## AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Item No</th>
<th>Description</th>
<th>Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:45</td>
<td>17.31</td>
<td>Chair’s welcome, notification of any urgent business and apologies for absence: Julie Cave, Ronald French, Sian Coker, Hilary Hanbury, Nigel Boldero</td>
<td>Attachment A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i. Declarations of interest (All)</td>
<td></td>
</tr>
<tr>
<td>12:50</td>
<td>17.32</td>
<td>To approve the minutes of the previous public meetings held on 2 March and 6 April 2017</td>
<td>Attachment B</td>
</tr>
<tr>
<td>12:55</td>
<td>17.33</td>
<td>To address any matters arising from the minutes of the meeting in public held on 6 April 2017</td>
<td>Attachment C</td>
</tr>
<tr>
<td>13:00</td>
<td>17.34</td>
<td>Governor issues and Trust responses (Suffolk public, Norfolk public, Service User, Carer, Partner, Staff governors)</td>
<td>Attachment D</td>
</tr>
<tr>
<td>13:30</td>
<td>17.35</td>
<td>New format Representing Interests Register (Gary Page)</td>
<td>Attachment E</td>
</tr>
<tr>
<td>13:40</td>
<td>17.36</td>
<td>Chief Executive’s report (Michael Scott)</td>
<td>Attachment F</td>
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<tr>
<td></td>
<td>17.37</td>
<td>Items for approval</td>
<td></td>
</tr>
<tr>
<td>13:55</td>
<td></td>
<td>i. Reappointment of Marion Saunders and Tim Newcomb (Gary Page)</td>
<td>Verbal</td>
</tr>
<tr>
<td>14:05</td>
<td></td>
<td>ii. Non-Executive Director appointment (Gary Page)</td>
<td>Verbal</td>
</tr>
<tr>
<td>14:15</td>
<td></td>
<td>BREAK</td>
<td></td>
</tr>
<tr>
<td>17.38</td>
<td></td>
<td>Items for assurance</td>
<td></td>
</tr>
</tbody>
</table>
14:30  i. Update on annual accounts and report (Michael Scott) Attachment G

14:40  ii. External Audits KPMG report to governors (Helen Jones) Attachment H

14:50  iii. Bed Review (Michael Scott) Attachment I

15:05  iv. Governor elections plan 2017/18 (Robert Nesbitt) Attachment J

15:15  17.39 Standing Item: Feedback from the sub-groups and committees

i. Service User and Carer Trust Partnership feedback from 6 June 2017 (Gary Page) Attachment K

ii. Trust Member and Governor Development sub Chair’s reports for 9 May 2017 (Nigel Boldero) Attachment L

iii. Performance & Planning subgroup Chairs’ report for 18 May 2017 (Catherine Wells) Attachment M

iv. Nominations Committee Chair’s report from 2 May 2017 (Marion Saunders) Attachment N

v. Charitable Funds Committee Chair’s report from 25 April 2017 (Brian Parrott) Attachment O

15:45  17.40 Highlight report to members: to agree the agenda items to be highlighted for members and the public (Anne Humphrys) Verbal

15:50  17.41 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 12 October 2017 in the Rose Room, Endeavour House, Russell Road, Ipswich IP1 2BX.

15:55  CLOSE
<table>
<thead>
<tr>
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<th>Date of return dec</th>
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<tbody>
<tr>
<td>Ginnie BENEDETTINI</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>12.01.16</td>
</tr>
<tr>
<td>Kathleen BEN-RABHA</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Suffolk User Forum Trustee</td>
<td>Member of Suffolk Congress</td>
<td>None</td>
<td>None</td>
<td>22.04.14</td>
</tr>
<tr>
<td>Malcolm BLOWERS</td>
<td>Suffolk User Forum Ltd – Company Director</td>
<td>None</td>
<td>None</td>
<td>Suffolk User Forum Trustee</td>
<td>None</td>
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<td>Nigel BOLDERO</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<td>None</td>
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<td>29.03.17</td>
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<tr>
<td>Sian COKER</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>29.03.17</td>
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<tr>
<td>Paddy FIELDER</td>
<td>None</td>
<td>N/A</td>
<td>None</td>
<td>Trustee of Debenham Project Vol. doctor at St Elizabeth Hospice, Ipswich Parish councilor (about to be retired)</td>
<td>N/A</td>
<td>None that I am aware</td>
<td>23.03.15</td>
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<tr>
<td>Stephen FLETCHER</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<td>None</td>
<td>04.06.13</td>
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<tr>
<td>Ronald FRENCH</td>
<td>None</td>
<td>Middlesex University external examiner</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>29.03.17</td>
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<tr>
<td>Paul GAFFNEY</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Member of Suffolk Coalition of Disabled People and member of Mind and Suffolk User Forum</td>
<td>None</td>
<td>None</td>
<td>29.03.17</td>
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<tr>
<td>Tony GOLDSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Awaiting confirmation</td>
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<td>Andrew GOOD</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Samaritans – Member of Colchester, Tendring &amp; Suffolk Border branch</td>
<td>None</td>
<td>29.03.17</td>
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<tr>
<td>Dr Richard GORROD</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Trustee of Norwich and Mid-Norfolk MIND</td>
<td>None</td>
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<td>29.03.17</td>
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<td>Hilary HANBURY</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<td>None</td>
<td>30.03.15</td>
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<tr>
<td>Marcus HAYWARD</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<td>12.01.16</td>
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<tr>
<td>Anne HUMPHRYS</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Co-Chair of Suffolk Parent Carer Network</td>
<td>None</td>
<td>None</td>
<td>29.03.17</td>
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<tr>
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<td>Jane MILLAR</td>
<td>As a self-employed trainer sometimes works with Relate Co-facilitating groups and workshops; this can include workshops relate provides for the Suffolk Wellbeing Service</td>
<td>None</td>
<td>None</td>
<td>Suffolk Family Carers – Trustee (23/11/16)</td>
<td>None</td>
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<td>08.03.15</td>
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<td>Guenever PACHENT</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>19.03.15</td>
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<tr>
<td>Heather PASSMORE</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Works part time as a nurse for Cambridgeshire Community Services</td>
<td>None</td>
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<td>30.07.15</td>
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<td>Sheila PRESTON</td>
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<td>None</td>
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<td>None</td>
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<td>25.02.14</td>
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<td>Mary Rose ROE</td>
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<td>None</td>
<td>None</td>
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<td>30.03.17</td>
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<tr>
<td>Nanayakkara DE SILVA</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>06.01.15</td>
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<tr>
<td>Howard TIDMAN</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Chair of Norfolk Homemakers (Charity No: 298534) Trustee of Feedback Yarmouth/Lowestoft non – registered Charity</td>
<td>None</td>
<td>Wife is a Health Visitor with Norfolk Community Health &amp; Care NHS Trust</td>
<td>04.04.17</td>
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<tr>
<td>Catherine WELLS</td>
<td>None</td>
<td>None</td>
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<td>None</td>
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<td>None</td>
<td>14.04.15</td>
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<td>Zeyar WIN</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<td>None</td>
<td>None</td>
<td>12.01.16</td>
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<tr>
<td>Martin WRIGHT</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Volunteer with Cruse Bereavement Care Suffolk and member of the fund raising committee</td>
<td></td>
<td>12.01.16</td>
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Minutes of the
Council of Governors – Public Session
Held on 2 March 2017 at 11.40pm at King Centre, 63-75 King Street, Norwich, Norfolk NR1 1PH

Present:
Gary Page, Trust Chair
Malcolm Blowers, Service User Governor, Suffolk
Nigel Boldero, Public Governor, Norfolk
Sian Coker, Partner Governor, University of East Anglia
Nanayakkara De Silva, Staff Governor
Stephen Fletcher, Public Governor, Norfolk
Ronald French, Public Governor, Norfolk
Paul Gaffney, Service User Governor, Suffolk
Andrew Good, Public Governor, Suffolk
Richard Gorrod, Service User Governor, Norfolk
Hilary Hanbury, Public Governor, Norfolk
Marcus Hayward, Staff Governor
Anne Humphrys, Carer Governor, Suffolk
Sheila Preston, Public Governor, Norfolk
Howard Tidman, Staff Governor
Leonard Wellings, Public Governor, Norfolk
Catherine Wells, (Lead) Public Governor, Norfolk
Sue Whitaker, Partner Governor, Norfolk County Council
Zeyar Win, Staff Governor
Martin Wright, Public Governor, Suffolk

In Attendance:
Robert Nesbitt, Company Secretary
Kate Hope, Assistant Company Secretary (minutes)

There were no attendees in the public gallery.

The meeting commenced at: 11.51pm

17.12 Chair’s Welcome, notification of any urgent business and apologies for absence

The Chair (Gary Page) welcomed the Council of Governors (CoG) and welcomed the new governors.

There was one item of urgent business to be discussed under item 17.15.

Apologies were noted from Guenever Pachent, Mary Rose Roe, Ginnie Benedettini and Heather Passmore.

i. Declarations of interest
17.13 To consider the Senior Independent Director/Deputy Chair remuneration recommendation

Catherine Wells presented the Senior Independent Director/Deputy Chair remuneration report to the Council of Governors. The Nominations Committee recommended, following their conference call on 17th February 2017, an increase in remuneration in line with the increases agreed by the Council of Governors (CoG) on 5th January 2017 of £2,000 for the Non-Executive Director and Chair roles.

Stephen Fletcher joined the meeting at this point at 11.54am.

The increase was approved by the Council.

17.14 Report from Nominations Committee held on 10.01.17 (to include approval of Nominations Committee voting member elections from meeting held on 17.02.17)

The recruitment process has started to replace Brian Parrott when his term ends on 31st December 2017. Malcolm Blowers, Catherine Wells and Jane Millar are assisting with this process. It has been agreed that a suitable candidate for this role should have experience in strategic finance and it was noted that applications should be welcomed from those with a lived experience of mental health.

The proposal for the CoG to delegate the decision on when to fill voting member vacancies to the Nominations Committee was agreed together with the associated amended Terms of Reference for the Nominations Committee.

The review of the Nominations Committee against its Terms of Reference was noted by the Council.

17.15 Any other urgent business, previously notified to the Chair

Gary Page confirmed that he had concluded his investigation following the leak of the private Board of Director papers to Panorama. His report on the issue will be circulated to the CoG on Friday 3rd March 2017 via email.

The number of people who had access to the papers was limited and following the leak, has been further restricted. However the evidence suggests that a complete set of papers for both the public and private sessions of the Board on 26th January 2017 was disclosed. Given the identity of the individuals it is reasonable to conclude that the most likely source of the leak was a member of the CoG.

In future members of the CoG will no longer receive confidential papers with the exception of the lead governor. If the lead governor identifies an item which she believes should have governor input, she will discuss this further with Gary Page. Members will be provided with an agenda for the private session of the Board of Directors meeting and a copy of the confirmed minutes from the last session. If there is an item on the agenda a member of the CoG wishes to discuss, they should contact Gary Page or Robert Nesbitt.
For those members who attend sub-committee meetings, a hard copy of the papers will be provided at the meeting and taken back at the end of the meeting.

Malcolm Blowers left the meeting at this point at 12.17pm.

Date, time and location of next meeting

The next meeting of the Council of Governors will be held in Public on 6th April 2017 in the Elisabeth Room, Endeavour House, Russell Road, Ipswich IP1 2BX.

The meeting closed at: 12.19pm

Chair: ........................................

Date: ........................................
Minutes of the
Council of Governors – Public Session
Held on 6 April 2017 at 12.30pm in the Elisabeth Room, Endeavour House, Russell
Road, Ipswich IP1 2BX

Present:
Gary Page, Trust Chair
Ginnie Benedettini, Service User Governor, Norfolk
Nigel Boldero, Public Governor, Norfolk
Sian Coker, Partner Governor, University of East Anglia
Paddy Fielder, Public Governor, Suffolk
Ronald French, Public Governor, Norfolk
Richard Gorrod, Service User Governor, Norfolk
Andrew Good, Public Governor, Suffolk
Marcus Hayward, Staff Governor
Anne Humphrys, Carer Governor, Suffolk
Jane Millar, Public Governor, Suffolk
Guenever Pachent, Public Governor, Suffolk
Sheila Preston, Public Governor, Norfolk
Michael Scott, Chief Executive Officer
Howard Tidman, Staff Governor
Catherine Wells, (Lead) Public Governor, Norfolk
Sue Whitaker, Partner Governor, Norfolk County Council
Martin Wright, Public Governor, Suffolk

In Attendance:
Robert Nesbitt, Company Secretary
Kate Hope, Assistant Company Secretary (minutes)
Daniele Fisichella, Senior Communications Officer
Michael Lozano, Patient Safety and Complaints Lead

There was 1 Non-Executive Director, 1 member of the public and 1 staff member in the
public gallery.

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

The meeting commenced at: 12.30pm

17.16 Chair’s Welcome, notification of any urgent business and apologies for
absence

The Chair (Gary Page) welcomed the Council of Governors (CoG) and reported that
no notifications of urgent business had been received.

Apologies were noted from Julie Cave, Tony Goldson, Mary Rose Roe, Stephen
Fletcher, Zeyer Win, Paul Gaffney, Hilary Hanbury, Heather Passmore and Kathleen
Ben Rabha.
It was noted that Tony Goldson had not attended a CoG meeting since his reappointment as partner governor for Suffolk County Council in July 2016. Gary Page confirmed that elections are currently taking place and he will pick this up with Tony Goldson post the election.

i. Declarations of Interest

Howard Tidman updated the Council that he is a Trustee for Feedback in Yarmouth and Lowestoft and is the Chair of Norfolk Homemakers, a furniture charity in Norfolk.

17.17 To approve the minutes of the previous public meeting held on 5 January 2017

Page 1: Ginnie Benedettini should be added to those present.

Item 17.04: Governor issues and Trust responses

In item 2 West Suffolk Hospital should be amended to Ipswich Hospital.

17.06i: Non-Executive (NED) and Chair remuneration recommendations

The second paragraph should be amended to read ‘The Improvement Plan Coordination Subgroup has observers at key committees each more for assurance that NED performance is good and they are challenging the Executive Directors appropriately and scrutinising information provided’.

17.18 To address and matters arising from the minutes of the meetings in public on 5 January 2017

Action 17.04c – Lanyards and extending ‘Hello my name is . . . ‘.

Michael Scott explained that there is some complication on this issue. Where staff are employed as Mental Health Practitioners, this information is included on their NHS ID badge. It is being reviewed as to whether their lanyard should specify their role ie Occupational Therapist. This is being considered for inclusion in objectives for the coming year for Michael Scott. Further information on progress made will be circulated via email by Michael Scott.

Action 17.04e – Crisis Services in Norfolk and Suffolk

There is an error on the response for this item and the word ‘missing’ should be deleted. This information was shared with the governors on 9 March 2017.

Action 17.06viiia – Governor evaluation and training plan

A date has been set for the half day session for joint BoD/CoG development but no agenda has been set. Robert Nesbitt confirmed that the intention was to structure the session around Sustainability and Transformation Plans (STPs) as this would be valuable for the NEDs and also gives governors input into the direction the Trust is headed and how it relates to mental health.

It was agreed that Robert Nesbitt will organise a draft plan for the development day.
All other matters were noted as being completed.

**Action 17.18**

a. Email update to be circulated to governors on lanyard issue *(Michael Scott)*

b. A plan is to be drafted for the development day set to take place on 11 May 2017 and circulated to all governors *(Robert Nesbitt)*

### 17.19 Governor issues and Trust responses

The responses were reviewed and the following points were noted:

It was noted that Sheila Preston had a specific issue that she would like to raise on unexpected deaths. It was agreed that this would be considered in section 17.22i and Gary Page would provide a response in writing. Gary Page confirmed that he would circulate Sheila Preston’s specific question and response via email.

1. Norfolk Public Governor Feedback

   **PNOR41: Preparation for the CQC re-inspection.**

   It was confirmed that Michael Lozano’s team is leading on this work and two new appointments are being made for the suicide prevention work.

   **PNOR42: Mandatory and Statutory Training**

   This was noted as being the most vulnerable area for the Trust ahead of the CQC re-inspection. It appears that there may be some issues around the quality of the training data but there are also areas of non-compliance throughout the Trust. Jane Sayer is focusing on resolving this and the figures are expected to improve. In those areas such as life support work is being undertaken to prioritise this training because of the overall importance of such training.

   It was suggested that the new system has not made it easy for staff to navigate through and book training courses, therefore placing an obstacle in the way of staff training. Michael Scott acknowledged that there have been some initial teething problems.

   A query was raised as to what steps the Trust are taking with those members of staff that are non-compliant with their training plan. Michael Scott explained that it is difficult to apply sanctions against staff as there is a fine balance between ensuring staff have the time undertake training whilst doing their jobs. It is more constructive to make it easier for staff to complete their training. The BoD is not complacent about this. It is not simply to satisfy the CQC that staff training is up to date but to give staff the skills and knowledge to undertake their work.

2. Suffolk Public Governor Feedback
PSUF58: Funding for staff access to technology

It was agreed to ask the NEDs whether they are assured that there is an organised approach around mobile working and, in particular, around smartphones. Gary Page agreed to review this and circulated a response to the CoG.

It was noted that Skype is not functioning effectively throughout the Trust and in many cases does not work at all. However where Skype is working, it works very effectively.

It appears that over the last month the Trust has experienced some real challenges with IT. Gary Page explained that the recent outage would be the subject of a report for the Performance and Finance Committee this month. Many of these issues will be resolved following the installation of the new disaster recovery package. However Gary Page confirmed that he would ensure that this was reviewed completely by the Performance and Finance Committee during the next meeting due to be held on 18 April 2017.

PSUF60: Knowledge of voluntary and support groups

It was noted that the Trust should join Suffolk ‘Infolink’ which is a directory of local organisations and services for help and advice for both adults and children. The link for this directory will be shared with the CoG. Norfolk County Council are putting together a similar directory.

Ultimately it is not NSFT’s responsibility to create and manage the information around the voluntary and support groups in both regions. However it is important to make sure that the Trust is part of the information available and that staff are aware of the directory of resources available. Marcus Hayward confirmed that borough councils have historically been mapping links to communities and he is confident that Trust practitioners are aware of what is happening locally to them.

3. Staff Governor Feedback

Staff63: Congested treatment pathways

This item links with C63 – care coordinator for Norwich Youth Team in that demand is clearly exceeding supply. This is being monitored by the Planning and Performance Committee and is due to be reviewed in six months’ time to see what progress is being made in both counties.

Staff65: Ongoing impact of Lorenzo on time available for direct clinical care

It was noted that the response to this does not address the IT challenges shared earlier in the meeting on the speed and reliability on the network. The Disconnected Community module was something that was supposed to be delivered when Lorenzo was initially introduced to NSFT. It was explained that these issues should be resolved and completed by year end.

4. Carer Governor Feedback
C64 – Waiting area at Harnser House

It was noted that it would be more appropriate for these types of issues to be raised direct with PALs. The governor training session on 25 April 2017 will include training on raising issues appropriately and will include a governor self-assessment on ‘holding to account’.

5. Service User Governor Feedback

SU52: The role of NSFT in the education of other agencies in relation to the practice of ‘whole person medicine’ and the promotion of the interaction of physical, psychological, social and spiritual factors in mental health crises.

Michael Scott confirmed that links between mental health and physical health are in the discussions surrounding the STPs and progress is being made with training and education opportunities organisations can offer each other in each STP footprint.

Marcus Hayward confirmed that Health Education England have been running a season of 12 workshops for practitioners through three counties for primary care staff over the last two months. Over 200 primary care staff have benefitted from this including staff from the Recovery College. It is understood that information from the workshops will be converted to an e-learning module for distribution.

SU53: NSFT service users and homelessness

It was queried whether the Trust can extract information from Lorenzo on homelessness and periods of treatment for those that are homeless. – can we take any information from Lorenzo on homelessness and periods of treatment. Michael Scott agreed that he would take this away as an action point.

SU54: Additional facilities for those in suicidal crisis

Michael Scott explained that ‘crisis café’ had been developed to provide an alternative to a hospital admission for those in crisis. These environments are not a drop in and require a referral. They are open from midday to midnight. It is planned for representatives from NSFT to visit some that are already up and running in places such as Aldershot and Bradford to see if something similar in Norfolk and Suffolk would meet local needs. There is a funding provision for both Norfolk and Suffolk although the exact figure allocated for Suffolk has not been confirmed yet.

All items were approved by the Council as closed.

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<th>Action 17.19</th>
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<tr>
<td>a. A response is to be circulated to the CoG on how assured the NEDs are that there is an organised approach around mobile working and smartphones. (Gary Page)</td>
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<td>Author: Kate Hope</td>
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<td>Department: Corporate</td>
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Information to be collected from Lorenzo on periods of treatment for those who are homeless (Michael Scott)

17.20 Chief Executive's Report

Michael Scott presented his report to the CoG and highlighted the following points:-

1. The interviews took place on 5 April 2017 for the new, jointly appointed Operations Director – Mental Health and Learning Disability Services, Suffolk. An announcement will be made shortly as to the successful candidate.

2. No further update has been received about the Mother and Baby Unit bid although this is something that the Board is excited about.

3. In relation to the Staff Survey, the Trust is not placed where the BoD would like it to be but significant improvement has been made this year with every indicator either moving forwards or staying the same.

4. Sue Bridges and Sue Medley continue to work hard to raise the profile of the Greenlight Toolkit across the Trust.

5. Michael Scott congratulated all those involved in organising the Governor Conference on Complex Needs held on 2 March 2017. This was well received and is something that will be embedded in both Norfolk and Suffolk STPs.

6. The 2016/2017 objectives are set annually and reviewed by the BoD quarterly. The report on quarter 3 is attached to the CEO report and the Council can see that we are making good progress against our objectives. It was noted that the format should be sharper and make it plain where objectives have been achieved or not achieved.

The CoG noted the report.

17.21 Items for Approval

i. Membership Strategy 2017/2018

The CoG extended their thanks to Peter Haylett for his work on the Strategy.

The Trust changed their membership provider last year and it is gratifying to see an improvement in the data quality. This has also come about due to Peter Haylett’s diligence in maintaining the Trust’s side of the database.

There is a challenge in keeping the membership levels steady and the Trust is thorough in its approach to data cleansing. The TMGD subgroup has considered what steps we can take to make membership more meaningful and this is outlined on page 5 of the strategy. It was queried whether there is any funding available to support this. Robert Nesbitt confirmed that he would discuss this further with Julie Cave and he will report back to the TMGD group.
Nigel Boldero confirmed that the strategy is more forward looking than previous editions. Page 4 highlights how governors can assist in recruiting and engaging members.

It was noted that governor contact with members at the governor events is small. At future events could Catherine Wells or Nigel Boldero be allotted some time to talk about membership and what members can contribute? It was agreed that the events should contain more information sharing rather than involving members. The TMGD will review the format of the half day events and whether they need to have a more interactive format.

It was noted that the strategy refers to Monitor rather than NHSI and that no mention is made on page 11 of police and mental health.

Subject to the above amendments, the CoG approved the Strategy. The Strategy will be reviewed by the BoD on 27 April 2017.

**Action 17.21i**

Investigate whether there is any funding available to support ‘What’s in it for me to be a member of NSFT’ principles (Robert Nesbitt)

**ii. Non-Executive Director Recruitment update**

Gary Page confirmed that the advertisement for the NED role is currently live and longlisting will take place on 28 April 2017. An interview panel is being set up with final interviews to take place on 15 June 2017 with an expectation that the new NED will start in September 2017 to overlap 3 months with Brian Parrott who is set to step down at the end of the year.

It is too early at this stage to confirm what the response has been but Gary Page will provide an update to the CoG by the end of April 2017 once the advertisement has closed.

**Action 17.21ii**

An update on the response to the NED advertisement is to be provided to the CoG by the end of April 2017 (Gary Page)

**17.22 Items for Assurance**

i. Action Plan on unexpected deaths

Michael Scott introduced the Mortality Review update and cautioned the CoG to keep in mind that the numbers are representative of individuals and their families.

Michael Lozano confirmed that the Trust studies the changing picture for deaths from all causes. These include unexplained deaths, suicides, physical health problems, natural causes and deaths due to a problem in care. One
of the priorities in reviewing these figures is to ensure the Trust understands what is happening. The statistics in this report includes all those people in the care of the Trust within 12 months of discharge.

One key factor to note from the figures is that people suffering from mental health issues live shorter lives. In addition the report shows that the number of people who take their own lives, is not increasing. Conversely there is a rise in physical causes and this can be down to a number of reasons such as addictions causing physical health problems over time. Other factors include the Trust providing care for those in advanced age suffering from dementia, who may then pass away from cancer or heart disease. As a result the Trust is working hard to understand causes behind mortality rates and linking this work with the promotion of good physical health.

One of the key recommendations of the Verita Report was to conduct better investigations following a serious incident. As a result, the Trust has employed four additional investigation improvement managers. NHS England have subsequently reviewed our investigation reports and found that 9 out of 10 sampled were good or excellent. All actions resulting from the Verita Report are now concluded with the exception of named contact training. A refresher session in supporting families after an event is also outstanding and the Patient Safety Team will keep this under review.

A discussion took place as to what action NSFT is taking to address social isolation and suicide. It was confirmed that for those patients assessed in Accident and Emergency, who are then sent home and who are understood to be isolated, the Trust liaises with MIND who then follow up the admission. This helps to support those in situations which may have a risk element attached due to their isolation. It was noted that Suffolk County Council had run a ‘No one to spend a day alone’ campaign for those people who were identified as socially isolated and it would be a good idea to share and compare support and user groups to widen the network of support for those who are isolated.

It is clear from the work of the Mortality Review Group and the national piece of work that Mazars has undertaken that NSFT is not an outlier in relation to patients who take their own lives. However unexpected deaths have increased and the Trust is beginning to understand what is driving these and all focus should now be on doing all we can to improve the quality of care we are providing to service users to try to do what we can and reduce the number of unexpected deaths for those in our services.

It was queried as to whether the figures for those with Bipolar and Schizophrenia diagnoses suffering from ischaemic heart disease could be examined to see whether their physical health issues were a consequence of the medication they were taking.

Sheila Preston, Howard Tidman and Michael Scott left the meeting at this point (14.43)
ischaemic heart disease to be examined to understand whether their medication could be linked with a deterioration in physical health (Bohdan Solomka)

17.23 **Standing Item: Feedback from the subgroups and committees**

i. **Service User and Carer Trust Partnership feedback from 7 February 2017**

   Gary Page confirmed that the Service User and Carer Involvement Strategy now has a clear action plan which has provided him with assurance on this point.

   The Locality Hubs are not quite fully in place. The Partnership felt that the Service User Forum in West Norfolk could become the Hub but that is still open for discussion as there is a concern that turning that Forum into the Hub could adversely affect its operation as a Forum as driven by service users and carers.

   The Council noted the report.

ii. **Trust Member and Governor Development subgroup Chair’s report for 7 February 2017.**

   This report was taken as read. It was observed that Anne Humphrys name was incorrect.

   The report was noted.

ii. **Performance and Planning subgroup Chair’s report from 19 January and 16 March 2017.**

   Guenever Pachent provided an update on the meeting on 19 January 2017. Jill Robinson (NED and Chair of Organisational Development and Workforce Committee) provided an excellent paper for the governors on modernising the workforce. She provided feedback on the Central Norfolk locality which was very instructive and highlighted how hard staff are working to make improvements to the quality of services there.

   The subgroup had assurance that governor comments provided on the Annual Plan had been taken into account. Prior to the subgroup meeting the first meeting of the streamlined Improvement Plan Coordination (IPC) subgroup took place and the revised Terms of Reference are appended to the report.

   The CoG noted the report and approved the amended Terms of Reference for IPC.

Catherine Wells presented her report to the CoG for the meeting of 16 March 2017. Tim Newcome (NED and Chair of Performance and Finance Committee) attended to report on out of area/Trust placements which was useful. A discussion took place on out of Trust placements, the use of Mundesley Hospital and the use of beds in Suffolk by Norfolk Service Users. NSFT staff visit Mundesley Hospital regularly to review placements.
Governors provided feedback on Trust objectives for 2017/2018. It was confirmed that these objectives are to be presented to the BoD on 27 April 2017 and will come before the CoG in July 2017.

Sheila Preston and Howard Tidman returned to the meeting at this point (14.53)

Gary Page confirmed that the results of the Bed Review undertaken by Mental Health Strategies would be released at the public Board meeting on 27 April 2017. It was suggested that the fees incurred on the review could have been used on nursing staff, however, out of area placements is one of the biggest issues facing the Trust in terms of quality and financially. It was deemed necessary to commission the report which is extremely complex and provides some quality conclusions, which are not necessarily the ones you would expect. Governors will appreciate the complexity of the analysis when the report is released. This is not an analysis the Trust could have done internally.

The CoG noted the contents of the report.

iii. Nominations Committee Chair’s Report for 10 January 2017 including annual review of the Committee’s work.

The report was noted by the Council

17.24 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. Lanyards
2. Workloads Remote access connection to Lorenzo
3. Membership Strategy
4. Mortality review
5. NED Recruitment

17.25 Any other urgent business, previously notified to the Chair

None

17.26 Date, time and location of next meeting

The next meeting of the Council of Governors will be held in Public on 6th July 2017 at The Kings Centre, 63-75 King Street, Norwich NR1 1PH.

The meeting closed at: 15.02pm

Chair: ……………………………..

Date: ……………………………..
Matters Arising from Public Council of Governors 6 April 2017

## Action 17.18 – Matters Arising

| a. Email to be circulated to governors on lanyard issue *(Michael Scott)* | Completed. Email sent on 3 May 2017. |
| b. A plan is to be drafted for the development day set to take place on 11 May 2017 and circulated to all governors *(Robert Nesbitt)* | |

## Action 17.19 – Governor issues and Trust responses

| a. A response is to be provided to Sheila Preston’s specific issue, raised on 6 April 2017, on unexpected deaths *(Gary Page)* | Request withdrawn. Email from Sheila Preston dated 19 April 2017. |
| b. A response is to be circulated to the CoG on how assured the NEDs are that there is an organised approach around mobile working and smartphones *(Gary Page)* | Completed. Response circulated 19 May 2017. |
| c. Recent IT failures to be discussed and reviewed at the Performance and Finance Committee on 18 April 2017 *(Gary Page)* | Completed. Was on agenda and discussed. |
| d. Information to be collected from Lorenzo on periods of treatment for those who are homeless *(Michael Scott)* | |

## 17.21i – Membership Strategy 2017/2018

Investigate whether there is any funding available to support ‘What’s in it for me to be a member of NSFT’ principles *(Robert Nesbitt)*

The board has agreed in principle to support the ‘Stand Up for Mental Health’ campaign. The idea needs to be worked up with clear objectives and costings. The intention is that a plan will be developed by the Comms Team for Autumn 2017.

## 17.21ii – Non-Executive Director Recruitment Update

| BoG Public – 6Apr2017 Matters Arising | Version 0.4 | Author: Kate Hope |
| Department: Corporate | Date produced: 09Jan2017 | Retention period: 20 years |
An update on the response to the NED advertisement is to be provided to the CoG by the end of April 2017 *(Gary Page)*

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<th>Completed. Email update circulated 16 May 2017.</th>
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**17.22i – Action Plan on Unexpected Deaths**

Statistics for patients with Bipolar and Schizophrenia diagnoses, suffering ischaemic heart disease to be examined to understand whether their medication could be linked with a deterioration in physical health *(Bohdan Solomka)*

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**BoG Public – 6Apr2017**

**Matters Arising**

**Version 0.4**

**Author: Kate Hope**

**Department: Corporate**

**Page 2 of 2**

**Date produced: 09Jan2017**

**Retention period: 20 years**
COUNCIL OF GOVERNORS
ISSUES REGISTER
**Agreed Process**

1. Prior to the Council of Governors meeting, the Lead Governor emails each governor and asks them to act together within their constituencies to prepare a maximum of five issues to be sent to the Trust at least five weeks in advance of the next Council of Governors meeting.

2. In the papers for the Council of Governors the Trust will have provided a response to the issues raised.

3. Governors will have the opportunity at the meeting to speak to any of the Trust responses. The item will either be closed, put on the agenda of a future Council of Governors Sub-Group or Board Sub-Committee, or additional information will be sought as a matter arising.

4. Past Issues are available on request from the Company Secretary.
PNOR45: Bed Review

Are the NEDS assured (and if so how) that, for the bed review, the directors understand the basic (not the detailed) theory that supports the simulations and that they are also confident of the correctness of the assumptions made and the error or variations on these? This is important as major decisions are planned on the basis of the conclusions.

Mental Health Strategies, who were commissioned to undertake the Bed Review, are the acknowledged experts in this area and have successfully carried out similar Reviews for many other MH Trusts. They have presented there detailed findings to the Executive Directors where the assumptions were discussed and challenged. A subsequent presentation was also given to the Board. I am therefore assured that the Directors understand the basic theory behind the simulations and that the assumptions used are valid.

Gary Page 28 June 2017

PNOR46: Monitoring and reporting of cyber risk to NSFT

Following the recent NHS cyber attack are the Neds assured that the management of cyber risk will be regularly monitored and reported to the Board, and that all Trust staff recognise their roles in supporting a crisis management plan.

The virus that attacked computers on 12th May 2017 caused widespread disruption to a number of NHS systems. The attack also impacted numerous other private and public sector networks internationally. I am pleased to report that this ‘malware’ attack had little impact on NSFT and had no impact whatsoever on the safe and effective running of the trust.

The Malware was a known risk and the Trust had, in March and April, deployed the Microsoft patch recommended to prevent this and therefore was not infected. The investment in up to date computers in support of the Lorenzo deployment also meant the Trust was not operating any Windows XP systems, another source of vulnerability.

Our clinical systems were not affected by this and patient care was not interrupted, no clinics were cancelled.

Whilst we must always strive to keep up to date with new developments in on-line security, the NED team are assured that the I.T. security systems of the trust are currently well managed and that it was not by chance that we avoided widespread ‘infection’ by this virus.
In May, a few days after the attack, the Finance and Performance Committee of the trust were assured by a verbal report the NSFT response to this national crisis from director Leigh Howlett. On 27th May the full trust board received a detailed paper on the attack and were satisfied that the trust remains in a strong position to resist such threats. At this meeting the board agreed some minor improvements to the security protocol as regards I.T.

Tim Newcomb 21 June 2017

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SUFFOLK PUBLIC GOVERNORS

Suffolk Public Governors
Compiled by Martin Wright – 6 June 2017

PSUF63: Link workers

The link workers in GP surgeries in Suffolk are well respected and have established a very helpful and worthwhile role in the last few years. We understand that there is a change in the role and remit of link workers based on the new Wellbeing contract (especially with regard to their work in Suffolk). If this is correct is the Board assured that all stakeholders, including GPs and service user and carer organisations are well informed as to these changes (can the reasons behind these changes be explained, please).

The Suffolk Wellbeing Service was put out to tender last year; NSFT were successful in the bid process and were awarded the new contract. This new contract began in September 2016. The Service is commissioned using care clusters to define who is appropriate for interventions. The CCG decision was to use clusters 1 – 4 and a small number of cluster 7 cases for this process. The Link Workers are included within the Wellbeing service and as such have now been commissioned to deliver interventions to people with common mental health disorders including depression, generalised anxiety disorder, mixed depression and anxiety, panic disorder, obsessive compulsive disorder, phobias, social anxiety disorder, post-traumatic stress disorder and that this would only include people in care clusters 1-4 in the main with a small number of cluster 7 cases. This is a change and previously link workers would see people with wider mental health issues. However it is important to note this change is a result of what is asked for in the specification by the CCG and not initiated by NSFT. Additionally the specification asked that we rename the link workers and call the Primary Mental Health Workers (PMHW’s). However this has not been implemented as of yet as it is felt that would cause significant confusion for GPs and so we intend to maintain the term link worker.

I believe that the rationale behind this change was to focus the link worker team on working with primary care to provide interventions through support and guidance to GPs that would better maintain people in Primary care and reduce the need for onward referral into secondary care mental health services for common mental health disorders. There was also an aspiration to reduce the numbers of secondary care type service users cases held by the link workers but without specific
intervention being delivered. Whilst this may have been helpful to some service users it significantly affected the number of people they could see with common mental health disorders.

Debbie White 15 June 2017

**PSUF64: Suffolk Wellbeing Service**

If the formal promotion of the Suffolk Wellbeing Service is to be delayed until October 2017, what is being done in the meantime to explain effectively the wellbeing service to stakeholders? A "launch" after more than one year would be inappropriate so we assume this will be put forward as a promotion/ explanation of Suffolk Wellbeing.

The event in October will not be a launch. Rather it will be a 1st year celebration. Any launch event has limited reach and the work required to communicate the role and purpose of the Wellbeing service is ongoing throughout the period of the contract. The service has appointed to a dedicated marketing individual who has responsibility for developing a strategy for how we engage with stakeholders and plans a range of events that we attend to raise the profile of the service. This would include events such as The Suffolk Show and/or partnering up with our partner agencies at significant events across the region. In addition we attend the local VASP meetings throughout the region to engage with partners. We have developed a communications booklet that we aim to share with all GPs and primary care workers as soon as the CCG are satisfied with its content. We have community development workers appointed through our partners in the Shaw Trust whose role it is to connect and network with a range of stakeholders to increase access and knowledge of our service. At present we are receiving significant referral numbers and are meeting the targets for number of people accessing the service. We do need to be conscious of this as if we increase this too fare we will not have capacity to manage the demand.

Debbie White 15 June 2017

**PSUF65: Psychiatric Liaison**

The bid to extend psychiatric liaison for Ipswich Hospital was rejected and the recent proposal for psychiatric liaison for W. Suffolk was not submitted. However, by comparison, the psychiatric liaison bid for Norfolk & Norwich Hospital has been supported plus ongoing funding. "Postcode lottery"- why should such essential services be available in one area and not another? What action are the Board going to take to try and rectify this significant gap in services? Should the STP be involved to try and progress this?

The issue of Liaison is certainly on the agenda for STPs as it facilitates linkages between physical and mental health care. Teams from NSFT, WSH, IHT and the Suffolk CCGs are working together on a bid for the next round of funding. However to be successful it needs support for the recurrent consequences which was forthcoming in Norfolk last time but not in Suffolk.

Michael Scott 26 June 2017
PSUF66: Bed review

We welcome the findings of the independent Bed Review and the recommendations for Norfolk and Suffolk. Can you, please, provide assurance on which recommendations for Suffolk are being adopted and the timetable for implementation?

1) Personality Disorder work – specifically the recommendations for a separate personality disorder service and the use of crisis cafes. There is a business case scheduled to go before the Trust Board in September 17 setting out the personality disorder pathway and the predicted impact on bed usage, reducing the number and length of admissions and of out of area placements. Proposals to achieve this will include:

- Creating pathways which focus on arranging our service around individuals’ needs and committing to a consistent multi-agency approach to formulation and safety planning which ensure that all agencies involved with the service user from GPs to A&E or Police understand how best to work with the individual; avoiding reactive admissions.
- Creating consistent admission protocols to ensure that people with personality disorder are only admitted when it is the most clinically appropriate course of action.
- Limiting personality disorder admissions to 72 hours, with a strict agreement between service and service user in relation to self-harming behaviours.
- There are currently different pathways, protocols and cultures in each of our localities Trust-wide. There is a commitment that the pathways will be led at a trust wide level and implemented consistently, whilst reflecting local needs, resources and operational structures.

We have participated in two initial workshops convened by commissioners to co-develop a model for a Crisis Café (or, Safe Haven, as its being referred to in Suffolk). There is a working a group of NSFT staff, commissioners (CCG & Local Authority) and service users visiting the First Response Service (Urgent Care Pathway – Vanguard site) in Cambridge on Thursday 29th June to review their emergency response model and networked approach to managing crisis which includes access to the Sanctuary (their equivalent of a Crisis Café).

2) Community service model - There are task and finish groups reviewing existing Access & Assessment Team & Integrated Delivery Team services across Suffolk. This work is being carried out through a services of workshops in collaboration with CCG, GP Leads and service user representative groups. The initial evaluation findings are due to be reported back in late July. This work will influence the future remodelling of services and could include aligning the emergency assessment function, currently located in AAT, with other parts of the service.

3) Alternative to hospital - There are currently four admission prevention beds situated in mental health supported housing projects across Suffolk (1 Bury St Edmunds, 2 Ipswich, 1 Waveney). Access to these beds is through NSFT Home Treatment Teams in liaison with the supported housing service provider. These beds form a small part of the services commissioned through the
mental health pooled fund (CCGs & Suffolk CC). Conversations have been initiated with commissioners to explore opportunities to increase the scale and/or range of services available to enhance admission prevention or enable stepdown from hospital. There is no definitive timeline for this work, options to explore transformation within existing contracts will be explored with commissioners.

4) Analysis of admission rates in Localities and variance in service models – this recommendation is being adopted Trustwide with the Medical Director leading this work.

Peter Devlin 27 June 2017

STAFF GOVERNORS

Staff Governors
Compiled by Marcus Hayward, Howard Tidman and Zeyar Winn – 5 June 2017

Staff66: MHA/MCA eLearning

Staff Governors have been advised that MHA and MCA awareness training has been changed from delivery in a classroom setting to eLearning. Please can we be given the reason for this change and advised how the Trust is assured that eLearning training provides the level of competence that front line clinical staff require for ensuring that least restrictive solutions are used in practice.

Multiple SIs and the CQC reports have identified whole staff are aware of the legal principles and code, there was a lack of competence / understanding in the applications of the acts.

Following a review and pilot schemes, it was identified that due to the differing needs of the service users, the practical application of such a complex subject wasn't something easily taught in a classroom. Therefore the eLearning now provides the basic principles of the acts, which has freed up the trainers to facilitate onsite and team teaching to complement and supplement the eLearning and also for them to be available to advise on live clinical situations.

Jane Sayer 15 June 2017

Staff 67: Closure of on-call pharmacy

It has come to Staff Governors attention that the on-call pharmacy service is being closed. We understand that this means out of hours pharmacy advice and support (i.e. for obtaining non-standard medication and CDs for overnight and weekend admissions) is no longer available. Please can we be advised if any consultation process has been followed what alternative arrangements are in place for out of hours pharmacy support.
1. PID development (in collaboration with Pharmacy, HR, Finance and PMO) - Sept 2016 to Jan 2017
2. QIA Group - Jan 2017
3. WMB - FEB 2017
4. Joint LNC Feb 2017 (But it was within doctors’ terms of contract)
5. TPM - Mar 2017
6. Group and One to one consultation with on-call pharmacists - 3rd Mar 2017
7. Ward pharmacists are advised to inform wards of the proposed change particularly pharmacy out of hours flowchart – 3rd Mar 2017, 24th May 2017
8. ASF – 21st March 2017
9. Broader communication (Via ward pharmacists, Trust Comms, PMO and Medical Director) – from 23rd Mar, on 26th May, on 2nd Jun 2017
10. Proposed change came to effect on 1st May 2017

I would also add that Pharmacy added dedicated information section “Pharmacy out of Hours Information” within pharmacy intranet page to support our colleagues during this change. This has been communicated widely. The Flowchart (available on the intranet – Click HERE) was designed to help our NSFT colleagues for quick steps to follow during pharmacy out of hours and has been circulated many times (via ward pharmacists, through individual letter/email to medics/service managers/CTLs, via Trust Comms and via Medical Director email). It includes alternative arrangements in place to help our colleagues.

Bohdan Solomka 28 June 2017

Staff68: Staff retention

Staff governors remain concerned about vacancies and registered staff leaving to commence new and less stressful non-health related careers. The shortage of qualified people to apply for vacancies greatly increases the importance of retaining the staff that we have. But we have the aggravating factors of:

- Public sector pay falling over several years in comparison with private sector;
- Workload increasing;
- Transition to all-electronic systems increasing non-valuing adding activity required during a working day, reducing direct patient contact;
- Repeated CIPs reducing the training budget so considerably less opportunity for career development training;
- Attractive newly commissioned services causing increasing vacancies in other higher pressure services due to internal moves.

Staff governors seek assurance that the BoDs are giving the retention of registered staff the high level of attention it requires.

The BoD and executive team are acutely aware of the need to retain our existing staff. Our recruitment and retention policy, published last year, sets out the key activities planned to support this work and is monitored by the OD and Workforce Committee.

The Trust is subject to the national pay scales under Agenda for Change and as such recognizes that staff at the top of their grade have, in effect, been subject to a pay
decrease over recent years. Work is now underway to review what areas of reward within Agenda for Change we can exploit in order to reward our staff. This is also part of the recruitment and retention policy.

The Trust has brought several new electronic systems on line over recent years and we do recognize the impact this has. It has been an easier transition for some than others. The ultimate aim of our technology strategy is to release clinical time to care so significant work is underway to review our processes to see what we can remove. For example, to order ICT kit used to be an 8 stage process but, from this month, this will be reduced to 2 steps and rather than waiting weeks people will wait a matter of days. We are also looking at Lorenzo and other support systems to see what we can do to make these easier and less ‘clunky’ and this does need the input of our clinical teams so we get it right and meet their needs. This is a key plank of our technology strategy and work plan published earlier this year. Copies are available on line.

The CPD monies, previously allocated to the Trust from Health Education England have been withdrawn with most monies now going into the STPs for allocation and spending. This is combines with a need to make savings internally to balance our own books. However, the new Apprenticeship Levy can be used for training up to degree level and, as such, work is ongoing to make sure we spend the 500k we have to put into the fund in developing our staff. This will mean a different approach and we do not underestimate the changes in thinking and culture we need to make but in the longer term should mean training is targeted at people and roles we need to deliver quality care and services.

In relation to new services the key clinical leads met, together with HR, to develop agreed principles which aim to protect current services, these include things such as the number of staff that can transfer from one area to another and increased notice periods to enable recruitment. The services are very aware of the potential impact of these new services and it will be kept under constant review.

Leigh Howlett 19 June 2017

Staff 69: E-rostering

Staff report that e-rostering is still causing numerous problems including: inadequate contracted hours allocated one month resulting in additional hours required the following month; and, allocating an inappropriate shift pattern that is adversely impacting on work-life balance.

Please can we be given assurance that e-rostering issues are continuing to receive scrutiny and remedial actions.

E-rostering continues to be a focus of the safer staffing group and data is regularly reviewed. A report on the implementation, current use and future changes required, has been commissioned by the Director of Strategy & Resources and is due to complete at the beginning of July. The report will go to the OD&W Committee.

Leigh Howlett 19 June 2017
**CARER GOVERNORS**

Carer Governors

No issues submitted

**SERVICE USER GOVERNORS**

Service User Governors
Compiled by Ginnie Benedettini, Richard Gorrod, Paul Gaffney and Malcolm Blowers – 29 May 2017

*SU57: Reinstatement of Assertive Outreach Teams*

In the Project Report of 15th February ‘Simulation modelling of mental health services’ it was suggested on pg 10/11 of the report that for Norfolk “Individuals with enduring mental health problems who are difficult to engage” that one solution would be to ‘reinstate Assertive Outreach teams’.

*Why is the reinstatement of assertive outreach teams in Norfolk and Suffolk not being considered as they were a part of NSFT’s service that was greatly appreciated by service users and their carers?*

We have received some additional funding from Norwich CCG to provide an enhanced engagement service for our most complex service users and recruitment is about to commence for this new service. Whilst this isn’t replicating the traditional AO service it will deliver a more assertive approach to those complex service users. We will be closely monitoring the outcomes from this service to see if it should be rolled out more widely, resources permitting.

Debbie White 27 June 2017

*SU58: Exercise*

Exercise is proven to be beneficial to mental health as well as physical health. It also has many other benefits and few disadvantages. *What assurance can you give the governors that exercise is being considered as an important component of both inpatient and outpatient care and routinely offered to the Trust's service users? If there is provision made in this respect, is it possible to tell us how many sessions of exercise are offered, at what frequency and at which locations? Conversely if exercise isn’t being offered can you please explain why this is the case.*

Exercise is considered as part of care planning. Care planning is the method by which we match needs with interventions. Exercise in all forms, is part of the set of
treatments offered. It is not possible to provide details such as how many sessions and where, this isn’t something that is routinely recorded.

Bohdan Solomka 15 June 2017

**SU59: Continuity of care**

A regular complaint from service users with ongoing mental ill health within NSFT is lack of continuity of care. For example "wellbeing" to "crisis management", from "inpatient care" back to "outpatient care". In particular, if mental health care is truly "patient centred" this should be considered as a high priority. It is widely accepted that mental ill health is often complex and multifaceted and this would definitely help patients with engagement and further management. It would also possibly help the Trust with reducing duplication and triplication of histories and examinations. *Can you give assurance to the governors that this aspect of care is being considered and the impact and stresses of being transferred are minimised?*

There is a recognition that transition between services and care coordinator are potentially risky and can be distressing to service users. One of the aims of the electronic patient record is to reduce the need for repetition of the history. The cessation of the AAT in Norfolk and Waveney was also in part about reducing handover and repetition. We are introducing the formulation approach to assessment and sharing of information about a service user which will also reduce repetition. We will continue to seek ways of minimising transitions between services.

Bohdan Solomka 15 June 2017

**SU60: Time to listen**

A common reflection from service users (past, current or potential) is that staff need to have enough time to just listen both during initial assessment and at subsequent meetings, i.e. that there should be no fixed agenda other than to listen to what the service user has to say. This is one of the most important and potentially therapeutic components of care which was highlighted by the Trust's Putting People First Initiative. *What assurance can be given to the Governors that this aspect of the service, albeit difficult to assess, monitor and evaluate, is always given due attention, consideration and resources?*

Listening is one of the most vital parts of the care we deliver, as it helps people to feel their concerns and fears are being taken seriously. We know that Registered Nurses are often challenged to find time on wards to find time for this. We really encourage staff to make this a priority, and we also train all our staff, including our valuable support staff to create times for talking with people. In our older people's wards we are introducing 'intentional rounding'. This is a term used in acute hospitals, and simply means that every patient every hour has a conversation with a staff member who checks out how they are and if there's anything they need help with. This is in addition to usual care, so means that particularly for those people who may be quiet and withdrawn, they have an hourly point of contact as a minimum.

Jane Sayer 26 June 2017
SU61: Work and employment

We know that as human beings we all need a sense of purpose in our lives and that this often comes through gainful employment and work. Given this is one area that those experiencing mental health difficulties may find has broken down, what efforts are made to establish/re-establish a work role for the individual service user that is appropriate and realistic but that is highlighted as important to wellbeing and essential to recovery? Do teams have local connections with external agencies who can support service users with employment considerations? In what other ways is the work role promoted by clinicians and NSFT?

Across Norfolk and Suffolk Wellbeing services have Employment Advisors embedded within the service. Their role is specifically to address the issues raised in the question. In Norfolk Wellbeing the service is seen as being extremely innovative in how we deliver some of this. The question is timely in that I have been advised today that we have now been awarded the highest award which is a GOLD Award Certificate for DWP Norwich for Jobs work that we have been doing to help young people access jobs and work in Norwich. Detail on what the Norwich 4 jobs scheme offers can be found here: http://www.norwichforjobs.org.uk/.

Both Norfolk and Suffolk are increasing the number of employment advisors that we have in the service. We have recently succeeded in a bid for additional DWP funding for both counties that will see an additional 7 Employment advisors appointed in Suffolk during June 2017 and a further 9 in Norfolk in April of 2018. These posts will allow us to realise an aspiration that every person accessing the service will be asked whether they would like an appointment with an employment advisor to look at what needs they have around working whether its returning to work, finding work or preparing for work.

We have a range of partners we work with to maximise our impact working with mind and Shaw Trust formally but also co-locating in DWP offices and working with a range of informal partners.

Internally the service has also created an employment pathway whereby we have seen service users access our service and volunteer after their treatment ends. Once they have become a volunteer we have seen several join us in paid peer support worker roles and indeed have some that have progressed from that to trainee clinical posts which is a remarkable success.

Debbie White 15 June 2017
Report To: Council of Governors
Meeting Date: 6 July 2017
Title of Report: Proposed New format for Issues register
Action Sought: For Approval
Estimated time: 10 minutes
Author: Gary Page, Chair NSFT / Catherine Wells Lead Governor
Director: Gary Page, Chair NSFT

1.0 Summary of Report

The Issues Register has become one of the major means by which Governors can fulfil their statutory responsibility to represent the interests of the public. This paper proposes a small number of changes to the Register including renaming it as the “Representing Interests Register” to more accurately reflect its purpose.

2.0 Proposed Changes to the Issues Register

The Issues Register is an important process that enables Governors to raise questions or concerns with the Board of Directors and from which they receive a written response. Each of the 6 constituencies (Staff, Service User, Carer, Public Norfolk, Public Suffolk and Partner) has been able to raise up to 5 “Issues”. Over the last 3 years small changes to the process have been made. These facilitate a quicker turnaround time for answers to be provided and for Issues to be redirected elsewhere for assurance rather than being deferred to future COG meetings. The recent Governor training sessions also considered this process and how to frame questions to best represent views from our public.

However we feel that the number of issues submitted makes it difficult to spend enough time on the Board’s responses at the COG meeting and that there continue to be issues raised which do not reflect “Representing the Public” but could be directed to PALS. Furthermore because the Register is styled to be about “Issues” it does not lend itself to Governors being able to highlight positive feedback received about the Trust.

We are therefore proposing 3 changes:

1. To rename the register “Representing Interests Register”

2. To reduce the number of contributions per constituency from 5 to 3. This will still allow for up to 18 items at each COG meeting.
3. To encourage both Areas of Concern and Positive Feedback to be submitted.

3.0 Recommendations

4.1 In order to allow for a more meaningful discussion on items submitted by Governors and to better reflect what the Register is for, we recommend the three changes for your approval.

Gary Page / Catherine Wells
Chair / Lead Governor
17 June 2017

Background Papers / Information
None
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 Confederation:

1.1 I attended the national NHS Confederation Conference, which was very helpful in understanding national policy developments and networking. Major Speakers included SoS, Jeremy Hunt, Simon Stevens and Jim Mackay. Possible future directions include even more emphasis on STPs, even closer working between NHSI and NHSE and legislation but not in the immediate future. There was a strong emphasis on workforce and all speakers thanked the NHS for its response in recent incidents.

2.0   Pete Devlin official joining the team on 1st June 2017

2.1 We welcomed Pete to join the Executive Team as our new Director for Health and Social Care, Mental Health and Learning Disability for Suffolk.

3.0   STP Development

3.1 Patricia Hewitt has been appointed as the independent Chair for the Norfolk & Waveney STP. Wendy Thompson has stood down from the Executive role as the workload has increased and a new lead is being sought.

3.2 In Suffolk, I have been asked to chair the Mentally Healthy Communities Work Stream which is now the forum for Mental Health Planning in Suffolk.
3.3 As the Norfolk MH Work Stream is rated green I have been asked to lead the Estates Work stream as well. We have held one meeting and I have met with Ian Greggor who is the local advisor from community health partners. Our goal is to rationalize the use of Estate and share premises wherever possible to bring services more closely together.

4.0 Strategic Leadership Group

4.1 The Strategic Leadership group this month focussed upon value based recruitment. This is an important next step in the embedding of our values and it was good to see the senior management team working alongside Board Members.

5.0 Visits

5.1 My regular meeting with Ed Garret was held in Norwich and we were able to visit the team running Suffolk well-being services.

5.2 We had our regular review with UEA regarding our under-graduate teaching. It was pleasing to note that the scores measuring student satisfaction are increasing and the university was pleased with progress. There is some modest growth in student numbers planned in coming years and that is likely to see more students placed in our Trust.

6.0 Norfolk Police and Crime Commissioner

6.1 I met with the newly appointed commissioner for Norfolk to discuss issues of mutual concern. I was able to assure him that we had services, which were working very closely with the Police. We also took the opportunity to visit the Liaison and Diversion team at the Wymondham PIC. The staff member present gave a very good account of the team’s work. We agreed we would further publicise this work and work even more closely together.

6.2 As part of the theme of visiting our corporate support teams as well as front line teams I visited the FOI and compliance team. I was very impressed by the workload and detail they manage in a busy department.

7.0 Resourcing

7.1 The coming year will bring a major increase in our services due to successful campaigning by our Board and Governors for Better Mental Health. The new services represent a range of services, which reflect national and local priorities including acute Liaison Psychiatry, Early Intervention, CAMHS and perinatal mental health. In total, the new investment amounts to £15m, a major vote of confidence in our trust’s service quality and future.

8.0 Care Quality Commission:

8.1 Preparation is underway for the forthcoming visit
9.0 NHS Improvement:

9.1 We recently met with NHSI and a verbal update will be given.

10.0 Environmental Scan

<table>
<thead>
<tr>
<th>External</th>
<th></th>
<th>Local System</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td></td>
<td>Local System</td>
</tr>
<tr>
<td>• Lack of clarity on NHS spending and transformation following general election.</td>
<td>• Tracey Dowling, previously a commissioner in Suffolk, appointed CPFT Chief Executive</td>
<td></td>
</tr>
<tr>
<td>• First MCP contract tendered in Dudley following Vanguard transformation</td>
<td>• Patricia Hewitt is new Chair of Norfolk STP</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal</th>
<th></th>
<th>Locality/Service-specific</th>
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</thead>
<tbody>
<tr>
<td>Trust-wide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Preparations ongoing for imminent CQC visit in July</td>
<td>• Norfolk substance misuse retender initial offer submission 23 June</td>
<td></td>
</tr>
<tr>
<td>• Recovery Strategy launched</td>
<td>• Suffolk Community Services Alliance plans submitted for approval.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Community Perinatal Mental Health team launched in Norfolk. Suffolk launch in summer.</td>
<td></td>
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</tbody>
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Michael Scott  
Chief Executive
Executive Summary:

The purpose of this report is to present the annual report and accounts for 2016/17 to the Council of Governors.

The Board of Directors approved the annual report and accounts on 25th May and these documents were submitted to NHS Improvement by the national deadline of 31st May.

1.0 Summary

1.1 One of the statutory roles of the Council of Governors is to be presented with the annual report and accounts, along with any report from the external auditors. This report provides a high level summary of those documents and a report from our external auditors, KPMG, will follow.

1.2 In line with statutory requirements the Board of Directors approved the annual report and accounts on 25th May and we submitted those documents to NHS Improvement on 31st May 2017.

1.3 The accounts were audited by KPMG who provided an unqualified opinion on the Accounts themselves. A qualified opinion has been provided on ‘use of resources’ due to our remaining license condition following the CQC inspection in 2016, this is the same position as in 2015/16.
2.0 **Overall Financial Performance**

2.1 The Board of Directors were presented with a Month 12 financial position at the April Board meeting. This report included a draft account figure of a £4.2m deficit. The final outturn included in the accounts is a year end deficit of £3.3m which is as a result of additional bonus and incentive Sustainability and Transformation Funding announced by NHS Improvement on the 24th April.

The statement of financial position (or balance sheet) shows total assets of £90.1m, a decrease in value of £30.9m from the position at 31st March 2016. This is primarily as a result of the revaluation of the Trust’s fixed assets as detailed below.

2.2 The Trust’s Land and Buildings were revalued by Montagu Evans LLP as at 31st March 2017.

2.3 Buildings (£93.6m) were valued using one of three methodologies:
- 2.3.1 Depreciated Replacement Cost – for specialised assets (clinical buildings) £86.2m
- 2.3.2 Existing Use Value – for non-specialised assets (offices) £5.8m
- 2.3.3 Market Value – for surplus assets £1.6m.

2.4 The result and accounting treatment of this revaluation is summarised as:

<table>
<thead>
<tr>
<th>Assets revalued by Montagu Evans as at 31 Mar 2017</th>
<th>Land £m</th>
<th>Buildings £m</th>
<th>TOTAL £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Valuation</td>
<td>19.9</td>
<td>113.2</td>
<td>133.1</td>
</tr>
<tr>
<td>Post Valuation</td>
<td>11.5</td>
<td>93.6</td>
<td>105.1</td>
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<tr>
<td>Change</td>
<td>(8.4)</td>
<td>(19.6)</td>
<td>(27.9)</td>
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<td>Charged to Reval Res</td>
<td>(5.0)</td>
<td>0.4</td>
<td>(4.6)</td>
</tr>
<tr>
<td>Charged as an Impairment</td>
<td>(3.4)</td>
<td>(19.9)</td>
<td>(23.3)</td>
</tr>
<tr>
<td>Total</td>
<td>(8.4)</td>
<td>(19.6)</td>
<td>(27.9)</td>
</tr>
</tbody>
</table>

2.5 Our cash position at the end of March was £9.8, an increase of £1.3m on the previous year.

2.6 We spent £5.4m on capital assets during the year, of which £4m was on improving our estate and improving the environment for our service users.

3.0 **Annual Report**

3.1 The annual report is a statutory document which we are required to produce each year. Its format and contents are prescribed by government. It comprises the following:

3.1.1 The Chair’s report
3.1.2 Performance report, which describes our performance against national and contractual targets, financial performance and environmental and sustainability performance across the year.

3.1.3 Accountability report, which describes our governance arrangements, including the role of the Board of Directors, the role of the Council of Governors and our management and Committee structure. It describes our strategy, vision and values and our approach to stakeholder engagement. This section of the annual report provides information on our compliance with the ‘NHS Foundation Trust Code of Governance’.

3.1.4 The Quality Account reviews our progress and performance against our quality targets for the year and provides a forward look at our quality priorities for 2017/18.

4.0 Going Concern

4.1 Our accounts have been prepared on a ‘going concern’ basis. This means that the Trust expects to operate into the future and that the balance sheet (assets and liabilities) reflects the on-going nature of the Trust’s activities.

The Board of Directors has reviewed our planned future finances and cash flows as part of the 2017/18 Operational Plan, which has been submitted to NHS Improvement. The Plan shows that we will not require cash support over the next 12 months and that we expect to have adequate resources to continue in operational existence for the foreseeable future. The Board has concluded that the Trust is a `going concern’.

5.0 External Audit

5.1 During April and May 2017 KPMG, the Trust’s external auditors completed their audit of our accounts and annual report and provided an unqualified opinion on the accounts themselves. A qualified opinion has been provided on ‘use of resources’ due to our remaining license condition following the CQC inspection in 2016. This is similar to last year and an expected outcome. No material issues were highlighted.

6.0 Recommendation

6.1 The Council of Governors is asked to receive the annual report and accounts for 2016/17 (hard copies will be made available on request).

Julie Cave
Director of Finance
6 July 2017
Annual report and accounts

April 2016 to March 2017
Annual report and accounts

April 2016 to March 2017

Presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a) of the National Health Service Act 2006
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Chair’s report

I wrote in last year’s Chair’s report of the considerable progress which the Trust had made in addressing the issues identified by the Care Quality Commission (CQC) in 2014. I’m delighted to be able to report that this progress continued and, as a consequence, the CQC and our regulator, NHS Improvement, agreed that the Trust should be removed from Special Measures in October 2016. This reflects the dedication and hard work of our staff and I want to put on record the Board members’ appreciation. We know there is still work to be done and further improvements to be made but I am proud of the progress we have made in the last 12 months.

We launched our new Trust Strategy in 2016 with three clear strategic goals:

1. Improving quality and achieving financial sustainability
2. Working as One Trust
3. Increasing our focus on prevention, early intervention and recovery

We have made good progress across all three of these goals.

As mentioned above, the CQC recognised a significant improvement in the quality of our services and this was achieved whilst reducing our underlying deficit to £3.3m, which was £1.5m better than the planned deficit. We are forecasting a further reduction in the deficit in the 2017-18 financial year with a target of breaking even in 2018-19. This will be done without sacrificing the quality of the services that we provide.

We have pushed forward with our One Trust strategy, which has seen the creation of a single IT platform across the Trust, common Organisational Development and Workforce Strategies and the launch of our Clinical Strategy, which looks to use best practice throughout the organisation. Also, with the successful bidding for Wellbeing contracts in both Norfolk and Suffolk we have created a single Trust-wide Wellbeing service line.

Our focus on prevention, early intervention and Recovery recognises that by intervening early and preventing the development of mental health issues, we will not only be doing the right thing by our service users, but we will also reduce the demand on our acute services where the pressure is greatest and the cost of delivery highest. This strategy has been a prominent feature in national initiatives, such as the Mental Health Five Year Forward View and our local Sustainability and Transformation Plans (STPs).

We have continued to push forward our work on Recovery. This has culminated in an ambitious new Recovery Strategy which we approved in March 2017. Some of the most enjoyable times in my job have involved talking to people whose lives have been transformed by their involvement with the Recovery College and I remain personally committed, as does the rest of the Board, to this initiative.

Over the last few years, mental health has rightly risen up the national agenda and now features prominently. This is welcome news and we are beginning to see some increase in the levels of funding. With our highly professional, caring and dedicated workforce we are well positioned to ensure that this funding is put to best effect. There are many exciting new developments on the horizon, including perinatal and children and young persons’ mental health, and we are also making significant investments to improve the quality of the environment which our service users experience.

I look forward to being able to report on further progress in 12 months’ time and would like to thank our staff, service users and carers and all of our stakeholders for the significant support which they have shown to the Trust over the last year.

Gary Page
Chair

Gary Page
Chair
Overview of performance

It’s been an incredibly busy and eventful year for our Trust in 2016-17 and we have seen real, positive progress made in our quality standards, staff engagement and in our finances.

All of this is the result of much hard work and commitment on behalf of our staff and it shows how we are beginning to deliver genuine improvements to our service users and carers.

Perhaps this was most significantly demonstrated when the Care Quality Commission (CQC) returned to re-inspect our Trust. In autumn 2016 the CQC published its inspection report and we were delighted to be informed by our regulators, NHS Improvement, that our Trust was to be removed from Special Measures, having positively shifted our position as a Trust from ‘Inadequate’ to ‘Requiring Improvement’ overall.

Of course, that shows there is still much room for improvement and our focus remains clear, but the CQC’s Chief Inspector of Hospitals at that time, Professor Sir Mike Richards, said we should be ‘proud of our achievement so far…’.

The report highlighted improvements we had made in patient satisfaction, leadership and staff morale. Once again, we achieved an overall ‘Good’ rating in the ‘Caring’ domain, and feedback was good from our service users and carers, with inspectors reporting that ‘…the majority of people we met were positive about their care, treatment and the service they had received…’.

To have made this positive shift in just over a year-and-a-half was a real achievement and we are incredibly proud of the progress so far. The CQC inspectors will return in 2017-18 and we are ready to demonstrate that the work has not stood still but has continued as we strive to achieve a ‘Good’ overall rating for our Trust.

All of these quality improvements were achieved against a backdrop of reducing our financial deficit from £8.9m in 2015-16 to £3.3m in 2016-17, and while we made the highest capital investment that our Trust has seen for quite some time, improving the environment in which we care for people.

In 2016-17 we won new NHS contracts, such as Suffolk Wellbeing and community perinatal services in Norfolk and Waveney, as well as increased investment in our eating disorder and ADHD services, among others. And we opened a refurbished inpatient unit for young people in mental health crisis, the Dragonfly Unit.

We have also made further efficiency savings by reducing our agency staff spend by £4.3m in-year, while having a clear focus on the recruitment of substantive staff and improving our retention rates, as well as offering more and more apprenticeship and staff development opportunities at our Trust.

A further stand out moment for us was when the results of the 2016 NHS Staff Survey saw us take a significant step forward in the majority of the 32 key staff engagement findings, but recognise that further improvement is required.

At the same time, our results placed us as one of the most improved of all NHS trusts in Norfolk, Suffolk and North Essex for our overall engagement score. And we were the only local NHS trust showing a significant improvement in our score, year-on-year.

To have made this positive improvement in how our staff feel about working at our Trust, how they feel about their contribution, as well as in how valued they feel by their colleagues is the key to our continued progress.

We remain committed to improve in those areas where we compare least favourably with other mental health trusts and we are still in the lower quartile for many of our results, so there will be no complacency on this.

But these positive results indicate that we are moving in the right direction towards our goal of making sure our staff feel valued and appreciated.
It also demonstrates that the work we are doing to change the culture of our organisation is having an impact, although we recognise that this process will take time and there is still much we need to do to get to where we want to be.

Another organisational priority we will continue to focus on into 2017-18 is the amount we spend on Out of Area and Out of Trust placements. This is unsatisfactory for our patients and their carers and, in addition, has financial implications for our Trust, using funds that could be better spent on services closer to home.

As a Board, we are determined and clear on our priorities for the year ahead and, in addition to those, we have already discussed we aim to:

• Achieve an improvement of 75% in CQC ratings by autumn 2018
• Reduce suicides and avoidable deaths in our services
• Improve service user's and carer's experiences of our services
• Play our part in championing and providing the leadership and direction that local mental health services need

We really appreciate the hard work and dedication of everyone who works for our Trust, and are confident that by continuing to work together we can build on these solid foundations and record some even greater improvements in 2017-18.

Michael Scott
Chief Executive

25 May 2017
Purpose and activities

The Trust's principal activities are to support and enable people with mental health problems to live fulfilling lives. We believe in recovery and wellbeing and understand the importance of good physical health, maintaining relationships and incorporating treatment into an active life.

Service users and carers are at the centre of all our work. We listen to their opinions and use their views and experiences to shape our services and enhance all aspects of our care. We want to be recognised in the local community for providing excellent advice and treatment, and for our friendly, flexible approach.

We are committed to research and innovation and our ambition is to become a national leader in the provision of high quality and cost-effective mental health services.

We provide a range of health and social care services specialising in mental health across Norfolk and Suffolk including:

- Adult services
- Services for children, families and young people
- Dementia and complexity in later life
- Neurodevelopmental
- Wellbeing
- Low and medium secure services
- Alcohol and substance misuse services

We have inpatient facilities across Norfolk and Suffolk, with smaller bases in rural locations. Many of our services are offered in the community, enabling service users to receive the support they need in a familiar environment.

Brief history of the Trust and its statutory background

Norfolk and Suffolk NHS Foundation Trust was formed on 1 January 2012 by the merger of Norfolk and Waveney Mental Health NHS Foundation Trust and Suffolk Mental Health Partnership NHS Trust.

The Trust now employs around 4,000 staff who work from sites across the two counties. We continue to develop strong working partnerships with social care, primary care, the police, the voluntary sector and, of course, all parts of the NHS.

Key issues and risks that could affect the Trust in delivering its objectives

During 2016-17 the top risks facing the Trust included a range of business, quality and financial risks, all of which were considered by the Board and its committees throughout the year. The key risks are identified as follows:

1. The Trust was rated as ‘Requires Improvement’ by the Care Quality Commission (CQC) in October 2016 with further work required on the ‘Safety’ domain. An action plan to address the safety issues is in place. The CQC is due to complete a full review in July 2017.

2. Recruitment and retention of our staff. While our agency spend has reduced from 2015-16 our expenditure has marginally exceeded the agency cap set by NHS Improvement. This performance against the cap remains in the top quartile in Midlands and East. A ‘task and finish’ group is in place to review the agency spend and to ensure all controls are in place to further reduce the costs and substantively recruit to the posts. Other issues that impact on our ability to recruit include:
   - The national shortage of registered clinical staff
   - The morale of our staff when we face high demand for our services

3. The Trust established a financial plan to address its long-term financial sustainability. This improved the Trust’s financial position to a £3.3m underlying deficit in 2016-17, an improvement of £5.6m on the position in 2015-16. The Board is acutely aware of the need to ensure very tight financial control. The financial plan is monitored at the Performance and Finance Committee and at the Board on a monthly basis. This, along with quality, is a key focus of the Board.
Performance analysis

Performance reporting

Quality, service and financial compliance to national and locally commissioned targets are reported to the Board of Directors via the Business Performance Report.

During 2016-17 we strengthened our organisational accountability for performance through the introduction of Performance Accountability Review Meetings (PARM). An executive director, usually the Director of Finance, leads these monthly performance reviews. At these meetings the locality and clinical management structure report on:

- Organisational delivery
- Quality, safety and experience
- Workforce, development and effectiveness

This has enabled greater focus on issues facing localities and has also allowed for a two-way approach to accountability with localities able to comment on the performance of corporate services.

Norfolk and Suffolk NHS Foundation Trust comprises of five localities, three in Norfolk and two in Suffolk with three county-wide services.

Services provided by the Trust include:

- Child and adolescent mental health
- Community mental health
- Crisis resolution
- Inpatient care
- Older people and dementia
- Drugs and alcohol
- Learning disability
- Community eating disorder
- Wellbeing and improving access to psychological therapies
Single Oversight Framework (replaced Monitor Compliance Framework)

Operational performance

The Single Oversight Framework replaced Monitor’s Risk Assessment Framework on 1 October 2016. There are 10 operational performance metrics which relate specifically to mental health providers within the Single Oversight Framework.

(PA1)

<table>
<thead>
<tr>
<th>Target description</th>
<th>Threshold</th>
<th>2016-17 Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Qtr 3</td>
</tr>
<tr>
<td>Patients requiring acute care who received a gatekeeping assessment by a Crisis Resolution and Home Treatment Team in line with best practice standards (UNIFY2 and MHSDS)</td>
<td>95%</td>
<td>98.6%</td>
</tr>
<tr>
<td>People with a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral (UNIFY2 and MHSDS)</td>
<td>50%</td>
<td>56.5%</td>
</tr>
</tbody>
</table>

Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

a) Inpatient wards [90%] Results not available
b) Early intervention in psychosis services [90%] Results not available
c) Community mental health services (people on Care Programme Approach) [65%] Results not available

Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:

- Identifier metrics [95%] 99.73% 99.76%
- Priority metrics [85%] N/A

Improving Access to Psychological Therapies (IAPT) / talking therapies:

- Proportion of people completing treatment who move to recovery (from IAPT minimum dataset) [50%] 45.54% 48.66%
- Waiting time to begin treatment (from IAPT minimum data set) - within six weeks [75%] 93.10% 93.17%
- Waiting time to begin treatment (from IAPT minimum data set) - within 18 weeks [95%] 99.80% 99.86%

1 These metrics relate to service users 14 years of age up to 35 years and exclude At Risk Mental State (ARMS).
2 Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital’, reviews the completeness of trusts’ patient data against five elements. However, following publication of the SOF, it has become clear that data covering two of these – school attendance (CYP only) and ICD10 coding – are not universally available across the Mental Health Services Data Set. NHS Improvement is working with NHS England to review this but, in the meantime, they will only assess performance on the other three elements of this measure – ethnicity, accommodation status and employment status.
### Developmental targets

The Single Oversight Framework has some developmental targets for which the Trust provides data. There are currently no target scores for these:

**(PA2)**

<table>
<thead>
<tr>
<th>Target description</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and Adolescent Mental Health Services (CAMHS) Eating Disorders:</td>
<td></td>
</tr>
<tr>
<td>• Urgent under 19 year old referrals recorded as Eating Disorders start NICE-recommended care within one week</td>
<td>71%</td>
</tr>
<tr>
<td>• Routine under 19 year old referrals recorded as Eating Disorders start NICE-recommended care within four weeks</td>
<td>66%</td>
</tr>
</tbody>
</table>

**(PA3)**

<table>
<thead>
<tr>
<th>Target description</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of area placements:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Over 65</td>
<td>9</td>
<td>13</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>• Under 65</td>
<td>90</td>
<td>46</td>
<td>53</td>
<td>69</td>
</tr>
</tbody>
</table>

The number of Out of Area placements are those made in the quarter for acute beds only and excludes psychiatric intensive care.

### Contract target – Secondary care

In 2016-17 the Trust operated within ‘block’ contract arrangements with Norwich Clinical Commissioning Group (CCG), North Norfolk CCG, South Norfolk CCG, West Norfolk CCG, Great Yarmouth and Waveney CCG, Ipswich and East Suffolk CCG and West Suffolk CCG, covering provision of mental health services for Child and Adolescent Mental Health (CAMHS), People of Working Age, Older People, and Substance Misuse. The Trust also provides Primary Care Mental Health services in the CCGs listed. The contracts include a range of agreed performance indicators. The overall Trust performance was as follows:

**(PA4)**

<table>
<thead>
<tr>
<th>Target description</th>
<th>Threshold</th>
<th>2016-17 Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of long-term (over 12 months) inpatients who have received an annual health check</td>
<td>100%</td>
<td>98%</td>
</tr>
<tr>
<td>Aged under 18 referrals treated within standard (eight Weeks Norfolk and Waveney, 15 weeks Suffolk)</td>
<td>80% (Norfolk and Waveney) 95% (Suffolk)</td>
<td>89% 93%</td>
</tr>
<tr>
<td>Aged 18 and over referrals treated within standard (18 Weeks Norfolk and Waveney, 15 weeks Suffolk)</td>
<td>95% (Norfolk and Waveney) 95% (Suffolk)</td>
<td>99% 97%</td>
</tr>
<tr>
<td>The completeness of ethnicity recording (number of open episodes with ethnicity recorded)</td>
<td>85%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Contract target – Medium and low secure and CAMHS Tier 4 NHS England specialised commissioning

The Trust’s contract with the NHS England Specialised Commissioning Group for the provision of medium and low secure mental health services and a young people’s inpatient unit has identified bed occupancy as a key target. The medium and low secure bed occupancy threshold was set at 90%. The terms of the contract stipulated that occupancy levels below the thresholds would trigger a payback clause in the contract on a cost-per-day basis.

(PA5)

<table>
<thead>
<tr>
<th>Target description</th>
<th>Threshold</th>
<th>2016-17 Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium secure bed occupancy, including leave days</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>Low secure bed occupancy, including leave days</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>CAMHS T4 bed occupancy, including leave days</td>
<td>90%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Contract Target – Section 75 Suffolk

A Section 75 Agreement remains in place in Suffolk County Council. This agreement means that the council delegates its legal duties, in relation to the provision of social work services for adults experiencing mental health difficulties, to the Trust. This agreement is monitored by the S75 Partnership Review Group that meets quarterly. A joint mental health dashboard summary is produced for the review group to monitor performance but no formal targets are in place.

Public Health contract

Norfolk Public Health commission a substance misuse service in Norfolk. This service acts as a lead provider and subcontracts elements of the provision for young people and local prisons.

(PA6)

<table>
<thead>
<tr>
<th>Target description</th>
<th>2016-17 Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure: Of all clients completing treatment, what percentage of clients positively completed treatment:</td>
<td></td>
</tr>
<tr>
<td>• Structured treatment</td>
<td>43%</td>
</tr>
<tr>
<td>• Low intensity</td>
<td>52%</td>
</tr>
</tbody>
</table>
Additional narrative on performance

Early Intervention in Psychosis

The access and waiting time standard is ‘two-pronged’ and both conditions must be met for the standard to be deemed to have been achieved. The standard is targeted at people aged 14-65; however, the Trust is commissioned to provide care for people aged 14-35 for 2016-17. The components are:

- A maximum wait of two weeks from referral to start of treatment (Referral to Treatment Time (RTT)); this is measured in three ways. This is when the person:
  - has had an initial assessment, and;
  - has been accepted on to the caseload of an EIP service (inclusive of At Risk Mental State), and;
  - has been allocated to and engaged with an EIP care coordinator

- Treatment delivered in accordance with NICE guidelines and quality standards for psychosis and schizophrenia – either in children and young people CG155 (2013) and QS102 or in adults CG178 (2014) and QS80

A self-assessment has been completed and will be used as a baseline with effect from March 2017. The Trust has continued to meet the two-week wait for treatment target across 2016-17, despite the number of new EIP cases exceeding 150% of the commissioned levels across the Trust for the year.

A monthly Trust-wide steering group with commissioners met throughout 2016-17, where data quality and performance issues were discussed and solutions progressed.

It has been agreed with Norfolk and Waveney commissioners that the Trust will deliver an EIP service for service users aged 14 up to the age of 65, from 1 April 2017, for a specified number of referrals. It is agreed that At Risk Mental States (ARMS) is not included within the service at this time.

The Trust continues to work with Suffolk commissioners to seek agreement on what will be delivered within the current financial envelope in 2017-18. Currently, the service is not able to deliver in full against the national target although investment opportunities are being discussed.

IAPT

The Suffolk Wellbeing service was launched in September 2016. The new staffing and clinical model was implemented at launch. A number of performance trajectories were agreed in year one to recognise the new service model would not be fully operational at service commencement. Progress is being made towards national targets.

The Wellbeing Norfolk and Waveney service was launched in September 2015. A consequence of extending the service to include more complex service users has meant the symptoms of anxiety and or depression for some can be so severe that they will not meet the typical IAPT recovery scores at the end of their treatment. A new Enhanced Care Pathway has been created to support this group and is being developed with national support along with CCGs.

Financial review

This part of the Annual Report provides a review of the financial performance for the year ending 31 March 2017.

The Trust has experienced a challenging year with an original planned deficit of £4.8m. Against this target the Trust improved its performance with a resultant underlying deficit of £3.3m.

The Statement of Comprehensive Income (SOCl) shows a net deficit of £26m as a result of an impairment of the Trust’s assets following a revaluation exercise in March 2017.

A full set of 2016-17 accounts are provided as part of the Annual Report at the end of this document.

Going concern

The Foundation Trust’s accounts have been prepared on a ‘going concern’ basis. This means that the Trust expects to operate into the future and that the balance sheet (assets and liabilities) reflects the on-going nature of the Trust’s activities.

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.
Summary of financial performance

As at 31 March 2017, the Trust had delivered the following performance:

- A year-end underlying deficit of £3.3m
- Finance and use of resources segmentation rating of 3
- Capital expenditure of £5.4m
- A cash balance of £9.8m

Income

The Trust’s total income (turnover) for the year was £215.7m, of which £202.9m was for the provision of patient care activities.

The NHS financial settlement for 2016-17 resulted in a net 1.1% increase to Clinical Commissioning Groups’ (CCG) funding to the Trust, made up of a 3.1% inflationary uplift and a 2% efficiency target on health care services contracts.

Research and Development and Education and Training income totalled £1.3m and £3.4m respectively. Funding for Education and Training is met by Health Education England and is given to NHS Trusts to support training placements for student and junior medical staff, nursing staff and other healthcare professionals.

The Trust’s principal sources of income, as illustrated in the chart below, are from contracts for the provision of mental healthcare services to CCGs in Norfolk and Suffolk and for secure services (both medium and low secure) and CAMHS Tier 4 for NHS England Specialised Services. The Trust received an increase in funding from NHS England of £2m as a result of additional Sustainability and Transformation Funding (STF) for delivery over and above the Trust’s planned financial control totals, as agreed with NHS Improvement. This was a one-off funding initiative for the year.
Expenditure

Total expenditure during 2016-17 amounted to £219m which is summarised by type of spend in the chart below.

The total spend on staffing was £158.1m, 72% of total expenditure.

The Trust delivered £10m savings during 2016-17. All schemes identified at the start of the financial year underwent a Quality Impact Assessment by the Trust’s medical and nursing directors to ensure that any planned savings did not adversely affect patient safety and service quality.

Finances and use of resources segmentation

The Trust achieved a year end rating of ‘3’ in relation to finance and use of resources. Providers are segmented from 1 to 4, where ‘4’ reflects providers receiving the most support, and ‘1’ reflects providers with maximum autonomy. There are three main areas where the Trust is assessed and these focus on financial sustainability, financial efficiency, and financial controls.

Capital expenditure and investments

The Trust’s capital expenditure largely supports the buildings and facilities we provide. The Treasury has historically provided capital finance in the form of public dividend capital. As a result, the Trust is required to pay the Treasury dividends relating to that capital in September and March of each year. These dividends amounted to £3.2m in 2016-17.

The Foundation Trust has limited access to new public dividend capital as it is expected to finance capital expenditure from internally generated sources (i.e., from surplus and depreciation charges) or to agree an interest-bearing loan with either the Foundation Trust Financing Facility (FTFF) or a commercial lender.

The outstanding balance on loans from the FTFF was £10m as at 31 March 2017.

The capital plans were reviewed and revised on a regular basis to ensure that emerging schemes in year, CQC compliance and patient safety requirements were prioritised over and above other original planned expenditure.

There were no asset disposals during the year.

Private Finance Initiative (PFI)

The Trust currently provides services from one location developed as a Private Finance Initiative – the Wedgwood Unit on the West Suffolk Hospital site in Bury St Edmunds. This unit was opened in May 2002 and provides mental health inpatient services.
Liquidity and cash management

The Trust manages cash through the Government Banking Services arrangements.

Post balance sheet events

The Board of Directors confirms that there are no post balance sheet events applicable to the 2016-17 financial year.

Charitable funds

The Foundation Trust also administers the Norfolk and Suffolk NHS Foundation Trust Charitable Fund (Charity Number 1050441). These funds are used for the benefit of both patients and staff in accordance with the purpose for which the funds were either raised or donated. Such uses include equipment for wards and training for staff.

Political and charitable donations

The Trust did not make any political or charitable donations from its revenue exchequer funds in 2016-17.

Financial outlook for 2017-18

For the first time in many years the Trust has seen an increase in its funding to deliver clinical services. This includes new services, such as perinatal care and a new mother and baby unit, which will be built during 2017-18. Psychiatric liaison and early intervention in psychosis will be enhanced to provide extended care for our service users and funding is committed to improve the services for children and young people.

The profile of mental health services has increased dramatically in the past 12 months with the publication of the Five Year Forward View and government announcements to prioritise mental health care. The push to make mental health care a priority to the same extent as physical care is welcomed by all. The stigma associated with mental health care must be eradicated.

The Five Year Forward View for Mental Health sets out an ambition to deliver rapid improvements in outcomes by 2020-21, ensuring that one million more people with mental health problems are accessing high quality care. The Trust is committed to ensuring that any additional funding available through the Five Year Forward View initiatives are actively pursued and invested across both counties in order to further improve the care we deliver to all our service users, carers and their families.

NHS Provider performance has declined since 2015-16 and so in order to ensure financial viability and sustainability of services going forward, every health and care system has been required to deliver a Sustainability and Transformation Plan (STP) to 2021. This past year has seen the establishment of financial control totals supported by Sustainability and Transformation Funds. This financial regime will continue in 2017-18 and 2018-19.

44 STP footprints have been set up nationally, which will require more collaborative working between all NHS Trusts, CCGs and Local Authorities. The Trust is one of a number of organisations who find themselves spanning two of the footprints, Norfolk and Suffolk and North East Essex, who will each be required to deliver financial balance by 2020-21.

Environmental and social matters

Environmental matters and sustainability reporting

Our Sustainability Policy and the Sustainability Development Management Plan (SDMP) are documents enabling the Trust to address all aspects of our environmental impact. The Board is actively involved in progressing the sustainability programme, with the Deputy Chief Executive taking overall responsibility supported by the Director of Strategy and Resources. They lead on the vision for the Trust to over-achieve on the national carbon reduction targets and overall sustainability programme.

The government set NHS organisations a challenging target for 2021 to reduce carbon footprints by 25% from 2007-2008 levels. So far, the Trust has exceeded that target by 50% and has already hit the 50% reduction set for 2025.

The government set NHS organisations a challenging target for 2021 to reduce carbon footprints by 25% from 2007-2008 levels. So far, the Trust has exceeded that target by 50% and has already hit the 50% reduction set for 2025.

Actions to address our environmental impact include a range of staff engagement activities:
Norfolk and Suffolk NHS Foundation Trust Annual Report    April 2016 to March 2017

• An intranet section about sustainability, enabling all staff to have access to key information and links to issues of interest and events

• An active programme of staff engagement through champions’ meetings and ward meetings

• Frequent contributions to the weekly Trust newsletter, sharing good practice and news items

• Pop ups on staff computers to promote NHS Sustainability Day

• Regular staff updates about health and wellbeing, which aids sustainability by reducing sickness and associated agency fees

• Information about cycling to promote fitness and low-carbon travel

• Links to cycle purchase schemes and lift share sites for all areas

• Liftshare details are available across our Trust via the intranet: a review to further facilitate home working and local hub access has taken place to enable reduction in travel

In addition to existing sun pipes, ground source underfloor heating and PV panels on five properties, progress has been made this year with the sale of energy from Grange Lodge PV Panels back to the grid and the use of more LED lighting. The Estates team has investigated alternative taps which reduce water wastage. In addition, energy consumption has been reduced by 16% on last year’s figures – although the third warm winter in a row may have been a contributory factor in this.

The Trust has made significant changes in recycling of stock and equipment. Items no longer fit for purpose have been forwarded to charities both here and abroad. This has enabled the Trust to reduce our disposal costs and achieve a far more environmentally-friendly option for disposal, while also providing support for a variety of organisations. Electronic waste (non ICT) is sent to a company that recycles electrical waste so that it can be purchased by services users at a competitive cost, and which avoids high disposal costs. We also work with local charities providing non-ligature proof furniture for refugee families and our own service users. This is in conjunction with our Good Corporate Citizen status and in work around equality, with a range of organisations, including BME groups.

Implementation of a furniture recycling scheme across the whole Trust in 2014 has resulted in cost avoidance in excess of £80,000 in 2016-17.

Waste management is now closely managed with an increase in direct recycling to approximately 56% through extended recycling schemes across the Trust. The waste contractor has also contributed through a system of filtering the general waste for other recyclates, with the remaining residue being bailed into refuse derived fuel. Overall, this means our recycling rate is reported at over 90 per cent. The clinical waste is sent to an ‘Energy from Waste’ site which provides heat via steam for Ipswich Hospital and our own Woodlands site.

Throughout the procurement lifecycle, the sustainability and carbon footprint is reviewed to actively support suppliers who demonstrate credentials such as ISO14001 and who address the requirements of the Modern Slavery Act within their policies.

Our sustainability impact assessment score improved to 59% (an increase of 11% points) in 2016 which shows that our work has positively impacted on the local environment.

The Trust has played a major part in the development of the East of England Sustainability Managers Forum alongside the Health Estates and Facilities Management Association (HEFMA), where we have been proactive in sharing good practice with other Trusts and CCGs. This forum meets four times per year.

Social, community and human rights issues

With around 4,000 employees and a turnover of over £200m, the Trust is a significant employer in Norfolk and Suffolk. We aim to go beyond the requirements of our contracts and contribute to the wider wellbeing of the communities we serve.

In 2016-17 we supported a wide variety of community events. These included support for black and minority ethnic community festivals and events, LGBT History Month, Pride, Transgender Memorial Day, mental health and spirituality, dementia awareness and a wide range of wellbeing initiatives.
The Council of Governors hosted two successful conferences for members and the wider public – one on dementia and one on complex needs of people with mental health problems who use substances. These two events were attended by over 300 people.

We evaluate the effectiveness of many of our events by asking for delegate feedback. The events received very high satisfaction ratings and feedback enables us to plan future initiatives.

**Human rights**

The Trust has an important role to play in protecting human rights through its administration of the Mental Health Act (1983) (MHA) and oversight of the Mental Capacity Act (2005). The Trust issues and maintains a comprehensive set of policies which describe how we protect patients’ human rights.

The Trust has a specialist team who promote good practice in the use of the MHA across its services.

The use of the MHA is monitored by the bi-monthly interagency Mental Health Law Forum (MHLF) which reports to the Quality Governance Committee. Use of the MHA and of Deprivation of Liberty safeguards is monitored and analysed for any significant themes. If issues are identified, then local services are asked to address these and progress is reported through the Trust’s Performance Accountability Review Meetings.

The MHLF reviews and approves all policies related to mental health legislation.

During 2016-17 the Trust ran a Mental Capacity Awareness Week with training for staff on this important topic.
Accountability report

Directors’ report

Disclosures
Details of company directorships and other significant interests held by directors can be found on page 36-38.

We publish all director interests annually on the Trust’s website as part of our Board papers (most recently in January 2017).

Disclosures under the NHS Foundation Trust Code of Governance can be found on pages 54-55.

Enhanced quality governance reporting
The Trust has had regard to NHS Improvement’s Quality Governance Framework in arriving at its overall evaluation of the organisation performance, internal control and Board Assurance Framework.

During the reporting period the Trust has strengthened its service quality governance arrangements.

Summary of action plans to improve the governance of quality
At any time, the Trust has a wide range of quality improvement plans in progress. The Programme Management Office (PMO) coordinates these plans and reports to each Board meeting via the Chief Executive.

The report provides a summary of quality improvement plan progress. Board committees, which are chaired by Non-executive Directors, scrutinise quality improvement plans and sign off any projects recommended for closure.

Reporting on key performance indicators has also been improved with a stronger emphasis on analysis and explanation to support the data.

During the reporting period, the scope of and approach to clinical strategies was approved by the Board and these are now being implemented.

The Board approved an updated ‘Speak Out Safely’ policy and the Trust appointed a Freedom to Speak Up lead. This post links to and builds on the ‘Putting People First’ values work which the Trust undertook in 2015.

The Trust commissioned Verita to carry out an independent review of its work on reporting and investigation of unexpected and expected deaths. The findings of the reports were taken at the May 2016 Board meeting in public. Verita found that the Trust was investigating deaths appropriately and that the Trust was not an outlier. They also noted that there was a national lack of high quality benchmarking data. The report also made several recommendations as to how the Trust could improve family engagement and the consistency of serious incident review reports. These have been actioned.

During the reporting period the Trust also commissioned Mazars to carry out a review of levels of unexpected deaths. The report found that we are not seeing an increase in people taking their own lives. However, we are seeing an increase in people dying unexpectedly and this reflects the national picture where complex physical health needs lead to worse health outcomes for people with mental health problems. The Trust has strengthened its focus on the physical health care needs of people who use our services and has set up a Mortality Review Group to monitor this area of work.

The Trust has developed its own suicide reduction strategy and is working with partner organisations in both counties to promote an integrated approach in this area.

In March 2017 the Trust commissioned an external review of the progress that it has made in managing ligature risks and in reducing the use of seclusion and this will report early in the new financial year.

Further details on arrangements to improve governance of quality can be found in the Annual Governance Statement starting on page A8 and within the Quality Account starting on page 58.


**Patient care**

The Trust uses its foundation trust status to develop services and improve patient care through the work of the Council of Governors. Governors are involved in a wide range of initiatives, including:

- Representing the interests of local people in commenting on Trust service developments and on quality issues
- Triangulating information on quality by reading reports and listening to service users, carers and the wider public
- Holding the non-executives to account for the performance of the Board of Directors

The Council of Governors Planning and Performance Subgroup scrutinises a wide range of Trust activity that impacts on quality. During the reporting period, the subgroup considered the Trust’s annual plan and its strategic goals, the Trust’s workforce plans, the use of Out of Area beds, feedback from the Care Quality Commission (CQC) inspection, and the development of local Sustainability and Transformation Plans (STPs).

**Stakeholder relations**

During the past year the Trust has played a central role in the development of STPs, working with a wide range of partners across the health and social care landscape. The Trust is a partner in one STP covering Norfolk and Waveney, and another STP covering Suffolk and North East Essex. These STPs are shaping the local delivery of the national Five Year Forward View for Mental Health.

‘Our Recovery Strategy’ has been developed through co-production with service users and carers over the past year and will be launched in the first half of 2017. It supports the further expansion of the Recovery College, now in its fourth year, and the move towards a more recovery-orientated and resilience-building culture in accord with the Five Year Forward View for Mental Health.

Additionally, the Trust continues to work with and alongside a number of other partners drawn from the statutory and voluntary organisational sectors, enabling the partners to bring wider benefits to our local populations than could be achieved in isolation. Our partnerships across the reporting period include:

- **Wellbeing services** – working in partnership with a wide range of third sector organisations to help people with common mental health problems across Norfolk and Suffolk.
- **Police support** – working in control rooms and street cars to provide the best possible response for people with mental health needs who come into contact with the police.
- **Criminal justice support** – providing police and court liaison services so that people can access help when needed.
- **COMPASS** – innovative education-based programmes supporting young people at risk of exclusion from school.
- **Connect Service** – support for looked after children and their families and carers in Suffolk.
- **Norfolk Recovery Partnership** – the Trust works with The Matthew Project, Rehabilitation for Addicted Prisoners Trust (RAPt) and a wide range of other groups to help people with drug and alcohol dependence.
- **East and West Suffolk Alliances** – working in partnership with the Suffolk acute hospitals, social care and the Suffolk GP Federation to develop integrated community health services.
- **Recovery College** – continuing to develop partnerships with stakeholder organisations for the co-delivery of workshops and courses to help people achieve a more meaningful life beyond illness, with or without ongoing symptoms and mental health problems.

The Trust also has a stakeholder engagement programme between senior executives of the Trust and local stakeholders, with the aim of increasing understanding and co-operation between all parties. Stakeholders include the local Healthwatch boards, county councils, MPs and Clinical Commissioning Groups (CCGs).

We continue to implement our service user and carer involvement strategy, ‘Improving Services Together’ and this, together with ‘Our Recovery Strategy’ and stakeholder engagement, is helping to build a culture of co-production and of utilising service user and carer experience to drive improvements in quality.
Consultation with local groups and organisations / public and patient involvement activities

The Board of Directors has published a summary document describing its approach to consultation and involvement.

The relevant Trust documents / policies are:
- Our values...our behaviours...our future. Working together for better mental health (launched October 2015)
- Improving services together: Involvement and Engagement Strategy (launched October 2015)
- Membership Strategy, which is approved annually by the Council of Governors (CoG) and the Board of Directors (BoD)

Involvement of service users and carers

Information about how to get involved is published on the Trust website: www.nsft.nhs.uk > Get involved > Service user and carer involvement

This section of the website explains the Trust’s policy on involvement. The website lists the wide variety of opportunities that there are for service users and carers to get involved.

Key initiatives supporting involvement include:

Improving Services Together: Involvement and Engagement Strategy, launched in the autumn of 2015. A new reporting structure has been introduced in 2016 to capture progress on the six commitments, which are:

1. Service users and carers will be able to have their say in Trust business
2. There will be opportunities for service users and carers to use their skills and experiences to improve services
3. We are changing the way we provide our services in line with our commitment to organisational change
4. We will strengthen links and create partnerships with other agencies and service user and carer-led organisations
5. We will reach out to diverse and other under-represented groups
6. Service users and carers will ‘judge’ whether this strategy is being delivered

Improving Services Together reports are reviewed by the Commitment Six Group, made up of service users and carers, working together with staff. The group uses the principles of co-production, and judges progress on the six commitments to identify areas of good practice as well as where more progress is required, making recommendations as necessary.

Recovery and participation: Responsibility for several of the Trust’s activities, which involve gathering information about patient experience have been brought together under a new Head of Recovery, Participation and Partnership, who took up post in September 2016. These include: Improving Services Together Strategy; Recovery College and Our Recovery Strategy; Friends and Family Test; Community Mental Health Service Users Survey; PALS; and monitoring and responding to patient experience posts on NHS Choices and Norfolk and Suffolk Healthwatch websites.

Our Recovery Strategy: Our Recovery Strategy for 2017 to 2022 will be launched in 2017-18 Quarter 1, and builds on the past four years of our Implementing Recovery through Organisational Change (ImROC). The strategy has been informed by recommendations based on the outcome of the 2016 Community Mental Health Service Users Survey. Implementation of the Recovery Strategy will be a major contribution to improving the experience of our services, and we expect to see this reflected in future responses to the Service Users’ Survey.

Friends and Family Test: 2,394 FFT responses were received from April 2016 to March 2017 with an average of 200 returns each month and an overall satisfaction rate of 88%. There will be a relaunch of the Friends and Family Test in 2017-18 Quarter 1, with the objective of increasing the number of monthly returns by 100% or more, compared to 2016-17.

Patient experience driven quality improvements: In 2017-18 we will be implementing best practice in the co-production of quality improvements through patient experience. This will include Experienced Based Co-Design and Always Events.
Partnerships: In 2017-18 we will be building on the good links already established with Healthwatch in Norfolk and Suffolk and other third sector organisations to explore more ways of working collaboratively for improving patient experience and involvement. This will include working with Healthwatch Suffolk to help build community resilience and tackle mental health stigma through the Time to Change initiative.

Involvement of members and the wider community

Membership of the Trust is open to all residents of Suffolk and Norfolk aged 11 and over. Most members are interested in being kept informed about the work of the Trust and this takes place through Insight magazine and a monthly Trust Matters email newsletter. Members who wish to be more involved can attend engagement events and also stand for election as a Governor (if aged 16 or over).

Member involvement (and involvement with the wider public) by Governors is overseen by the Governor-led Trust Governor and Member Development Subgroup which reports to the Council of Governors. The Trust has a full-time Membership and Engagement Officer who ensures Trust representation at a wide range of community events.

In addition to representing the Trust at community events and networks, the Council of Governors hosts two large member engagement events each year (one in each county) on a topical theme. In 2014 this was criminal justice and mental health, in 2015 it was young people’s mental health and in 2016 it was dementia. In March 2017 the topic was mental health and substance use, which attracted almost 250 local people.

The Trust Board of Directors regularly reviews the way it engages and manages its stakeholder relationships.

Consultation

The Trust aims to ensure proportionate meaningful consultation in line with S.242 of the NHS Act (2006) (‘the duty to consult’). In all cases the impact on people who share protected characteristics as defined by the Equality Act (2010) will be considered.

This means that for proposed changes that impact on local areas or services (for example, changes to inpatient activity programmes) then consultation takes place via community/ward meetings so that those people affected are involved in decisions.

For proposals that involve changes to the configuration of services (for example, closing one service and opening a new one with a different focus as part of modernising services) then wider consultation is required, which takes into account the impact, not just on people using services at the time, but future services users and carers. Depending on the nature of the change, consultation may be led by the commissioners.

There are formal partnership arrangements with Staff Side to consult over changes that might impact on staff, largely via the Trust Partnership Meeting (TPM) and Local Negotiating Committee (LNC).

Interface with other consultative forums

Governors often attend other consultative forums, including Health Overview and Scrutiny Committees (HOSC), Norfolk Healthwatch, Suffolk Healthwatch and Health and Wellbeing Boards.

The Trust’s constitution prohibits a member of the HOSC from also being a Governor in order to avoid a conflict of interest.

Staff Governors have a specific role description to ensure that the role of staff Governor and that of staff/union representative are differentiated.

Other disclosures

The Better Payment Practice Code requires the Trust to aim to pay 95% of all valid non-NHS invoices by the due date or within 30 days for receipt of goods or a valid invoices, whichever is later. The Trust achieved 82% for the year.
Statement of Disclosure to auditors (s418)

For each individual who is a director at the time that the report is approved:

So far as the director is aware, there is no relevant audit information of which the Trust’s auditor is unaware.

The director has taken all of the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust’s auditor is aware of that information.

Income disclosures required by Section 43(2A) of the NHS Act 2006

The Trust has met the requirements of the NHS Act that the income from the provision of goods and services for the purposes of the health service in England was greater than any income from the provision of goods and services for any other purpose.

Michael Scott
Chief Executive
Date: 25 May 2017

Remuneration report – Annual statement on remuneration

Statement from Chair of Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee is responsible for making executive director appointments and for determining their remuneration. The committee ensures that pay levels are competitive and enable the Trust to recruit, motivate and retain high quality executive directors.

During the financial year 2016-17 there were no executive director appointments.

The committee carried out an annual review of executive director remuneration in September 2016. In the light of the independent benchmarking data it was agreed to increase executive director pay for the Directors of Operations, Director of Nursing and Director of Strategy and Resources, so as to remain at a comparable level with other NHS Trusts. The Trust does not operate a bonus or performance related payment scheme for Executive Directors.

The committee reviewed the company secretary’s remuneration taking into account the median benchmark for comparable Trusts and the additional responsibility for equality and diversity covered by this post.

Senior management remuneration policy

There were no changes to the Trust’s policy on senior management remuneration which follows Agenda for Change rates of pay.

Gary Page
Chair
Date: 25 May 2017
Future policy table

The Trust does not operate a bonus or performance related payment scheme for senior managers and has no plans to do so at present.

Payments above £142,500 pa (Prime Minister’s ministerial and parliamentary salary level).

The Chief Executive is the only senior manager who is paid more than £142,500. The salary is set by the Remuneration and Terms of Service Committee. The committee took into account benchmarking information regarding CEO payment levels in Trusts of comparable size. The CEO salary is in line with the level of payment for trusts with a similar turnover and there has been no increase in salary since appointment. There are no additional performance related pay or bonus arrangements.

Service contracts obligations

Senior managers engaged on a contract for services basis sign a Contract for Services. This contract has been developed by the Trust’s legal advisors. It includes terms setting out the Trust’s obligations, in line with legal and NHS requirements, in respect of the following:

- Tax and national insurance liabilities
- Compliance with NHS standard employment checks
- Liabilities and indemnities
- Confidentiality
- Data protection

There are no clauses within contracts of service that could give rise to, or impact on, remuneration payments or payments for loss of office.

Policy on payment for loss of office

Executive Director contracts require Directors to provide six months’ notice of resignation. In the event the Director receives notice from the Trust, this is also six months. The contract allows for all or part of this to be paid in lieu.

Senior manager contracts require senior managers to give three months’ notice of resignation. In the event the senior manager receives notice from the Trust, the duration of notice increases with service up to a maximum of 12 weeks.

In regard to both Executive Director and senior manager contracts, notice will not be paid where there has been gross misconduct. For Executive Directors, this is also the case where they become an ‘unfit person’ in accordance with Condition G4 of the Monitor Licence for Foundation Trusts.

Statement of consideration of employment conditions elsewhere in the foundation trust

Other than Executive Directors and doctors, all staff are employed on NHS Agenda for Change terms and conditions of employment. Doctors are employed on NHS terms and conditions for doctors and dentists.

The Remuneration and Terms of Service Committee receives an annual report on the pay for senior managers (Band 8c and above) and considers its relevance to the remuneration for Executive Directors to ensure an appropriate differential given the varying accountability levels.

There have been no proposed changes to senior manager pay over the last year.
Annual report on remuneration

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee is a Non-executive Director committee that oversees the appointment, remuneration and appraisal of the Trust’s Executive Directors. It also reviews senior management pay. Senior managers’ pay below director level is set in line with the nationally negotiated Agenda for Change salary scales and therefore is not part of a separate negotiation or consultation process. No staff member is present at a committee meeting where their appraisal or remuneration is discussed.

The Committee is chaired by the Trust Chair and is made up of all Non-executive Directors. Members for 2016-17 are shown in the attendance list. The CEO is a member for the purpose of appointing Executive Directors and considering performance appraisal information (but is not party to discussions about CEO pay or performance).

The Remuneration and Terms of Service Committee receives reports from the CEO on Executive Director performance, and from the Chair on CEO performance.

During the year, the Committee referred to a benchmarking report by Capita (at a cost of £250) in order to assist in its review of salaries for Executive Directors.

Appointments

No Executive Director appointments were made during 2016-17.

Remuneration and Terms of Service Committee attendance 2016-17

<table>
<thead>
<tr>
<th>(RR1)</th>
<th>6 Jun 2016</th>
<th>5 Sep 2016</th>
<th>27 Sep 2016</th>
<th>5 Dec 2016</th>
<th>6 Mar 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Page (Chair)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion Saunders (SID/ Deputy Chair)</td>
<td>A</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Brian Parrott (NED)</td>
<td>✓</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tim Newcomb (NED)</td>
<td>A</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ian Brookman (NED)</td>
<td>A</td>
<td>A</td>
<td>✓</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Jill Robinson (NED)</td>
<td>✓</td>
<td>A</td>
<td>✓</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Tim Stevens (NED)</td>
<td>✓</td>
<td>A</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Michael Scott (CEO)</td>
<td>✓</td>
<td>✓</td>
<td>A</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

A = Apologies received.
+ = As the meeting on 5 September 2016 was not quorate a separate meeting took place on 27 September 2016 to consider the recommendations.

Leigh Howlett (Director of Strategy and Resources), whose portfolio includes HR, attended part of the meeting held on 5 June 2016 to provide advice on succession planning and part of the meeting on 5 September 2016 to provide advice on senior management remuneration policy.

Nominations Committee

The Nominations Committee is a Governor majority committee that oversees the appointment, remuneration and appraisal of the Trust’s Chair and Non-executive Directors. Non-executive Directors (NEDs) are appointed for an initial three-year term and may, on satisfactory achievement of objectives, be offered a second three-year term. However, a third term would normally only be offered through an open competitive process or subject to business requirement. In all cases the Non-executive Director must remain independent. The constitution also sets out how Non-executive Directors may be removed through a Governor vote at a Council of Governors meeting.
The committee is chaired by the Senior Independent Director (SID) with the Lead Governor as vice-Chair.

During the year 2014-15 the Council of Governors agreed that there should be a core voting membership of the committee that included one Governor from each constituency. This was updated in 2016-17 so that the number of voting Governors reflected more closely the distribution of Governors across the constituencies:

(RR2)

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norfolk Public Governors</td>
<td>2</td>
</tr>
<tr>
<td>Suffolk Public Governors</td>
<td>2</td>
</tr>
<tr>
<td>Staff Governors</td>
<td>1</td>
</tr>
<tr>
<td>Service User Governor Norf. and Suff.</td>
<td>1</td>
</tr>
<tr>
<td>Carer Governor Norf. and Suff.</td>
<td>1</td>
</tr>
<tr>
<td>Appointed Governor</td>
<td>1</td>
</tr>
<tr>
<td>Lead Governor (automatic seat)</td>
<td>1</td>
</tr>
</tbody>
</table>

The voting and non-voting Governor members of the committee are shown in the attendance table on page 42.

**Remuneration**

The Nominations Committee reviews the Chair and NED remuneration and expenses policies annually.

The Committee considered a benchmarking report on levels of remuneration at its meeting on 8 December 2016. The Council of Governors approved the committee’s recommendations at its meeting on 5 January 2017 increasing remuneration for the NEDs, the Chair, and the Chair of the Audit and Risk Committee.

As comparative information was not available, the committee deferred making a recommendation on the SID / Deputy Chair remuneration until it met on 17 February 2017. The committee recommended to the Council of Governors’ meeting on 2 March 2017 that the level of SID / Deputy Chair remuneration should increase in order to maintain recognition of the additional responsibilities that the role holds. The Council of Governors approved this change backdated to 5 January 2017 so as to be aligned with the NED remuneration increase.

The remuneration for the Chair and NEDs are shown in the table on page 30.

**Appraisals**

The Committee received reports on the appraisals of the NEDs and Chair and provided assurance to the Council of Governors that the process followed had been robust. The Nominations Committee also comments on proposed objectives for the Chair and NEDs.

**Other developmental work**

The committee carried out an annual review of its work, which it reported to the Council of Governors.

On behalf of the Council of Governors the Nominations Committee oversees the Board development plan.

The committee reviewed and updated the role profile for the SID / Deputy Chair.
# (RR3) Nominations Committee attendance 2016-17

<table>
<thead>
<tr>
<th></th>
<th>24 May 2016</th>
<th>27 Sept 2016</th>
<th>8 Dec 2016</th>
<th>10 Jan 2017</th>
<th>17 Feb 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion Saunders</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ A</td>
<td></td>
</tr>
<tr>
<td>(Chair of Committee, SID and Deputy Chair of Trust)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gary Page (Trust Chair)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ A</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Voting Governors:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guenever Pachent (Suffolk public Governor and Lead Governor member until 30 Jan 2017)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ A</td>
<td></td>
</tr>
<tr>
<td>Catherine Wells (lead Governor from 1 Feb 2017 and Norfolk Public Governor)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ ✓</td>
<td>✓</td>
</tr>
<tr>
<td>Howard Tidman (Staff Governor)</td>
<td>✓</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jane Millar (Suffolk Public Governor)</td>
<td>✓</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mary Rose Roe (Norfolk Carer Governor)</td>
<td>✓</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Kevin James (Service User Governor)</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Malcolm Blowers (Service User Governor)</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sue Whitaker (Partner Governor)</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sheila Preston (Norfolk Public Governor)</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Non-voting Governors:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stephen Fletcher (Norfolk Public Governor)</td>
<td>A</td>
<td>✓ A</td>
<td>✓ A</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Paddy Fielder (Suffolk Public Governor)</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓ A</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sheila Preston (Norfolk Public Governor)</td>
<td>A ✓</td>
<td>A</td>
<td>A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A = Apologies received  • = Chaired
(RR4) Directors’ remuneration

<table>
<thead>
<tr>
<th>Name and job title</th>
<th>Salary and Fees (in bands of £5,000) 2016-17</th>
<th>All taxable benefits* (total to the nearest £100) 2016-17</th>
<th>All pension related benefits (in bands of £2,500) 2016-17</th>
<th>Total (in bands of £5,000) 2016-17</th>
<th>Salary and Fees (in bands of £5,000) 2015-16</th>
<th>All taxable benefits (total to the nearest £100) 2015-16</th>
<th>All pension related benefits (in bands of £2,500) 2015-16</th>
<th>Total (in bands of £5,000) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Scott, Chief Executive</td>
<td>170 to 175</td>
<td>-</td>
<td>17.5 to 20</td>
<td>190 to 195</td>
<td>170 to 175</td>
<td>-</td>
<td>40 to 45</td>
<td>175 to 175</td>
</tr>
<tr>
<td>Julie Cave, Director of Finance and Deputy Chief Executive</td>
<td>125 to 130</td>
<td>-</td>
<td>-</td>
<td>125 to 130</td>
<td>40 to 45</td>
<td>-</td>
<td>7.5 to 10</td>
<td>130 to 140</td>
</tr>
<tr>
<td>Bohdan Solomka, Medical Director</td>
<td>135 to 140</td>
<td>-</td>
<td>30 to 32.5</td>
<td>165 to 170</td>
<td>135 to 140</td>
<td>-</td>
<td>135 to 140</td>
<td>155 to 160</td>
</tr>
<tr>
<td>Leigh Howlett, Director of Strategy and Resources</td>
<td>100 to 105</td>
<td>-</td>
<td>62.5 to 65</td>
<td>165 to 170</td>
<td>95 to 100</td>
<td>-</td>
<td>7.5 to 10</td>
<td>105 to 110</td>
</tr>
<tr>
<td>Jane Sayer, Director of Nursing, Quality, and Patient Safety</td>
<td>100 to 105</td>
<td>1,800</td>
<td>97.5 to 100</td>
<td>200 to 205</td>
<td>95 to 100</td>
<td>-</td>
<td>7.5 to 10</td>
<td>170 to 175</td>
</tr>
<tr>
<td>Alison Armstrong, Director of Operations (Suffolk) to 7 January 2017</td>
<td>130 to 135</td>
<td>-</td>
<td>10 to 12.5</td>
<td>140 to 145</td>
<td>95 to 100</td>
<td>-</td>
<td>125 to 127.5</td>
<td>225 to 230</td>
</tr>
<tr>
<td>Deborah White, Director of Operations (Norfolk)</td>
<td>100 to 105</td>
<td>-</td>
<td>60 to 62.5</td>
<td>160 to 165</td>
<td>95 to 100</td>
<td>-</td>
<td>20 to 22.5</td>
<td>115 to 120</td>
</tr>
<tr>
<td>Gary Page, Chair</td>
<td>45 to 50</td>
<td>-</td>
<td>45 to 50</td>
<td>40 to 45</td>
<td>40 to 45</td>
<td>-</td>
<td>40 to 45</td>
<td>40 to 45</td>
</tr>
<tr>
<td>John Brierley, Non-executive Director to 30 April 2016</td>
<td>0 to 5</td>
<td>-</td>
<td>0 to 5</td>
<td>0 to 5</td>
<td>15 to 20</td>
<td>-</td>
<td>15 to 20</td>
<td>15 to 20</td>
</tr>
<tr>
<td>Brian Parrott, Non-executive Director</td>
<td>10 to 15</td>
<td>-</td>
<td>10 to 15</td>
<td>10 to 15</td>
<td>10 to 15</td>
<td>-</td>
<td>10 to 15</td>
<td>10 to 15</td>
</tr>
<tr>
<td>Tim Newcomb, Non-executive Director</td>
<td>10 to 15</td>
<td>-</td>
<td>10 to 15</td>
<td>10 to 15</td>
<td>10 to 15</td>
<td>-</td>
<td>10 to 15</td>
<td>10 to 15</td>
</tr>
<tr>
<td>Marion Saunders, Non-executive Director</td>
<td>15 to 20</td>
<td>-</td>
<td>15 to 20</td>
<td>15 to 20</td>
<td>15 to 20</td>
<td>-</td>
<td>15 to 20</td>
<td>15 to 20</td>
</tr>
<tr>
<td>Ian Brookman, Non-executive Director</td>
<td>10 to 15</td>
<td>-</td>
<td>10 to 15</td>
<td>0 to 5</td>
<td>0 to 5</td>
<td>-</td>
<td>0 to 5</td>
<td>0 to 5</td>
</tr>
<tr>
<td>Tim Stevens, Non-executive Director</td>
<td>10 to 15</td>
<td>-</td>
<td>10 to 15</td>
<td>0 to 5</td>
<td>0 to 5</td>
<td>-</td>
<td>0 to 5</td>
<td>0 to 5</td>
</tr>
<tr>
<td>Jill Robinson, Non-executive Director</td>
<td>10 to 15</td>
<td>-</td>
<td>10 to 15</td>
<td>0 to 5</td>
<td>0 to 5</td>
<td>-</td>
<td>0 to 5</td>
<td>0 to 5</td>
</tr>
</tbody>
</table>

* Other remuneration includes the benefit in kind received relating to the provision of lease cars.
** Julie Cave joined the Trust in December 2015, and so 2016-17 is the first full year of employment.
*** Alison Armstrong received a contractual payment in lieu of notice of £54k.

The Trust currently has 27 Governors out of a possible 31 in place; 25 of the 27 received expenses in the year. The aggregate expenses received by Governors for the financial year was £19,087 (2015-16 £13,100).
### Pensions

#### (RR5)

<table>
<thead>
<tr>
<th>Name and job title</th>
<th>Real increase in pension at pension age (bands of £2,500)</th>
<th>Real increase in pension lump sum at pension age (bands of £2,500)</th>
<th>Total accrued pension at pension age at 31 March 2017 (bands of £5,000)</th>
<th>Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 1 April 2016 (rounded to nearest £000)</th>
<th>Real increase in Cash Equivalent Transfer Value (rounded to nearest £000)</th>
<th>Cash Equivalent transfer value at 31 March 2017 (rounded to nearest £000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Scott</td>
<td>0 to 2.5</td>
<td>2.5 to 5</td>
<td>70 to 75</td>
<td>210 to 215</td>
<td>1,549</td>
<td>103</td>
<td>1,652</td>
</tr>
<tr>
<td>Julie Cave</td>
<td>0 to 2.5</td>
<td>(2.5) to (5)</td>
<td>50 to 55</td>
<td>145 to 150</td>
<td>900</td>
<td>51</td>
<td>951</td>
</tr>
<tr>
<td>Bohdan Solomka</td>
<td>0 to 2.5</td>
<td>5 to 7.5</td>
<td>35 to 40</td>
<td>115 to 120</td>
<td>670</td>
<td>55</td>
<td>725</td>
</tr>
<tr>
<td>Leigh Howlett</td>
<td>2.5 to 5</td>
<td>10 to 12.5</td>
<td>35 to 40</td>
<td>115 to 120</td>
<td>673</td>
<td>86</td>
<td>759</td>
</tr>
<tr>
<td>Jane Sayer</td>
<td>2.5 to 5</td>
<td>12.5 to 15</td>
<td>40 to 45</td>
<td>130 to 135</td>
<td>669</td>
<td>106</td>
<td>775</td>
</tr>
<tr>
<td>Alison Armstrong</td>
<td>0 to 2.5</td>
<td>2.5 to 5</td>
<td>40 to 45</td>
<td>125 to 130</td>
<td>871</td>
<td>47</td>
<td>918</td>
</tr>
<tr>
<td>Deborah White</td>
<td>2.5 to 5</td>
<td>7.5 to 10</td>
<td>35 to 40</td>
<td>110 to 115</td>
<td>611</td>
<td>78</td>
<td>689</td>
</tr>
</tbody>
</table>

Pension benefits shown above relate to membership of the NHS Pension Scheme, which is available to all employees within the Foundation Trust. No additional pension payments are made by the Trust in relation to senior employees. As Non-executive Directors do not receive pensionable remuneration, there will be no entries in respect of pension for Non-executive members.

### Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.
Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Review of tax arrangements of public sector appointees (not subject to audit)

As required by HM Treasury as per PES(2012)17, the Trust must disclose information regarding “off-payroll engagements”.

(RR6)

Number of existing engagements as of 31 March 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of which:</td>
<td></td>
</tr>
<tr>
<td>Number that have existed for less than one year at the time of reporting</td>
<td>1</td>
</tr>
<tr>
<td>Number that have existed for between one and two years at the time of reporting</td>
<td>2</td>
</tr>
<tr>
<td>Number that have existed for between two and three years at the time of reporting</td>
<td>1</td>
</tr>
<tr>
<td>Number that have existed for between three and four years at the time of reporting</td>
<td>0</td>
</tr>
<tr>
<td>Number that have existed for four or more years at the time of reporting</td>
<td>0</td>
</tr>
</tbody>
</table>

The existing off-payroll engagements, as outlined above, have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Number of new engagements, or those that reached six months in duration between 1 April 2016 and 31 March 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of which:</td>
<td></td>
</tr>
<tr>
<td>Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and national insurance obligations.</td>
<td>4</td>
</tr>
<tr>
<td>Number for whom assurance has been requested</td>
<td>4</td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
</tr>
<tr>
<td>Number for whom assurance has been received</td>
<td>4</td>
</tr>
<tr>
<td>Number for whom assurance has not been received</td>
<td>0</td>
</tr>
<tr>
<td>Number that have been terminated as a result of assurance not being received</td>
<td>0</td>
</tr>
<tr>
<td>Number of individuals that have been deemed “Board members and / or senior officials with significant financial responsibility”.</td>
<td>8</td>
</tr>
</tbody>
</table>

Number of off-payroll engagements of Board members, and / or senior officials with significant financial responsibility, during the financial year

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and national insurance obligations.</td>
<td>0</td>
</tr>
</tbody>
</table>
Fair Pay Disclosure

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in the organisation and the median remuneration of the organisation's workforce. Remuneration includes the staff on the Trust payroll together with agency staff, including NHS Professionals. On certain agency invoices used in the calculation it is not possible to identify agency commission. In such cases a 25% deduction has been made from the agency bill as the assumed agency commission and is excluded from the calculation.

The banded remuneration of the highest paid director in the Trust in the financial year 2016-17 was £175k - £180k (2015-16, £175k - £180k). This was 6.6 times (2015-16, 6.5 times) the median remuneration of the workforce, which was £26,658 (2015-16, £26,947). The median has reduced due to a reduction in the number of higher paid agency staff compared to 2015-16.

In 2016-17, three (2015-16, two) employees received remuneration in excess of the highest-paid director.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

<table>
<thead>
<tr>
<th></th>
<th>2016-17</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band of highest paid director (full year effect)</td>
<td>£175,000–£180,000</td>
<td>£175,000–£180,000</td>
</tr>
<tr>
<td>Median total remuneration</td>
<td>26,658</td>
<td>26,947</td>
</tr>
<tr>
<td>Ratio</td>
<td>6.6 times</td>
<td>6.5 times</td>
</tr>
</tbody>
</table>

Michael Scott
Accounting officer
Staff report

(SR1) Management Structure
(SR2) Committee and Subgroup structure
Chair, Non-executive Director and Executive Director expertise and qualifications

(SR3) Chair and Non-executive Directors (NEDs)

<table>
<thead>
<tr>
<th>Experience and Skills</th>
<th>Qualifications</th>
</tr>
</thead>
</table>
| **Gary Page (Chair)** | • CEO Global Markets for ABNAMRO BANK NV (2006-08). Career in financial services from 1986  
• Chair of Trustees for a school in East London for boys aged 11-16 with Social, Emotional and Behavioural Difficulties (2008-10)  
• Chair of Trustees for the Hoffmann Foundation for Autism providing supported living and day services in North London for adults with autism (2010-16) |
| **Ian Brookman** (NED / Chair of Audit and Risk Committee) | • Director of own accountancy and consultancy practice  
• Chief Finance Officer – The Bell Foundation  
• Trustee and Chair of Audit Committee – Ormiston Academy Trust  
• Trustee – Ormiston Trust  
• Formerly Managing and Audit Partner – regional accountancy firm |
| **Tim Newcomb** (NED) | • 30 years in policing including:  
• 4yrs as Director of Intelligence – managing covert operations  
• 2yrs as Divisional Commander for Eastern Division – delivering mainstream community policing services  
• 2yrs – Assistant Chief Constable in Essex Police  
• Managed 2010 CSR Change Programme  
• Assistant Chief Constable in Suffolk Constabulary 2012 to 2014  
• Hostage and Crisis Negotiator, including Kidnap / Extortion training  
• Strategic Public Order and Firearms (Gold) Commander Coach / Mentor |
| **Brian Parrott** (NED) | • Former Director of Social Services and former Chair of small PCT  
• Social Care (Adults and Children), Health and Local Government Consultancy  
• Independent Chair, Safeguarding Adults Board – London Borough of Richmond  
• Former Co-Chair of Association of Directors of Social Services Associates Network  
• Extensive experience of social services management and partnership working with NHS |

• BA (Hons)  
• Fellow of the Institute of Chartered Accountants in England & Wales (ICAEW)  
• Postgraduate Certificate in Business Excellence – Leeds University  
• Diploma in applied Criminology and Policing – Cambridge University Mst Programme  
• Level 5 Coaching Certificate  
• Certificate of Qualification in Social Work (currently registered)
Dr. Jill Robinson (NED)  
• Recently retiring from her role as Faculty Executive Dean, retains a part-time position at the University of Suffolk as Professor of Healthcare Practice  
• Formerly a Non-executive Director for an acute Trust  
• Over 10 years senior leadership experience in health professional education and workforce development, stakeholder engagement, and quality improvement and assurance  
• Successful track record of nationally funded research and publication in the fields of health professional education, practice and university governance  

Marion Saunders (Senior Independent Director / Deputy Chair)  
• Non-executive Director UIA Insurance Ltd  
• IR and AAT Tribunals  
• CQC Specialist Adviser  
• Health and Social Care Consultancy  
• Former Independent Chair of Lewisham Safeguarding Boards  
• Former Chair of Ealing PCT  
• Governor of Sidestrand School  

Tim Stevens (NED)  
• Trustee of the Woolf Institute (2017)  
• Prelate of the Order of St John (2016)  
• Chair of Trustees of Common Purpose UK (2015)  
• Diocesan Bishop of Leicester (1999-2015)  
• Previously Member of House of Lords with Welfare Reform portfolio  
• Chair of Children’s Society (2004 and 2010)  
• Governor of De Montfort University (2007-10)  
• Former Chair of Leicester Faith Leaders’ Forum  

(SR4) CEO and Executive Directors  

Experience and Skills  

Michael Scott (Chief Executive)  
• Over 35 years of experience across social care, the NHS and Department of Health, having worked in front line learning disability services, acute hospitals and commissioning organisations as well as mental health services  
• Held a Chief Executive position for over 16 years  
• Former chair of the NHS Confederation’s Community Health Services Forum  

Alison Armstrong (Director of Operations Suffolk to Dec 2016)  
• Previous commissioning roles and leadership of large scale transformation projects for both health and social care services in the London area  
• Former Director of London-wide Programmes for mental health, offender health and substance misuse at NHS London  
• Seconded to South West London and St George’s Mental Health NHS Trust and led a specialist services transformation project and taught a masters course on social policy  

Qualifications  

Michael Scott  
• BA Oxon  
• CSS  

Alison Armstrong  
• RMN  

Norfolk and Suffolk NHS Foundation Trust Annual Report  April 2016 to March 2017
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Experience and Qualifications</th>
</tr>
</thead>
</table>
| Julie Cave            | Director of Finance / Deputy CEO                                          | • Over 30 years’ experience in the NHS in acute hospitals, health authorities and commissioning organisations as well as NSFT  
• Has held executive Director of Finance roles for 13 years  
• Has delivered major transformational change, established new networks for health care and managed large-scale building projects to improve health care facilities  
• BA (Hons)  
• Fellow of the Chartered Association of Certified Accountants |
| Leigh Howlett         | Director of Strategy and Resources                                        | • Three previous director posts  
• Worked at Board level since 2004  
• 33 years NHS experience across all areas of health care provision and delivery  
• Diploma in management studies  
• Significant professional development in all areas of responsibility |
| Dr. Jane Sayer        | Director of Nursing, Quality and Patient Safety                           | • Extensive nursing leadership experience  
• Development of clinical career pathways  
• Research portfolio related to nursing workforce  
• BA (Hons)  
• RMN  
• MSc  
• PhD |
| Dr. Bohdan Solomka    | Medical Director                                                          | • Qualified as a doctor in 1988 and joined the Trust in October 1994 as Senior Registrar in Forensic Psychiatry  
• Previously worked in Suffolk as a Consultant Forensic Psychiatrist from 1997 to 2007, then in Yarmouth and Waveney from 2007 to 2014 and the Women's Medium Secure Service from February 2014  
• Lead Clinician in the Secure Service since January 2013  
• Medical Director of the Trust in January 2015  
• Member of the Royal College of Psychiatrists |
| Debbie White          | Director of Operations Norfolk and Waveney                                | • Qualified as a Social Worker in 1995  
• Management of health and social care services since 2002, including Locality Manager and Associate Director within NWMHFT  
• Diploma in Social Work |

The Nomination and Remuneration and Terms of Service Committee keep under review the balance and completeness of the skill and experience set for the board. Person specifications take into account the current and future Trust needs.
(SR5) Board of Directors 2016-17 attendance

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</thead>
<tbody>
<tr>
<td>Alison Armstrong</td>
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<tr>
<td>John Brierley (term ended 30 April 16)</td>
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<tr>
<td>Ian Brookman</td>
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<tr>
<td>Julie Cave</td>
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<tr>
<td>Leigh Howlett</td>
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<tr>
<td>Robert Nesbitt</td>
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<tr>
<td>Tim Newcomb</td>
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<tr>
<td>Gary Page (Chair)</td>
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<tr>
<td>Brian Parrott</td>
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<tr>
<td>Jill Robinson</td>
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<tr>
<td>Marion Saunders</td>
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<tr>
<td>Jane Sayer</td>
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<tr>
<td>Michael Scott</td>
<td>✓</td>
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<tr>
<td>Bohdan Solomka</td>
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<td>Tim Stevens</td>
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<tr>
<td>Debbie White</td>
<td>✓</td>
<td>A</td>
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<td>A</td>
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<td>✓</td>
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<td>A</td>
</tr>
</tbody>
</table>

A = apologies received
The Board of Directors meets ten times a year in public in Ipswich and Norwich. A small number of items of business are confidential or commercially sensitive and are dealt with in private. Governors receive the minutes of the private Board papers. Details of meetings and public Board papers are available at: www.nsft.nhs.uk.

The Board of Directors is satisfied that the Non-executive Directors who served on the Board for the period under review were independent. The Chair had no other significant commitments. A summary of the background of each of the directors along with their expertise is shown in the Directors’ Report.

Board committees report on their work to the next available board and include a review of performance against their terms of reference annually. Governors attend board committees as observers and provide feedback to the committee chair and to the Chair of the Board of Directors.

The executive directors are appraised by the CEO who reports to the Remuneration and Terms of Service Committee. The CEO is appraised by the Chair.

The NEDs are appraised by the Chair and the Chair by the Senior Independent Director (SID), on behalf of the Council of Governors. This is reported via the Nominations Committee to the Council of Governors.

The Board of Directors hosts an annual members’ meeting at which the Annual Report and Accounts, plus any report from the auditors, are presented.

The Work of the Council of Governors

The Health and Social Care Act (2012) clarified the general duties of the Council of Governors:

S.151 (4)

“The general duties of the Council of Governors are:

(a) To hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors, and
(b) To represent the interests of the members of the corporation as a whole and the interests of the public.”

The main duties include:

- To appoint or remove the Chair and other Non-executive Directors
- To approve the appointment of the Chief Executive
- To decide the remuneration and allowances, and other terms and conditions of office, of the Non-executive Directors (delegated to the nominations committee)
- To appoint or remove the Trust’s auditor

Elections are held once a year with nominations opening in the autumn and the results being declared in December or January for Governors to take up their seats from 1 February each year.

Governors canvass the opinions of Trust members and the wider public (including, for partner Governors, the body they represent) in a wide range of ways. They use informal and formal networks, attend community and Trust events and take account of service user and carer experience. They feed these insights back to the Board of Directors through the Council of Governors’ issues log, by raising questions with directors and by attending the Board of Directors’ meeting. Governors use their insights to comment on the Trust’s forward plan, objectives and strategic priorities.

The development of the Council of Governors is supported by the Trust to ensure that all Governors have sufficient information and training to undertake their role.

A summary of the business carried out by the Council of Governors is shown below.

The Council of Governors met on the following dates in 2016-17. At each meeting Governors present issues that they wish to highlight (often based on feedback from members and the wider public) and the Trust undertakes to respond to these issues as fully as possible. The agendas include other standing items, including the reports of the subgroups. In addition to these standing items the following business was conducted. A full set of papers for each meeting is available at www.nsft.nhs.uk.
<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Business covered</th>
</tr>
</thead>
</table>
| 7 April 2016   | Membership strategy 2016-17  
|                | Forward plan and objectives  
|                | Review of Lorenzo  
|                | Black and minority ethnic community work  
|                | Organisational Development and Workforce Strategy |
| 7 July 2016    | Implementation of action plan for Verita and NHS England reports into unexpected deaths  
|                | Annual Report and Accounts  
|                | External auditors report  
|                | Governor election plans 2016-17 |
| 6 October 2017 | Review of bed capacity  
|                | Update on waiting lists  
|                | Values and behaviours update  
|                | Proposed constitution changes |
| 10 November 2017 | Dementia in Perspective half-day members’ and public event hosted by the Council of Governors |
| 5 January 2017 | Non-executive Director and chair remuneration review  
|                | Review of joint working agreement between the Board of Directors and the Council of Governors (CoG)  
|                | Governors’ evaluation of the CoG and training plan |
| 2 March 2017   | Senior Independent Director / Deputy Chair remuneration review  
|                | Complex needs: mental health and substance misuse members’ and public half-day event hosted by the Council of Governors |

Summary of changes to the constitution approved by the Council of Governors in 2016-17

1. Amending the Board of Directors’ membership
2. Changing the arrangements for the election of substitute Governors (when a Governor stands down mid-term and the Council of Governors exercises its discretion to appoint the next Governor from the election result list)
3. Changing the name ‘Board of Governors’ to ‘Council of Governors’ and the post title, ‘Trust Secretary’ to ‘Company Secretary’
4. Miscellaneous references to ‘Board’ of Governors amended to ‘Council’ of Governors

Register of interests

All Governors are required to declare any interests on the register at the time of their election or appointment and to keep this up-to-date. The full register is taken as an item at a public meeting once a year and is available for inspection by contacting Robert Nesbitt, Company Secretary at The Trust, Hellesdon Hospital, Drayton High Road, Norwich NR6 5BE. Alternatively call: 01603 421 421 or email: robert.nesbitt@nsft.nhs.uk.
### Council of Governors 2016-17 attendance

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Rose Roe</td>
<td>Carer - Norfolk (N)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2016 (unopposed)</td>
</tr>
<tr>
<td>Anne Humphrys</td>
<td>Carer - Suffolk (S)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2016 (unopposed)</td>
</tr>
<tr>
<td>Nigel Boldero</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2016 (unopposed)</td>
</tr>
<tr>
<td>Stephen Fletcher</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Ronald French</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Hilary Hanbury</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Sheila Preston</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Catherine Wells</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Leonard Wellings</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Elizabeth Witt</td>
<td>Public - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Kathleen Ben Rhaba</td>
<td>Public - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed) Formerly partner governor from Apr 2012</td>
</tr>
<tr>
<td>Paddy Fielder</td>
<td>Public - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Andrew Good</td>
<td>Public - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Jane Millar</td>
<td>Public - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Gwynneur Pachent</td>
<td>Public - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Martin Wright</td>
<td>Public - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Ginnie Benedettini</td>
<td>Service User - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2016 (unopposed)</td>
</tr>
<tr>
<td>Richard Gorrod</td>
<td>Service User - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Kevin James</td>
<td>Service User - N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Malcolm Blowes</td>
<td>Service User - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2014 (unopposed) Formerly partner governor from Apr 2012</td>
</tr>
<tr>
<td>Paul Gaffney</td>
<td>Service User - S</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Nanayakkara De Silva</td>
<td>Staff</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2015 (unopposed)</td>
</tr>
<tr>
<td>Marcus Hayward</td>
<td>Staff</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Re-elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>Howard Tide</td>
<td>Staff</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2015 (unopposed)</td>
</tr>
<tr>
<td>Zeyar Win</td>
<td>Staff</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Elected 1 Feb 2017 (unopposed)</td>
</tr>
<tr>
<td>ACC Rachel Kearton</td>
<td>Partner – Norfolk &amp; Suffolk Constabularies</td>
<td></td>
<td></td>
<td></td>
<td>Appointed 2 Dec 2015 (Constabulary seats withdrawn 6 Oct 2016)</td>
</tr>
<tr>
<td>Sue Whitaker</td>
<td>Partner – Norfolk County Council</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Appointed July 2013</td>
</tr>
<tr>
<td>Tony Goldson</td>
<td>Partner – Suffolk County Council</td>
<td></td>
<td></td>
<td></td>
<td>Appointed 27 July 2016</td>
</tr>
<tr>
<td>Sian Coker</td>
<td>Partner - UEA</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Appointed 22 Feb 2016</td>
</tr>
<tr>
<td>Heather Passmore</td>
<td>Partner - UCS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Appointed 23 July 2015</td>
</tr>
<tr>
<td>Eline Page</td>
<td>Partner – Suffolk Youth Council</td>
<td></td>
<td></td>
<td></td>
<td>Appointed 24 July 2015</td>
</tr>
<tr>
<td>Katie Davis</td>
<td>Partner – Norfolk Youth Council</td>
<td></td>
<td></td>
<td></td>
<td>Appointed 22 Oct 2015</td>
</tr>
<tr>
<td>Gary Page (Chair)</td>
<td>Trust Chair</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Directors are not members of the Council of Governors and are invited to present for specific items. Attendance was as follows:

- Alison Armstrong, Director of Operations (Suffolk)
- John Brierley, NED
- Ian Brookman, NED
- Julie Cave, Director of Finance
- Leigh Howlett, Director of Strategy and Resources
- Robert Neabitt, Trust Secretary
- Tim Newcomb, NED
- Brian Parrott, NED
- Jill Robinson, NED
- Marion Saunders, NED
- Jane Sayer, Director of Nursing, Quality and Patient Safety
- Michael Scott, Chief Executive
- Bodhan Solomka, Medical Director
- Tim Stevens, NED
- Debbie White, Director of Operations (Norfolk)
The Work of the Audit and Risk Committee

The Trust has a well-established Audit and Risk Committee which fulfils the responsibility of an audit committee on behalf of the Trust. The three members of the committee are all Non-executive Directors. The committee is chaired by Ian Brookman who is a qualified accountant. The other members of the committee, in the year ended 31 March 2017, were Marion Saunders (the Senior Independent Director) and Jill Robinson.

During the year the committee met on six occasions. A Governor representative, Anne Humphrys, was in attendance at two meetings.

Two members must be present for the meeting to be quorate. All meetings achieved this status during 2016-17.

The Trust has an Internal Audit service which is provided by the West Midlands Ambulance Trust. Internal Audit prepare and deliver a three-year, risk based, audit strategy which is translated into an internal audit plan each year. The service works in accordance with the Internal Audit Charter which incorporates public sector internal audit standards. Each year the Head of Internal Audit prepares a statement on the effectiveness of the systems of internal control. This is based around six domains of work. The internal audit strategies and plans are approved by the Audit and Risk Committee which also monitors progress and performance throughout the year. Any matters arising are reported to the Board of Directors by the Chair of the Committee. During 2016-17 the Internal Audit service was subject to competitive tender which has been awarded to Grant Thornton with effect from 1 April 2017. The Committee has assessed that the Trust received an appropriate level of service during 2016-17.

The external audit of the Trust's Annual Accounts and Annual Report, including the Quality Account is provided by KPMG, following a competitive tendering process in 2014. The contract term is for three years with an option to extend for a further two years. The contract value for 2016-17 was £67,900. During 2016-17 no non-audit services were provided by KPMG.

The Audit and Risk Committee worked throughout the year in accordance with its Terms of Reference and best practice guidance. The Terms of Reference was developed in accordance with Monitor's Code of Governance for Audit Committees and Auditors. The committee has a work programme for each financial year. This programme covers:

- Annual Report and Accounts
- Board Assurance Framework
- Governance, risk management and internal control
- Counter fraud work
- Internal audit work
- External audit
- Other assurance functions and work
- Management of the committee's work

In discharging its responsibilities in respect of the Annual Report and Accounts, the committee has reviewed:

- The Trust's accounting policies, with particular reference to the adequacy and appropriateness of provisions
- Accounting for property, plant and equipment. The committee has ensured that independent, professional advice has been obtained in valuing the Trust's property portfolio
- The recognition of the Trust's revenue by overseeing contracts and management processes designed to ensure that all revenue is properly recorded and is accounted for in accordance with the Trust's accounting policies
- Management do not override the system of individual controls which are designed to deliver good governance and to ensure that good internal control practices are adopted or that weaknesses are identified and reported to the Board of Directors

Any issues identified by the committee or by those charged with the responsibility of reporting to it, are monitored and followed up to conclusion by the committee or, where necessary, reported to the Board of Directors for their attention and action.

Should the external auditors identify any misstatements in the accounts these are considered for their materiality and understanding of the accounts. These are reported to the Board of Directors and are listed by the external auditors in their report.
Each year the effectiveness of the external auditors is assessed by the Committee and reported to the Board of Directors and Council of Governors.

The Senior Independent Director is a member of the committee and is the designated Non-executive Director for overseeing whistleblowing, liaising with the Director of Nursing, Quality and Patient Safety and the whistleblowing lead throughout the year to request action from the executive team as deemed necessary.

**Membership strategy summary 2016-17**

Members must be over 11 years of age and governors must be 16 or over.

We have consulted on and created the following membership constituencies:

- Public Constituency
  - Norfolk
  - Suffolk
- Service User and Family Carer Constituency

Anyone who has used our services within the last three years is eligible to become a service user member.

People who identify themselves as family carers of people who have been supported by our services are eligible to join as family carer members. The term family carer member is used to distinguish this group from paid carers. Family carers do not have to be related to the person they care for.

The constituency classes are:

- Service user (Norfolk)
- Service user (Suffolk)
- Carer (Norfolk)
- Carer (Suffolk)
- Staff

Permanent contracted staff are automatically granted membership (‘opted-in’) although it is easy for any staff member to ‘opt out’, should they wish, by writing to the Company Secretary.

Members can only be a member of one constituency at a time. If they become ineligible to be a member of one constituency (they leave the Trust’s employment), they can opt to become a member of another constituency (a Public Member).

Eligible staff members are not permitted to join another constituency.

---

<table>
<thead>
<tr>
<th>(SR8) Audit and Risk Committee 2016-17 attendance</th>
</tr>
</thead>
</table>
| **John Brierley** | ✔ 17 May 2016  
| **Ian Brookman** | ✔ ✔ ✔ ✔ ✔ ✔  
| **Jill Robinson** | ✔ A ✔ ✔ ✔ ✔  
| **Marion Saunders** | A ✔ ✔ ✔ ✔ ✔  

A = apologies received  
ARA = Annual Report and Accounts meeting
The total number of members is shown in the Membership Report. Membership has remained stable at around 13,000 (excluding staff) and our focus is on maintaining this level and building meaningful engagement. In common with other foundation trusts our membership has under-representation of younger people and men and in 2017-18 we will continue to attempt to address this through targeted recruitment efforts. Representation of BME members has made good progress over recent years.

A full-time membership and engagement officer is in post and over the course of 2016-17, this has allowed us to have a presence at many community events across the two counties. These have included Norwich LGBT Pride, Ipswich Multi-cultural Day, the Ipswich Indian Mela, LGBT history month and a wide range of wellbeing events.

This year, the Council of Governors has hosted successful member events on the topics of dementia and complex needs (mental health and substance misuse).

Members who wish to contact the Trust’s Governors may do so by emailing: governors@nsft.nhs.uk or by writing to Membership Office, NSFT, Hellesdon Hospital, Drayton High Road, Norwich NR6 5BE.

We strongly encourage members to receive information via email – about 90% of new members do so.
### Membership report 2016-17

**Membership**

<table>
<thead>
<tr>
<th>Public constituency</th>
<th>2016-17</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at start (1 April 2016)</td>
<td>11,358</td>
<td></td>
</tr>
<tr>
<td>New Members</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Members leaving</td>
<td>269</td>
<td></td>
</tr>
<tr>
<td>At year end (31 March 2017)</td>
<td>11,214</td>
<td>1,636,257</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff constituency</th>
<th>2016-17</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at start (1 April 2016)</td>
<td>3,875</td>
<td></td>
</tr>
<tr>
<td>New Members</td>
<td>476</td>
<td></td>
</tr>
<tr>
<td>Members leaving</td>
<td>453</td>
<td></td>
</tr>
<tr>
<td>At year end (31 March 2017)</td>
<td>3,898</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient constituency*</th>
<th>2016-17</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at start (1 April 2016)</td>
<td>1,528</td>
<td></td>
</tr>
<tr>
<td>New Members</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Members leaving</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>At year end (31 March 2017)</td>
<td>1,547</td>
<td></td>
</tr>
</tbody>
</table>

**Public constituency**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Number of members</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 16</td>
<td>3</td>
<td>302,757</td>
</tr>
<tr>
<td>17 - 21</td>
<td>53</td>
<td>89,196</td>
</tr>
<tr>
<td>22+</td>
<td>9,446</td>
<td>1,244,304</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of members</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>10,401</td>
<td>1,521,213</td>
</tr>
<tr>
<td>Mixed</td>
<td>81</td>
<td>22,499</td>
</tr>
<tr>
<td>Asian</td>
<td>144</td>
<td>26,148</td>
</tr>
<tr>
<td>Black</td>
<td>116</td>
<td>11,463</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>4,728</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socio-economic groupings</th>
<th>Number of members</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>2,900</td>
<td>90,768</td>
</tr>
<tr>
<td>C1</td>
<td>3,169</td>
<td>139,592</td>
</tr>
<tr>
<td>C2</td>
<td>2,527</td>
<td>115,112</td>
</tr>
<tr>
<td>DE</td>
<td>2,571</td>
<td>121,910</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of members</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3,974</td>
<td>805,609</td>
</tr>
<tr>
<td>Female</td>
<td>7,130</td>
<td>830,647</td>
</tr>
</tbody>
</table>

**Patient constituency**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Number of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 16</td>
<td>1</td>
</tr>
<tr>
<td>17 - 21</td>
<td>11</td>
</tr>
<tr>
<td>22+</td>
<td>1,347</td>
</tr>
</tbody>
</table>

* Here ‘patient constituency’ is that of Service Users and Carers combined.

The analysis section of this report excludes:
- 1,712 public members with no dates of birth, 448 members with no stated ethnicity and 110 members with no gender
- 188 patient members with no dates of birth

---

46  Norfolk and Suffolk NHS Foundation Trust Annual Report  April 2016 to March 2017
Staff demographic data

Analysis of staff costs

The table shows the staffing costs by staff classification during 2016-17:

(SR10)

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Permanent</th>
<th>Other*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>Medical and dental</td>
<td>19,129</td>
<td>4,079</td>
<td>23,208</td>
</tr>
<tr>
<td>Administration and estates</td>
<td>18,462</td>
<td>1,551</td>
<td>20,013</td>
</tr>
<tr>
<td>Healthcare assistants and other</td>
<td>33,539</td>
<td>8,424</td>
<td>41,964</td>
</tr>
<tr>
<td>support staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing, midwifery and health</td>
<td>48,825</td>
<td>4,379</td>
<td>53,204</td>
</tr>
<tr>
<td>visiting staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientific, therapeutic and technical</td>
<td>19,631</td>
<td>6</td>
<td>19,637</td>
</tr>
<tr>
<td>staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>139,587</td>
<td>18,439</td>
<td>158,026</td>
</tr>
</tbody>
</table>

* ‘other staff’ include short-term contract staff, agency and other temporary staff.

Analysis of average staff numbers

The table below shows the average number of employees in the 2016-17 financial year, split by permanently employed and other staff:

(SR11)

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Permanent</th>
<th>Other*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>Medical and dental</td>
<td>138</td>
<td>72</td>
<td>210</td>
</tr>
<tr>
<td>Administration and estates</td>
<td>405</td>
<td>106</td>
<td>511</td>
</tr>
<tr>
<td>Healthcare assistants and other</td>
<td>1,110</td>
<td>357</td>
<td>1,467</td>
</tr>
<tr>
<td>support staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing, midwifery and health</td>
<td>1,178</td>
<td>129</td>
<td>1,307</td>
</tr>
<tr>
<td>visiting staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientific, therapeutic and technical</td>
<td>460</td>
<td>29</td>
<td>489</td>
</tr>
<tr>
<td>staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total average numbers</td>
<td>3,291</td>
<td>693</td>
<td>3,984</td>
</tr>
</tbody>
</table>

* ‘other staff’ include short-term contract staff and locum staff, agency and other temporary staff.

Breakdown of male / female at year end

The male / female split for the Trust’s workforce for the financial year 2016-17 is 71.4% female and 28.6% male. The proportion of women decreases to 54% at senior management level, but rises to 66% at director level. The number of male / female staff in each group is set out below:

(SR12)

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Senior managers (band 8b and above)</td>
<td>29</td>
<td>24</td>
<td>53</td>
</tr>
<tr>
<td>Other employees</td>
<td>2,712</td>
<td>1,069</td>
<td>3,781</td>
</tr>
<tr>
<td>Total</td>
<td>2,745</td>
<td>1,095</td>
<td>3,840</td>
</tr>
</tbody>
</table>
Sickness absence data

The Trust's annualised sickness absence rate for the period January 2016 to December 2016 was 4.89%.

In total, an equivalent of 11 WTE days were lost per WTE member of staff. This is above the East of England Mental Health Trust average of 10.3 WTE days.

The largest known reason for sickness absence is due to ‘anxiety / stress / depression / other psychiatric illnesses’, accounting for 28.2% of all absence. The top five reasons for absence are:

1. Anxiety / stress / depression / other psychiatric illnesses
2. Other known causes – not elsewhere classified
3. Cold, cough, flu – influenza
4. Injury, fracture
5. Gastrointestinal problems

Episodes of long-term absence (defined as being absence episodes of 28 days or more) account for 21.73% of all occurrences and short-term absence (defined as being absence episodes of 27 days or less) account for 78.27% of all occurrences.

Improving staff wellbeing and reducing sickness absence is a priority for the Trust. A five-year Staff Wellbeing Strategy was approved by the Board of Directors in June 2016. We have received national recognition of the work we are doing to improve staff wellbeing. Focus within the last year has included:

- Reviewing our Managing Sickness Absence Policy and remodelling this to a Supporting Attendance at Work Policy
- Developing a Staff Mental Health at Work Policy
- Extending our successful Healthy Worker Programme and introducing a Healthy Manager Programme
- Tendering our occupational health services
- Developing our network of local Wellbeing Champions (now over a 100!) to translate our corporate strategy into local action

Staff policies and actions applied during the financial year

Action on working with employees with a disability

In the last year, the Trust has been re-assessed as a ‘Disability Confident’ employer. The assessment confirms our continued commitment to:

- Interview all applicants with a disability who meet the minimum criteria for a job vacancy and to consider them on their abilities
- Discuss with employees with a disability, at any time but at least once a year, what can be done to make sure they can develop and use their abilities (this includes a Wellness at Work Plan)
- Make every effort when employees become disabled to ensure they stay in employment
- Take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- Review these commitments every year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans

Policies that support this include:

- Equality, Diversity and Inclusion Policy (which has been reviewed during the year)
- Recruitment and Selection Policy (including redeployment)
- Disability Leave Policy

Additionally, we have added another level to our mandatory equality and diversity training which is being rolled out to all staff; the focus of this level 2 training is on managing unconscious bias.

Our Staff Wellbeing Strategy 2016-17 aims to support all employees, including disabled employees, to be the best they can be at work. To support this we have introduced annual Wellness at Work Plans, which are developed between an employee and their manager and set out support needs and arrangements.
**Action on providing information to staff**

The Trust’s Chair and Chief Executive regularly provide updates to staff on key issues and matters affecting the Trust, including those raised during listening events. Key vehicles of communication from the Chair and Chief Executive include:

- Staff Handbook
- Regular email updates – Michael’s Monday Message (from our Chief Executive), and Boardroom Bulletin (from our Chair)
- Newsletters – quarterly Staff Wellbeing newsletter
- Schedule of executive team visits and attendance at team meetings
- Induction

We have developed a new pocket-size Staff Handbook in 2016-17. Hard copies have been made available to staff and new employees and an electronic version is available on the intranet. We have also revamped our induction process within the last year to make it more engaging and have strengthened the local induction requirements.

**Providing information relating to health and safety performance and occupational health**

All localities have use of Datix dashboard, giving them up to the minute charts on incident reporting trends.

Regular Health and Safety Committee meetings are held and have Staff Side representation.

Regular meetings are held with our occupational health provider and involve Staff Side and operational management representatives.

Information on key occupational health trends and issues are also discussed and plans agreed through the Staff Wellbeing Meeting, which is chaired by an Executive Director and involves Staff Side representatives and our Wellbeing Champions.

**Providing information relating to countering fraud and corruption**

The Trust has a Counter Fraud Officer appointed and a Counter Fraud and Corruption Policy in line with NHS Protect’s national standards and guidance. The policy was scheduled for review in October 2016, but due to the changes that will take place in April 2017 with the structure of NHS Protect it was agreed by the Director of Finance to postpone the review until this date. The current policy is still in line with the necessary codes and standards and in April will incorporate these new changes.

**Performance**

Performance is reported to localities on a monthly basis via an Integrated Performance Report. This includes service, quality, financial and workforce performance.

Monthly locality performance review meetings, chaired by the Finance Director, encourage localities and individuals within localities to take responsibility for their performance.
Staff survey results

Approach to staff engagement

Improving staff engagement is a priority for the Trust. ‘An Engaged Workforce’ is therefore one of three core domains under our Workforce and Organisational Development Strategy 2016-21. Our focus in this area over the last year has included:

• Vision, Values and Behaviours
A clear vision for the Trust, supported by three five-year strategic goals, were developed with involvement from our staff and are set out in Our Trust Strategy 2016-21. The strategy has been widely communicated to staff, and the goals cascaded through to objectives set out for teams and individuals as part of the new approach to appraisals implemented from April 2016.

Following the co-production (with staff, service users and carers) of our Trust values in 2015, we have cascaded these – and a supporting behaviours framework – across our workforce, with a focus for teams and individuals to reflect on the positive behaviours they wish to do more of and the negative behaviours they commit to do less of for the benefit of our service users and staff.

Our values have been embedded within our recruitment and performance management processes.

• Leadership and management development
Underpinning our approach to staff engagement is a commitment to creating a supportive, empowering and accountable leadership climate. Our Leadership Development Strategy 2016-21 focuses on six key areas:
  – Leadership climate
  – Board development
  – Fundamentals for managers
  – Senior leadership development
  – Aspirant leader development
  – Coaching and mentoring

In line with our priorities for 2016-17, we have:

  – Established a Leadership Academy, which includes a microsite on leadership development that contains information on the leadership development opportunities available as well as a wealth of resources
  – Developed and implemented our Fundamentals Programme for managers
  – Invested in the development of key clinical leaders through our Modern Matrons’ and Consultants’ Leadership Development Programmes
  – Invested in the development of our locality leadership teams through the ‘Triumvirate’ Development Programme which is focused on increasing self-awareness and development as emotionally intelligent and resilient leaders looking at ‘How does it feel to be led by me?’

• Staff wellbeing
The Trust has been recognised externally as undertaking exemplary work in improving staff wellbeing. We now have over 100 local Wellbeing Champions who have protected time to promote staff wellbeing within their areas and to translate our corporate strategy of improving staff wellbeing into local action. Examples of areas of focus within the last year are:

  – An extension of our Healthy Worker Programme in order that more staff can benefit from this and we have also piloted a Healthy Manager Programme. Evidence shows that participants not only feel more empowered and resilient as a result of the programme, but it also has a positive impact on sickness absence
  – Improving mental ill health, including post traumatic incident support
• **Staff recognition**

Under our value of ‘Positively’, ‘recognising people, their efforts and achievements, and saying thank you’ is a key aspect of our behaviours framework that we have been embedding into the culture of the Trust and how we operate. In this spirit, we held a Staff Awards event in 2016 to celebrate the fantastic and inspiring achievements of our caring and innovative staff.

Nominations for the awards came from staff, service users and the public. We also regularly highlight staff achievements and compliments received through our weekly staff communication, Trust Update.

Our focus on improving staff engagement is having a positive impact. Evidence of this includes:

- Recognition by the Care Quality Commission (CQC) following their inspection of the Trust in 2016 that since their inspection in 2014 ‘…staff morale [had] significantly improved…’; staff appeared ‘…happy in their roles and proud of the service they worked in…’; ‘…most staff told [the CQC] that the Trust encouraged openness…’ and that ‘…the majority of staff were aware of the Trust’s values and shared them…’

- Our 2016 NHS Staff Survey response rate has increased by 22 percentage points since the 2014 Survey when we commenced our improvement journey

- In this same period, there has been an 11 percentage point increase in staff who would recommend the Trust as a place to work. The same increase has been seen for staff saying they are enthusiastic about their job and a 10 percentage point increase for those who look forward to coming to work

### Summary of performance

The annual national NHS Staff Survey is a mandatory requirement for NHS organisations. The Trust is committed to using the results as one element of our approach to understand the views of our staff and to inform improvements.

The most recent NHS Staff Survey took place between October and December 2016, with results published on 7 March 2017.

Our year-on-year results following our turnaround from 2014 provide evidence of the transformational changes being made by the Trust.

We have seen improved scores across the majority of the 32 key findings, with statistically significant improvement in 19 of these.

None of our scores have deteriorated.

We had eight scores that were the lowest nationally for mental health / learning disability trusts in the 2015 Staff Survey; this is down to one in the 2016 survey (the percentage of staff appraised over the last twelve months – although staff report the quality of appraisals had improved).

We aim to continue this positive trend, to keep doing better, and to improve our comparative performance within our benchmarking group, recognising the national position is also improving.

### Response rate

57.7% of our eligible staff responded to the Staff Survey (2,147 staff). This is well above the national average for mental health trusts of 50.4%. Our response rate increased by 5.7 percentage points on the previous year’s survey; the national improvement was 4.4 percentage points.

### (SR13) Comparison of Response Rate

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
<th>Change (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>57.7%</td>
<td>52%</td>
<td>+5.7%</td>
</tr>
<tr>
<td>National Average</td>
<td>50.4%</td>
<td>46%</td>
<td></td>
</tr>
</tbody>
</table>

Key indicators of the staff survey response can be found on pages 81-84 of the Quality Report.
### Exit packages

#### Reporting of compensation schemes - exit packages 2016-17

<table>
<thead>
<tr>
<th>Exit package cost band (including any special payment element)</th>
<th>Number of compulsory redundancies</th>
<th>Number of other departures agreed</th>
<th>Total number of exit packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;£10,000</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>£10,001 - £25,000</td>
<td>3</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>£25,001 - 50,000</td>
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<td>-</td>
<td>1</td>
</tr>
<tr>
<td>£50,001 - £100,000</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>£100,001 - £150,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>£150,001 - £200,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>&gt;£200,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total number of exit packages by type</strong></td>
<td><strong>6</strong></td>
<td><strong>1</strong></td>
<td><strong>7</strong></td>
</tr>
<tr>
<td><strong>Total resource cost (£)</strong></td>
<td><strong>£181,000</strong></td>
<td><strong>£54,000</strong></td>
<td><strong>£235,000</strong></td>
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</table>

#### Reporting of compensation schemes - exit packages 2015-16

<table>
<thead>
<tr>
<th>Exit package cost band (including any special payment element)</th>
<th>Number of compulsory redundancies</th>
<th>Number of other departures agreed</th>
<th>Total number of exit packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;£10,000</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>£10,001 - £25,000</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>£25,001 - 50,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£50,001 - £100,000</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>£100,001 - £150,000</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>£150,001 - £200,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>&gt;£200,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total number of exit packages by type</strong></td>
<td><strong>5</strong></td>
<td><strong>4</strong></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>Total resource cost (£)</strong></td>
<td><strong>£153,000</strong></td>
<td><strong>£140,000</strong></td>
<td><strong>£293,000</strong></td>
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</table>

#### Exit packages: other (non-compulsory) departure payments

<table>
<thead>
<tr>
<th>Payments agreed</th>
<th>Total value of agreements</th>
<th>2015-16</th>
<th>Payments agreed</th>
<th>Total value of agreements</th>
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<tbody>
<tr>
<td>Voluntary redundancies including early retirement</td>
<td>3</td>
<td>85</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>contractual costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutually agreed resignations (MARS) contractual costs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Early retirements in the efficiency of the service</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>contractual costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual payments in lieu of notice</td>
<td>1</td>
<td>54</td>
<td>1</td>
<td>55</td>
</tr>
<tr>
<td>Exit payments following Employment Tribunals or court orders</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non-contractual payments requiring HMT approval</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1</strong></td>
<td><strong>54</strong></td>
<td><strong>4</strong></td>
<td><strong>140</strong></td>
</tr>
</tbody>
</table>

**Of which:**

Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months’ of their annual salary - - - -
NHS Foundation Trust
Code of Governance

The Board of Directors has set in place governance arrangements that provide a review of the effectiveness of the system of internal control. This is described in detail within the Annual Governance Statement on page A8 of the financial statements.

Norfolk and Suffolk NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. All elements that are required can be found within this report.

The Audit and Risk Committee carried out a full review of the Trust’s compliance against the Code in 2016-17.
### NHS Foundation Trust Code of Governance: Disclosures

**A.1.1** The Board normally meets ten times a year in public and eleven times a year in private (an additional meeting being to approve the Annual Report and Accounts) and may vary this in order to carry out its business effectively. There is a scheme of delegation which sets out which matters are reserved to the Board. There is a joint working agreement which sets out how the Council of Governors (CoG) and Board of Directors (BoD) work together to fulfil their differing roles. The joint working agreement also sets out how disagreements will be resolved.

The annual report includes narrative statements as to how the BoD and CoG operate and the types of decisions taken. These are reviewed annually.

**A.1.2** The Chairperson, Chief Executive, senior independent director and the chairperson and members of the nominations, audit and remuneration committees are set out on pages 36-38.

**A.5.3** Details of the Council of Governors are set out on page 42.

**B.1.1** All Non-executive Directors (NEDs) are considered independent as stated in the Annual Report.

None of the factors that might compromise independence apply to the NEDs, other than the maximum six-year term aspect.

The Trust's Constitution allows for NEDs to be appointed for up to nine years.

NEDs links with other organisations are set out in the Annual Report.

The Council of Governors has taken the view that the independence of NEDs is the primary concern and that this is not necessarily correlated with years of service. For recent appointments, a second three-year term would normally be offered on the basis of satisfactory completion of objectives and then for the third three-year term there would be market testing (with the incumbent being able to apply), unless there were over-riding factors why this would not be appropriate.

**B.1.4** Each director’s skills and experience are listed within the Annual Report.

**B.2.10** Brief summaries of the Terms of Reference (TOR) for the Nominations and Remuneration and Terms of Service Committees are included in the annual report along with the work of the committees. This is available via the Trust website. The full TORs are available on request.

**B.3.1** The process set out in the Code of Governance was followed for the appointment of the Chair in 2013 and reappointment in 2016, and there is a declaration of interests at both the BoD and CoG. The Chairperson is not a chairperson of another NHS Foundation Trust.

**B.5.c** The responsibilities of the Chair are fulfilled through the committee and subgroup structures. All directors and Governors have an induction process which, in the case of directors, includes a range of stakeholders. NEDs have specific localities/services that they are aligned to. Directors have access to training and development opportunities funded by the Trust, where appropriate.

**B.5.6** The opinion of Trust members and the public is overseen by the CoG Planning and Performance Subgroup. Governors also attend a wide variety of meetings with members of the public and use these insights to inform the Trust’s planning. This is stated further within the Annual Report.
B.6.1 The performance of the Board, its subcommittees, directors and the Chair is included within the Annual Report.

B.6.2 Foresight Partnership undertook the evaluation of the Board in 2014-15. They have no connection to the Trust other than assisting in the evaluation and providing some input into the development work that followed from the review. Their work was identified in the Annual Report. NHSI carried out a limited scope well-led review in 2016. Given these factors the next external evaluation is likely to be in 2018.

C.1.1 The Trust’s Annual Report is prepared in line with national requirements and includes the external auditors’ statement. The report is written in Plain English and sets out an honest and balanced picture of the strengths and weaknesses of the Trust, including the challenges it faces looking ahead. The Annual Report includes an explanation of the approach to quality within the Quality Account.

C.2.1 The effectiveness of the Trust’s risk management and internal control systems is overseen by the Audit and Risk (A&R) Committee in the reports it scrutinises and in the work it commissions from Internal Audit on specific issues to test controls assurance. The report from A&R Committee that goes to the BoD also goes to the Governors’ Planning and Performance Subgroup and there is often a NED member of the A&R Committee in attendance at this meeting. The Risk Management Strategy has been reviewed, updated and approved by the BoD in January 2016.

C.2.2 The Trust has an Internal Audit function and its function is set out in the Annual Report.

C.3.5 No situation has arisen where the CoG have not accepted the Audit and Risk Committee’s recommendation in relation to external auditors.

C.3.9 The work of the Audit Committee is contained within the Annual Report. There were no non-audit services from the external audit provider in 2016-17.

D.1.3 No director was seconded to another organisation in 2016-17.

E.1.4 The main method of communication between Governors and members is through Insight magazine, and for members who have provided email addresses there is a monthly update which includes Governor activities. The Trust coordinates member events on behalf of the Governors to facilitate face-to-face discussions. As well as a members’ telephone contact number there is an email inbox: governors@nsft.nhs.uk monitored by the Membership and Engagement Officer and Company Secretary to ensure that members are able to contact Governors easily. This is made clear on the public website and in the annual report. Governors have access to a closed Facebook group for informal sharing of news, events and thoughts.

E.1.5 The Annual Report includes many references to the views of Governors but specifically states, ‘The Council of Governors and Board of Directors have approved a joint agreement that sets out how Non-executive Directors work with Governors to understand the views of members. Non-executive Directors attend Council of Governor meetings and are paired with link-governors whom they meet informally. Non-executive Directors also frequently attend Governor subgroup meetings and, on occasion, carry out joint service visits with them. Directors often attend public-facing events in the community or organised by Governors and Trust officers’.

E.1.6 The Board of Directors receives an annual report on membership which includes a demographic profile comparing membership to the population of Norfolk and Suffolk. The membership demographics are also reported in the Annual Report. The Trust’s Membership and Engagement Officer leads on recruitment and works with the Member and Governor Subgroup to promote membership to under-represented groups.
NHS Improvement’s Single Oversight Framework

NHS Improvement’s Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where ‘4’ reflects providers receiving the most support, and ‘1’ reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016-17. Prior to this, Monitor’s Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement’s guidance for annual reports.

Segmentation

Under the Single Oversight Framework, which is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of ‘Good’ or ‘Outstanding’, NHSI now segment providers based on the level of support each provider needs.

The Trust has an overall segmentation rating of 3. Providers rated as ‘3’ receive mandated support for significant concerns where there is an actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from ‘1’ to ‘4’, where ‘1’ reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

The Foundation Trust was rated a ‘3’ in Q3 2016-17 and a ‘3’ in Q4 2016-17 relating to the ‘Finance and use of resources’ metric’. See table below for details of the calculation. This segmentation information is the Trust’s position as at 19 April 2017. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website. The Trust plans to improve its rating in 2016-17 and 2017-18 on the individual rankings but the overall score is likely to remain at a ‘3’ due to the liquidity rating.

In relation to the Trust’s financial sustainability, NHS Improvement issued a compliance certificate on 9 November 2016, prior to this the Trust was in breach of the licence. Further details of the licence and the current actions being taken by the Trust are discussed in the annual governance statement.

(SOF1)

<table>
<thead>
<tr>
<th>Area</th>
<th>Metric</th>
<th>Qtr 3 Score</th>
<th>Qtr 4 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial stability</td>
<td>Capital service</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial stability</td>
<td>Liquidity</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Financial efficiency</td>
<td>I and E margin</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Financial controls</td>
<td>Distance from</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>financial plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial controls</td>
<td>Agency spend</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The table over (SOF2) explains the segmentation process in more detail. The table has been extracted from an NHS Improvement document entitled Single Oversight Framework:
### Equality reporting

**Equality Act (2010) requirements:**

The general duties are:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

The specific duties are to:

- Publish information to show our compliance with the (general) Equality Duty, at least annually
- Set and publish equality objectives, at least every four years

The Trust complies with the Equality Act through the NHS Equality Delivery System (EDS). The main purpose of the EDS is to help local NHS organisations to meet obligations under the Equality Act (2010). It works by ensuring that all of the work of the Trust is benefitting all protected groups in different ways.

The Board of Directors receives four reports a year on the Trust’s progress against its objectives. A full year report is published in April each year. In 2016-17 the focus was on mainstreaming equality and diversity into the Trust’s governance arrangements. This was through a three-stepped approach of identifying equality leads in each area, carrying out an equality assessment for that area, and then implementing a local plan to make improvements.

Good progress has been made in identifying and training equality leads. A dozen equality leads have received additional instruction to enable them to deliver face-to-face equality training with a focus on unconscious bias. The training has been well-received (96% rating from participants) and will continue to be rolled out in 2017-18.

Reporting on progress with the three step plan is now part of the Trust’s monthly Performance Accountability Review Meetings.

Executive team members support staff network groups (ENGs for BME, LGBT, Disability, Hidden Talents (MH), Faith and Belief) by co-chairing / facilitating them.

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### Area Weighting Metric Definition

<table>
<thead>
<tr>
<th>Area</th>
<th>Weighting</th>
<th>Metric</th>
<th>Definition</th>
<th>score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Stability</strong></td>
<td>0.2</td>
<td>Capital service capacity</td>
<td>Degree to which the provider’s generated income covers its financial obligations</td>
<td>&gt;2.5x</td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>Liquidity (days)</td>
<td>Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown</td>
<td>&gt;0</td>
</tr>
<tr>
<td><strong>Financial efficiency</strong></td>
<td>0.2</td>
<td>I&amp;E margin</td>
<td>I&amp;E surplus or deficit / total revenue</td>
<td>&gt;1%</td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>Distance from financial plan</td>
<td>Year-to-date actual I&amp;E surplus/deficit in comparison to Year-to-date plan I&amp;E surplus/deficit</td>
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</tr>
<tr>
<td></td>
<td>0.2</td>
<td>Agency spend</td>
<td>Distance from provider’s cap</td>
<td>≤0%</td>
</tr>
</tbody>
</table>

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### Additional reporting

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Quality report

Part 1: Statements

2016-17 Statements of Directors’ Responsibilities in Respect of the Quality Report.

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016-17 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2016 to May 2017
  - papers relating to quality reported to the Board over the period April 2016 to May 2017
  - feedback from commissioners dated May 2017
  - feedback from Governors dated May 2017
  - feedback from local Healthwatch organisations dated May 2017
  - feedback from Overview and Scrutiny Committee dated May 2017
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated March 2017
  - the national patient survey November 2016
  - the NHS Staff Survey March 2017
  - the Head of Internal Audit’s annual opinion of the Trust’s control environment dated 19 May 2017
  - CQC inspection report dated October 2016
- The Quality Report presents a balanced picture of the NHS foundation trust’s performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Gary Page
Chairman                Date: 25 May 2017

Michael Scott
Chief Executive        Date: 25 May 2017
Independent auditor’s report to the Council of Governors of Norfolk and Suffolk NHS Foundation Trust on the Quality Report.

We have audited the financial statements of Norfolk and Suffolk NHS Foundation Trust for We have been engaged by the Council of Governors of Norfolk and Suffolk NHS Foundation Trust to perform an independent assurance engagement in respect of Norfolk and Suffolk NHS Foundation Trust’s Quality Report for the year ended 31 March 2017 (the ‘Quality Report’) and certain performance indicators contained therein.

Opinions and conclusions arising from our audit

We have audited the financial statements of Norfolk and Suffolk NHS Foundation Trust for We have been engaged by the Council of Governors of Norfolk and Suffolk NHS Foundation Trust to perform an independent assurance engagement in respect of Norfolk and Suffolk NHS Foundation Trust’s Quality Report for the year ended 31 March 2017 (the ‘Quality Report’) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

• 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital;
• admissions to inpatient services had access to crisis resolution home treatment teams;

We refer to these national priority indicators collectively as the ‘indicators’.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

• the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
• the Quality Report is not consistent in all material respects with the sources specified in the Detailed requirements for quality reports for foundation trusts 2016/17 (‘the Guidance’); and
• the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Requirements for external assurance for quality reports for foundation trusts 2016/17.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

• Board minutes and papers for the period April 2016 to May 2017;
• papers relating to quality reported to the board over the period April 2016 to May 2017;
• feedback from commissioners, dated May 2017;
• feedback from governors, dated May 2017;
• feedback from local Healthwatch organisations, dated May 2017;
• feedback from Overview and Scrutiny Committee, dated May 2017;
• the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
• the national patient survey, dated November 2016;
• the national staff survey, dated March 2017;
• Care Quality Commission Inspection, dated October 2016;
• the 2016/17 Head of Internal Audit’s annual opinion over the trust’s control environment; and
• any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents.
Norfolk and Suffolk NHS Foundation Trust Annual Report April 2016 to March 2017

(collectively, the ‘documents’). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Norfolk and Suffolk NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Norfolk and Suffolk NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

• evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
• making enquiries of management;
• testing key management controls;
• limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
• comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
• reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Norfolk and Suffolk NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

• the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
• the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
• the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
Dragonfly House, 2 Gilders Way,
Norwich, Norfolk NR3 1UB

25 May 2017
Statement on quality from the Chief Executive, Michael Scott

This year I am delighted to report significant quality improvements have been made at our Trust and are beginning to make a real difference to our service users thanks to the determined and concentrated efforts of our staff.

The CQC published its inspection report into our Trust’s services in October 2016 and our overall rating positively moved to ‘Requires Improvement’. Commenting that our Trust had made ‘…significant improvement’ England’s Chief Inspector of Hospitals, Professor Sir Mike Richards recommended to our regulators, NHS Improvement (NHSI), that special measures be removed.

Our Trust’s overall ratings were:

- NSFT overall Requires Improvement (from Inadequate)
- Are services caring? Good (from Good)
- Are services well led? Requires Improvement (from Inadequate)
- Are services effective? Requires Improvement (from Requires Improvement)
- Are services responsive? Requires Improvement (from Requires Improvement)
- Are services safe? Inadequate (from Inadequate)

Although there is much work still to do to keep moving towards a ‘Good’ rating for our Trust – and we firmly have this in our sights – this progress is great news and a testament to the hard work and commitment of our staff. We are proud of the progress we have made together in all parts of our Trust, so far, and it will act as a motivator for the work we have ahead of us.

And we have already taken action to address the areas which the CQC identified needed further improvement in the autumn, and much of this work has been completed, or is well underway. But we are not complacent and, for this reason, we will continue to keep quality as our central focus as we move into 2017-18.

Our quality priorities are:

- Patient safety
- Patient experience
- Clinical effectiveness

Our Clinical Strategy (2016 to 2021) will help us to deliver these and is now informing the development of clinical services in our Trust. Developed by clinicians and senior operational managers and co-produced with service users, carers and commissioners, the aim of the strategy is to continue to raise the quality of our services while creating mental health care pathways, which effectively and consistently meet the individual needs of our service users.

For the past two years, our Trust has renewed its focus on reducing deaths among our service users. In 2016-17 we held a review looking specifically at suicide rates among our service users and former service users. This has shown that the suicide rate among our patients has remained relatively stable, with no specific increase or decrease, since 2012, even with fluctuations in numbers of unexpected deaths.

We’ve taken a range of other proactive steps to drive this work forward, including commissioning Verita to review our data, publishing our new Suicide Prevention Strategy and setting up our new Mortality Review Group.

Meeting quarterly, the group looks in detail at the data surrounding deaths among our service users so that we can identify any trends and take action, wherever necessary. The figures have been broken down by age, sex, location, service and diagnosis which, over time, will mean we will be able to draw some meaningful conclusions as to whether there is anything our Trust could be doing differently.

Interestingly, the data has shown links between certain mental health conditions and physical health problems; for example, a high proportion of males with bipolar and schizophrenia die from ischaemic heart disease. As a result, one area which may require further work is ensuring that those with mental health problems can also access the right care to meet their physical health needs.

The independent report from Verita has shown we are a Trust which is a high reporter of unexpected deaths and serious incidents, and one which reports early. This is good news as it is recognised that organisations with high levels
of reporting are generally safer – it is where there is a culture of hiding, blame or deflection that things can go wrong.

In commissioning the report, we wanted to know that we are acting correctly in trying to prevent unexpected deaths and that where there is a need for improvement or a lesson to be learned we take effective action.

We also need to be absolutely sure that any learning is shared throughout our whole organisation.

We received Verita’s key findings in spring 2016, which recommended we should tighten up our processes in several areas, such as:

• Improving internal investigation processes
• Ensuring lessons are consistently learned and embedded across its services
• Improving support and engagement with bereaved families
• Better evidencing of Board discussion on unexpected deaths

The stand out point for our Trust is that we need to work even more closely with bereaved families, offering a consistent level of support and engagement. Our Board has given their commitment that we are making this a priority.

We are also offering greater support and training to our staff on how to best document and investigate unexpected deaths and are recruiting additional investigation managers to support this.

Furthermore, in early 2017 our Trust launched a comprehensive five-year Suicide Prevention Strategy. This underlines our commitment to consistently delivering the fundamental aspects of safe care, such as training, learning from events, ensuring seven-day follow-up from inpatient services and providing safe environments and services which meet the needs of the community, as well as learning from events by evaluating our actions and the impact which they have on our service users and their families.

Within the strategy, these five priorities have been developed in partnership with our service users, carers, staff and stakeholders.

• Focus on the safety of clinical pathways and get the essentials of assessment and care planning right every time to make a positive difference to the lives of service users
• Further enhance the support given to families and carers
• Support staff with the most up-to-date skills and knowledge to enhance their understanding of suicide
• Use best practice and innovation from elsewhere while also testing new ideas locally to reduce suicide
• Continue to work with partners to deliver countywide actions developed in conjunction with Norfolk and Suffolk’s multi-agency suicide prevention groups

Our Ligature Reduction Programme – actively seeking out and removing any risks for our inpatients who may have suicidal ideations – is offering further support to our suicide prevention approach.

Another key initiative over the past year which has helped our quality agenda is Safewards. This is a national initiative that has been running across six of our wards and is making a real difference to both patients and staff by improving the environment in which care is delivered.

Based on years of research it looks to provide staff with new ways of working to avoid or diffuse things such as aggression, substance misuse, absconding, medication refusal and self-harm among service users.

It encourages staff to work alongside patients therapeutically, breaking down barriers and developing strong relationships so that situations don’t become inflamed in the first place. In this way the initiative can help us further reduce the need to use prone restraint and restrictive practices on our wards, such as seclusion, for example.

Evidence shows that the model also benefits staff, leading to improved wellbeing and increased confidence to avert or deal with difficult, upsetting or potentially unsafe situations while at work.

We continue to monitor our progress on Safewards, while our Patient Safety Group reviews any incidents where restrictive interventions have occurred to see if any lessons can be learned.

There have been many more key initiatives which helped us to significantly improve our services this year, including rolling out the Green Light Toolkit. This ensures we provide accessible information
on our services to help reduce inequalities and barriers to good health for people with learning disabilities and autism. So far we have trained 126 Trust Greenlight Champions to better support these service users in making choices about their care.

As we move into 2017-18 the safety and quality of our services remains our number one priority. We expect a further CQC inspection this summer and we have a clear focus on demonstrating that our Trust has improving quality at the front and centre of our ambitions.

We will to continue to listen to our service users, carers and staff and engage with all to continue to improve and raise the bar on quality to ensure we really are working together for better mental health.
Part 2: Priorities for improvement

Looking back at our quality priorities in 2016-17

The Quality Account published in 2016 identified five quality targets. This section demonstrates the progress that has been made in the past 12 months.

Patient safety / Self-harm

Staff will have the confidence and tools to manage service users who self-harm, improving the service user experience. This will be measured through the number of people who attend training, a staff survey and a patient reported outcome measure, which will be developed.

Where we were:
Data collected over a six month period from October 2015 to March 2016 to monitor incidents and quality demonstrated a rise in self-harm behaviours on inpatient wards.

Where we are now:
Measures of self-harm were taken at the outset of this project to determine the highest reporting areas of self-harm and four pilot sites were selected: Rollesby Ward (Psychiatric Intensive Care Unit), Waveney Ward, Northgate Ward (Acute Wards), and 5 Airey Close (now relocated to Dragonfly Unit, Child and Adolescent Mental Health Unit).

A staff survey was developed to gain insight into how staff felt about working with self-harm, and what they required to feel more confident in supporting this service user group. We also wanted to explore the importance of staff wellbeing, as we acknowledged that working with self-harm can be extremely distressing for staff.

Alongside this, a service user questionnaire was developed; this was designed to measure the thoughts and feelings of service users while on an inpatient ward, and asked them to rate a number of different items related to the staff team and the environment.

The results were used to inform interventions and training and clearly indicated that all four ward areas wished to have self-harm training which has been provided and was highly valued by staff. The training led teams to think about their interventions and how they might do things differently on the ward. Interventions identified have included; weekly staff discussions, development of information resources for staff, the use of weighted blankets (used to help with anxiety) for service users and availability of multi-function rooms as alternative spaces for service users to access in the evenings.

Staff and service user surveys were repeated in March 2017 and the findings and learning will be shared across the Trust. Further in-depth analysis of the results is needed but it is very clear to see that the majority of staff feel their confidence in working with service users who self-harm has improved as a result of the training and project interventions. Results show good engagement from staff and the ongoing passion to continue to improve practice.

Patient safety / Suicide reduction

For the Trust to participate in regional initiatives and develop a five year target for suicide reduction in partnership with other services.

Where we were:
During this year, the Trust has engaged with its partners in assessing national and local data alongside the implementation of actions to reduce suicide. This engagement has involved service users, carers and Trust staff helping to shape both counties’ and Trust suicide prevention strategies.

The Trust continues to review and identify learning from events where people are lost to suicide. Integral to this has been the Trust’s work in applying the recommendations from the independent review into unexpected deaths, including strengthening the means by which the experiences of families and carers is captured and used to assist learning. The Mortality Review Group (as described on page 98) first met in November 2016 and examines all deaths within the Trust, analysing information and making recommendations for change, with the Suicide Prevention Strategy focusing upon suicide.

Where we are now:
The Suffolk County Suicide Prevention Strategy is in the initial stages of implementation, recognising this is part of a five year strategy. The Trust is engaged in supporting the various work streams, including those linked to data...
and people vulnerable to suicide who experience mental illness and distress. The Norfolk County Suicide Prevention Strategy was launched in January 2017.

The Trust’s Suicide Prevention Strategy, confirmed by the Trust in February 2017, sits in support of both of these strategies with a core strand of work related to those who experience mental illness and distress.

The strategy focuses on five key domains:

- Clinical pathways
- Working with family and carers
- Supporting staff with the most up-to-date skills and knowledge
- Innovations
- Working with partners to deliver countywide actions

To support the implementation of the Trust’s strategy, recruitment to an implementation lead has been completed. This will have the benefit of providing defined resource to creating and facilitating the structure of work programmes and developing methods for monitoring the implementation plan, which will follow from the first implementation meeting which was held in January 2017.

**Patient experience / Service users’ involvement in their care**

To raise the number of people reporting in the mandatory service user survey that they were involved, or involved to some extent, in decisions about their care to above 90% in 2017.

**Where we were:**
Between May and December 2016, internal Care Programme Approach (CPA) audits showed improvements in service user and carer involvement in both risk assessment and care planning. However, despite this evidence of improvement, the results of the National Mental Health Community Service Users Survey 2016 showed a 2% fall in performance in this domain. For responses to the survey question “Were you involved as much as you wanted to be in agreeing what care you will receive?” 87% of respondents said they were definitely involved or to some extent (compared to a national average of 92%). In 2015, this total was 89% (93% nationally).

**Where we are now:**
Based on the recommendations from the National Mental Health Community Service Users Survey 2016, the approach to improving service user involvement in care will now be linked to embedding recovery principles in care delivery. Co-production and service user involvement in their own care is fundamental to recovery orientated services. A Team Recovery Implementation Plan (TRIP) has been introduced to community teams during workshops early in 2017 and will be implemented in 2017-18 Quarter 1. Evidence of improvement in service user involvement will be through internal CPA audit in 2017-18 and the results of the National Mental Health Community Service Users Survey 2017, expected in the autumn of 2017 (recognising that service users selected will receive a survey questionnaire during Quarter 1, we may not see an improvement in responses until the 2018 survey).

**Clinical effectiveness / Recording capacity**

To ensure that 95% of service users have their capacity to consent to treatment on admission, recorded in the electronic record.

**Where we were:**
This issue has been raised by the CQC in their recent reports and a Trust-wide plan was put in place to include a Trust policy review, clear guidance and additional training / awareness sessions to ensure that adherence to the Mental Capacity Act (MCA) evidenced through documentation is being followed.

**Where we are now:**
The Medical Director worked with doctors across the Trust to improve understanding of Trust processes and requirements in order to comply with the MCA.

Actions taken included:

- Raising awareness of the shortfalls in recording and explaining the importance of recording capacity at consultants’ meetings and Trust-wide Medical staff committee
- Clear communications regarding recording processes and requirements

Findings from an audit of capacity to consent to pharmacological treatment published in February 2017 indicated a compliancy rating of 69% for clear documentation of capacity.
A Trust-wide Mental Capacity Awareness week was celebrated between 6-12 March 2017, involving a series of workshops across the Trust to help staff understand the law behind the Mental Capacity Act and to highlight good practice, including when decisions can be made on behalf of someone else and what has to happen before someone is deprived of their liberty. Audit findings were incorporated into these awareness sessions.

Clinical effectiveness / Section 17 leave

To ensure that section 17 leave is managed in accordance with the Code of Practice, monitored by MHA administration team.

Where we were:
Inspections of Mental Health Act (MHA) compliance by the CQC frequently identify that section 17 leave forms and associated paperwork are not completed in accordance with the MHA 1983 Code of Practice. This failure may increase the level of risk for the service user if staff are not able to monitor the leave and also risks to ensuring that patients and their relatives / carers are fully informed of the arrangements of the leave.

Where we are now:
To support this priority a focused workshop, led by the Medical Director reviewed the section 17 leave documents and clear processes were agreed, set out in a flowchart, which has been implemented.

The MHA Administration team carry out a monthly audit of papers for every ward with detained patients and this is reported to the bi-monthly Mental Health Law Forum (MHLF) in the form of a heat map, showing a rolling period of 12 months data for continuous monitoring purposes. In addition, a focused clinical audit measuring compliance with risk assessment to support leave has been carried out.

The following compliance targets were set for 2016-17 and the current compliance indicated:

a) 95% of leave authorisations are signed by the Responsible Clinician or their nominated deputy (March 2017: 99%)

b) 95% of leave authorisations have the parameters of the leave clearly set out (March 2017: 99%)

c) 95% of service users granted leave have a specific risk assessment carried out (March 2017: 80%)

d) 95% of service users granted leave have been given a copy of the forms or it is documented that they refused a copy (March 2017: 77%)

e) 95% of carers will be offered a copy of the forms or it is documented that the service user has denied permission (March 2017: 49%)

Compliance has been escalated through the Performance Accountability Review Meetings, (PARM) and action plans to drive improvements agreed. Progress will be reported to the MHLF.

Looking forward to our quality priorities for 2017-18

This is the section of our Trust’s Quality Account that looks forward to 2017-18 and identifies our goals for improvement. The rationale for why these goals have been chosen and how progress will be monitored is described.

Our Trust has agreed a number of priorities which support our Quality Improvement Plan (QIP) in response to the Care Quality Commission (CQC) inspection in 2016 and the following priorities were agreed by the Board of Directors for 2017-18. These quality priorities are also reflected in the results of the national service user survey, local and national clinical audits and local feedback, including complaints and serious incident investigations.

Each of these priorities will be led by an Executive Director and progress will be reported to our full Board of Directors (BoD) four times a year.

Patient safety / Reduce restrictive interventions

Positive Behaviour Support Plans

Aim:
Audit will demonstrate that 80% of inpatient service users with a ‘challenging behaviour’ will have an individualised behaviour support plan* informed by a recent holistic assessment.

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* An individualised behaviour support plan is a form of advanced directive, developed with the service user where they have capacity. The behaviour support plan should be developed with those patients who have exhibited behavioural disturbance in the past or are at risk of doing so and may therefore require restrictive interventions.

The plan should incorporate recovery-based approaches to identify early warning signs and strategies that support de-escalation and distraction and reduce risk and harm in crisis situations (these are referred to as primary, secondary and tertiary strategies: Mental Health Act MHA Code of Practice 2015).

**Background:**
This priority has been chosen to support our project work in building compliance with the Department of Health guidance ‘Positive and Proactive Care: reducing the need for restrictive interventions’ (2014).

Compliance will be monitored through the seclusion heat map which is produced weekly.

**Lead:** Director of Nursing

### Clinical effectiveness / Improve service user experience

**Care Programme Approach (CPA) process**

**Aim:**
Data reported monthly will demonstrate 95% compliance with core assessments, risk assessments and care plans.

**Background:**
This priority has been chosen because the quality of the assessments and risk assessments is frequently raised by the CQC and Trust-wide Care Programme Approach (CPA) audits.

**Lead:** Director of Operations

These quality priorities are also reflected in the results of the national service user survey, local and national clinical audits and local feedback, including complaints and serious incident investigations.

### Statements of Assurance from the Board

The wording in the following statements is required in the Department of Health (DH) regulations for producing Quality Accounts. The statements are required nationally to enable the public to compare the performance of individual trusts and are therefore common across all Quality Accounts.

We have provided some explanation of the terms used in the key, but if you would like any further explanation, please contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 279 7257.

1. **Review of services**

During 2016-17 the Trust provided and / or subcontracted eight NHS services: adult services, children’s services, drug and alcohol services, improving access to psychological therapies (IAPT), learning disability services and older people’s services. The Trust also provides forensic and Tier 4 Child and Adolescent Mental Health Services (CAMHS), commissioned by NHS England rather than local Clinical Commissioning Groups (CCGs). The Trust has reviewed all the data available on the quality of care in all of these services.
The income generated by the National Health Service (NHS) services reviewed in 2016-17 represents 95.1% of the total income generated from the provision of NHS services by the Trust for 2016-17.

The quality of care the Trust has provided has been reviewed in a number of ways. This is via the collection of systematic performance data against Monitor, CQC and CCG quality targets as well as clinical audits, surveys, analysis of complaints and serious incident data, and feedback from service users and carers.

The Trust’s quality monitoring systems ensures that data is reported, and that action plans for improvement are put in place where needed. Information is cascaded to all levels of the organisation via locality leadership and clinical and management supervision.

**(QA1) Quality of care review methods**

<table>
<thead>
<tr>
<th>Data type</th>
<th>Lead</th>
<th>Reported to</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Audit</td>
<td>Audit lead</td>
<td>Quality Governance Committee / Performance and Accountability Review Meetings</td>
<td>Action plans developed and implemented by clinical team and / or audit sponsor, as appropriate. This is then monitored by the audit department and a re-audit undertaken, as indicated, to demonstrate that the plan has improved the service. Locality governance dashboards incorporating audit compliance and audit results databases are updated monthly and shared with localities to enable them to compare their performance with other areas and to see, at a glance, where further action is required.</td>
</tr>
<tr>
<td>Complaints</td>
<td>Complaints Manager</td>
<td>Quality Governance Committee / Performance and Accountability Review Meetings</td>
<td>Action plan developed and implemented by relevant manager. Where there is learning for other areas, the action plan is shared through a variety of mechanisms, including access to the plan and the production of themes that are shared with all areas, policy amendments and adjustments to training packages.</td>
</tr>
<tr>
<td>Feedback from visits</td>
<td>Executive and Non-executive Directors</td>
<td>Modern Matrons and Ward Managers</td>
<td>Action plan developed to resolve any issues that arise.</td>
</tr>
<tr>
<td>Peer reviews</td>
<td>Matrons</td>
<td>Head of Governance</td>
<td>Progress reported to Quality Governance Committee and Board of Directors.</td>
</tr>
<tr>
<td>Governance visits</td>
<td>Head of Governance</td>
<td>Quality Governance Committee</td>
<td>Quality improvement visits carried out by governance team to check compliance with fundamental standards are reported back to the teams and used to confirm the progress reported by the peer reviews.</td>
</tr>
</tbody>
</table>

2. Participation in National Quality Improvement Programmes

During 2016-17, four national clinical audits and two national confidential enquiries* covered NHS services that the Trust delivered (in terms of collecting patient level data).

During that period, the Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

* A national confidential enquiry is a nationwide review of clinical practice which, when completed, leads to recommendations for improvement.
The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2016-17 were:

**National clinical audits**

The three national, Prescribing Observatory for Mental Health – UK (POMH-UK) audit prescribing topics in mental health services were:

- Prescribing antipsychotic medication for people with dementia
- Monitoring of patients prescribed lithium
- Rapid tranquilisation in the context of the pharmacological management of acutely-disturbed behaviour

The national Prescribing Observatory for Mental Health (POMH-UK) aims to help specialist mental health Trusts / healthcare organisations improve their prescribing practice. POMH-UK, with its member organisations, identifies specific topics within mental health prescribing and develops audit-based Quality Improvement Programmes (QIPs). Organisations are able to benchmark their performance against one another and identify where their prescribing practice meets nationally agreed standards and where it falls short. Wide participation in QIPs creates a picture of prescribing practice nationally.

- The Early Intervention in Psychosis (EIP) Audit (July 2016) – Royal College of Psychiatrists

The Early Intervention in Psychosis audit was a quality improvement programme commissioned by Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, and awarded to the Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI). The results of the audit provided a national overview of the EIP services’ quality of care in England relative to the National Institute for Health and Care Excellence (NICE) quality standard for psychosis and schizophrenia in adults (Quality Standard 80). In addition, the audit enabled participating services to identify their strengths as well as the areas for improvement.

**National enquiries**

- The mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide and Sudden Unexplained Death, by People with Mental Illness (NCISH)
- National Confidential Enquiry into Patient Outcome and Death – Young People’s Mental Health Study (NCEPOD)

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2016-17, are listed below, alongside the number of cases submitted to each audit or enquiry. POMH-UK national guidance does not specify the number of registered cases required within the terms of each audit.

(QA2) **National clinical audits and enquiries**

<table>
<thead>
<tr>
<th>Name</th>
<th>Completed and status</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National clinical audits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a) Prescribing antipsychotic medication for people with dementia</td>
<td>Result disseminated by POMH-UK in Nov 2016</td>
<td>NSFT sample 60</td>
</tr>
<tr>
<td>1b) Monitoring of patients prescribed lithium</td>
<td>Result disseminated by POMH-UK Feb 2017</td>
<td>NSFT sample 39</td>
</tr>
<tr>
<td>1c) Rapid tranquilisation in the context of the pharmacological management of acutely-disturbed behaviour</td>
<td>Data submitted to POMH-UK Nov 2016. Result expected in Jul 2017</td>
<td>NSFT sample 57</td>
</tr>
<tr>
<td>2) The Early Intervention in Psychosis Audit (July 2016) – Royal College of Psychiatrists</td>
<td>Report published in July 2016</td>
<td>Patient sample 60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teams participating in service level sample 3</td>
</tr>
</tbody>
</table>

The national clinical audits and enquiries that the Trust participated in, and for which data collection was completed during 2016-17, are listed below, alongside the number of cases submitted to each audit or enquiry. POMH-UK national guidance does not specify the number of registered cases required within the terms of each audit.
(QA2 continued) National clinical audits and enquiries

<table>
<thead>
<tr>
<th>Name</th>
<th>Completed and status</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mental health clinical outcome review programme: National Confidential Inquiry into Suicide, Homicide and Unexplained Death, by People with Mental Illness (NCISH)</td>
<td>Continuous audit</td>
<td>Total cases identified for the NCISH = 24</td>
</tr>
<tr>
<td>National Confidential Enquiry into Patient Outcome and Death – Young People’s Mental Health Study (NCEPOD)</td>
<td>Retrospective Data Collection in Progress</td>
<td>9 clinical cases selected for audit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 organisational questionnaires submitted</td>
</tr>
</tbody>
</table>

The reports of four national clinical audits carried out by the Trust were reviewed in 2016-17 and the Trust intends to take the following actions or has taken action to improve the quality of healthcare provided:

**Actions following Audit**

(QA3) Actions following Audit

**POMH-UK: prescribing topics in mental health services (2016-17)**

<table>
<thead>
<tr>
<th>Audits reported in 2016</th>
<th>Actions in progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a) Prescribing antipsychotic medication for people with dementia (out of seven parameters of quality standards the Trust performed above average in four and below average in three)</td>
<td>Results discussed at Drugs and Therapeutics Committee and Clinical Cabinet. Targeted dissemination to doctors, modern matrons, nurses and pharmacists. Broader dissemination via audit team. Relevant clinicians have been requested to discuss the findings at team level to acknowledge good practices as well as ways to improve further, where needed.</td>
</tr>
<tr>
<td>1b) Monitoring of patients prescribed lithium (Out of nine parameters of quality standards the Trust performed above average in six and below average in three)</td>
<td>Results recently released (February 2017). In the process of dissemination and discussion at various meetings.</td>
</tr>
<tr>
<td>1c) Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour</td>
<td>Results yet to be published. New e-learning module for Rapid Tranquillisation was developed and launched by clinical pharmacy team in Mar 2016.</td>
</tr>
<tr>
<td>2) The Early Intervention in Psychosis Audit (July 2016) – Royal College of Psychiatrists</td>
<td>Baseline report in July 2016. The Royal College used results to develop a national self-assessment tool which was completed by the Trust in September 2016; awaiting results to be reported early 2017. Findings are disseminated through the Early Intervention in Psychosis Steering Group.</td>
</tr>
</tbody>
</table>
3. Trust Clinical Audit Programme

The reports of 55 local clinical audits were reviewed by the provider in 2016-17 and the Trust intends to take the following actions to improve the quality of healthcare provided in relation to the five audit topics selected:

<table>
<thead>
<tr>
<th>(QA4)</th>
<th>Audit title (reference to CQC Key Lines of enquiry)</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Are we Responsive to People’s Needs?</strong></td>
<td>Audit of the Independence of Root Cause Analysis (RCA) Reports</td>
<td>An independent investigation required the Patient Safety Team to commission an audit to assure itself that every Root Cause Analysis (RCA) investigation resulting from an unexpected death has a specific Terms of References (TOR) relevant to the case. After two cycles of data collection, compliance has increased across all comparable audited criteria from 91% to 98% between June / July to August / September 2016. Especially notable is a 24% increase in there being clear ‘tailor-made’ Terms of Reference specific to the investigation indicated within the Full RCA Report TOR. The Patient Safety and Complaints Lead and the Patient Safety Manager have led improvements to practice which have included report template reviews and information for RCA Facilitators.</td>
</tr>
<tr>
<td><strong>Are we Effective?</strong></td>
<td>Health Records Audit</td>
<td>This was the first Trust-wide audit using criteria that were entirely focused on the issues relevant to the Lorenzo Electronic Patient Record system. The audit demonstrated a number of improvements (for example, related to the Data Protection Act - Consent for Disclosure form) but also a number of areas where performance had deteriorated and these are being addressed by the Business Change Team.</td>
</tr>
<tr>
<td><strong>Are we Effective?</strong></td>
<td>Matron-led Audit of the Fundamental Aspects of Care</td>
<td>The audit continues to show that at least 87% of patients had a physical examination initiated on admission, or a valid reason recorded for not doing so. The medical staff on an adult acute inpatient ward improved practice by co-ordinating with the administrative staff a list of patients with outstanding Physical Health Forms so that these could be completed wherever necessary; compliance was most recently reported as 100%. The content of the Matron-led Fundamental Aspects of Care audit will be reviewed for 2017-18 to align with any changes to the Physical Health Form and the audit requirements of the Commissioning for Quality and Innovation (CQUINs) payments framework, which sets out a payments framework encouraging care providers to share and continually improve care delivery and to achieve transparency and overall improvement in healthcare.</td>
</tr>
</tbody>
</table>
### Are we Safe?

#### Care Programme Approach / non-CPA

Compared to Quarter 1 of 2016-17, there was a 63% increase in participation; with 491 patient records across 76 clinical teams audited. Similarly, there was an 8% increase in the overall quality of the practice audited; from 70% in Quarter 1 to 78% in Quarter 3 of 2016/17. The three practice issues showing the greatest improvement between the two audit cycles were: use and completion of the Admission Checklist; completion of the Legal Basis for Admission Form; completion of a single current care plan that covers all identified needs. Action plans have been produced by each team and progress will be audited in Quarter 1 of 2017-18.

### Are we Safe?

#### High Dose Antipsychotic Therapy and Antipsychotic Combination

The Clinical Pharmacy Team carried out monitoring of High Dose Antipsychotic Therapy (HDAT) and Antipsychotic Combination (AC) across the Trust in March 2016 and in Nov 2016 (as set out during launch of HDAT guidelines in July 2015). Following the baseline audit, the Trust produced prescribing guidelines, launched an awareness raising campaign, delivered education and training and supported clinicians’ engagement.

This audit work was a locally-led improvement project with clinicians recognising a change was needed. The first baseline audit showed that within the Trust prescribing levels of antipsychotics were higher than the national average. Following a quality improvement project led by pharmacy team with support from clinicians, the levels of prescribing of HDAT and AC have come down to below national averages.

### Medical staff audits

Medical staff have completed many audits throughout the year and participated in Trust-wide audits. Each report is distributed throughout the Trust and is accessible from the Trust intranet.

Topics have included:

- Quality of discharge summaries to General Practitioners (GPs)
- Completion of inpatient physical health assessments
- Mental Health Act and Mental Capacity Act legislation within inpatient settings
- Driving and dementia
- Combination and high dose antipsychotic prescribing

Each audit has resulted in relevant actions for improvement.
Norfolk and Suffolk NHS Foundation Trust Annual Report    April 2016 to March 2017

National Confidential Inquiry

The Trust participates in the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, with excellent compliance scores. Should the Trust have a serious incident resulting in a child's death or near miss, this would be referred to the Norfolk and Suffolk Safeguarding Children's Boards for consideration under the Serious Case Review (SCR) guidance as outlined in Working Together to Safeguarding Children 2015, and be reported in the three-year national report. For the period being looked at, there have been two SCRs involving children known to the Trust in Norfolk and Suffolk, and there are two on-going reviews due for completion in 2017. As a member of the Norfolk and Suffolk Safeguarding Child and Adult Boards, the Trust will take account of all recommendations arising from SCRs and Safeguarding Adult Reviews (SARs), regardless of whether or not Trust services were involved. The Trust participated in a SAR involving an older person known to Norfolk services, published in 2016. There is currently one further SAR due for completion in 2017 concerning a Norfolk service user known to the Trust.

4: Clinical research

A total of 510 patients receiving NHS services provided or sub-contracted by the Trust from April 2016 to March 2017 were recruited during that period to participate in research approved by a research ethics committee. This is an increase of 60% within the last three years.

In late 2016, the Trust took part in the national Clinical Research Network's patient experience survey. The Trust's service users rated their experience of taking part in research as 9.07 out of 10, and 100% of respondents said that they felt listened to by research staff.

In 2016 we also saw the full launch of the Research Development Programme, with teams supporting the development of research, evaluation and evidence-based practice in the areas of child and youth mental health, adult services and dementia and complexity in later-life. This work has already led to research collaborations being developed between the Trust and universities across England, and global institutions such as the World Health Organisation. A grant has been funded through the Burdett Trust to support the development and evaluation of a Men's Mental Health nursing post. Staff successes this year include a record number of staff completing or being accepted onto National Institute for Health Research (NIHR) - funded MScs in Clinical Research and NIHR Collaboration for Leadership in Applied Health Research and Care Fellowships.

5. Commissioning and Quality

Innovation Goals (CQUIN) agreed with commissioners

A proportion of the Trust income in 2016-17 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017-18 and for the following 12-month period are available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19

The Trust has a contract with Central Norfolk*, West Norfolk CCG, Ipswich and East Suffolk CCG, West Suffolk CCG and Cambridge and Peterborough CCG for the provision of mental health services to the population of Norfolk and Suffolk, and with NHS England (specialist) Commissioning Group for the provision of low and medium secure services and Tier 4 Child and Adolescent Mental Health Service.

The Trust has a contract with Central Norfolk*, West Norfolk and with Great Yarmouth and Waveney CCGs for the provision of wellbeing services. In addition, Norfolk Public Health commissions the Norfolk Recovery Partnership (NRP) for drug and alcohol services for prisons and community.

Central Norfolk, West Norfolk and Great Yarmouth and Waveney have five national CQUINs which focus on NHS staff health and wellbeing and improving physical healthcare to reduce premature mortality in people with severe mental illness. These account for 1.0% of the total contract value.

Four local CQUINs were applied across individual Norfolk and Waveney localities, including the implementation of Safewards, a scheme continued from 2015-16. These local CQUINs account for 1.5% of the total contract value.

For the Norfolk Wellbeing services, two CQUINs applied. These account for 2.5% of the contract...
value and support multi-agency working and integration with acute hospital services.

The goals included pre-defined national priorities - and covered the three domains of quality: patient experience, patient safety and clinical effectiveness.

A total of five goals to improve quality were agreed for secure services and Tier 4 CAMHS services as commissioned by NHS England. Three goals applied to secure services and two to CAMHS. These included nationally predefined and locally agreed schemes.

Further details of the agreed goals for 2016-17 and for the following 12 month period are available electronically on request from the Contracts Department.

The value of the scheme represents 2.5% of the total contract value and approximately 83% compliance has been achieved in Norfolk and Suffolk.

The income received, which was conditional upon achieving quality improvement and innovation goals in the main contracts 2016-17, is forecast to be £2,633,000 this compares with the income received in 2015-16 which was £2,625,000.

* Comprising South Norfolk, North Norfolk and City Clinical Commissioning Groups.

(QA5) CQUIN Schemes implemented across the Trust in 2016-17

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Central Norfolk* CCGs</th>
<th>West Norfolk CCG</th>
<th>Great Yarmouth and Waveney CCG</th>
<th>Ipswich and East Suffolk CCG and West Suffolk CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of health and wellbeing initiatives**</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Healthy food for NHS staff, visitors and patients**</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving the uptake of flu vaccinations for front line staff**</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardio metabolic assessment and treatment for patients with psychoses**</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with general practitioners**</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safewards implementation</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex needs</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult to discharge patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of a frailty tool</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Recovery Colleges for medium and low secure patients**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing restrictive practices within adult low and medium secure services**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Point of Access to secure services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS Tier IV inpatient transitions to adult care**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Harm: psychoeducational training and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-agency online referral – Wellbeing Norfolk and Waveney services</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Acute Integration – Wellbeing Norfolk and Waveney services</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
(QA6) NHS England (Specialist) Commissioning 2016-17 CQUIN

<table>
<thead>
<tr>
<th>Secure Services CQUIN Schemes</th>
<th>CAMHS Tier IV Services CQUIN Schemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Colleges for medium and low secure patients**</td>
<td>CAMHS inpatient transitions to adult care**</td>
</tr>
<tr>
<td>Reducing restrictive practices within adult low and medium secure services**</td>
<td>Self-Harm: psychoeducational training and support</td>
</tr>
<tr>
<td>Single Point of Access to secure services</td>
<td></td>
</tr>
</tbody>
</table>

* Locally designed CQUIN (in collaboration with the Trust’s service staff and CCGs)

** National CQUIN

6. Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission (CQC). Its current registration status is ‘registered to provide assessment or medical treatment for persons detained under the Mental Health Act 1983’ and ‘treatment of disease, disorder or injury’.

Following an inspection in October 2014, the CQC took enforcement action against the Trust and in February 2015 it was rated ‘inadequate’ and placed into special measures. Following the implementation of an improvement plan, the Trust was re-inspected in July 2016. The CQC found that the Trust had made “significant improvement” and the rating was changed from ‘Inadequate’ to ‘Requires Improvement’. NHS Improvement then accepted the CQC recommendation and the Trust has now moved out of Special Measures.

All of the CQC reports are available at: www.cqc.org.uk

(QA7) Table showing the ratings received by the Trust

<table>
<thead>
<tr>
<th>Provider Report</th>
<th>Acute and PICU*</th>
<th>CAMHS** Inpatient</th>
<th>CAMHS** Community</th>
<th>Learning Disability Inpatient</th>
<th>Learning Disability Community</th>
<th>Crisis Services and places of safety</th>
<th>Older People’s inpatient</th>
<th>Older People’s Community</th>
<th>Adult Community</th>
<th>Forensic Inpatient</th>
<th>Substance Misuse</th>
<th>SRRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Safe</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Effective</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Caring</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Responsive</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Well-led</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* PICU = Psychiatric Intensive Care Units ** CAMHS = Child and Adolescent Mental Health Services *** SRRS = Suffolk Rehab and Recovery Service

The Trust is not complacent and strives to achieve a rating of ‘Good’. To achieve further improvements, an action plan is in place and each team has its own plan to ensure engagement across the Trust.

The plan is monitored by the Trust Board and reviewed at monthly Quality Governance meetings. Many actions have already been completed, whilst others, such as those implemented to help recruitment, are longer term.

The following are some examples of actions that are completed and others that are yet to be delivered with expected delivery dates.
(QAS) Improvement actions

<table>
<thead>
<tr>
<th>Description</th>
<th>Action required</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust must ensure that action is taken to remove ligature anchor points</td>
<td>Ligature anchor points assessed</td>
<td>June 2017</td>
</tr>
<tr>
<td>and to mitigate risks where there are poor lines of sight</td>
<td>as red or amber to be removed</td>
<td>This is the latest that</td>
</tr>
<tr>
<td></td>
<td></td>
<td>we would expect the work to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>be completed</td>
</tr>
<tr>
<td>The Trust must have adequate governance systems in place to assess risk</td>
<td>New process in place</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>and to protect the rights of patients awaiting DoLS* authorisations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Trust must ensure that all risk assessments and care plans are in place</td>
<td>CPA task and finish group</td>
<td>ONGOING</td>
</tr>
<tr>
<td></td>
<td>Monthly data reviews</td>
<td></td>
</tr>
</tbody>
</table>

* DoLS – Deprivation of Liberty safeguards - Mental Capacity Act

The Trust is expecting a further re-inspection from the CQC in July 2017 and will continue to implement and embed improvements.

The Trust has not been eligible for any special reviews or investigations by the CQC during 2016-17.

CQC Mental Health Act reviews

During 2016-17, the CQC undertook a number of visits to the Trust to check compliance with the Mental Health Act for people detained within inpatient services. A number of themes have been identified and these are being addressed as part of the QIP and monitored through the production of a ‘heat map’, which shows areas of non-compliance and also Trust-wide clinical audits through review of care against standards. Key themes identified for continued improvement include:

- Patient / carer involvement in care planning
- Section 132 rights
- Documentation of discussion with patients regarding consent to treatment / medication
- The requirements for the recording, monitoring and reviewing episodes of seclusion and segregation
- Copies of Section 17 leave forms being given to patients
- Information regarding the right to access and referral to an IMHA

7. Duty of Candour

The Trust continues to apply the Duty of Candour in accordance with statutory and contractual direction. To promote a greater openness and candour when safety incidents occur we apply a number of actions, including notifying an individual or their representative when an incident of moderate harm or above occurs. There follows a discussion of the incident with an apology for its occurrence. Where identified, further investigation is undertaken with the intention to maximise learning, which is then confirmed with the individual or their representative. These actions are confirmed in writing.

During this year the Trust applied the Duty on 230 occasions.
Part 3: Review of quality performance

Quality indicators

Data quality

The Trust will be taking the following actions to improve data quality. Excellent data quality is essential to the delivery of excellent quality care. The Trust will continue to ensure data quality improvements are made to support services through provision of easily accessible performance reporting through Abacus, the Trust’s business intelligence reporting system, overseen by the Data Quality Group.

This system provides daily updates which are accessed by business support staff. Any data quality issues can be passed to the appropriate staff member for correction. A monthly data quality meeting is held and attended by a wide range of staff to discuss data quality issues, new updates, where applicable, and Information Standards Board changes, which may affect reporting and therefore data quality. Data quality is also mentioned in staff job descriptions, ensuring that staff are held accountable for the quality of the data that they submit. The Trust submitted records during 2016-17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data:

• Which included the patient’s valid NHS number was 99.8% for admitted patient care in November 2016:
  – Not applicable for outpatient care
  – Not applicable for accident and emergency care

• Which included the patient’s valid General Medical Practice Code was 100% for admitted patient care in November 2016:
  – Not applicable for outpatient care
  – Not applicable for accident and emergency care

The Trust Information Governance assessment reports the overall score for 2016-17, submitted in February 2017, was 91% and was graded ‘satisfactory’ under national information governance rules.

The Information Governance Risk Register, and also Information Governance related incidents that are reported through the Trust’s Datix reporting system, are continuously reviewed and reported quarterly to the Information Governance Committee for action.

The information quality and records management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

The Information Governance Toolkit is available on the NHS Digital website: www.igt.hscic.gov.uk

The Trust was not subject to the payment by results clinical coding audit during 2016-17 by the Audit Commission

National indicators

Seven-day follow up

This indicator is described as “The percentage of patients on CPA who are followed up within seven days after discharge from psychiatric inpatient care”.

The Trust considers that this data is as described for the following reasons:

• The Trust has robust systems in place to check the quality of data

• Data is submitted to commissioners where it is scrutinised and challenged, where necessary

The Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

• Business Support Managers check the systems and liaise with clinical staff to check any data that appears to be outside normal parameters

• Data is discussed at local management groups as well as Trust-wide performance groups
(QA9)

<table>
<thead>
<tr>
<th>Prescribed information</th>
<th>Related NHS Outcomes framework domain</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of patients on CPA who were followed up within seven days after discharge from psychiatric inpatient care. This is a national definition reported to Monitor.</td>
<td>Preventing people from dying prematurely Enhancing quality of life for people with long-term conditions</td>
<td>98.57%</td>
<td>89.42%</td>
<td>95.90%+</td>
</tr>
</tbody>
</table>

The latest available data produced by NHS England shows that the national average score for the period October to December 2016 was 96.7%. The highest performing area scored 100% and the lowest area scored 73.3%.

Access to Crisis Resolution and Home Treatment Teams (CRHT)

This indicator is described as 'The proportion of inpatient admissions gate kept by the Crisis Resolution Home Treatment Teams'.

The Trust considers that this data is as described for the following reasons:

• The Trust has robust systems in place to check the quality of data
• Data is submitted to commissioners where it is scrutinised and challenged, where necessary

The Trust has taken the following actions to improve this percentage, and so the quality of its services:

• Business Support Managers check the systems and liaise with clinical staff to check any data that appears to be outside normal parameters
• Data is discussed at local management groups as well as Trust-wide performance groups

(QA10)

<table>
<thead>
<tr>
<th>Prescribed information</th>
<th>Related NHS Outcomes framework domain</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of admissions to acute wards for which CRHT acted as gatekeeper.</td>
<td>Enhancing quality of life for people with long-term conditions</td>
<td>97.46%</td>
<td>60.62%</td>
<td>97.00%+</td>
</tr>
</tbody>
</table>

The latest available data produced by NHS England shows that the national average score for the period October to December 2016 was 98.7%. The highest performing area scored 100% and the lowest area scored 88.3%.

+ (Re: QA9 and QA10) Improvements can be attributed to improved business processes and data extraction through electronic patient record system implemented within 2015-16
Readmission rates

The Trust considers that this data is as described for the following reasons:

- The Trust has robust systems in place to check the quality of data

The Trust has taken the following actions to improve this percentage, and so the quality of its services by:

- Ensuring that discharge planning is robust and that the discharge policy is followed
- Ensuring patients receive a follow up visit within seven days of discharge and telephone contact within 48 hours of discharge

(QA11)

<table>
<thead>
<tr>
<th>Prescribed information</th>
<th>Related NHS Outcomes framework domain</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of patients aged</td>
<td>Helping people to recover from episodes of ill health or following injury</td>
<td>No re-admissions</td>
<td>No re-admissions</td>
<td>7.14% (accounting for one readmission to Dragonfly Child and Adolescent Mental Health Unit which opened in September 2016)</td>
</tr>
<tr>
<td>– 0-15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– 16 or over, readmitted to a hospital, which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust.</td>
<td></td>
<td>7.87%</td>
<td>8.33%</td>
<td>8.79%</td>
</tr>
</tbody>
</table>
Patient safety, clinical effectiveness and patient experience indicators

(QA12)

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Safety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seven-day follow up of service users following their discharge from inpatient services.</td>
<td>97.89%</td>
<td>98.57%</td>
<td>89.42%</td>
<td>95.90%</td>
</tr>
<tr>
<td>Target 95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absconsions of detained patients from adult wards as a ratio of 100 detained patients.</td>
<td>7.31</td>
<td>5.72</td>
<td>8.16</td>
<td>6.43</td>
</tr>
<tr>
<td>Target 4.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratio of inpatient serious untoward incidents (e.g. suicide) per 10,000 occupied bed days.</td>
<td>2.74</td>
<td>4.19</td>
<td>3.40</td>
<td>3.02</td>
</tr>
<tr>
<td>Target 3.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Effectiveness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Crisis Resolution and Home Treatment Services.</td>
<td>99.69%</td>
<td>98.92%</td>
<td>60.62%</td>
<td>97.00%</td>
</tr>
<tr>
<td>Target 95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed transfers of care, relating to other support needs (like housing) following discharge from hospital.</td>
<td>4.80%</td>
<td>4.61%</td>
<td>3.39%</td>
<td>4.33%</td>
</tr>
<tr>
<td>Target &lt;7.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Readmission rates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 0-15</td>
<td>5.9%</td>
<td>No admissions</td>
<td>No readmissions</td>
<td>7.14%</td>
</tr>
<tr>
<td>Age 16+</td>
<td>5.3%</td>
<td>7.87%</td>
<td>8.33%</td>
<td>8.79%</td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPA patients having formal review within 12 months.</td>
<td>98.05%</td>
<td>96.71%</td>
<td>69.24%</td>
<td>92.79%</td>
</tr>
<tr>
<td>Target 95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting times. The number of people waiting 18 weeks or greater.</td>
<td>72</td>
<td>78</td>
<td>280</td>
<td>120</td>
</tr>
<tr>
<td>Number of under-18 year old admissions to adult acute ward.</td>
<td>17</td>
<td>12</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Number of under-16 year old patients admitted to adult acute wards.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Target 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting commitment to serve new psychosis cases by early intervention teams.</td>
<td>137.65%</td>
<td>131.76%</td>
<td>118.24%</td>
<td>150.00%</td>
</tr>
<tr>
<td>Target 95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(QA12 continued)

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
</table>
| Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral. | New metric - no previous data | New metric - no previous data | New metric - no previous data | Q1 44.68%     
Q2 60.42%     
Q3 56.50%     
Q4 62.35% |
| Threshold 50%             |         |         |         |         |

(Data indicates referrals to existing 14-35 year old early intervention services)

Improving access to psychological therapies (IAPT):
- people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral

| New metric - no previous data |         |         |         |         |
| Q1 94.24%     
Q2 92.97%     
Q3 93.10%     
Q4 93.17% |

Threshold 75%

- people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral

| New metric - no previous data |         |         |         |         |
| Q1 100.00%     
Q2 99.68%     
Q3 99.80%     
Q4 99.86% |

Threshold 95%

1. NHS Staff Survey

The annual national NHS Staff Survey is a mandatory requirement for NHS organisations. The Trust is committed to using the results as one element of our approach to understand the views of our staff and to inform improvements. The most recent staff survey took place between October and December 2016, with results published on 7 March 2017.

Our year-on-year results provide evidence of the transformational changes being made by the Trust. We have seen improved scores across the majority of the 32 key findings, with statistically significant improvement in 19 of these. None of our scores have deteriorated.

Despite this positive trend, we aim to continue to do much better and to improve our comparative performance within our benchmarking group, recognising the national position is also improving.

57.7% of our eligible staff responded to the staff survey (2,147 staff). This is well above the national average for mental health trusts of 50.4%. Our response rate increased by 5.7 percentage points on the previous year’s survey; the national improvement was 4.4 percentage points.
(QA13) Summary of the response rate and the five best and worst key findings for our Trust.

<table>
<thead>
<tr>
<th></th>
<th>2016 Trust</th>
<th>National Average*</th>
<th>2015 Trust</th>
<th>National Average*</th>
<th>Trust Improvement (+) Deterioration (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Rate</td>
<td>57.7%</td>
<td>50.4%</td>
<td>52%</td>
<td>46%</td>
<td>+ 5.7%</td>
</tr>
<tr>
<td><strong>Top five ranking scores.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KF16. Percentage of staff working extra hours</td>
<td>72%</td>
<td>72%</td>
<td>75%</td>
<td>75%</td>
<td>-3%</td>
</tr>
<tr>
<td>KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months</td>
<td>20%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>-1%</td>
</tr>
<tr>
<td>KF15. Percentage of staff satisfied with the opportunities for flexible working patterns</td>
<td>60%</td>
<td>59%</td>
<td>57%</td>
<td>57%</td>
<td>+3%</td>
</tr>
<tr>
<td>KF23. Percentage of staff experiencing physical violence from staff in last 12 months</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>-1%</td>
</tr>
<tr>
<td>KF28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month</td>
<td>27%</td>
<td>27%</td>
<td>32%</td>
<td>26%</td>
<td>-5%</td>
</tr>
<tr>
<td><strong>Bottom four ranking scores.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KF10. Support from immediate managers (out of 5)</td>
<td>3.77</td>
<td>3.88</td>
<td>3.68</td>
<td>3.85</td>
<td>+0.09</td>
</tr>
<tr>
<td>KF11. Percentage of staff appraised in last 12 months</td>
<td>76%</td>
<td>89%</td>
<td>73%</td>
<td>89%</td>
<td>+6%</td>
</tr>
<tr>
<td>KF4. Staff motivation at work</td>
<td>3.80</td>
<td>3.91</td>
<td>3.77</td>
<td>3.88</td>
<td>+0.03</td>
</tr>
<tr>
<td>KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month</td>
<td>88%</td>
<td>92%</td>
<td>87%</td>
<td>91%</td>
<td>+1%</td>
</tr>
<tr>
<td>KF1. Staff recommendation of the organisation as a place to work or receive treatment (out of 5)</td>
<td>3.37</td>
<td>3.62</td>
<td>3.11</td>
<td>3.63</td>
<td>+0.26</td>
</tr>
</tbody>
</table>

* National average scores are for mental health / learning disability trusts
We are proud of the significant improvement in our staff engagement rating (on a scale of 0 to 5, with 5 being ‘highly engaged’). This is six times the rate of national improvement (an increase of 0.12 points compared to an increase of 0.02 points nationally).

<table>
<thead>
<tr>
<th>(QA14)</th>
<th>2016</th>
<th>2015</th>
<th>Trust Improvement (+) Deterioration (–)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>National Average*</td>
<td>Trust</td>
<td>National Average*</td>
</tr>
<tr>
<td>Staff engagement</td>
<td>3.62</td>
<td>3.77</td>
<td>3.50</td>
</tr>
</tbody>
</table>

In addition to this, as an impact of the strategies we have put in place over the last year, our top five most improved areas are:

<table>
<thead>
<tr>
<th>(QA15)</th>
<th>2016</th>
<th>2015</th>
<th>Trust Improvement (+) Deterioration (–)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>National Average*</td>
<td>Trust</td>
<td>National Average*</td>
</tr>
<tr>
<td>Quality of mandatory training, learning or development</td>
<td>4.03*</td>
<td>4.06</td>
<td>3.92</td>
</tr>
<tr>
<td>% of staff able to contribute to improvements at work</td>
<td>70%</td>
<td>73%</td>
<td>66%</td>
</tr>
<tr>
<td>Fairness and effectiveness of procedures for reporting errors, near misses and incidents</td>
<td>3.61*</td>
<td>3.71</td>
<td>3.46</td>
</tr>
<tr>
<td>Staff satisfaction with level of responsibility and involvement</td>
<td>3.78*</td>
<td>3.87</td>
<td>3.69</td>
</tr>
<tr>
<td>Staff recommending the organisation as a place to work or receive treatment</td>
<td>3.37*</td>
<td>3.62</td>
<td>3.12</td>
</tr>
</tbody>
</table>

*Rating score out of 5

Interestingly, in three of the areas where we have improved the most over the last year, there has been deterioration in performance within our benchmark group (contribution to improvements at work; satisfaction with level of responsibility and involvement; recommendation as a place to work or receive treatment).

The percentage of staff (KF26) reporting that they had experienced harassment, bullying or abuse from staff in the last 12 months reduced slightly between 2015 and 2016 (27% to 26%). This is against a national average for mental health of 22%. We are fully committed to taking a robust approach to the prevention and management of bullying. In 2016, we set up a working group, with Staff Side representation, to explore the information we held on harassment and bullying, to consider the action being taken and its effectiveness and to benchmark this against ‘best practice’ within the NHS and more generally and to develop an action plan.

A recent development has been the review of our Dignity and Respect at Work Policy. In addition to policies and procedure, we are also focusing on developing a supportive and engaging leadership climate. In 2016 we undertook a leadership climate survey amongst all our staff and have used the results to develop an emotionally intelligent and resilient leadership development programme. This was piloted in 2016 and will be rolled out more widely in 2017.
The survey indicated that 83% of staff (KF21) believed the Trust has provided equal opportunities for career progression for the Workforce Race Equality Standard (the NHS is mandated to show progress against a number of indicators of workforce equality).

Our performance in this area has increased by 3% points from 2015 to 2016. This compares to a national average for mental health Trusts of 87%. We have been monitoring equal opportunities for career progression as part of our Workforce Race Equality Scheme action plan.

**Action plans**

Whilst we have made significant improvements in many areas, we still have some way to go to achieve the high level of performance we want and that our service users and staff deserve.

Performance for the key findings varies considerably across localities, service lines and professional groups. We are therefore using the data to inform local action plans, particularly focusing on:

- Ensuring all staff have had a meaningful appraisal within the last 12 months and that this is recorded by managers. Paperwork has recently been refined with the involvement of staff and managers to support improvements in this area. Following the recent implementation of the Electronic Staff Record (ESR) self-service, appraisals will be recorded on ESR from April 2017. Recording through this system will enable managers to have live business intelligence on their performance

- Improving staff engagement and wellbeing through a range of activities and approaches relevant to the local needs

Local staff will be involved in the development and implementation of these plans.

Performance will be monitored through locality Performance and Accountability Review Meetings, using such as the quarterly Staff Friends and Family Test scores as indicators of the impact of the plans.

**Future priorities and targets**

- As set out under the commentary on page 98 improving workforce engagement is one of the three strategic workforce priorities
- Supporting strategies for the Workforce and Organisational Development Strategy in regard to each of the priority areas: engaged workforce, skilled workforce and responsive workforce
- The focus areas for the staff engagement strategy are embedded above, which includes promoting a safe and healthy working environment
- In addition to the Trust-wide approach to improving staff engagement, existing Locality Workforce Plans will be reviewed to respond to area specific priorities highlighted by the staff survey results
- The Trust is committed to making improvements across all key findings as benchmarked against previous staff survey results and other mental health trusts. Progress will be monitored taking account of the measures set out under the commentary above
- Further information about the survey, and a full breakdown of results, can be accessed via a dedicated website on: http://www.nhsstaffsurveys.com

2. Community Service User Survey

The Trust considers that this data is as described for the following reasons:

- The Trust commissions an outside agency, Quality Health, which is an ‘approved provider’ to undertake the survey

The Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Each locality holds workshops involving staff, service users and carers, to analyse their locality results and the observations and recommendations made by Quality Health. The outputs from the workshops then inform locality based Quality Improvement Plans (QIPs). Recommendations from the survey results are also incorporated into an organisational QIP to improve the service user experience. These action plans are monitored at locality governance meetings and the Trust’s Quality Governance Committee
• It should be noted that the breakdown by locality of each year’s results is only available in Quarter 3 with the sample for the subsequent year’s survey drawn in Quarter 4. We would therefore not expect to see any improvements as a result of the action plan in the next survey, but would expect to see these improvements in subsequent surveys.

(QA16)

<table>
<thead>
<tr>
<th>Prescribed information</th>
<th>Related NHS Outcomes framework domain</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust ‘patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker.</td>
<td>Enhancing quality of life for people with long term conditions</td>
<td>7.5</td>
<td>7.4</td>
<td>7.2</td>
</tr>
<tr>
<td></td>
<td>Ensuring that people have a positive experience of care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Range of scores: 6.9-8.1
The scores achieved are from a maximum possible score of ten.

3. Incident reporting

• Staff continue to be encouraged to apply an open culture of reporting incidents and near misses as they occur. The Trust is identified through the NRLS as one of the highest reporters of incidents which staff report via the Datix incident reporting system.

• All incident reports are reviewed by the risk management team and clinical managers are required to investigate and sign off each incident before closing the event.

• Health, safety and security audits are carried out on all Trust premises, which include a review of incident reporting trends.

• These are subject to discussion in a range of monitoring groups, including the Patient Safety Group and Health and Safety Committee.

• Serious incidents are managed in accordance with national guidance.
## Table showing the ratings received by the Trust

<table>
<thead>
<tr>
<th>Related NHS outcomes framework domain</th>
<th>1 April 2014 to 30 September 2014</th>
<th>1 October 2014 to 31 March 2015</th>
<th>1 April 2015 to 30 September 2015</th>
<th>1 October 2015 to 31 March 2016</th>
<th>1 April 2016 to 30 September 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm.</td>
<td>4,183 incidents* reported</td>
<td>4,400 incidents reported</td>
<td>4,822 incidents reported</td>
<td>4,620 incidents reported</td>
<td>4,405 incidents reported</td>
</tr>
<tr>
<td><strong>55.48</strong> incidents per 1,000 bed days *</td>
<td><strong>58.90</strong> incidents per 1,000 bed days *</td>
<td><strong>64.54</strong> incidents per 1,000 bed days *</td>
<td><strong>66.51</strong> incidents per 1,000 bed days *</td>
<td><strong>65.21</strong> incidents per 1,000 bed days *</td>
<td></td>
</tr>
<tr>
<td>3 incidents (0.1%) led to severe harm:</td>
<td>National average 0.3%.</td>
<td>National average 0.4%.</td>
<td>National average 0.3%.</td>
<td>National average 0.3%.</td>
<td>National average 0.3%.</td>
</tr>
<tr>
<td>6 incidents (0.1%) led to a death:</td>
<td>National average 0.7%.</td>
<td>National average 0.7%.</td>
<td>National average 0.7%.</td>
<td>National average 0.8%++.</td>
<td>National average 0.8%++.</td>
</tr>
<tr>
<td><strong>The reporting rate of 55.48 incidents is rated 10th out of 54 mental health organisations and puts the Trust in the top 25%</strong></td>
<td><strong>The reporting rate of 58.90 incidents is rated 10th out of 54 mental health organisations and puts the Trust in the top 25%</strong></td>
<td><strong>The reporting rate of 64.54 incidents is rated 8th out of 55 mental health organisations and puts the Trust in the top 25%</strong></td>
<td><strong>The reporting rate of 66.51 incidents is rated 7th out of 55 mental health organisations and puts the Trust in the top 25%</strong></td>
<td><strong>The reporting rate of 65.21 incidents is rated 10th out of 55 mental health organisations and puts the Trust in the top 25%</strong></td>
<td></td>
</tr>
</tbody>
</table>

++ During this period routine cross checking of Trust coding with NRLS coding methods have led to an adjustment in uploading data related to incidents leading to death at an earlier stage, accounting for an increase in the number of incidents reported.
* An incident is defined as “any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving NHS-funded healthcare”. (www.nrls.npsa.nhs.uk) Organisations that report more incidents usually have a better and more effective safety culture because they are aware of the problems and able to act to improve.
* A bed day is used as a measure to enable comparison between Trusts of different sizes. The measurement accounts for differences in the number of beds a hospital may have and just considers the days the beds were occupied.

Differences between the National Reporting and Learning System (NRLS) data for deaths and the figure for serious incidents are due to the different reporting requirements. NRLS guidance requires that only deaths of suspected suicide are reported to the system, whereas Serious Incident reporting will include all forms of unexpected death (e.g. incidents where information suggests it may be due to an accidental overdose). Further information and data is included on page 95.
4. Evaluation of patient safety

The Trust continues to report all serious incidents on receipt of an initial report. This is reported as good practice by the National Patient Safety Agency.

(QA18)

Are you actively encouraging reporting of incidents?

The comparative reporting rate summary shown below provides an overview of incidents reported by NHS organisations to the National Reporting and Learning System (NRLS) occurring between 01 April 2016 to 30 September 2016. Your organisation reported 4,405 incidents (rate of 65.21) during this period.

Figure 1: Comparative reporting rate, per 1,000 bed days, for 55 Mental health organisations.

The median reporting rate for this cluster is 42.45 incidents per 1,000 bed days.

Organisations that report more incidents usually have a better and more effective safety culture. You can’t learn and improve if you don’t know what the problems are.

Evaluation of clinical effectiveness

The Trust formally reviewed its policy on Implementing National Institute for Health and Care Excellence (NICE) Guidance in May 2016. This policy intends to provide a framework to ensure a consistent approach for the Trust to take account of NICE guidance by reporting to Clinical Cabinet for discussion. The Trust is registered as a stakeholder in the development of several guidelines.

NICE guidance published since April 2016 included:

- Medications – technology appraisals are discussed by our Drug and Therapeutics Committee to make sure that such medicines are available when recommended by the prescriber
- New guidance on controlled drugs, transitions between inpatient mental health settings and community settings, and mental health problems in people with learning disabilities. These were reported to Clinical Cabinet for consideration and assessed further either with Trust-wide leads or by sending to each localities management team
The Trust audit schedule as well as indicating participation in national audits such as Prescribing Observatory for Mental Health UK (POHM-UK), helps us to measure compliance against NICE guidance.

For example, an audit of the diagnosis of autism in under 19 year olds in Suffolk Autism Diagnostic Services found that 23 out of 25 standards scored over 90%, 21 of them were 100%.

The Trust’s Pharmacy Services coordinated a second round of audit of high dose antipsychotic prescribing and found positive results. Previously, patients in the Trust were more often prescribed high dose antipsychotics compared to the national average (as reported in the National Audit of Schizophrenia second round data collection 2013, report published October 2014).

This has reversed and the October 2016 audit findings showed that patients in the Trust are being prescribed significantly below the national average.

Further POHM-UK audits for 2017 will include rapid tranquillisation and prescribing valproate for bipolar disorder.

Monitor identifies a number of measures of clinical effectiveness, including access to crisis resolution and home treatment teams before a person is admitted to hospital, and ensuring service users are followed up within seven days of discharge from an inpatient ward.

These are reported to Monitor and the Trust is pleased to report an improvement in performance this year acknowledging the improvements in business reporting systems.

Evaluation of patient experience

Service user and carer involvement

(QA19)
The Trust values the role played by service users and carers and is committed to the principles of co-production, involving service users and carers in a meaningful way in everything we do, enabling them to use their experiences and skills to improve and develop services.

The Trust works very closely with a number of service user and carer groups and forums across Norfolk and Suffolk with a service user group in each of the localities facilitated by a service user or carer, wherever possible.

The groups and forums vary in format, ranging from structured meetings to ‘drop in’ type meetings but the overarching aim of the groups is to provide an opportunity for service users, carers, family and supporters to receive information about our work and be able to use their experiences to support us to improve what we do.

**Improving Services Together – Capturing service user and carer views, experiences and feedback**

Our service user and carer involvement and participation strategy, ‘Improving Services Together’ was launched at the end of 2015. The strategy clearly sets out six clear commitments about how we will work together with services users and carers to make sure that we listen to their experiences.

**Commitment 1**
Service users and carers will be able to have their say in Trust business.

**Commitment 2**
There will be opportunities for service users and carers to use their skills and experiences to improve services.

**Commitment 3**
We are changing the way we provide our services in line with our commitment to organisational change.

**Commitment 4**
We will strengthen links and create partnerships with other agencies and service user and carer-led organisations.

**Commitment 5**
Reach out to diverse and other under-represented groups.

**Commitment 6**
Service users and carers will ‘judge’ whether this strategy is being delivered.

Service users and carers along with staff and partner organisations have been able to work together to develop a new structure to monitor service user and carer experiences and feedback across the Trust.

Locality Hubs have been developed in a pilot exercise in Great Yarmouth and Waveney and East Suffolk. The function of the Locality Hubs is to capture the feedback from service users, carers and our partner agencies and organisations and feeds into a Central Hub, which reports directly to our Trust Board.

The pilot sites have been successful and we are now in the process of developing them in our remaining localities.

Our Commitment 6 group continues to monitor the implementation of the strategy in addition to monitoring the feedback from our locality service user and carer forums via our co-produced “you said, we did” feedback system.

**Triangle of Care and carer involvement**

As a requirement, we have submitted our Triangle of Care self-assessments, as a carer involvement benchmarking exercise, to the Carers Trust for evaluation. We received our first gold star award in relation to our work in stage one of the implementation.

As part of our second stage submission, we are required to submit self-assessments from community services. Once submitted, we will achieve our second gold star in line with the stage two submissions.

Most localities now have a carer lead who supports carer involvement and facilitates the Triangle of Care in their teams. The carer lead plays an important role in facilitating groups, supporting carers and involving carers in the development of training.

The Trust currently has various co-developed carer awareness training modules sitting in our Recovery College and delivered in our teams and services. The training has been well attended by both carers and staff.

To mark the successful implementation of the Triangle of Care across the Trust, three members of the Trust’s staff and a carer were invited to present some of the work the Trust has developed, at the Carers Trust National Triangle of Care event in Manchester.
Friends and Family Test (FFT)

Both the Francis report, regarding Mid Staffordshire NHS Foundation Trust (2013), and the Berwick Report, ‘Improving the safety of patients in England’ (2013), highlighted the need for patients to be more engaged and their voices to be heard regarding the service they receive within the NHS.

The Friends and Family Test (FFT) was devised to address this, and to determine patient satisfaction with NHS services. Our Trust implemented the FFT in October 2014.

The FFT aims to:

- Gather feedback from patients immediately – or soon after – care has been received
- Provide a broad measure of patient experience that can be used alongside other data
- Identify areas where improvements can be made and practical action can be taken
- Empower patients to make informed choices about their care

The FFT consists of one key question: ‘How likely are you to recommend our service / team to friends and family if they needed similar care or treatment?’ with responses ranging from ‘extremely likely’ to ‘extremely unlikely’. Service users also have the option to answer ‘don’t know’.

Cards have been designed to capture responses to the FFT – one for inpatients and one for community-based services. The cards are filled out at the point of discharge from inpatient services, and intermittently for all community-based services.

The total number of responses received from service users in 2016 was 2,227, in comparison to 611 in 2015. This represents an increase of over 3½ times the number of cards.

A total of 2,202 responses were received between 1 March 2016 and 31 January 2017, and 87.8% of these respondents stated that they would be likely or extremely likely to recommend the Trust, compared to 83.4% in the same period in the previous year. 5.6% respondents stated that they would be unlikely or extremely unlikely to recommend the trust, compared to 8.4% the previous year.

Overall, this shows the following improvements during 1 March 2016 to 31 January 2017 compared to the same period the previous year.

- Number of returns: +357%
- Satisfaction (% selecting extremely likely or likely): +4.2%
- Dissatisfaction (% selecting unlikely or extremely unlikely): -2.8%

The work to increase the number of NSFT participating teams and responses received will continue in 2017 with a relaunch in April of new Standard Read (SR) and Easy Read (ER) versions of the FFT card. The cards have been amended following service user feedback and the ER version has been co-designed with service users.

The target outcomes for 2017-18 are to:

1) increase the number of Trust Teams receiving completed FFT cards each month from the current 25% to 50%+
2) To double the number of cards received from an average of 185 per month in 2016 to over 300 per month by 2017/18 Q3

Mental Health Community Service Users Survey 2016

The CQC requires trusts to undertake national service user surveys each year and this mental health community service users’ survey involved 58 providers of NHS mental health services in England (including combined mental health and social care trusts, foundation trusts and community healthcare social enterprises that provide mental health services).

Efforts were taken to ensure the 2016 questionnaire was as similar as possible to the 2015 version to maximise comparisons between survey years. The 2016 survey has 47 questions, one fewer than in 2015. Following analysis of the 2015 survey data and consultation with colleagues from the CQC, NHS England and the Department of Health, the questionnaire was amended for the 2016 survey. Three questions included in 2015 were removed, two questions added, a minor amendment made to one question and the title changed for one of the questionnaire sections.

This means that not all questions from the results from the 2016 survey are comparable with the results from previous surveys.

A response rate of 30% was achieved – the national average was 28%.
Further information about the survey can be accessed via the CQC website on http://www.cqc.org.uk/content/community-mental-health-survey-2016 or type ‘service user survey’ into the CQC website search box.

This national survey enables the Trust to be benchmarked against other mental health trusts. The survey questions are grouped into nine sections and the table below shows the Trust scores compared to other mental health trusts.

(QA20) Section scores

<table>
<thead>
<tr>
<th>Section</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1. Health and social care workers</td>
<td>6</td>
<td>About the same</td>
</tr>
<tr>
<td>S2. Organising care</td>
<td>7</td>
<td>About the same</td>
</tr>
<tr>
<td>S3. Planning care</td>
<td>7</td>
<td>About the same</td>
</tr>
<tr>
<td>S4. Reviewing care</td>
<td>8</td>
<td>About the same</td>
</tr>
<tr>
<td>S5. Changes in who people see</td>
<td>7</td>
<td>About the same</td>
</tr>
<tr>
<td>S6. Crisis care</td>
<td>6</td>
<td>About the same</td>
</tr>
<tr>
<td>S7. Treatments</td>
<td>5</td>
<td>About the same</td>
</tr>
<tr>
<td>S8. Support and wellbeing</td>
<td>3</td>
<td>Best performing</td>
</tr>
<tr>
<td>S9. Overall views of care and services</td>
<td>4</td>
<td>About the same</td>
</tr>
<tr>
<td>S10. Overall experience</td>
<td>5</td>
<td>About the same</td>
</tr>
</tbody>
</table>

Denotes the score for the Trust compared to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for our Trust. The graph is divided into three sections:

- If the Trust’s score lies in the orange section of the graph, its result is ‘about the same’ as most other trusts in the survey.
- If the Trust’s score lies in the red section of the graph, its result is ‘worse’ than would be expected when compared with most other trusts in the survey.
- If the Trust’s score lies in the green section of the graph, its result is ‘better’ than would be expected when compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is ‘better’ or ‘worse’. If there is no text the score is ‘about the same’.

The Trust was disappointed by the results of the 2016 survey, particularly as we are in the fourth year of our Implementing Recovery Through Organisational Change (ImROC) project that has overseen the establishment of our successful Recovery College and our achieving in the region of 30 Peer Support Worker posts in our secondary services across Norfolk and Suffolk (with the same number employed within our Wellbeing services).

However, we welcome the recommendations made, which have provided renewed impetus and helped to further inform our co-produced Recovery Strategy that is due for launch in June 2017.

The Trust’s Recovery College achieves exceptional satisfaction ratings from students. From samples sizes in excess of 1,000, an average 97% reported the courses were ‘excellent’ or ‘good’, or that they met or exceeded expectations. In the Family and Friends Test (FFT), a remarkable 99.34% of students said they would recommend the Recovery College. This positive experience is likely to also be apparent in those services and teams that are more successful in becoming recovery-orientated in practice and will compare the team’s FFT score with other teams and services that are less advanced with introducing the principles of recovery. It is therefore predicted that the FFT will provide a useful rolling measure for assessing the improvement in service user and carers experience that implementing Our Recovery Strategy will achieve. We are about to undertake a re-launch of the FFT with the aim of increasing the number of registered teams.
participating each month and more than double the number of monthly returns by the end of 2017.

This work is being overseen by our Head of Recovery, Participation and Partnership who commenced in this new post in the second half of 2016 with overall responsibility for our Recovery Strategy, the Recovery College, PALS and FFT and for ensuring patient experience information is used to inform Quality Improvements. The post holder has been linking in with patient experience conferences and forums locally and nationally and is developing plans to introduce ‘Always Events’ and ‘Experienced Based Co-design’ methodology in 2017-18.

Although the Recovery Strategy is not due to for launch until June 2017, as a result of the recommendations following the 2016 survey, we have already commenced implementation of Team Recovery Implementation Plan (TRIP) developed by the national ImROC centre and designed to support clinical teams in becoming more recovery focused in practice.

Other quality indicators

1 Infection Prevention and Control (IPAC) activities

The Health and Social Care Act 2008 requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI). The Trust’s nominated Director of Infection Prevention and Control (DIPC) is currently the Medical Director who has Board level responsibility and chairs the infection control committee.

In addition to the central IPAC service, the Trust operates a system of link infection control practitioners known as Local Infection Prevention and Control Supporters (LIPACS) who attend education and training and complete local audits to monitor compliance and address deficits.

The work of the IPAC service is detailed in the annual programme. This programme of activities is devised to deliver against the priorities described in key documents and national best practice guidance; including The Code of Practice on the prevention and control of infections and related guidance (revised July 2015).

Key achievements resulting from implementation of the IPAC plan for 2016-17 have been:

- The Trust’s staff succeeded in maintaining a low rate of Health Care Acquired Infections (HCAI)
- Close working relationships with the acute Trusts’ IPAC teams helps ensure the early communication of any organisms of concern identified through laboratory reporting
- The Trust participates in the East of England outbreak monitoring system, ILog 2. This allows organisations to access information on current outbreaks across the region and alert staff to problems in other areas which may affect admission and discharge processes
- The Trust is required to vaccinate frontline staff to protect them and our service users from influenza. This year our overall vaccination rate for frontline staff was 46% compared with 31% in 2015-16
- Quarterly hand hygiene audits within inpatients and annual audits for community services demonstrate compliance to be above 98%
- Introduction of an IPAC training package developed collaboratively with the University of East Anglia

Priorities for improvement for 2017-18 are:

- To increase the number of staff vaccinated against seasonal Flu aiming to meet the Public Health England target of 75%
- Continue to monitor ‘alert organisms’ (one of a specified list of micro-organisms/infections), and advise clinical areas accordingly
- Working with prescribing colleagues and the pharmacy team to continue to improve compliance with best practice for antibiotic prescribing
- To implement and embed a co-ordinated programme of mattress integrity monitoring
- The IPAC team will continue to work with staff to ensure water safety and quality as per legislative requirements and national best practice guidance
• Improve compliance with IPAC training and education through a range of learning and assessment opportunities

2  Physical health

Raising the profile of physical health

Physical health in mental health remains a quality priority for NHS England and continued participation in National Quality Improvement programmes has provided the Trust’s Physical Health Strategy Group (PHSG) a framework in which to improve standards.

The Trust’s Physical Health Team is supported in localities by physical health and wellbeing nurses and Physical Health Groups. It is anticipated that all localities will have employed a dedicated physical health and wellbeing nurse by July 2017.

CQUIN 2016-17 Cardio-metabolic assessments for Severe Mental Illnesses (SMI)

The Trust monitors the completion of physical health assessments using quarterly clinical audits and gaps in practice are addressed at the locality physical health groups.

A sub-group of the PHSG has been developed and has been working to identify roles and responsibilities, including sharing and exchanging information between secondary and primary care. The physical health team are working with Public Health Norfolk and Suffolk to develop referral pathways for health promotion activities / interventions and clear signposting for all cardio-metabolic risk factors.

Physical health training programme, including recognition of the deteriorating patient

A training plan has been implemented covering the processes for assessing, documenting and acting on cardio-metabolic risk factors and disease management. The target of 90% was achieved by two localities. A total of 73% was achieved Trust-wide for inpatient services and a total of 78% identified clinicians in the community have been trained.

Smoke Free initiative

The Trust has implemented a Smoke-Free initiative and plans to go smoke free.

A Trust Smoke-Free working group, chaired by the Medical Director, was established in November 2016 and includes experts from Public Health. A consultation period to involve service users and staff closed at the end of February 2017 and will inform the next steps.

Reduction of avoidable pressure ulcers

The prevention of avoidable pressure ulcers is recognised as a key indicator of the quality of care. Both avoidable and unavoidable pressure ulcers are reported nationally using the NHS Safety Thermometer. The Skin Integrity Group (SIG) uses case studies to promote shared learning.

Key priorities for 2017-18

Continuing focus on improving physical healthcare to reduce premature mortality in people with serious mental illness and will include:

• Implementation of a revised electronic physical health screening tool
• The development of locality physical health meetings for community teams
• Establishing a clear shared care protocol between secondary care and primary care regarding physical health checks for people with severe mental illnesses
• Facilitating a number of educational events

3  Sign Up to Safety plan

The Sign up to Safety campaign supports the ambition of the Secretary of State for Health of halving avoidable harm in the NHS over the next three years. The campaign aims to incorporate three key principles to improve patient safety:

• Listen – to patients/carers and staff
• Learn – from what they say when things go wrong
• Act – take action to improve patient safety when things go wrong
By making the commitment in Signing Up to Safety, the Trust will:

- **Put safety first** – committing to reduce avoidable harm within the Trust, making both the safety goals and plans available to the public

- **Continually learn from safety incidents and share that learning to prevent similar occurrences** – by developing a culture of learning and development that strengthen the Trust’s ability to safety and risk

- **Promote an open and honest culture for those who work in our services and use our services** – by being transparent with both those who use our services, work in our services and supporting people if something goes wrong

- **Collaborate** – with services and teams to ensure learning is shared

- **Provide support to individuals** – to understand why things go wrong and how to put them right and also celebrate improvements

The Trust has identified five key initiatives to improve safety and have set the following ambitions for each of the priorities.

**The five safety priorities:**

- Reduce the number of restrictive interventions used within the Trust by 25% by 2018

The Trust continues to work towards this target through implementation of actions such as Safewards. (see page 99).

- Reduce the number of assaults by 25% within the Trust by 2018

Also linked to the Safewards work, this work involves reviewing trends and identifying actions for sustained implementation.

- That no falls result in severe harm

The Trust uses Root Cause Analysis methodology to identify learning from events that can have a positive influence in future provision of care.

- Provide an environment that reduces the risk of harm so that all inpatient areas comply with current same sex accommodation standards and all ligature points are removed or mitigating actions put in place

The Trust continues to examine its environments for potential risks, investing in ways that the risk can be addressed or mitigated.

- To ensure the Trust embeds a safety culture based on openness, transparency and learning from previous incidents that have caused harm. This ensures that individuals feel supported and safe to report incidents and when things go wrong and improvements are made to prevent future occurrence

The Trust promotes an open culture where staff can report incidents. During this year the Trust has invested in the Putting People First Guardian role in order to further enhance staff confidence and support to raise key matters.

### 4 Positive and proactive care

In April 2014 the DH published the report ‘Positive and Proactive Care’ focusing on the need to reduce the use of restrictive interventions (restraint) by staff in mental health trusts.

‘Restraint’ describes any restrictive intervention involving direct physical contact where the intervener’s intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

In 2015 as Part of the Trust’s commitment to implementing the Department of Health’s guidance and reducing the use of restrictive interventions a target to reduce the number of incidents reported by 25% by the end of the reporting year 2018.

The table below demonstrates the number of incidents reported since baseline data was collated in 2014-15:

<table>
<thead>
<tr>
<th>Reporting year</th>
<th>Restraints</th>
<th>Prone restraints</th>
<th>Seclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>2,600</td>
<td>850</td>
<td>730</td>
</tr>
<tr>
<td>2015-16</td>
<td>2,741</td>
<td>708</td>
<td>633</td>
</tr>
<tr>
<td>2016-17</td>
<td>2,350</td>
<td>538</td>
<td>612</td>
</tr>
</tbody>
</table>

The above table demonstrates the following reductions:

- Number of recorded prone restraints have decreased by 36.7%
• Number of recorded seclusion events have decreased by 16.2%
• Number of recorded physical restraint have decreased by 9.6%

As a total, the overall number of restrictive interventions has dropped from 2015 to date, by 16% since the baseline data was recorded in 2014-15.

The monitoring of restrictive interventions remains a focus for the Trust and its reporting is monitored via the Quality Dashboard which is shared with commissioners and reported to the Board on a quarterly basis via the Patient Safety and Quality report, work will continue throughout 2017-18 to achieve the overall target set of 25% in 2015.

5 Serious incidents (SIs)

The Trust continues to report all Serious Incidents (SI) in accordance with national guidance. Incidents may subsequently be stood down if an explainable cause is identified i.e. if a death is found to be as a result of natural causes, and will not be subject to a coroner’s inquest.

From April 2016 to March 2017, 242 SIs were reported by the Trust (2015-16: 216 were reported), of which 184 were unexpected deaths (2015-16: 158 unexpected deaths). At the time of reporting, 41 have been determined due to a natural / physical cause (2015-16: 34 due to natural / physical cause).

The remaining involved service users who were accessing a range of inpatient and community services across the Trust. They were engaged with services at the time of their death or had been discharged within the previous six months.

The Trust uses Root Cause Analysis methodology to consider the timeline and factors that influenced an incident. Through group review the analysis identifies learning actions. A number of serious incidents have strengthened oversight through the engagement of Executive and Non-executive Directors in setting the terms of the investigation and agreeing the final report.

During this year the Trust has taken action to implement the recommendations of the Trust’s external review, completed by Verita, strengthening our actions to communicate with families and determine the underlying factors influencing Serious Incidents.

6 Complaints

The Trust is committed to using complaints to learn and improve our services. Our Trust considers complaints in an open and transparent way.

At the time of reporting (April 2017), the Trust had received 661 complaints during April 2016 – March 2017 (592 in 2015-16). The majority of complaints related to “clinical treatment” (53%), followed by “values and behaviours (of staff)” (21%).

At the time of reporting 554 complaints have been responded to. Of these complaints 13% were upheld, 29% were partially upheld and 43% were not upheld by the Trust. 15% of complaints were stood down for reasons including the service user not providing consent to a complaint being made on their behalf, complainant not confirming the details of their complaint and the complaint was found to refer to another agency.

Across the year, data has been analysed for themes arising from complaints, along with learning service areas can use to improve services. A number of people cited delays in receiving care or treatment, and that contact from services about this care or treatment has been sporadic. Generally, it has been accepted this was due to either procedural or capacity issues within the respective services and changes have been made in various teams across the Trust, which include increased capacity following recruitment and alternative ways in which to relay messages to staff.

It is, however, accepted that in some areas community team’s waiting lists for treatment are high and that how best to set peoples’ expectations around the wait for a service is an area which can be improved.

As identified above, a high number of complaints have cited the attitude and behaviours of staff. These have been particularly prevalent in acute services, where a person’s presentation may be more difficult to manage. Teams have responded to this feedback well, using team meetings and line management supervision to reflect on how better to handle these situations in the future.

Another theme arising from complaints is the out of hour’s service people receive from the Trust. Many complaints highlighted a disjointed approach with other agencies, or that contact from the Trust’s crisis teams is not particularly well managed.
Joint learning discussions have taken place with Norfolk County Council’s Emergency Duty Team, although it has been difficult to pinpoint any specific areas where agencies can work better together.

The Trust has been informed that following the response to a complaint, 14 complainants requested review of their complaint by the Parliamentary and Health Service Ombudsman. The Ombudsman requested information from our Trust to assist their investigation. 14 complaints investigations have been concluded by the Ombudsman during 2016-17. Nine of the complaints investigations have not been upheld, with the remaining five recommending action for the Trust.

During this year the Trust has developed and provided complaints handling training to a number of complaints investigators with this work continuing into the next year.

The Trust’s Patient Advice and Liaison Service (PALS) continues to be available to provide support to service users, carers and members of the general public who seek to find information or to resolve their concerns without the desire or need to use the complaints procedure.

7 Patient Led Assessments of the Care Environment (PLACE)

PLACE assessments take place annually, and results are reported publicly to help drive improvements in the care environment across the NHS and show how providers are performing against their peers both nationally and locally.

PLACE assessments were undertaken across nine inpatient sites and involved staff, current service users, ex-service users, carers, Healthwatch and Governors to assist with the audits.

There are six main areas of assessment (Cleanliness; Food and Hydration; Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance, Dementia and Disability). The Food element has an overall score but is also split into Organisational Food, covering the general provision and food service, and Ward Food which covers the actual quality, taste, aroma and texture. Assessment of disability needs was an additional element introduced for 2016 and focused on issues of access, including wheelchair, mobility (e.g. handrails), signage and provision of such things as visual / audible appointment alert systems, hearing loops, and aspects relating to food and food service together with strong buildings / environment related aspects.

(QA21)

The Trust performed as follows:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>NSFT Score 2016</th>
<th>National Average Score 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>98.75%</td>
<td>98.06%</td>
</tr>
<tr>
<td>Food</td>
<td>96.57%</td>
<td>88.24%</td>
</tr>
<tr>
<td>Organisational Food</td>
<td>93.91%</td>
<td>87.01%</td>
</tr>
<tr>
<td>Ward Food</td>
<td>98.55%</td>
<td>88.96%</td>
</tr>
<tr>
<td>Privacy Dignity and Wellbeing</td>
<td>88.92%</td>
<td>84.16%</td>
</tr>
<tr>
<td>Condition Appearance and Maintenance</td>
<td>97.33%</td>
<td>93.37%</td>
</tr>
<tr>
<td>Dementia</td>
<td>94.38%</td>
<td>75.28%</td>
</tr>
<tr>
<td>Disability</td>
<td>92.29%</td>
<td>78.84%</td>
</tr>
</tbody>
</table>
The Trust has scored above average in all domains. The Trust individual site scores attained were as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Cleanliness</th>
<th>Food</th>
<th>Organisational Food</th>
<th>Ward Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wedgwood</td>
<td>99.94%</td>
<td>100%</td>
<td>97.91%</td>
<td>96.54%</td>
</tr>
<tr>
<td>Carlton Court</td>
<td>99.69%</td>
<td>98.91%</td>
<td>93.55%</td>
<td>97.98%</td>
</tr>
<tr>
<td>Fermoy Unit</td>
<td>99.41%</td>
<td>98.88%</td>
<td>93.88%</td>
<td>96.52%</td>
</tr>
<tr>
<td>Hellesdon Hospital</td>
<td>99.30%</td>
<td>97.96%</td>
<td>93.80%</td>
<td>97.54%</td>
</tr>
<tr>
<td>Woodlands</td>
<td>99.75%</td>
<td>99.33%</td>
<td>86.11%</td>
<td>94.33%</td>
</tr>
<tr>
<td>Foxhall House</td>
<td>100%</td>
<td>99.74%</td>
<td>85.64%</td>
<td>98.06%</td>
</tr>
<tr>
<td>The Julian Hospital</td>
<td>98.78%</td>
<td>98.91%</td>
<td>96.17%</td>
<td>97.82%</td>
</tr>
<tr>
<td>The Norvic Clinic</td>
<td>98.76%</td>
<td>98.53%</td>
<td>91.25%</td>
<td>95.76%</td>
</tr>
<tr>
<td>Northgate Hospital</td>
<td>99.45%</td>
<td>96.24%</td>
<td>92.55%</td>
<td>96.15%</td>
</tr>
</tbody>
</table>

(Note: grey sections indicate those areas for which criteria was not appropriate for assessment of dementia needs and that disability needs were not reported on in 2015-16)

At individual site level, the scores indicate we have areas to improve on; most of these are minor issues around standards of cleaning, some internal and external maintenance issues and privacy dignity and wellbeing, around the quality of some food dishes, standards of cleaning, internal and external maintenance. These areas are being supported to ensure these are resolved and current standards maintained prior to the next round of assessments that commence in March 2017.
Quality initiatives

This section summarises quality information specific to Norfolk and Suffolk NHS Foundation Trust.

Key performance and developments during 2016-17

This section allows the Trust to highlight quality matters from 2016-17 in more detail or that have not been addressed elsewhere in the report.

The examples are reported using the three key components of ‘High Quality Care for All’ where quality is placed as the organising principle in the NHS. Quality is defined in relation to three domains: Patient Safety, Clinical Effectiveness and Patient Experience.

Patient Safety

Mortality Review

The Trust is taking a pro-active approach to the review and reduction of service user mortality. The Mortality Review Group is responsible for examining and understanding all deaths within the Trust, and the Suicide Prevention Strategy focuses on one of the main causes. We have considered two independent reports, one from NHS England and one from Verita. These reports showed that we are investigating the right deaths and we have an early reporting culture. The National Confidential Inquiry notes a national increase in young people taking their own lives and Crisis Resolution and Home Treatment (CRHT) being the service area where most suicides are being recorded. There is a particular focus on the immediate period following discharge from hospital – 2-7 days.

A central mortality framework has been presented by the National Quality Board in March 2017, which will be implemented by the Trust in the forthcoming year. The framework sets out the expectations of Trusts to seek to learn from mortality in a systematic and reportable way.

Comparisons between mental health trusts are very difficult as each trust will have a different configuration and data collection process. As a trust we are learning as much as we can from other trusts and organisations: our Director of Nursing, Quality and Patient Safety attends the National Mortality Group and will continue to inform the Trust of the latest guidance. Medical Director and Director of Nursing, Quality and Patient Safety have attended meetings and workshops with Mazars, a national consultancy group, in an effort to understand and compare figures, processes and responses. Mazars are working with us to explore local mortality trends, specifically focusing on trends in physical causes, and we will be planning a multi-agency workshop to address issues across the sector. There is acknowledgement from mental health trusts that the process of understanding mortality in this sector is in its very early stages.

The Trust Mortality Review Group has started in this context. It receives the information regarding deaths in the previous months, the qualitative review of these deaths from SI reports and then makes observations on trends, forms hypotheses about causes and makes recommendations for change.

The Trust will be participating in the Learning Disabilities Mortality Review Programme which is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England within 2017. This programme was one of the recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities aiming to provide greater scrutiny and to identify improvements in health and care services.

Ligature assessments

Assessments of all ward areas that are patient accessible either accompanied or unaccompanied to identify potential ligature points have been completed and have been sent to Clinical Team Leaders who were jointly responsible for each assessment.

The assessments have identified the current risks on each ward. Each risk has been individually assessed and rated as, red, amber or green. The Trust plans to remove the red and amber rated ligature points by June 2017. Floor plans of each ward clearly indicating the high, medium and low risk areas are available to enable staff to ensure they are aware of the points and an updated policy has introduced a walk round system to ensure staff awareness. The points rated as green will be locally managed.
Safewards

The Trust successfully completed the first year of the ‘Safewards model’ CQUIN across six wards in Norfolk and Waveney. (The model had been introduced at Woodlands in Suffolk in February 2014.) The CQUIN has achieved great results so far this year and in Quarter 3 2016/17 has been awarded 100% achievement of milestones in west Norfolk, central Norfolk, and in Great Yarmouth and Waveney.

The aim of Safewards is to enhance patient/staff therapeutic relationships and make our ward environments safer, more peaceful places for all. Safewards is a qualitative, evidence based model aimed at effecting lasting change in organisational culture and working practices. Successful implementation of the model will provide an improved therapeutic environment that should reduce the possibility for conflict, and have a positive impact on reducing incidents and improving patient and staff experience.

We will achieve this by introducing the ‘10 Safewards Interventions’, which aim to improve the way we communicate with each other on the wards. By working in co-production with our service users, some of the interventions we will follow include setting clear mutual expectations, holding regular mutual help meetings, providing reassurance following an incident and introducing a discharge message board on each ward.

Clinical Effectiveness

Clinical strategy

The 2016-2021 strategy was launched in 2016 having been co-produced with service users, commissioners and carers, and agreed by senior clinicians and managers.

Its purpose is to provide a Trust-wide clinical direction that will inform future plans including, estates, ICT, training, and recruitment. The strategy will allow managers and clinicians to describe our Trust’s overall clinical model and ambition for the future.

The Strategy reflects our key aim to raise the quality of our services in line with of our strategic goals of:

1. Improving quality and achieving financial sustainability
2. Working as One Trust
3. Focusing on prevention, early intervention and promoting Recovery

This strategy will be implemented over a five year period, building upon the quality improvement plans implemented throughout 2016 to create clinical pathways, which effectively and consistently address the individual needs of our service users, wherever they live in Norfolk and Suffolk.

The Trust needed to focus implementation of clinical strategy on priority areas to ensure adequate consultation and collaboration. A series of meetings with lead clinicians and operational managers agreed the following priorities: personality disorder pathway, memory assessment pathway and embedding of formulation into clinical management. All three of these areas have project support and have significantly progressed. In particular, there is good service user and carer involvement.

Out of Area (OoA) placements

The Trust has experienced a long period where service users have needed to be placed in OoA beds. This includes youth, adult, later life and dementia service lines. The total number fluctuates up and down and there have been significant resources dedicated to reducing the number; however, the issue has persisted and there has not been a consistent period where there were no service users in OoA placements.

Recognising this challenge, the Board has set an objective for 2017-18 to make sustained progress towards meeting the national 2020 Five Year Forward View target of ensuring no inappropriate Out of Trust placements. Within our Trust we refer to OoA as Out of Trust as, while we can place people in a local facility so they do not have to travel long distances, they are not within our wards and under our care.

The measure of our progress on this measure will be a sustained reduction of inappropriate Out of Trust placements leading to a 50% reduction of occupied bed days compared to the 2016-17 activity.

The Trust has recently commissioned a review of its bed usage and inconsistencies in ‘gatekeeping’ were highlighted as an issue.
Therefore, gatekeeping processes and the internal management of the Trust's bed stock are being reviewed to ensure a consistent and effective approach across the trust to preventing admissions where appropriate. This will include learning from best practice, not only within the Trust but also nationally. Working with local partners, commissioners and service users the Trust is developing key service initiatives to support this aim, such as, a crisis café, a personality disorder service and embedding recovery principles in care planning and CPA review.

Recovery College

Our Recovery College (RC) currently provides a curriculum of 31 courses over 17 locations in all five of our Localities. New courses in 2016-17 include: Safety Planning, Carers and Recovery, Exploring Recovery and Dementia, Learning to Live with Anger, and Understanding Self-harm. A further eight courses are in co-development to be available from year 5 (September 2017), including: Understanding Personality Disorder, Understanding Dual Diagnosis, Learning to Live with Anger, and Understanding Self-harm. A further eight courses are in co-development to be available from year 5 (September 2017), including: Understanding Personality Disorder, Understanding Dual Diagnosis, Learning to Live with Anger, and Understanding Self-harm. The RC has also co-produced a tutor passport train the trainers package due to be rolled out in the summer term and introduced Individual Learning Plans and the Hope, Agency and Opportunity patient reported outcome measure.

The RC continues to develop co-produced courses in partnerships with 3rd sector organisations. In 2016-17 this included the Suffolk Museum Service and Equal Lives Norfolk. The RC is also increasingly involved in training various staff groups, including sessions for staff at induction, for the Norwich clergy, student nurses and co-developing and co-delivering workshops with Health Education England (HEE).

In 2017-18 the RC will be continuing to build on these achievements to help further embed a recovery culture and support services becoming more recovery-orientated. Developments will include: working with The Trust's educational colleagues and UEA medical students to develop recovery focused simulation training for medical students on placement.

Norfolk Constabulary and the Trust – partnership working

An innovative project aimed at improving care for people with mental health problems in Norfolk has been funded by the Police and Crime Commissioner with the appointment of an additional mental health nurse in Norfolk Constabulary's control room to supplement the current five nurses. These staff provide mental health awareness training to Norfolk Constabulary and support to callers at pivotal times and on occasions can be deployed directly to the scene of incidents, helping to further reduce demand on the police service. The initial pilot scheme was launched as a joint venture between the Trust and Norfolk Constabulary in March 2014. Due to its success it was expanded in October 2014 thanks to extra funding from the Office of the Police and Crime Commissioner and the Home Office.

From January 2017 vulnerable drug users will be given additional support to access treatment services thanks to a new partnership which will see mental health staff work alongside police to take help direct into people's homes. Their aim will be to encourage the vulnerable users from across Norfolk to ask for help from Norfolk Recovery Partnership (NRP), which is a partnership between the Trust, The Matthew Project and the Rehabilitation for Addicted Prisoners Trust treatment services, in turn reducing their risks of exploitation.

Transforming learning disability services across Suffolk

Last year, the Government launched a national drive, called 'Transforming Care for people with Learning Disabilities', which aims to prevent unnecessary hospital admissions, while also reducing the number of people receiving treatment out of area.

Fully supportive of these aspirations, our Trust has been working with our partners at the county council and local clinical commissioning groups to make sure they can be replicated in Suffolk. The key objectives of the national programme are to develop a sustainable model of care with a stronger community focus which reduces the use of inpatient services, offers more choice and provides more intensive support at an early stage.
In Suffolk, alongside a reduction in bed numbers, our Trust is developing an Intensive Home Support Service for people 14 years up who have a moderate to severe learning disability and have challenging behaviour / mental health problems. This will provide a step-up in care to existing patients to avoid admission and, where needed, respond to urgent need and enable more people to live in the community, with the right support. The team will act as gatekeepers to beds so that they are only used when a stay in hospital is essential. They will also be able to speed discharge by supporting people back into their existing homes or on to new ones working in partnership with both the inpatient service and the neuro development pathway in the Integrated Delivery Teams and will have bases in east and west Suffolk.

The team includes nurses and support workers, supported by admin staff with the service beginning at the end of March 2017.

**Wellbeing Suffolk**

Wellbeing Suffolk, provided by the Trust, was launched in September 2016 to offer people help for anxiety, stress and depression along with advice to safeguard their wellbeing. It expands and improves on the Suffolk Wellbeing Service by offering help to children as well as adults and providing extended opening hours during the week.

The service will work proactively to support people to have a good life rather than responding if they become unwell. It will also offer talking therapies to a wider range of people, including some who would traditionally be referred to specialist mental health services. To deliver the service, our Trust will sub-contract a wide variety of third sector organisations such as Suffolk Young People’s Health Project 4YP, Relate and Age UK Suffolk, to provide interventions to aid wellbeing, such as support for carers.

**Patient Experience**

**Green Light**

The Green Light Toolkit from the National Development Team for Inclusion is a guide to auditing and improving mental health services to meet the needs of people with learning disabilities (LD) and autism. The toolkit identifies 27 standards to ensure reasonable adjustments are in place to provide fair and equitable services.

A Trust-wide audit took place in July 2016 to measure compliance with the standards. An analysis of the findings compared to those from 2014 is difficult due to the significantly increased number of returns submitted by clinical teams.

However, there have been notable improvements since 2014 which include:

**Standard 8** – Staff attitude and values. In January 2017 the Trust had 115 nominated Green Light Champions whose role is to promote best practice and ensure reasonable adjustments are in place within teams to meet service users’ needs, supported through the Greenlight Champions Network.

**Standard 9** – Accessible information. A Trust Accessible Information for Service Users Policy was published in May 2016 to support the statutory NHS England ‘Accessible Information Standards’ and gives guidance on how to produce information in different formats. A wide range of easy read information is available on the Trust Green Light intranet page and easy read appointment letter templates and care plans have recently been developed.

**Standard 23** – Data recording. All clinical systems used within Trust services have a way to record learning disability and autism spectrum conditions and the Trust electronic patient record system is now able to identify where an individual has preferred supportive methods of communication.

**Service user involvement in recruitment**

In 2016-17, Value Based Recruitment (VBR) training was provided to service users and carers and helped to maintain a steady rate of people with lived experience being involved in interview and stakeholder recruitment panels throughout the Trust.

In 2017-18, we will increase access to VBR training to increase the number of service users and cares able to sit on interview panels. Following introduction of the new recruiting system at the end of 2016-17, we will be establishing a Trust-wide system to capture the percentage of interview panels that included service users and carers.
Norfolk west community outreach

This project was initiated in June 2016 to address the needs of migrant communities and refugees within the locality. The plan aims to enable equality of opportunity and equality of access for a diverse population, and to harmonise with the Equality Delivery System objectives and Trust strategy. Key objectives include:

- Strengthening links and relationships with key agencies and forming joint strategies to support outreach
- Providing training to staff building upon Trust mandatory requirements
- Collate and analyse statistical data related to local population and delivery of services
- Provide information resources for the three most common non-English languages used

Equality and diversity initiatives

A new approach to equality and diversity issues is being implemented within each locality across the Trust through the appointment of equality leads and the completion of equality assessments to identify equality objectives and develop an action plan in line with the Equality Delivery System (EDS2).

Through the Open Mind project (collaboration between the Trust, Caribbean and African Community Health Support Forum and Suffolk Refugee Support) we have been able to build good relationships with the local Black and Minority Ethnic communities which, as result, have provided an opportunity for some of our diverse communities to engage and have their voice heard. This project has led to the establishment of an expert group consisting of service users, carers and health professionals supported by the Trust.

One of the key achievements of the group has been the co-development of the Trust's equality and diversity training package, which is being facilitated by equality leads across the Trust and is mandatory for all staff to attend.

The group are currently working with the Ipswich Hindu Community Centre to look at promoting mental health within their community and are supported by a grant from Suffolk Community Foundation to develop a series of workshops.

For the second consecutive year, the Trust has been successful in securing a place as a partner to take part in the NHS employers Equality and Diversity Programme. This has helped to raise the profile of the Trust and most importantly has given the Trust the opportunity to share and learn from other organisations across the country.

Veterans Response Partnership

A new service which will take expert help and peer support directly to veterans facing a mental health crisis was launched across Norfolk and Waveney in October 2016. The Veteran’s Response Partnership initiative will use a special response car, manned by experienced volunteers, to support veterans experiencing mental health crisis out-of-hours.

The partnership is being run by the Walnut Tree Project in collaboration with the Trust, HMP Norwich, Veterans Norfolk and Outside the Wire, a charity which works with ex-military personnel supporting veterans with bespoke substance misuse services. The initiative has been made possible thanks to the generosity of local businesses and a local benefactor.

The volunteers who are themselves veterans or have experience of working in mental health or living with a condition will work alongside specialist teams from our Trust to assess individuals and offer peer support, as well as helping them to access other services which may be able to help. The overall aim is to keep veterans out of police cells and get them any further support they may need, such as help with housing or employment issues or drink or drug problems.

Veterans will be able to sign up to the scheme themselves, while other forces charities and organisations can also register veterans with the scheme.

National recognition

All three of the Trust Electroconvulsive Therapy (ECT) Clinics (Wedgwood House, Woodlands and Julian Hospital) are currently accredited as ‘Excellent’.

The Electroconvulsive Therapy Accreditation Service (ECTAS) works with electroconvulsive therapy (ECT) services to assure and improve the quality of the administration of ECT. We engage staff in a comprehensive process of review, through which good practice and high quality
care are recognised and services are supported to identify and address areas for improvement. Accreditation assures staff, service users and referrers, commissioners and regulators of the quality of the service being provided.

National / Regional awards

• **HSJ Awards**

The Compass Outreach Service and the Norfolk Parent Infant Mental Health Service (PIMHS) were jointly shortlisted for a Health Service Journal Award in the Improved Partnerships between Health and Local Government category. Compass Outreach, which is run by the Trust in partnership with The Benjamin Foundation and Norfolk County Council, works with ‘looked after’ children and those at risk of being taken into care. It supported more than 170 families in its first year. PIMHS, which is also run by the Trust, offers targeted mental health support for the parent and specialist attachment focused therapy when a baby is at risk of being taken into care, in turn encouraging bonding to ensure families can remain together.

• **NHS Leadership Awards**

Central Norfolk Child and Adolescent Eating Disorder Service (CEN-CAEDS) were shortlisted as Finalists amongst 180 nominations for the category of ‘Team Outstanding Achievement – Clinical, in recognition of the work which has taken place over the past few years to develop from a small service run by two part-time members of staff into a top-performer which has been accredited by the National Eating Disorders charity, BEAT.

The team now cares for more than around 140 young people up to the age of 18 at any one time, and focuses on providing comprehensive, eclectic and evidence based interventions at an early stage with a view to enable a greater chance of making a good recovery and prevent a hospital admission, wherever possible.

A range of therapeutic interventions are offered alongside robust risk assessment and management of physical wellbeing, including psychoeducation, motivational enhancement, therapy, Systemic Family therapy, Multi-Family-Therapy, Young peoples’ Group Therapy, Cognitive Behavioral Therapy, Medical management and Individual therapy, along with Carers support groups/ sibling support and multi-agency liaison.

CEN-CAEDS works closely with the Norfolk and Norwich University Hospital to manage physical & psychological risks to prevent admissions and has care pathways in place with the local paediatric department.

The ‘My Voice’ Group set up for Young people by CEN-CAEDS, has received outstanding feedback, and the Young Ambassador and Carer ambassador programme set up over the past six years, has encouraged young people and carers to support the team with teaching and training in primary care, schools, colleges, undergraduate and postgraduate trainees with a view to raising awareness and working on primary prevention and universal education as part of the Stepped Care model of service delivery.

CEN-CAEDS continues to persevere to work towards a gold standard model of service delivery for young people with eating disorders in Norfolk.

• **The Howard League for Penal Reform Community Awards**

The Trust Liaison and Diversion (L&D) Service was shortlisted in a prestigious national award category after being nominated for an award by Norfolk and Suffolk Police.

The Trust service is provided in partnership with Julian Support and the military charity Walking With The Wounded. The Howard League Community Awards 2016 celebrated projects which helped to keep people out of the criminal justice system by providing alternative, proportionate, effective and targeted interventions which can reduce the risk of reoffending. They reward best practice and champion initiatives taking place in the community which will help people make positive changes in their lives.

The L&D nomination comes in recognition of the service’s success since its launch in April 2015. During the first 18 months of operation the service screened and assessed almost 4000 individuals, and referred over half of the adults seen to other helping agencies to address a range of unmet needs that included issues such as mental health, general health, substance misuse and alcohol problems, as well as social factors such as financial and housing needs. Representatives of all the L & D partners attended the awards which took place at the Kings Fund in London in November 2016, and were delighted to be named in the top five services nominated, although on this occasion...
they were not judged to be the winners. The Trust have secured funding for 2017-2018 from the national L&D commissioners, and were also successful in submitting a business case for some additional funding that will further enhance the service that we provide with partners in 2017-2018.

- **Health Education England - Quality in Education and Training Awards**
  Dr Albert Michael, Consultant Psychiatrist, finalist in Educator of the Year Award

- **Royal College of Psychiatrists Eastern Division Conference**
  Three prizes were awarded for poster presentations for Trust staff:
  
  **Steven Willis, Richard Wells and Mike Seaman** - Section 136 Health Based Place of Safety at Wedgwood Unit
  
  A five year analysis of the trends and outcomes of Section 136 detentions to Wedgwood Unit, West Suffolk Hospital revealed a year on year increase in number detentions from 2012 and a decrease in the need for follow up interventions by mental health services. Further comparisons with other mental health services are recommended.

  **Chris Platten** - Development of Suffolk Rehabilitation and Recovery Service (SRRS)
  
  SRRS was introduced in August 2015, and replaced Chilton House, St Clements Hospital which opened in 2000 as a home-for-life unit for people with complex problems. The new service empowers people to live as independently as possible, and sees an occupational therapist working with an experienced clinical team, deliver individual care plans and gradually build the self-confidence of service users as they reintegrate with the community.

  SRRS has proved a success so far, with 15 patients discharged in the last 13 months, the majority of whom had been on the unit for around 12 years.

  **Marion Robbins** - Carer Awareness Training
  
  Using staff feedback following in-house carer awareness training, carer questionnaires and review of interventions identified to reduce carer burden, findings were analysed and informed the content of a staff and carers workshop aiming to share understandings of each other’s challenges and plan future training.

**Commissioners and stakeholder comments**

**Trust Governors**

The Council of Governors appreciate the opportunity to review and comment on the Norfolk and Suffolk Foundation Trust's 2016-17 Quality Accounts.

Governors have consistent opportunities throughout the year to observe and contribute to the business of the Trust. They note the continued focus which the Trust places on areas of concern, whilst recognising the steady improvement evidenced within ‘business as usual’ and the recent CQC inspection.

Throughout the report the quality assurance process is clearly documented and further in depth scrutiny is evidenced through governors attending the Quality Governance committee. This has demonstrated greater rigour, ensuring that topics are current, that reports are fit for purpose and there is greater emphasis on accountability.

The Governors are pleased to see the very positive reports from the Recovery College which reflect the strong ethos of recovery as a core principle which underpins the activities of the Trust. The co-production and service user involvement is commendable and provides an example of quality practice.

The annual NHS staff survey provided positive evidence of improvement, particularly when considering the Trust against national averages. The proposed development activities recognise key issues such as the vacancy rate, the need for leadership development and supporting the staff. The Trust has an opportunity to fully engage with appraisal and supervision of its staff, to consider appropriate skill mix and to
ensure that mandatory training is undertaken, all of which have concerned the Governors throughout the year. The Governors had opportunities to participate in staff awards throughout the year and to listen to accounts of innovative working and commitment to best practice.

The Service User and Carer strategy has caused concern to the Governors as its implementation has been slow and this is a key activity for the Trust to engage with and learn from those who use the services. This is monitored within the Partnership committee, however there is a need to increase engagement and to ensure that this approach is of value to those who are involved with the Trust’s services.

The Governors welcome the Trust’s emphasis on raising the profile of physical health, recognising the importance of this for both service users and staff. They were pleased to see the proposed developments within the community which addresses the wide range of access to services.

One of the most important areas of concern for Governors throughout the year has been the reported rise in Unexpected Deaths. The Governors commend the Trust in undertaking the Mortality Review to assist in understanding these tragic events, to learn from them and to implement better practice. Significant work has also been undertaken through the Suicide Prevention Strategy. There has been a consistent emphasis on safety improvement on the wards, but recognition that many vulnerable service users live within the community. The Governors will continue to focus on this part of the Trust’s activity, ensuring that communication with families improves and that everything possible is in place to prevent unexpected deaths.

A second area of concern has been the increased numbers of service users placed in Out of Area and Out of Trust beds. The Governors understood the need for a review of the bed numbers, which should also consider the admission process and delayed discharge. They are reassured that there is a process to underpin assuring the quality of these placements, but remain concerned that so many service users are receiving care in this way. This will continue to be an area of significant interest to the Governors for the forthcoming year.

Governors appreciate the time and effort which has been spent in producing the Quality Accounts. They commend the Trust in evidencing improved practice, and in delivering this wide reaching service within significant financial constraints. They are assured that the report provides evidence of working collaboratively and effectively to provide an improved service for the future.

Health Overview and Scrutiny Committee

The Norfolk Health Overview and Scrutiny Committee has decided not to comment on any of the Norfolk provider Trusts’ Quality Accounts for 2016-17 and would like to stress that this should in no way be taken as a negative comment. The Committee has taken the view that it is appropriate for Healthwatch Norfolk to consider the Quality Accounts and comment accordingly.

South Norfolk Clinical Commissioning Group

NHS South Norfolk Clinical Commissioning Group (SNCCG), as the coordinating commissioner for Norfolk and Suffolk Foundation Trust (NSFT) for the Central Norfolk CCG’s (Norwich, North Norfolk and South Norfolk), supports the Trust in its publication of the 2016/17 Quality Account. Having reviewed the mandatory detail of the report, we are satisfied that the Quality Account incorporates the mandated elements that are required. The CCG recognises that NSFT have undertaken to develop and deliver a significant number of quality improvement initiatives. Going forward we would recommend that NSFT do however make better use of measurable outcomes using quantitative and qualitative data to demonstrate their ongoing improvement and success.

The CCG’s recognise the challenges experienced by the Trust having been under special measures in 2015/16 and then subsequently ‘Requiring Improvement’. NSFT is currently awaiting CQC re-inspection in July 2017.

The Trust continues to work collaboratively with a range of stakeholders and has received external support from both NHS I and NHS E during the year. The CCG has and will continue to support the Trust through Clinical Quality Review Meetings (CQRM).

The CCG’s are in support the key quality priorities for 2017/18. The CCG’s have recommended that the Trust ensure that all Quality Priorities for 2017/8 are aligned to the delivery of the CQC recommendations and the Mental Health Service User Satisfaction Survey.
2016. NSFT should also ensure that there are SMART Action plans put in place so that all improvements are both measureable and demonstrable. The CCG’s will continue to work with the Trust to monitor and review progress on the areas identified and have made the following recommendations:

**Patient Safety**

NSFT will demonstrate that 80% of in-patient service users with a ‘challenging behaviour’ will have an individualised behaviour support plan informed by a recent holistic assessment. An individualised behaviour support plan is a form of advanced directive, developed with the service user where they have capacity. The behaviour support plan will be developed with those patients who have exhibited behavioural disturbance in the past or are at risk of doing so and may therefore require restrictive interventions.

The CCG asks that the Trust ensures that this work and any associated action plans also continues to address new key and emerging recommendations in Sign up to Safety (NHS E 2014).

**Patient Experience**

The Trust will demonstrate that at least 50% of detained patients will report that they were offered information about Independent Mental Health Advocates.

The CCG’s ask that NSFT review this Quality Priority to include key recommendations from the recent Community Service User Satisfaction Survey 2016.

**Clinical Effectiveness**

The Trust will ensure that 95% of service users have a core assessments, risk assessment and care plan put in place.

The CCG notes that the CQC Action plan states that this work will be complete by May 2017 therefore NSFT need to ensure that these two priorities are aligned.

Noting the level of compliance of 67% against a target of 95% for 2015/6 against the number of service users who have their capacity to consent to treatment on admission recorded in the electronic record, the CCG requests that NSFT continue with the work commenced in 2015/6 to improve this to the target of 95%.

NSFT is taking a pro-active approach to the review and reduction of service user mortality. The Mortality Review Group is responsible for examining and understanding all deaths within the Trust, and the Suicide Prevention Strategy focuses on one of the main causes. The Trust have actively commissioned two independent reports, one from NHS England and one from Veritas. The reports have demonstrated that NSFT we are investigating the right deaths and confirmed that they have an early reporting culture. NSFT are now looking to implement the central mortality framework published by the National Quality Board in March 2017.

As noted above the Trust continues to demonstrate high levels of reporting for serious incidents and are open and transparent on all matters of patient safety. The CCG has advised NSFT that they need to adhere to the nationally set Serious Incident reporting framework and timelines following a number of delays in returning completed reports within the required 60 days. SNCCG and NSFT are now working together to ensure that serious incident reporting and the recommendations made in the Mortality Review are aligned. This will ensure that only those cases that are appropriate for full Root Cause Analysis are reviewed and that learning is richer.

NSFT have made good progress against the delivery of the CQC Action Plan and this was reflected when they were removed from Special Measures earlier this year. The Trust has now refocused the Action Plan to ten key priorities. This includes a robust assessment of all ward areas that are patient accessible to identify potential ligature points with increased accountability for Clinical Team Leaders to ensure staff are aware of all the ligature points within their area of responsibility. The CCG continues to support NSFT in readiness for the pending CQC inspection in July 2017.

Commissioners previously raised concerns over the functionality and performance of Lorenzo, a single electronic patient record (EPR) introduced by the Trust in May 2015, specifically around the assurance of patient safety. We are pleased to report that this is no longer of concern and the CCG commends the Trust on their wide range of efforts to address the associated issues.
We also commend the Trust for using a wide range of national and local audits, national and local key performance indicators (KPIs), surveys and other forms of feedback such as the Friends and Family Test (FFT) to gain feedback from service users and their families and to improve services. Whilst outcomes from some of these measures (for example, FFT response rates) are showing signs of improvement there is further work to be done. The Trust continues to explore different ways of improving feedback and engagement. This work and the work to improve the outcomes of the recent Mental Health Community Service Users Survey 2016 will continue to be monitored at CQRM. The CCG supports the use of the Recovery approach adopted by NSFT to improve service user satisfaction and will work closely with the Trust to ensure that the recovery plans are outcome focussed and plans are SMART.

The CCG notes that the Trust remains focused on reducing the number of Out of Area Placements however the number of admissions to non-NSFT beds continues to cause concern. NSFT are a significant outlier in their use of out of area bed days. NSFT have recently commissioned an independent review into the use of the acute services (CRHT) and inpatient beds by mental Health Strategies. The findings of this report will be used to inform a Recovery Action Plan. The CCG will continue to monitor and work with NSFT to ensure that patient safety, effectiveness and experience is not compromised. This includes a ‘deep dive’ into the root cause of admission to ensure that no patient is admitted in crisis as a consequence of a treatment delay. The CCG’s are also seeking assurance that all waiting lists are being triaged effectively and that no patient is experiencing harm whilst waiting for assessment or treatment.

Finally the CCG’s recognise, that while the recent staff survey identified further opportunities for improvement, it was the second most improved of all mental health trusts who participate in the survey and saw statistical improvement in 19 of the 32 key findings. NSFT have worked hard to improve staff satisfaction through a robust Workforce and Organisational Development Strategy and should be commended on the progress made to date.

The CCG looks forward to continuing to working in a positive and collaborative manner with the Trust to continue improvements in patient care during the coming year.

Suffolk Healthwatch

Healthwatch Suffolk thanks the Norfolk & Suffolk Foundation Trust for the opportunity to comment on its Quality Account for the year 2016/17.

We have considered your draft document and produced a response statement for inclusion in the appendix of the published report.

Healthwatch Suffolk looks forward to working with the Norfolk & Suffolk Foundation Trust in the year ahead and to hearing of progress made to improve services and outcomes for patients and service users in Suffolk.

1. Quality Priorities 2016/17

- Patient Safety / Self-Harm

  *Staff will have the confidence and tools to manage service users who self-harm, improving the service user experience. This will be measured through the number of people who attend training, a staff survey and a patient reported outcome measure, which will be developed.*

  The need for better staff training and attitudes towards self harming has certainly been highlighted in feedback received from service users/carers by Healthwatch and this initiative is therefore to be welcomed. The approach adopted encouragingly is focused on working with both staff and service users to identify concerns, suggestions for improvement and additional training needs. Also the approach seems to facilitate and empower staff to take local responsibility rather than dictate central solutions. Progress will only be confirmed however once the results of the March 17 staff and service user surveys are known. There ought to be a direct assessment on whether there has been a reduction in self harming behaviour experienced on the pilot wards.

- Patient Safety / Suicide Reduction

  *For the Trust to participate in regional initiatives and develop a five year target for suicide reduction in partnership with other services.*

  Healthwatch is aware that the Trust has rightly had a major focus in this area including addressing the findings of the independent Verita Report and playing a
leading role in the county wide Public Health led programme. While the development of a Trust Strategy and implementation plan, and the advent of the Mortality Review Group aimed at achieving better learning from mistakes is positive, the difficult question is how to measure whether success is being achieved given the statistical uncertainty intrinsic to relatively small numbers of deaths. A one key measure might be if the experiences of families and carers can be captured and analyzed, and improvements detected over time.

• Patient Experience / Service user’s involvement in their care

To raise the number of people reporting in the mandatory service user survey that they were involved, or involved to some extent in decisions about their care to above 90% in 2017.

This is an area of key concern flagged by service users to Healthwatch and certainly needs to be addressed. Hopefully the TRIP has been suitably developed on a co-production basis and will lead to some significant improvement (see also comment under ‘Clinical effectiveness/Improve service user experience’ for 2017/18).

• Clinical Effectiveness/Recording capacity

To ensure that 95% of service users have their capacity to consent to treatment on admission, recorded in the electronic record.

• Clinical Effectiveness / Section 17 leave

To ensure that section 17 leave is managed in accordance with the Code of Practice, monitored by MHA administration team.

The above two items relate to the need to comply with the MCA and MHA respectively and were identified as needing to be addressed by CQC. The Trust seems to have mounted a comprehensive communications/ awareness campaign with medical staff to heighten awareness of what is necessary with partial but not complete success to date.

2. Quality Priorities for 2017-18

• Patient safety/ Reduce restrictive interventions

Positive Behaviour Support Plans

Aim: Audit will demonstrate that 80% of in-patient service users with a ‘challenging behaviour’ will have an individualised behaviour support plan* informed by a recent holistic assessment

Involving patients in developing an advance plan on what will be the best individualised support for them to head off, and if necessary, deal with ‘challenging behaviour’ seems a very sensible objective. The key to success however will be well trained and empathetic staff that have sufficient time to spend with each patient, when they are sufficiently well, to really listen to their views.

• Patient experience/Improve service user experience

Patient’s right to an Independent Mental Health Advocate (IMHA)

Aim: Audit will demonstrate that at least 50% of detained patients will report that they were offered information about IMHA’s

This would seem to be a very necessary objective. However it is not clear why the objective is only 50%? What are the issues that determine what can be a realistic target?

• Clinical effectiveness/Improve service user experience

Care Programme Approach (CPA) process:

Aim: Data reported monthly will demonstrate 95% compliance with core assessments, risk assessments and care plans.

Assessments and care planning are absolutely central to the effective performance of NSFT and it is therefore essential that the Trust continues to raise performance in this area.

Feedback to Healthwatch and other organisations in Suffolk, such as Suffolk User Forum, continue to highlight problems for some service users including poor risk assessments, inconsistency in assessments,
inappropriate assessments (even diagnoses over the phone) and poor discharge planning.

It is not clear exactly what is planned under this action however. What will be checked to determine whether 95%, or any improved compliance, has been achieved? It is strongly suggested that service user/patient feedback needs to play a central role in validating progress and not just an internal tick box exercise. Real progress must also depend on ensuring that staff have adequate training to achieve a more ‘listening’ culture and are empowered to spend the time necessary with individuals to raise the overall quality and consistency of assessments and care planning.

Great Yarmouth and Waveney Clinical Commissioning Group

Great Yarmouth & Waveney Clinical Commissioning Group supports the organisation in its publication of a Quality Account for 2016/17. We are satisfied that the Quality Account incorporates the mandated elements required based on available data. The information contained within the Quality Account is reflective of the Trust over the previous 12 month period.

In our review we have taken account of the clinical quality and safety improvement priorities identified for 2017/18 and support the identified improvement objectives in the quality and safety of care provided to Great Yarmouth & Waveney residents. The Trust will do this by:

Improving Patient Safety

The Trust Board will ensure that 80% of inpatient service users with a challenging behaviour will have an individualised positive behaviour support plan to reduce the need for restrictive interventions in accordance with the Mental Health Act MHA Code of Practice (2015). The CCG is pleased that this priority will build upon the Trust’s existing commitment to improve compliance with the Department of Health guidance; Positive and Proactive Care: reducing the need for restrictive interventions (2014).

Improving Patient Experience

The Trust Board will ensure that at least 50% of detained service users will be offered information about an Independent Mental Health Advocate (IMHA). This follows publication of the Care Quality Commission (CQC) report; Monitoring the Mental Health Act (2015/16) which identified that nationally there was little evidence that detained service users were informed of their right to access an IMHA.

Improving Clinical Effectiveness

The Trust Board will ensure compliance with the Care Programme Approach (CPA) process, in that core assessments, risk assessments and care plans will be completed by staff.

The CCG is pleased that this priority has been chosen as the quality of core assessments, risk assessments and care plans has been raised as a concern by the CQC and the CCG.

We note the progress made against the quality priorities identified for 2016/17, in particular:

- The improvement in service user experience achieved by increasing staff confidence and providing staff with the appropriate tools and resources to manage service users who self-harm.
- The development of the Trust’s Suicide Strategy in February 2017 related to service users who experience mental illness and distress and the continued learning from events where people are lost to suicide. This includes implementation of the recommendations from the independent review into unexpected deaths.
- The Trust’s commitment to improving the service user’s involvement in their care linked to recovery orientated services. This is evident from the Trust’s inclusion of an ongoing quality priority for 2017/18 to build upon this work.
- The Mental Capacity Awareness week held 6th to 12th March involving a series of workshops that highlighted the law behind the Mental Capacity Act, including when decisions can be made on behalf of a service user and what has to happen before a service user is deprived on their liberty.
• The Trust's continued work to improve the completion of Section 17 leave forms in accordance with the Mental Health Act Code of Practice (1983).

The CCG is pleased to note that the Trust participated in 100% of the national clinical audits applicable to the organisation during 2016/17 and that the actions identified from the audits are being implemented to improve the quality of healthcare provided to service users. The Trust also participated in two national confidential enquiries during 2016/17 which enables nationwide learning about clinical practice.

We recognise the CQC’s change in rating from ‘Inadequate’ to ‘Requires Improvement’ following re-inspection of the Trust in July 2016 where the Trust was judged to have made significant improvement since October 2014.

The CCG believes that the Annual Quality Account presents the Trust with an opportunity to share with service users the significant changes that have occurred within 2016/17 and provide an update on how these service changes continue to be monitored.

The Great Yarmouth & Waveney Clinical Commissioning Group looks forward to working the NSFT during 2017/18.

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group, are currently working with clinicians and managers from the Trust and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and good patient/care experience is delivered across the organisation.

This Quality Account demonstrates the commitment of the Trust to improve services. The Clinical Commissioning Groups endorse the publication of this account.

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group, as the commissioning organisations for Norfolk and Suffolk NHS Foundation Trust, confirm that the Trust has consulted and invited comment regarding the Quality Account for 2016/17. This has occurred within the agreed timeframe, and the CCGs are satisfied that the Quality Account incorporates all the mandated elements required.

The CCGs have reviewed the Quality Account data to assess reliability and validity and to the best of our knowledge consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the Trust over the previous 12 month period. The priorities identified within the account for the year ahead reflect and support local priorities.

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group, as the commissioning organisations for Norfolk and Suffolk NHS Foundation Trust, confirm that the Trust has consulted and invited comment regarding the Quality Account for 2016/17. This has occurred within the agreed timeframe, and the CCGs are satisfied that the Quality Account incorporates all the mandated elements required.

The CCGs have reviewed the Quality Account data to assess reliability and validity and to the best of our knowledge consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the Trust over the previous 12 month period. The priorities identified within the account for the year ahead reflect and support local priorities.
Key

AC  Antipsychotic Combination
BoD  Board of Directors
CAMHS  Child and Adolescent Mental Health Service
CCGs  Clinical Commissioning Groups
CCQI  The Royal College of Psychiatrists College Centre for Quality Improvement
CEN-CAEDS  Central Norfolk Child and Adolescent Eating Disorder Service
CPA  Care Programme Approach
CQC  Care Quality Commission: www.cqc.org.uk
CQUIN  Commissioning for Quality and Innovation
CRHT  Crisis Resolution and Home Treatment
DH  Department of Health
ECT  Electroconvulsive Therapy
ECTAS  Electroconvulsive Therapy Accreditation Service
EIP  Early Intervention in Psychosis
ESR  Electronic Staff Record
FAC  Fundamentals of Care
FFT  Friends and Family Test
GP  General Practitioner
HDA  High Dose Antipsychotic Therapy
IAPT  Improving Access to Psychological Therapies
IMHA  Independent Mental Health Advocate
ImROC  Implementing Recovery through Organisational Change
IPAC  Infection Prevention and Control
KPI  Key Performance Indicator
LD  Learning Disability
L&D  Liaison and Diversion
LIPACS  Local Infection Control Prevention and Control Supporter
MCA  Mental Capacity Act
MH  Mental Health
MHA  Mental Health Act
MHLF  Mental Health Law Forum
NCEPOD  National Confidential Enquiry into Patient Outcome and Death
NCISH  National Confidential Inquiry Into Suicide and Homicide by People with Mental Illness
NHS  National Health Service
NICE  National Institute of Health and Care Excellence: www.nice.org.uk
NPSA  National Patient Safety Agency: www.nrls.npsa.nhs.uk
NRLS  National Reporting and Learning Service
NRP  Norfolk Recovery Partnership
NSFT  Norfolk and Suffolk NHS Foundation Trust
PALS  Patient Advice and Liaison Service
PARM  Performance and Accountability Review Meeting
PHSG  Physical Health Strategy Group
PIMHS  Perinatal and Infant Mental Health Service
PLACE  Patient Led Assessment of the Care Environment: www.england.nhs.uk
PMO  Project Management Office
POMH-UK  Prescribing Observatory for Mental Health
QIP  Quality Improvement Plan
RC  Recovery College
RCA  Root Cause Analysis
SAR  Safeguarding Adult Review
SCR  Serious Case Review
SI  Serious Incident
SMI  Serious Mental Illness
SRRS  Suffolk Recovery and Rehabilitation Service
TOR  Terms of Reference
TRIP  Team Recovery Implementation Plan
VBR  Values Based Recruitment
Annual accounts

for the year ended
31 March 2017
Statement of the Chief Executive’s responsibilities

as the accounting officer of Norfolk and Suffolk NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on NHS Improvement by the NHS Act 2006, has given Accounts Directions which require Norfolk and Suffolk NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Norfolk and Suffolk NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

• Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

• Make judgements and estimates on a reasonable basis

• State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

• Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance, and

• Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed:

Michael Scott
Chief Executive

Date: 25 May 2017
Independent auditor’s report

to the Council of Governors of Norfolk & Suffolk NHS Foundation Trust only

Opinions and conclusions arising from our audit

1. Our opinion on the financial statements is unmodified

We have audited the financial statements of Norfolk & Suffolk NHS Foundation Trust for the year ended 31 March 2017 set out on pages A18 to A52. In our opinion:
— the financial statements give a true and fair view of the state of the Trust’s affairs as at 31 March 2017 and of the Trust’s income and expenditure for the year then ended;
— the Trust’s financial statements have been properly prepared in accordance with the Department of Health’s Group Accounting Manual 2016/17.

Overview

| Materiality: | £3.3m (2015/16: £3.3m) |
| Financial statements taken as a whole | 1.5% (2015/16: 1.5%) of income from operations |

| Risks of material misstatement vs 2015/16 |
| Recurring risks | Valuation of land and buildings |
| Recognition of NHS and non-NHS income and provision for doubtful debt |
2. Our assessment of risks of material misstatement

In our audit opinion above on the financial statements, the risks of material misstatement that had the greatest effect on our audit, in decreasing order of audit significance, were as follows (unchanged from 2015/16):

<table>
<thead>
<tr>
<th>The risk</th>
<th>Our response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>Our procedures included:</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>— <strong>Review of asset records:</strong> We tested the accuracy of the estate base data provided to the valuer to complete the full valuation to ensure it accurately reflected the Trust estate.</td>
</tr>
<tr>
<td>£120.6 million; 2015/16: £133.0 million, land buildings and dwellings,</td>
<td>— <strong>Review of the Trust’s valuer:</strong> We assessed the scope, qualifications and experience of the valuer, Montagu Evans, the overall methodology of the valuation performed to identify whether the approach was in line with industry practice and the valuer was appropriately experienced and qualified to undertake the valuation, and</td>
</tr>
<tr>
<td>£0.7 million, assets held for sale)</td>
<td>— <strong>Review of valuation:</strong> We assessed the assumptions used in preparing the full valuation completed of the Trust’s land and buildings by comparing our own knowledge of the client and experience of the industry in which it operates to ensure they were appropriate. As part of this process we consulted with our in house valuations specialists. We assessed whether the valuation and the accounting treatment of the impairment was compliant with the relevant accounting standards, and in particular whether impairments should be recognized in the Statement of Comprehensive Income.</td>
</tr>
</tbody>
</table>

Valuation of land and buildings:

Land and buildings are required to be held at fair value. The Trust’s main land and buildings relate to multiple sites across Norfolk and Suffolk.

The Trust commissioned external valuers, Montagu Evans to carry out a full valuation of land and buildings as at 31 March 2017. The previous full valuation has been carried out as at 31 March 2015. The new valuation was deemed appropriate to reflect the estates strategy of the Trust and to use the alternative site basis in the valuation.

The larger hospital sites include buildings which are specialized in their build and for which there is not an active market. As a result these buildings are valued on a depreciated replacement cost basis which is calculated as the cost to replace them with a modern equivalent asset with an equivalent remaining useful life.

As part of this assessment the Trust considers:

- Whether the asset would be built to the same specification and in the same location
- The expected remaining useful life of the specialized asset to the Trust.

The assumptions about the changes to the asset must be realistic.

Generally valuations should be gross of VAT. However, circumstances may arise where the asset would be more appropriately valued net of VAT. For instance, entities may recover VAT on payments for the provision of a fully managed and serviced building under a PFI.

Valuations are inherently judgmental, therefore our work focused on whether the valuer’s methodology, assumptions and underlying data, are appropriate and correctly applied.

The valuation resulted in a £28 million decrease in the value of the property, plant and equipment balance.

**KPMG**
### Recognition of NHS and non-NHS income and provision for doubtful debts:

Of the Trust’s reported total income, £203 million (2015/16, £197 million) came from commissioners (Clinical Commissioning Groups (CCGs) and NHS England). Seven CCGs and NHS England make up 94% of the Trust’s income. The majority of this income is contracted on an annual basis, however actual achievement is based on completing the planned level of activity and achieving key performance indicators (KPIs). If the Trust does not meet its contracted KPIs then commissioners are able to impose fines, reducing the level of income achievement.

In 2016/17, the Trust received transformation funding from NHS Improvement. This is received subject to achieving defined financial and operational targets on a quarterly basis. The Trust was allocated £3m of transformation funding. Additional funding is available at year end if targets are achieved. There is a risk providers recognise income to which they are not entitled and that cannot be supported by actual activity levels undertaken during the year. Insufficient provision may be made for potential fines levied by commissioners, especially where agreement has not been reached during the year.

An agreement of balances exercise is undertaken between all NHS bodies to agree the value of transactions during the year and the amounts owed at the year end. ‘Mismatch’ reports are available setting out discrepancies between the submitted balances from each party in transactions and variances over £250,000 are required to be reported to the National Audit Office to inform the audit of the Department of Health consolidated accounts.

The Trust reported income of £13m (2015/16: £14 million) from other activities, primarily education and training, research and development, or other activities. There is a greater risk that the income has not been recognised under the accruals basis, and instead on a cash basis.

Our procedures included:

- **Contract agreement:** We obtained copies of the signed contracts in place for the four largest CCG commissioners and NHS England.
- **Agreement of balances:** We inspected the outcome of the agreement of balances exercise with CCGs and other NHS providers. Where there were mismatches over £250,000 we sought explanations and supporting evidence from the directors to the level of income they were entitled to.
- **Transformation funding:** We re-performed the Trust’s calculation of performance against the financial and operational targets used in determining receipt of transformation funding to determine the amount the Trust qualified to receive. We agreed the amounts recorded in the accounts to our calculation; and
- **Specific item testing:** We tested a sample of non-NHS income items to third party notifications confirming that income has been recorded in the correct accounting period.
4. Our application of materiality and an overview of the scope of our audit

The materiality for the financial statements was set at £3.3 million (2015/16: £3.3 million), determined with reference to a benchmark of income from operations (of which it represents approximately 1%). We consider income from operations to be more stable than a surplus-related benchmark. We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £166,000 (2015/16: £105,000), in addition to other identified misstatements that warrant reporting on qualitative grounds.

5. Our opinion on other matters prescribed by the Code of Audit Practice is unmodified

In our opinion:
• the part of the Directors’ Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2016/17; and
• the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

6. We have nothing to report in respect of the matters on which we are required to report by exception

We are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the Annual Report that contains a material inconsistency with either that knowledge or the financial statements; a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:
• we have identified material inconsistencies between the knowledge we acquired during our audit and the directors’ statement that they consider that the Annual Report and financial statements taken as a whole is fair, balanced and understandable; or
• the Audit Committee’s commentary in the Annual Report does not appropriately address matters communicated by us to the Audit Committee.

Under the Code of Audit Practice we are required to report to you if, in our opinion:
• the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

In addition we are required to report to you if:
• any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
• any matters have been reported in the public interest under Schedule 10(9) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in respect of the above responsibilities.

7. Other matters on which we report by exception – adequacy of arrangements to secure value for money

Under the Code of Audit practice we are required to report by exception if we conclude that we are not satisfied that the Trust put in place proper arrangements to secure value for money in the use of resources for the relevant period.

The Trust has been subject to the following regulatory actions:
• In July 2016, the CQC performed a full inspection of the Trust and the report was issued in October 2016. The overall rating of the Trust is “requires improvement”. The Trust is due a re-inspection in July 2017. In October 2016, NHS Improvement (NHS) took the Trust out of Special Measures following a recommendation from the CQC but on condition that it addresses outstanding safety issues.

• Monitor originally raised enforcement notices on the Trust in February and June 2015. In November 2016, NHSI issued a compliance certificate confirming it was satisfied that all enforcement undertakings raised in June 2015, which related to financial performance and recovery plans, had been addressed. On 20 December 2016 NHSI issued a revised “Additional licence condition” and new “enforcement undertakings” following an agreement to vary the enforcement undertakings issued in February 2015. The revised enforcement undertakings require the Trust to address the quality and governance concerns raised by the CQC in 2015 and updated in 2016 and an independent governance review commissioned in 2015.

The additional licence condition requires the Trust to ensure it has an effective board, management and clinical leadership capability and appropriate governance to address the enforcement undertakings. The ongoing breach of licence conditions is evidence of a weakness in arrangements for effective planning and deployment of resources and in the governance arrangements in place for monitoring performance.

As a result of these matters, we are unable to satisfy ourselves that Norfolk & Suffolk NHS Foundation Trust made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the whole year ended 31 March 2017.

8. We have completed our audit

We certify that we have completed the audit of the accounts of Norfolk and Suffolk NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit.

KPMG
Scope and responsibilities

As described more fully in the Statement of Accounting Officer’s Responsibilities, the accounting officer is responsible for the preparation of financial statements that give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the UK’s Ethical Standards for Auditors. A description of the scope of an audit of financial statements is provided on our website at www.kpmg.com/uk/auditscopeother2014. This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Under Section 62(1) and Schedule 10 paragraph 1(d) of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General, as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body, for our audit work, for this report or for the opinions we have formed.

Stephanie Beavis
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
Dragonfly House, 2 Gilders Way, Norwich, Norfolk, NR3 1UB
25 May 2017
Annual Governance Statement

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable, and not absolute, assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Norfolk and Suffolk NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Norfolk and Suffolk NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Trust has implemented a clear structure for ensuring that risk management, control and review processes have been properly established and monitored. Leadership has been provided to focus these processes in the following ways:

- Executive Director lead with responsibility for risk management
- Dedicated risk management team
- Board approved risk management strategy
- Board Assurance Framework in place that covers the risks to the Trust's strategic objectives, controls and mitigation arrangements
- Regular monitoring of performance at a number of levels, including Audit and Risk Committee, Performance and Finance Committee, Transformation Programme Board, Quality Governance Sub-Committee, Accountability Reviews, Senior Management Forum, Executive Directors, and Board of Directors
- Locality and Service Managers each work with a Lead Clinician and Lead matron who provide clinical leadership to managerial and governance processes
- All programmes and projects also maintain risk registers, which are managed by the respective programme and reported up the governance structure as appropriate
- Regular monitoring of the risk registers and electronic reminders are sent out to ensure that the risk registers are regularly updated
- All staff receive induction training that includes risk management, and key staff are further trained in root cause analysis and risk assessment
- All serious incidents are investigated using root cause analysis and the learning is disseminated across the organisation using a range of mechanisms including discussion at Quality Governance Committee, Senior Management Forum, and locality meetings. Learning from incidents is an area where we have focused on strengthening our practice and this is reflected in our Quality Improvement Plan

All relevant policies are available on the Trust’s intranet.

The Trust has implemented reflective learning groups, provides a regular patient safety update that promotes learning and has identified dedicated time in community teams to discuss incidents.
Supported by the Audit and Risk Committee, the Board of Directors regularly reviews its governance structures and systems against latest guidance and reports. This supports assurance that the Trust’s performance management systems are working effectively.

The Quality Governance Committee undertakes more detailed reviews of service governance issues, including risk registers and Care Quality Commission (CQC) action plans and reports to the Board of Directors.

4. The risk and control framework

The Trust takes seriously its responsibilities for risks and control through a fully integrated approach to governance and risk. This is supported by a Trust-wide Risk Management Strategy, which provides the framework for the management of risk that covers processes relating to clinical risk, health and safety risk and organisational (corporate and strategic) risk.

The main focus of the Risk Management Strategy is the development of a risk management culture that engages all staff. The Board of Directors is committed to ensuring risk management forms an integral part of its philosophy, practices and business plans. It also demonstrates that the Trust is open with stakeholders, receptive to challenges and keen to learn.

Each locality and service assess their services on a monthly basis and records a risk profile in the risk register. Each profile is scrutinised and monitored through the governance and risk department who facilitate recording and reporting. The risk matrix is consistently used throughout the organisation:

- Low risks (green) and moderate risks (yellow) are held at local level
- Significant risks (amber) and above are reported and monitored monthly through the Trust’s Quality Governance Committee and Audit and Risk Committee
- High risks (red) are reported to the Executive Team and the Board of Directors

The risk management policy and strategy describes the risk management process and provides clear lines of accountability to ensure that all risks are appropriately managed with action plans to mitigate against occurrence or reduce impact to an acceptable level.

The strategy empowers staff to make judgments and decisions concerning the management of risk and risk taking. All services assess their own risk profiles, which are reported and recorded on the Trust’s risk register. All significant risks are entered onto the Trust risk register with an action plan to eliminate or reduce risks of all kinds. The Governance Team monitors active risks with oversight by the Audit and Risk Committee.

During 2016-17 the Board continued to develop the format and structure of the Board Assurance Framework (BAF). The Trust’s Risk Manager liaises with the Company Secretary quarterly to cross-reference the Trust’s Risk Register with the BAF.

The Trust has established an Assurance Framework, which is designed and operating to meet the requirements of the Corporate Governance Statement and provides the necessary weight of evidence that an effective system of control operates within the Trust. This Framework includes the following items:

- Board Assurance Framework that considers risks to strategic objectives
- Regular review of longer-term corporate and strategic risks by the Executive Team and Board of Directors
- Results of the Care Quality Commission specific reviews and outcomes from site visits, including Mental Health Act inspections
- Comprehensive live risk register that includes strategic, corporate, financial, clinical and other non-clinical risks
- Regular reviews of risk register by the Board of Directors, Audit and Risk Committee, with relevant risks being reviewed by the appropriate board committee and the Executive Team meeting
- A regular programme of visits (including unannounced) to clinical areas by both Executive and Non-executive Board Members
- Feedback from external bodies, including NHS Improvement (referred to as NHSI, previously Monitor), Care Quality Commission, National Patient Safety Agency and NHS Litigation Authority (NHSLA)
- Root Cause Analysis reports to include learning from patient safety issues and these are included in reports to the Board of Directors, where appropriate.

The Audit and Risk Committee and the Board of Directors review the major risks to the Trust’s strategic goals four times a year through the Board Assurance Framework. Each report to the Board includes a covering paper which includes a summary of the financial, equality and quality implications of the report including the risks to the Trust strategic goals. The Board Assurance Framework was reviewed by the Internal Auditors in 2016-17 and received a rating of ‘significant assurance’.

The Trust’s strategic goals are shown in the table below along with the 2016-17 major risks and mitigations.

<table>
<thead>
<tr>
<th>Strategic goal</th>
<th>Major risks</th>
<th>Mitigations / Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving quality</td>
<td>Lorenzo performance affecting patient care, staff morale and commissioner confidence.</td>
<td>Wide range of changes to product functionality, additional support to staff with onsite specialists / floor walkers and additional training. Improvements have been made but some intermittent network problems are still to be resolved.</td>
</tr>
<tr>
<td></td>
<td>Low staff morale due to workload pressures affecting patient care.</td>
<td>Suite of staff wellbeing initiatives to support colleagues. Caseload management tool.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skill-mix reviews to counter qualified staff shortages.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2016 staff survey showed significant improvements although further progress a priority for 2017/18.</td>
</tr>
<tr>
<td>Achieving financial stability</td>
<td>Financial recovery not effective leading to ongoing deficit and liquidity problems in year.</td>
<td>Financial controls and treasury management arrangements. CIPs target met and financial plan delivered.</td>
</tr>
<tr>
<td>Working as One Trust</td>
<td>Different commissioning arrangements as well as being part of two Sustainability and Transformation Plan footprints may pull Trust directorates in different directions.</td>
<td>Although funding variations caused inconsistencies these were managed by the executive team and did not have a critically de-stabilising effect. As a result the risk did not materialise.</td>
</tr>
<tr>
<td>Focusing on prevention, early intervention and promoting recovery</td>
<td>Funding arrangements make prevention and recovery initiatives more difficult to resource.</td>
<td>Clinical Strategies implementation have emphasis on prevention and Recovery using existing resources. Some progress in contract negotiations for early intervention.</td>
</tr>
</tbody>
</table>
The Trust’s Audit and Risk Committee oversees the effectiveness of the organisation’s governance structures including the information used to assess risks to compliance with the Trust’s licence. The Quality Governance Committee plays a specific role in assessing quality risks and has a reporting link to the Audit and Risk Committee as well as a Non-executive Director (the Senior Independent Director) who sits on both committees.

A wide range of communication and consultation mechanisms also exists with relevant stakeholders, both internal and external, which includes the use of external advisors, where appropriate, to assist in determining the extent of a particular risk.

The Health and Social Care Act (2012) places a duty on the Board as a whole, and directors individually, to act with a view to promote the success of the Trust and maximise the benefits for members and the public. In relation to risk and control, the Board fulfils this duty through the governance structures of the Board and its committees. This structure is complemented by a policy and procedure framework that covers risk assessment and management, the scheme of delegation, standing financial instructions and the allocation of responsibility to specified post holders across the organisation.

The lines of reporting which show how accountability flows between the executive team, the Board of Directors committees and the Board are shown in the diagram in the Trust Governance section of this report.

In 2016-17 Board of Director Committees consisted of:

- Audit and Risk Committee
- Quality Governance Committee (formerly Service Governance Committee)
- Performance and Finance Committee
- Charitable Funds Committee
- Mental Health Act Hospital Managers Committee
- Remuneration and Terms of Service Committee (which acts as a nominations committee for executive director posts)
- Organisational Development and Workforce Committee

Through the information received from these committees and presented at the Board, the Board has a high level of oversight of the Trust’s performance.

The Audit and Risk Committee provides the Board of Directors (and the Council of Governors) with objective assurance on the governance arrangements across the Trust including its internal controls for the management of risk. A report is made to the next Board of Directors’ meeting following each committee meeting.

The Quality Governance Committee is chaired by the Trust Chair. A report is made to the next Board of Directors’ meeting following each committee meeting. There are close links between the Audit and Risk and Quality Governance Committees and all committees cross-refer issues where appropriate.

The Performance and Finance Committee is chaired by a Non-executive Director. It is responsible for ensuring the effective management of all of the Trust’s affairs, including management of the Trust’s cost and finance base, significant investment decisions, and overall performance. This committee has the capacity to scrutinise Trust performance and escalates areas of concern to the Board of Directors. The committee monitors the Trust’s cost improvement programmes and provides oversight of the organisation’s integrated performance management systems. A report is made to the next Board of Directors meeting following each committee meeting.

The purpose of the Charitable Funds Committee is to ensure that charitable funds are properly collected, invested and allocated in line with overarching statutory and policy requirements and in accordance with any specific requirements attached to individual funds or bequests. The Committee acts to ensure the Trust meets its obligations as a corporate trustee as set out by the Charities Act and other related legislation and regulations. It acts as a host for other NHS trust charitable funds. A report is made to the next Board of Directors meeting following each committee meeting.

The Organisational Development and Workforce Committee is chaired by a Non-executive Director. It recommends and oversees the approval and review of the Trust’s OD and Workforce strategy and associated implementation plans. It has oversight of all employee related matters including, but not
limited to, recruitment and retention plans, workforce remuneration and terms and conditions, employee / staff side consultation issues and concerns and staff engagement activity. The committee monitors workforce performance data and employee development and training and oversees the staff survey action plan. It monitors the elements of the Quality Improvement Plan ( overseen by the Transformational Project Board) that relate to the committee’s areas of responsibilities. The committee reports to the Board of Directors following each meeting highlighting areas of assurance, concerns and risks.

As a mental health NHS Foundation Trust, the Trust sometimes needs to detain and treat patients against their will under the Mental Health Act (1983). Within this statutory framework there is a requirement for hospital managers (who are not employed by the Trust, and who are independent of the Trust’s management) to review detentions and decide whether they continue to be required. The MHA Hospital Managers’ Committee serves this function and is chaired by a Non-executive Director. An annual report from this committee is reviewed by the Board of Directors.

The Remuneration and Terms of Service Committee oversees the appointment and remuneration of executive directors, as well as providing assurance on the process for setting objectives and performance appraisal. The committee also oversees succession planning and Board skill mix. A report is made to the next Council of Governors meeting following each Remuneration and Terms of Service Committee meeting. The Nominations Committee is primarily a Council of Governors committee that oversees recruitment and appraisal of the Chair and Non-executive Directors.

The Transformation Programme Board (an Executive led meeting as opposed to a committee) is responsible for providing assurance to the Board on the successful delivery of the Quality Improvement Plan and Financial Recovery Plan. The Board ensures that a framework exists for robust governance and accountability arrangements for the implementation of the Transformation Programme.

The Head of Equalities and Engagement supports staff in equality assessment arrangements in line with the Equality Act (2010). In April 2016 the Board of Directors approved a three-stepped approach to meeting its Equality Delivery System (2) objectives. This consists of the appointment of local equality leads, a local assessment and an action plan based on this. The three-stepped approach is monitored through the Trust’s Accountability Reviews. Guidance is now available for staff carrying out service based equality assessments and policy equality assessments and where service plans change assessments are updated. In order to support the implementation of equality assessment plans the Trust has developed several key documents based on the Equality Act’s protected characteristics. These include practice guidelines on supporting lesbian, gay and bisexual service users, spiritual and pastoral care guidelines and guidance on challenging racist and discriminatory behaviours. Compliance with human rights legislation is supported through the work of the Head of Equalities and Engagement and the Safeguarding Team, as well as the Mental Health Law Forum which oversees policy and practice in relation to the mental capacity and mental health legislation.

A wide range of communication and consultation mechanisms also exists with relevant stakeholders, both internal and external, which includes the use of external assessors where appropriate to assist in determining the extent of a particular risk.

The Trust manages its information risks by undertaking an annual information governance audit using the NHS toolkit provided for this purpose and seeking to improve year on year. The Trust has undertaken the 2017 assessment (dated 23 February 2017) and is 91% compliant (an improvement from 84% last year). This submission has been subject to an internal audit and received a ‘Substantial’ level of assurance.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The last inspection rated the Trust as ‘Requires Improvement’ and as a result NHSI removed the Trust from special measures and issued a variation in enforcement undertakings. The Trust is due to be inspected again in July 2017.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.
Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation’s obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Further information is given in the Annual Report.

5. Review of economy, efficiency and effectiveness of the use of resources

The Executive Team is responsible for overseeing the day-to-day operations of the Trust and for ensuring the economic, efficient and effective deployment of resources. The Executive Team works as part of the wider senior management team, whose membership includes all senior locality and directorate managers. This team receives regular monthly financial and performance reports that highlight any areas of concern.

The Transformation Programme Board is responsible for overseeing the development and implementation of strategic cost improvement plans. These are subject to full risk and quality assessment, and resources are deployed as appropriate to ensure plans are achieved.

The Executive Team and Transformation Programme Board report any concerns to the Board on a monthly basis and it is the Board who is ultimately responsible for ensuring the economic, efficient and effective deployment of resources.

Internal Audit undertakes a review of the Trust’s internal control systems as part of the Annual Audit Plan (approved by the Audit and Risk Committee).

The Trust participates in a number of processes designed to secure better value for money from its use of resources. These include the use of shared financial services, a competitive tendering approach and membership and participation in the Eastern Collaborative Procurement Hub, which is designed to ensure non-pay expenditure, is incurred as efficiently as possible. The Trust is also a member of the Audit Commission's Mental Health Benchmarking Club.

In October 2014 the Trust was inspected by the Care Quality Commission with the report being published in February 2015. The inspection found that the Trust was rated ‘Inadequate’ in the domains of well-led, safe and responsive and ‘Requires Improvement’ in the domain of effectiveness. This means that the Trust was not compliant with the registration requirements of the CQC.

Following the CQC review the Trust was deemed by Monitor to be in breach of License conditions FT4(2), FT4(4)(a-c), FT4(5)(b-c), FT4(5)(e-f) and FT4(6) (a-f) and the Trust was placed into ‘Special Measures’. The Trust was required to draw up and implement a Quality Improvement Plan to address the CQC concerns and to ensure the Trust improved quality of care and returned to compliance with all health care standards.

The CQC carried out a re-inspection of the Trust’s services in July 2016. It published its inspection report on 14 October 2016 and improved its rating for the Trust from ‘Inadequate’ to ‘Requires Improvement’. As a result, NHSI removed the Trust from Special Measures and issued a variation in enforcement undertakings.

In relation to the Trust’s financial sustainability, NHS Improvement issued a compliance certificate on 9 November 2016.

6. Information Governance (IG)

There have been no IG incidents that required upward reporting to the Department of Health and the Information Commissioner during 2016-17.

The IG Group and its operational sub-group have continued to work within its new structure. In addition to the Annual Report, routine quarterly reports to the Audit and Risk Committee are now being issued after the IG Group’s full meetings.

In the restructure of ICT services, IG Services were incorporated into the new ICT Department with the IG Manager being directly line managed by the Head of ICT whilst maintaining the working relationships with the SIRO (Senior

Norfolk and Suffolk NHS Foundation Trust Annual Accounts April 2016 to March 2017
Information Risk Owner) and the new Caldicott Guardian.

The Information Governance Manager has assumed the Chair of the Suffolk Clinical Information Assurance Group (CIAG) and the Norfolk IG Peer Group to ensure that the Trust are well placed to influence, support and develop the IG agenda across both counties.

7. Annual quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports, which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust has produced an Annual Quality Account for 2016-17. The information contained in this report draws on information from the same systems that underpin the Trust's normal reporting processes, including activity management, performance management and risk and governance systems. The Report is developed by the Governance Team.

The lead executive director for the Quality Report is the Director of Nursing, Quality and Patient Safety. This provides separation of accountability from operational services. The Trust has a dedicated Informatics Team that oversees operational data collection and analysis. The team’s function includes reviewing data quality and reporting on key performance indicators. Workforce and education and training KPI data analysis is provided by separate staff within those teams.

Information that contributes to the Quality Report is scrutinised by the Quality Governance Committee which is chaired by the Trust Chair and includes the Senior Independent Director / Deputy Chair and another Non-executive Director. The Senior Independent Director is also a member of the Trust's Audit and Risk Committee which oversees the systems of control that support assurance on information quality, including data collection and reporting.

The 2016-17 work plan for the Trust's Internal Audit service included several audits which tested assurance on elements supporting the Quality Report. These included risk management arrangements, data quality, clinical audit and incident reporting. The Quality Report itself is the focus of an independent auditor’s report to the Council of Governors (carried out by the Trust’s external auditors).

The Board was asked to give feedback on the Trust’s draft Quality Account as part of the March 2017 Board meeting.

The account sets three priorities for improvement for 2017/18, which are:

- Reduce the rate of preventable unexpected deaths
- Reduce all restrictive interventions
- Improve service user experience as measured by the community service user survey to above average by 2019

8. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the:

- Board of Directors
- Audit and Risk Committee
- Quality Governance Committee
- Operational Risk Management Group
- Executive Directors and Trust Management Team, and
- Internal Audit, Clinical Audit and Counter Fraud
A plan to address weaknesses and ensure continuous improvement of the system is in place.

In order to assess the effectiveness of the internal control the following have been considered:

- Reports from external audit
- Significant Assurance provided through the Head of Internal Audit’s Opinion on the effectiveness of internal control which made reference to two reviews that were given an “insufficient” assurance opinion, being Penetration Testing and Landlords Responsibilities. However, the agreed actions and plans have satisfactorily addressed the matters identified
- Inspection reports on the Trust’s services by the CQC
- Results from clinical audit reviews
- Reports from external assessors as regards to the financial and clinical governance systems and procedures within the Trust

The Head of Internal Audit Opinion for the period 1 April 2016 to 31 March 2017 states:

“Significant Assurance can be given that there is a generally sound system of internal control, designed to meet the organisation’s objectives, and that controls are generally being applied consistently. However, there are weaknesses in the design and/or inconsistent application of controls that put the achievement of particular objectives at risk.”

The Audit and Risk Committee and the Board of Directors regularly receive risk management reports that incorporate information from all the above sources. Particular attention is paid to those risks with a higher impact/higher probability of occurring.

The ongoing development of the Board Assurance Framework (BAF) ensures that the Board of Directors is fully aware of the risks associated with the Trust in meeting its strategic objectives. The BAF is cross-referenced to the Trust Risk Register and updated quarterly.

The Trust’s key policies and procedures are subject to annual review and the relevant committee and the Executive Team undertake this process, before taking the revised policy to the Board of Directors for final approval if required.

All of this work is linked to the Trust’s risk register, which is updated for risks pertaining to compliance with CQC registration standards, Controls Assurance and the Board Assurance Framework, but which is also updated on an everyday basis as new risks become apparent. This process enables staff to report incidents and concerns in a way that can be investigated and added to the risk register, where appropriate, so that remedial action can be taken.

The Quality Governance Committee assesses compliance with standards and other compliance matters/declarations, which includes the development of action plans to meet any shortfalls or gaps in meeting these standards. The work of this committee is designed to ensure that assurance can be drawn from the arrangements within the Trust for ensuring compliance with CQC standards.

Following the CQC inspection in July 2016 the Trust improved its rating from ‘inadequate’ to ‘requires improvement’. As a result, NHSI removed the Trust from special measures and issued a variation in enforcement undertakings.

Monthly performance review meetings have been held with NHSI and other key stakeholders during 2016-17 as part of the quality improvement plan to address CQC recommendations.

As part of the Trust’s continued surveillance of quality we identified a possible increase in unexpected deaths and commissioned a review from an external body, Verita. The outcome of the review was reported in May 2016. The review found no evidence that the NHS Foundation Trust is an outlier in unexpected deaths; and higher reporting is possibly due to the type of services provided and our culture of early reporting.
9. Conclusion

To the best of my knowledge and belief, based on the above processes, there have been no significant control issues identified.

During the 2016-17 financial year it was evidenced, via the CQC inspection, that the quality of care provided and the governance systems, structures and processes have improved.

The Trust continues to implement a quality improvement plan and work to improve the CQC rating from ‘requires improvement’ to ‘good’

Signed:

Michael Scott
Chief Executive

Date: 25 May 2017
Foreword to the accounts

as the accounting officer of Norfolk and Suffolk NHS Foundation Trust

These accounts, for the year ended 31 March 2017, have been prepared by Norfolk and Suffolk NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

Signed:

Michael Scott
Chief Executive
Date: 25 May 2017
Statement of Comprehensive Income  
for the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating income from patient care activities</td>
<td>3 202,879</td>
<td>197,352</td>
</tr>
<tr>
<td>Other operating income</td>
<td>4 12,780</td>
<td>14,391</td>
</tr>
<tr>
<td><strong>Total operating income</strong></td>
<td><strong>215,659</strong></td>
<td><strong>211,743</strong></td>
</tr>
<tr>
<td>Operating expenses</td>
<td>5, 7 (238,273)</td>
<td>(215,846)</td>
</tr>
<tr>
<td><strong>Operating deficit</strong></td>
<td><strong>(22,614)</strong></td>
<td><strong>(4,103)</strong></td>
</tr>
<tr>
<td>Finance income</td>
<td>10 27</td>
<td>32</td>
</tr>
<tr>
<td>Finance expenses</td>
<td>11 (927)</td>
<td>(962)</td>
</tr>
<tr>
<td>PDC dividends payable</td>
<td>(3,160)</td>
<td>(3,911)</td>
</tr>
<tr>
<td><strong>Net finance costs</strong></td>
<td><strong>(4,060)</strong></td>
<td><strong>(4,841)</strong></td>
</tr>
<tr>
<td>Gains on disposal of non-current assets</td>
<td>12 -</td>
<td>33</td>
</tr>
<tr>
<td><strong>Deficit for the year</strong></td>
<td><strong>(26,674)</strong></td>
<td><strong>(8,911)</strong></td>
</tr>
</tbody>
</table>

**Other comprehensive income**  
*Will not be reclassified to income and expenditure:*  
- Impairments 6, 14.5 (21,288) (372)  
- Revaluations 6, 14.5 16,863 (5)  
**Total comprehensive expense for the period**  
(31,099) (9,288)

**Note to Statement of Comprehensive Income/(Expense)**  
Total comprehensive expense as above (31,099) (9,288)  
Total comprehensive expense before reserve movements (31,099) (9,288)  
Add back in year impairments and reverse of impairments 27,760 377  
**NET UNDERLYING DEFICIT EXCLUDING THE ABOVE**  
(3,339) (8,911)

During 2016-17 a revaluation of the Trust’s estate was commissioned. This resulted in an impairment of the assets which has been reflected in the above figures.
Statement of Financial Position
for the year ended 31 March 2017

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>13 313</td>
<td>409</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>14 120,612</td>
<td>149,869</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>120,925</td>
<td>150,278</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>15 70</td>
<td>376</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>16 18,400</td>
<td>8,654</td>
</tr>
<tr>
<td>Non-current assets for sale and assets in disposal groups</td>
<td>17 975</td>
<td>725</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>18 9,782</td>
<td>8,475</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>29,227</td>
<td>18,230</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>19 (21,942)</td>
<td>(19,735)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>20 (11,512)</td>
<td>(2,966)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>21 (1,211)</td>
<td>(1,166)</td>
</tr>
<tr>
<td>Provisions</td>
<td>22 (8,144)</td>
<td>(5,138)</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>(42,809)</td>
<td>(29,005)</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>107,343</td>
<td>139,503</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other liabilities</td>
<td>20 (475)</td>
<td>(623)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>21 (13,592)</td>
<td>(14,836)</td>
</tr>
<tr>
<td>Provisions</td>
<td>22 (3,191)</td>
<td>(3,105)</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>(17,258)</td>
<td>(18,564)</td>
</tr>
<tr>
<td><strong>Total assets employed</strong></td>
<td>90,085</td>
<td>120,939</td>
</tr>
</tbody>
</table>

Financed by
- Public dividend capital: 81,836 (81,591)
- Revaluation reserve: 38,286 (42,711)
- Income and expenditure reserve: (30,037) (3,363)

**Total taxpayers' equity**
- 90,085 (120,939)

The notes on pages A22 to A52 form part of these accounts.

Signed:

Michael Scott
Chief Executive
Date: 25 May 2017
## Statement of Changes in Equity

### for the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Public dividend capital</th>
<th>Revaluation reserve</th>
<th>Income and expenditure reserve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxpayers' and others' equity at 1 April 2016</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– brought forward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficit for the year</td>
<td>-</td>
<td>- (26,674)</td>
<td>(26,674)</td>
</tr>
<tr>
<td>Impairments</td>
<td>- (21,288)</td>
<td>-</td>
<td>(21,288)</td>
</tr>
<tr>
<td>Revaluations</td>
<td>- 16,728</td>
<td>-</td>
<td>16,728</td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>245</td>
<td>-</td>
<td>245</td>
</tr>
<tr>
<td>Other reserve movements</td>
<td>- 135</td>
<td>-</td>
<td>135</td>
</tr>
<tr>
<td><strong>Taxpayers' and others' equity at 31 March 2017</strong></td>
<td><strong>81,836</strong></td>
<td><strong>38,286</strong></td>
<td><strong>(30,037)</strong></td>
</tr>
</tbody>
</table>

### for the year ended 31 March 2016

<table>
<thead>
<tr>
<th>Public dividend capital</th>
<th>Revaluation reserve</th>
<th>Income and expenditure reserve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxpayers' and others' equity at 1 April 2015</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– brought forward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficit for the year</td>
<td>-</td>
<td>- (8,911)</td>
<td>(8,911)</td>
</tr>
<tr>
<td>Impairments</td>
<td>- (372)</td>
<td>-</td>
<td>(372)</td>
</tr>
<tr>
<td>Revaluations</td>
<td>- (5)</td>
<td>-</td>
<td>(5)</td>
</tr>
<tr>
<td>Public dividend capital repaid</td>
<td>(295)</td>
<td>-</td>
<td>(295)</td>
</tr>
<tr>
<td>Other reserve movements</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Taxpayers' and others' equity at 31 March 2016</strong></td>
<td><strong>81,591</strong></td>
<td><strong>42,711</strong></td>
<td><strong>(3,363)</strong></td>
</tr>
</tbody>
</table>

### Information on reserves

**Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. Additional PDC may also be issued to NHS Foundation Trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable to the Department of Health as the public dividend capital dividend at a rate of 3.5%.

**Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the NHS Foundation Trust.
# Statement of Cash Flows

for the year ended 31 March 2017

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating deficit</td>
<td>(22,614)</td>
<td>(4,103)</td>
</tr>
<tr>
<td><strong>Non-cash income and expense:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>5.1</td>
<td>6,636</td>
</tr>
<tr>
<td>Net impairments</td>
<td>23,335</td>
<td>6,982</td>
</tr>
<tr>
<td>Increase/(decrease) in receivables and other assets</td>
<td>(9,206)</td>
<td>324</td>
</tr>
<tr>
<td>Decrease in inventories</td>
<td>306</td>
<td>31</td>
</tr>
<tr>
<td>Increase/(decrease) in payables and other liabilities</td>
<td>9,276</td>
<td>(4,903)</td>
</tr>
<tr>
<td>Increase in provisions</td>
<td>3,092</td>
<td>701</td>
</tr>
<tr>
<td>Tax received</td>
<td>-</td>
<td>35</td>
</tr>
<tr>
<td><strong>Net cash generated from/(used in) operating activities</strong></td>
<td>10,825</td>
<td>(933)</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td>Purchase of property, plant, equipment and investment property</td>
<td>(4,099)</td>
<td>(5,290)</td>
</tr>
<tr>
<td>Sales of property, plant, equipment and investment property</td>
<td>-</td>
<td>5,213</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td>(4,072)</td>
<td>(45)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>245</td>
<td>-</td>
</tr>
<tr>
<td>Public dividend capital repaid</td>
<td>-</td>
<td>(295)</td>
</tr>
<tr>
<td>Movement on loans from the Department of Health</td>
<td>(1,056)</td>
<td>(1,056)</td>
</tr>
<tr>
<td>Capital element of PFI and other service concession payments</td>
<td>(142)</td>
<td>(132)</td>
</tr>
<tr>
<td>Interest paid on PFI and other service concession obligations</td>
<td>(553)</td>
<td>(554)</td>
</tr>
<tr>
<td>Other interest paid</td>
<td>(329)</td>
<td>(410)</td>
</tr>
<tr>
<td>PDC dividend paid</td>
<td>(3,700)</td>
<td>(3,797)</td>
</tr>
<tr>
<td><strong>Net cash generated used in financing activities</strong></td>
<td>(5,446)</td>
<td>(6,244)</td>
</tr>
<tr>
<td><strong>Increase/(decrease) in cash and cash equivalents</strong></td>
<td>1,307</td>
<td>(7,222)</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at 1 April</strong></td>
<td>8,475</td>
<td>15,697</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at 31 March</strong></td>
<td>18.1</td>
<td>9,782</td>
</tr>
</tbody>
</table>

**Note**
Notes to the accounts

Notes to the Accounts

Note 1  Accounting policies and other information

Basis of preparation
NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016-17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Going concern
These accounts have been prepared on a going concern basis. Whilst there are control issues for the Trust relating to the quality of the care provided and the governance system structures and processes at board, management and operational levels (please see the Annual Governance Statement), the Trust Board considers that there is sufficient assurance that there will be a continuation of the provision of services in the future. This decision has been made with reference to future financial plans, and the action plans being developed for the issues noted in the Annual Governance Statement.

Critical accounting judgements and key sources of estimation uncertainty
In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. Where significant accounting judgements have been made, further detail is included in the relevant note e.g. provisions.

Note 1.1  Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.2  Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period...
is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

**NHS Pension Scheme**

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers’ pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

**Note 1.3 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

**Note 1.4 Property, plant and equipment**

**Recognition**

Property, plant and equipment is capitalised where:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential be provided to the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably
- The item has a cost of at least £5,000, or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

**Measurement**

**Valuation**

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

The fair value of land and buildings is determined from reference to market based evidence by appraisal for non-specialised operational property, and on the basis of an Alternate Site Depreciated Replacement Cost of a Modern Equivalent Asset for specialised operational property where market based evidence does not exist. The valuations are carried out by professionally qualified valuers, and are performed with sufficient regularity to ensure that the carrying value does not differ significantly from fair value at the statement of financial position date. The latest land and building asset valuation undertaken was carried out by Montagu Evans LLP, and was applied on 31 March 2017.

Assets in the course of construction are valued at cost and are valued by professional valuers at the same time as other land and building assets after they are brought into use.

Non-property assets are carried at depreciated historic cost as a proxy for fair value.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.
Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Freehold land is considered to have an infinite life and is not depreciated. For all other assets depreciation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets.

The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year-end, with the effect of any changes recognised on a prospective basis.

Property, plant and equipment which have been reclassified as ‘Held for Sale’ cease to be depreciated upon the reclassification.

Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘Held for Sale’ once all of the following criteria are met:
• The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales
• The sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as ‘held for sale’; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘Held for Sale’ and instead is retained as an operational asset and the asset’s economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

PFI Unitary Payment

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

• Payment for the fair value of services received
• Payment for the PFI asset, including finance costs, and
• Payment for the replacement of components of the assets during the contract ‘lifecycle replacement’

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within ‘operating expenses’.

PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust’s approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI asset and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease on the operating lease liability for the period, and is charged to ‘Finance Costs’ within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term. An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.
Lifecycle replacement

Lifecycle costs are maintenance costs spread over the term of the contract and form part of the operating expense.

Assets contributed by the Trust to the operator for use in the scheme.

There were no assets contributed by the Trust.

Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Min Life Years</th>
<th>Max Life Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings, excluding dwellings</td>
<td>15</td>
<td>80</td>
</tr>
<tr>
<td>Dwellings</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>Plant and machinery</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Transport equipment</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Information technology</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td>5</td>
<td>15</td>
</tr>
</tbody>
</table>

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.5 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust’s business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Min Life Years</th>
<th>Max Life Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intangible assets - internally generated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information technology</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Intangible assets - purchased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Note 1.6 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Note 1.7 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.
Note 1.8  Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust’s cash management.

Note 1.9  Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust’s normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as ‘fair value through income and expenditure’, or as ‘loans and receivables’.

Financial liabilities are classified as ‘fair value through income and expenditure’ or as ‘other financial liabilities’.

Financial assets and financial liabilities at “fair value through income and expenditure”

Financial assets and financial liabilities at ‘fair value through income and expenditure’ are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term.

Derivatives are also categorised as held for trading unless they are designated as hedges.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust’s loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and ‘other receivables’.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’. When items classified as ‘available-for-sale’ are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in ‘Finance Costs’ in the Statement of Comprehensive Income.
Notes to the accounts

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at ‘fair value through income and expenditure’ are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

Note 1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.11 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 22.2 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims.
arising. The annual membership contributions, and any ‘excesses’ payable in respect of particular claims are charged to operating expenses when the liability arises.

**Note 1.12 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control, or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability

**Note 1.13 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the ‘pre-audit’ version of the annual accounts.

The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

**Note 1.14 Value added tax**

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**Note 1.15 Corporation tax**

The Trust has determined that there is no corporation tax liability.

**Note 1.16 Foreign exchange**

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- Monetary items (other than financial instruments measured at ‘fair value through income and expenditure’) are translated at the spot exchange rate on 31 March
- Non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction, and
- Non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.
Note 1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.19 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2016-17.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2016-17. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018

Note 2 Operating segments

Financial information reported to the Board is at a Trust-wide level, and not reported segmentally. Individual locality issues are reported on an exceptions basis.

Income from healthcare activities is included at note 3.1 Income from Patient Care Activities.

Income balances with a single external customer that amount to a material proportion of income are disclosed in note 28 to the accounts, Related Party Transactions.
Note 3  Operating income from patient care activities

Note 3.1  Income from patient care activities (by nature)

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block contract income</td>
<td>184,991</td>
<td>180,657</td>
</tr>
<tr>
<td>Clinical partnerships providing mandatory services (including S75 agreements)</td>
<td>9,439</td>
<td>9,536</td>
</tr>
<tr>
<td>Clinical income for the secondary commissioning of mandatory services</td>
<td>2,552</td>
<td>2,235</td>
</tr>
<tr>
<td>Other clinical income from mandatory services</td>
<td>5,777</td>
<td>4,615</td>
</tr>
<tr>
<td>All services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional income for delivery of healthcare services</td>
<td>-</td>
<td>295</td>
</tr>
<tr>
<td>Other clinical income</td>
<td>120</td>
<td>14</td>
</tr>
<tr>
<td>Total income from activities</td>
<td>202,879</td>
<td>197,352</td>
</tr>
</tbody>
</table>

Note 3.2 Income from patient care activities (by source)

<table>
<thead>
<tr>
<th>Income from patient care activities received from:</th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCGs and NHS England</td>
<td>188,766</td>
<td>183,867</td>
</tr>
<tr>
<td>Local authorities</td>
<td>12,338</td>
<td>11,136</td>
</tr>
<tr>
<td>Other NHS Foundation Trusts</td>
<td>257</td>
<td>542</td>
</tr>
<tr>
<td>NHS trusts</td>
<td>-</td>
<td>207</td>
</tr>
<tr>
<td>NHS other</td>
<td>116</td>
<td>-</td>
</tr>
<tr>
<td>Non NHS: other</td>
<td>1,402</td>
<td>1,305</td>
</tr>
<tr>
<td>Additional income for delivery of healthcare services</td>
<td>-</td>
<td>295</td>
</tr>
<tr>
<td>Total income from activities</td>
<td>202,879</td>
<td>197,352</td>
</tr>
</tbody>
</table>

Of which:

Related to continuing operations 202,879 197,352
Notes to the accounts

Note 4  Other operating income

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and development</td>
<td>1,338</td>
<td>1,986</td>
</tr>
<tr>
<td>Education and training</td>
<td>3,449</td>
<td>3,600</td>
</tr>
<tr>
<td>Non-patient care services to other bodies</td>
<td>1,822</td>
<td>5,687</td>
</tr>
<tr>
<td>Sustainability and Transformation Fund income</td>
<td>2,630</td>
<td>-</td>
</tr>
<tr>
<td>Rental revenue from operating leases</td>
<td>312</td>
<td>159</td>
</tr>
<tr>
<td>Other income from various sources</td>
<td>3,229</td>
<td>2,959</td>
</tr>
<tr>
<td><strong>Total other operating income</strong></td>
<td><strong>12,780</strong></td>
<td><strong>14,391</strong></td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related to continuing operations</td>
<td>12,780</td>
<td>14,391</td>
</tr>
</tbody>
</table>

Note 4.1  Income from activities arising from commissioner requested services

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure.

This information is provided in the table below:

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from services designated (or grandfathered) as commissioner requested services</td>
<td>196,982</td>
<td>192,428</td>
</tr>
<tr>
<td>Income from services not designated as commissioner requested services</td>
<td>5,897</td>
<td>4,924</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>202,879</strong></td>
<td><strong>197,352</strong></td>
</tr>
</tbody>
</table>
Note 5  Operating expenses

Note 5.1  Operating expenses

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services from NHS Foundation Trusts</td>
<td>1,730</td>
<td>1,647</td>
</tr>
<tr>
<td>Services from NHS Trusts</td>
<td>390</td>
<td>219</td>
</tr>
<tr>
<td>Services from CCGs and NHS England</td>
<td>39</td>
<td>15</td>
</tr>
<tr>
<td>Services from other NHS bodies</td>
<td>59</td>
<td>83</td>
</tr>
<tr>
<td>Purchase of healthcare from non NHS bodies</td>
<td>16,933</td>
<td>11,314</td>
</tr>
<tr>
<td>Employee expenses - executive directors</td>
<td>1,316</td>
<td>1,170</td>
</tr>
<tr>
<td>Remuneration of non-executive directors</td>
<td>139</td>
<td>139</td>
</tr>
<tr>
<td>Employee expenses - staff</td>
<td>156,636</td>
<td>158,292</td>
</tr>
<tr>
<td>Supplies and services - clinical</td>
<td>751</td>
<td>924</td>
</tr>
<tr>
<td>Supplies and services - general</td>
<td>5,917</td>
<td>7,073</td>
</tr>
<tr>
<td>Establishment</td>
<td>1,973</td>
<td>3,846</td>
</tr>
<tr>
<td>Transport</td>
<td>2,486</td>
<td>2,671</td>
</tr>
<tr>
<td>Premises</td>
<td>8,788</td>
<td>8,431</td>
</tr>
<tr>
<td>Increase/(decrease) in provision for impairment of receivables</td>
<td>(276)</td>
<td>752</td>
</tr>
<tr>
<td>Increase/(decrease) in other provisions</td>
<td>449</td>
<td>1,865</td>
</tr>
<tr>
<td>Change in provisions discount rate(s)</td>
<td>462</td>
<td>-</td>
</tr>
<tr>
<td>Drug costs</td>
<td>2,848</td>
<td>3,425</td>
</tr>
<tr>
<td>Rentals under operating leases</td>
<td>3,237</td>
<td>3,206</td>
</tr>
<tr>
<td>Depreciation on property, plant and equipment</td>
<td>6,540</td>
<td>6,819</td>
</tr>
<tr>
<td>Amortisation on intangible assets</td>
<td>96</td>
<td>163</td>
</tr>
<tr>
<td>Net impairments</td>
<td>23,335</td>
<td>-</td>
</tr>
<tr>
<td>Audit fees payable to the external auditor audit services - statutory audit</td>
<td>77</td>
<td>82</td>
</tr>
<tr>
<td>Clinical negligence</td>
<td>483</td>
<td>290</td>
</tr>
<tr>
<td>Legal fees</td>
<td>687</td>
<td>73</td>
</tr>
<tr>
<td>Consultancy costs</td>
<td>130</td>
<td>229</td>
</tr>
<tr>
<td>Internal audit costs</td>
<td>149</td>
<td>171</td>
</tr>
<tr>
<td>Training, courses and conferences</td>
<td>1,008</td>
<td>1,239</td>
</tr>
<tr>
<td>Patient travel</td>
<td>207</td>
<td>205</td>
</tr>
<tr>
<td>Car parking &amp; security</td>
<td>225</td>
<td>191</td>
</tr>
<tr>
<td>Redundancy</td>
<td>85</td>
<td>281</td>
</tr>
<tr>
<td>Hospitality</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>Insurance</td>
<td>73</td>
<td>220</td>
</tr>
<tr>
<td>Other services, e.g. external payroll</td>
<td>389</td>
<td>215</td>
</tr>
<tr>
<td>Losses, ex gratia &amp; special payments</td>
<td>41</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>861</td>
<td>512</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>238,273</strong></td>
<td><strong>215,846</strong></td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related to continuing operations</td>
<td>238,273</td>
<td>215,846</td>
</tr>
</tbody>
</table>
Notes to the accounts

Note 5.2 Limitation on auditor’s liability

The limitation on auditors’ liability for external audit work is £1m (2015-16: £1m).

Note 6 Impairment of assets

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in market price</td>
<td>23,335</td>
<td>-</td>
</tr>
<tr>
<td>Total net impairments charged to operating surplus / deficit</td>
<td>23,335</td>
<td>-</td>
</tr>
<tr>
<td>Impairments charged to revaluation reserve</td>
<td>4,425</td>
<td>372</td>
</tr>
<tr>
<td>Total net impairments</td>
<td>27,760</td>
<td>372</td>
</tr>
</tbody>
</table>

Note 7 Employee benefits

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>113,620</td>
<td>114,054</td>
</tr>
<tr>
<td>Social security costs</td>
<td>11,309</td>
<td>8,205</td>
</tr>
<tr>
<td>Employer’s contributions to NHS pensions</td>
<td>14,641</td>
<td>14,505</td>
</tr>
<tr>
<td>Termination benefits</td>
<td>18</td>
<td>281</td>
</tr>
<tr>
<td>Temporary staff (including agency)</td>
<td>18,382</td>
<td>22,698</td>
</tr>
<tr>
<td>Total staff costs</td>
<td>157,970</td>
<td>159,743</td>
</tr>
</tbody>
</table>

Note 7.1 Retirements due to ill-health

During 2016-17 there were 7 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2016). The estimated additional pension liabilities of these ill-health retirements is £403k (£338k in 2015-16).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.
Note 8  Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at: www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme. The cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that ‘the period between formal valuations shall be four years, with approximate assessments in intervening years’. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017 is based on valuation data as of 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2018. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this ‘employer cost cap’ assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.
Notes to the accounts

Note 9 Operating leases

Note 9.1 The Trust as a lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating lease revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum lease receipts</td>
<td>312</td>
<td>159</td>
</tr>
<tr>
<td>Total</td>
<td>312</td>
<td>159</td>
</tr>
</tbody>
</table>

31 March 2017 31 March 2016

<table>
<thead>
<tr>
<th>Future minimum lease receipts due:</th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>- not later than one year;</td>
<td>312</td>
<td>159</td>
</tr>
<tr>
<td>Total</td>
<td>312</td>
<td>159</td>
</tr>
</tbody>
</table>

Note 9.2 The Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating lease expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum lease payments</td>
<td>3,237</td>
<td>3,206</td>
</tr>
<tr>
<td>Total</td>
<td>3,237</td>
<td>3,206</td>
</tr>
</tbody>
</table>

31 March 2017 31 March 2016

<table>
<thead>
<tr>
<th>Future minimum lease payments due:</th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>- not later than one year;</td>
<td>2,953</td>
<td>2,854</td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>6,567</td>
<td>8,006</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>6,491</td>
<td>5,622</td>
</tr>
<tr>
<td>Total</td>
<td>16,011</td>
<td>16,482</td>
</tr>
</tbody>
</table>
Note 10  Finance income

Finance income represents interest received on assets and investments in the period.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest on bank accounts</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>32</td>
</tr>
</tbody>
</table>

Note 11  Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest expense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans from the Department of Health</td>
<td>374</td>
<td>408</td>
</tr>
<tr>
<td>Main finance costs on PFI and LIFT schemes obligations</td>
<td>294</td>
<td>304</td>
</tr>
<tr>
<td>Contingent finance costs on PFI and LIFT scheme obligations</td>
<td>259</td>
<td>250</td>
</tr>
<tr>
<td><strong>Total interest expense</strong></td>
<td><strong>927</strong></td>
<td><strong>962</strong></td>
</tr>
<tr>
<td>Other finance costs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>927</strong></td>
<td><strong>962</strong></td>
</tr>
</tbody>
</table>

Note 12 Gains/losses on disposal/derecognition of non-current assets

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit on disposal of non-current assets</td>
<td>-</td>
<td>33</td>
</tr>
<tr>
<td><strong>Net profit/(loss) on disposal of non-current assets</strong></td>
<td>-</td>
<td>33</td>
</tr>
</tbody>
</table>
### Note 13.1 Intangible assets - 2016-17

<table>
<thead>
<tr>
<th>Software licences</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Valuation/gross cost at 1 April 2016 - brought forward</strong></td>
<td><strong>1,044</strong></td>
</tr>
<tr>
<td>Reclassifications</td>
<td>-</td>
</tr>
<tr>
<td><strong>Gross cost at 31 March 2017</strong></td>
<td><strong>1,044</strong></td>
</tr>
<tr>
<td><strong>Amortisation at 1 April 2016 - brought forward</strong></td>
<td><strong>635</strong></td>
</tr>
<tr>
<td>Provided during the year</td>
<td><strong>96</strong></td>
</tr>
<tr>
<td><strong>Amortisation at 31 March 2017</strong></td>
<td><strong>731</strong></td>
</tr>
<tr>
<td><strong>Net book value at 31 March 2017</strong></td>
<td><strong>313</strong></td>
</tr>
<tr>
<td><strong>Net book value at 1 April 2016</strong></td>
<td><strong>409</strong></td>
</tr>
</tbody>
</table>

### Note 13.2 Intangible assets - 2015-16

<table>
<thead>
<tr>
<th>Software licences</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Valuation/gross cost at 1 April 2015 - as previously stated</strong></td>
<td><strong>564</strong></td>
</tr>
<tr>
<td>Reclassifications</td>
<td><strong>480</strong></td>
</tr>
<tr>
<td><strong>Valuation/gross cost at 31 March 2016</strong></td>
<td><strong>1,044</strong></td>
</tr>
<tr>
<td><strong>Amortisation at 1 April 2015 - as previously stated</strong></td>
<td><strong>472</strong></td>
</tr>
<tr>
<td>Provided during the year</td>
<td><strong>163</strong></td>
</tr>
<tr>
<td><strong>Amortisation at 31 March 2016</strong></td>
<td><strong>635</strong></td>
</tr>
<tr>
<td><strong>Net book value at 31 March 2016</strong></td>
<td><strong>409</strong></td>
</tr>
<tr>
<td><strong>Net book value at 1 April 2015</strong></td>
<td><strong>92</strong></td>
</tr>
</tbody>
</table>
Note 14 Property, plant and equipment

**Note 14.1 Property, plant and equipment - 2016-17**

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Buildings excluding dwellings</th>
<th>Dwellings</th>
<th>Assets under construction</th>
<th>Plant and machinery</th>
<th>Transport equipment</th>
<th>Information technology</th>
<th>Furniture and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Valuation/ gross cost at 1 April 2016</strong></td>
<td>19,917</td>
<td>117,893</td>
<td>4,523</td>
<td>3,525</td>
<td>4,961</td>
<td>325</td>
<td>10,547</td>
<td>2,618</td>
<td>164,309</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5,428</td>
</tr>
<tr>
<td>Impairments</td>
<td>(9,073)</td>
<td>(35,550)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(44,623)</td>
</tr>
<tr>
<td>Reclassifications</td>
<td>-</td>
<td>560</td>
<td>-</td>
<td>(1,334)</td>
<td>-</td>
<td>-</td>
<td>771</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Revaluations</td>
<td>698</td>
<td>8,110</td>
<td>(243)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8,565</td>
</tr>
<tr>
<td>Transfers to / from assets held for sale</td>
<td>(65)</td>
<td>(199)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(264)</td>
</tr>
<tr>
<td><strong>Valuation / gross cost at 31 March 2017</strong></td>
<td>11,477</td>
<td>90,814</td>
<td>4,280</td>
<td>7,619</td>
<td>4,961</td>
<td>325</td>
<td>11,318</td>
<td>2,621</td>
<td>133,415</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Accumulated depreciation at 1 April 2016</th>
<th>-</th>
<th>4,248</th>
<th>123</th>
<th>-</th>
<th>2,744</th>
<th>325</th>
<th>5,266</th>
<th>1,734</th>
<th>14,440</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided during the year</td>
<td>-</td>
<td>3,922</td>
<td>120</td>
<td>-</td>
<td>425</td>
<td>-</td>
<td>1,765</td>
<td>308</td>
<td>6,540</td>
<td></td>
</tr>
<tr>
<td>Revaluations</td>
<td>-</td>
<td>(7,920)</td>
<td>(243)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(8,163)</td>
<td></td>
</tr>
<tr>
<td>Transfers to / from assets held for sale</td>
<td>-</td>
<td>(14)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(14)</td>
<td></td>
</tr>
<tr>
<td><strong>Accumulated depreciation at 31 March 2017</strong></td>
<td>-</td>
<td>236</td>
<td>-</td>
<td>-</td>
<td>3,169</td>
<td>325</td>
<td>7,031</td>
<td>2,042</td>
<td>12,803</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Net book value at 31 March 2017</th>
<th>11,477</th>
<th>90,578</th>
<th>4,280</th>
<th>7,619</th>
<th>1,792</th>
<th>-</th>
<th>4,287</th>
<th>579</th>
<th>120,612</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Net book value at 1 April 2016</td>
<td>19,917</td>
<td>113,645</td>
<td>4,400</td>
<td>3,525</td>
<td>2,217</td>
<td>-</td>
<td>5,281</td>
<td>884</td>
<td>149,869</td>
</tr>
</tbody>
</table>
### Note 14.2 Property, plant and equipment - 2015-16

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Buildings excluding dwellings</th>
<th>Dwellings</th>
<th>Assets under construction</th>
<th>Plant and machinery</th>
<th>Transport equipment</th>
<th>Information technology</th>
<th>Furniture and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valuation/gross cost at 1 April 2015</td>
<td>21,044</td>
<td>115,793</td>
<td>4,523</td>
<td>9,475</td>
<td>5,045</td>
<td>319</td>
<td>10,242</td>
<td>3,171</td>
<td>169,612</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,297</td>
</tr>
<tr>
<td>Impairments</td>
<td>-</td>
<td>(372)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(372)</td>
</tr>
<tr>
<td>Reclassifications</td>
<td>37</td>
<td>3,480</td>
<td>-</td>
<td>(10,247)</td>
<td>(68)</td>
<td>6</td>
<td>305</td>
<td>(553)</td>
<td>(7,040)</td>
</tr>
<tr>
<td>Transfers (to) / from assets held for sale</td>
<td>(1,164)</td>
<td>(1,008)</td>
<td>-</td>
<td>(16)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(2,188)</td>
</tr>
<tr>
<td>Valuation/gross cost at 31 March 2016</td>
<td>19,917</td>
<td>117,893</td>
<td>4,523</td>
<td>3,525</td>
<td>4,961</td>
<td>325</td>
<td>10,547</td>
<td>2,618</td>
<td>164,309</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Accumulated depreciation at 1 April 2015</th>
<th>138</th>
<th>2,610</th>
<th>319</th>
<th>6,499</th>
<th>1,786</th>
<th>14,212</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided during the year</td>
<td>-</td>
<td>4,267</td>
<td>123</td>
<td>-</td>
<td>472</td>
<td>4</td>
<td>1,600</td>
</tr>
<tr>
<td>Reclassifications</td>
<td>-</td>
<td>(2,860)</td>
<td>-</td>
<td>(138)</td>
<td>(326)</td>
<td>2</td>
<td>(2,833)</td>
</tr>
<tr>
<td>Revaluations</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfers (to)/ from assets held for sale</td>
<td>- (24)</td>
<td>-</td>
<td>(12)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Accumulated depreciation at 31 March 2016</td>
<td>- 4,248</td>
<td>123</td>
<td>-</td>
<td>2,744</td>
<td>325</td>
<td>5,266</td>
<td>1,734</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Net book value at 31 March 2016</th>
<th>19,917</th>
<th>113,645</th>
<th>4,400</th>
<th>3,525</th>
<th>2,217</th>
<th>-</th>
<th>5,281</th>
<th>884</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Net book value at 1 April 2015</td>
<td>21,044</td>
<td>112,933</td>
<td>4,523</td>
<td>9,337</td>
<td>2,435</td>
<td>-</td>
<td>3,743</td>
<td>1,385</td>
</tr>
</tbody>
</table>
### Note 14.3 Property, plant and equipment financing - 2016-17

<table>
<thead>
<tr>
<th></th>
<th>Buildings excluding dwellings</th>
<th>Dwellings</th>
<th>Assets under construction</th>
<th>Plant and machinery</th>
<th>Transport equipment</th>
<th>Information technology</th>
<th>Furniture and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Land</strong></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Owned</strong></td>
<td>11,477</td>
<td>89,082</td>
<td>4,280</td>
<td>7,619</td>
<td>1,792</td>
<td>-</td>
<td>4,287</td>
<td>579</td>
</tr>
<tr>
<td><strong>On-SoFP PFI contracts and other service concession arrangements</strong></td>
<td>-</td>
<td>1,496</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>NBV total at 31 March 2017</strong></td>
<td>11,477</td>
<td>90,578</td>
<td>4,280</td>
<td>7,619</td>
<td>1,792</td>
<td>-</td>
<td>4,287</td>
<td>579</td>
</tr>
</tbody>
</table>

### Note 14.4 Property, plant and equipment financing - 2015-16

<table>
<thead>
<tr>
<th></th>
<th>Buildings excluding dwellings</th>
<th>Dwellings</th>
<th>Assets under construction</th>
<th>Plant and machinery</th>
<th>Transport equipment</th>
<th>Information technology</th>
<th>Furniture and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Land</strong></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Owned</strong></td>
<td>19,917</td>
<td>110,707</td>
<td>4,400</td>
<td>3,525</td>
<td>2,217</td>
<td>-</td>
<td>5,281</td>
<td>884</td>
</tr>
<tr>
<td><strong>On-SoFP PFI contracts and other service concession arrangements</strong></td>
<td>-</td>
<td>2,938</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>NBV total at 31 March 2016</strong></td>
<td>19,917</td>
<td>113,645</td>
<td>4,400</td>
<td>3,525</td>
<td>2,217</td>
<td>-</td>
<td>5,281</td>
<td>884</td>
</tr>
</tbody>
</table>
Notes to the accounts

Note 14.5 Revaluations of property, plant and equipment

Land and buildings were valued independently by Montagu Evans LLP as at 31 March 2017 in line with the accounting policies. The valuation included positive and negative valuation movements. Revaluation losses were taken to the Revaluation Reserve to the extent there was a revaluation surplus. Any losses over and above the revaluation surplus were charged to the Statement of Comprehensive Income (SOCl).

Where the revaluation resulted in an increase in an asset’s value, this increase was credited to the Revaluation Reserve unless it reversed a revaluation loss previously recognised in operating expenses, in which case it was credited initially to operating income and thereafter to the Revaluation Reserve.

Impairment reviews are undertaken annually to ensure that the carrying values reflect fair values. £28,290k of impairments have been recognised in the 2016-17 financial year (£372k - 2015-16).

The Trust is the lessor of assets on operating leases. These leases are immaterial in value and relate to the renting of a small part of an owned asset (e.g. part of a building, space on a roof) and therefore this is not accounted for separately to the overall asset in terms of depreciation and impairments.

Reclassifications included above also include assets under construction reclassified as intangible assets.

Note 15 Inventories

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Drugs</td>
<td>70</td>
<td>376</td>
</tr>
<tr>
<td>Total inventories</td>
<td>70</td>
<td>376</td>
</tr>
</tbody>
</table>

Inventories recognised in expenses for the year were £2,848k (2015-16: £1,304k).
Write-down of inventories recognised as expenses for the year were £0k (2015-16: £0k).

Note 16 Receivables

Note 16.1 Trade receivables and other receivables

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade receivables due from NHS bodies</td>
<td>11,649</td>
<td>3,027</td>
</tr>
<tr>
<td>Other receivables due from related parties</td>
<td>713</td>
<td>388</td>
</tr>
<tr>
<td>Provision for impaired receivables</td>
<td>(429)</td>
<td>(864)</td>
</tr>
<tr>
<td>Prepayments (non-PFI)</td>
<td>1,309</td>
<td>1,513</td>
</tr>
<tr>
<td>Accrued income</td>
<td>3,421</td>
<td>806</td>
</tr>
<tr>
<td>PDC dividend receivable</td>
<td>540</td>
<td>-</td>
</tr>
<tr>
<td>VAT receivable</td>
<td>262</td>
<td>423</td>
</tr>
<tr>
<td>Other receivables</td>
<td>935</td>
<td>3,361</td>
</tr>
<tr>
<td>Total current trade and other receivables</td>
<td>18,400</td>
<td>8,654</td>
</tr>
<tr>
<td>Total non-current trade and other receivables</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Note 16.2 Provision for impairment of receivables

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 April as previously stated</td>
<td>864</td>
<td>118</td>
</tr>
<tr>
<td>Increase in provision</td>
<td>(20)</td>
<td>1,027</td>
</tr>
<tr>
<td>Amounts utilised</td>
<td>(159)</td>
<td>(6)</td>
</tr>
<tr>
<td>Unused amounts reversed</td>
<td>(256)</td>
<td>(275)</td>
</tr>
<tr>
<td><strong>At 31 March</strong></td>
<td>429</td>
<td>864</td>
</tr>
</tbody>
</table>

Note 16.3 Analysis of financial assets

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trade and other receivables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ageing of impaired financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 30 days</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>30-60 Days</td>
<td>-</td>
<td>136</td>
</tr>
<tr>
<td>60-90 days</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>90- 180 days</td>
<td>-</td>
<td>447</td>
</tr>
<tr>
<td>Over 180 days</td>
<td>429</td>
<td>281</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>429</td>
<td>864</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ageing of non-impaired financial assets past their due date</th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 30 days</td>
<td>10,092</td>
<td>2,085</td>
</tr>
<tr>
<td>30-60 Days</td>
<td>739</td>
<td>1,500</td>
</tr>
<tr>
<td>60-90 days</td>
<td>343</td>
<td>255</td>
</tr>
<tr>
<td>90- 180 days</td>
<td>300</td>
<td>79</td>
</tr>
<tr>
<td>Over 180 days</td>
<td>243</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11,717</td>
<td>3,919</td>
</tr>
</tbody>
</table>

The Trust’s net operating costs are incurred largely under contracts with local Clinical Commissioning Groups (CCGs) which are financed from resources voted annually by Parliament. As CCGs are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.
Note 17 Non-current assets for sale and assets in disposal groups

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Property, plant and equipment</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>NBV of non-current assets for sale and assets in disposal groups at 1 April</td>
<td>725</td>
<td>725</td>
</tr>
<tr>
<td>Plus assets classified as available for sale in the year</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>Less assets sold in year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NBV of non-current assets for sale and assets in disposal groups at 31 March</td>
<td>975</td>
<td>975</td>
</tr>
</tbody>
</table>

Note 18 Cash and cash equivalents

Note 18.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>At 1 April</td>
<td>8,475</td>
<td>15,697</td>
</tr>
<tr>
<td>Net change in year</td>
<td>1,307</td>
<td>(7,222)</td>
</tr>
<tr>
<td>At 31 March</td>
<td>9,782</td>
<td>8,475</td>
</tr>
<tr>
<td>Broken down into:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at commercial banks and in hand</td>
<td>87</td>
<td>117</td>
</tr>
<tr>
<td>Cash with the Government Banking Service</td>
<td>9,695</td>
<td>8,358</td>
</tr>
<tr>
<td>Total cash and cash equivalents as in SoFP</td>
<td>9,782</td>
<td>8,475</td>
</tr>
</tbody>
</table>

Note 18.2 Third party assets held by the NHS foundation trust

Norfolk and Suffolk NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Foundation Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Bank balances</td>
<td>229</td>
<td>274</td>
</tr>
<tr>
<td>Total third party assets</td>
<td>229</td>
<td>274</td>
</tr>
</tbody>
</table>
### Note 19  Trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS trade payables</td>
<td>2,580</td>
<td>548</td>
</tr>
<tr>
<td>Other trade payables</td>
<td>1,600</td>
<td>1,703</td>
</tr>
<tr>
<td>Capital payables</td>
<td>1,867</td>
<td>538</td>
</tr>
<tr>
<td>Social security costs</td>
<td>528</td>
<td>556</td>
</tr>
<tr>
<td>Other taxes payable</td>
<td>2,134</td>
<td>1,935</td>
</tr>
<tr>
<td>Other payables</td>
<td>2,430</td>
<td>2,044</td>
</tr>
<tr>
<td>Accruals</td>
<td>10,803</td>
<td>12,411</td>
</tr>
<tr>
<td><strong>Total current trade and other payables</strong></td>
<td><strong>21,942</strong></td>
<td><strong>19,735</strong></td>
</tr>
</tbody>
</table>

### Note 20  Other liabilities

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred grants income</td>
<td>106</td>
<td>520</td>
</tr>
<tr>
<td>Deferred goods and services income</td>
<td>10,898</td>
<td>1,740</td>
</tr>
<tr>
<td>Other deferred income</td>
<td>462</td>
<td>660</td>
</tr>
<tr>
<td>Lease incentives</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td><strong>Total other current liabilities</strong></td>
<td><strong>11,512</strong></td>
<td><strong>2,966</strong></td>
</tr>
<tr>
<td><strong>Non-current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred grants income</td>
<td>139</td>
<td>101</td>
</tr>
<tr>
<td>Deferred goods and services income</td>
<td>-</td>
<td>139</td>
</tr>
<tr>
<td>Lease incentives</td>
<td>336</td>
<td>383</td>
</tr>
<tr>
<td><strong>Total other non-current liabilities</strong></td>
<td><strong>475</strong></td>
<td><strong>623</strong></td>
</tr>
</tbody>
</table>
### Note 21  Borrowings

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans from the Department of Health</td>
<td>1,056</td>
<td>1,056</td>
</tr>
<tr>
<td>Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)</td>
<td>155</td>
<td>110</td>
</tr>
<tr>
<td><strong>Total current borrowings</strong></td>
<td><strong>1,211</strong></td>
<td><strong>1,166</strong></td>
</tr>
<tr>
<td><strong>Non-current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans from the Department of Health</td>
<td>10,055</td>
<td>11,112</td>
</tr>
<tr>
<td>Obligations under PFI, LIFT or other service concession contracts</td>
<td>3,537</td>
<td>3,724</td>
</tr>
<tr>
<td><strong>Total non-current borrowings</strong></td>
<td><strong>13,592</strong></td>
<td><strong>14,836</strong></td>
</tr>
</tbody>
</table>

### Note 22  Provisions for liabilities

#### Note 22.1  Provisions for liabilities and charges analysis

<table>
<thead>
<tr>
<th></th>
<th>Pensions - other staff</th>
<th>Other legal claims</th>
<th>Redundancy</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>At 1 April 2016</td>
<td>1,698</td>
<td>456</td>
<td>625</td>
<td>5,464</td>
<td>8,243</td>
</tr>
<tr>
<td>Change in the discount rate</td>
<td>281</td>
<td>-</td>
<td>-</td>
<td>181</td>
<td>462</td>
</tr>
<tr>
<td>Arising during the year</td>
<td>-</td>
<td>66</td>
<td>513</td>
<td>3,851</td>
<td>4,430</td>
</tr>
<tr>
<td>Utilised during the year</td>
<td>(309)</td>
<td>(11)</td>
<td>(572)</td>
<td>(188)</td>
<td>(1,080)</td>
</tr>
<tr>
<td>Reversed unused</td>
<td>-</td>
<td>(53)</td>
<td>-</td>
<td>(667)</td>
<td>(720)</td>
</tr>
<tr>
<td>At 31 March 2017</td>
<td>1,670</td>
<td>458</td>
<td>566</td>
<td>8,641</td>
<td>11,335</td>
</tr>
</tbody>
</table>

**Expected timing of cash flows:**

- not later than one year;  
  - 240 458 566 6,880 8,144
- later than one year and not later than five years;  
  - 1,368 - - 461 1,829
- later than five years.  
  - 62 - - 1,300 1,362

**Total**  
1,670 458 566 8,641 11,335
The pensions’ provision relates to the NHS Pensions Agency in respect of early retirement awards, payable to former employees of the Trust and is calculated using actuarial information on named individuals and is reviewed on a quarterly basis.

The provision for legal claims relates to unresolved claims arising from tribunal hearings, equal pay claims, clinical negligence claims, and other legal matters. Other provisions include £2,013k in respect of Injury Benefits awards. Other provisions have been made for service redesign and other potential liabilities.

The value and expected timings of the injury benefit provisions are calculated by reference to information available at the balance sheet date, provided by the Trust’s advisors. As new evidence comes to light, the value of the provision can change either up or down. Similarly, new evidence can affect the expected timings of cashflows.

**Note 22.2 Clinical negligence liabilities**

At 31 March 2017, £3,846k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Norfolk and Suffolk NHS Foundation Trust (31 March 2016: £3,277k).

**Note 23 Contractual capital commitments**

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>731</td>
<td>1,241</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>731</strong></td>
<td><strong>1,241</strong></td>
</tr>
</tbody>
</table>

**Note 24 Revaluation Reserve**

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property plant and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 April</td>
<td>407</td>
<td>42,304</td>
</tr>
<tr>
<td>Impairment</td>
<td>-</td>
<td>(21,288)</td>
</tr>
<tr>
<td>Revaluation</td>
<td>-</td>
<td>16,333</td>
</tr>
<tr>
<td>Other reserve movements</td>
<td>-</td>
<td>530</td>
</tr>
<tr>
<td><strong>At 31 March</strong></td>
<td><strong>407</strong></td>
<td><strong>37,879</strong></td>
</tr>
</tbody>
</table>
Note 25 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has a 30 year contract that commenced on the 27 May 2002, under the Private Finance Initiative with GH Bury for the provision of a fully serviced Mental Health inpatient facility in Bury St Edmunds. At the end of the contract the asset reverts to the Trust. Under IFRIC 12 the asset is treated as an asset of the Trust. The substance of the contract is that the Trust has a finance lease and payments comprise two elements – imputed finance lease charges and service charges.

The PFI contract has been calculated using the Department of Health approved template incorporating a 2.5% annual inflation uplift for future years. Past years’ inflation is calculated to bring the annual unitary charge in line with the amount actually paid.

Note 25.1 Imputed finance lease obligations

The Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross PFI, LIFT or other service concession liabilities</td>
<td>11,412</td>
<td>12,053</td>
</tr>
<tr>
<td>Of which liabilities are due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- not later than one year;</td>
<td>705</td>
<td>695</td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>2,917</td>
<td>2,872</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>7,790</td>
<td>8,486</td>
</tr>
<tr>
<td>Finance charges allocated to future periods</td>
<td>(7,720)</td>
<td>(8,219)</td>
</tr>
<tr>
<td>Net PFI, LIFT or other service concession arrangement obligation</td>
<td>3,692</td>
<td>3,834</td>
</tr>
<tr>
<td>Of which liabilities are due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- not later than one year;</td>
<td>155</td>
<td>110</td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>748</td>
<td>694</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>2,789</td>
<td>3,030</td>
</tr>
</tbody>
</table>

Note 25.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

The Trust’s total future obligations under these on-SoFP schemes are as follows:

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</td>
<td>31,039</td>
<td>32,753</td>
</tr>
<tr>
<td>Of which liabilities are due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- not later than one year;</td>
<td>1,882</td>
<td>1,855</td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>7,783</td>
<td>7,664</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>21,374</td>
<td>23,234</td>
</tr>
</tbody>
</table>
### Note 25.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the Trust's payments in 2016-17:

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unitary payment payable</td>
<td>1,854</td>
<td>1,855</td>
</tr>
<tr>
<td>to service concession</td>
<td></td>
<td></td>
</tr>
<tr>
<td>operator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consisting of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest charge</td>
<td>294</td>
<td>304</td>
</tr>
<tr>
<td>- Repayment of finance</td>
<td>142</td>
<td>132</td>
</tr>
<tr>
<td>lease liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Service element and</td>
<td>1,159</td>
<td>1,169</td>
</tr>
<tr>
<td>other charges to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>operating expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Contingent rent</td>
<td>259</td>
<td>250</td>
</tr>
<tr>
<td>**Total amount paid to</td>
<td>1,854</td>
<td>1,855</td>
</tr>
<tr>
<td>service concession</td>
<td></td>
<td></td>
</tr>
<tr>
<td>operator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Note 26 Financial instruments

#### Note 26.1 Financial risk management

IAS 32, 39 and IFRS 7, Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

The Trust is not exposed to significant financial risk factors arising from financial instruments. Because of the continuing service provider relationship that the Trust has with local Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Foundation Trust is not exposed to the degree of financial risk faced by business entities. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. The Trust's transactions are almost all undertaken in sterling and so it is not exposed to foreign exchange risk. It holds no significant investments other than short-term bank deposits. Other than cash balance, the Trust's financial assets and liabilities carry nil or fixed rates of interest and the Trust's income and operating cash-flows are substantially independent of changes in market interest rates.

Credit risk is the possibility that other parties might fail to pay amounts due to the Trust. Credit risk arises from deposits with banks as well as credit exposures to the Trust's commissioners and other debtors. The Trust's net operating costs are incurred largely under contracts with local CCGs, which are financed from resources voted annually by Parliament. As CCGs are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary. An analysis of the ageing of debtors and provision for impairment can be found at Note 16 ‘Trade and other receivables’.

Liquidity risk is the possibility that the Trust might not have funds available to meet its commitments to make payments. Prudent liquidity risk management includes maintaining sufficient cash and the availability of funding from an adequate amount of committed credit facilities.
### Note 26.2 Financial assets

<table>
<thead>
<tr>
<th>Loans and receivables</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
</tr>
<tr>
<td><strong>Assets as per SoFP as at 31 March 2017</strong></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables excluding non financial assets</td>
<td>12,913</td>
</tr>
<tr>
<td>Cash and cash equivalents at bank and in hand</td>
<td>9,782</td>
</tr>
<tr>
<td><strong>Total at 31 March 2017</strong></td>
<td>22,695</td>
</tr>
</tbody>
</table>

| **Assets as per SoFP as at 31 March 2016** | |
| Trade and other receivables excluding non financial assets | 5,885 | 5,885 |
| Cash and cash equivalents at bank and in hand | 8,475 | 8,475 |
| **Total at 31 March 2016** | 14,360 | 14,360 |

### Note 26.3 Financial liabilities

<table>
<thead>
<tr>
<th>Other financial liabilities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
</tr>
<tr>
<td><strong>Liabilities as per SoFP as at 31 March 2017</strong></td>
<td></td>
</tr>
<tr>
<td>Borrowings excluding finance lease and PFI liabilities</td>
<td>11,111</td>
</tr>
<tr>
<td>Obligations under PFI and other service concession contracts</td>
<td>3,692</td>
</tr>
<tr>
<td>Trade and other payables excluding non financial liabilities</td>
<td>18,981</td>
</tr>
<tr>
<td><strong>Total at 31 March 2017</strong></td>
<td>33,784</td>
</tr>
</tbody>
</table>

| **Liabilities as per SoFP as at 31 March 2016** | |
| Borrowings excluding finance lease and PFI liabilities | 12,168 | 12,168 |
| Obligations under PFI and other service concession contracts | 3,834 | 3,834 |
| Trade and other payables excluding non financial liabilities | 19,197 | 19,197 |
| **Total at 31 March 2016** | 35,199 | 35,199 |
### Note 26.4 Maturity of financial liabilities

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>In one year or less</td>
<td>20,192</td>
<td>24,084</td>
</tr>
<tr>
<td>In more than one year but not more than two years</td>
<td>1,056</td>
<td>1,056</td>
</tr>
<tr>
<td>In more than two years but not more than five years</td>
<td>3,918</td>
<td>3,163</td>
</tr>
<tr>
<td>In more than five years</td>
<td>8,618</td>
<td>1,056</td>
</tr>
<tr>
<td>Total</td>
<td>33,784</td>
<td>29,359</td>
</tr>
</tbody>
</table>

### Note 27 Losses and special payments

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of cases</td>
<td>Total value of cases</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>£000</td>
</tr>
<tr>
<td>Losses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash losses</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Bad debts and claims abandoned</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stores losses and damage to property</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Total losses</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Special payments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation payments</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>Ex-gratia payments</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Total special payments</td>
<td>27</td>
<td>38</td>
</tr>
<tr>
<td>Total losses and special payments</td>
<td>41</td>
<td>40</td>
</tr>
</tbody>
</table>
Note 28  Related parties

Norfolk and Suffolk NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health. During the year none of the board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust (2015-16 - £nil).

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

The Trust also had £10,044k of expenditure with NHS Professionals for temporary staff costs (2015-16 - £14,463k). In addition, the Trust had a significant number of material transactions with other Government bodies, namely Norfolk County Council and Suffolk County Council.

The Trust is the corporate trustee of the Norfolk and Suffolk NHS Foundation Trust Charitable Funds. The members of the Trust Board of Directors act on behalf of the Trust in its capacity as corporate trustee. During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Charitable Trust. On the grounds of materiality the Charitable Fund has not been consolidated.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

<table>
<thead>
<tr>
<th>Receivables</th>
<th>Payables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td>£000</td>
</tr>
<tr>
<td>NHS England</td>
<td>858</td>
</tr>
<tr>
<td>NHS Foundation Trusts</td>
<td>1,724</td>
</tr>
<tr>
<td>NHS Trusts</td>
<td>248</td>
</tr>
<tr>
<td>Clinical Commissioning Groups (CCGs)</td>
<td>20</td>
</tr>
<tr>
<td>Health Education England</td>
<td>100</td>
</tr>
<tr>
<td>Other NHS bodies</td>
<td>107</td>
</tr>
<tr>
<td>Local Government and other WGA bodies</td>
<td>640</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14,537</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>2015/16</td>
</tr>
<tr>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Department of Health</td>
<td>58</td>
</tr>
<tr>
<td>NHS England</td>
<td>20,558</td>
</tr>
<tr>
<td>NHS Foundation Trusts</td>
<td>735</td>
</tr>
<tr>
<td>NHS Trusts</td>
<td>263</td>
</tr>
<tr>
<td>Clinical Commissioning Groups (CCGs)</td>
<td>177,736</td>
</tr>
<tr>
<td>Health Education England</td>
<td>2,512</td>
</tr>
<tr>
<td>Other NHS bodies</td>
<td>215</td>
</tr>
<tr>
<td>Local Government and other WGA bodies</td>
<td>13,189</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>215,266</strong></td>
</tr>
</tbody>
</table>
Norfolk and Suffolk NHS Foundation Trust values and celebrates the diversity of all the communities we serve. We are fully committed to ensuring that all people have equality of opportunity to access our service, irrespective of their age, gender, ethnicity, race, disability, religion or belief, sexual orientation, marital or civil partnership or social and economic status.

Patient Advice and Liaison Service (PALS)

NSFT PALS provides confidential advice, information and support, helping you to answer any questions you have about our services or about any health matters.

If you would like this leaflet in large print, audio, Braille, alternative format or a different language, please contact PALS and we will do our best to help.

Email: PALS@nsft.nhs.uk
or call PALS Freephone 0800 279 7257

Trust Headquarters:
Hellesdon Hospital
Drayton High Road
Norwich
NR6 5BE

01603 421421
nsft.nhs.uk
@NSFTtweets
NSFTrust
External Audit Findings

Norfolk and Suffolk NHS Foundation Trust

6 July 2017
Summary of findings

Financial Statements Audit

We intend to issue an unqualified audit opinion on the accounts following the Audit Committee adopting them and receipt of the management representations letter.

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

- There is 1 unadjusted audit difference, in relation to £510k of provisions where KPMG did not receive sufficient support for the provisions made.
- We have agreed presentational changes to the accounts with Finance, mainly related to compliance with the Group Accounting Manual (GAM).
- In additional to our routine requests we are asking for management representations over the Foundation Trusts plans to dispose of the upper plateau site at Hellesdon Hospital.
- We have reviewed the annual report and have no significant matters to raise with you.

Quality Accounts

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

- You have 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 have also tested 100% enhanced Care Programme Approach patients receiving follow up contact within 7 days of discharge and admissions to inpatient services had access to crisis resolution home treatment teams as the two mandated indicators. Our detailed testing on the indicators has concluded that we are able to give a clean limited assurance opinion on the presentation and recording of these.

Our work on the local indicator delayed transfers of care, as selected by Governors has not identified any indications that data for this indicator is not produced in line with national guidance.
Summary of findings

<table>
<thead>
<tr>
<th>Value for money and audit certificate</th>
<th>Other Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2016, we are not satisfied that, in all significant respects Norfolk &amp; Suffolk NHS Foundation Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.</td>
<td>We intend to issue 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 NHS Improvement (NHSI). We are satisfied that the Trust has addressed the recommendations raised in our ISA260 and Quality Accounts Reports in 2015/16. We have made 2 of recommendations as a result of our 2016/17 work. They recommendations relate to purchase order authorisation and authorisation of journals. 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.</td>
</tr>
</tbody>
</table>
Executive Summary:

- The purpose of the report is to update the Council on the recommendations and actions resulting from the bed review undertaken by Mental Health Strategies.

- The review was completed in conjunction with all CCG Commissioners.

- The actions have been adopted by the Norfolk and Waveney Mental Health Workstream and form part of its programme of work.

- Additional actions are being addressed through a task and finish group led by the Chief Executive.
1.0 BACKGROUND

The Trust has undertaken a review of its acute care pathway and associated community services with a focus on the number of beds required for day-to-day services. The review has been undertaken in conjunction with Norfolk and Waveney and Suffolk CCGs. The review was completed by Mental Health Strategies (MHS) who have specific experience of working with mental health trusts and commissioners on capacity and service transformation and were able to draw on their experience from other providers of mental health services to offer considered and appropriate recommendations.

The project involved both qualitative and quantitative elements, with a wide range of meetings with Trust staff, commissioners and GPs, supported with data analysis. This ensured that the analytical findings were interpreted meaningfully and appropriately, with recommendations being provided by those involved but tested, challenged and supplemented by MHS using their experience from elsewhere across the UK.

2.0 BED REVIEW CONCLUSIONS

The review concluded the following:

(i) There is a range of variance across Norfolk and Suffolk in service models, in referral and admission rates, in the operation of community teams. There are clear opportunities to spread learning and practice across the Trust to improve the overall service efficiency and effectiveness.

(ii) Clinical variance (both primary and secondary) should be addressed. With this action and adjusting the pattern of alternatives to admission then the current number of beds could be sufficient.

(iii) Crisis cafes and a small number of additional step down beds would offer the most useful means of alternatives to admission.

(iv) Assessment beds are not considered to offer an advantage and all working age beds could be considered equivalent.

(v) A community personality disorder service would be a useful addition to current services (although it should not be seen as a replacement for any existing services).

(vi) Demand and capacity on community teams is out of balance and should be addressed.

3.0 ACTIONS ARISING

3.1 MENTAL HEALTH STP WORKSTREAM

The Mental Health Workstream for the Norfolk and Waveney STP has agreed to include some of the recommendations arising from the bed review within its work plan. These are:

(i) Clinical variation

The project will address the clinical variation for both primary and secondary care with objectives as follows:

- To understand and address variation in primary care referral patterns
- To understand and address variation in secondary care practice
- To identify and address blockages that impact on integrated working between primary and secondary care
• To further understand internally within NSFT the variances by service model, admission rates and delivery within community teams.
• To make recommendations on standardisation where appropriate.

Planning, development and process mapping will be undertaken by June 2017. The next steps will be agreed on completion of this phase.

(ii) Crisis café
The project’s overarching aim is to design and implement a new service model (Crisis Hub), initially in Norwich, to support people experiencing heightened emotional distress – those on an escalation path to crisis. The model will be flexible and responsive, offering immediate access for those that need it. Its approach will primarily be non-medical and will focus on de-escalating the individual’s immediate need, offering appropriate interventions, ensuring the individual has a short-term support plan and engage the individual with appropriate community resources. The model will be supported by clinical staff to ensure risk is appropriately managed and where necessary people can be escalated to more appropriate services. The objectives are:
• Design a crisis hub, or mental health urgent response hub, incorporating best practice examples and appropriate local engagement
• Ensure the hub is adequately resourced, open at the times when most needed and sustainable for the future
• Integrate the hub with existing resources to improve the continuity of care for service users and maximise the affordability of the hub model

Timescale to establishment of the crisis café is estimated as December 2017.

(iii) Alternatives to admission: step down beds
This project has been added to the work programme in the last week and a plan is due to be worked up by 4th May.

(iv) Community personality disorder service
The project is underway and is included in our clinical strategy work. The pathway is being designed to include the following components:
• High quality assessment of needs, including physical health and risks to self and others
• A clear psychological formulation
• High quality supervision – which requires time and skill – to ensure the formulation and crisis plans remain relevant and based on best practice
• A range of proportionate interventions – active listening; psychotherapy; crisis response
• Provision of containing environments form ‘crisis café’ to admission
• Avoid multiple hand-offs/transitions, encourage continuity of care
• Medication reviews to limit the usage of drugs

The project is led by a Trust consultant and the design is expected to be complete by the end of 2017/18.

The STP Workstream is chaired by the lead CCG commissioner for mental health and includes senior representation from the Trust, CCG Commissioners, GPs and the voluntary sector. It meets monthly and will monitor progress against the projects.
3.2 TRUST ACTIONS

In addition to the STP actions the Trust has established a task and finish group to deliver against some short term actions to address Out of Trust placements. The group is led by the Chief Executive and includes the Director of Operations, Director of Finance and Associate Director of Operations.

The actions are:

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Change functionality of continuing care beds to dementia care at the Julian Hospital</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>2. Delayed transfers of care – discussion with Social Care on access to new funds to address mental health delays (meeting 4th May with Director of Social Care (Norfolk))</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>3. Test/pilot temporary accommodation model for the discharge of medically fit patients</td>
<td>Associate Director of Operations</td>
</tr>
<tr>
<td>4. Allocate dedicated team to review Out of Trust placements and address discharge or transfer to the Trust on a daily basis</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>5. Assess potential of adopting “Red to Green” acute approach to discharge of patients.</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>6. Address blockages to discharge eg transport, cleaning (linked with action 5)</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>7. Review effectiveness of s117 on care needed after discharge and what improvements are needed</td>
<td>Medical Director</td>
</tr>
<tr>
<td>8. Adopt the approach to ‘plan discharge on arrival’ with service users in liaison with other third sector organisations</td>
<td>Director of Finance</td>
</tr>
</tbody>
</table>

The Task and Finish Group will meet on a monthly basis to review and monitor the effectiveness of the actions. The Board will be updated on progress.

5.0 QUALITY IMPLICATIONS

Implementing the agreed recommendations from the Bed Review together with the focus on addressing Out of Trust placements will improve the quality of our services.

6.0 RISKS

The actions address some of our high risk issues that the Trust has experienced in 2016/17.

7.0 RECOMMENDATION

The Council is asked to review and note the report.

Julie Cave
Director of Finance
April 2017
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 01.02.18.

1.0 Seats that are for open for election in the 2017/18 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 (8)

Public – Norfolk (2)
- Hilary Hanbury (served 3 years to end of this term)
- Vacant seat of Leonard Wellings (elected 1 February 2017 and stood down on 14 May 2017)

Public – Suffolk (2)
- Guenever Pachent (served 6 years to end of this term)
- Jane Millar (served 6 years to the end of this term)

Service User – Suffolk (1)
- Paul Gaffney (served 6 years to the end of this term)

Staff (2)
- Nanayakkara De Silva (served 3 years to the end of this term)
- Howard Tidman (served 3 years to the end of this term)
Mary Rose Roe is to step down due to a geographical move (served seven years after being re-elected in February 2016).

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 2018 (before the newly elected governors take up their seats on 01.02.18).

<table>
<thead>
<tr>
<th>ELECTION STAGE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust to send nomination material and data to ERS</td>
<td>Wednesday 27 Sept 2017</td>
</tr>
<tr>
<td>Notice of Election / nomination open</td>
<td>Wednesday 11 Oct 2017</td>
</tr>
<tr>
<td>Nominations deadline</td>
<td>Wednesday 8 Nov 2017</td>
</tr>
<tr>
<td>Summary of valid nominated candidates published</td>
<td>Thursday 9 Nov 2017</td>
</tr>
<tr>
<td>Final date for candidate withdrawal</td>
<td>Monday 13 Nov 2017</td>
</tr>
<tr>
<td>Electoral data to be provided by Trust</td>
<td>Thursday 16 Nov 2017</td>
</tr>
<tr>
<td>Notice of Poll published</td>
<td>Wednesday 29 Nov 2017</td>
</tr>
<tr>
<td>Voting packs despatched</td>
<td>Thursday 30 Nov 2017</td>
</tr>
<tr>
<td>Close of election</td>
<td>Wednesday 30 Nov 2017</td>
</tr>
<tr>
<td>Declaration of results</td>
<td>Thursday 28 Dec 2017</td>
</tr>
</tbody>
</table>

3.0 Recommendations

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

Kate Hope
Assistant Company Secretary

Background Papers / Information
None
Executive Summary:

We continue to focus on the Implementation of the Service User and Carer Trust Strategy. Progress is being made although it has taken considerably longer than expected. We also produced our minutes in “Easy Read” for the first time.

Assurance review

<table>
<thead>
<tr>
<th>Issue reviewed by committee</th>
<th>Commentary (including actions where required)</th>
<th>Level of assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of the Service User and Carer Involvement Strategy</td>
<td>The Committee agreed that the Project as measured against the recently produced Project Plan was on track and the Locality Hubs are now all in place with the exception of West Norfolk where a proposal is awaiting final confirmation.</td>
<td>GREEN</td>
</tr>
<tr>
<td>Reimbursement of Service Users and Carers Expenses</td>
<td>Whilst the new system is now in place it is evident that this is not sustainable and delays in receiving reimbursement causes real hardship in some cases. Proposals were made on how this could be streamlined and the Meeting asked me to take this up with the Finance Director which I will do.</td>
<td>AMBER</td>
</tr>
<tr>
<td>Recovery Strategy</td>
<td>We agreed that this would be a standing item at future meetings. The Strategy was strongly supported and it was agreed that there would be a launch event in June.</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

Forward look

<table>
<thead>
<tr>
<th>Issue considered by committee</th>
<th>Commentary</th>
<th>Level of assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service user and Carer Observers at Quality Governance</td>
<td>Service user and Carer Governors and Locality Hub Chairs were invited to nominate themselves as the QGC Observers and as a result of that process</td>
<td></td>
</tr>
</tbody>
</table>
Central Hub

Kevin James and Mary Rose Roe were appointed for the next 12 months

Recommendations

The Council of Governors is asked to note the Report

Gary Page
Chair Service User and Carer Trust Partnership
17th April 2017
Executive Summary:

We continue to focus on the implementation of the Service User and Carer Trust Strategy. The Board is asked to note the Report.

Assurance review

<table>
<thead>
<tr>
<th>Issue reviewed by committee</th>
<th>Commentary (including actions where required)</th>
<th>Level of assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of the Service User and Carer Involvement Strategy</td>
<td>The Committee noted that Locality Hubs were up and running everywhere except in West Norfolk where the Moving Forward Forum continues to meet but has not been officially adopted as the Locality Hub. Debbie White has followed up on this. Clarification has been sought on the progress made on co-produced interview training. There has been a delay but further information will be provided for the next meeting. Otherwise good progress has been made and much of the plan has been completed.</td>
<td>AMBER</td>
</tr>
<tr>
<td>Payments to Service Users and Carers Expenses</td>
<td>In order to comply with HMRC guidance changes will need to be made to how experts by experience (including peer tutors) receive payments. Subject to Exec sign off the proposals were seen as a pragmatic response.</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

Forward look

<table>
<thead>
<tr>
<th>Council of Governors –6 July 2017 Chair’s report on 6 June 2017</th>
<th>Version 1.0</th>
<th>Author: Gary Page Department: Corporate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 1 of 2</td>
<td>Date produced: 20 June 2017</td>
<td>Retention period: 20 years</td>
</tr>
<tr>
<td>RED = significant gaps and not assured on adequacy of action plans</td>
<td>AMBER = Gaps in assurance but assured appropriate plans in place to address</td>
<td>GREEN = No gaps in assurance</td>
</tr>
</tbody>
</table>
### Issue considered by committee

<table>
<thead>
<tr>
<th>Recovery Strategy</th>
<th>Commentary</th>
<th>Level of assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Formal Launch of the recovery Strategy will take place in Norwich (27th June Kings Centre) and Ipswich (22nd September IP City)</td>
<td></td>
</tr>
</tbody>
</table>

### Recommendations

The Council of Governors is asked to note the Report

Gary Page  
Chair Service User and Carer Trust Partnership  
18 June 2017
6 governors attended this meeting

1.0 Review of Terms of Reference

A separate report is attached. Included in this discussion was the need to ensure consistent core membership from all types of governor and to invite the Head of Communications to attend the next meeting to discuss Governor and Member communications.

2.0 Governor Training Programme

We considered evaluations of recent training sessions and agreed the need for an overall governor assessment of this year’s induction programme in order to inform planning for next year. We also reviewed the series of Governor half day events on mental health topics and agreed a way forward. We concluded:

Why?

We think the events should continue to provide an opportunity to inform and educate on important topics in mental health and also provide a real opportunity for Governors to engage with members and the wider public on these and associated matters. As was the case with the recent event (e.g. Michael’s inclusion of ‘Complex Needs’ within both STP discussions), if there are actions or ideas that can flow from these events then that would be a bonus, but this is not a prime focus of the events.

What?

We think the suggested topic for the November session- personality disorder - is important and should be retained.

Who?

We think that the target audience should be widely drawn from the public, service users, carers, staff, members, the board and related organisations, providing an opportunity for interaction between these different people and their different perspectives, experiences and interests. Though the large number attending the recent event was to be welcomed, we feel that the success of the event should not focus on numbers alone.
How?

We want to see a greater level of audience participation within the events and less time spent on formal presentations (and many if not all reliant on Powerpoint). The limited moves in this direction at the last session were generally welcomed. The input of service users and carers is vitally important, as is professional input. We want to see Governors playing a more prominent role in the events; perhaps by being clearly identified and having their role briefly explained; facilitating discussion groups; and also by a higher profile NSFT Governor and Member stand with the opportunity for face to face discussion, appropriate information, materials etc.

Where?

Though we acknowledge the convenience of Norwich and Ipswich as venues, we feel on balance that the locations for these events should rotate so that the events tap into different geographical areas, and potentially raise the profile of the Trust and Trust membership in all parts of the Trust service area; this would give an opportunity to coordinate the events with a push to recruit and engage members in currently under served/represented areas; e.g. West Suffolk and West Norfolk. For the next event we would suggest that an alternative to Ipswich be explored, and perhaps we should be a little more relaxed about whether this is in Norfolk or Suffolk; Bury St. Edmunds or Diss have been suggested (the latter based on its good access by road and rail if that is still considered important for the next event, as the date is not far off).

When?

The previously notified date of 2nd November should be stuck to if at all possible.

Action is now underway to plan the event in November with Governor input to this.

3.0 Membership Strategy

We considered the priorities for the coming year and received an update on recent action, mainly concerned with the Membership Officer’s activity in attending events, which has seen a widening out to West Norfolk, an area where membership levels are relatively low. We agreed a format for a regular progress report to future meetings. We also discussed designs for a new Membership leaflet and agreed that 2 governors would work with Peter Haylett on this with a view to having copies ready for use at events and by Governors as soon as possible.

4.0 Recommendation

The CoG is asked to note the report.

Nigel Boldero - Chair
Norfolk Public Governor
24 May 2017

Background Papers / Information
None
Trust Member and Governor Development Subgroup: Review of Terms of Reference

1. The recent meeting of the TMGD subgroup, as part of its annual work programme, reviewed it’s Terms of Reference. The discussion covered a number of points, including one of its primary responsibilities; Governor development.

2. It was agreed to recommend to the Council of Governors that the Group should play a role in fostering and encouraging an active approach by all Governors to engaging with the public and their respective constituencies and to thereby enable them to effectively represent the interests of these groups to the Trust. This could include helping to develop the skills of Governors through the training programme; mapping existing ‘community connections’ (and so identifying any geographic, demographic or other gaps in engagement and using this information to help Governors focus their engagement activities); and to consider and make proposals for the development of processes and systems whereby governors can effectively feed this information into the Trust and be assured that it is taken into account. It is therefore proposed to amend the existing terms of reference as follows (new wording in italics):

   ‘Purposes
   .....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. In addition the sub Group will consider and develop ways in which Governors can actively seek out information from, and gather the experiences and views of, the public and their specific constituencies; review and make proposals to develop the systems and mechanisms through which this material can be brought to the attention of the Trust; and to ensure that this information has been considered, so as to fulfil the governor role of representing the interests of the public and their constituencies....’

3. If the Council of Governors accepts this proposed amendment the Group will review the existing ‘Governor Engagement Wheel' produced some time ago and consider what information needs to be collected and ways in which it can be used effectively to make Governor engagement more effective and consistent across the Trust operating area. An important aspect of this will be coordinating activity with the Trust’s Service User and Carer
engagement strategy and exploring ways in which Governors can communicate and engage with the public and specific constituencies.

Recommendation:

The Council of Governors is asked to accept the proposed change to the Terms of Reference and to ask the TMGD sub group to follow this up with specific pieces of work to give it effect.

Nigel Boldero - Chair
Norfolk Public Governor

Background Papers / Information
None
Executive Summary:

The Planning and Performance Sub Group met on 18th May 2017 and draws your attention to the following issues below.

1.0 Bed Review

Marion Saunders, NED, presented the actions agreed by the Board of Directors following receipt of the Bed Review which was completed by independent consultants. The report was comprehensive and was felt to be very worthwhile and useful in identifying key issues and points to be actioned. Some concerns were expressed that service users, carers and other stakeholders were not involved in the bed review process at an early stage.

The timing of the implementation of the action points was identified as very important and there were other issues highlighted in the bed review which should be considered for future action. A change of culture was a general theme of the review. A specific concern was the lack of allocated funding or a firm proposal to provide a Crisis Cafe type facility in Suffolk.

2.0 CQC Preparation

Marion Saunders summarised the current position on preparation for the CQC visit in July 2017. Areas where further progress is required were reviewed and discussed. There were some areas of continuing concern but there are good signs of a real improvement across the Trust.

3.0 SEND Report

Anne Humphrys summarised the findings of the SEND inspection which covered all of Suffolk including Waveney. There was a discussion on the key matters noted in the report. On today's agenda there is an item in relation to this to include the Trust's response to the challenges highlighted.
4.0 Recommendation

The Council of Governors is asked to note this report.

Martin Wright
Co-Chair P&P
Public Governor NSFT Suffolk
19 May 2017
Report To: Council of Governors
Meeting Date: 6 July 2017
Title of Report: Chair’s Report from Nominations Committee of 2 May 2017
Action Sought: For information
Estimated time: 5 Minutes
Author: Marion Saunders SID
Director: Marion Saunders SID

1.0 Appraisals of the NEDs and Chair
1.1 The committee considered both the appraisals of the NEDs by the Chair and the Appraisal of the Chair by the Senior Independent Director on behalf of the Council of Governors (responsibility delegated to the Nominations Committee).

2.0 Objectives for NEDs and Chair
2.1 Objectives for the coming year were agreed for the Non-Executive directors and following discussion, amendments were made to the Chair’s objectives which were subsequently circulated and agreed by email.

3.0 NED reappointments
3.1 The Committee received a recommendation based on the appraisals that both Tim Newcomb and Marion Saunders be re-appointed for a second term of three years and this is the subject of a separate paper to the Council of Governors.

4.0 NED Appointment
4.1 There was also discussion regarding the appointment process for a new Non-Executive Director, which again is the subject of a separate paper.

5.0 NED Expense Policy
5.1 The expenses policy for Non-Executive directors was agreed and no changes were made from the previous year.

Marion Saunders
SID / Chair of Nominations Committee

Background Papers / Information
None.
Executive Summary:

The Trust’s Charitable Funds Committee met on 25 April 2017, discussed, agreed and actioned a number of matters for reporting to the Council of Governors.

Assurance review

<table>
<thead>
<tr>
<th>Issue reviewed by committee</th>
<th>Commentary (including actions where required)</th>
<th>Level of assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund holder transfers of various smaller longstanding charitable funds</td>
<td>The Committee received progress reports on a number of smaller funds which have been variously transferred for management, or are at the final stages of transfer, or were agreed at the meeting to be transferred, by proper formal agreement, variously to Ipswich Hospital, Cambridgeshire Community Services and potentially others. These arrangements ensure that the funds are made use of more actively for the purposes for which they were originally intended. Specifically the Committee agreed a resolution to satisfy the Charities Commission in relation to the Whitwell Endowment Fund (£52k) in order that it could be accessed as an unrestricted fund for community mental health services in East Suffolk.</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

Beccles Hospital development and transfer of funds

The building development funded by the release in 2016 of funds held by NSFT is now complete, the new development is open and services there are now being fully established. There will be a formal opening on 24 June 2017. Great Yarmouth and Waveney were not able at this meeting to provide full financial | AMBER |
assurance to the committee as they were dependent on NHS Property Services (NHSPS) accounts being finalised. In addition the committee wanted reassurance about uses of any reclaimable VAT. A full breakdown of costs will be demanded from NHSPS as soon as possible, well in advance of the next meeting of this committee.

**Forward look**

<table>
<thead>
<tr>
<th>Issue considered by committee</th>
<th>Commentary</th>
<th>Level of assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee Terms of Reference and meeting arrangements.</td>
<td>In the light of the Committee's reduction in managed charitable funds from circa £1.5m a year or more ago to an expected level of circa £200k when the Beccles Hospital and other fund matters are concluded shortly, it was considered time to review the Committee. It is proposed that, subject to finalising the above two matters, the Committee would become NSFT only, without CCG formal membership, meeting just six monthly and only quarterly if specific business required. It could also reduce its formal membership, if the Board agrees, to just one NED (as it has been in practice over the last year and more) and one Executive Director. It is anticipated that after its meeting on 24 October 2017 Tim Stevens would replace Brian Parrott as the Committee's Chair. These proposals will be addressed by the Director of Finance and the Company Secretary and included in revised Terms of Reference.</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

**Recommendations**

The Council of Governors is asked to note the report

Brian Parrott  
Chair, Charitable Funds Committee  
12 May 2017