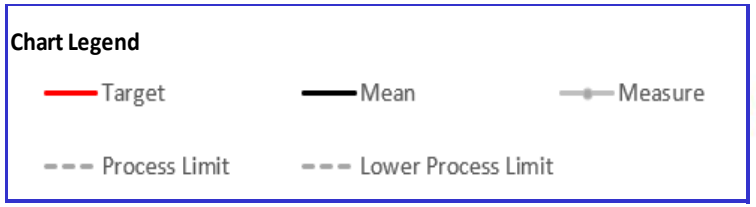
What	So What?	What Next?
Overall occupancy is stable. What has helped recently is increase in nursing capacity due to integration of home nursing visits with Mildenhall INT under the Shared Service Delivery programme. In addition, the general medical pathway has been expanded to include patients with diabetes as only medical issue (8 patients onboarded 11 Oct to 21 Nov). Average length of stay (LOS) has remained stable at 7.5 (compared to 7.7 in September) following an enhanced focus on reducing LOS across all pathways earlier in the year. **Virtual Ward Capacity** Planned capacity is not on track to meet target capacity, this is related to recruitment limitation and aligned budget.	Virtual capacity is crucial in ensuring adequate capacity to enable patient flow in West Suffolk and strategic ambition of caring for patients at or near home wherever possible. Short length of stay is important to facilitate effective patient flow across the Trust. **Virtual Ward Capacity** Virtual wards are needed to expand capacity because they allow patients to receive care in their own homes rather than in hospital. This is not only better for patient satisfaction but helps hospital flow.	Further to integration of home nursing visits with Mildenhall INT, plan is in place to integrate visits with three further INTs (Newmarket, Haverhill & Sudbury) during Nov/Dec 2024 under Shared Service Delivery programme to release further efficiencies. Collaboration with Royal Voluntary Service (volunteer delivery of meds to patients on virtual ward) went live during October; next step is to develop this to enable delivery of bloods and other specimens (if viable). Plan to build on nursing home pilot and widen step-up referrals to other partners under development. **Virtual Ward Capacity** Paper presented to Management Executive Group on 13 November 2024 with options re pathway development, clinical leadership and achievable trajectory to March 2025. Work underway to implement recommendations agreed including (I) development of virtual ward service to maximise care of surgical patients (ii) recruitment of joint Virtual Ward consultant/community geriatrician (iii) expansion of capacity to 53 beds by March 2025.

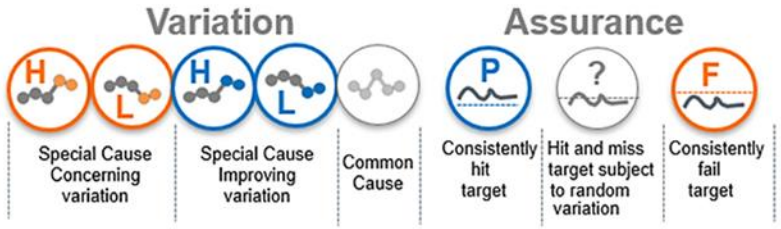
Urgent & Emergency Care: Beds



What	So What?	What Next?
Our actual average number of core beds open remains in line with plan. Use of escalation beds has increased by an average of 2 in October, given increased unmet demand, as flow at times has proven challenging with multiple patients awaiting beds in the Emergency Department.	Maintaining core beds open as per plan is a key requirement of the NHS 2024/25 operational priorities and planning guidance. Delivering the plan maximises patient flow and reduces extended waits for admission from the Emergency department, contributing to reduced 12-hour waits and improved 4-hour performance. However, using escalation beds impacts on the ability of those areas being used to fulfil their primary purpose and uses unbudgeted staffing resources.	Use of Medical SDEC as an escalation area is monitored through the daily capacity meetings in conjunction with the Medicine divisional leadership team to ensure it is in line with the Tactical Patient Flow Escalation Plan. Given current numbers of patients waiting >12 hours and for admission in the Emergency Department, it is likely that the planned increase in bed capacity through use of a winter escalation ward will be required in January and February 2025.

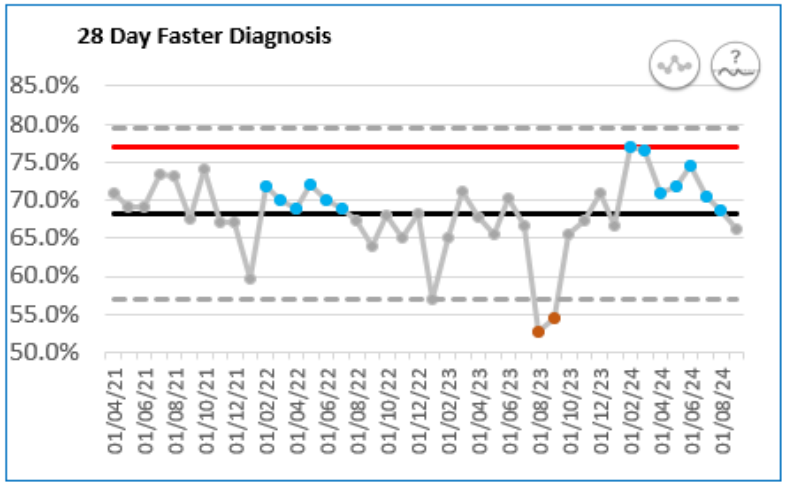
Cancer Access Summary

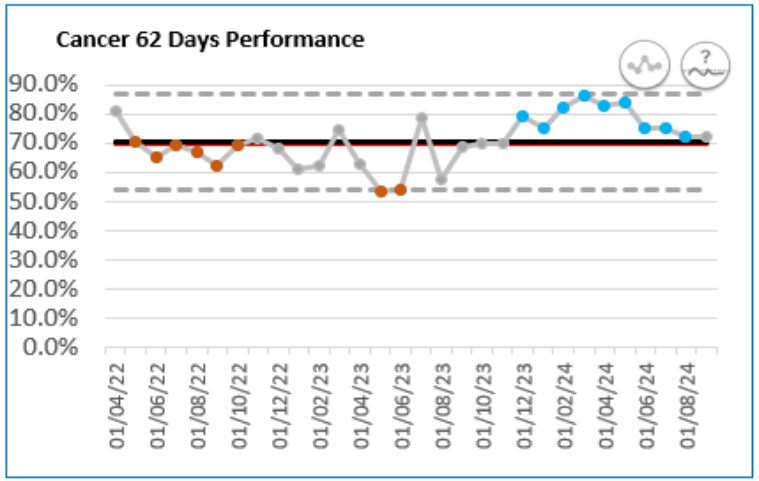


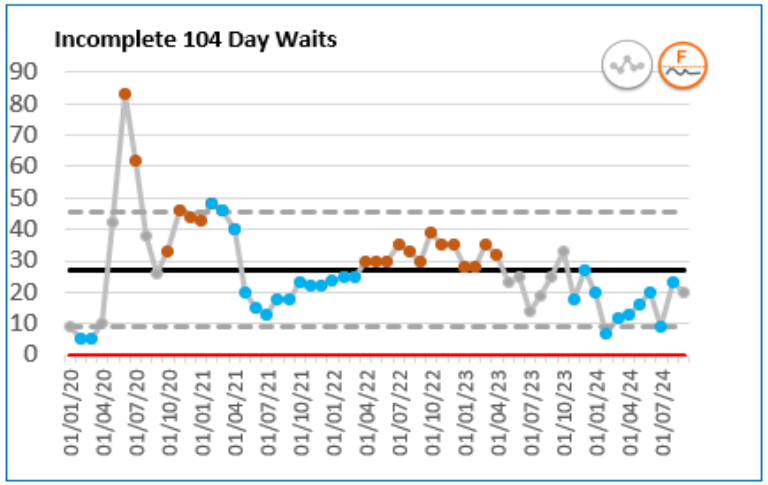


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
28 Day Faster Diagnosis	Sep 24	66.3%	77.0%			68.2%	56.9%	79.4%
Cancer 62 Days Performance	Sep 24	72.0%	70.0%			70.6%	54.2%	87.0%
Incomplete 104 Day Waits	Sep 24	20	0			27	9	46

Cancer Access (Month Behind)







What

Performance continues to drop for the overall Faster Diagnosis Standard (FDS) performance.
The biggest drivers for the underperformance are Skin at 53% for September and lower GI at 50%.
Skin has significant challenges with October performance forecast to worsen.
There is a lack of photography capacity due to sickness, resulting in an extended wait time more than 28 days, delays in the review of images and within the surgical capacity.
Lower GI performance has had some constraints, however changes in the straight to test pathway and embedded of the FDS Nurse is demonstrating improvements in October and November.
Improvements in compliance are noted in Head and Neck, Gynaecology, Upper GI and Urology through into October.
Breast performance is vulnerable and whilst 82% was achieved in September this is going to drop to below 70% in November due to radiological staffing.
62 Day performance is currently above the national requirement of 70% by the end of March 2025, however has been steadily reducing in compliance since May 2024.
Performance is supported by screening and upgraded patients which are reported into the combined standard. 62 Day GP referral to treatment performance is at 56% for September 2024.

Skin and Lower GI are the main drivers for the performance reduction with Lower GI at 41% compliant and Skin at 63%.

So What?

Recovering the cancer standards is key to the operational planning guidance 24/25

The priorities for this year focus on seeing, diagnosing and treating patients in line with national guidance to improve patient outcomes and maintain standards.

What Next?

Additional photography capacity coming online in November through bank and additional Saturday sessions.

Review of community teledermatology model, with revised model to be proposed from April 2025.

Skin cancer meeting to take place 3rd December with all stakeholders to review current pathway, extended waiting times in all areas and agree both short- and long-term actions.

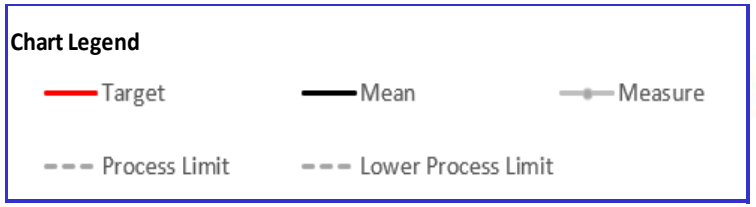
Additional substantive radiographer paper approved at investment panel and due to be presented at MEG on 27/11.

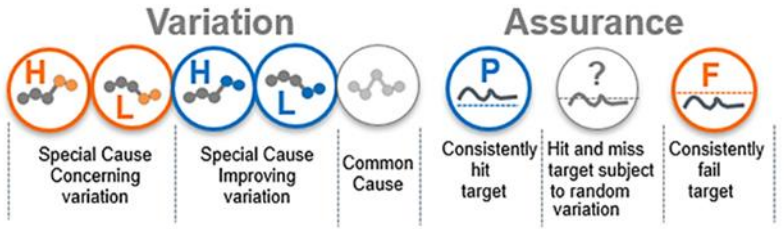
Continue with FDS steering groups in Skin, Colorectal, Breast and Gynae to monitor performance and required transformational changes as guided by the BPTP audits.

For Lower GI, allocation of surgical cases is a focus with an agreement now in place to review 62-day breach dates when allocating cases in MDT.

For Skin, performance is set to worsen in October and November owing to the challenges at the front end of the pathway. Additional weekend sessions to support the reduction in waiting times are in place for both Dermatology and Plastics.

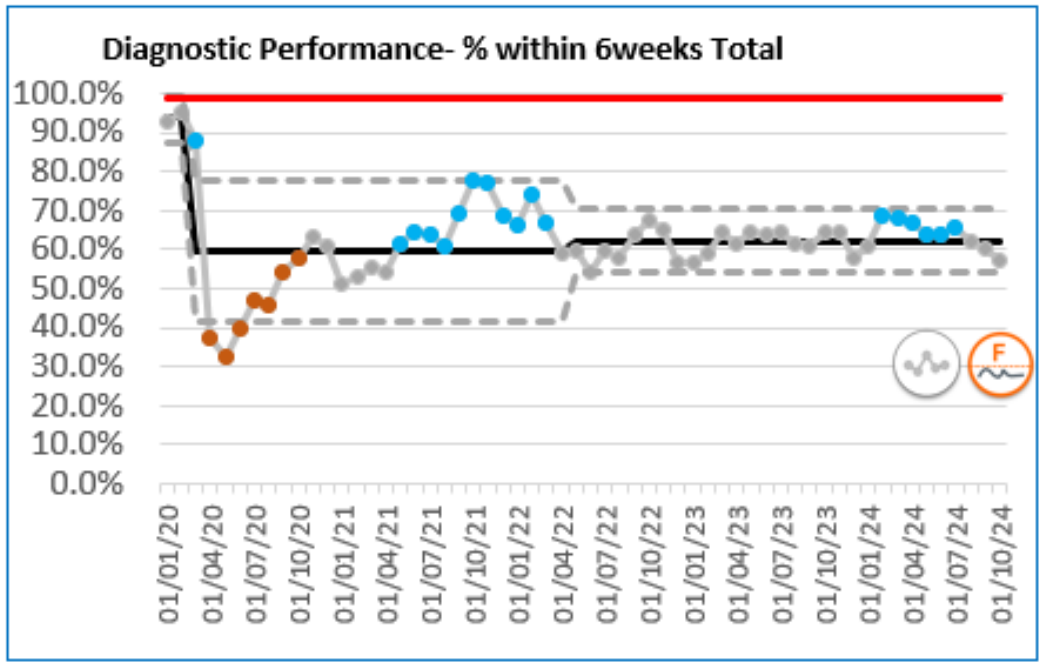
Elective Access: Summary





KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RTT Waiting List	Oct 24	33975	-			32870	31549	34191
RTT 65+ Week Waits	Oct 24	221	-			476	284	668
RTT 78+ Week Waits	Oct 24	16	0			150	82	217
Potential 65+ ww at end of Dec 2024	Oct 24	929	-					
Community Paediatrics RTT Overall Waiting List	Oct 24	516	-			504	449	560
Community Paediatrics RTT Overall 52 Weeks Wait	Oct 24	3	-			1	-2	4
Community Paediatrics RTT Overall 65 Weeks Wait	Oct 24	0	-			0	0	0
Community Paediatrics RTT Overall 78 Weeks Wait	Oct 24	1	0			0	0	0
Community Paediatrics RTT Overall 104 Weeks Wait	Oct 24	0	0			0	0	0
RTT NDD Only Waiting List	Oct 24	51	-			74	44	103
RTT NDD Only 52 Weeks Wait	Oct 24	2	-			0	-1	1
RTT NDD Only 65 Weeks Wait	Oct 24	0	-			0	0	1
RTT NDD Only 78 Weeks Wait	Oct 24	0	-			0	-1	1
RTT NDD Only 104 Weeks Wait	Oct 24	0	-			0	0	0

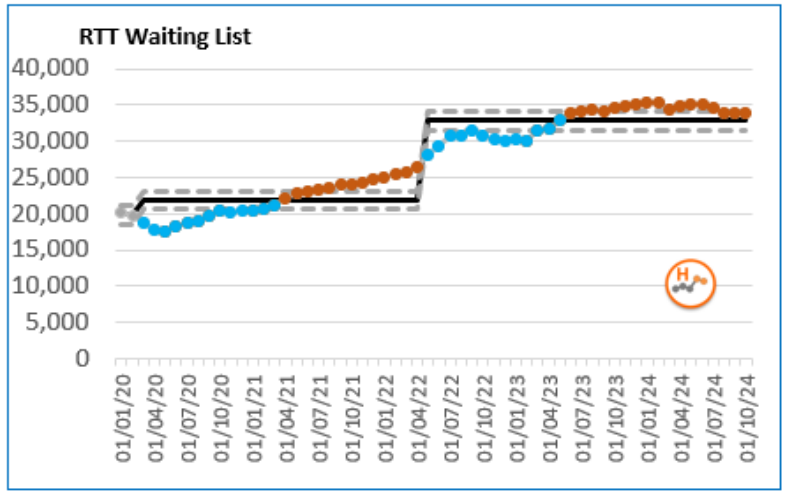
Elective Access

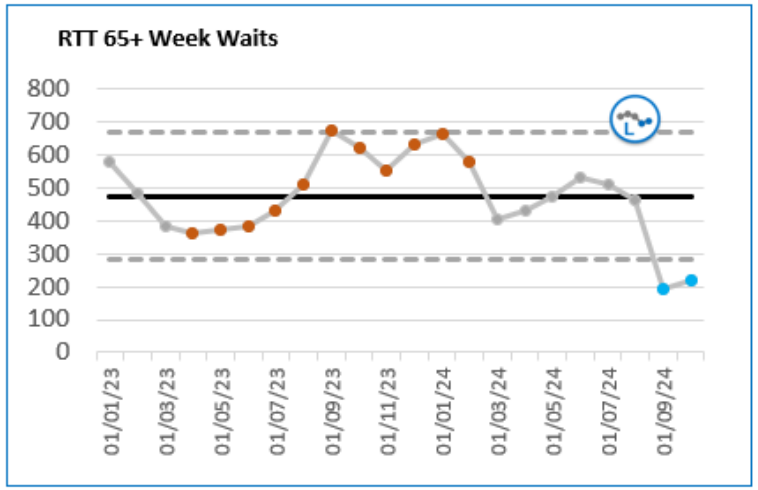


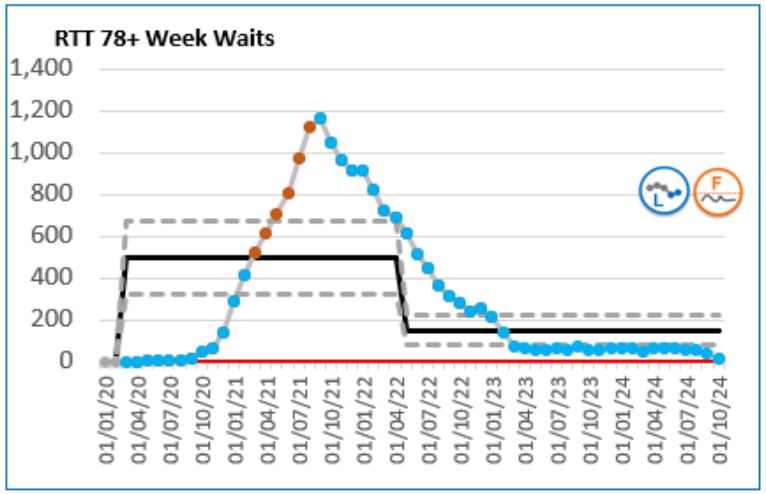
Diagnostics

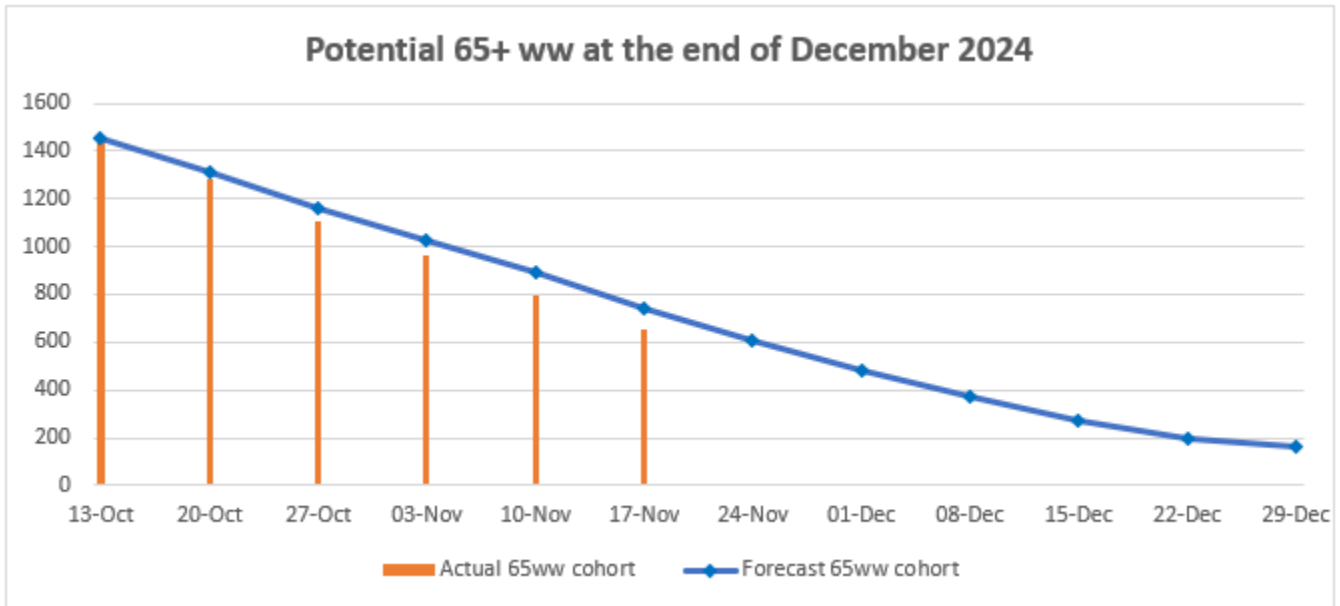
What	So What?	What Next?
MRI – Common cause consistently failing target. Running at full capacity across the seven days but current capacity insufficient. MRI 2 replacement has a legacy impact on performance the reduction in voluntary additional hours has seen an effect on capacity and DM01. MRI capacity will continue to deteriorate until the commencement of scanning at the Community Diagnostic Centre (CDC) due to demand continuing to exceed capacity. CDC MRI capacity will go live 06/01/2025, later than the other modalities which go live on 16/12/2024. The MRI delay is due to an error in the programme by the supplier (GE) requires a further two weeks. **CT** – Currently no meeting DM01 compliance target due to impacts of the replacement programme but showing signs of recovery although not yet statistically significant. The reduction in voluntary additional hours has seen an effect on capacity and DM01. **US** – With varying factors DM01 attainment prediction is difficult to describe. Temporary staffing controls are compounded by recruitment challenges within the team. Agency support has been enabled for vascular US due to clinical risk, but MSK US is without the support. And the wait time for USGI is currently 25 weeks presenting risk at 65ww breaches in the T&O pathway. Performance remains vulnerable until recruitment improves, including capacity at the CDC. **DEXA** – We will not be able to go live with our DEXA service in November 2024 due to estates delays relative to ventilation and fire protection works. Anticipated go live now end of March 2025. Approval given for extension of temporary mobile cover to bridge to new opening date. **Endoscopy** – Priority has been given to patients on a cancer pathway requiring a rebalancing of capacity to support. Cohort of low complexity, low risk patients suitable for outsourcing and nurse endoscopists (NE) has been exhausted with limited scope for flexing of the criteria with outsourced provider. This has led to a compound effect and a plateauing of DM01 performance. Impact of financial recovery is being seen on DM01 target compliance. Colonoscopy and Gastroscopy trajectories have reversed with the reduction in weekend and additional lists. Flexi Sigmoidoscopy is predicted to improve once NEs commence haemorrhoidal banding. **Breast Imaging** – Staffing issues have and will continue to impact the delivery of the screening service and overall cancer performance. To mitigate the risk to the service the department was employing two full time agency mammographers to help support the running of the screening and symptomatic service. However, due to financial restraints across the Trust this has now been reduced to one mammographer. The faster diagnosis performance is already dropping to 77% in August (against a trajectory of 94%) and this will continue to drop over the coming months, with patients likely waiting up to 8 weeks for an appointment. This will also impact on the overall performance for the Trust for both faster diagnosis and 62 day performance. Breast is a high volume area and it will therefore not be possible to hit the national standard of 77% faster diagnosis compliance or the 70% 62 days standard by March 2025, which will increase national scrutiny and may result in tiering.	Longer waiting time for diagnosis and treatment have a detrimental effect on patients. Delay in achieving DM01 compliance standards.	**MRI** – Mitigations including the delivery of the CDC will see MRI reaching DM01 compliance in July 2025. **CT** – The delivery of the CDC will see CT reaching DM01 compliance in February 2025. **US** – Staffing issues remain unresolved, and CDC capacity will not be realised until recruitment picture improves. Management team continue to review recruitment options aligned to CDC and cognisant of the workforce controls in place around financial recovery. Further review of temporary staffing options will take place to mitigate the long waits and 65ww risk. **DEXA** – Once open the new service will increase DEXA capacity from 3 days per month to 3 days per week once staff are trained and the service is up and running fully. This will allow quick recovery of DEXA DM01 compliance. **Endoscopy** – Currently an unmitigated flat line trajectory of around 60% DM01 performance can be described. This assumes no further uptake in additional work. This could be further improved if criteria at the system outsourced provider InHealth can be adjusted thereby increasing the cohort of patients that could be managed there. Additionally contractual discussions are taking place with Circle Health Group (CHG) in BsE which if productive could see capacity for a proportion of our waiting list. **Breast Imaging** – Investment panel have approved the request for Consultant Breast Radiographer. This will now go to MEG for approval on 27/11/24. Short term, requests for bank/agency to fill gaps and ensure service provision is being sought via the TSCP. Financial recovery measures are having an impact additional hours worked to deliver performance improvements against the DM01 standard across multiple modalities. Further work is required to deliver core services on a substantive staffing model rather than historic temporary staffing arrangements especially around core OOH acute service provision. A DM01 recovery paper is due to MEG in the coming weeks.

Elective Access: RTT



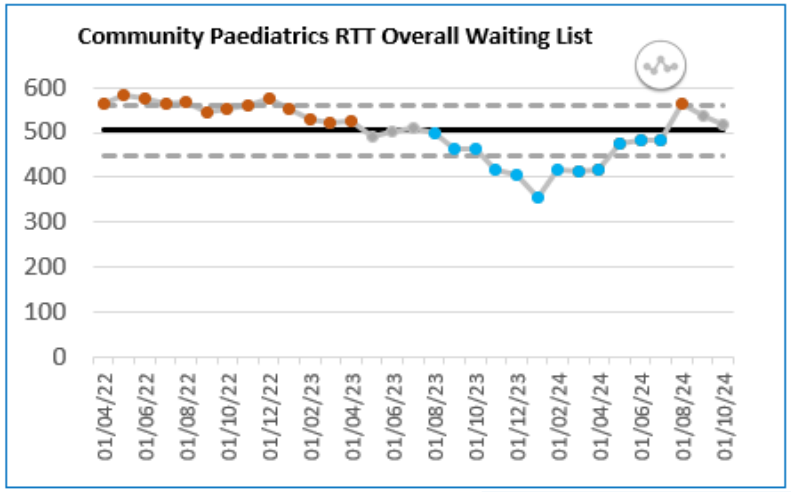


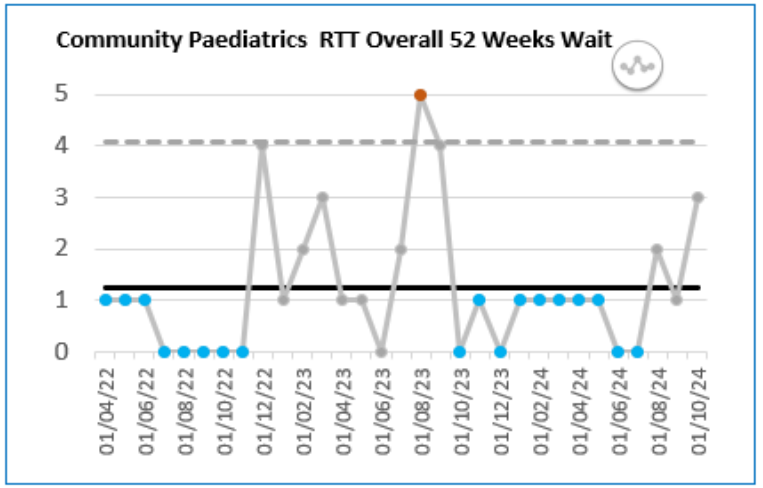


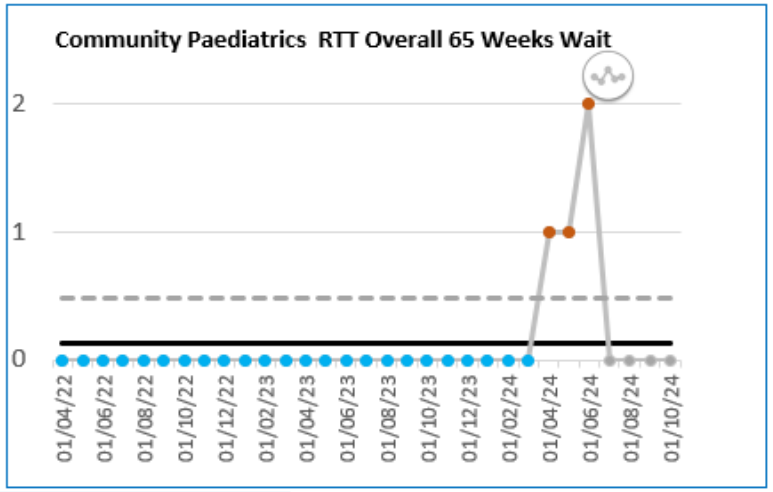


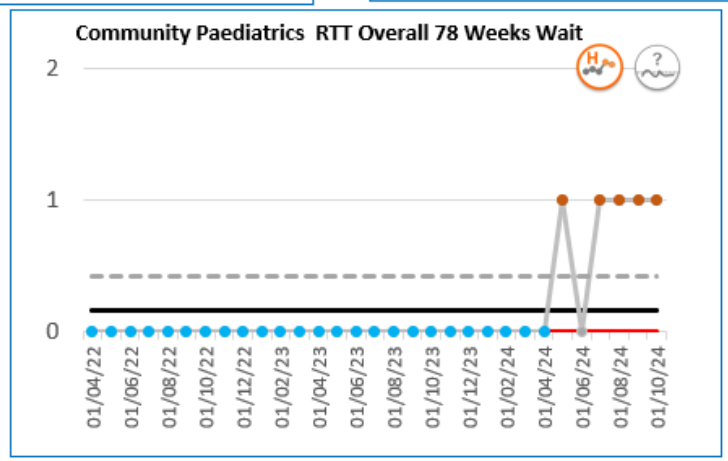
Elective Access: RTT

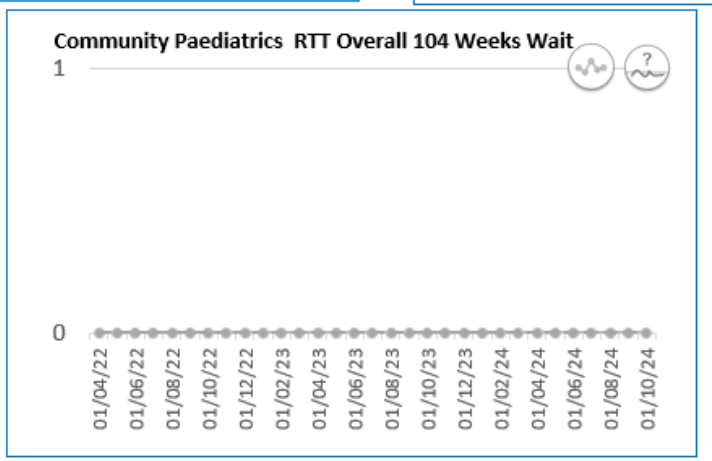
What	So What?	What Next?
The 78 week wait position for the end of October was 16 patients, this is the lowest this has been since September 2020. This consisted of 2 x choice patients, 1 x unfit patient and 13 x capacity patients. The capacity patients were all within Gynaecology. As can be seen a continued reduction of 78-week waits is predicted, however it is not currently possible to reach a 0 position with gynaecology the outlier. Significant improvements were made in the 65ww actual position from August to September. As at the end of October there were 929 patients to be treated by the end of December to reach the national objective to reduce to 0. Gynaecology and Dermatology are the areas with the most concern in achieving the 65ww target.	Delivering the objective of no patients waiting over 65 weeks by December 2024 is the central focus of 2024/25 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.	Addition sessions picked up throughout December for Gynaecology. Discussions ongoing within Gynaecology around further patients to be sent to the Nuffield. Additional weekend sessions approved within Dermatology and revised trajectory to be presented back to management executive group.











What

There continues to be a rising trend in the size of the paediatric team's RTT waiting list. This is following a recent peak in referrals from schools, exacerbated by significant staffing shortages. This is likely to deteriorate further given expected staff retirements over upcoming months.

Administrative limitations may have had an impact on correct RTT clock stopping. CCMT's longest RTT wait as at 22 Nov is 41 weeks, excluding ICB backlog cases.

So What?

Clinical time will be focused on preschool children and those with the greatest medical needs. This will result in lengthening waits for autism assessments, with consequential delays in the wider Suffolk educational and social services system. Parents and children will struggle to obtain the support they need for full educational and social attainment without this support.

What Next?

A 6-point pressure mitigation action plan is in place to reduce the worst effects of this operational demand:

- Reconsider current service contractual commitments
- Reconsider current service commitments to social care
- Skill mix current clinical team to mitigate national paediatrician shortages
- Directly engage with schools to highlight referral criteria and aim to reduce unnecessary referrals
- Encourage and support ICB's development of right to choose framework for NDD referrals in Suffolk
- Encourage and support ICB's development of new neurodevelopmental disorders pathway for Suffolk

These actions have varying lead times of 3 to 18 months before impact will be felt.

NHS England - 24/25 (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	23/24	ERF	24/25	Var %
Apr	9,545	10,333	10,285	(0.5%)
May	9,660	10,458	10,315	(1.4%)
Jun	9,090	9,841	9,879	0.4%
Jul	10,165	11,004	10,669	(3.0%)
Aug	8,967	9,708	9,262	(4.6%)
Sep	9,545	10,333	9,861	(4.6%)
Oct	10,454	11,317	10,650	(5.9%)
Nov	9,891	10,708		
Dec	8,744	9,466		
Jan	10,345	11,200		
Feb	9,206	9,966		
Mar	9,365	10,138		
Total (YTD)	**67,425**	**72,992**	**70,921**	**(2.8%)**

October 2024

23/24	10,454
ERF	11,317
24/25	10,650
Var	(667)
Var %	(5.9%)

Daycase

Mon	23/24	ERF	24/25	Var %
Apr	2,191	2,373	2,434	2.6%
May	2,245	2,431	2,568	5.6%
Jun	2,084	2,257	2,264	0.3%
Jul	2,364	2,560	2,613	2.1%
Aug	2,109	2,284	2,331	2.0%
Sep	2,245	2,431	2,424	(0.3%)
Oct	2,459	2,663	2,514	(5.6%)
Nov	2,408	2,608		
Dec	2,056	2,227		
Jan	2,420	2,621		
Feb	2,219	2,404		
Mar	2,241	2,428		
Total (YTD)	**15,695**	**17,000**	**17,148**	**0.9%**

October 2024

23/24	2,459
ERF	2,663
24/25	2,514
Var	(149)
Var %	(5.6%)

Outpatient Follow Up

Mon	23/24	ERF	24/25	Var %
Apr	25,353	27,046	27,943	3.3%
May	25,659	27,373	28,151	2.8%
Jun	24,145	25,758	26,717	3.7%
Jul	27,001	28,804	28,290	(1.8%)
Aug	23,819	25,411	25,445	0.1%
Sep	25,353	27,046	26,354	(2.6%)
Oct	27,767	29,622	26,498	(10.5%)
Nov	26,273	28,028		
Dec	23,225	24,777		
Jan	27,480	29,316		
Feb	24,452	26,086		
Mar	24,876	26,537		
Total (YTD)	**179,098**	**191,062**	**189,398**	**(0.9%)**

October 2024

23/24	27,767
ERF	29,622
24/25	26,498
Var	(3,124)
Var %	(10.5%)

Elective

Mon	23/24	ERF	24/25	Var %
Apr	256	277	270	(2.5%)
May	267	289	293	1.5%
Jun	247	267	233	(12.8%)
Jul	280	303	274	(9.6%)
Aug	256	277	277	0.0%
Sep	256	277	286	3.3%
Oct	284	307	341	11.2%
Nov	268	290		
Dec	249	269		
Jan	234	253		
Feb	244	264		
Mar	244	264		
Total (YTD)	**1,846**	**1,996**	**1,974**	**11.2%**

October 2024

23/24	284
ERF	307
24/25	341
Var	34
Var %	11.2%

All

All

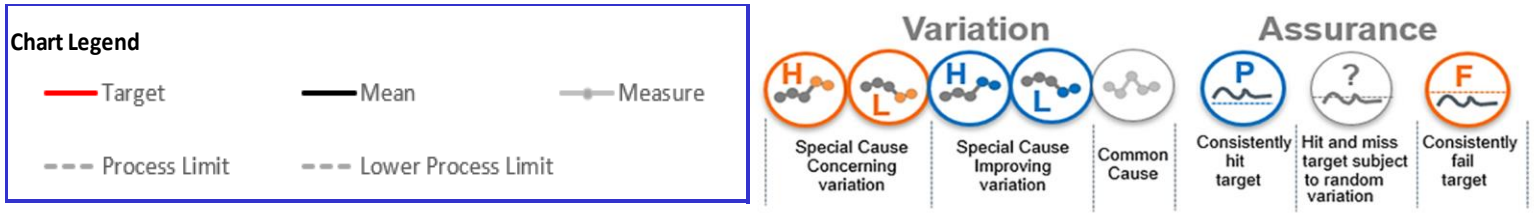
Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
23/24	38.2%	37.2%	37.0%	38.2%	38.5%	38.5%	36.6%	35.7%	37.4%	36.6%	38.2%	38.6%	**37.5%**
24/25	39.7%	38.8%	39.2%	40.1%	41.4%	38.6%							**39.6%**

Target	46.0%
Month	40.1%
YTD	39.6%

Elective Access: Activity

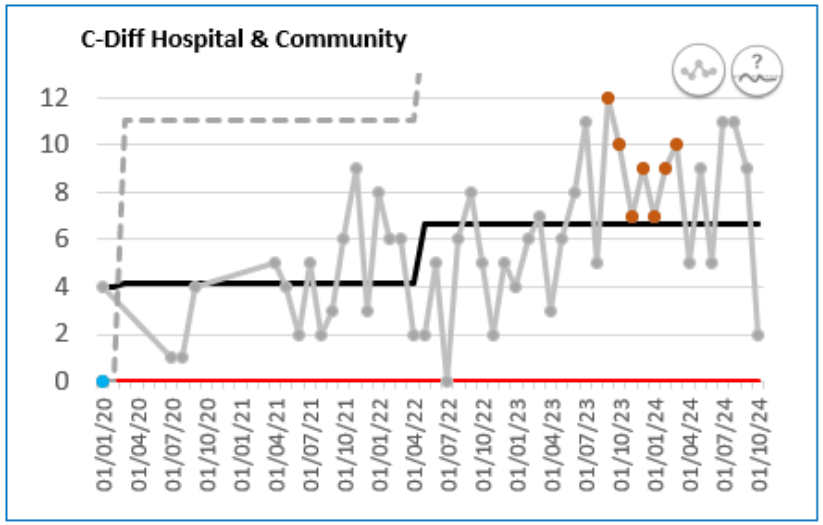
What	So What?	What Next?
Day cases year to date are meeting the required threshold to deliver the system level activity target of 108.09% of 2019/20 activity levels, though the October monthly position has slipped to -5.6%. Elective activity has further increased from September, showing its best performance this year in September at 11.2% ahead, closing the year to date gap to 1.1% behind. Elective procedures will attract the highest ERF income, however day case rates are an important productivity metric on which we are monitored externally and can deliver the high volumes of activity required to reduce waiting times in line with operational performance expectations. Da case rates were challenged in October due to staff absence in theatres, with elective activity prioritised. Outpatient follow ups continued to decrease below 2019/20 levels in October, having been over between April and June. These do not attract ERF unless they include a procedure. New outpatients continue to track behind the ERF threshold. Although not attracting the same levels of income as elective or day case procedures, this represents the biggest opportunity for the medical division and is also important for reducing overall waiting times, in line with operational planning expectations. Outpatient attendances that are a first attendance or with a procedure show no significant change from the 2023/24 average, September representing the lowest figure in year.	Although achievement is measured in terms of value and at a system level, increasing absolute activity is required to achieve Elective Recovery Fund income as part of our Financial Recovery Plan and deliver on the objective to eliminate waits of >65 weeks by 22 December 2024. Although there is no specific requirement to deliver a reduction in outpatient follow ups this year, doing so will support delivery of the other modalities on which the Elective Recovery Fund threshold is based and will support the new ambition of 46.2% of outpatients to either be first attendances or with procedures.	**Surgery:** • Reinforcement and monitoring of Patient Initiated Follow Up (PIFU) • Increased delivery of High Volume Low Complexity lists • Continuation of weekend lists • All lists booked to 90 -100% • Specialty level Elective Recovery Fund (ERF) tracker and identification of shortfall, assuring delivery of ERF plan • Coding review in fracture clinic and audiology to follow up identified opportunity. **Women's & Children's:** • Gynaecology: over performing in elective and day case. Further expansion of elective inpatient activity through weekend lists, potential for further increase should inpatient bed base be reconfigured as part of ESEOC backfill. • Paediatrics: Continued focus on general paediatrics PIFU and assessing impact of winter staffing requirements on outpatient activity. **Medicine:** • Further additional clinics to be booked where ERF income will be realised. • 'Further Faster' continues a specialty level focus on areas of non-compliance. • Dermatology additional activity proposal approved at Management Executive Group. • Gastroenterology 3 month adjustment to clinic templates, converting 2 follow up to 1 new appointment.

IMPROVEMENT COMMITTEE METRICS



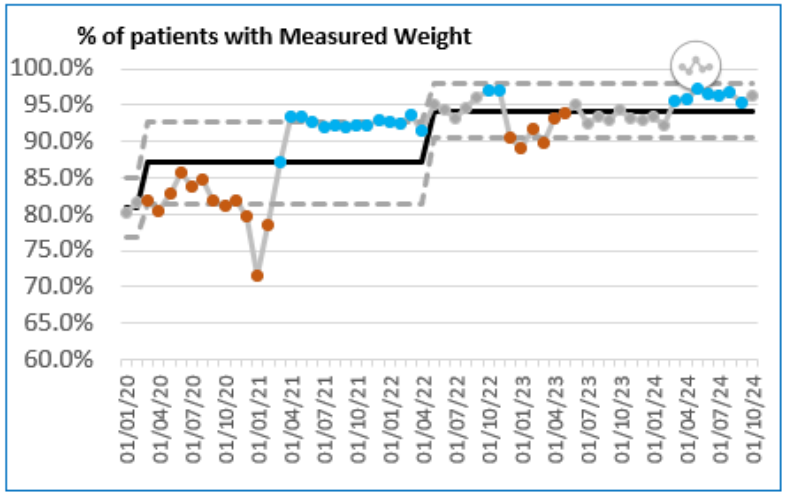
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
C-Diff Hospital & Community	Oct 24	2	0			7	-2	15
% of patients with Measured Weight	Oct 24	96.2%				94.2%	90.5%	97.9%
% of patients with a MUST/PYMS assessment completed within 24 hours of admission	Oct 24	86.3%				86.1%	77.1%	95.1%
% of patients with a MUST/PYMS assessment completed within 48 hours of admission	Oct 24	94.2%				93.3%	89.3%	97.3%
Post Partum Haemorrhage	Oct 24	11				7	0	15

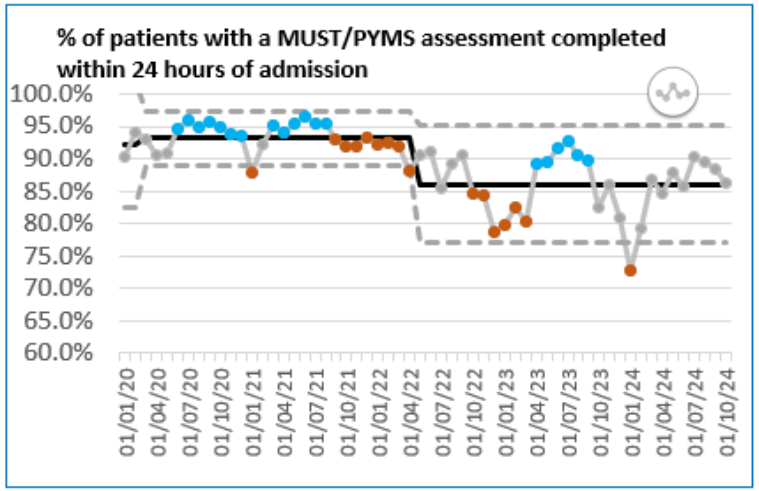
Safe

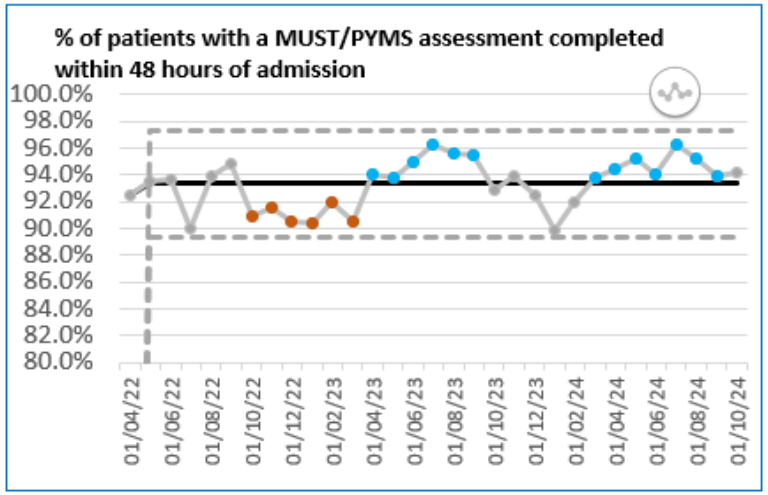


What	So What?	What Next?
Cases in October were the lowest monthly incident rate in the last 18 months. Whilst there has been a reduction in *Clostridioides difficile* infection cases this month, the data remains in common cause variation suggesting no sustained improvement at present. The threshold set combines HOHA & COHA cases which provides the organisations measure for national/regional data and better demonstrates the impact on our patient group. 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. In addition, a new strain of *Clostridioides difficile* has been identified which has been linked with significant outbreak scenarios within the UK. As a result, infection prevention and control is a key priority for all NHS providers. The NHS Standard Contract 2024/25: Minimising Clostridioides difficile is now published with a WSH threshold of 91 cases 2024-25.	The situation remains complex and has been identified as an organisational key priority, with escalations via patient quality & safety group and attendance at the improvement committee March & October 2024. The Quality Improvement Programme has commenced and will run for at least 12 months - April 2025. QI update: • Enhanced cleaning of ED underway with rolling programme planned – ongoing – November onwards 2024 • QI programme re-launch – Nov-Jan 2024 • Additional nursing resource provided to increase progress of support to the subgroups – QI and education background – November 2024 • Oversight meetings planned for January 2024 • Work underway with Norfolk ICB to provide information re Thetford patients – to provide information by Dec 2024 for work to be undertaken by Norfolk ICB

Safe



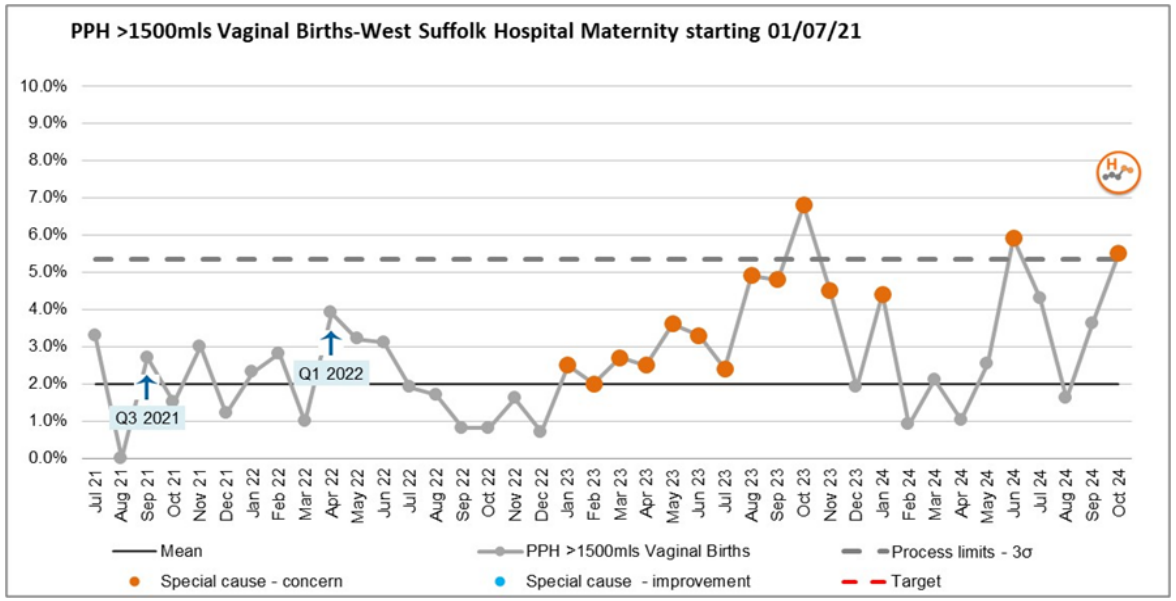


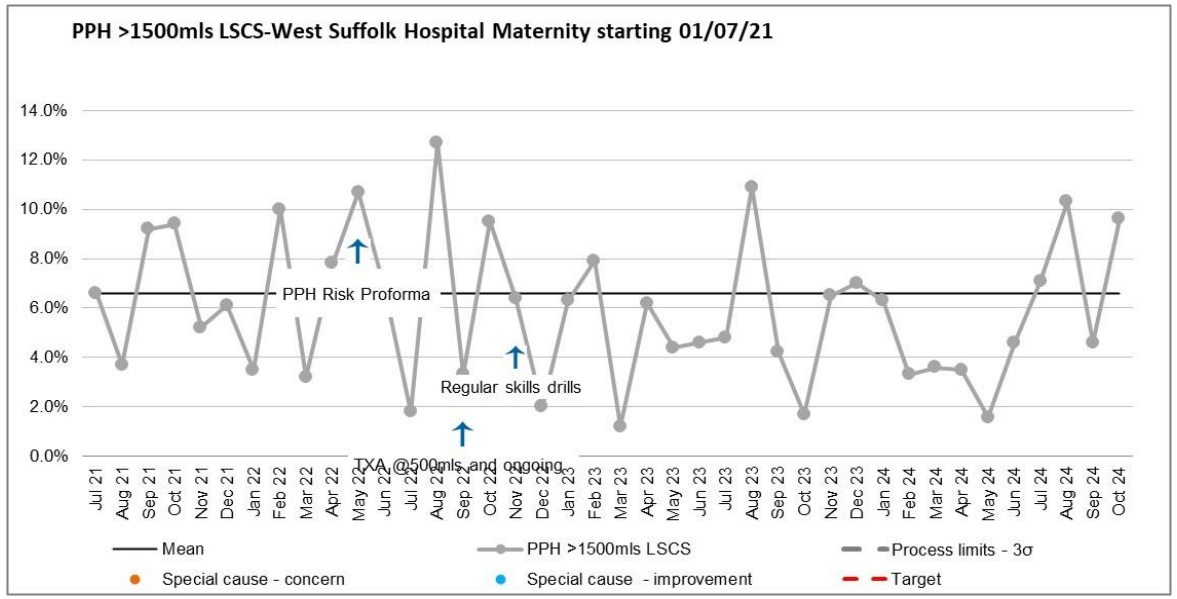


What	So What?	What Next?

Nutritional assessments within 24hours is in common cause variation and has been above average for last 4 months. Some small decline in the last 3 months. This correlates with Urgent and Emergency care pressures, which delay the completion of these assessments due to delays in transfer to the base wards.
 	
To mitigate this, delay the Emergency Department have commenced a screening assessment tool to identify those most at risk in the initial period, however this is not a full assessment and is not captured in this data. But identifies patients at risk and those that require support if the stay in ED is protracted.
 	
Most patients have a weight recorded during their admission, but the teams continue to focus on ensuring this is measured within the first 24hrs.
 	
Currently the Trust is achieving 66% in compliance with this within first 24 hours, with work ongoing to improve this metric.
	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.
	
	The reporting process to capture the timeliness of assessments when patients are admitted to a ward has been updated and will be rolled out in December for reporting the November data. This will provide teams with the opportunity to improve the compliance and accuracy of this important metric as they will receive reliable information regarding their own area, as opposed to the admitting area.
		• Monitor introduction of short assessment in ED and observe the impact on this
		• Review of data in December following changes to reporting
		• Monitor for incidents or complaints raised regarding nutritional intake or support at department level to gain assurance.
		• To commence improvement work streams following the ‘Food as medicine’ workshop – November 24. This is completed with 4 workstreams identified
		  • Assessment
		  • Planning the day
		  • Patient flow
		  • Support when eating
		• Monitor weight on admission and every 7 days compliance via safety reports and Radar assurance audit.

Safe





What

This month data of Post-partum Haemorrhages (PPH) exceeding 1500 mls for Vaginal Births indicates special cause concern. A comprehensive review of all cases was conducted in line with the internal governance procedures.

In October 2024, there were eleven reported cases of PPH over 1500 mls, with five occurring after vaginal births and six following LSCS. The majority of these cases involved White British women, who were classified as high or very high risk for PPH. The primary cause of PPH identified during the review was a combination of tone and trauma. As noted in the Birth Trauma report from May 2024, individuals giving birth and their support partners often find PPH to be a traumatic experience, and actions for improvement have been identified through a "so what" review process.

PPH is one of the most common obstetric emergencies and requires clinical skills, with prompt recognition of the severity of a haemorrhage and emphasise communication and teamwork in the management of these cases.

Previous targets were set by The NMPA (National Maternity and Perinatal Audit)using 2022 data. Due to significant changes in practice (increased induction of labour and elective caesarean births) these targets have been removed as they are no longer relatable to the service.

So What?

Following a PPH there is the potential increase of length of stay, additional treatment and financial implications for the organisation and family.

Following a PPH there is an increased risk of psychological impact, exacerbation of mental health issues as well as affecting family bonding time, which can have irreversible consequences.

Exposure of psychological trauma to patients and our staff.

Severe bleeding after childbirth - postpartum haemorrhage (PPH) - is the leading cause of maternal mortality world-wide. Each year, about 14 million women experience PPH resulting in about 70,000 maternal deaths globally (WHO 2023)

What Next?

Quality Improvement 3rd cycle launched

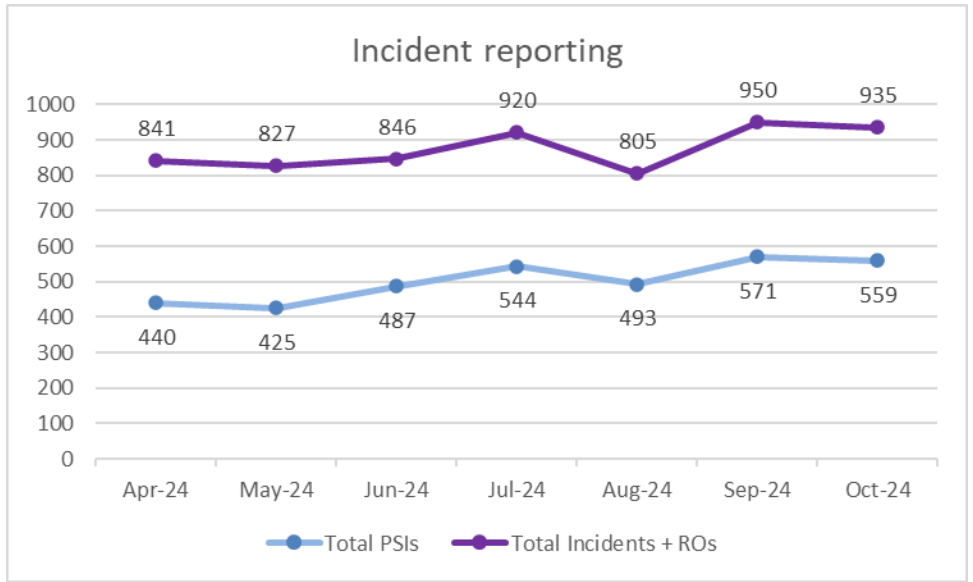
5 workstreams identified; Anaemia, Training, Risk, Equipment/Estates and Medication

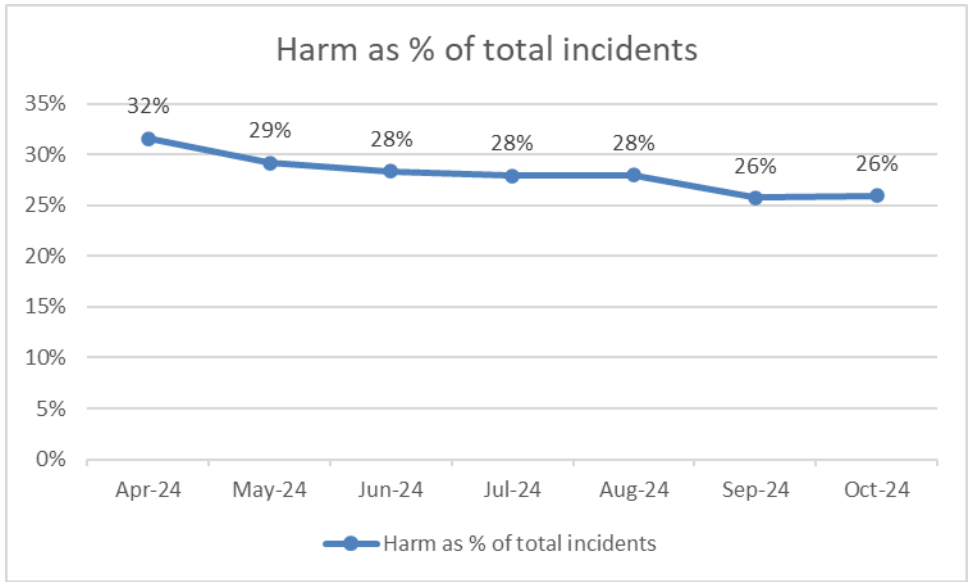
Engagement with local, LMNS (Local Maternity & Neonatal System) and regional QI programmes has shown some improvements these are not constantly sustained. Ongoing work continues to deep dive into the reasons for our PPH >1.5L.

A review of the "So what" initiative was undertaken in relation to PPH and subsequently presented to the WSFT Improvement Committee and the LMNS Safety Forum in November 2024. The feedback from service users highlighted the need for enhanced support for both parents following PPH, and the methods for implementing these improvements are currently under evaluation.

With the removal of nationally set targets, to monitor performance in line with maternity units across the region.

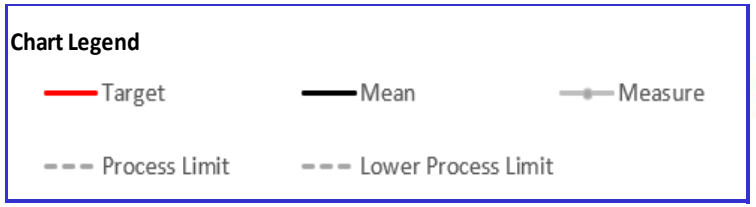
Safe

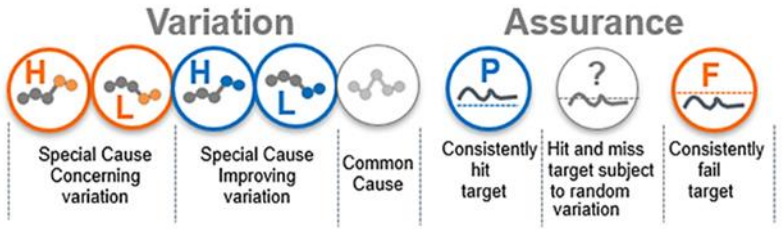




What	So What?	What Next?
The number of reported patient safety incidents (PSI) and reportable occurrences (RO) remains consistent, together with a stable reduction in harm as a percentage of total incidents. Harm as a % percentage of total reported PSI is a measure of safety and demonstrates we are reporting low harm and near miss events as well as incidents which are attributed to harm. The low percentage is a good indicator of safe care. This month we have seen an increase in medication and equipment incidents, incidents relating to nutrition, hydration and feeding tubes, IT issues and staffing level difficulties.	The patient safety team are preparing the refreshed quarterly patient safety report to present at the December Patient Safety and Quality Governance Group. This will help us measure safety and culture in more depth and allow us opportunity to analysis interaction with the Radar system. The patient safety team also analyse monthly data to provide a like for like comparison of reporting figures for areas and subject (where available). The report will highlight areas where reporting is markedly down and where areas are reporting more incidents and ROs via Radar. This is reported to the Radar Oversight Group (ROG).	Continue to undertake the quarterly thematic analysis report which is shared at PQASG to ensure it analyses the data to allow for learning outcomes to be shared widely with the clinical divisions and the specialists leads. Safety actions are recorded on Radar and areas for improvement are captured on LifeQI. Measurement of safety actions forms part of the new patient safety report and part of the divisional governance project which is underway to ensure accurate capture and action.

Mortality Summary

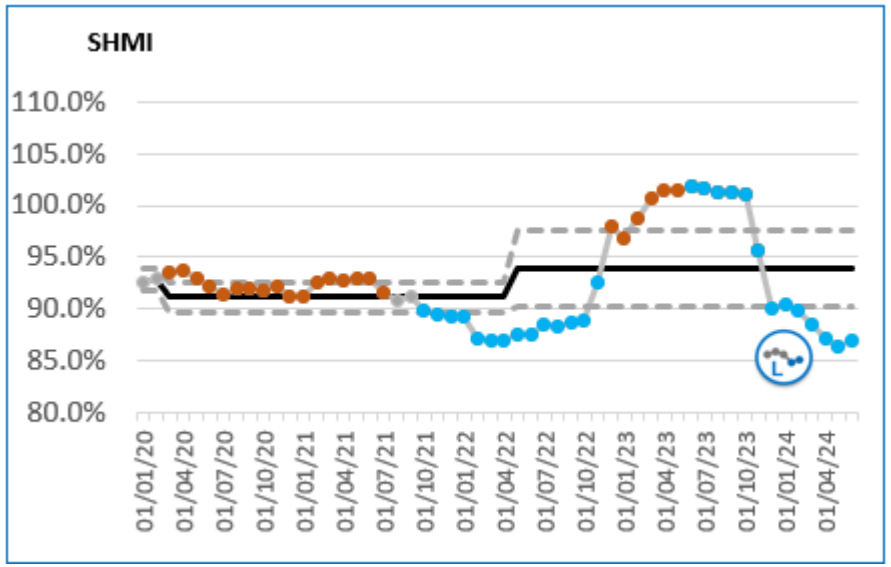


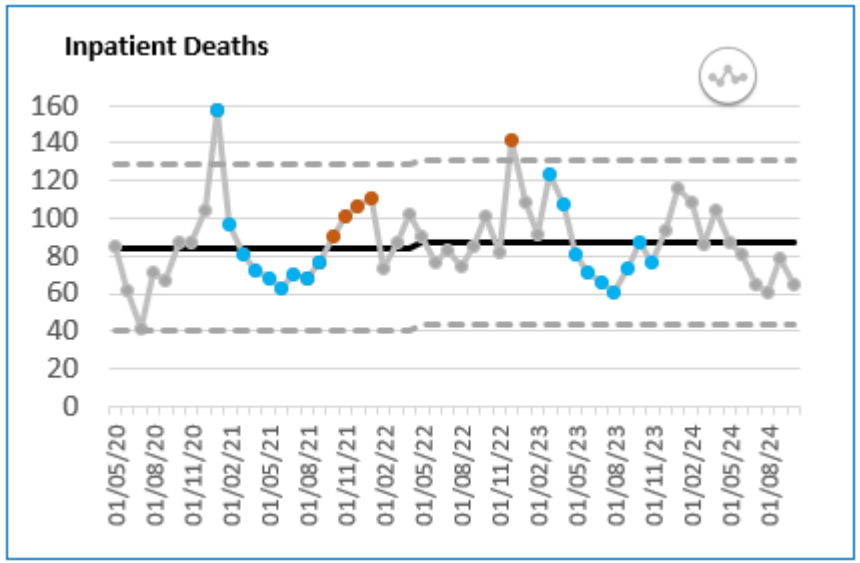


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
SHMI	Jun 24	86.9%				93.9%	90.3%	97.5%
Inpatient Deaths	Oct 24	65				88	44	131

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

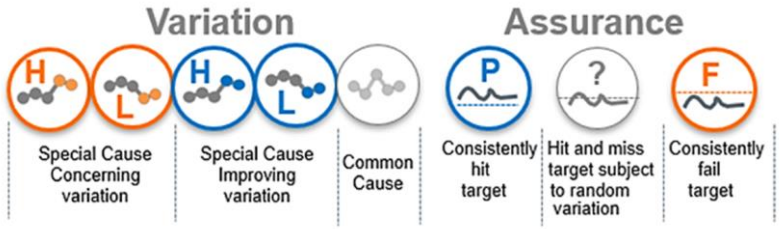
Mortality





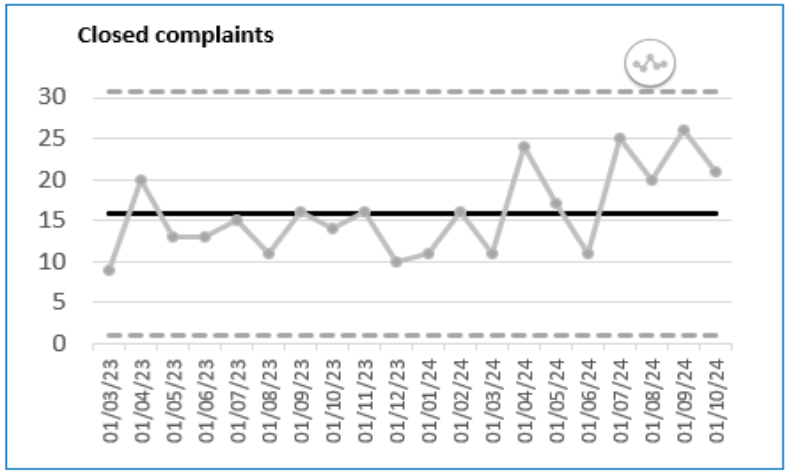
What	So What?	What Next?
Our SHMI now demonstrates that we have less deaths than expected given our patient demographics and disease coding	Provides reassurance that the care provided is good and our SHMI is better than comparative Trusts	SHMI is a nationally monitored metric and we continue to benchmark our Trust against comparable Trusts and all other Trusts in the EoE .

INVOLVEMENT COMMITTEE METRICS



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Active complaints	Oct 24	27	-			31	16	46
Closed complaints	Oct 24	21	-			16	1	31
% extended	Oct 24	38%	-	L		77%	42%	112%
Count extended	Oct 24	8	-			12	2	21
% Complaints responded to late	Oct 24	4%	-			10%	-25%	45%
Count responded to late	Oct 24	1	-			2	-5	8
% resolved in one week	Oct 24	75%	-			56%	26%	85%
Total PALS resolved Count	Oct 24	261	-	H		157	55	258

Safe


Closed complaints
30
25
20
15
10
5
0
01/03/23
01/04/23
01/05/23
01/06/23
01/07/23
01/08/23
01/09/23
01/10/23
01/11/23
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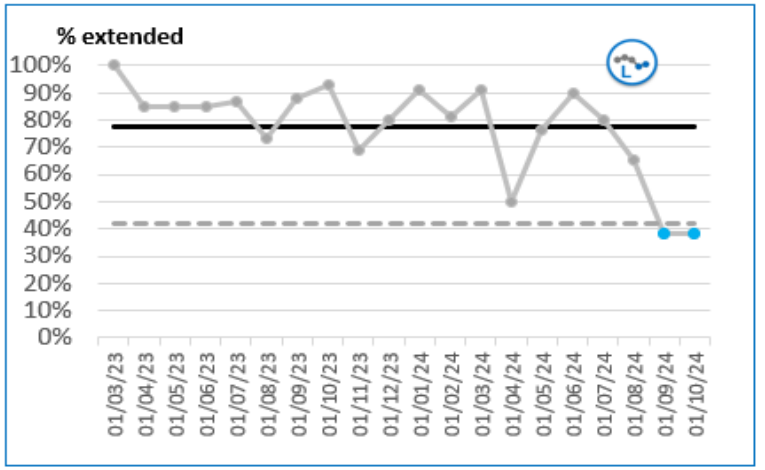
% extended
100%
90%
80%
70%
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50%
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30%
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10%
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01/03/23
01/04/23
01/05/23
01/06/23
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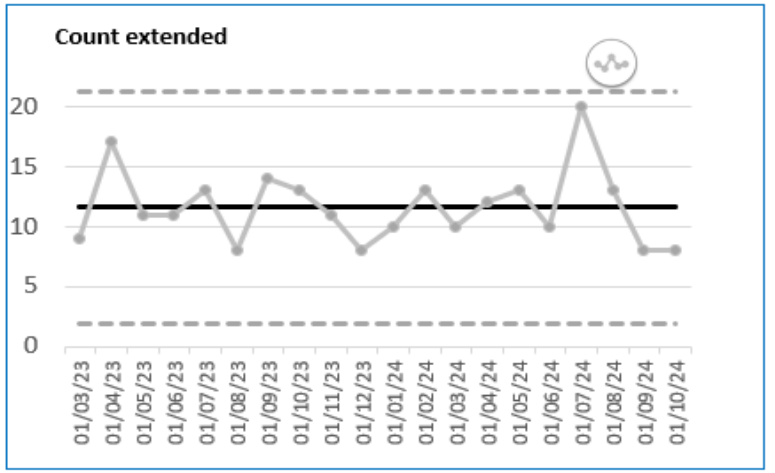
Count extended
20
15
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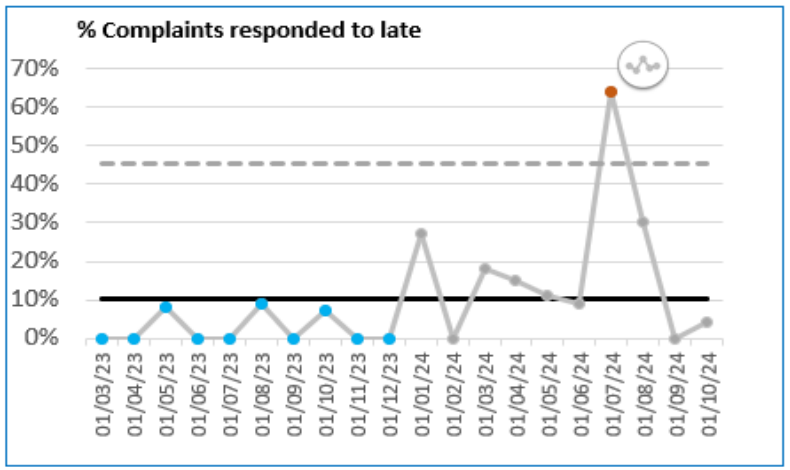
% Complaints responded to late
70%
60%
50%
40%
30%
20%
10%
0%
01/03/23
01/04/23
01/05/23
01/06/23
01/07/23
01/08/23
01/09/23
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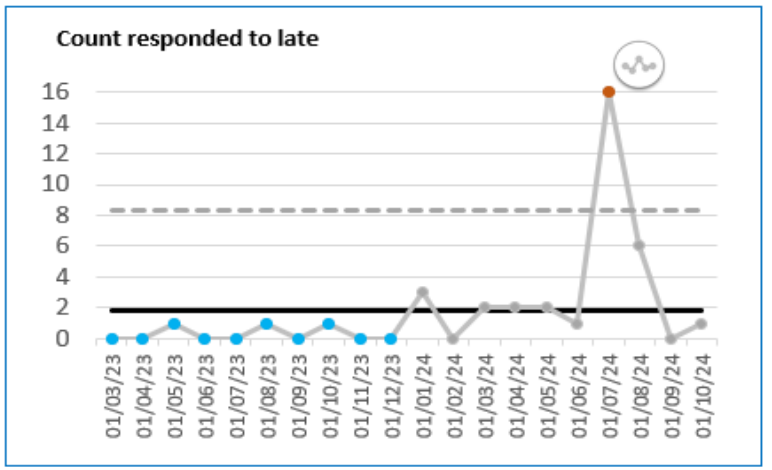
Count responded to late
16
14
12
10
8
6
4
2
0
01/03/23
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01/05/23
01/06/23
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01/08/23
01/09/23
01/10/23
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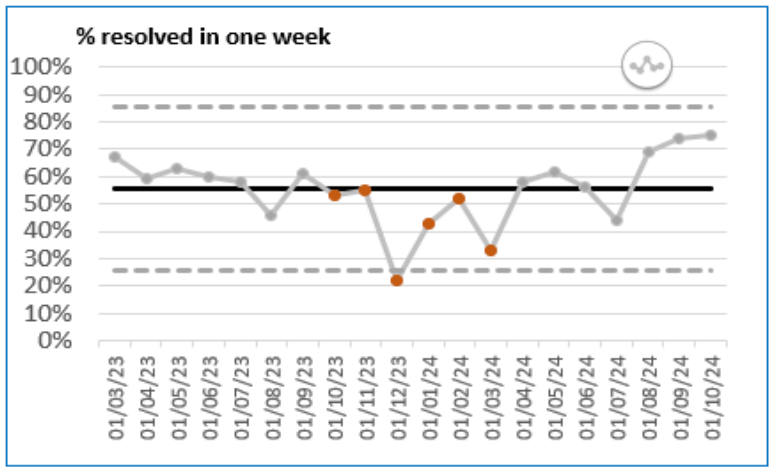
% resolved in one week
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
01/03/23
01/04/23
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01/06/23
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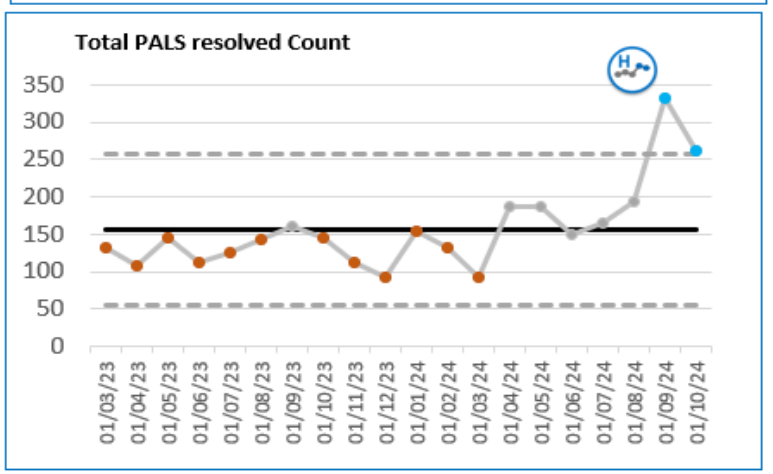
Total PALS resolved Count
350
300
250
200
150
100
50
0
01/03/23
01/04/23
01/05/23
01/06/23
01/07/23
01/08/23
01/09/23
01/10/23
01/11/23
01/12/23
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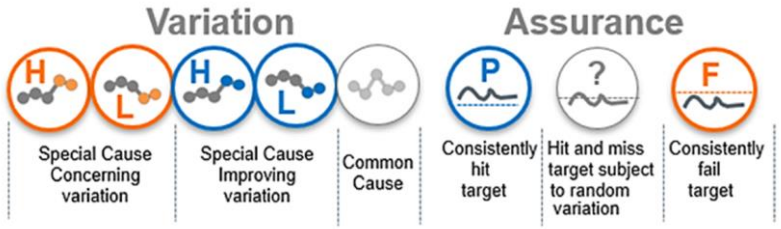
01/03/24
01/04/24
01/05/24
01/06/24
01/07/24
01/08/24
01/09/24
01/10/24

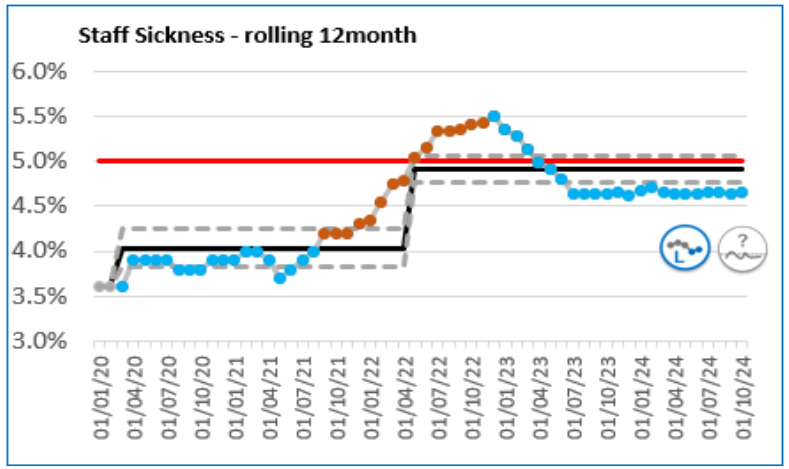
Safe

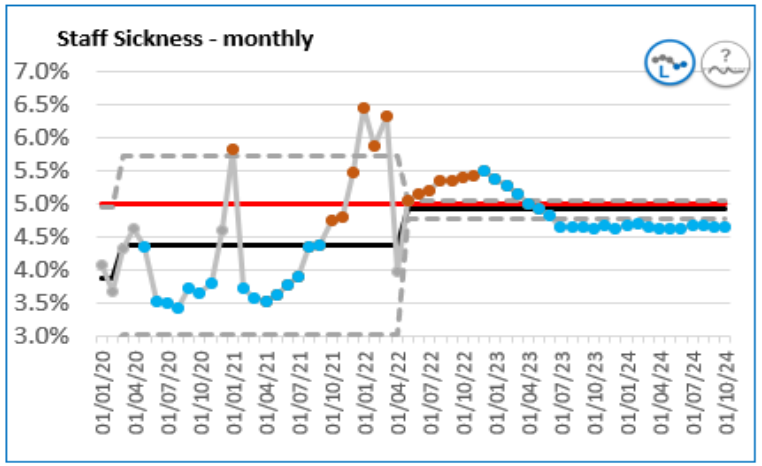
What	So What?	What Next?
261 PALS cases resolved within October with 75% closed within one week. This is an upward trend of cases resolved within one week for this financial year and meeting our target of 75%. When analysing the data, the average time for resolution is 8 days. This is an improvement from August and September where the average was 10 days. The team historically had not been logging all activity due to the time taken to record on RADAR and so improvements have been made to a shorter version of the PALS form to ensure activity is logged accurately. At the time of reporting, we had 27 open complaints for the Trust in total, across all divisions. In October the complaints team resolved 21 complaints which helped reduce this figure. Of the 21 complaints that were responded to, only 1 were classified as late. This was due to the investigation taking longer than initially expected due to the complexity involved. This remains within the controlled limits. Closed complaints remain high and volume of complaints extended are on a downward trend, which is a reflection that the working methods to obtain staff responses are working. This in turn has had a positive effect on the total open complaints, which has reduced to 27. We will continue to monitor the overall picture with aims to maintain and improve all metrics alongside our investigating colleagues and sign off at the Trust Office. All metrics continue to remain within the controlled limits.	The PALS team have introduced new working methods to ensure time is taken to accurately record PALS activity which doesn't require full investigation. The team are constantly providing support, advice, information and guidance to patients and their loved ones on a daily basis which doesn't always require investigation, however, can take a considerable amount of time. The complaints team continue to implement and adapt the new strategy of obtaining staff responses in a timelier manner, whereby we remind staff that the due date for their response is coming up rather than only informing them once overdue. This is working well which is reflected in the complaints closed performance and reduction in complaints extended, whereby we are receiving staff investigations at an earlier stage.	The PALS team have reached their goal of a minimum of 75% resolved within 1 week by the end of December 2024, 2 months early. We will work towards maintaining and improving this figure however note the reduction in PALS staff may make this challenging. The fourth PDSA cycle of the QI test and learn project within the complaints team for increased early resolution meetings, as opposed to written responses is on-going and will end in March 2025. The complaints team successfully completed 1 further meeting which was resolved within the 25 day expected timeframe. Early indication shows that meeting with complainants who have had their concerns RAG rated as RED, are successful with support from an Exec lead. To support divisional oversight, we have adapted our sign off process to ensure divisional leads and service managers etc. have input into the draft responses prior to going for exec sign off. This appears to be working well with good engagement at this stage of the process. We have also invited clinical leads to the Experience of Care and Engagement Committee on an on-going basis to increase doctor representation. Regarding extensions, we will continue to monitor this data closely and are reviewing our own working methods, in particular how we prioritise cases where we have received all staff responses and can begin drafting reports. The performance of this is influenced by investigating colleagues and sign-off for which we will monitor and make improvements to our process as sustainable long-term solutions become apparent.

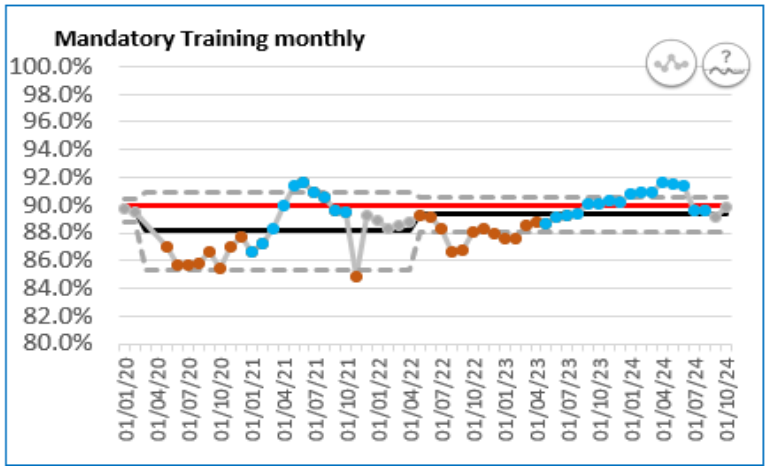


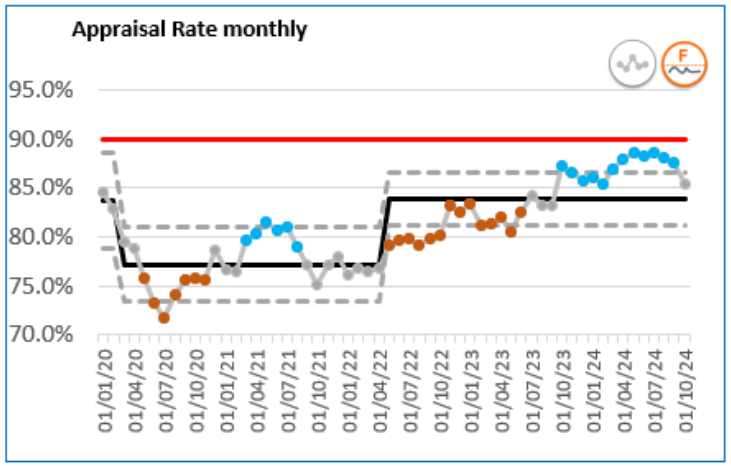
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Sickness - rolling 12month	Oct 24	4.7%	5.0%			4.9%	4.8%	5.1%
Staff Sickness - monthly	Oct 24	4.7%	5.0%			4.9%	4.8%	5.1%
Mandatory Training monthly	Oct 24	89.8%	90.0%			89.3%	88.1%	90.5%
Appraisal Rate monthly	Oct 24	85.4%	90.0%			83.9%	81.3%	86.6%
Turnover rate monthly	Oct 24	6.5%	10.0%			10.6%	9.7%	11.5%

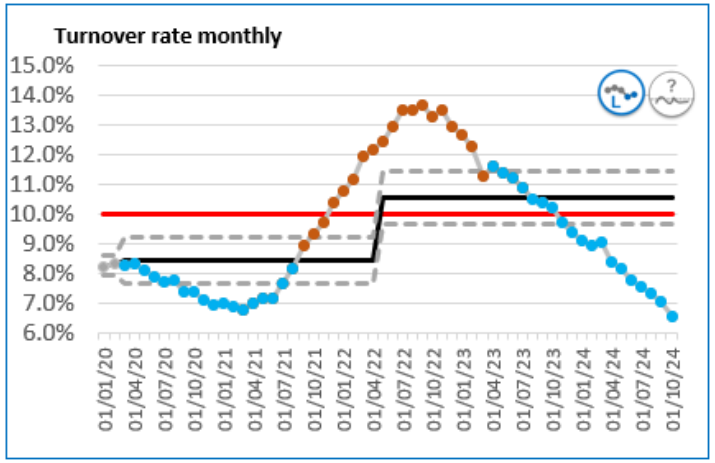
Well Led











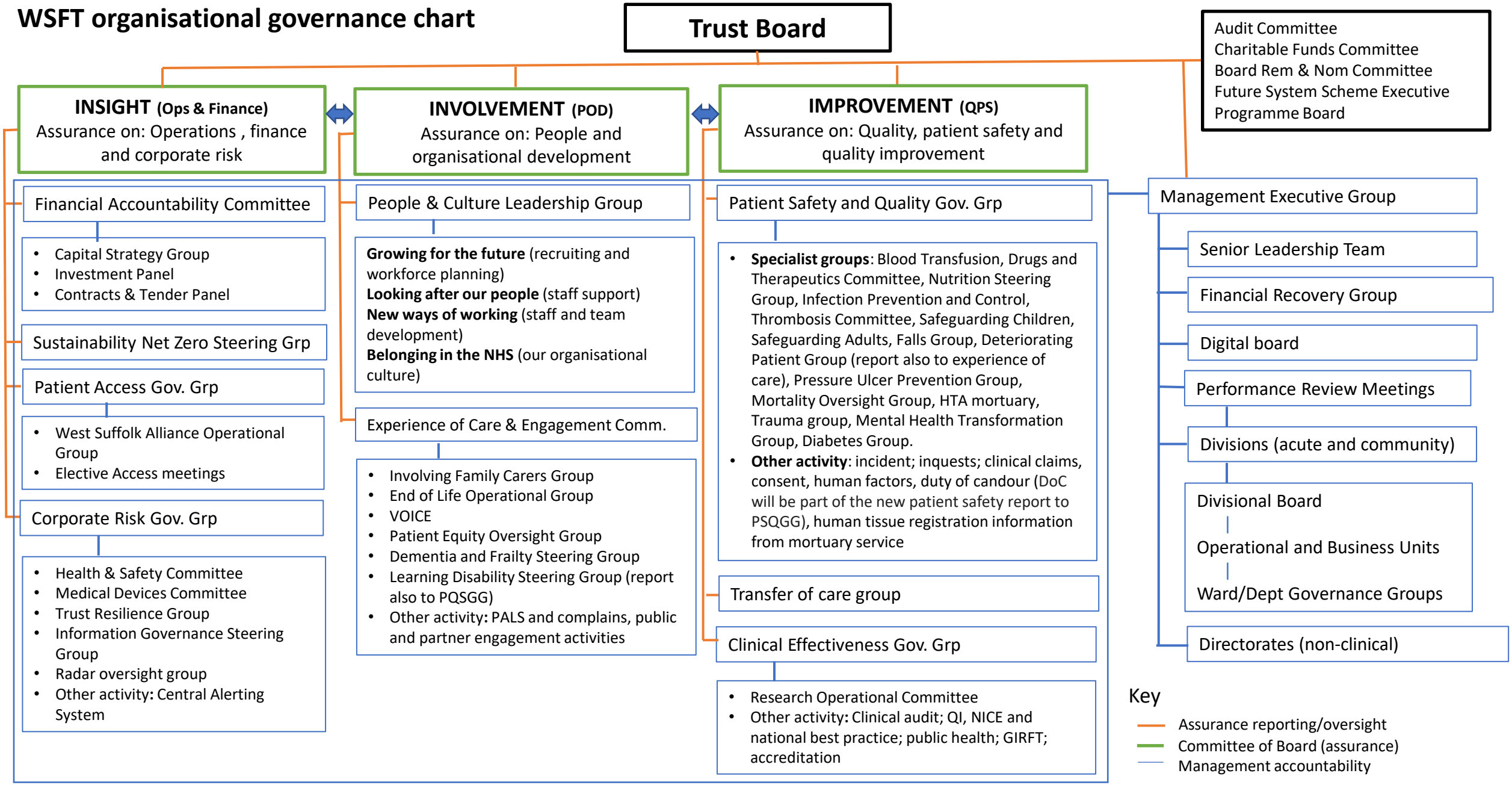
What	So What?	What Next?
Two out of four of our key performance indicators continue to record an improving variation with mandatory training marginally below target. Sickness – achieving target at 4.7% versus 5% target. Mandatory training – slightly below target at 89.8%. Appraisal – consistently failing target, 85.4% versus 90% target. 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. Recover 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.

Matters arising from previous meeting

Item 7.4 Annex A Organisational structure - Organogram 2025 MEG 8 Jan 2025

Presented by Pooja Sharma

WSFT organisational governance chart



next day BRIEFING NHS Providers

The Insightful Provider Board and Insightful ICB Board – New NHS England guidance

Introduction

On Tuesday 12 November NHS England (NHSE) published *The insightful provider board* and *The insightful ICB board* alongside supporting documents. This non-mandatory guidance aims to support provider boards and integrated care board (ICB) boards, respectively, to turn data into useful insight. Effective governance practice around board reporting and assurance-seeking is also considered in each document. Both contain suggested measures that boards might wish to consider using for planning, monitoring and seeking assurance about progress.

This briefing provides an overview of the contents of each, with a focus on *the insightful provider board*, places the publications in the context of the ongoing review of the NHS oversight and assessment framework and the NHS operating framework, gives NHS Providers' view.

The context

NHS England chief executive Amanda Pritchard launched the documents during her speech at NHS Providers Annual Conference and Exhibition on 12 November. In her keynote speech, she framed both documents within the context of the 'system optimisation' prescribed by Lord Darzi in his recent report diagnosing the challenges facing the NHS.

The insightful ICB board begins to clarify the role of ICBs as, in Ms Pritchard's words, "focused on strategic commissioning and creating the environment for more action on prevention and more care in the community". She said a revised NHS operating framework and oversight and assessment framework would further clarify the roles and accountabilities of providers, ICBs and NHSE.

The documents themselves, she said, aim to properly equip boards, "making sure they've got the right information at the right time, and can use it in the right way to both lead and track improvement, as well as responding quickly to problems. Providing, in one place, what executives and NEDs should be looking at, and [setting out] how to use it to drive better outcomes, better productivity, better decisions."

The documents also give an indication of how the organisational and oversight structure of the NHS will be reformed to support delivery of the forthcoming 10 year plan.

Overview

Both documents are framed as supportive good practice as opposed to mandatory guidance.

For provider boards, the "document is not an exhaustive governance resource and should be read alongside other the *code of governance* for NHS providers and *guidance on good governance and collaboration*. Therefore, "non-compliance is not in itself a breach of any regulatory requirement." This guidance is intended for boards to use to check they are covering all the bases and to seek inspiration and improvement from, if required.

The insightful ICB board reflects NHSE's 'expectations of ICBs', and while not as explicit as *The insightful provider board* in terms of being non-mandatory, is also framed as a 'guide' to "help ICBs to assess the effectiveness of the information they collect and use".

Both documents seek to support boards to make use of data effectively in the context of increasing complexity, and to use data intelligently to gain useful insight rather than false assurance.

The insightful provider board

The document is in three sections, covering:

- The board's role in governance and organisational culture,
- Suggestions for ensuring that information boards receive and review is meaningful, and
- Domains for consideration by boards, with related key questions they might wish to consider, and measures and indicators that might enable them to gain adequate assurance about performance.

Governance and culture

Starting with the role of an NHS provider board, this section highlights the board's responsibility for ensuring quality and safety, and for promoting the long-term sustainability of the trust as part of its integrated care system (ICS). An extensive list of what well-led boards need to do is set out, which demonstrates the wide range of issues boards should be concerned with. The guidance highlights the need for effective governance arrangements, open, curious and transparent cultures, and insightful information needed for boards to undertake these complex functions and to assure themselves of progress.

While the guidance focuses on the need for robust, relevant information that is effectively interpreted and used, governance and culture are recognised as significantly impacting on the board's ability to obtain and use information effectively. The need for independent board effectiveness reviews every three to five years is highlighted, as well as the importance of continuous board development and of attention to directors' skills and experience mix.

The section sets out some fundamental principles of good governance, including processes and structures, alongside key governance questions for boards to consider.

The value of compassionate, inclusive, open and transparent cultures is highlighted, which should be fair and just, and facilitate continuous improvement, and the need for boards to be 'problem-sensing' is set out: early detection of closed cultures is encouraged.

Meaningful information

Recognising that the context in which boards operate is increasingly complex, for example due to access to more datasets, this section provides an overview of board practice which seeks to prevent boards being blinded by information overload.

In this context, the guidance highlights the importance of committees effectively escalating to the board after reviewing more granular data, and also the importance of triangulation, considerations around aggregating data, making good use of analytical tools, and pitfalls to avoid.

NHSE sets out the characteristics of an effective NHS provider board:

- Is curious
- Takes necessary actions
- Requires continuous assurance
- Supports staff and system

Six domains to consider

The final section provides an overview of the types of information and metrics which boards may consider, and is intended to cover all NHS provider sectors. The document makes it clear that "by its nature [the measures are] extensive and although it identifies mandatory reporting, the inclusion of metrics in these domains should not be taken to imply that all information and metrics should routinely be reported." Boards are also told that using other ways to arrange indicators and measures is acceptable, and that this is one possible structure that NHSE have chosen.

The section is structured around six 'domains':

- Strategy
- Quality
- People
- Access and targets
- Productivity
- Finance

Suggested questions for boards are again included against each domain, and then each is broken down into further areas, each with suggested qualitative and quantitative measures that boards may want to use to monitor and gain assurance.

Further detail in relation to these indicators is included in supporting guidance (see below).

Supporting guidance and integrated performance report

The supporting guidance should be read alongside *The insightful provider board* and provides additional commentary on the metrics selected in the main document, and advice on developing and interpreting the suggested measures, as well as some additional indicators for consideration. An example integrated performance report (IPR) is also included.

Content overview – The insightful ICB board

The guidance for ICB boards follows a similar format to *The insightful provider board*. For ICBs, the board's focus is framed squarely in the context of strategic planning to deliver health care that achieves the four core purposes of integrated care systems (ICSs):

1. Improve population health and health care
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

It is notable that this document emphasises ICBs' role as strategic commissioners, and does not position them as performance managers in their systems. Nor does it contain any reference to NHSE exercising its regulatory functions 'with and through' ICBs, as set out in the 2022 NHS England operating framework. Instead, it focuses on the information and insight ICBs require into both their own performance as boards and the performance of the system itself, to understand progress towards achieving the four core aims.

Beginning with a section on the role of the ICB board, the guidance sets out what ICBs need to use information for to be effective:

- planning,
- managing resources,
- understanding the provider landscape and procuring accordingly,
- gaining assurance about care delivery, and
- considering risk and mitigations.

As organisations, ICBs must also be sure they are run well and operate effectively, including delivering on their statutory functions. 'Active governance' is advocated, including relevant policies and reporting structures, and clarity about where decision-making and accountability sits in terms of any delegated functions.

The guidance includes advice on ensuring information is meaningful, including top-level information ICBs might wish to consider. ICBs should seek to assure themselves about the usefulness and accuracy of the data they receive. There follows a reminder about how information can be presented to enable boards to draw insight, and as in the provider board guidance, the benefits of triangulation, effective board and committee practice, and the use of analytics are highlighted. A sample IPR is also included for ICBs.

The third and most extensive section includes suggested indicators and measures against "six functional areas which underpin how ICBs deliver their purpose":

1. Strategy and planning
2. Leadership
3. Arranging for the provision of healthcare services (strategic commissioning)
4. Assuring performance, quality and delivery
5. Learning and transformation
6. Effective governance and people

For each area, there are questions for consideration by ICB boards, and further explanations about the importance of effective insight. NHSE commits to amending the metrics annually based on ICB feedback.

Finally, ICB boards are given advice about putting the guidance into practice. Appendices include an indicative ICB board agenda and annual cycle, and an outline of ICB key statutory duties.

NHS Providers view

Overall, we believe trust and ICB board members will find these overviews helpful. These publications will help board members to check their own reporting, monitoring and assurance-seeking, and make improvements where needed.

The insightful provider board

We were grateful to have the opportunity input into these documents, and to see our recommendations have been taken into account.

As supportive guidance, both documents contain sound and established governance principles and practice, clearly and briefly articulated. This is timely given that ICBs are still relatively new organisations, and because of the rate of turnover in trust boards. Board members will benefit from thinking through and self-assessing their practice against the principles and suggested questions here, with their colleagues, NHS partners, and with input from their governance and data analytics professionals.

We also recognise and agree that the context in which boards operate has become more complex, and the data available more extensive: the potential for missing the wood for the trees has increased so this guidance is timely.

We would agree that the domains and areas suggested for provider board attention are those which mature, effective boards should be concerned with. The specific measures and indicators selected are generally appropriate in our view, and give boards a potentially helpful list of suggestions to review their current reporting and assurance-seeking practice against. As the document recognises, this is a guide, not a checklist.

However, we observe that the productivity metrics are arguably too acute-focused, and the suggested people indicators lack a sustained focus on equality, diversity and inclusion. We are pleased to read that "Finance should not be considered in a silo – it is a significant factor in how the trust prioritises resources and the impact this has on the services provided for patients and service users, and the wider finances of the system". More national messaging along these lines would be welcome.

Revised focus for ICBs

We are pleased that The insightful ICB board guidance reframes ICBs' role to emphasise strategic leadership focused on achieving the four core aims of ICSs. ICBs' ability to focus on longer-term aims is vital to shifting care closer to home, and towards a prevention-focused model – two of the government's three 'big shifts'. ICBs have previously been asked to focus on immediate operational and financial pressures (including through the NHS England operating framework) and this has made it harder for systems to focus on longer term transformation.

We need the added-value ICBs can bring if given the space to convene partners to collaboratively and strategically plan, problem-solve and join-up services across the NHS and with social care. This is the system leadership role that was envisaged for them in the 2022 Health and Care Act.

This will also hopefully remove duplication between ICBs and NHSE, which in turn will free up trust boards to focus on doing their part to deliver for the communities they serve, and work with partners in their systems to create the sustainable NHS that we all want to see.

These pieces of advisory guidance cannot bring about change on their own: the changes suggested here need to be reflected in NHSE's revised oversight and assessment framework, while the 10 year plan must tackle the other barriers to successful system working and integration.

Annex C: Scheduled draft agenda items for next meeting – 28 March 2025

Description	Open	Closed	Type	Source	Director
Declaration of interests	✓	✓	Verbal	Matrix	All
Patient/staff story	✓	✓	Verbal	Matrix	SW / JMO
Chief Executive's report	✓		Written	Matrix	EC
Organisational development plan	✓		Written	Matrix	JMO
System update: - West Suffolk Alliance and SNEE Integrated Care Board (ICB) - Wider system collaboration - Collaborative oversight group	✓		Written	Matrix	 PW / CM ST ST
WSFT strategy	✓		Written	Matrix	ST
Future System Board Report	✓		Written	Matrix	EC
Digital Board report	✓		Written	Matrix	NC
Insight Committee – committee key issues (CKI) report - Finance report - Operational planning guidance - Budgets and capital programme 2025-26	✓		Written	Matrix	AJ / NC / JR
Financial recovery plan – 2025-26		✓	Written	Action	JR
Involvement Committee – committee key issues (CKI) report - People and OD Highlight Report o Putting you First award o Staff recommender scores o appraisal performance, including consultants (quarterly) - Safe staffing guardian report - FTSU report - National patient and staff survey and recommender responses - Education report - including undergraduate training (6-monthly)	✓		Written	Matrix	TD / JMO
Improvement Committee – committee key issues (CKI) report - Maternity services quality and performance report - Nurse staffing report - Quality and learning report, including mortality and quality priorities - AuditOne recommendation – progress report	✓		Written	Matrix	RP / SW / RG
Audit committee – committee key issues (CKI) report	✓		Written	Matrix	RF
Charitable funds committee report	✓		Written	Matrix	MP
Serious Incident, inquests, complaints and claims report		✓	Written	Matrix	SW

Governance report, including - Senior Leadership Team report - Management executive group report - Council of governors - Use of Trust's seal - Register of interests (annual review) - Agenda items for next meeting	✓		Written	Matrix	RJ
Confidential staffing matters		✓	Written	Matrix – by exception	JMO
Board assurance framework report	✓		Written	Matrix	RJ
Reflections on the meetings (open and closed meetings)	✓	✓	Verbal	Matrix	JC
Annexes to Board pack: - Integrated quality & performance report (IQPR) – annex to Board pack - Others as required					