

Council of Governors – Public Session

Meeting to be held at 12.30 on Thursday 7th July 2016 at Conference Room 1, King Centre, 63–67 Kings Street, Norwich NR1 1PH

Governor Private Sessions:

10:00 to 11:00 Update on CQC preparedness and programme for visit (Michael Scott / Gary Page)

11:00 to 12:00 Governor round table discussions on Verita and NHS England reports (NEDs invited)

AGENDA

Time	Item No		
12:30	16.36	Chair’s welcome to new governors, notification of any urgent business and apologies for absence: Andrew Good, Jane Millar	
		<i>i. Declarations of interest (All)</i>	
		<i>ii. Changes to governors (Robert Nesbitt)</i>	Attachment A
12:35	16.37	To approve the minutes of the previous public meeting held on 7th April 2016	Attachment B
12:40	16.38	To address any matters arising from the minutes of the meetings in private and public held on 7th April 2016	Attachment C
12:45	16.39	Trust feedback on governor issues (<i>Suffolk public, Norfolk public, Service User, Carer, Partner governors</i>)	Attachment D
13:30	16.40	Chief Executive’s report including staff morale, Lorenzo and e-rostering update (<i>Michael Scott</i>)	Attachment E
	16.41	<u>Items for assurance or debate</u>	
13:40	<i>i.</i>	Action plan implementation for Verita and NHS England reports into unexpected deaths (<i>Michael Scott</i>)	Attachment F
14:00		BREAK	

14:15	ii. Update on annual accounts and report <i>(Julie Cave)</i>	Attachment G (to follow)
14:20	iii. External Audits KPMG report to governors <i>(Stephanie Beavis in attendance)</i>	Attachment H
14.30	iv. Governor elections plan 2016/17 <i>(Robert Nesbitt)</i>	Attachment I
16.42	<u>Items for approval</u>	
14:35	i. Involvement of governors in strategy via the planning and performance subgroup <i>(Robert Nesbitt)</i>	Attachment J
14:45	ii. Proposed change to Nominations Committee membership and terms of reference <i>(Robert Nesbitt)</i>	Attachment K
14:55	iii. Proposal to merge Membership & Communications Subgroup with Education Subgroup <i>(Nigel Boldero)</i>	Attachment L
15:05	iv. Principles for media engagement for governors <i>(Nigel Boldero)</i>	Attachment M
15:15	16.43 <u>Standing Item: Feedback from the sub-groups and committees</u>	
	i. Service User and Carer Trust Partnership feedback from 24th June 2016 <i>(Gary Page)</i>	Attachment Z
	ii. Membership and Communications subgroup Chair's reports for 19th May 2016 <i>(Andrew Good/ Nigel Boldero)</i>	Attachment N
	iii. Performance & Planning subgroup Chair's reports for 19th May 2016 <i>(Guenever Pachent / Catherine Wells)</i>	Attachment O
	iv. Education subgroup Chair's report from 10th May 2016 <i>(Jane Millar)</i>	Attachment P
	v. Nominations Committee Chairs' report from 24th May 2016 <i>(Guenever Pachent)</i>	Attachment Q
	vi. IPC Chairs' report for 25th April 2016, 23rd May 2016 and 20th June 2016 <i>(Guenever Pachent)</i>	Attachment R

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15:35 **16.44** Highlight report to members: to agree the agenda items to be highlighted for members and the public (*Nigel Boldero*)

Verbal

Any other urgent business, previously notified to the Chair

Date, time and location of next meeting

The next meeting of the Council of Governors will be held in Public on 6th October 2016 in Elisabeth Room, Endeavour House, Russell Road, Ipswich, IP1 2BX

15:40 **CLOSE**

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Council of Governors – from 14.04.16 2016 31 seats			
Public 12, Staff 4 Service User 4, Carer 2 = 22		Appointed = 8	
Service User (4)	Public – Suffolk (6)	Norfolk	Suffolk
Norfolk ❖ Ginnie Benedettini ❖ Kevin James Suffolk ❖ Paul Gaffney ❖ Malcolm Blowers	❖ Paddy Fielder ❖ Martin Wright ❖ Jane Millar ❖ Guenever Pachent (Lead) ❖ Andrew Good ❖ Kathleen Ben Rabha	❖ Sian Coker – University of East Anglia ❖ Cllr Sue Whitaker – Norfolk County Council ❖ Vacant – Suffolk Constabulary (covering for Norfolk Constabulary too) ❖ Vacant (Norfolk CCGs rep)	❖ Heather Passmore – University Campus Suffolk ❖ Vacant – Suffolk County Council ❖ Katie Davis – Youth Council (Norfolk) ❖ Elise Page – Youth Council (Suffolk)
Carer (2)	Public – Norfolk (6)		
❖ Anne Humphrys (Suffolk) ❖ Mary Rose Roe (Norfolk)	❖ Sheila Preston ❖ Stephen Fletcher ❖ Ronald French ❖ Nigel Boldero ❖ Catherine Wells ❖ Hilary Hanbury ❖ Vacant		
Staff (4)			
❖ Dr Nanayakkara De Silva ❖ Dr Zeyar Win ❖ Howard Tidman ❖ Marcus Hayward			

<p>2015/16 CoG changes:</p> <p>13.03.15 Margo Ononaiye – Partner governor appointed for UEA 23.03.15 Susie Enoch stood down as Public Governor Suffolk 17.05.15 Pat Southgate stood down as Public Governor Norfolk 18.05.15 Pip Coker / Julian Housing left BoG 05.06.15 Ann Donkin stood down as N CCG governor 22.06.15 Siobhan Leviton stood down as SU Governor Norfolk 23.07.15 Heather Passmore appointed as partner governor for UCS 24.07.15 Elise Page appointed as partner governor for Suffolk Youth Council 22.10.15 Katie Davis appointed as partner governor for Norfolk Youth Council 01.02.16 Election changes 04.02.16 Elise Page temporary 3 month stand-down 05.02.16 Peter Kemp stood down 18.02.16 Nigel Boldero elected public governor Norfolk (sub) 22.02.16 Sian Coker appointed partner governor for UEA. 14.04.16 Elizabeth Witt stood down as public governor Norfolk</p>	<p>2015/16 BoD changes:</p> <p>28.02.15 Graham Creelman NED term ended 31.07.15 Peter Jefferys (end of notice period date) 30.07.15 Andrew Hopkins resigned as DoF. 03.08.15 John Doyle interim DoF till Julie Cave 01.10.15 Adrian Stott (NED) stood down 01.12.15 Julie Cave Director of Finance 01.12.15 Ian Brookman NED 01.12.15 Tim Stevens NED 01.01.16 Jill Robinson NED 30.04.16 John Brierley NED term ended</p>
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Board of Directors – at 01.05.16	
Non-Executive Directors	Executive Directors
❖ Gary Page (Chair) + extra vote ❖ Tim Newcomb ❖ Brian Parrott ❖ Marion Saunders ❖ Ian Brookman ❖ Tim Stevens ❖ Jill Robinson	❖ Michael Scott - CEO ❖ Dr Bohdan Solomka – Medical Director ❖ Julie Cave – Director of Finance and Performance. Dep CEO ❖ Dr Jane Sayer – Director of Nursing and Governance ❖ Debbie White – Director of Operations (Norfolk & Waveney) ❖ Leigh Howlett – Director of Strategy and Resources ❖ Alison Armstrong – Director of Operations (Suffolk)

Date:	7th July 2016	B
Item:	16.37	

Norfolk and Suffolk 

Unconfirmed

NHS Foundation Trust

**Minutes of the
Board of Governors – Public Session
Held on Thursday 7th April at 12:30pm
In the King Edmund Chamber, Endeavour House, Russell Road,
Ipswich IP1 2BX**

Present:

Marion Saunders, Deputy Trust Chair/SID
Malcolm Blowers, Partner Governor
Ron French, Public Governor, Norfolk
Andrew Good, Public Governor, Suffolk
Hilary Hanbury, Public Governor, Norfolk
Jane Millar, Public Governor, Suffolk
Guenever Pachent, (Lead) Public Governor, Suffolk
Michael Scott, Chief Executive Officer
Stephen Fletcher, Public Governor, Norfolk (in part)
Sue Whittaker, Partner Governor, Norfolk County Council
Paddy Fielder, Public Governor, Suffolk
Sheila Preston, Public Governor, Norfolk
Kathleen Ben Rabha, Public Governor, Suffolk
Howard Tidman, Staff Governor
Ginnie Benedettini, Service User Governor, Norfolk
Anne Humphrys, Carer Governor, Suffolk (in part until 2.17pm)
Marcus Hayward, Staff Governor
Nigel Boldero, Public Governor, Norfolk

In Attendance:

Robert Nesbitt, Company Secretary
Kate Hope, Assistant Company Secretary (minutes)
John Brierley, Non-Executive Director
Jill Robinson, Non-Executive Director
Tim Stevens, Non-Executive Director
Ian Brookman, Non-Executive Director
Fraser McKay, Digital Communications Officer
Lou Chapman, Communications Manager

There was 1 member of the public in the gallery.

Certain items were taken out of order, but for clarity the minutes reflect the agenda

The meeting commenced at: 12:34pm

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16.26 Chair's Welcome, notification of any urgent business and apologies for absence

The Chair (Marion Saunders) welcomed the Board and reported that no notifications of urgent business had been received. Apologies were noted from Gary Page, Martin Wright, Paul Gaffney, Mary Rose Roe, Heather Passmore, Elizabeth Witt, Zeyar Win, Kevin James, Julie Cave, Brian Parrott and Tim Newcomb.

Nigel Boldero was welcomed to the Council of Governors.

i. Declarations of Interest

There were no new declarations of interest.

ii. Changes to Governors

Robert Nesbitt reported that since the last meeting the Council has been joined by Nigel Boldero who replaces Peter Kemp as a public governor for Norfolk.

16.27 To approve the minutes of the previous public meeting held on 7th January and 18th February 2016

The minutes were approved as an accurate record of the meeting.

16.28 To address and matters arising from the minutes of the meetings in public on 7th January 2016

Action 15.15ib – Guenever Pachent confirmed that the details of the Buddy Trust Lead Governor had been emailed to her but unfortunately incorrectly addressed and so she had not received them. This has now been resolved and she has since received the details required.

Action 16.05a – Lorenzo is on the agenda. However the E-Rostering item has been deferred as an audit of the system is currently being undertaken by NSFT.

Action 16.05b – Michael Scott confirmed that a reminder was sent to NSFT staff and this message was reinforced in this week's Monday Message. Steps will be taken to follow this up.

Action 16.09vi – Unfortunately this item will have to be put aside at the current time. The graphic design and files are not accessible to be re-branded and there are no funds available to carry out this work from scratch.

16.29 Governor feedback on new issues

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Feedback was presented in Attachment D. A full response would be provided to the Governors from the Board of Directors within the month. However, the following specific issues were highlighted:-

1. Norfolk Public Governor Feedback

The referral rate of patients to secondary services from General Practitioners (GPs) was debated. It is understood that 50% to 80% of the referrals do not meet the assessment criteria. This is time consuming for staff and patients and is financially inefficient. Michael Scott confirmed that this is correct and these figures stem from the Central Norfolk area. NSFT is working on its relationship with GPs and putting forward NSFT staff as prime contact points to clarify the referral criteria to GPs.

In addition it was raised that during a recent re-referral to NSFT, a service user had to provide all their personal information a second time to the Trust, taking two hours when it was understood that they had already given this information during a prior referral. It was agreed that key information did need to be double checked for security purposes, although two hours did seem a long time and was something the Trust needed to be aware of.

2. Suffolk Public Governor Feedback

The awareness of how to get a loved one assessed for dementia was discussed. The initial point of contact is the GP. It was reported that GPs are incentivised in lots of different ways to raise awareness of dementia and that in Norfolk, GPs are referring more patients for an assessment, per head than anywhere else in the Country.

3. Service User Governor Feedback

Service Users are concerned about the availability of staff to the Recovery College. How is it anticipated that the Recovery College can progress if there are a large number of service users available to participate in co-production but not enough staff available to assist with this? Michael Scott confirmed that the lead post for the Recovery College has been advertised and interviews will take place in May 2016. When the appointment is made part of the lead's key focus will be to work on this issue. To implement the recovery model within the Trust is one of our key strategic goals. This focus will be cascaded throughout the Trust and to help lead by example and to demonstrate how important the Board of Directors considers the service to be, both Michael Scott and Dr Jane Sayer will be co-tutoring a course this year. In addition they will be encouraging other staff members to do this too. Each director will be encouraged to attend a Recovery College course. The recovery message should be at the centre of all the Trust does. Recovery is a topic which is included as part of the induction process

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which Michael Scott leads and so is the first message that new staff hear when they enter the Trust.

4. Carer Governor Feedback

Concern was raised as to the 'one Trust' approach when there are two transformation plans for children and young people's mental health service across the Trust for Norfolk and Waveney and another for East and West Suffolk. It was explained that there were two transformation plans for the two areas as they were separate counties which are governed by two different county councils and different sets of Clinical Commissioning Groups (CCGs). However assurance was given that work is taking place to align the plans as much as possible across the two counties. Due to the geography and commissioner decisions they will be slightly different in each case.

5. Staff Governor Feedback

Lorenzo was a common theme in the Staff Governor feedback and the challenges staff were experiencing around performance. It was agreed that this issue would be discussed later in the agenda at 16.33ii.

16.30 Items to close on the governors' issues log

The suggested process change was highlighted to Governors. There have been long delays in obtaining feedback which has led to stale answers and out of date information. It is therefore proposed that issues are submitted to the Trust around eight weeks in advance of the Council of Governors (CoG) meeting. The Trust will then provide a response to these (and any other open issues) at the scheduled CoG meeting. Governors will then have the opportunity to respond to the answers provided. This involves the same amount of work but it will be undertaken earlier to provide answers in a more timely fashion which in turn should mean Governors receive a higher level of assurance.

The Governors agreed to the change in process.

PNOR27 Putting People First - The feedback available on that issue is that those using services should be recipients of an improved service as a result of the initiative. The Organisational Development & Workforce Committee and Service User and Carer and Trust Partnership will continue to seek assurance on progress. It was agreed that this issue should be closed.

PNOR28 IT - Lorenzo is an item on the agenda. E-rostering is currently subject to an audit, the results of which will be made available to the CoG. It was agreed that this item could be closed on that basis.

PNOR29 Membership - This item was closed.

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PNOR30 Serious incidents - It was agreed this item could be closed pending the results of the independent report which would be a specific item on the CoG agenda at a future meeting.

PNOR31 Support for Corporate Services - It was agreed that this item was to be closed.

Staff46 Lack of Beds - The issue of bed space is covered in the CEO Report. However it was raised that no update has been received following the February review. The Governors agreed that they needed to be assured that the new process is making a difference prior to closing this issue off. It was therefore agreed to leave this item open pending feedback. The feedback should also include details on the new process for discharging patients.

Staff 47 Update on Lorenzo - This item is on the agenda and can be closed off.

Staff 48 E-rostering - This item will be reviewed by the CoG following the results of the audit that is currently taking place. Some Governors met with the E-rostering team on 4th February 2016 following a presentation on the system and this was considered in the Planning and Performance Committee. It was agreed that if this was put on the agenda planner to review the audit results, this could be closed. A query was raised as to what would happen if an employee was placed on the work rota to do consecutive nightshifts inappropriately and an accident took place. It was confirmed that this is something that the HR team are investigating. In addition the Audit and Risk Committee are looking at the control issues around the system and so the Governors could be assured that any potential unintended consequences were being thoroughly investigated.

PSUF25 Perinatal Mental Health - The forum is due to start shortly and so it was agreed that this item should stay open pending a further report.

PSUF37 Loved ones being treated in specialist care outside the Trust - This item will remain open pending further information and assurance from the Suffolk Operational Director confirming that this item would be included in the care plan.

PSUF 38 Service user and carers on interview panels - This item is to remain open as changes to the recruitment process to include Trust values has caused a hiatus. Values based recruitment will require all interviewers to be trained in the new process.

PSUF39 Influencing employers about mental health - The new Trust strategy should assist in having a greater focus on helping people back into employment. This is implicit in the concept of recovery. Some of the Executive Directors have met with the lead from the Sainsbury Centre who advocate the Individual Placement and Support (IPS) model. This model is

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accepted as the most effective way of helping those with mental health problems into employment. Through this the Trust will endeavour to be more engaged with local employers. It was agreed that NSFT should liaise with Norfolk County Council and Suffolk User Forum to make sure that work on this issue is not duplicated.

PSUF40 Care Planning Approach (CPA) Care Plans - This issue is being monitored by the Quality Governance Committee (QGC) and therefore will be closed. However the content will be transferred over to a new issue that has been received today. There will be an audit of care plans in May 2016 and the CoG will receive the results of this in a future meeting.

PSUF41 – Research by Healthwatch Suffolk and Suffolk User Forum (SUF) in partnership with NSFT - It was agreed this item could be closed.

PSUF42 Discharge from Community Mental Health Services - This item will remain open and is to be investigated further as Governors have had feedback from service users who have appeared to have received standard letters on discharge, causing them hurt and distress. In addition it appears that a similar issue has been raised in Norfolk from a service user who was sent to another team. Therefore this needs to be investigated as a Trust-wide issue and the content and style of such letters reviewed.

C28 Communication with Carers - This item was left open pending some further work to be carried out on the carer's register. It was raised that the last update provided was on 3rd November 2015. Governors would like to be updated on progress and have a definitive date for implementation.

C40 Answerphone Messages - This item was discussed in 16.28. However Governors report that there is no difference. Therefore this item will remain open pending checks and a further report back to the CoG. It was raised that this was integral to the Trust living its visions and values.

C43 Carer issues voiced at Hellesdon Support Group - This item will be closed.

SU27 Depot Clinics - No further update is available and this item will remain open pending further information which may be available in July 2016.

SU28 – Adult Recovery Team for Central Norfolk - This item is to be closed off and monitored by the QGC.

SU31 Mind Support Line - Michael Scott confirmed that NSFT stepped in again to help resolve this issue between Mind and commissioners. The commissioners are resolute that there is no money for this service. The Trust discovered that the current wellbeing line in Norfolk was being under-utilised and so diverted some of the service to those in need. However opening hours were marginally reduced. This item is to be closed.

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SU33 Dual Diagnosis Service - It was agreed this item will be closed down.

SU34 Suffolk User Forum and Woodlands - Jane Davey from Suffolk User Forum will be meeting with NSFT on this issue. It appeared to be a misunderstanding and therefore this item is to close.

SU35 Open Dialogue Approach - This is included in NSFT's clinical strategy and therefore will be closed.

It was requested that future Issues Registers should have the page numbers at the top of the pages and that pages should be printed the same way up.

Action 16.30

All future Issues Registers should have page numbers at the top of the page and all pages should be printed the same way up (*Kate Hope*)

16.31 Chief Executive's Report including CQC preparedness and MH taskforce report

Michael Scott presented this report and highlighted the following items:-

1. The Trust has been awarded the Suffolk Wellbeing Contract. This is a great result for the Trust and the teams who have work hard to deliver this. It was raised that as a result will the Trust need to find extra money to fund the service. Will the funding come from both Norfolk and Suffolk? Michael Scott confirmed that the funding will be self-contained in Suffolk. A similar exercise took place in Norfolk when the Norfolk Wellbeing Service was launched. It is also to be considered that if the Suffolk Wellbeing Contract had not been awarded then that money would have been taken away from the Trust so it is preferable that the money remains with NSFT.

The Governors extended their congratulations to all those involved in the hard work necessary to secure the contract.

2. The Care Quality Commission (CQC) will now take place as from 11th July 2016. The CQC will spend one week in each County. Lots of work in preparation for the inspection was happening throughout the Trust and good progress has been made.

It was raised that NSFT has provided leaflets for staff giving guidance on the CQC Inspection and would these be useful to Governors? However the CQC has produced a document for Governors outlining what they can expect during an inspection. This is to be circulated to all Governors. Following circulation, if there are further questions that the Governors would like to ask, a workshop could be set up to deal with these.

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3. The Public Choice Awards were a really positive experience and some of the Governors were involved in the shortlisting panel. The panel heard 180 stories about fantastic patient care. It is hoped that the Trust will be able to get these placed into a book or DVD in order to celebrate these stories.
4. Michael Scott attended the 2016 Mental Health Network Annual Conference. There were speakers present which included Jim Mackey, Head of NHS Improvement and Simon Stevens, Head of NHS England. Whilst there was some positivity around the future of mental health, there was not much optimism in terms of future funding. Michael Scott confirmed that he made his views clear to each of the speakers as to how unsatisfactory the funding position was. In addition, Stephen Dalton, the Chief Executive of the Mental Health Network visited NSFT at the beginning of April 2016. He was hugely impressed by the calibre of NSFT peer support workers and was very positive in general about the Trust.

Mental health funding was discussed and it was raised whether, when the negotiations with the CCGs are concluded, it would be appropriate for NSFT to contact all regional Members of Parliament on this issue. Michael Scott confirmed that this had already been done. He had recently met with Chloe Smith and Norman Lamb who both said that they would write to Jeremy Hunt about this issue.

An update on the Fermoy Unit closing to new patients was requested. It was confirmed that due to unsafe staffing levels the decision was taken to temporarily close the Unit to new admissions. Patients are currently being cared for in other areas. Some are in the community and some in private facilities.

The Council noted the report.

Action 16.31

CQC preparedness information for Governors to be circulated to the CoG
(Kate Hope)

16.32 Items for Approval

- i. Membership Strategy 2016/2017

Robert Nesbitt presented this report which has been considered by Membership and Communications subgroup and is before the CoG for approval.

It was raised as to whether further information was available on the distribution of members at a more local level? Robert Nesbitt confirmed that there had been a change in the provider of this information and therefore future reports should contain more detail.

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In relation to paragraph 9.1 and the Insight magazine, it was stated that the frequency of editions was referenced. With that amendment the Strategy was approved.

Action 16.32

Paragraph 9.1 of the Strategy to be amended to include frequency of editions of Insight Magazine (*Robert Nesbitt*)

16.33 Items for assurance or debate

i. Forward Operating Plan and Objectives

The plan is in the process of being amended and this is the version that went before the Board of Directors at their meeting on 24th March 2016. The main amendments are on page three where the objectives have been changed to goals and these have been aligned to Trust strategies. The plan has been reviewed by the Performance and Planning subgroup and it is recommended that a final copy is sent to Governors in hard copy together with the Trust Five Year Strategy.

The Council noted the Plan.

ii. Review of Lorenzo

Dave Huggins and Leigh Howlett attended the CoG meeting to provide a summary of the Lorenzo review.

A great deal of work has been carried out on the performance to date and a large amount of the problems staff are experiencing are out of the Trust's control. The number of national outages that the Trust has experienced since the Lorenzo roll out, are unprecedented compared to the previous 5 years and are impacting on all organisations using Lorenzo. These problems have been on a national scale and this has helped NSFT evidence the problems to Computer Sciences Corporation (CSC). Michael Scott has written to CSC to raise a complaint and ask for immediate service improvement. As a result **some** improvements have now been completed. There are a number fixes that remain to be carried out and these will be administered when the next release of Lorenzo is rolled out.

A number of issues have been raised about functionality and how to make the system more user-friendly and it is hoped that future releases of Lorenzo, informed by the Trust, will assist with this. It is appreciated that some staff are finding the change frustrating. However once the performance issues have been resolved, the Trust will be in a positive position. Further education and

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training for staff is also available and a range of different media will be used to get messages across to staff including floor walkers/video/quick reference guides and webinars. The Lorenzo Team are open to suggestions and a forum has been set up where issues can be raised with ICT. In addition a Lorenzo User Group has been set up to work with staff across NSFT and any issues identified within the group are taken back to CSC.

The benefits of the strategic uses for Lorenzo are now coming to the fore. Summary care records can now be viewed (summary of GP records). This information had to be sourced directly from GPs before and now it can be accessed in seconds. This ensures that there are no medication conflicts for a patient. This could not happen 12 months ago. In addition work is being carried out on other opportunities such as electronic referrals.

The purchase of hardware was discussed and Leigh Howlett confirmed that the Trust is bound by procurement rules and can only purchase equipment from an approved framework. Hardware was tested with groups and the specific brand purchased was done so due to better cost and specification.

Marcus Hayward highlighted that much of the feedback on Lorenzo has been negative but that he has a positive experience in using Lorenzo. There are however access difficulties in the Trust. It was confirmed that the Lorenzo Team were looking at developing a tablet application for wards to improve mobile working and a disconnected version that would better support community workers.

The Council noted the review.

The meeting took a break here from 2.30pm to 2.40pm.

iii. Black and Minority Ethnic (BME) work including reverse commissioning

Robert Nesbitt highlighted the work of Ravi Seenan had done over the past two years. The work is very much about a change in approach which is aligned to our recovery model/personalised care and also with the Trust values.

It was agreed that the contents of the report were extremely interesting and the CoG expressed their congratulations to Ravi Seenan for his excellent work so far.

The Council noted the report.

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Action 16.33iii

Congratulations to be passed to Ravi Seenan from the CoG on his continuing BME work (*Robert Nesbitt*)

iv. Organisational Development and Workforce Strategy

It was noted that the Strategy was still a draft document and was in the process of being amended to align it with the Trust Strategy and the Operational Plan. The purpose is to link the OD&W Strategy objectives much more clearly with the Trust's goals and the first year milestones of the Annual Plan. More detailed work will take place to translate these objectives into individual work-plans and objectives which would then be linked to staff appraisals. It is planned that this work will be a part of the Senior Management and Engagement Forum (SMEF) agenda at the next meeting.

The Performance and Planning subgroup have reviewed the Strategy and have had input into the draft.

The CoG noted the Strategy. Once finalised, the Strategy will be sent to all Governors.

16.34 Standing Item: Feedback from the Sub-groups and Committees**i. Service User and Carer Trust Partnership feedback 26th February 2016**

The report was taken as read and noted. A discussion took place on whether the Partnership could be stood down. This is subject to satisfactory terms of reference for the Central Hub being approved and this could be after April 2016. It was raised that if the Partnership is stood down then Governors should monitor the Hub's progress. Guenever Pachent will consider whether this is appropriate for a future Performance and Planning subgroup meeting.

ii. Membership and Communications Subgroup Chair's Reports for 21st January and 17th March 2016

Andrew Good presented the reports to the CoG.

The media policy was debated. It appears that some Governors are quite concerned about media relations and what their role should be and had requested training. Others felt that it is a question of appropriate guidance being provided. It was agreed that simple principles on media policy for Governors should be agreed. Once this is done the CoG can consider whether further training would need to be provided. It was agreed that Robert Nesbitt and Andrew Good would work on this issue.

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Action 16.34ii

Andrew Good and Robert Nesbitt to provide basic principles on media policy for the CoG to consider further (*Robert Nesbitt*)

- iii. Performance and Planning Subgroup Chair's Report for 21st January and 17th March 2016

The meeting on 17th March 2016 reviewed the Clinical Strategy, Annual Plan and the OD&W Strategy together with the Staff Survey for assurance. These were all agreed.

The CoG noted the report.

- iv. Education Subgroup Chair's Report for 10th March 2016

The CoG noted the contents of the report and Governors were encouraged to attend the Holding to Account half day workshop on the afternoon of 12th May 2016 in Diss.

- v. Nominations Committee Chair's Report for 26th January 2016 including committee performance against objectives

The CoG approved the recommendation to adopt the self-assessment of the Nominations Committee. In addition it approved the recommendation of the change to the terms of reference to allow for a bi-annual refresh of the core voting membership of the Committee.

- vi. Improvement Plan Coordination (IPC) subgroup Chair's Report for 28th January and 24th March 2016

Guenever Pachent presented the reports to the CoG and paid tribute to those Governors who work very hard on this subgroup. The CoG noted the report.

16.35 Highlight Report to Members: to agree the agenda items to be highlighted for members and the public

It was agreed that the following issues from this meeting are to be highlighted:

1. Lorenzo/E-rostering (once audit completed).
2. The award of the Suffolk Wellbeing Service Contract
3. Discharge letters/Trust values

It was also requested that locality meetings should be highlighted in the bulletin sent out each month by Peter Haylett.

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Action 16.35

Locality meetings to be featured in Trust Matters each month (*Peter Haylett*)

16.36 Any other urgent business, previously notified to the Chair

There were no notifications of urgent business reported.

The CoG extended their sincere thanks to Non-Executive Director John Brierley whose term of appointment ends on 30th April 2016. He has provided positive support to the Governors and they wished him well for the future.

16.37 Date, time and location of next meeting

The next meeting of the Board of Governors will be held in Public on 7th July 2016 at King Centre, 63-75 King Street, Norwich, Norfolk NR1 1PH

The meeting closed at: 15.53pm

Chair:

Date:

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Matters Arising from Public Council of Governors 7th April 2016

Action 16.30	
All future Issues Registers should have page numbers at the top of the page and all pages should be printed the same way up (<i>Kate Hope</i>)	Completed
Action 16.31	
CQC preparedness information for Governors to be circulated to the CoG (<i>Kate Hope</i>)	Completed
Action 16.32	
Paragraph 9.1 of the Strategy to be amended to include frequency of editions of Insight Magazine (<i>Robert Nesbitt</i>)	Verbal update to be provided at meeting
Action 16.35	
Locality meetings to be featured in Trust Matters each month (<i>Peter Haylett</i>)	Completed

Date:	7th July 2016	D
Item:	16.39	

Norfolk and Suffolk 
NHS Foundation Trust

COUNCIL OF GOVERNORS ISSUES REGISTER

Agreed Process

1. Prior to the Council of Governors meeting, the Lead Governor approaches each constituency and asks the constituency governors to act together to prepare a maximum of five issues to be sent to the Trust eight weeks in advance of the next Council of Governors meeting
2. At the Council of Governors meeting the Trust will have provided a response to the new issues and any open issues from the previous register. The Chair and the Lead Governor will have gone through the Trust Responses prior to the meeting and will have made a recommendation on the proposed status which will be included in the papers.
3. Governors will have the opportunity to respond to any of the Trust responses and to propose an alternative status.
4. The new issues tabled and old issues that are still open will remain on the Issues Register.
5. Closed Issues are available on request from the Trust Secretary.

Norfolk Public Governors
7th April 2016

PNOR32 Improving quality within financial constraints

This question addresses the issue of improving quality within a strained budget whilst in special measures. There is a perception that there is pressure to discharge patients from secondary care into primary care. We are informed that up to 80% of patients referred to secondary services by GPs do not meet the assessment criteria and that this is placing unnecessary pressure on human and financial resources. Are the Non-Executive Directors assured that the interface between primary care and secondary care is being handled in a safe and cost efficient manner and that the proposed new clinical model will successfully ease pressure on staffing and financial costs?

The pressure on both staffing and finance will continue because of the increase in numbers of people requiring assistance across both primary and secondary care. However an improved pathway between primary care, including the well-being service, and secondary care should ensure that people receive assistance in the right place first time.

MSa 24/04/16

Close

Norfolk Public Governors
7th April 2016

PNOR33 Sporting activities for dementia patients

Are the Non-Executive Directors assured that there is adequate support and facilities available for physical sports for both carers and service users who are experiencing dementia, and that any existing activities are developed rather than lost. Research demonstrates that engaging in sporting activities can both slow the onset of dementia and reduce the need for medication, thus saving costs and reducing side effects.

Such facilities in the community are provided by County Councils, in some cases District Council and the voluntary sector. There has recently been an increase in provision eg. Active Norfolk (info online) has memory Walks for people with dementia and their carers. There are similar activities in Suffolk.

MSa 24/04/16

Close

Norfolk Public Governors
7th April 2016

PNOR34 Headquarters relocation

The Council of Governors has a very limited perspective of the plans and options for the development of the Trust's estate. Such development is critical to the effectiveness of its operations and is a major cost factor. It would appear that County Hall is being considered as a potential location for some of the Trust's operations and we perceive two potential challenges with this option, firstly the danger of establishing an 'Ivory Tower' isolated from the operational activities of the Trust, and secondly reduced parking options. Parking facilities are important for both service users and the staff and inadequate provision will lead to inefficiencies and lowered staff morale. We would appreciate reassurance and evidence that such issues are being seriously evaluated and would welcome a briefing.

The need to release capital from the sale of the upper plateau at Hellesden has been agreed. However the decision on the relocation has not and various proposals are being drawn up as part of a business case. It is envisaged that this will be a headquarters facility and not a centre which will deliver services. These plans are in the early stages. The issue of parking has been raised by the NEDs but it is acknowledged that there is unlikely to be a similar level of access to parking whoever the location is.

MSa 24/04/16

Close

Norfolk Public Governors
7th July 2016

PNOR35 Attendance at Locality Forums

The Norfolk Service User and Carer Forum attracts approximately three carers to its monthly meetings. They are consistently outnumbered by approximately six NSFT staff, which raises the question of the effectiveness of the Forum. Are the NEDs assured that this is good use of staff time and Trust resources and is this pattern of attendance occurring within the other regional groups?

I attended the North Norfolk forum recently and whilst there were more than 3 SU / Carers present they were outnumbered by Trust staff and I have seen this replicated in some (not all) other forums. Whilst staff involvement is critical to ensure we hear of any concerns and can respond or escalate, I agree that this is not a good use of staff time. We need to find the right balance and I encourage Governors to raise this at the next SU and Carer Trust Partnership meeting in June when we discuss the implementation of the new strategy.

GP – 08/06/16

Open

Suffolk Public Governors
7th January 2016

PSUF25 Perinatal Mental Health

There has been a Suffolk wide inter agency pilot around Perinatal Mental Health, which has reached the implementation stage. NSFT has been very involved in all this work. We understand that prior to 2012 there was a Perinatal Mental Health Forum and, given the huge societal impact, wondered whether the CoG might receive an update on this, and whether the Forum could be re-instated? (FAO Chair of CoG and Executive Directors)

There were active Suffolk and Norfolk forums for perinatal MH. Clinical staff in Suffolk who are also involved in the perinatal MH pilot work have taken an action to renew contacts and recommence the forum, the proposal is that this should be trust wide and draw in the wide experience of clinical staff working across the two counties.

03/03/15 AA

We have tried unsuccessfully in Suffolk to resurrect this forum, which included providers and commissioners. This is due to be discussed at our next contract meeting at the end of July

AA 16/06/15

I have asked our CCG mental health commissioners in East and West Suffolk via the contracts meeting for any update on this.

This should be covered in the Children and Young Peoples Mental Health Strategy which is currently being developed by Suffolk CC and CCG's in conjunction with stakeholders.

The strategy was discussed at the HoSC in July; an implementation plan for strategy is currently being developed, including redesign where appropriate.

AA 20/07/15

Unfortunately at this time, the joint CCG and Suffolk County Council implementation plan remains in the design phase.

AA 06/11/15

The health and Wellbeing Board Suffolk have now signed off the Children and Young People Transformational Strategy implementation Plan. Workstreams including perinatal are now being set up and led by Commissioners.

AA 02/02/16

This remains pending, as Suffolk CCG's and Suffolk CC have prioritised single point of access relating to their implementation plan

AA 31/05/16

Open pending further report once forum starts

**Suffolk Public Governors
7th January 2016**

PSUF37 : Loved ones being treated in specialist care outside the Trust

Sometimes NSFT service users are treated at specialist hospitals outside the Trust, so that they can get the best possible specialist treatment. It seems that, sometimes family carers are unclear as to who to approach to influence the service received at the non-Trust hospital, especially if the staff of that hospital do not seem to be listening. Please would Directors clarify the process for carers contributing their views on their loved ones treatment and care, when the treatment and care is being delivered outside the Trust?

All people placed in specialist hospitals will have a person in the Trust who is responsible for reviewing their care, and who can liaise with carers. Please contact the relevant Director of Operations who can ask the team responsible to make contact.

JS 21/10/15

We can ensure that the correct details are outlined in the care plan and communicated to carers. This instruction will be cascaded to operational managers.

DW 17/12/15

For Suffolk this will be through Steve Birt email: Steve.Birt@nsft.nhs.uk Telephone: 01284 719773.

AA 02/02/16

The instruction has been cascaded to operational managers and I will undertake a brief audit to ascertain whether this is happening and will be able to report the results of this by the end of 02/16.

DW 4/2/16

We have set a target that by May 15th there should be Care Plans, Crisis Plans, Risk Assessments and Core Assessments in place for all Service Users. This will be audited and the numbers reported back to the May Quality Governance Committee. I will provide an update at the COG.

GP 12/05/16

Confirmed this is now in place, and being audited as part of CPA compliance by both NSFT & Suffolk CCG staff, as well as discussions in supervision between line manager and individual clinicians

AA 31/05/16

Open pending further information and assurance from the Suffolk Operational Director confirming that this item would be included in the care plan.

**Suffolk Public Governors
7th January 2016**

PSUF38: Service Users and Carers on interview panels

In Suffolk and across the Trust, Governors are hearing complaints that services users and carers are not being given enough notice regarding attendance at interview panels, and sometimes have no

knowledge of the post. Sometimes they are not involved in shortlisting. Please would Directors be able to say when this situation will have been resolved?

We will continue to remind service managers and HR that people need to be engaged at the point of advertising and the CEO is writing to all staff to remind them of the policy.

JS 21/10/15

The process of handing the interviews over to localities is in progress.

This means that localities will be responsible for recruiting service user and carer involvement to their interviews in the future.

There is still the need for further interview training, whilst there are active and full lists of people (service users and carers) trained in Suffolk, there are not the numbers of people trained people for Norfolk, especially in West Norfolk and Great Yarmouth and Waveney.

HR Senior Business partners are currently co revising the training, in line with the Trust's new Vision and Values. So going forward there will be the opportunity for people to access the new training. They will also work to involve service users and carers fully in the shortlisting process, as at the moment, all shortlisting is carried out by the recruiting manager and team on line.

In the areas where request for service user and carer representation comes through to the involvement team, the request is usually timely, about 2 weeks – however, there are times when requests come in with a few days' notice and sometimes requests do not come in at all as the team have asked the service user or carer directly.

If interview requests come directly to the involvement team, the request for involvement will not be advertised to service users and carers until there is sufficient and appropriate information i.e information on the post advertised, venue, time and date, how many people are being interviewed, who is leading on the interview and a contact for support for the service user/carer and most importantly, information for the service user or carer with regard to specific skills/experience that may be an advantage and support the development of the service user and carer interview questions.

The Trust policy is clear and has been communicated. it is not feasible to monitor all interviews but this is something which the newly created Locality Hubs will be able to follow up on.

GP 12/05/16

Open – we know that values based recruitment will require all interviewers to be trained in the new process but what evidence is there that this is happening?

**Suffolk Public Governors
7th January 2016**

PSUF42: Discharge from Community Mental Health Services

We are very sorry to hear of service users being discharged from care within IDTs with what appear to be standard and impersonal letters from care coordinators and furthermore that these letters have arrived unannounced. May we seek assurance that the protocol around being discharged from

NSFT services requires there to be a dialogue with service users, and request that the apparent use of standard, impersonal letters be reviewed?

There are clear processes in discharge from trust services and CPA and Non CPA policies which all trust staff are required to follow. We are sorry to hear that in this instance a service user felt this was not the case. Should they feel comfortable, the Director of Operations would like to hear from them and can be contacted on 01473 296080.

AA 04/02/16

PSUF42

Following continued concern being voiced by Suffolk Public Governors I have obtained copies of discharge letters from a Suffolk IDT which would appear to be letters to the GP, copied to the Service user. This is also the information I have received from Lorenzo re the standard letters on the system. I have arranged a meeting with the Clinical Team Leader in the Ipswich IDT to discuss and fully understand the process.

GP 12/05/16

Open – pending further investigation across the Trust

**Suffolk Public Governors
7th April 2016**

PSUF43: Lorenzo

Lorenzo is very much a curate's egg but the bits that are 'off' are, we believe, very bad. The system has been in place for 10 months but still has significant failings which are continuing to make life difficult for many staff, as the directors will be very aware. As it stands Lorenzo does not seem to be fit for purpose and had the Trust realised the failings, we suggest it is unlikely that it would have been accepted in the first place. What steps have the directors taken with the company that supports the system to ensure a rapid, user friendly resolution to the inadequacies? What steps have been taken to anticipate the possible lack of information and records required by the CQC that might prevent us getting out of special measures? Are there any plans to communicate the sense of frustration and disappointment and fears for adequate patient care to the Department of Health and not be put off by political dissembling?

Information addressing many of the above points were addressed by Dave Huggins at the April meeting. The NEDs are assured that the appropriate steps have/are being taken with the powers that be regarding the system issues. There has been recent agreement for temporary additional admin staff to assist in data compliance to ensure that the Trust is able to accurately report. Data cleansing in West Norfolk has resulted in a dramatic improvement in the reported metrics.

MSa 24/04/16

Close

Suffolk Public Governors
7th April 2016

PSUF44: Availability of appropriately qualified doctors

A visit to the Integrated Delivery Team (IDT) at Stowmarket with the Chair, besides showing how understaffed and under pressure they were, identified a significant lack of availability to appropriately qualified doctors, especially when a crisis arose. Is this a 'one off' or are other areas affected by this and if so what steps do the directors plan to remedy this significant deficit?

There remain recruitment challenges for medical posts throughout the Trust, most challenging in West Norfolk and East Suffolk. Having said that, we have recruited consultants into Wellbeing, Acute, Later Life, Secure and CFYP services, including West Norfolk in the last 6 months. We also have increased numbers of trainees joining our Trust compared to last year.

Where there are risks to patient safety, and recruitment has been unsuccessful, we continue with wider recruitment strategies and in the interim we ensure locum doctors are employed. There is a cap on the rates paid to locum doctors and we keep to that wherever possible. We also recognise that occasionally we break the cap where the clinical risks justify this. An impact evaluation is carried out to ensure we have a clear understanding of the clinical risks before spending on high rates.

BS 20/06/16

Open

Suffolk Public Governors
7th April 2016

PSUF 45: How to get a dementia assessment

What steps is the Trust taking to ensure that families know how to get a dementia assessment and thus help to 'live well', for their loved ones, especially for loved ones already living in care homes?

As with any referral to secondary care, this requires a referral from the individual's GP. This will be the case whether at home or in a care home. GPs undertake an initial assessment to decide who might need to be referred. GPs in both Norfolk and Suffolk are 'high' referrers to Dementia services.

MSa 24/04/16

Close

Suffolk Public Governors
7th April 2016

PSUF46: Levels of sickness

When 'out and about' we hear of increasing and debilitating levels of sickness amongst staff in the community, with the knock-on impact on permanent staff in their teams. Which of the teams in Suffolk are particularly affected by problem levels of sickness, and what is the Trust doing to ameliorate their situations? Can learning from lower levels of sickness help teams with higher levels of sickness?

The Trust now has the lowest level of sickness since the merger and is one of the lowest in the region and below that of our buddy Trust. Sickness is publicly reported by locality as team level reporting (although available) would have the potential to breach personal data. The Trust has invested in the staff well-being programme which is relatively recent and has a mechanism to track and support staff who have significant periods of sickness. There is ongoing analysis of levels of sickness and the well-being programme will be able to look at and support best practice.

MSa 24/04/16

Close

Suffolk Public Governors
7th July 2016

PSUF47 Physical exercise for people with mental ill health

At a recent mid Suffolk VASP (Voluntary and Statutory Partnership meeting), Adam Baker of Suffolk County Council (SCC) and Liam Hughes of Sport England advised us of a project, where SCC through Adam Baker is promoting physical exercise to help the wellbeing of those with mental health issues. The Suffolk initiative is a 'national' leading project. Are NSFT executives aware of, and working with this project?

Yes we are aware, and have linked in with them since last year

AA – 03/06/16

Open

Suffolk Public Governors
7th July 2016

PSUF48 Fermoy Unit, Kings Lynn

Following a visit to the Fermoy Unit at Kings Lynn, where we were shown around by the excellent overworked staff, we were told that the flat roofed building continues to leak despite attempts to repair it. This is, it appears, common to flat roofed buildings of this vintage. Apparently these repairs have been paid for by NSFT, even though the building is rented from the Hospital in whose grounds it stands. Surely these and indeed all other repairs should be the responsibility of the landlord and not the lessees. Would the board determine whether there is some contractual reason for this, or whether in fact the Hospital Estate is liable especially as the costs of bringing the unit to a safe and satisfactory condition would run into millions, we were informed. The Hospital is very keen, we were told, to keep the unit on site which ought to be an incentive. Might the governors also be told the cost of building the wire enclosure at the entry to the S136 suite and why this particularly ugly and obtrusive design was chosen.

In the case of the Fermoy Unit the lease is a ‘full repairing lease’ which means the repairs and maintenance are the tenant’s responsibility.

The enclosure cost £3,400. The design was chosen more for the safety aspects to avoid any access to the roof of the building.

JC – 06/06/16

Open

**Suffolk Public Governors
7th July 2016**

PSUF49 Assurance regarding the performance of the Communications Function

While the Trust’s communication with the media and staff has improved considerably over the last 18 months, some governors continue to ask for improvements to communication with service users and carers as well as with governors. Following the disbandment of the Board’s Communications Committee, the Board has not yet, as far as governors can see, assured itself on the performance of its communications function. To what extent are Non-Executive Directors assured about the performance of the communications function?

I agree that the Trust’s communication with the media has improved substantially over the last 18 months, as has the quality of our internal communications. Communications have also played a significant role in the vision and values rollout and the last Governors event. They were responsible for the very successful staff awards event. The department has a budgeted headcount of 7 but has struggled to find suitable qualified staff and has operated with 3-4 staff which has had an impact on its ability to meet all of the demands on its services, including those from service users and governors. The delay in the publication of Insight is an example. There are two new recruits joining in the summer, although one of these will replace a member of the team who recently resigned. The team has also been

reinforced by the former Lorenzo Comms lead and an agency member of staff. However the department will continue to be stretched until it is fully resourced.

GP – 10/06/16

Open

Staff Governors
7th January 2016

Staff46: Lack of beds

There is a chronic shortage of beds and some risky people being managed in the community. In Old Age (at the time of writing this) there are several people detained in the Norfolk and Norwich and with no idea of when we can transfer them. Can management comment on the general bed numbers and if there is to be any further beds commissioned locally?

There are no plans currently for any additional beds to be commissioned. There is a lot of work underway across the Norfolk and Waveney health and social care system to look at a system wide response to delayed transfers of care as this is contributing to the pressure on beds for both adults and older people. A new admission and discharge team has been set up at the Julian Hospital to support this process. A workshop is planned for 02/16 with Commissioners to review the older persons beds in N&W.

DW 4/2/16

The new admission and discharge team does appear to be working and the number of older people placed ooa has reduced significantly. That said we are going to be undertaking a review of bed stock within central Norfolk which will include adults and older people. This work will be led by Julie Cave.

DW 15/6/16

Open – pending further feedback that the new process is working

Staff Governors
7th April 2016

Staff 49: Patient placements

Staff seek assurance that the Board will endeavour to ensure patients are placed in correct environments. Recently elderly gentleman with dementia from Norwich who cared for physically disabled wife placed in Yarmouth on an open acute ward with many very agitated patients. Gentleman very scared.

The situation described above is clearly far from ideal and has contributed to deciding to review bed capacity as described above. If these situations arise in the future they should be escalated to senior managers for a quick resolution.

DW 15/6/16

Open

Staff Governors
7th April 2016

Staff 50: Lorenzo

A recent trip to Stowmarket found staff very concerned about Lorenzo. It crashes lots and is extremely difficult to use. Staff report having to work at home, can't do as much patient contact as struggling to input data.

On a follow on issue Lorenzo team assured the Board that Lorenzo would hit some 18 issues raised by the CQC. Staff seek assurances that this has been met.

The team visited Stowmarket to offer support and review connectivity. The team worked on WIFI which when tested came out as good although, as part of a wider Trust review of our network, we will reconsider this in the next six months. Version 2.8 deployed in June 2016, fixing several problems although freezing and crashing remains. The CSC team are on site and are working to resolve this. Initial findings indicate a problem with the BT router external to both the Trust and CSC. A resolution is expected within the next month. There are no outstanding Datix reports from this team. There is a Trust wide review of document/CPA processes to reduce the administrative burden on staff and increase face to face time as part of the ongoing Lorenzo Optimisation Programme.

LH 01/07/16

Close

Staff Governors
7th April 2016

Staff 51: E-rostering

Lots of dissatisfaction about e rostering. Staff have left and are considering leaving inpatient areas due to its inflexibility. I note that there has been numerous issues raised on Datix about dissatisfaction re e rostering staff seek assurances that this is being resolved. Staff here reports that London hospital gives staff 3 choices a week and is better received.

All datix issues received prior to e-Rostering discussion with Governors on 4 February 2016. Last datix issue raised 22 January 2016 – addressed as part of reviews.

Full analysis of leavers was previously provided to Gary Page by Ben Askew 10 February 2016. As noted then, it is difficult to say that staff are leaving as a result of e-Rostering as there is a limited list of options available on ESR. One option available is “work life balance”. However, this cannot be taken as direct proxy for e-Rostering.

Analysis of the voluntary leavers from January to April 2016 shows that 22 ward based staff have left the Trust. NB: e-Rostering has been implemented in in-patient areas only. Of the 22, 8 staff indicated work life balance as the reason for leaving.

Currently undertaking a centralised rostering project – due to feedback to Execs and TPM in June 2016.

LH 04/05/16

Open

Staff Governors
7th April 2016

Staff 52: Waiting lists

Staff are concerned about waiting lists.

There are people waiting to be allocated to a care coordinator in all of the N&W localities but these numbers have dropped significantly in the last 12 months. All areas operate a managed waiting list approach where people waiting are regularly reviewed and in central Norfolk there is now a dedicated waiting list coordinator.

DW 15/06/16

Open

Staff Governors
7th July 2016

Staff 53: Staffing levels in the face of rising workload and increasing expectations

The issue of most concern raised by staff in the recent staff governor survey is about inadequacy of current staffing levels. This is not just in regard to inpatient areas with high vacancy rates, but notably also in community services with low vacancies, but which highlights that demands on staff appear to exceed the capacity of the budgeted staffing resource to cope. Contributory factors are rising workloads due to increasing referrals and high caseload numbers together with the expectation of staff to continually improve safe, responsive and effective care while also taking on new responsibilities (e.g. physical healthcare). This issue may be a root cause of 'anxiety/stress/depression' being by far the most common reason for staff absence in the last 12 months, accounting for over 1 in 4 of all sickness absence.

This gives rise to two areas of particular concern about which governors seek assurance:

1.1: The governors are very concerned about the impact of this situation on service users and the increase in waiting times that would seem to be an inevitable consequence of demand outstripping resource.

Governors therefore seek assurance about remedial actions being taken to address this issue and request information about current waiting times for complete and incomplete waits in each NSFT locality and how these have changed over the past 12 months, in the following categories:

- 1) Numbers by duration of wait from referral to first assessment contact*
- 2) Numbers by duration of wait from referral to first treatment contact*
- 3) Numbers by duration of wait from first assessment contact to allocation to a practitioner caseload.*

1.2: Given the clinical demand on staff that information in regard to 1a is likely to evidence, governors are also concerned about the increasing expectations being placed on staff that may detract from the core focus of mental health assessment, treatment, care planning, suicide prevention etc.

One example is the increased requirement for mental health practitioners to address physical healthcare needs, most notably within DCLL services. Governors appreciate the importance of taking into account physical health as far as this impacts on mental wellbeing, but seek assurance that providers of physical healthcare – general community and hospital trusts – are also being expected to increase their knowledge and skills in the care and treatment of those in their care with mental health needs.

The increasing referrals to DCLL services and complexity and acuity of physical comorbidities of patients admitted to DCLL beds suggests that the expectation is more on mental health services already under extreme demand and may represent another manifestation of lack of parity.

Open

Staff Governors
7th July 2016

Staff 54: Management and leadership competency development

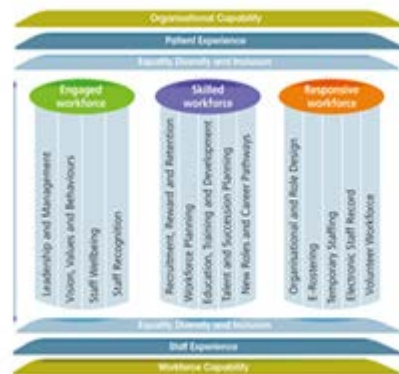
The second most important issue for staff highlighted in the governor's survey is about the quality and effectiveness of management and leadership within NSFT.

We would like to know how staff feedback is obtained and used to inform managers' personal development plans and request information about the

plans to develop the skills and competencies of line-managers and leaders within NSFT.

The Board approved our Workforce and Organisational Development strategy in May 2016. This five year plan (which supports delivery of our Trust Strategy) sets out how we will create a sustainable and thriving organisation with an excellent reputation for high quality patient care and positive staff experience. We believe that if we can develop our staff to be the best they can be within a supportive but accountable leadership culture, wider organisational improvements will follow.

The following diagram shows how all this comes together:



A key strand of this is an Engaged Workforce where our aim is that everyone will:

- Be proud to work for the Trust, acting as positive advocates for the Trust as a training provider, employer and provider of services
- Live our values and demonstrate these on a day to day basis
- Feel fulfilled, treated fairly and valued in their roles, recognising the important contribution they make each day in supporting our service users to live the most positive lives they are able to
- Be engaged in positively shaping the services we provide and the culture of the environment we all work in.

This will be delivered by developing a culture of emotionally intelligent, resilient, adaptable and quality focused leadership and management capability at all levels of the organisation, including clinical leadership. We will offer informal and formal leadership and management development tools, training and other development opportunities to ensure we equip our managers and leaders (including clinical leaders) at all levels of the organisation to have the knowledge, skills and behaviours to make sound decisions and to empower others to do their jobs effectively. This includes developing a culture of coaching.

In support of this we are currently consulting on our leadership and management development strategy which set out the fundamentals we expect from every leader and shows how we will identify talent as part of our investment in staff and succession planning. The intention is to have a provider in place to start this by September 2016.

As part of our new values based appraisal system all staff are requested to obtain 360 feedback from colleagues and people they engage with both inside and outside of the

Trust. From this, along with regular supervision and meetings, development needs are identified. This new system asks a specific question about future aspirations which then feeds into a Personal Development Plan.

We recognise that we have invested little in our management training since the merger however have made huge strides over the past year in ensuring we have robust plans in place that are sustainable, scalable and provide the best grounding for staff engagement, enhancing their skills and, ultimately, excellent patient care.

LH – 03/06/16

Open

Staff Governors
7th July 2016

Staff 55: Demand for inpatient care in excess of bed capacity

The third issue of greatest concern raised by staff in our governor survey is about lack of beds and this is once again highlighted by the rise in May in out of area placements.

Staff Governors would like to know what evidence base has been used to ascertain if the current bed stock in NSFT is set at the right level to meet the needs of the local population when compared to national benchmarks, for the following specialist areas:

- 1) CAMHS tier 4 beds*
- 2) Adult acute assessment / treatment beds (18+)*
- 3) Dementia and Complexity in Later Life acute / assessment beds.*

Governors also seek assurance that this is subject to ongoing review involving commissioners and ask to be informed about what actions are being taken to mitigate the ongoing need to place patients in beds outside of NSFT.

This issue was discussed at the alignment of estates and bed capacity mobilisation board on 2/6/16 and it was agreed that Julie Cave would lead a piece of work to benchmark our current bed stock against current and future demands. This work will involve Commissioners.

In relation to ongoing actions to mitigate the need to place patients outside of NSFT:

- **An admission and discharge team is now in place to manage later life beds across N&W.**
- **Plans are in place to develop a Trust wide bed management service**
- **Work is underway to establish a consistent criteria for admission across Norfolk and Suffolk**
- **The Lorenzo bed management programme will be installed to support the new bed management service and provide real time bed management information**
- **Thurne ward capacity to be increased from 12 to 15 beds**

- Working group established to pilot a 72 hour inpatient pathway for people presenting with Personality Disorder in central Norfolk
- Project established to review the acute pathway provision in west Norfolk
- Paper going to Executive team meeting on 8/6/16 to review bed usage at Hammerton Court
- Robust gatekeeping processes are in place in all localities to ensure appropriate admissions

DW – 03/06/16

Open

Carer Governors
15th October 2015

C28 Communications with carers

Communications with carers over e.g. locality forum meeting dates and locations. Does the Trust have a register/database of known carers? Are carer members of the Trust routinely contacted e.g. by email to inform them of locality forums etc? I am also raising this with the Service User and Carer engagement strategy.

An involvement register for carers and services users has been identified as a priority and will be included in the strategy. This will be monitored by the Service User and Carer Trust Partnership.

JS – 07/11/14

All dates for forums and meetings are now on the internet and are being sent out to Trust members. We have a list of carers from the previous TSS meetings that is used in Norfolk as well as advertising through CAP (carers agency partnership). The service user and carer list will be a piece of work to go through the PID that Lyn Skipper is leading on.

JS 08/06/15

Locality workshops will be underway in August. This will include discussion around a range of ways of identifying carers, and carers interested in becoming involved with service design delivery and developments as active participants or who wish to be informed of specific events or opportunities.

This is likely to a database of some type, and will need to identify who holds it and updates it and accesses it.

LS 17/07/15

This is on the list of priorities for implementation of the Service User and Carer Strategy.

JS 21/10/15

An exact date cannot be given at this time, but it is being developed and implemented within the new strategy based on the gap analysis.

JS 03/11/15

As we begin to roll out the implementation of the Service User and Carer Strategy to the two pilot sites, Great Yarmouth and Waveney and East Suffolk, we will work with carer leads to compile a list of carers for each respective locality. This will be replicated in all localities as we begin to implement Trust wide.

NSFT Membership and Engagement Officer disseminates information with regard to meetings and locality groups, to all carers who are members of the Trust.

Specific information for carers .i.e. locality groups and forums and carer specific support groups, are now up to date and displayed on the NSFT website with correct contact details.

Through current work to implement the Service User and Carer involvement strategy, members of the strategy steering group are developing a template for service users and carers to be able to state their, skills, expertise and experiences, this will ensure that we have a database of people interested in being involved and the relevant skills to be able to be involved meaningfully. We are also identifying training and development requirements and linking these with the Recovery College and the Trust Training Department

JS 23/05/16

Open – pending further work

Carer Governors
2nd October 2015

C40 Answerphone

Need for “customer friendly: answerphone messages on the Trust sites for carers and service users. The current message’s compare unfavourably with many commercial sites where personnel take care to make the caller feel that their call is valued.

I would agree this is needed to provide a professional and corporate approach to messaging; again this can be incorporated into the telecommunications policy we will be developing in the new year. In the interim this is a local issue as there is no central register of answerphones so feedback on where this is a problem would be welcome so it can be addressed.

LH 10/11/15

We are currently reviewing all local Suffolk services to improve the service user and carer experience and we will report back at the end of March.

AA 04/02/16

Open pending further checks and report back to CoG

Staff have been reminded of the need to provide appropriate messages on answerphones and this was recently commented on by the CE in his Monday message to staff. This is essentially part of the Trust needing to ensure that it is ‘living’ its values. If governors become aware of inappropriate messages the specific example can be passed on to the Ops Director for the service.

MSa 23/04/16

Closed

Carer Governors
7th April 2016

C44 Triangle of care training for doctors

We hear that medics in the acute sector at Hellesdon are not responding to the opportunity for all staff to take part in the training offered by Carer leads on the Triangle of Care. We believe that medics may be more inclined to respond to the thinking of other medics, so what can be done to enable medics to take part in this cultural change in attitude towards carers?

Doctors see themselves as fulfilling the spirit of Triangle of care when called upon to do face to face work. The role of the consultant has changed over the last 10 years – ‘New Ways of Working’ – into a less hands-on role and more of an advisory role. This means that consultant psychiatrists have perhaps been less visible and less in direct contact with Carers.

Triangle of Care doesn’t feature in consultants’ Mandatory training nor is it specifically mentioned in the medical appraisal form. In order for the cultural shift to occur, consultants need to discuss and agree training within their Personal Development Planning group meetings, so Triangle becomes part of the routine training planning meetings.

I acknowledge that there still hasn’t been the uptake of training that is required.

I will write as medical director to the chairs of PDP groups in order to remind them of the importance of ToC for safe and effective care.

BS 20/06/16

Open

Carer Governors
7th April 2016

C45 How well is access and assessment working in Norfolk and Suffolk?

We hear of various instances in which Access and Assessment is not working in the way family carers expect it to. For example, we heard from a carer who has at last got an appointment for her autistic son with a psychiatrist, after 15 court appearances. In another example, some parents and carers have raised the issue in Suffolk that even when the person is assessed by Access and Assessment as requiring the use of Integrated Delivery Teams (IDTs), they are then being told upon assessment by IDT that they don't meet the criteria for their services - this is confusing as how can two different parts of the same Mental Health Trust understand/assess differently? Can the Trust tell parents

and carers where they can go to seek help, when the person being referred doesn't meet the current criteria for acceptance into secondary services? In the context of these examples, how well is Access and Assessment working in Norfolk and Suffolk?

The Suffolk Access and Assessment Service receive around 1200-1300 referrals per month and of those around 35% on average are referred to IDT's. It is worthy of note that the referral information the Access and Assessment Team receive from external referrers is often relatively poor but notwithstanding, efforts are always made by the team to seek out as much detail as possible in order that we can signpost the referrals to the most suitable and appropriate service for that individual's needs.

However what the Access and Assessment Team will see on an initial assessment of an individual can be very different to when they are seen by an IDT, potentially up to a maximum of 28days later. This can be for a variety of reasons but often the individual has either improved or deteriorated in their presentation as time has passed, life events may have occurred and impacted on that individual, so by the time the IDT team assess the individual, they can present with potentially different risks/issues which may of course impact on whether the person now meets the IDT criteria or not. The Suffolk access and assessment team work closely with the treatment teams to ensure there is continuity between the two services and the AAT and IDTs continue to work to develop this area.

When the person does not meet the criteria for a service, the team will always endeavour to refer on to the most appropriate service, whether that is back to the GP, social services, well-being service or voluntary support services within the community.

The team are now beginning to use routine assessment outcome measures which will give a clearer understanding of the views of those assessed by the clinicians from within the team.

The Suffolk AAT team would welcome the opportunity for visitors to attend Suffolk AAT to meet the team and discuss practice with our clinicians and managers.

AA - 31/05/16

Open

Carer Governors
7th April 2016

C46: Do staff take the initiative in support family carers during crises?

Are staff beginning to take the initiative in supporting carers in crisis situations in the Community? In one example, a family carer whose son is on a Community Treatment Order describes the delay in his being recalled to hospital under section. She feels that Trust staff should have taken the initiative in explaining the delay to her. In the context of this example, do staff take the initiative in supporting family carers during crises?

NSFT is now at the second stage of implementation of the Triangle of Care, which ensures that community teams and non-inpatient services are beginning to work through the six

domains attached to the Triangle of Care self-assessment which means that staff working in these areas should have an understanding of the importance of involving carers.

Carers should be able to talk to staff if they feel that they have not been informed or involved in decisions about their loved ones.

If there are issues with regard to confidentiality, these should be explained to carers. Carer awareness training is available across the Trust for staff and carers /services users, the trainings delivered both in house and through the Recovery College. Evaluation has shown that there has been an increase in staff attendance and a better understanding of the principles of the Triangle of Care.

JS 23/05/16

Open

Carer Governors
7th April 2016

C47: One Trust and different transformation plans for Children and Young People's mental health

*There are two Local Transformation Plans for Children and Young People's Mental Health Services across the Trust - one for Norfolk and Waveney and the second for East and West Suffolk. This means that depending where you live in Suffolk there will be a different set of priorities for transforming services (a postcode lottery) and this is very concerning to parents and carers. For example, both Transformation Plans are developing **different** Single Points of Access models. If we are moving to a One Trust model where a common language is being used and the same services are being offered, it would appear the Local Transformation Plans are working contrary to this, as parents and carers have reported from the involvement they have had so far with the Suffolk Plan there appears to be no intention to try and align the two Transformation Plans. What assurance can the Trust give that they will be working together with all stakeholders to align the plans and subsequent transformation of services?*

There are two CYPMH Transformation Plans developed by the Suffol CCG's (Suffolk E & W) (Gt Y & W) and Suffolk County Council as stated, however both have been consulted on widely, with a particular emphasis on seeking the views of young people and their families, as well as views from Education, Social care, Health providers and Voluntary organisations. It is worthy of note that Suffolk CC have contributed to both.

They have also taken into account the strength of joint commissioning, performance of local children's services, other existing services, strategic joint needs assessments and investment available.

However NSFT has developed a Clinical Strategy, which has been designed collectively by clinicians across both counties in partnership with our stakeholders. Supported by NICE guidelines, best practice at a local, regional and national level, this will allow alignment

across service lines and care groups, as well as informing our on-going contribution to both Transformation Plans

AA - 31/05/16

Open

Carer Governors
7th April 2016

C48: Carers assessments for carers of under 18s

Parents and carers have reported continuing concerns over obtaining Carers Assessments for themselves, when their young person is in services and aged under 18. There appears to be confusion at IDT level over who is responsible for carrying these out. The Social Care Lead for Suffolk (who is adult social care) states it is clearly Children's Social Care who is responsible. Children's Social Care, we are told, states it is NSFT. Depending which IDT staff the parent/Carer speaks to, the carer reports being told either that it is the responsibility of NSFT to carry it out but they hold no budget so will simply pass it on to Children's Social Care when they have done it, or that it is not their responsibility. What action has the Trust taken to make it clear whose responsibility it is to carry these out and to assist parents/carers to avoid them being passed unnecessarily from pillar to post?

This has been discussed with both Suffolk CCG's and Suffolk CC, regarding conflicting views, and is now part of on-going discussions regarding SPA (single point of access). In the interim, the Director of Operations AA is due to meet with SC Director of Social care Suffolk CC, to try and agree an operational solution

AA – 01/06/16

Open

Carer Governors
7th July 2016

C49 Anxiety and dissatisfaction about discharge into Primary Care

Can carers be assured, as indicated by a staff member, that loved ones will be helped by 'additional funding' in Primary Care?

Unfortunately I do not know any detail about additional funding going into primary care. The reconfiguration of adult community services in central Norfolk will result in closer liaison between NSFT and GPs which should improve services. If anyone is able to provide more detail I will happily look into this further.

DW 17/6/16

Open

Carer Governors
7th July 2016

C50 MIND helpline

Carers understand that the MIND Helpline no longer has 24 hour cover, and are concerned to know whether or not it will be available to service users who have been discharged into Primary Care. What assurance can the Trust give regarding hours apparently not covered by the Helpline, and its availability to service users discharged into Primary Care?

The criteria for the new helpline is that if service users have been open to NSFT within the previous 12 months they will be eligible to use the helpline. Although the helpline is no longer able to operate 24/7 it will be open until midnight 7 days a week.

DW 17/6/16

Open

Carer Governors
7th July 2016

C51 Staff Awards Ceremony

I have observed cynicism among carers over a media report on the staff award ceremony at an expensive venue, and their assumption that NSFT spent resources on this which are needed for patient care. I was able to point out the final paragraph in the press report which indicated the ceremony was funded through sponsorship. When NSFT produces press releases of this sort, would it help to include sponsorship in the headline rather than final sentences, or did the Press adapt the Trust press release, giving a distorted impression?

We try to defray the cost wherever we can but it is not always possible to get this across in the media. Part of the cost was met from an underspend in the communications budget which was not available for patient care. In the end the event was a huge boost to morale and in our view justified the resources spent to balance the negative PR staff so often experience.

MSc 31/05/16

Open

Service User Governors
2nd October 2015

SU27: Depot Clinics

On the 24th September 2015 the depot injection clinic in Mariner House in Ipswich was scheduled to close. Is similar happening with other depot clinics in NSFT and if so why?

Previously there was a depot clinic service on Thursdays at Mariner House where service users could attend to receive a depot injection with no set appointment time.

This service is no longer available; it is now the responsibility of the care coordinators to make appointments for their service users to attend for their depot injections either here at Mariner House or at the service user's home.

We are looking at expanding the model to include physical healthcare checks and this will hopefully be at Woodlands and West Suffolk, a business case for this is going to the CCG in this year's commissioning round.

AA 06/11/15

We are in the early stages of the Commissioning rounds and will have a further update in April 2016

AA 02/02/16

Unfortunately we were unable to progress our proposed business case with the Suffolk CCG's, however we have progressed the following

Depots are administered by our staff in a range of G.P. surgeries or in the persons own home. The staff complete the Rethink Tool, which is part of the Integrated Physical Health Pathway. It allows the staff and patient to discuss all aspects of healthcare and keep a log of tests, such as Cervical smear tests outstanding etc, it also promotes discussion and advice related smoking, alcohol and dietary advice.

Then trained Non-Medical Prescriber staff support staff in completing the toolkit and feed information in to the Physical Health Strategy Group.

Dr Jenny Axford one of our psychiatrists who leads on physical health, is also working with Dr John Hague GP Mental to try to develop further shared care protocols relating to the care and treatment of people on practice registers with Severe and Enduring Mental Illness. This work should help to improve communication with G.P.s in the future, as they do not assume any responsibility for patients with Severe and Enduring Mental Health problems

AA - 31/05/16

Open – no further update available until July 2016

**Service User Governors
7th April 2016**

SU36: Inpatient's internet enabled phones and computers

Are inpatients allowed their own internet enabled computers and phones on the wards and if not, what legally prevents this? (i.e. Do the staff have the legal power to take the devices off them or check what is on the devices?)

Inpatients are allowed their own internet enabled phones in most inpatient areas with the exception of secure services where this is not permitted due to risk and safety issues.

DW 15/06/2016

Open

Service User Governors
7th April 2016

SU37: Care plans for service users in Ipswich and Bury St Edmunds areas

In October and November last year there were a number of reports at Suffolk User Forum of service users not having care plans in the Ipswich and Bury St Edmunds areas. Has this been looked into and has there been any improvement?

Open

Service User Governors
7th April 2016

SU38: Recovery College – recruitment of staff tutors

The Recovery College is still struggling to recruit staff tutors to plan and run the timetables. What is being done about this? Apart from restricting its capacity to produce and develop workshops and courses in line with the Trust's commitments, this is having a negative effect upon peer tutors who feel unsupported and unappreciated.

The peer tutor survey uncovered a very small handful of peer tutors who feel this way. The majority indicated that they feel it is a positive and life changing experience. However, Natalie Taylor our Peer Deputy Manager who started in post on 11/05/16 will prioritise setting up processes that support peer tutors in their recruitment, recovery college induction, training , skills mapping, further skills development and support to move on to mainstream opportunities.

Staff tutors and timetables.

Currently in Central Norwich there is a band 5 recovery college local coordinator/spoke lead. This person co-facilitates the local recovery steering group with 2 peer facilitators, coordinates local timetable, co-develops workshops for the college, co-facilitates the train the trainers and supervision group, teaches in the college, co-organises the termly Open Day, co-delivers bite- sized ward based workshops (imminent), and co-delivers some team training/information giving.

King's Lynn Band 5 OT post released to RC and person in post for 4 weeks . Duties as above.

GYand W band 6 social worker has been released from clinical duties and is in post full time. Duties as above minus co-facilitating the imROC steering group .

Band 8a deputy service manager co-facilitates the steering group with a peer tutor and coordinates the timetable and recruits peer tutors with the band 6.

Band 8c Psychologist giving monthly group supervision to peer tutors.

East and West Suffolk .Band 8a imROC Lead for Suffolk has been covering the above. We proposed a band 5 coordinator be in post in East and West as above using the money that has been put aside for Recovery in Suffolk. Awaiting outcome. The College Deputy and Manager will be taking over the above responsibilities from the Suffolk Lead this month.

Recruitment-College Manager informs the many staff who enquire of the process and to get permission from their line manager. The latter is usually refused. Manager has contacted and met with deputy and service lines managers, contacted youth service line, secure services (as part of training their tutors), governance, research, cpa training department, all as part of their learning process of getting real experience of working collaboratively. All unsuccessful due to 'no time'.

We have extended the staff tutor position to band 3 support workers/psws where they meet other requirements (I band 3 psw has expressed an interest in this so far).

Open

Service User Governors
7th April 2016

SU39: Recovery College – new lead

Where is the new lead for the Recovery College? Whilst this position remains unfilled it is felt that the College has limited vision and leadership.

Interviews have taken place for the position Of 'Head of Recovery, Participation and Partnership' on 16/05/16

JS 23/06/16

Open

Service User Governors
7th April 2016

SU40: Service User & Carer Involvement

Service User & Carer Involvement - Will the co-ordinators be replaced?

Finance have been consulted with regards to recruiting to 2 Band 4 posts. The job description will be reviewed to reflect that of a Community Connector/ Builder responsibility and to supporting both the Improving Services Together Strategy and the Youth participation Strategy.

JS 23/05/16

Open

Service User Governors
7th July 2016

SU41: Research into the effects of antipsychotic and other medications

Many medications for mental illness such as antipsychotics often have very unpleasant side-effects such as tardive dyskinesia (including dystonia) and akathisia. There is evidence amongst many service users that their brains may atrophy however it is uncertain whether this is due to the illness itself or the treatment with medication. This is mainly because even among studies of those with first episode psychosis the service users are taking prescribed medication. Is this an area the NSFT should study or has such a study been undertaken by another Trust?

This is a very important area for research, and one that is on-going nationally. In effect, the side effect profiles listed in the British National Formulary is the output from continuous monitoring of side effects by all prescribers. If a significant unwanted effect is observed by a prescriber, or reported to the prescriber by the patient, then a form is completed by the prescriber and sent to the Commission for Human Medicines. All this information then informs the updated BNF book. Urgent issues are mailed out to prescribers via the alert systems.

In terms of NSFT carrying out research, the plan is to support one of our senior pharmacists in conducting research into adherence to medication plans, researching the reasons why people don't take medication, often because of side effects, and ways of reducing the negative effects of prescribed medication.

BS – 03/06/16

Open

Service User Governors
7th July 2016

SU42: Discharge into primary care without discussion and communication with the GP

There have been ongoing reports of service users under the care of CMHTs in Suffolk being discharged back to primary care without discussion and communication regarding management and ongoing care with the GP. It is felt that this may be contributing to the service user having to be re-referred back to NSFT within a short period of time following deterioration in his / her mental health. What is NSFT doing to address this problem, does it have the comparable information for Norfolk and what impact, if any, has the introduction in Norfolk of PSWs at some GP surgeries under the Wellbeing service had in helping to provide support to those who have been recently discharged from secondary services?

IDT's always involve service users and their supportive others in any change to their care and support where at all possible. Occasionally this is difficult where either the service user or supportive others do not wish to attend CPA reviews, discharge meetings etc.

It is really important when service users or their supportive don't feel heard or involved that they contact the relevant IDT manager as soon as possible, so we can put this right.

Service users who are discharges from the IDT's within 3 months of discharge, can access their previous IDT via their GP, without the need of further assessment from the Access and Assessment service.

Again it is important to draw this to the IDT managers attention asap.

With regard to the CPA process generally we are currently reviewing training offered to staff on this subject, and Jayne Davey from SUF has kindly offered to support Jane Sayer our Director of Nursing and her team, in developing a coproduced approach.

AA 17/06/16

Open

Service User Governors

7th July 2016

SU43: Disappointment with Locality Forums

Some service users and carers are reporting a disappointing experience of involvement with NSFT and there are concerns around the declining numbers of these attending existing forums. What is the Trust doing to address this and to ensure that it is providing appropriate opportunity for all individuals to participate should they want to?

I agree that attendance at the forums is disappointing. Our new involvement strategy will create locality hubs into which a more diverse range of Service User and Carer Forums (including the Locality Forums) will feed. This is designed to ensure we get a representative range of service user and carer views and to increase participation. The hubs are being piloted now in two localities and will be rolled out throughout the Trust over the course of this year.

GP – 10/06/16

Open

Date:	7th July 2016	E
Item:	16.40	

Report To:	Council of Governors
Meeting Date:	7 th July 2016
Title of Report:	Chief Executive's Update
Action Sought:	For Assurance
Estimated time:	10 minutes
Author:	Michael Scott, CEO
Director:	Michael Scott, CEO

Executive Summary:

This report provides an update on the main issues, insights, observations and activities undertaken by the Chief Executive over the past month.

1.0 NHS Improvement & CQC

- 1.1 Monthly meetings have been held with NHS Improvement and Stakeholders on the 18th May and 15th June, 2016; an update will be given at the Board. Due to the Care Quality Commission arriving in one weeks' time it has been decided to stand down the NHS Improvement July meeting.
- 1.2 The CQC Inspection commences on 11th July 2016 for two weeks. Preparation, presentation and plans are in place for the inspector's arrival.

2.0 Trust Awards:

- 2.1 The highlight of May has to be the Putting People First staff awards.

Everyone who was nominated, or short listed, the finalists and the winners did a fantastic job. I was amazed by the breath and detail of the services we provide and to hear our staff spoken about in such positive terms was wonderful to hear and gave everybody a real boost. I know from some of the messages I have received that when this went back to their teams they were well received, and of course every winner says they only did it because of the team that is behind them!

Congratulations again to all our winners.

3.0 Contract arbitration:

- 3.1 I am delighted to confirm that after attending an arbitration panel in respect of the contract with Gt Yarmouth and Waveney CCG, the panel found in our favour in two of the four items.

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4.0 Sustainability and Transformation Plan Workshops:

There are a number of workshops throughout the region which we have been actively participating in. I led the workstream on Primary and Community Care in Norfolk together with Sue Crossman.

5.0 Environmental Scan

I have attached to the report our environmental scan information for the current period. Appendix A attached.

6.0 Lorenzo:

6.1 Release 2.8 of Lorenzo, deployed on the 14th June, has resolved the 'cursor jumping' and 'white screen server error' issues. The ongoing focus for resolution is therefore the 'freezing and crashing' error and this was made very clear to CSC at the May Board of Directors meeting, attended by two of CSC's Vice Presidents.

6.2 Since then CSC have provided additional senior technical resources to identify the root cause of the issue, supported by HSCIC's technical team. This involves spending time with Trust clinical teams and capturing trace diagnostic information when the problems manifest. Several changes to the Trust's local set up have been made as a result of the findings and their success or otherwise continues to be monitored. On the 28th June a potential issue with a BT router was identified which *could* be a source of the freezing and crashing issue, however further investigation is needed before this can be confirmed. A Trust-wide rollout of Internet Explorer 11 is also imminent and this is anticipated to deliver some minor performance improvements as well.

7.0 Staff Morale:

7.1 The staff engagement score is below national average in 2015 survey but rate of improvement in the year was three times the national rate of improvement with the next survey commencing in September.

7.2 There is a continued focus on embedding our values with cascade sessions being rolled out across our Trust and good progress being made embedding our values into our workforce policies. We have also embedded these in our recruitment and appraisal processes.

7.3 Workforce and Organisational Development Strategy 2016-2021 has been approved by the Board of Directors. A core pillar of this relates to improving staff engagement. Supporting enabling strategies include staff wellbeing and leadership and management development have also been approved.

7.4 Great progress with staff wellbeing. The Healthy Worker Programme has been extended to more areas. 70 wellbeing champions have been recruited and are working in localities. External recognition of us as an exemplar in this area as our strategy was recommended by NHSE. Sickness is at the lowest rate since merger at 4.6%.

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7.5 Leadership climate survey undertaken. Developing our leadership climate (which includes developing the emotional intelligence of our leaders) is a key element of our leadership strategy. It will be a core feature of our August SMEF.

8.0 E-Rostering:

8.1 I have attached a paper received from Denise Zandbergen to update the Council on the current position. Appendix B attached

9.0 Meetings and visits:

9.1 I have visited several wards over the past two months including CAMHS, Mary Chapman House; Acle and Catton Wards, Northgate, Silverwood and Kings Lynn teams, Woodlands, Abbeygate Wards. I was joined by the Chief Officer of Suffolk HealthWatch whilst visiting Wedgewood and he was very complimentary about the staff and services he had seen.

9.2 I attended a book launch which was promoting “The Veterans’ Survival Guide” by Jimmy Johnson. We acquiring approximately 35 of these books which have already had significant interest from wards and teams which will help them understand some of the issues veterans have; in particular around PTSD.

9.3 I met with one of our local MPs, Sir Henry Bellingham who has shown great interest in our Kings Lynn site. Sir Henry was very interested in all aspect of mental health and I gave him a complete overview of the current position.

9.4 Both the Chair and I spent a day at the House of Commons visiting as many of our local members of parliament as possible to discuss the Trust and its progress on Quality Improvement.

9.5 I met with our two European Exchange Students who are visiting the Trust to give them an overview and some insight on how I and the Trust function on a day to day basis with everyday challenges.

9.6 I met with the new Chief Executive of the Academic Health Service Network (AHSN). He is planning to provide more input into service improvement locally and I encouraged him to include mental health in this.

9.7 I attended a meeting of the HealthWatch Norfolk Mental Health Task and Finish Group. The group has devised a new work programme and remains a critical friend of our trust.

9.8 I presented on ‘What a great year in the Trust looks like’ to our consultant development programme. This programme for newly appointed consultants is going well.

9.9 I attended the City Service User and Carer Forum. I was disappointed to see relatively few users and carers present.

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- 9.10 Ruth May, the Executive Director of Nursing for NHS Improvement, visited the Trust to meet with myself and Jane Sayer, and the Clinical Team Leaders for Whitlingham Ward and Rollesby Ward. She gave positive feedback on her visit and the improvements she found in our trust.
- 9.11 I presented at the Central Norfolk Teaching Programme to a mixed group of medical trainees and consultants on Mental Health & management
- 9.12 I attended a Carers Forum focused on the Triangle of Care, organised by Howard Tidman, where there was good attendance and national speakers.
- 9.13 I attended the Band 3 Development Day where care staff were engaged in their future development plans.
- 9.14 I attended a meeting where the emerging Sustainability and Transformation Plan was presented to local health providers in Norfolk & Waveney.
- 9.15 I attended an away day for the Recovery College and presented certificates to graduates.
- 9.16 I attended part of a 2 day training event facilitated by Greg Hinrichsen from the Albert Einstein College of Medicine in New York. This was on the subject of interpersonal psychotherapy.
- 9.17 I met with Dale Bywater, the Executive Regional Managing Director for NHS Improvement, by way of an introduction

10.0 Recommendations

- 10.1 The Council is asked to note the content of this report.

Michael Scott
Chief Executive

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Appendix A – Environmental Scan

Environmental Scan June 2016

External	
National	Local System
<ul style="list-style-type: none"> • NHS impact central to EU Referendum debate • Mental Health Network stating little national investment in MH from CCGs despite guidance • 30 June STP deadline now for proposals forming basis of discussion, rather than final position 	<ul style="list-style-type: none"> • STPs in Norfolk and Waveney and Suffolk progressing • Resignation of Mark Taylor, North CCG Chief Officer

Internal	
Trust-wide	Locality/Service-specific
<ul style="list-style-type: none"> • Final preparation for CQC inspection • Single bed management system QIP commenced • Marcus Hayward appointed as Trust-wide ImROC lead 	<ul style="list-style-type: none"> • Dialogue for Gt Yarmouth and Waveney Out of Hospital tender extended and potentially impacted by STP proposals • Positive CQC MHA spot inspections at Thorpe Ward and 5 Airey Close

Appendix B

Report To:	Council of Governors – Public
Meeting Date:	7 th July 2016
Title of Report:	E-Rostering Review
Action Sought:	For update
Estimated time:	5 minutes
Author:	Denise Zandbergen
Director:	Michael Scott CEO

1.0 Background

- 1.1 As a result of a number of concerns raised by staff and staff representatives in late 2015/early 2016, the Executive Team in January 2016 agreed to trial centrally rostering a small number of units for three roster periods in an attempt to identify the barriers to effective rostering within these units by monitoring the difference between the units' rostering practice and a more auto rostering approach taken by the e-Rostering team.
- 1.2 The focus of the centralised rostering project was the DCLL service in Central Norfolk. The project is nearly finished. The e-Rostering team has completed the three rosters as part of the project: 28 March, 25 April and 23 May with staff currently working the third roster as created by the e-Rostering team.

2.0 Findings

- 2.1 Daily contacts are kept as part of normal practice of the e-Rostering team. But specific incident logs for Hammerton Court were kept during the project to be able to record and analyse a greater level of detail. Contacts were analysed by type, ward and individual staff members.
- 2.2 Based on the level and type of contacts the project can be seen to have had a positive impact. The picture across Hammerton Court, is that there was a peak in contacts in February of 267 contacts, with queries relating to existing rosters as created by wards, then a reduction and move to more business as usual/daily update type contacts rather than complaints.

3.0 Staff Satisfaction Survey

- 3.1 Response to the staff satisfaction survey was relatively low. As at 24 May 2016, 21 responses received out of a total staff group of 100. No responses received since 9 May 2016. Whilst the survey results are not statistically compelling, with just over 1/5th of the total staff group choosing to complete, the views expressed should be noted. However, DCLL managers observed that the survey results do not correspond with the mood change on the wards as demonstrated at team meetings and one-to-ones.

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3.2 The survey results show that:

- The majority understand why the Trust is implementing e-Rostering, but 13 are unhappy about the fact. Given the recent Carter report, implementation of e-Rostering is no longer a matter of choice for NHS Trusts.
- There was an increase in knowledge about e-Rostering as a result of the project. 16 responded that they knew very little/nothing about it before the project and after, 17 knew a lot/enough to get by.
- 17 of those who responded had contact with the e-Rostering team during the project, the majority of which were face-to-face, plus at least one other means, with an average of 2.76 contacts per person. The majority found this at least sort of helpful or helpful.
- There was a reduction in the number of staff reporting that they were happy/generally ok with e-Rostering. An increase from 9 to 13 staff noted that they were more unhappy/very unhappy with their experience of rostering during the centralised rostering period. 4 responses indicated that rosters were better when the Band 6's produced them. These 4 responses reflect the picture from one ward,

3.3 However, comparing the staff satisfaction survey with the roster statistics and roster issues reports this level of dissatisfaction is not demonstrated. Analysis of these reports shows that since the project the auto roster percentages have increased, whilst both changes since approval and duties with warnings have decreased. This would indicate that the rosters are more effective and fairer than previously.

4.0 Conclusion

4.1 The centralised rostering project has been worthwhile and resulted in an improvement in the rosters at Hammerton Court with an increase in the auto roster function, creation of additional local rules to balance staff and operational needs, improved understanding of the impact of changes and duty requests, transfer of knowledge between staff, roster creators and the e-Rostering team and a reduction in the number of complaints.

4.2 There is a risk that without administrative support, the improvement in the rosters at Hammerton Court might not be sustained. This would require a local business case but is not a recommendation by the project team for all areas.

4.3 The recommendation is following the supported handover, the e-Rostering team will return to providing support for all units, including Hammerton Court, as part of its normal business as usual function, including regular reviews. If other areas are experiencing difficulties there might be merit in repeating a limited centralised rostering function to address issues, but with the view to ensure responsibility for roster creation reverts to clinical teams.

Denise Zandbergen
Programme Manager
9 June 2016

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Action Plan following Verita Independent Investigation

	Recommendation	Proposed action	By whom	Target date
1	Patient Safety Team carries out an audit to assure itself that every investigation has specific Terms of Reference relevant to the case within three months of this report.	Audit to be completed in August 2016	Patient Safety Team	31 August 2016
2	Patient Safety Team should ensure that all unexpected deaths are treated like any other SI in respect of applying the statutory requirements of Duty of Candour within three months of this report.	<p>The Trust currently sends a condolence letter to the family following an unexpected death reported as an SI. This invites the family to ask questions for the review to consider and provides a named contact link. As the independent report stated the facilitators may also attempt contact with the family and a further action is taken on completion of the report to try and share it.</p> <p>The independent report identified the Trust should strengthen its action in applying Duty of Candour by explicitly offering to meet with the family at the early stage. The Trust has adapted the condolence letter to make explicit statement wishing to meet with the family.</p> <p>Further the Trust has added to its SI database a check that the facilitator has made their attempt to contact the family. Through recording on the database it can be measured and monitored.</p>	Patient Safety Team	<p>31 August 2016</p> <p>Complete- 7 June 2016</p>
3	Patient Safety Team should continue to ensure frontline staff have training and	The Patient Safety Team will create a training session on the role of the named	Patient Safety Team	31 August 2016

	<p>support to enable them to constructively engage and work with bereaved families/carers.</p> <p>Staff training needs should be reviewed within three months of this report.</p>	<p>contact to provide staff with confidence in their contact with families during the incident investigation process.</p>		
4	<p>Patient Safety Team should review its process of involving bereaved families/carers with a view to developing a more engaged, communicative and face to face approach. Changes in practice should be evaluated within six months of implementation.</p>	<p>See actions 2 and 3.</p>	<p>Patient Safety Team</p>	<p>31 August 2016</p>
5	<p>Patient Safety Team should build on progress already made by ensuring that each investigation team is sufficiently independent and has the correct skills and knowledge.</p>	<p>This will be audited as part of action 1.</p>	<p>Patient Safety Team</p>	<p>31 August 2016</p>
6	<p>Patient Safety Team should develop as a priority a quality assurance checklist/toolkit for all RCAs to promote consistent approach to quality assurance. The quality of the RCA investigation reports should be evaluated six months after this checklist is introduced.</p>	<p>The Trust has a quality check process to which a checklist/prompt list will be added to ensure all parties are clear on the expectations of what is included in a report.</p> <p>An evaluation of its effectiveness in supporting consistency of reports will be completed in December 2016.</p>	<p>Patient Safety Team</p>	<p>30 December 2016</p>
7	<p>Trust board should develop its role beyond monitoring unexpected deaths. To include: learning sessions; exploration of anonymised case studies; exploration of results from thematic reviews; design and implement programme of sharing learning from reviews with measurable outcomes</p>	<p>A programme will be developed that includes the recommendations made. The first development session that will take place will be in July 2016 on unexpected death trends.</p>	<p>Director of Nursing and Quality</p>	<p>30 September 2016</p>

	across Trust; seeking assurance learning flows from 'ward to board' and back.			
8	Trust should prioritise aligned programme of work for two SI working groups and undertake review of progress within nine months of its implementation.	This work is being undertaken within the Trust's Mortality Review work led by the Medical Director. A review of its implementation will be completed in March 2017.	Medical Director	March 2017
9	Trust should inform NHS England about shortage of meaningful, comparative data relating to unexpected deaths in MH Trusts to avoid potential misrepresentation and misinformation.	The Trust will communicate the findings of the report to NHS England.	Chief Executive	30 June 2016
10	Trust board should take more active role in developing and promoting Trust wide suicide prevention strategy. To include identifying a board level champion; contributing to the draft strategy; agreeing programme of implementation; protecting time at board level for review and evaluation of strategy.	The Trust board has a nominated champion in the Director of Nursing and Quality. The board received an update on the draft Suicide Strategy in May 2016 meeting. The strategy is due to be presented to Trust board in September 2016 which will include a structure for monitoring implementation.	Director of Nursing and Quality supported by the Patient Safety Team	30 September 2016 for the strategy
11	Trust should ensure that intention to increase the funding of the lead clinician for East Suffolk to facilitate work in Norfolk is realised.	Funding agreed, and agreement on terms of secondment to be finalised.	Chief Executive	Agreed
12	Trust should ensure as a priority that multi agency best practice and learning is shared between two suicide prevention groups, with a view to developing uniform approach under a Trust wide suicide prevention strategy.	This recommendation refers to the county Suicide Prevention Strategies led by Public Health. Therefore, as practised in whole system models in Mersey and South West, the preference would be that the county strategies are completed first to		Complete

		<p>which individual organisations then align theirs to. The schedules for completing county strategies are not aligned nor have definitive dates. This is out of the trust's direct control. Therefore the Trust is likely to produce its strategy ahead of these (September 2016). The Trust will be sharing its strategy with both groups and will have consistent attendance on both by the Patient Safety Lead, alongside other local Trust clinical leaders i.e. Lead Clinician. This attendance will support best practice being shared between the two groups.</p>		
13	Trust should develop a timeline of implementation of its suicide prevention work and strategy and undertake follow up review of progress in six to nine months.	See action 10		
14	Review incident reporting policies and consider how to embed updated policy and understanding of new SI framework as current staff training does not require update of the e learning training package.	<p>Q11 Serious Incidents requiring Investigation policy was updated in May 2016. This update confirms changes that had already been applied in practice i.e. change to 60 working days. Therefore key operational staff are already aware of the changes.</p> <p>The e learning package for incidents is provided for staff at induction.</p> <p>The Patient Safety Team will consider and apply which is the most effective suit of actions to highlight across the Trust the policy and its application.</p>	Patient Safety Team	31 August 2016
15	NSFT may wish to consider	The case reviewed was an exception to	Patient Safety Team	Complete

	<p>appropriateness of closing an investigation when cause of death remains unknown. Although there may not be implications for the Trust regarding cause of death, understanding this could be important in ensuring safeguarding of vulnerable people. Alternatively, if it is felt, due to timeliness, that it is more appropriate that the investigation is completed prior to the Coroner's verdict, it may be helpful for NSFT to consider process of following up and adding an addendum to the Serious Incident report.</p>	<p>the normal process. The general process is as follows:</p> <ol style="list-style-type: none"> 1. On receipt of information that a service user has died the Patient Safety Team checks with the Coroner the cause of death. 2. If the post mortem is conclusive the Trust can review information as to whether incident meets SI threshold. 3. If the post mortem is inconclusive and pending toxicology (8-12 weeks) the Trust will generally report the incident as an SI and only commence the investigation upon receipt of the cause of death. 4. RCA investigation proceeds and final report is produced. 5. The final RCA report is provided to the Coroner giving detail that the Trust has examined its contact with the service user seeking to learn lessons. 6. If there are further matters to consider following the inquest additional work may be undertaken. If the Coroner identifies actions the Trust may take they have a duty to write a prevention of future deaths report which the Trust must respond to within 56 days. 		<p>7 June 2016</p>
16	<p>As part of the ongoing proactive developments of the Trust to strengthen governance and transparency into the decision to investigate a death, the Trust is encouraged to be interrogative when considering physical health deaths and whether NSFT staff had acted in line</p>	<p>The Trust has created a Mortality Database in order to support the Trust monitor physical health deaths and whether there is learning that may be applied.</p> <p>The Trust's Mortality review programme,</p>		

	<p>with expectations to escalate any concerns about the management of that person's physical health needs.</p>	<p>led by the Medical Director, will be the key mechanism for this monitoring. Review of the Mortality Review is referenced in action 8.</p> <p>The second aspect is in respect of cases as they become known to the Trust and whether there were concerns (with other elements of the system of care provided to the service user) that could be considered through Safeguarding channels. The Patient Safety Team will review current process to identify if further actions may be considered.</p>	<p>Patient Safety Team</p>	<p>31 August 2016</p>
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Update 29 June 2016

This action plan is going to form the basis of a quality improvement project which will be managed within the Trust's Project Management programme. This programme has established links and processes to support its full implementation and provide clear audit trail of evidence to the Trust board. This does not delay the commencement of actions.

Michael Lozano

Patient Safety Lead



External Audit Findings

Norfolk and Suffolk NHS Foundation Trust

—

7 July 2016

Summary of findings

Financial Statements Audit

We issued an unqualified audit opinion on the accounts following the Audit & Risk Committee adopting them and receipt of the management representations letter.

We have completed our audit of the financial statements. We have read the content of the Annual Report (including the Remuneration Report) and reviewed the Annual Governance Statement (AGS). Our key findings were:

- There were no unadjusted audit differences.
- We agreed minor presentational changes to the accounts with Finance, mainly related to compliance with the Annual Reporting Manual (ARM).
- We sought our routine requests from management, as set out in the draft representation letter discussed with the Director of Finance.
- We reviewed the annual report and had no significant matters to raise with you.

Use of resources

In February 2015 Monitor issued an enforcement undertaking under section 106 of the Health and Social Care Act 2012.

Monitor stated that it had concerns with breaches of its conditions of licence, in particular:

- An inspection by the Care Quality Commission (CQC) found that the Trust was “inadequate” overall and highlighted specific concerns around services being safe and well-led; and
- An independent governance review identified concerns including:
 - Lack of effective Board-led strategy development and implementation;
 - Weaknesses in leadership;
 - Lack of effective governance structures;
 - Over centralised systems of control and lack of an effective system of control for monitoring the quality of care;
 - Lack of effective risk management arrangements; and
 - Lack of effective response of staff escalation of issues.

At this time Monitor noted that they believed the actions that the Trust had undertaken to take were actions required to secure the breaches did not continue or recur.

The Trust's Annual Governance Statement sets out progress made against the plan.

As a result of these issues we were not able to conclude that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Summary of findings

Quality Accounts

We have completed our audit of the Trust's Quality Accounts:

- You achieved a clean limited assurance opinion on the content of your Quality Report which could be referenced to supporting information and evidence provided. This represents an unmodified audit opinion on the Quality Report.
- This year we also tested (i) Care Programme Approach (CPA) seven day follow up, and (ii) delayed transfer of care as the two mandated indicators. Our work on the two mandated indicators concluded that there is sufficient evidence to provide a limited assurance opinion in respect both indicators.
- Our work on the local indicator 'restrictive interventions' as selected by Governors indicated that if required we would be in a position to provide a limited assurance opinion.

Other Matters

We issued an unqualified Group Audit Assurance Certificate to the NAO regarding the Whole of Government Accounts submission, made through the submission of the summarisation schedules to Monitor.

We identified one prior year control improvement recommendation relating to completing a monthly checklist to evidence review of work performed by service organisations that requires further action by management. We made one recommendation as a result of our 2015/16 work relating to improving arrangements to reduce overpayments to leavers.

In auditing the accounts of an NHS body auditors must consider whether, in the public interest, they should make a report on any matters coming to their notice in the course of the audit, in order for it to be considered by Trust members or brought to the attention of the public; and whether the public interest requires any such matter to be made the subject of an immediate report rather than at completion of the audit. There are no matters that we wish to report.

Date:	7 th July 2016	I
Item:	16.41iv	

Report To:	Council of Governors – Public
Meeting Date:	7 th July 2016
Title of Report:	Notification of election arrangements for 2016/17
Action Sought:	For Assurance
Estimated time:	5 mins
Author:	Robert Nesbitt: Company Secretary
Executive:	Robert Nesbitt: Company Secretary

Executive Summary:

This paper notifies the Council of Governors of the seven seats that will be open for election this year for the new intake of governors from 01.02.17.

1.0 Seats that are for open for election in the 2016/17 round

- 1.1 Elected governors serve three year terms (to a maximum of nine years per governor).
- 1.2 Known seats coming up for election (7)

Public – Norfolk (3)

- Ron French (served 3 years to end of this term)
- Sheila Preston (served 6 years to end of this term)
- Vacant (formerly Liz Witt's seat)

Public – Suffolk (3)

- Andrew Good (served 3 years to end of this term)
- Paddy Fielder (served 3 years to end of this term)
- Kathleen Ben Rhaba (served 4 years to end of this term, including 1 year as partner governor)

Service User – Norfolk (1)

- Kevin James (served 3 years to end of this term)

CoG Public – 07Jul2016 Election arrangements 2016/17	Version 1.0	Author: Robert Nesbitt Department: Corporate
Page 1 of 2	Date produced: 14Jun2016	Retention period: 20 years

2.0 Indicative timetable

- 2.1. The timetable can be seen below and the plan is to time the results in such a way as to provide a period for preliminary induction in January 2017 (before the newly elected governors take up their seats on 01.02.16).

<i>ELECTION STAGE</i>	
Notice of Election / nomination open	Wednesday, 2 Nov 2016
Nominations deadline	Thursday, 17 Nov 2016
Summary of valid nominated candidates published	Friday, 18 Nov 2016
Final date for candidate withdrawal	Tuesday, 22 Nov 2016
Electoral data to be provided by Trust	Thursday, 24 Nov 2016
Notice of Poll published	Tuesday, 6 Dec 2016
Voting packs despatched	Wednesday, 7 Dec 2016
Close of election	Thursday, 29 Dec 2016
Declaration of results	Friday, 30 Dec 2016

3.0 Recommendations

- 3.1 Governors are asked to note the arrangements for the next elections.

Robert Nesbitt
Company Secretary

Background Papers / Information

None

Date:	7 th July 2016	J
Item:	16.42i	

Report To:	Council of Governors – Public
Meeting Date:	7 th July 2016
Title of Report:	Role of the Planning and Performance Subgroup in relation to strategy and planning
Action Sought:	For Approval
Estimated time:	5 mins
Author:	Robert Nesbitt: Company Secretary
Executive:	Robert Nesbitt: Company Secretary

Executive Summary:

This paper seeks approval from the Council of Governors for a statement that clarifies the role of the Planning and Performance Subgroup in relation to strategy and planning.

1.0 Governors' role in relation to strategy

1.1 Although it is the function of the board of directors to set strategy (alongside its other two roles of shaping culture and ensuring accountability), governors also play a part.

1.2 The law requires NHS foundation trusts to give NHSI forward planning information prepared by the board of directors for each financial year. However, the legislation also says that,

“In preparing the document the directors must have regard to the views of the council of governors”.

1.3 Governors will therefore want to satisfy themselves that the forward plan (which includes shorter term plans in the context of a longer term strategy) is appropriate for the Trust, taking into account their role to represent the interests of members and local people.

1.4 The board of directors are not obliged to include governor views in the plan, but they must consider their views and should take account of their comments.

2.0 Council of Governors' approach to this role

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2.1 The Council of Governors has created the Planning and Performance Subgroup which meets bi-monthly. Within the terms of reference for the subgroup there is a section

- To be involved in the review and development of forward plans for the Trust and any significant changes to the Trust's business plan

2.2 The proposal is to clarify the role of the subgroup so that it is formally authorised by the Council of Governors to be the delegated group which considers strategy items on the basis that the final version then coming to COG for ratification.

3.0 Recommendations

3.1 Governors are asked to consider the suggested amendment and to approve the change to the Planning and Performance Terms of Reference on this basis.

Robert Nesbitt
Company Secretary

Background Papers / Information

Appendix 1 - Planning and Performance Terms of Reference – proposed change in italics

Norfolk and Suffolk 
NHS Foundation Trust

Planning & Performance Sub-Group Terms of Reference

1.0 Role of Sub-Group

- To contribute to holding the Non-Executive Directors collectively to account for the performance of the Board of Directors
- To consider information on the performance of the Trust
- To provide a perspective on Trust performance to the full Council of Governors in order to support the responsibilities of the Governors in terms of challenge and in reflection of the needs of the Governors' constituencies
- *To be the delegated sub-group for the Council of Governors to consider strategy and planning items with the final versions then coming to Council of Governors for ratification.*

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- To consider and recommend how governors should be involved in service reviews and planning.

2.0 Composition / Attendance

- Chair and Vice-Chair to be reviewed annually
- The core membership is made up from each constituency:
 - Public Governor – Norfolk
 - Public Governor - Suffolk
 - Partner Governor
 - Staff Governor
 - Service User Governor
 - Carer Governor
- Open to any Governor
- At least two Non-Executive Directors will be in attendance at each meeting
- Other Trust staff by invitation

3.0 Quoracy

- One member (who should be the Chair or Vice-Chair of the sub-group) and two other Governors from the core membership

4.0 Relationship with, and reporting to, the Council of Governors

- Via the notes of meetings or written or verbal updates from the Chair / Vice Chair
- No executive powers unless specifically mandated by the Council of Governors
- To make recommendations to the Council of Governors

5.0 Secretarial support

- To be provided by Trust Secretariat

6.0 Frequency of meetings

- To meet no less than four times per annum, but as necessary.

7.0 Review Terms of Reference

Annually.

Last approved by CoG 1st October 2015
For review 7th July 2016

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Date:	7 th July 2016	K
Item:	16.42ii	

Norfolk and Suffolk

NHS Foundation Trust

Report To:	Council of Governors – Public
Meeting Date:	7 th July 2016
Title of Report:	Proposed changes to Nominations Committee membership
Action Sought:	For Approval
Estimated time:	10 mins
Author:	Robert Nesbitt: Company Secretary
Executive:	Robert Nesbitt: Company Secretary

Executive Summary:

At its meeting on 25.05.16 the Nominations Committee approved a proposal to increase the number of core voting public governor members and to formalise the process by which governors are elected to the committee by Council of Governor members.

This recommendation is now presented to the Council of Governors for consideration.

1.0 Current position and reasons for proposals

1.1 The Nominations Committee fulfils several important functions on behalf of the Council of Governors.

- It oversees the appointment process for the Chair and non-executive directors, making recommendations for appointment to the full Council.
- It reviews the remuneration and expenses policy arrangements for the Chair and non-executive directors and makes recommendations for any changes to the full Council.
- It oversees the appraisal process for the Chair and non-executives directors, providing assurance to the Council of Governors that the process is robust.
- The committee also has an important role in relation to the board performance evaluation process.

1.2 It has been a longstanding requirement of the terms of reference for the committee that there should be one voting member from each constituency.

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- 1.3 The draw back from this arrangement is that there are far more governors in some constituencies (e.g. 13 in Public) than others (e.g. 2 in Carers) and so it is more difficult for public governors to play a role in the committee.
- 1.4 At the moment governors are asked to volunteer when an existing voting governor stands down. This has worked to date but has a disadvantage in that it is ad hoc and does not have a clear cycle and process to refresh the committee.

2.0 Proposal for core voting membership changes

- 2.1 The Nominations Committee considered options for a fairer reflection of the make-up of the Council of Governors.
- 2.2 The committee recommends that there should be two Norfolk public and two Suffolk public governors (instead of the current position of one for each county).

The core voting membership would therefore be as follows:

	No. CoG Govs	%age of total	No. Nom Ctte Govs	Chance of being voting member	
Norfolk Public	7	22.6	2	28.6%	2 in 7
Suffolk Public	6	19.4	2	33.3%	2 in 6
Staff	4	12.9	1	25.0%	1 in 4
SU N/S	4	12.9	1	25.0%	1 in 4
Carer N/s	2	6.5	1	50.0%	1 in 2
Appointed	8	25.8	1	12.5%	1 in 8
Total	31		8 + lead		

Other governors will still be welcome to attend the committee as non-voting members.

3.0 Proposal for elections to the voting committee membership seats

- 3.1. The committee proposes that there should be a formal election process every two years, beginning September 2016. This would allow governors from each constituency to select their nomination committee representatives.
- 3.2 This process will follow the same format as for the lead governor elections. There would be a call for nominations and elections would be held where there were more nominations than seats.
- 3.3 Governors would be asked to write a short piece on what they bring to the role and this would be circulated to the governors from their respective constituencies prior to the ballot. Should there be a tie then the decision will be made by drawing lots.

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4.0 Recommendations

- 4.1 Governors are asked to consider and approve the above proposals from the Nominations Committee.
- 4.2 If governors approve 4.1 are asked to approve the amended terms of reference.

Robert Nesbitt
Company Secretary

Background Papers / Information

- Nominations Committee – proposed amended terms of reference



Nominations Committee Terms of Reference

1. Authority

- 1.1 The Council of Governors of the Trust ('the CoG') has established a committee of the CoG to be known as the Nominations Committee ('the Committee') which shall have the following terms of reference.
- 1.2 The committee is authorised by the CoG to act within its terms of reference. All members of staff are requested to cooperate with any request made by the committee.
- 1.3 The committee is authorised by the CoG, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant expertise if it considers this necessary for the exercise of its functions.
- 1.4 The committee is authorised to request such internal information as is necessary to the fulfilment of its functions.
- 1.5 If, appropriate, the Nominations committee will liaise with the Transformation Programme Board over any relevant aspects of the Quality Improvement Plan that relate to the Committee's work.

2. Membership

- 2.1 The Senior Independent Director (SID) of the Foundation Trust will chair the Committee. The Lead Governor will chair the meeting should the SID be unable to attend or the remuneration or appointment of the SID is to be discussed.
- 2.2 Arrangements for selecting members of the committee:

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- 2.2.1 The core voting members of the committee will consist of:
- The SID
 - The Lead Governor
 - 2 public governors (Norfolk)
 - 2 public governors (Suffolk)
 - A Service User governor
 - A Carer governor
 - A Partner Governor
 - A Staff governor
 - The Chair of the Council of Governors / Board of Directors
- 2.2.2 With the exception of the lead governor who is always a voting member, the remaining voting governor members of the Committee will be elected by the CoG from amongst the Governor members. The election will be administered by the Trust Secretariat.
- 2.2.3 The election process will take place every two years with the process starting in September 2016.
- 2.2.4 Governors will be asked to nominate themselves and where there is a contested seat they will be asked to provide a short written account of the qualities they bring to the role. Governors for that constituency will then vote for their nomination committee representative(s). Where there is a tie a decision will be made by drawing lots.
- 2.2.5 Where a seat becomes vacant between two year election cycles, an election process may take place to fill the vacancy for the remainder of the two year period. The decision as whether to run an election mid-cycle will be made at the next full CoG meeting.
- 2.3 No Director or Chair shall be involved in deciding his / her own reappointment or remuneration and they must declare an interest and leave the meeting at that point.
- 2.4 If the SID is standing for appointment as the Chair of the Foundation Trust, another Non-Executive Director should chair the Committee.
- 2.5 The CoG shall keep the membership of the Committee under regular review and having regard to any potential conflict of interest of any member may remove an existing member and or appoint an additional independent Non-Executive Director to be a member of the Committee at any time.

3. Nomination Role

The committee will:

- 3.1 Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors, and having regard to the views of the board of directors (BoD) and relevant guidance on board composition, making recommendations to the CoG as appropriate.
- 3.2 Review the results of the board evaluation that relate to composition of the BoD and take these into account in planning recruitment.

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- 3.3 Review annually the time commitment required from NEDs.
- 3.4 Consider succession planning for NEDs, taking into account the future needs and challenges of the organisation and the make-up of the BoD as a whole.
- 3.5 Recommend to the CoG proposed arrangements for NED and Chair succession planning.
- 3.6 Keep the leadership needs of the Trust under review at NED level to ensure the continued ability of the Trust to operate effectively within the health and social care economy.
- 3.7 Recommend to the CoG a robust and transparent process for Chair and NED recruitment, and lead on the implementation of this process.
- 3.8 Review the person specification for each recruitment exercise updating it to take account of the skills and experience required and the balance of skills on the BoD and being clear about the time commitment required to fulfill the role.
- 3.9 Identify and nominates suitable candidates to fill vacancies for appointment by the CoG.
- 3.10 Ensure that a proposed NED's other significant commitments are disclosed to the CoG before appointment and that any changes post-appointment are reported to the CoG as they arise.
- 3.11 Ensure that a proposed NED's current or known future business interests are disclosed to the CoG prior to appointment, and that the CoG are kept aware of any changes to these interests.
- 3.12 Advise the CoG on recommendations in relation to re-appointment of non-executive directors on the basis that there will normally be market-testing for a position after two three year terms, unless there are over-riding reasons for re-appointment for a third.
- 3.13 Advise the CoG in relation to any matters relating to a removal from office of the Chair or a non-executive director, and take the lead on managing any such processes prior to a recommendation being made to the CoG.
- 3.14 Consider NED membership and Chairing of appropriate BoD committees, particularly the Audit and Risk Committee, and advise the Chair of these views so as to inform his / her decisions.
- 3.15 Lead on the governor role in the board of directors' external and internal evaluation processes, including subsequent additional aspects such as the development plan.
- 3.16 The nominations committee will oversee arrangements for the election of the lead governor when required.

4. Remuneration Role

The committee will:

- 4.1 Review the remuneration and terms of service policy (including review and approval of the non-executive director expenses payment policy) for non-executive directors, taking into account the views of the Chair (except in relation to the Chair's remuneration and terms of service), the Chief Executive, and any relevant external advisors.
- 4.2 Make recommendations to the CoG on any changes to the remuneration and terms of service of non-executive directors for decision.

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- 4.3 Agree a process for the performance appraisal of non-executive directors and the Chair, and receive and evaluate reports on these appraisals.
- 4.4 Adhere to relevant legislation and regulations and have regard to best practice in setting remuneration levels for the Chair and non-executive directors,. The remuneration package is to be sufficient to attract, retain and motivate individuals with the skills and experience required to lead the Trust without paying more than necessary to achieve this end, and at a level which is affordable for the Trust. It will reflect the time commitment and responsibilities of the roles, take into account appropriate benchmarking and market-testing, and be sensitive to pay and employment conditions elsewhere in the trust.

5. Quorum

- 5.1 A quorum shall be one non-executive director and three Governors, but no member shall be able to form part of the quorum for or be present at the meeting at a time when its business concerns the search for or identification or nomination of candidates to fill the vacancy which will arise on that member ceasing to hold office.
- 5.2 No member shall form part of the quorum where their remuneration is under discussion as they will not be present for that part of the meeting.

6. Attendance

- 6.1 The following persons shall attend meetings of the Committee:
 - 1. the Company Secretary or Deputy to advise on governance matters, take minutes of the meeting and provide appropriate administrative support to the Committee;
 - 2. internal or external advisers as appropriate;

but no person shall be present at the meeting at a time when the Committee is discussing any office or position held by that person or for which that person might be a candidate or applicant if it is or were to become vacant.
- 6.2 Governors who are not voting members of the committee may attend as observers.

7. Frequency of Meetings

Meetings shall be held as required and not less than once a year. The Chair of the Committee or any two members of the Committee may call a meeting at any time.

8. Authority

The Committee is authorised by the CoG to obtain, via the Company Secretary, outside legal or other independent professional advice and to secure the attendance

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of external advisors with relevant experience and expertise if it considers this necessary.

9. Reporting

- 9.1 Minutes of the meeting will not normally be circulated, but a report on each committee meeting will be prepared for the next CoG meeting.
- 9.2 The Committee will report to the CoG annually on its work, specifically on changes in Board membership and the process it has used in relation to appointments. The Chair of the Committee shall draw the CoG's attention to issues that the Committee feel require disclosure to the full CoG, or executive action. The work of the committee for the years will be described in the Trust's annual report.
- 9.3 The Chair will report to the Remuneration and Terms of Service Committee significant decisions made by the Nominations Committee, and vice versa.
- 9.4 These Terms of Reference of the Committee, including its role and the authority delegated to it by the CoG, shall be made available on reasonable request.

10. Review

The committee will review its performance against these Terms of Reference annually and report on this to the CoG.

The Terms of Reference shall be reviewed annually by the Committee and the CoG.

Version Control

CoG last approved: 8th January 2015

CoG review: 7th July 2016

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Norfolk and Suffolk

NHS Foundation Trust

Report To:	Council of Governors – Public
Meeting Date:	7 th July 2016
Title of Report:	Proposed merger of the Membership and Communication and Education Subgroups to form Trust Member and Governor Development subgroup
Action Sought:	For Approval
Estimated time:	10 mins
Author:	Robert Nesbitt: Company Secretary
Governor:	Nigel Boldero: Public Governor Norfolk

Executive Summary:

The Membership and Communication and Education Subgroups have recently reviewed their work plans and agreed that it would be a more effective use of resources and governors' time to merge the two groups.

This report sets out the proposal for consideration by the Council of Governor along with the terms of reference for approval.

1.0 Current position and reasons for proposal

- 1.1 The Membership and Communications Subgroup meets bi-monthly and oversees member recruitment and engagement, including the twice-yearly member events, and governor-related communications.
- 1.2 The Education Subgroup meets quarterly and it oversees the governors' training needs assessment, the CoG annual self-evaluation, and governor training and development.
- 1.3 Both subgroups have carried out substantial development work over the past three years and have reached the conclusion that they are now ready to merge. The work of each subgroup would be preserved by structuring the agenda so as to ensure that all elements of their current work plans are covered. The benefits are that there has always been some overlap of work between the two subgroups (particularly in relation to the member events) and some overlap of membership. Merging the group is a therefore a more efficient use of governor time.
- 1.4 The new subgroup would meet quarterly on the dates already set for the Education Subgroup (remaining dates for this year are 9th August / 8th November 2016).

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1.5 Secretariat support would be from Peter Haylett who already supports the Membership and Communications Subgroup.

2.0 Recommendations

2.1 A merged Terms of Reference for the new subgroup is attached for approval if the Council of Governors accepts the recommendation of the two subgroups.

2.2 Governors are asked to nominate themselves to be members of the merged subgroup.

Robert Nesbitt
Company Secretary

Background Papers / Information



Council of Governors

Trust Member and Governor Development sub group

1.0 Purposes

The core purposes of the sub group are:

1.1 Membership: to grow and develop the Trust's membership through recruitment, education, learning events, communications, engagement, so that they may see their membership as relevant, active and influential concerning mental health services.

1.2 Governors: to develop Governors' skills and knowledge through the design and implementation of a rolling programme of learning that reflects the needs of Governors to effectively carry out their statutory roles and responsibilities (as defined in the Health and Social Care Act (2012)) and to oversee the process by which Governors review and evaluate their individual and collective working arrangements, practices and procedures.

1.3 The CoG may also task the subgroup to work on a specific topic from time to time.

2.0 Responsibilities

2.1 In relation to members:

- a. Consider and develop priorities, opportunities and an activity programme for membership recruitment, engagement and development for CoG approval.

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- b. Co-ordinating and overseeing Governor involvement in membership recruitment, engagement and development activity and events.
- c. Work with the Trust's Communication Team in relation to media activity to promote understanding of the work of the Trust, mental health issues and the role and work of governors, including input to regular communications channels such as Insight magazine, and to brief the Head of Communications on Governor requirements.

2.2 In relation to governors:

- a. Organising and overseeing the annual self-evaluation by the CoG of the performance of Governors
- b. Using this and other methods to produce a training needs analysis
- c. Developing a programme of training for Governors
- d. Supporting Governors in organising and deploying themselves to effectively carry out their statutory duties of representing the public interest and holding the Trust Non Executive Directors to account.

2.3 Overarching:

1. Develop an annual work-plan.
2. Oversee implementation of agreed work-plan and report on progress to the CoG.

3. Membership

- Any governor may become a core member of the sub-group. Core members commit to normally attend every meeting. Other governors may attend on an ad hoc basis.
- Other Trust officers including the Company Secretary, Membership Officer and Communications Team representatives may attend but are not formal members of the sub-group.

4. Frequency of meeting

- Minimum of four times a year.

5. Chair

- The group will select one of its members to be Chair and may also appoint a co-chair and / or vice-chair.

6. Reporting

- The Chair of each meeting will provide a written report to the next CoG. Where the meeting takes place too close to the next CoG to allow time for a written report a verbal report may be made.

7. Quoracy

- Three governors are required for quoracy. If fewer than three governors are present, the meeting may go ahead at the Chair's discretion but any decisions of substance will require full CoG approval or email assent from other members or the sub-group.

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8. Decision-making

- Decisions are normally by consensus but where necessary a vote may be taken with a simple majority decision. The Chair has an additional casting vote should there be a tie.
- A decision may be referred by the meeting Chair to the CoG Chair for final approval, or where time permits, it may be escalated to the CoG at the discretion of the sub-group Chair.

9. Secretarial support

- To be provided by the Trust.

10. Review of Terms of Reference

- Annually.

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Report To:	Council of Governors – Public
Meeting Date:	7 th July 2016
Title of Report:	Media Principles
Action Sought:	For Approval
Estimated time:	5 mins
Author:	Robert Nesbitt: Company Secretary
Governor:	Nigel Boldero : Public Governor Norfolk

Executive Summary:

This paper sets out a set of media principles which originated in the work of the Membership and Communications Subgroup and then were developed via email exchange between governors.

The principles are presented to the CoG for approval.

1.0 Media Principles for Governors

The draft is shown below with changes suggested by governors shown in grey.

1.1 Balanced and Transparent

Governors are committed to openness and transparency and the need for all communications to the media to be accurate, balanced, fair and mindful of the impact they may have on service users, carers, staff and other stakeholders.

1.2 Proactive and supported by the Communications team

Governors have an important role to play in promoting engagement with the Trust membership and its wider public and stakeholders; to help improve understanding of the Trust, its services, the issues it faces and the people it serves. Governors may, therefore, occasionally wish or need to make statements to the media. The Communications Team will provide support to Governors, who wish to make contact with the media, by advising them on how this should be done. Governors should take any opportunity however to be proactive in the promotion of their role in order to widen participation and membership of the Trust by using local media. A template statement for governors has been produced and is available for use by other governors.

1.3 Reactive and verified

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Governors should be able to respond to approaches by the media for comments or a statement, either by referring them to an appropriate person in the Trust (using the Communications Team as initial contact) or, where appropriate, by ensuring that they are fully briefed on the matter before making any response (i.e. checking out the facts by contacting the Trust or through other means of verification). In some circumstances it will be appropriate for the Lead Governor to respond on behalf of all Governors.

1.4 Clear Status

Governor's personal opinions should be stated as such and not ascribed to the Trust. Any contact with the media by a Governor should be accompanied by a description (either verbal or written) of the role of the Governor, making it clear that Governors do not have any role in direct decision or policy-making by the Trust.

1.5 If a Governor makes a statement to the media on behalf of governors which is at odds with the advice given above (or) does not comply with the above, it is a matter of personal conduct which would be considered under the approved code of conduct and the Nolan principles of public life.

2.0 Summary of other comments from email consultation

2.1 The draft principles were warmly welcomed.

2.2 There was a consensus to include the principles in the *Code of Conduct* or in a modified version of '*Guidelines for governors on writing about their work for publication or presenting to external audiences*' and not to have a separate document.

2.3 On Section 4, Clear Status, it was suggested to delete "*making it clear that governors do not have any role in direct decision or policy-making by the Trust*". Since the statement rather negates any influence governors might have by stating they have no role.

3.0 Recommendations

3.1 Governors are asked to approve the media principles and agree which document they should be incorporated into.

Robert Nesbitt
Company Secretary

Background Papers / Information

None

CoG Public – 07Jul2016 Media Principles	Version 1.1	Author: Robert Nesbitt Department: Corporate
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Report To:	Council of Governors
Meeting Date:	7 th July 2016
Title of Report:	Report of Service User and Carer Trust Partnership Meeting on 24 th June 2016
Action Sought:	For Assurance and Approval
Estimated time:	10 minutes
Author:	Gary Page – Chair of Service User and Carer Trust Partnership
Director:	

Executive Summary:

The two major items were the update on the Service User and Carer strategy, including how the implementation of the Strategy would be monitored and a discussion on Terms of Reference for the Central and Locality hubs.

Assurance review

Issue reviewed by committee	Commentary (including actions where required)	Level of assurance
Implementation of the Service User and Carer Involvement Strategy	We were updated on the Involvement Strategy pilot projects underway in Great Yarmouth and Waveney and East Suffolk. Whilst strongly supportive of the new model, it is evident that the implementation of the strategy will take longer than originally intended and the Partnership meeting and especially the Service user and Carer Locality Chairs felt that the Strategy should be a 5 year strategy and not a 3 year strategy. The Board of Directors will therefore asked to consider amending the strategy in this way in order to ensure that the new arrangements can be properly co produced and embedded into the localities.	GREEN
Review of the Terms of Reference for the Central and Locality Hubs	These were signed off with some amendments and will now be circulated around the Forums.	GREEN
Breakdown of Costs relating to Service User and Carer Involvement	In response to a request from the last meeting the following breakdown received from Finance Department was provided to the meeting.	GREEN

Council of Governors – 7 th July 2016 Chair's report from 28 th June 2016	Version 1.0	Author Gary Page Department: Chair
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RED = significant gaps and not assured on adequacy of action plans	AMBER = Gaps in assurance but assured appropriate plans in place to address	GREEN = No gaps in assurance

	SU and Carer Involvement Team £137,555 SU and Carer Expenses £108,712 SU and Carer Engagement events £6,789 Total expenses of £253,056. This funding is not ringfenced and assurance was given that this is being looked into in order to streamline how SU and Carer Involvement is funded.	
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Forward look

Issue considered by committee	Commentary	Level of assurance
Future of the Service User and Carer Trust Partnership	With the creation of the Central Hub as part of the work on the implementation of the Strategy it has been agreed that this meeting would be a duplication. However all agreed it was too early to consider this and it would be unlikely to happen until 2017 when the results from the pilots are known and the new structure better embedded.	GREEN

Recommendations

The Board of Directors will be asked to note the Report and to approve the extension of the Service User and Carer Involvement Strategy from 2016-19 to 2016-21.

Gary Page
 Chair Service User and Carer Trust Partnership
 2nd July 2016

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Page 2 of 2	Date produced: 4 th July 2016	Retention period: 20 years
RED = significant gaps and not assured on adequacy of action plans	AMBER = Gaps in assurance but assured appropriate plans in place to address	GREEN = No gaps in assurance

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Norfolk and Suffolk

NHS Foundation Trust

Report To:	Council of Governors – Public
Meeting Date:	7 th July 2016
Title of Report:	Membership and Communications subgroup Chair’s Report
Action Sought:	For Assurance
Estimated time:	5 mins
Author:	Nigel Boldero: Public Governor Norfolk
Governor:	Nigel Boldero : Public Governor Norfolk

Executive Summary:

This report highlights the main issues discussed at the Membership and Communications sub group on 19th May 2016

5 governors attended. The following matters were discussed:

1.0 Media Policy

It was noted that further work had been completed and a set of ‘principles’ would be put before the next CoG.

2.0 Governor Engagement Networks

It was agreed that the current record would be sent to the Service User and Carer Involvement Strategy steering group. Agreed that the content of the record needs to be reviewed to properly cover not only meetings attended but also Governor interests, knowledge and experience.

3.0 Merger of Education and Membership & Communications Groups

It was agreed to support the merger.

4.0 Membership Strategy

The group noted additional information in latest edition. Agreed the adding of footnote to table explaining the index, and agreed to consider more detailed information on current membership once new database management is bedded in.

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5.0 Communications

The group noted circulation list for ‘ Insight’ and requested it also be sent to all High Schools (with a suitable covering letter picking up possible curriculum linkages and promoting membership amongst pupils), and also sent to CAP. Discussion of latest edition of ‘Insight’ and agreed to request discussion with Communications Team about format, size, content etc. (for the newly merged Group, if agreed).

6.0 Recruitment, engagement and communication with members and the public

The group received feedback *on Member lectures and events*; Dementia Awareness and Spirituality Conference. On the latter agreed to request a presentation (possibly to CoG) on the work of the chaplains.

Discussed *Special CoG events*; noted next one programmed for 10th November in Ipswich (Dementia) and suggested possible topics for next year; Dual Diagnosis, and Carers.

Noted a report on the *Governor Focus Conference 2016*.

7.0 Future events for governors to be involved with

Various events noted.

8.0 Any other business

The group agreed to a discussion exploring possible governor engagement with the ‘Campaign to save Mental Health Services’, to be an item on the next merged group agenda (if agreed).

Nigel Boldero

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Norfolk and Suffolk

NHS Foundation Trust

Report To:	Council of Governors
Meeting Date:	7th July 2016
Title of Report:	Performance & Planning Subgroup Co-chair's report
Action Sought:	For information
Estimated time:	5 Minutes
Author:	Guenever Pachent Suffolk Public Governor (Lead)
Governor:	Guenever Pachent Suffolk Public Governor (Lead)

Executive Summary: The Planning and Performance Governor Sub-group met on 19 May 2016, and draws to your attention the following issues.

1.0 **Development of the Trust Strategy: One Trust and Focus on Recovery, Prevention and Early Intervention**

The Chair, Gary Page, set out the process around the development of the Trust Strategy. The process is used for Board development, as well as for the creation of the strategy.

The Chair presented and took questions first on the implications of becoming and working as One Trust, and second on what it will mean to focus on Recovery, Prevention and Early Intervention. The Chair answered all our questions in his normal transparent and helpful way. I expect that governors will have further opportunity to comment on the implementation of the Trust strategy as the detail develops.

2.0 **Governor Preparation for the CQC Re-inspection in July 2016**

Catherine Wells and I summarised progress by the Improvement Coordination Governor Sub-group (IPC) in drafting the Council of Governors' statement to CQC. After extensive consultation with governors, this was sent to CQC on the 24 June. The covering letter also asked CQC to tell us if they have any specific further questions, and we expect CQC to arrange a meeting with governors during their visit, although no date has been confirmed.

The Chair also took the opportunity to use this agenda item to report on NHS Improvement's (NHSI, formerly Monitor) review of the leadership of the Trust. NHSI reported on significant progress with the quality of the leadership of the Trust, and the Chair described their key findings.

Performance & Planning Subgroup Chair's report - 7th July 2016	Version 1.0	Author: Guenever Pachent Department: Trust Secretariat
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3.0 NHSI (Monitor) Self-Certification Statements

We approved the Trust's statement on the Training of Governors, and commented and asked questions on some of the other statements.

4.0 Governor Input to the Quality Account

We thanked Sheila Preston for her excellent contribution to the Quality Account on behalf of governors, particularly the thoroughness of her work and the amount of time this must have taken her.

5.0 Briefing on NHS England's and Verita's reviews of suicide prevention in the Trust

The Chair took the opportunity under Any Other Business to brief the sub-group governors on these reports, which were published at the public Board of Directors' meeting the following week.

6.0 Recommendation

The Council of Governors is asked to note this report.

Lead Governor/ Co-Chair, Norfolk and Suffolk NHS Foundation Trust – 21st June 2016

Performance & Planning Subgroup Chair's report - 7th July 2016	Version 1.0	Author: Guenever Pachent Department: Trust Secretariat
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NHS Foundation Trust

Report To:	Council of Governors
Meeting Date:	7 th July 2016
Title of Report:	Education Subgroup Chair's report
Action Sought:	For information
Estimated time:	5 Minutes
Author:	Jane Millar, Public Governor, Suffolk
Executive:	Robert Nesbitt, Trust Company Secretary

Executive Summary:

The Education subgroup meeting on 10th May 2016 recommends to the Council of Governors a merger of this Subgroup with the Membership & Communications Subgroup and the Council today receives a separate paper regarding this proposal.

1.0 Meeting held on 10th May 2016

The meeting on 10th May 2016 was well attended and achieved the following:

- 1.1 Reviewed in detail the feedback from the successful Representing Interests workshop held on 8th March 2016. The acknowledged benefit of governors meeting in their constituency groups and triangulating issues is to be promoted and co-ordinated by various governors. Governors have also requested more opportunities to visit NSFT services in order to be better informed and up to date.
- 1.2 Based on the evaluation of the Council and feedback from the development sessions, the subgroup has organised pre-Council development sessions in July and October 2016 on Suffolk services, the One Trust strategy and the CQC return inspection.
- 1.3 We have requested a meeting for Governors with Alan Yates, Improvement Director, in advance of the return CQC inspection.
- 1.4 This years' cycle of three development sessions were well attended by a mixture of new and existing governors. The feedback reveals these sessions have been most informative as well as indicating some areas for finer improvement next year. Governors are most appreciative of Robert Nesbitt's facilitation of these sessions.
- 1.5 Since the last subgroup meeting there has been a 'Holding to Account' workshop on 12th May 2016.
- 1.6 Governors have been asked to self-select to a task and finish group regarding a review of role and appointment of partner governors.

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- 1.7 The subgroup has identified the possibility of future governor development workshops being held jointly with Cambridge and Peterborough NHS FT governors.
- 1.8 The next annual performance evaluation of the Council of Governors will take place in the autumn and two governors are drafting three questions which can be used to invite feedback from service users and carers this year.

In conclusion I would like to pay tribute to the members of the Education subgroup. We have worked very well together and the revised governor induction arrangements, the annual cycle of three development sessions, combined with two specific workshops on Representing Interests and Holding to Account make a very worthwhile contribution to equipping governors to fulfil their responsibilities and to work well together.

The annual performance evaluation of the Council of Governors is now well established and contributes to future development of the Council.

Jane Millar
Chair, Education subgroup.

Education Subgroup Chair's report - 7 th July 2016	Version 0.1	Author: Jane Millar Department: Governor
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Report To:	Council of Governors
Meeting Date:	7 July 2016
Title of Report:	Report from Nominations Committee of 24th May 2016
Action Sought:	For information
Estimated time:	5 Minutes
Author:	Marion Saunders SID
Director:	Marion Saunders SID

1.0 Summary of Meeting

The Nominations Committee discussed both the membership and the refreshing of the membership of the Nominations Committee and agreed to put the recommendation to the CoG as considered in the earlier paper. The ToR for the Nominations Committee to be updated accordingly

The Committee received a report on the interim appraisal of the non-executive directors from the chair, Gary Page. The committee was assured that an appropriate and robust process had been followed and that suitable objectives aligned to the strategic objectives for the trust have been set. Each non-executive director had also identified a developmental objective.

Good practice suggests that there should be a joint discussion between the Nominations Committee and the Remuneration committee on an annual basis to provide assurance regarding the skill mix of the board as a whole. For the purposes of this meeting Gary Page as Chair and Marion Saunders as Senior Independent Director were present and Michael Scott CE joined the discussion by telephone. Members received assurance that there was now a stable team of executives. Members of the committee asked that the mini CVs provided, as published in the annual report, should in future provide greater breadth regarding training and development, and not restrict the information to professional qualifications.

2.0 Recommendation

The Council of Governors is asked to note the report.

Background Papers / Information

None

CoG - 7 th April 2016 Report from Nominations Committee	Version 0.1	Author: Marion Saunders Department: Corporate
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Norfolk and Suffolk

NHS Foundation Trust

Report To:	Council of Governors
Meeting Date:	7 th April 2016
Title of Report:	Improvement Plan Coordination Sub-group Report
Action Sought:	For Assurance
Estimated time:	5 mins
Author:	Robert Nesbitt: Company Secretary
Governor:	Guenever Pachent: Lead Governor

Executive Summary:

The Improvement Plan Coordination Sub-group (IPC) was set up by the Council of Governors (CoG) following NHSI's (NHS Improvement - formerly Monitor) decision to put the Trust into special measures in February 2015. The CoG approved the terms of reference for the IPC in March 2015.

This report provides a summary of the three IPC meetings held since the last CoG meeting. The meetings were held via conference calls on 25.04.16, 23.05.16 and 20.16.16

The IPC reviews progress on the Quality Improvement Plan (QIP), shares feedback including from board of directors committee observations, the Stakeholder Assurance Meeting (SAM) (with NHSI, CQC and local organisations) and other groups including staff and service users and carers.

After each meeting concerns, feedback and queries are forwarded to the Chair, Gary Page, and at the following meeting the responses are considered.

1.0 Feedback from Board Committees

1.1 IPC members observe board committee meetings following observation guidance and using a template to evaluate the meetings. They feedback directly to the Chair of the committee and also share the observation feedback with IPC members at the next IPC meeting.

1.2 The positive feedback on board committee functioning that IPC members reported at the April 2016 CoG has continued and further improvements have been noted in the work of the NEDs in holding the executive to account since then. Following the retirement of two NEDs (John Brierley and Stuart Smith) earlier this year, the transition to new Chairs for the Finance and Audit & Risk committees has been carried out effectively.

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2.0 NHSI's Stakeholder Assurance Meetings (SAM)

- 2.1 The monthly SAM meetings have also continued to prove effective. The SAM meetings provide an opportunity for a wide range of stakeholders (including commissioners, CQC, NHS England, NHSI, Norfolk Healthwatch and Suffolk Healthwatch) to hold the Trust to account for progress on the quality improvement plan. Guenever Pachent attended the April and June meetings, and Catherine Wells attended the May meeting.
- 2.2 The meetings are chaired by Alan Yates (NHSI Improvement Director) and at each meeting he asks all stakeholders to raise any concerns about the Trust. Feedback has been positive and no stakeholders have voiced any reservations about the progress of the Trust towards leaving special measures based on the improvements they have seen.
- 2.3 The meeting also provides an opportunity for other agencies to work together and to offer support to the Trust.
- 2.4 At the April 2016 SAM meeting the Trust presented on the work on embedding its values (*Working together for better mental health. Positively, Respectfully, Together*) as well as an update on progress in improving the experience of using Lorenzo for staff. The discussions that followed indicated that the work was well-received by stakeholders although the importance of improving reliability of performance information was noted to be a continuing development area, particularly for commissioners.
- 2.5 At the May 2016 SAM meeting the Trust provided a review of all the work that had been completed since the CQC inspection in October 2014 and these slides have been circulated to governors separately. This presentation demonstrated the advanced level of preparedness for the CQC reinspection which begins on 11.07.16.
- 2.6 The SAM meeting held on 15th June 2016 included an update on the action plan stemming from the Verita Report into unexpected deaths. The report was presented at the public board of directors' meeting in May 2016 and is also an item on the CoG agenda for today's meeting.
- 2.7 There was also a joint commissioner / Trust presentation on the implementation of the Early Intervention (EI) targets. These are designed to improve treatment for people experiencing their first onset of psychosis. The EI targets are important because they have a strong evidence-base for improving life-long outcomes for young people at a critical time.
- 2.8 Although the expanded services that are needed to achieve these targets are widely believed to be funded by the government, in fact this is not the case.
- 2.9 Local commissioners do not have additional finances available to pass to the Trust to fund EI services. This is extremely disappointing although on a positive note it is

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clear that the Trust and commissioners are working together constructively in order to achieve as much as possible within existing resources.

3.0 Quality Improvement Plan (QIP) plan report

3.1 The IPC is timed to take place after the board of director papers are published but before the meeting. Of particular interest is the PMO (programme management office) report to the board on progress of the quality improvement plans and the cost improvement plans.

3.2 For the April and May PMO reports, the IPC members were concerned to see that for several QIPs, which were flagged as red, there was no definite date for when the project would be back on track (and show as green). This has been rectified for the June 2016 report and all projects showing red or amber now have dates to return to green. Medication management and statutory training are no longer flagged as 'red' and have moved to 'amber'.

4.0 Other points

4.1 E-rostering (an electronic system to allocate shifts) has been a topic of importance to staff (and hence governors) for most of 2016 and the three month pilot project at Hammerton Court is now complete. A summary of this work is included in the CEO report to the CoG.

4.2 An update on Lorenzo, which the IPC has been monitoring closely, is also included in the CEO report.

5.0 Recommendation

5.1 That governors assure themselves that the IPC is working satisfactorily on behalf of the CoG.

Background Papers / Information

None.

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