

## **Norfolk and Suffolk NHS Foundation Trust Council of Governors' Report on their observations of improvements in the performance of the Trust and effectiveness of the Board of Directors since CQC's report of 3 February 2015.**

The report has been collated through the Improvement Plan Coordination governor sub group, (IPC) to ensure all governors had an opportunity to contribute their comments.

The report is structured to include:-

- Background Information
- The Improvement Plan Coordination Governor sub group (IPC)
- Responses to four key CQC questions
  - Does the Board have a grasp of the important quality issues for the Trust, and make sure that action is taken when necessary?
  - Does the Board ensure that services are well-led and efficiently run?
  - Does the Board promote a culture of learning, safety, quality improvement and transparency?
  - Does the Board listen to the views of patients and staff?
- Performance of the Council of Governors (CoG)
- Concluding remarks

### **1. Background**

- 1.1 Following CQC's inspection of NSFT and consequent report of 3rd February 2015, the Trust's Council of Governors (CoG) agreed a statement which CQC can read at: <http://www.nsft.nhs.uk/About-us/Documents/NSFT%20BoG%20CQC%20statement%2003%20Feb%202015%20v1.0.pdf>

In this statement we made three key points. First, that we recognised many issues in your CQC report, having previously raised them with the Trust on behalf of service users, carers, staff and the public. On the whole, your findings did not surprise us. While we regretted that the findings resulted in the Trust moving into special measures, we welcomed the fact that your report spelled out our shared aspiration that a mental health trust has to meet the quality standards already required of physical health services.

- 1.2 Second, we were agreed that the refreshed Board of Directors (BoD), under the leadership of the Chair Gary Page and Chief Executive Michael Scott, had the ability to take the required improvements forward. During the summer of 2014, the Council of Governors and Board of Directors had together commissioned an independent company to evaluate the performance of the Board of Directors. A Co-Founder and Director of Foresight, the company which carried out the independent board evaluation told governors, in response to a question, that '... from what she saw when Foresight did the Evaluation and where she sees the Board is now, she has a

reasonably high degree of confidence in the current Board and leadership team's ability to take the improvements forward. She said that this Board is capable of making the changes. In February 2015, we governors were relying on this new Board of Directors to deliver the improvements expected not only by CQC but by service users and carers, staff and the public.

- 1.3 Finally, we noted that CQC's report demonstrated that the Trust must provide higher quality services for service users and carers, and to do so this meant that it should receive parity of NHS funding with physical health services.

## **2. Improvement Plan Coordination Governor Sub-group (IPC)**

- 2.1 In spring 2015, governors recognised that being in special measures meant that the Council of G

overnors needed to adapt its way of working in order to best fulfil its functions of holding the non-executive directors (NEDs) to account for the performance of the board, and representing the interests of members and the wider public. Consequently, it set up the Improvement Plan Coordination Governor Sub-Group (IPC), the purpose of which was to coordinate the way that governors approached their roles in this context on behalf of the CoG. This was to ensure that governor activity was appropriately challenging, which, aligned with the Trust's improvement work, provided a line of accountability back to local people and made proportionate demands on Trust resources. CQC can read the full terms of reference of the IPC at: <http://www.nsft.nhs.uk/Event/Documents/BoG12Mar2015PublicPapers.pdf>

- 2.2 The IPC undertakes a monthly teleconference with meetings timed after publication of the BoD papers, and before the BoD meetings. This scheduling enables the IPC to review progress with the Improvement Plans (QIPs and CIPs) in the BoD papers, and to share governor views with the Chair and NEDs before undertaking their board meeting.

The IPC normally:

- a. Reviews the Executive Team's assessment of progress with the QIPs and CIPs, feeding back to the Chair/NEDs if the progress reports do not ring true or do not triangulate with governor experience of what is happening on the ground.
- b. Allocates an IPC Governor observer at the Board's Quality Governance (QGC), Finance, Audit & Risk and Organisational Development & Workforce (OD&W) Committee meetings. The object has been to assess how well the committees have been carrying out their roles, particularly focusing on the quality of the papers and the running of the meetings, and how effectively the NEDs and other directors have been drilling down to find the evidence and assurance of progress.

IPC Observers do not participate in the meetings, but observe how they are working, and complete a report each time to inform the Chair and the IPC.

These observations have assisted governors in their assessment of the performance of the NEDs, giving a much greater insight into NEDs' line of sight from board to services on the ground. The observations have been so important that they will now be incorporated into governor business as usual

(BAU) following special measures, and are included in the Joint Working Agreement between the CoG and the BoD  
<http://www.nsfh.nhs.uk/Event/Documents/CoG%20Papers%20070115.pdf>  
paper G which sets out the working relationships between the CoG and BoD.

- c. Allocates the lead governor or another IPC governor to attend Monitor's Stakeholder Assurance Meeting (SAM), and to report back to the next IPC meeting.
  - d. Arranges visits as appropriate to governors of Foundation Trusts which have successfully exited special measures, or failed to do so. The IPC has always discussed the learning from these visits and made recommendations to the Chair and Chief Executive.
- 2.3 Following each IPC meeting, the lead governor reports all the issues of concern in writing to the Chair and NEDs, with the Chair providing a written response each month. The Chair and NEDs report that they find the IPC's perspective very helpful, and take what they hear from us into account in their assurance processes.
- 2.4 Accounts of the IPC's work have been reported to each of the quarterly meetings of the Council of Governors. The Council has been consistently satisfied with the work of the IPC. Governors have said that they want to incorporate the strengths of the IPC into Business As Usual (BAU) following exit from special measures. Work has already started on this, for example the role of observation and reporting on Board committees, as described above.

All documentation related to the IPC is available to CQC from the Trust Secretariat.

**3. Does the Board have a grasp of the important quality issues for the trust, and make sure that action is taken when necessary?**

- 3.1 Governors regularly collate evidence from various sources:-
- a. CoG Issues Register
  - b. A review of QIPs, CIPs and CQUINS
  - c. Regular attendance at Board meetings
  - d. Discussions with a range of stakeholders
  - e. IPC observations of and feedback from Finance, Audit & Risk, Quality Governance and OD & Workforce Committee meetings.
  - f. NED presentations to the Planning & Performance Governor Sub-Group
  - g. Service User and Carer locality forums.
- 3.2 Each elected governor also has an appointed 'Buddy' from the Board, and partner governors may also have a buddy on request. Governors can use this relationship to discuss their thoughts and activities to improve the Trust's performance.
- 3.3 From our evidence, we believe that the Board does have a grasp of the important quality issues for the Trust. The Board has undertaken a great deal of team development since 2014, and further change of personnel on the Board, once embedded, has enhanced this.

- 3.4 Of particular note has been a change in Chair of the Quality Governance Committee and there is now much more accountability in that meeting. This committee is structured around the five key components of the CQC. It is a major conduit of information between the Board and the clinical areas thus assuring a line of sight throughout the organisation. The meeting is attended by both Executive and Non Executive Directors, senior clinicians and portfolio holders, resulting in greater scrutiny of governance issues and an enhanced sense of involvement and accountability within working practices.
- 3.5 The governors have additionally been assured by the production of the five year NSFT Clinical Strategy. This is a positive strategy and champions the policy of a One Trust approach throughout Norfolk and Suffolk, and we look forward to full implementation.
- 3.6 However, the IPC has identified and voiced concern over the lack of pace around issues such as the full implementation of the Service User and Carer Strategy, out of area beds, medicines management and the statutory and mandatory training figures.
- 3.7 In addition there have been external factors which have acted as barriers, affecting the Board's ability to take action when necessary and these include:-
- a. The difficulty to recruit and retain qualified staff.
  - b. Lack of sufficient funding available. In comparing the indexed revenues for NSFT, all foundation trusts and mental health foundation trusts for 2011/2012 to 2014/2015 (KPMG External Audit Progress Report 2015/2016), it is clear that income for local acute trusts has risen considerably whilst NSFT is facing reductions in real terms.
  - c. Lack of sufficient funding for external agencies such as social services (for example, difficulties in discharging patients to suitable home environments) and third sector housing, employment and support organisations.
  - d. Increases in referrals and in numbers of service users.

#### **4. Does the Board ensure that services are well-led and efficiently run?**

- 4.1 A core group of governors are members of the Nominations Committee. Working within its Terms of Reference, (See item P of Council of Governors papers, <http://nsft.nhs.uk/Event/Pages/CoG07Jan2015.aspx>) the Committee has helped to make many positive changes within the Trust as follows:-
- a. Timely reviews of the terms of office for our Non-Executive Directors.
  - b. The recent recruitment of three replacement Non-Executive Directors including the Chair of Audit & Risk.
  - c. The introduction of 360° appraisals for Non-Executive Directors, and support for the same for Executive Directors. The governors have developed their own annual self-appraisal to increase effectiveness.
  - d. As governors we contributed to the recruitment of the Chief Executive and the Medical, Nursing, Operations and Finance Directors.
  - e. Governors completed a full performance review of the Trust Chair, incorporating the views of partners and stakeholders. Subsequently we re-

appointed the Chair, with the unanimous approval of the Council of Governors.

- 4.2 Through the work of the IPC, the governors have had an opportunity to observe committee meetings and monitor and feedback to the other governors on the performance of the committees. Following our review of the committees through IPC, we have ascertained that the meetings are now chaired more effectively and have greater accountability and transparency. However, some of the analysis in the reports submitted to the BoD and its committees would benefit from further development. We are aware that templates have been developed to try to improve the quality of reports being submitted to the Board to address this.
- 4.3 We believe that when we complete our reports which review the meetings, this provides an opportunity for additional development for the Non-Executive Directors.
- 4.4 The governors have noted a slightly different approach to reporting operationally between the two counties with one area not necessarily reporting as effectively as the other. For example, differences in the way the 2016/17 operational plans are structured.
- 4.5 We have noticed that in Public Board meetings, the Non-Executive Directors are regularly challenging the Executive Directors for further assurance, and we very much welcome this improvement in Board performance. We see less challenge between Executive Directors, but understand that board development sessions are developing the skills to do this.
- 4.6 We are pleased that the second independent (Foresight) review of the Board's leadership action plan confirmed significant improvements in the leadership of the Trust.
- 4.7 We have concerns about key operational policies which the BoD promotes, where the Executive Directors might give the impression (maybe misleadingly) that they may not be listening to the feedback from stakeholders. We have raised concerns about the overall effect that the electronic patient record Lorenzo is having on staff and services, but understand the complexity of instigating a new system, and that the funding of Lorenzo by Health and Social Care Information Centre (HSCIC) gave the Trust no option but to select Lorenzo above any other product. The CCGs on 15 June 2016 told the NHSI meeting that they are pleased that Lorenzo has given them assurance regarding the safety of service users because their records are available to all clinicians across the Trust. They recognised that it may be frustrating for staff to use, but are pleased with its impact on service user safety. Similar concerns have been raised by staff and governors in connection with the introduction of the E-Rostering system, in response to inefficiencies in the deployment of staff.
- 4.8 Regarding strategic planning, the Board has improved its performance significantly. It invites governors to contribute to its plans, and in 2016/17 the strategies have been clearer, understandable, and achievable. The Putting People First (PPF) workforce strategy was created by staff, with contributions by service users and carers, and governors at the AGM were impressed by its inclusive development. PPF developed the Trust's Values and Behaviours – positively, respectfully, together - which governors very much connect to. The CoG has received training on these, with the intention of reflecting these values and behaviours in their practice.

## **5. Does the Board promote a culture of learning, safety, quality improvement and transparency?**

- 5.1 There has been a marked change in the Board's promotion of a culture of learning from past incidents and this can be clearly evidenced with lessons learned reports being submitted to the Quality Governance Committee (QGC). The process of learning from an incident involves collective analysis of what occurred, what could be improved and what actions need to be taken to safeguard future practice. Our work through observing the Committee has seen this in action.
- 5.2 Much work has been done to try to ensure that all staff have completed their relevant mandatory and statutory training. Unfortunately performance has not risen as fast as it should, and governors are concerned that training is still not being undertaken and, in some cases, there are not enough courses available for the number of staff requiring them. This is monitored at OD&W, with further assurance occurring in QGC which will address any quality concerns arising from specific training not being undertaken. Governors have been raising this issue of statutory and mandatory training throughout the period of special measures.
- 5.3 The staff appraisal process has been reviewed to include the values and behaviours expected by the Trust and the supporting paperwork has been simplified. The Board has ensured that the number of timely, meaningful appraisals taking place has improved.
- 5.4 The governors played a key role in the review of the complaints procedure. This has now been re-organised to provide a robust service with a higher level of accountability. The tone and quality of correspondence throughout this process has also been appropriately amended. The QGC regularly receives assurance on complaints, which are now signed off by the Chief Executive.
- 5.5 Serious incidents (SIs) were raised as a concern by the governors. Our governor observer of QGC noted that the committee expressed concern about an increase in SIs in the autumn, with further action requested, and this was reported to the Board in November 2015. Norfolk governors asked in a written question at CoG "Are the NEDs assured that the Board is doing everything possible to stop the rise in the rate of unexpected deaths of service users in some parts of the Trust?". Subsequently the Board commissioned from Verita an external, independent inquiry into serious incidents and unexpected deaths, and the Chair gave a briefing on a provisional draft of this report to the governors, prior to the final report being made public at the May 2016 Board meeting. Governors are currently scrutinising the report, and will be commenting on it in the near future.
- 5.6 The simultaneous publication of the Verita independent review of unexpected deaths to the BoD and to the public is an example of the Trust's transparency.
- 5.7 A further example of transparency established that only agenda items of personal or commercial sensitivity would be considered by the BoD in private. Governors receive the private BoD papers, and ask the Chair to explain if an agenda item appears to break this practice. The Chair of BoD takes questions from both governors and the public on agenda items within the public BoD meetings.
- 5.8 Quarterly CoG meetings are held in public with the press usually in attendance enabling governors to present their written questions to the Chair and directors. Because these questions arise from listening to staff, service users, carers and the

public, and particularly involve matters of concern, the CoG demonstrates another occasion when the Chair and Chief Executive provide answers in public.

- 5.9 The Chair is seen to be open and transparent, including in his listening to service users and carers, his interviews with the media, his interactions with stakeholders and partners, and in his communications with governors. However, the governors would benefit from better and timely communications from the Board especially in instances when information is to be reported by the Trust or the media. Governors need this to fulfil their responsibilities of both holding to account, and representing the public interest.
- 5.10 While the Trust's communication with the media and staff has improved over the last 18 months, some governors continue to ask for improvements to communications with service users and carers as well as to the governors. It is notable that, following the disbandment of the Board's Communications Committee on the advice of Foresight's first review, the Board has not yet, as far as governors can see, assured itself on the performance of its communications function. The governors intend to ask NEDs to report on the extent to which they are assured about the performance of the communications function at the July CoG.

## **6. Does the board listen to the views of patients and staff?**

- 6.1 There are increasing opportunities for the Board to listen to service users, carers and staff, some of which are facilitated through the Council of Governors.
- 6.2 With regards to listening to service user and carers, and hearing what they are saying, progress at ground level seems to be steady, with many clinicians involving service users and carers in their assessment and planning. Improvement has been positive with carers' leads in place across the Trust and a gold starred Triangle of Care.
- 6.3 The governors are concerned that the Service User and Carer Strategy, launched at the 2015 AGM, took too long to devise and there has not been enough progress on its implementation. This is now taking place by way of an agreed infrastructure and two pilot schemes, one in East Suffolk and one in Great Yarmouth & Waveney. The implementation has not kept pace with the intentions of the strategy as it is not fully operational at the present time, and it is almost three years since the Trust's Norfolk service user and carer councils were replaced with locality forums.
- 6.4 The Recovery College has grown significantly, offering courses that have been co-produced by staff and service users. However, staff frequently do not have time to attend. These courses offer free places to those in the voluntary sector and the College has a slot on all future staff inductions, which will make an excellent contribution to embedding the recovery ethos in the Trust.
- 6.5 While the Recovery College reaches a small proportion of service users and carers, those who have attended usually speak very highly of it, as do the Peer Support workers, and they talk of how it has changed their lives.
- 6.6 The telling and sharing of service user and carer stories have been frequent additions to the agendas in NSFT events, for example at the Carers Leads events, the governors' six monthly events for members and the public, and the Trust's AGM.
- 6.7 We understand that the private Board of Directors hears stories from service users, carers or staff at six meetings per year and these inform the Board's debate. For

example, the Chair tells us that most recently an inpatient spoke very powerfully about how the Recovery College has helped enormously and as a result that patient is in the process of being discharged. The Chair tells us that her story helped inform the Board development day's discussion of recovery.

- 6.8 In relation to staff, our staff governors take notice of their constituents and raise issues with the Board via the CoG Issues Register. A review of the staff issues in the Issues Register over the last years demonstrates how persistently the CoG has asked the Board to account on issues of concern to staff, service users and carers. More recently, the CoG has been concerned with the impact of Lorenzo and E-Rostering, and has persistently asked for accounts and received them.
- 6.9 The latest annual staff survey undertaken by NSFT was published in 2016. There was a high response rate but unfortunately the results were lower quartile. Some of the work done on listening to staff is excellent but it appears inconsistent within and between the two counties.
- 6.10 CoG has reviewed the Service User Community Survey, and acknowledges the use of the Family and Friends Test which is mainly concerned with in-patient services.

## **7. Performance of the Council of Governors (CoG)**

- 7.1 The work of the CoG discussed in this paper is substantiated and evidenced in the agendas and papers of the:
  - a. Council of Governors, especially the Issues Register
  - b. IPC Governor Sub-Group
  - c. Planning and Performance (P&P) Governor Sub-Group
  - d. Nominations Committee
  - e. Education Governor Sub-Group
  - f. Membership & Communications (M&C) Governor Sub-Group
- 7.2 Governors receive five development sessions, February to May each year including 'holding to account', and 'representing the interests of local people'. These sessions are planned within the Education sub-group and are all evaluated.
- 7.3 Governors also participate in at least four other development sessions, using topics identified in the annual CoG Evaluation. Recent governor feedback has also identified the need to develop relationships with NEDs, resulting in 'getting to know you' sessions involving NEDs and governors. CoG annual evaluations are evidenced in the papers of the CoG and the Education Governor Sub-Group.
- 7.4 The Planning & Performance Sub-Group meets six times p.a., and is the main forum for holding the Chair and NEDs to account in private, while the CoG is the main forum for holding them to account in public. The IPC has given governors better line of sight to the governance of the Trust.
- 7.5 Reflecting further on what governors have learnt before and during special measures, in future governors need assurance that the Review of the Performance of the BoD takes place each year, with at least one out of three years being an independent review. This is included in the Nominations Committee Workplan, and

should also be written into the Working Agreement, referred to above. The delays in the independent review before 2014 contributed to the CoG's lack of evidence of what improvements the Board needed to make, and this should not occur again.

- 7.6 The Nominations Committee has taken care to carry out its duties, including annual 360° appraisals of the Chair and NEDs' performance, and has demonstrated greater rigour regarding the re-appointment of Chair and NEDs. The Committee reviews its performance annually, evidence of which is in the Nominations Committee papers, available from the Secretariat.
- 7.7 The Membership & Communications Sub-Group develops policy and practice on how governors listen to, and hear, service users and carers, staff and stakeholders, members and the public. In 2014 M&C initiated the two annual member/governor events, at which governors organise presentations on subjects of interest to local people, listen to what the people attending have to say, and hear what is concerning them. Topics presented each year in both Norwich and Ipswich, have covered policing and mental health, children and young people's mental health services, and this year, developments in dementia services. These events are now established in the CoG's calendar.

## **8. Concluding Remarks**

- 8.1 We have observed a significant improvement in the performance of the Board of Directors, as evidenced above. Those of us who observed the public Board of Directors and the Quality Governance Committee before the beginning of 2015, have seen a marked improvement in the second half of 2015 and 2016 to date. The Board is now a recognisable team, not the collection of individuals that it once appeared.
- 8.2 We observed that the executive directors in particular found it difficult to get to grips with being in special measures. However, once they were able to clear this hurdle, they have worked exceptionally hard to make the necessary improvements embracing cultural change as well as the rigour of project management.
- 8.3 The Board acknowledges that there has been a culture in the Trust of managers and staff not doing what they have committed to do. The Trust has put in place measures to address this, including effective appraisals and performance review, management and leadership development. All these are about long term cultural change, and will take time to have an effect across the Trust. The difference we perceive is that both the infrastructure and the will are in place to address this.
- 8.4 Staff morale, as indicated by the annual Staff Survey, remains in the lower quartile, despite the measures described in the preceding paragraph. We perceive that improvements have been hampered by:
  - a) the time needed to embed better management and supervision skills;
  - b) the decision to implement the Trust-wide patient record system, Lorenzo, which was the right decision, but there have been great difficulties with its implementation and functionality. These have put pressure on staff, and made their working life more difficult;
  - c) difficulties in recruitment and retention of staff with often a high vacancy rate and too many agency staff, again making the working life of substantive staff more challenging. Although the Trust reports that it has the lowest vacancy rate (c11%) amongst mental health trusts in the region, this does not stop governors

and staff perceiving that NHS workforce commissioning has failed to educate sufficient clinical staff to meet demand;

- d) not always enough substantive, funded posts to cater for the increased referrals and caseloads, which put pressure on staff.

8.5 It would be preferable if the Trust were funded for its referrals and caseloads, as are the acute general hospitals.

8.6 From service users and their carers, we hear a diversity of views on the care they receive from the Trust. We perceive that the Board reflects on this feedback and uses it to enhance and improve services.

8.7 The Council of Governors appreciates the opportunity for reflection that the collating of this report has presented, and we hope that the CQC finds it helpful.

Council of Governors, Norfolk and Suffolk NHS Foundation Trust

Contact: Guenever Pachent, Lead Governor: [governors@nsft.nhs.uk](mailto:governors@nsft.nhs.uk)

23 June 2016