

Membership Council Meeting

**Wednesday 18 April 2012
5.30pm for 6.15pm – 8.30pm**

**Park Inn Hotel, Forgegate, Telford
Centre, Telford, TF3 4NA**



Membership Council Meeting of South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Wednesday 18 April 2012
5.30pm for 6.15pm – 8.30pm

In the Park Inn Hotel, Forgegate, Telford Centre, Telford, TF3 4NA
Members of the public are welcome to observe.

A G E N D A

			Introduced by
5.30pm	1.	Refreshments and Networking	All
6.15pm	2.	Welcome and Apologies	Steve Jones

Items to be received			
6.20pm	3.	Minutes of the Membership Council Meeting held on 18th January 2012 To receive and approve the minutes of the meeting on 18 th January 2012	Steve Jones Enc 1
6.20pm	4.	Matters Arising 4.1 Protocol for Membership Council Engagement with CQC 4.2 Adult Safeguarding Mandatory Training Update Report	Steve Jones Enc 2 Enc 3
6.25pm	5.	Governor Member Report on Activities, Events and Achievements Lead Governor Report To note the range of activities undertaken by Governor Members since the last meeting and receive reports from sub committees for information.	Tony Price Enc 4

Items to Note and Approve			
6.40pm	6.	Governor Development Plan To note the training and development requirements for Governors	Tony Price Enc 5

Items for Discussion or Consultation			
7.00pm	7.	Equality Act and Equality Delivery System Questions/Governor Discussion	Novlette Balela Enc 6
7.35pm	8.	Snapshots 1) Drug and Alcohol Services (10 mins) 2) Prison In reach Services (10 mins) Questions/Governor Discussion	Dr Tennyson Nkala Linda Ventress

8.05pm	9.	Chief Executive Environmental scan and Question and Answer Session	Neil Carr Enc 7
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Items to receive in closed session			
8.25pm	11.	Report of the Nominations Committee To received a report of the Nominations Committee relating to the appointment of a new Non Executive Director	Steve Jones Enc 8
8.30pm	12.	Any Other Business: Please note: Any other business should be notified to the Chair at the commencement of the meeting. Acceptance of such items on the agenda will be at the discretion of the Chair.	Steve Jones
8.30pm Close	13.	Close and Date of Next Meeting Meeting dates for 20121: Wednesday 18 July 2012, Learning Centre, Stafford Wednesday 12 September 2012, Annual Members Meeting, Redwoods Centre, Shropshire	Steve Jones

Please note: Given sufficient notice, versions of the above papers can be made available in large print, easy read and audio or in other languages.

Declaration (Extract from Constitution)

An elected Governor may not vote at a meeting of the Membership Council unless, before attending the meeting, they have made a declaration in the form specified by the Secretary of the particulars of their qualification to vote as a member of the Foundation Trust and that they are not prevented from being a member of the Membership Council. An elected Governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Membership Council, and every agenda for meetings of the Membership Council will draw this to the attention of elected Governors.

Items in Closed Session

In accordance with the Membership Council's Standing Orders that representatives of the press and other members of the public be excluded from a closed session of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest (section (2) Public Bodies (Admission to Meetings Act 1960)

MINUTES OF THE MEMBERSHIP COUNCIL MEETING OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD ON WEDNESDAY 18TH JANUARY 2012 AT 6.15PM IN THE LEARNING CENTRE, ST GEORGE'S HOSPITAL, STAFFORD

01/12 PRESENT:

Steve Jones	Chair
Michael Allen	Public/Service User/Carer Governor (South Staffs)
Karl Bailey	Public/Service User Carer Governor (Shropshire/T&W)
Cyril Bird	Staff (Non Clinical Support)
Ravi Bhakhri	Public/Service User/Carer Governor (South Staffs)
Jacki Boyle	Public/Service User/Carer Governor (Shropshire/T&W)
Keith Bury	Public/Service User/Carer Governor (South Staffs)
Frances Carlin	Public/Service User/Carer Governor (South Staffs)
Peter Cross	Public/Service User/Carer Governor (South Staffs)
Lois Dale	Public/Service User/Carer Governor (Shropshire/T&W)
Mark Dalgarno	Staff (Nursing)
Jurai Darongkamas	Staff (Clinical Support)
Terry Downes	Partner, MIND
David Gill	Public/Service User/Carer Governor (Shropshire/T&W)
Robin Harvey	Public/Service User/Carer Governor (Shropshire/T&W)
Councillor Simon Jones	Partner, Shropshire County Council
Nick Maslen	Partner, Age UK
Enrique Mateu	Public/Service User/Carer Governor (South Staffs)
Andrew Millward	Public/Service User/Carer Governor (North Staffs)
Steve Morris	Public/Service User/Carer (South Staffs)
Lilian Owens	Partner, Shropshire/T&W Voluntary Sector MH Forum
Pauline Pearsall	Public/Service User/Carer Governor (South Staffs)
Tony Price	Partner/Deputy Chair and Lead Governor
Kathryn Pryce	Public/Service User Carer (Shropshire/T&W)
Janet Smith	Public/Service User/Carer (Regional/National)
Paul Taylor	Partner, Telford & Wrekin Council
Joe Wickens	Staff (AHP)
Colin Wilkinson	Public/Service User/Carer Governor (South Staffs)

01/12 IN ATTENDANCE:

Dr Claire Barkley	Medical Director
Neil Brimblecombe	Chief Operating Officer
Neil Carr	Chief Executive
Roger Craven	Vice Chair – Non Executive Director
Jurai Darongkamas	Governor (Staff – Clinical Support)
Mike Davy	Member
Andy Davey	CQC Compliance Manager, Staffordshire and Stoke
Jayne Deaville	Director of Finance and Performance
Dean Fathers	Chairman, Nottingham Healthcare NHS Trust
Steve Grange	Director of Business Development

Ron Hilton	Non Executive Director
Jane Landick	Company Secretary
Mandy Lee	Safeguarding Consultant Practitioner
Liz Nicholson	Non-Executive Director
Sue Nixon	Non-Executive Director
Robin Pritchard	Non-Executive Director
Sara Reeve	Associate Director of Performance
Steve Riddle	Member
Alan Snuggs	Governor Consultant
Luke Thornley	Membership Office Administrator

03/12 APOLOGIES:

Dr Maha El-Nadeef	Staff Governor (Medical)
Jenni Hodson	Staff (Social Care)
Julie James	Public/Service User/Carer Governor (Shropshire)
Bridie Oakes-Richards	Partner, HM Prison Service
Graham Riley	Public/Service User/Carer Governor (Shropshire)
Gill Wyatt	Partner, South Staffordshire Carers' Association

04/12 INTRODUCTION AND WELCOME

Steve Jones opened the meeting by welcoming those present including:

- Newly elected Governors attending their first meeting as full participants: Cyril Bird, Jurai Darongkamas, Mark Dalgarno, Janet Smith and Jackie Boyle
- Speakers for the evening: Sara Reeve, Associate Director of Performance (Agenda Item 6), Andy Davey, CQC Compliance Manager, Staffordshire and Stoke (Agenda Item 7), Mandy Lee, Safeguarding Consultant Practitioner (Agenda Item 10) and Alan Snuggs, Governor Consultant (Agenda Item 11)
- Dean Fathers, Chairman of Nottingham Healthcare NHS Trust
- Sue Nixon, recently appointed Non Executive Director

On behalf of the Council, Steve Jones paid tribute to Daphne Sharp following her resignation as a Governor Member for South Staffordshire. He advised that Daphne had been a Governor since the Trust achieved Foundation Trust status in May 2006 and had had a long association with the Trust prior to that. She became involved with the Trust as a consequence of her brother's diagnosis with Alzheimer's and his subsequent admission to Bromley Ward. As a result she began fundraising which led to the establishment of a sensory garden and later a sensory room for the benefit and use of service users and carers. She made a significant contribution to the Trust and to the Membership Council as a Governor Members and will be fondly remembered and sadly missed. Her resignation will allow her to devote more time to the MASE Group, the charity she helped to establish for people with Alzheimer's and their carers and the Membership Council wished her well with that.

05/12 MINUTES

The minutes of the Membership Council Meeting held on 20th September 2011 (Annual Members' Meeting) and the minutes of the Extraordinary Membership

Council meeting held on 5th December 2011 to formally approve the appointment of Sue Nixon as Non-Executive Director were agreed as a true and accurate record of the meeting.

06/12 MATTERS ARISING

Steve Jones reported on the following matters arising, not covered by other agenda items:

Page	Item	Action
3	Monitoring Chief Executive Objective through Performance and Assurance Group (PAG) Discussed at 19th September 2011 PAG and scheduled as an agenda item at the December 2011 meeting.	Tony Price advised that this was discussed at PAG on 5 th December 2011 with Neil Carr in attendance and would be reviewed at next PAG meeting in April 2012
6	Changes to the Constitution	It was noted that further to approval at the Membership Council meeting, the changes were confirmed and approved by Monitor on 24 th October 2011
8	Changes to date/times of Membership Council meeting	It was noted that responses received from Governors resulted in a decision to continue to hold meetings on Wednesday evenings for 2012.

07/12 GOVERNOR MEMBERS' REPORT

Tony Price added his personal welcome to the **new governors** and commented that he looked forward to working with them.

The summary report from the **Combating Stigma Group** meeting held on 29th November 2011 was received and noted as was that of the **Performance and Assurance Engagement Group** meeting held on 5th December 2011 along with the Trust Assurance Report which had been covered in detail at the meeting.

Andrew Millward presented the summary report from the **Strategic Direction Engagement Group** held on 5th October 2011 and gave a verbal account of the meeting on 12th January 2012. He advised that due to the increased number of strategic issues facing the Trust, a decision had been taken that the meetings would be bi-monthly during 2012. He advised that discussion had also taken place to enable cross-referencing of issues between this group and the Performance and Assurance Group. Andrew also referred to the publication of the Francis Inquiry report which was anticipated in the Spring and to the Health and Social Care Bill, which were likely to have significant strategic implications for the NHS and the Trust during the course of the year.

The summary report from the **Steering Group** meeting held on 23rd November 2011 was received and noted and Tony Price commented on measures discussed and agreed to improve the response rates of governors to the

appraisal questionnaires. The Governor Internal Meeting summary report from the meeting held on 5th December 2011 was also received and noted and Tony Price outlined the role and purpose of this meeting highlighting its informal approach, for the benefit of new governors. He advised that similar informal meetings for the governors to engage with the Chairman also took place several times a year.

The summary report from the **Service User and Carer sub committee** on 12th October 2011 was noted and Liz Nicholson gave a verbal account of the last meeting on 15th December 2011 which took the form of an "away day" to look at the future role and composition of the sub committee and also to review (following consultation) the new service user and carer involvement strategy. She advised that the event had been very productive and enjoyable and had also been attended by Sue Nixon as part of her induction.

Tony Price also reported on the ongoing programme of **essential standards review visits** and the progress of the **Clinical Directorate Ambassador Scheme**. Enrique Mateu requested a correction to the date of his essential standards review visit which had taken place on 15th September 2011 and not 27th October 2011 as stated in the report. Tony Price concluded his report by adding his own thanks and best wishes to **Daphne Sharp** and congratulated Jenny Smit on receiving the **Chairman's Award** at the Staff Awards Event in November 2011. He also referred Governors to the recent e-mail from the Membership Office encouraging Governors to volunteer to run or participate in **constituency meetings** during the course of the year and reminded Governors of the deadline for responding which was 20th January 2012. Dave Gill commented that the report did not include feedback on the governor involvement in the **Equality and Diversity Group** and requested that this be covered as an agenda item at the next meeting. Steve Jones confirmed that this would be done.

08/12 HOW DOES THE TRUST ASSURE ITSELF OF ITS COMPLIANCE WITH THE CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF QUALITY AND SAFETY?

Sara Reeve and Pauline Pearsall gave a joint presentation on the role, purpose and outcomes of the Essential Standards Review visits which had been taking place involving Governor Members since July 2010. Tony Price referred to future plans referred to in the report relating to visits to community services. Sara Reeve advised that this was currently at the ideas and early pilot stage but included reviewing whether having now good baseline data for the wards, a change of focus towards community services would be possible in terms of resource and capacity, but that it was important to focus on the benefits to service users and carers since it would be more difficult for unannounced visits to community services to enable direct engagement with service user and carers. Neil Carr also commented that increasingly, use of technology would mean that the role and function of team bases was likely to change with home-working and hot-desking being used more and more. In response to an observation from Peter Cross that not all outstanding actions were completed from the previous

governor member ward visit programme, it was agreed that this would be followed up and reported back.

09/12 CARE QUALITY COMMISSION (CQC) AND FOUNDATION TRUST COUNCILS OF GOVERNORS

The meeting received a presentation from Andy Davey, CQC Compliance Manager for Staffordshire and Stoke on the services CQC monitors and how they carry out their checks. He explained what the Trust could expect from the CQC and how they aim to work with Governors and highlighted the forthcoming Guide for Foundation Trust Council of Governors which was due for imminent publication. In response to a question from Joe Wickens about how service user comments on the CQC section of the website "Local Voices" were used and fed back to the Trust, Andy Davey advised that this was through the Trust's Quality and Risk Profile and that the comments were anonymised but that if the CQC were contacted by service users and carers wishing to make a complaint against the Trust, they would be referred back to the Trust to address the complaint directly in the first instance in line with statutory requirements. Tony Price welcomed the opportunity for the Trust and the Governors to maintain regular contact with the CQC and extended an invitation to Andy Davey or colleagues to attend a future Performance and Assurance Engagement Group meeting. He also asked how with the increasing move towards community services, the CQC proposed to meet their regulatory requirements and the extent to which they engaged and involved other regulators such as the housing regulator when services may be provided in premises operated by Housing Associations. Andy Davey advised that this was dependent to some extent on who provided the regulated activity and that there was no right of entry to private homes but that appropriate engagement with other partners and regulators would be expected to take place. With respect to the move to community services, he advised that the current regulatory framework applied to locations and that in future different approaches may be necessary to reflect new ways of working of community teams and reductions in numbers or functions of team bases. In response to a question from Robin Harvey about the descriptions of Trust services and the depth of information about the Trust on the CQC website, Andy Davey advised that this would improve over time as information about the Trust services was built upon and added but that much related to the information collected as part of the original registration process. He added that the CQC would be receptive to amending and improving the descriptions and advised that information relating to the CQC visits to the Trust were available on the website and that this provided more information about the Trust adding further depth and context to the basic descriptions of the Trust's services. Lilian Owens asked about relationships between the CQC and the third sector and LINKs. Andy Davey advised that the CQC was keen to develop and build on these relationships and had produced guidance with respect to relationships with LINKs in particular, covering the sharing of information, the use of LINKs enter and view powers and the sharing with LINKs in confidence, the CQC's proposed visit programme relating to Trusts in the area in which the LINK operates to enable better co-ordination. He noted that the delay in the transition to Healthwatch by six months to April 2013 would help to ensure that effective arrangements were established with the CQC going forward. In response to a question from Andrew Millward about the earlier

comment relating to the referral of complaints back to the Trust, Andy Davey confirmed that the CQC had no legal remit to investigate complaints, but that they would monitor the level and nature of any complaints they received and triangulate this against other sources of data or intelligence to ensure that issues such as those at Mid Staffs could be identified as early as possible. He advised that the Trust would also be asked by the CQC to provide feedback on the outcomes of any complaints referred back to them by the CQC. In response to a question from Robin Harvey about the capacity of the CQC to regulate all the providers of services in slide 5, Andy Davey advised that currently the CQC had 700-900 inspectors with more in the process of being recruited. He advised that the CQC was also in the process of negotiating access to the database of incidents used by the National Patient Safety Agency (NPSA) to increase the range of data sources to enable better triangulation of information and evidence, again to better detect early warning of issues within particular providers. Ravi Bhakri commented on the scope of the registration process and noted that it did not appear to give guarantees of the ability of providers to deliver particular services in the private sector in particular. Andy Davey concurred with this but advised that he would be interested to hear any concerns about the capabilities of such providers. In response to a question from Sara Reeve about plans to make a Trust's Quality and Risk Profile public, Andy Davey confirmed that this had been mooted but that the proposal was being reviewed further to determine how best such complex data could be provided to be of maximum use and benefit to those wishing to access it. Neil Carr concluded the session by thanking Andy Davey for his presentation and commented that the aims of both organisations related to the maintenance of patient safety and that the Trust looked forward to continued dialogue with the CQC and engagement with governors in the spirit of transparency and a commitment to further improvement and to sharing the outcomes from CQC reviews of this and other organisations to audit and replicate best practice across the whole Trust. Peter Cross added that he believed that Trust clinical staff did an excellent job and that the CQC had to look hard to find issues and areas for improvement to identify.

10/12 CHIEF EXECUTIVE BRIEFING

Neil Carr presented an overview of the NHS Operating Framework for 2012/13 which represented the second year of the quality and productivity challenge and the final year of the transition to the new commissioning and management system. He stated that it was therefore important that NHS Boards and leaders need to respond to the four inter-related challenges of getting the business right every time, maintaining a grip on performance, maintaining the quality and productivity challenge and building the new delivery system whilst continuing to maintain strong performance on service quality and finance. Recognising the challenges for the future, he advised that the Executive Directors had taken steps to re-align the Directorate Structures and portfolios. As a result Medicines Management would transfer from the Chief Operating Officer (COO) to the Medical Director to free up the COO to engage with commissioners in different ways. Service User and Carer Involvement would also transfer from the Director of Business Development to the Director of Quality and Performance to allow the Director of Business Development to focus on entrepreneurial activity and to pursue new opportunities and new markets. Aligned to this would be the creation

of two Directorates as discrete business units, one covering all mental health services and the second covering everything else i.e. specialist services. It was noted that the Directors of these two Directorates were scheduled to be interviewed over 24-25th January 2012 and that six candidates had been shortlisted from a field of 40 applicants. Neil Carr confirmed that a rigorous selection process had been devised and that governors would be involved in the carousel panels. In response to a question from Paul Taylor relating to the drivers reflected in the Operating Framework towards greater integration and partnership, Neil concurred that there were some excellent examples of effective integration and partnership which should be celebrated but that these were not universally or consistently deployed and more work was required in this area.

11/12 SAFEGUARDING THEMATIC REVIEW

Mandy Lee gave a presentation on Safeguarding and the recent thematic review of the current status of safeguarding within the Trust. Tony Price commended the report and the presentation and thanked Mandy for attending the recent Performance and Assurance Engagement Group to present the findings of the review in more detail. Tony Price highlighted the many positive outcomes of the review but whilst acknowledging the steps both proposed and taken to address the relatively low percentage of compliance with adult safeguarding mandatory training at 62% advised that the governor members remained concerned that this presented a risk to the Trust. To this end, he advised that the Governors had resolved to write a formal letter to the Chairman, outlining their concerns and requesting an explanation and action required on this issue. Steve Jones confirmed that the Board shared the governors concerns with respect to mandatory training compliance and that both action and improvement had been noted but needed to continue. Neil Brimblecombe outlined in detail the action he had taken to achieve improvements across the board and a particular focus on two clinical areas where compliance was particularly low. One such area was Specialist Services where difficulties were being experienced in validating the local safeguarding received by staff in services distant from the Trust, in order that staff in those services could be recorded as compliant. Neil Brimblecombe predicted an improvement of 10% by April 2012, but stressed that it was important that adult safeguarding training was not prioritised over other mandatory training with the consequence that compliance in other areas deteriorated. Neil Carr described other measures being considered by the Board and sub committees including the implementation of specified commencement dates throughout the year which would enable all staff commencing on a particular date to undergo all mandatory training requirements before undertaking their job roles in wards and departments. The use of other methods of delivery of training including online training was also being evaluated and explored. In response to a question from Jackie Boyle about safer recruitment and the proportion of overseas nationals being employed and therefore not necessarily having a form of Criminal Records Bureau (CRB) check, Neil Carr advised that the majority of overseas nationals were doctors (43% approximately). Claire Barkley advised that all such individuals including medical students were still required to undergo a CRB check and that the Trust worked closely with the Universities from which the students came to ensure this was carried out. In response to a question from Peter Cross about checks on

bank and agency staff, Neil Carr confirmed that the contracts with the small number of agencies used required the checks to be made and that sanctions were applied and staff no longer used, on the rare occasions where issues had been identified. Returning to the subject of adult safeguarding mandatory training, Liz Nicholson advised that this has also been reviewed at the Quality, Effectiveness and Risk Committee at which it has been noted that 62% compliance did not mean that 38% were not trained, since this included staff who had received training but not within the specified period since the previous training had taken place. Pauline Pearsall advised that she was able to access some safeguarding training online and offered to discuss this with Mandy Lee outside of the meeting. Robin Harvey commented that he was impressed with the thematic review and reassured that the identified areas of risk were being addressed but asked whether sufficient attention was given to the problems that often arose with remote services such as mandatory training compliance, when pursuing new business. Neil Carr confirmed that such issues were built into contracts for new and remote services but that it was important to continue to work on the systems and process that needed to be in place to ensure timely verification of local training to enable the Electronic Staff Record (ESR) to accurately reflect compliance. Ron Hilton summarised discussions which had taken place at the Human Resources and Organisational Development Committee to review the requirement for particular staff groups to receive certain types of mandatory training and the frequency of refresher training to determine whether this was too stringent or not. It was agreed that an update on the position with regard to mandatory training specific to adult safeguarding, would be received at the next meeting.

12/12 MEMBERSHIP COUNCIL – PERFORMANCE REVIEW 2011

Tony Price and Alan Snuggs made a presentation on the findings of the performance review and included in the paper an action plan highlighting the improvement areas and progress to date. The action plan was formally approved and it was agreed that it would be monitored on behalf of the Membership Council by the Steering Group.

13/12 ANY OTHER BUSINESS

There was no other business.

14/12 DATE OF NEXT MEETING

Wednesday 18th April 2012 at 5.30pm for 6.15pm-8.30pm. Venue in Shropshire/Telford & Wrekin to be confirmed.

Membership Council Meeting**Agenda Item 4.1****Enc 2**

To: Membership Council

Date: Wednesday 18th April 2012

From: Jane Landick, Company Secretary

Subject: Protocol on Governor Communication with Monitor and the Care Quality Commission (CQC)

1. Background

Following the visit of the Care Quality Commission to the Membership Council at its January 2012 meeting, it was agreed that the arrangements for governor engagement and communication with health and social care regulators should be clarified and formalised through a protocol.

To this end, the protocol was drafted with contributions from Tony Price. The protocol was further refined following feedback from Janet Smith, Governor Member who had attended a workshop on the subject at the Foundation Trust Governors' Association conference in March 2012 and the recently published CQC guidance for foundation trust councils of governors, to ensure that the protocol was consistent with the guidance.

The protocol was discussed and approved at the Governor Steering Group held on 7th March 2012 to be put forward for ratification by the full Membership Council.

2. Recommendation

The Membership Council is asked to ratify the Protocol on Governor Communication with Monitor and the Care Quality Commission (CQC)

Protocol on Governor Communication with Monitor and the Care Quality Commission (CQC)

March 2012

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Stafford
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1. Introduction

South Staffordshire and Shropshire Healthcare NHS Foundation Trust supports and welcomes the engagement of governor members with health and social care regulators in furtherance of patient safety, in achieving and sustaining high quality care and in improving the delivery of services.

This protocol has been developed to expand on the guidance provided by Monitor and the Care Quality Commission and to translate that guidance into the Trust's governance arrangements and deployment through the Membership Council sub committees.

2. Overview

The existence of the Lead Governor and/or Chair does not, in itself, prevent any Governor making contact with Monitor or the CQC directly if they feel it is necessary. However, Governors are recommended to deal with any issues directly with their Board of Directors wherever possible and through the Lead Governor. It is always best to try and resolve issues locally within the Trust in the first instance before considering contacting the regulators at any time, but the consequences will be likely to be referred back to the Trust if prior discussion has not taken place.

3. Monitor

Monitor's role as regulator is to ensure that foundation trusts are well-led, that their leaders are focused on the quality of care patients get and that they are financially strong. When they look at the leadership of a foundation trust they look particularly at whether they are meeting the required quality standards, as judged by the Care Quality Commission, and at the trust's financial strength. They regulate foundation trusts to ensure they comply with their terms of authorisation. These are a set of detailed requirements covering how foundation trusts must operate and include:

- the general requirement to operate effectively, efficiently and economically;
- requirements to meet healthcare targets and national standards; and
- the requirement to cooperate with other NHS organisations.

Governors will generally communicate with Monitor on issues relating to the above via the Trust's Chair. However, there may be instances where it would not be appropriate for the chair to contact Monitor, or for Monitor to contact the chair (for example, in relation to the appointment of the Chair). In such situations, Monitor advises that the Lead Governor should communicate directly with them.

If an NHS Foundation Trust is in significant breach of its terms of authorization (see appendix 1), Monitor will involve the Lead Governor, ensuring that the Membership Council has Monitor's view on the progress the Trust is making in

addressing identified concerns and failings. This should assist the Membership Council in holding the Board of Directors to account.

4. Care Quality Commission

The CQC is the independent regulator of all health and social care services in England charged with making sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety. These revolve around the CQC's essential standards. This protocol should be read in conjunction with the CQC guide for foundation trust council of governors, published in March 2012.

Governors should communicate with the Care Quality Commission (CQC) via the Lead Governor. This should take place when attempts to resolve particular issues with the Trust and the Board of Directors have failed. Agreement on the form of the feedback and communication to the CQC should be via the Lead Governor in discussion with the Performance and Assurance Engagement Group. Officers from the CQC will have an open invitation to attend Performance and Assurance Group meetings and this Group will have the opportunity to agree and send regular reports direct to the CQC as feedback.

Appendix 2 contains guidance from the CQC for Governors and other local groups wishing to engage with them on the views and experiences of people who use the Trust's health and social care services, which should be observed as part of this protocol. In particular, the CQC's top tips for governor engagement with the CQC should be observed as follows:

1. We will expect your council of governors to share information with your board of directors in the first instance.
2. If individual governors wish to share information they have about people's experiences of care, they should discuss this with the council of governors (lead governor). If they decide to share information with us as individual members of the public, they can do this by phoning our enquiry line on 03000 616161, or visiting our website at www.cqc.org.uk to share their own experiences.
3. It helps us if you can match your information to the government's standards of quality and safety. You can relate your information to as many standards as you like.
4. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.
5. We would welcome information at any time, wherever it relates to the standards we check on. You could agree to share some information with your CQC contact, as a matter of course; for example, the minutes of council meetings and those of governor sub-committees where governor findings are discussed.

The Trust will formally report to the Membership Council on any inspection visit undertaken to any of the Trust's locations by the CQC and will ensure that the Performance and Assurance Group have a role to play in the action plans relating to the outcomes from such visits.

5. References:

Monitor: [Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors.](#)

Online form for local groups to use when communicating with the Care Quality Commission: <https://webdataforms.cqc.org.uk/Checkbox/localgroups.aspx>

Care Quality Commission: A Guide for Foundation Trust Councils of Governors (working with the Care Quality Commission)
http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_ft_councils_of_govs.pdf

Appendix 1

Communicating with Monitor about Significant Breaches of Authorisation

Significant breaches of authorisation relate to serious concerns about [financial stability](#) or [governance](#) of the Trust and may result in regulatory action.

Assessing financial risk in NHS Foundation Trusts

Financial risk ratings are allocated using a scorecard which compares key financial information across all Foundation Trusts. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the greatest.

When assessing financial risk, Monitor will assign quarterly and annual risk ratings using a system which looks at four criteria:

1. Achievement of plan;
2. Underlying performance;
3. Financial efficiency; and
4. Liquidity.

The risk rating is forward-looking and is intended to reflect the likelihood of an actual or potential financial breach of the Foundation Trust's terms of authorisation.

Assessing governance risk in NHS Foundation Trusts

Monitor use the term governance to describe the effectiveness of an NHS Foundation Trust's leadership.

Performance measures are used such as whether Foundation Trusts are meeting national targets and standards, e.g. a reduction in MRSA rates, as an indication of this, together with a range of other governance measures described below. We consider these areas when assessing governance risk at Foundation Trusts, as reflected in the [risk ratings](#) which we publish for each Trust:

1. **Legality of constitution** – NHS Foundation Trust constitutions are legal documents that describe how each is governed.
2. **Growing a representative membership** – NHS Foundation Trusts are accountable to their local communities and must have plans in place to develop and grow a representative membership;
3. **Appropriate board roles and structures** - Monitor checks whether the appropriate roles exist and are filled within each NHS Foundation Trust. We also look for evidence that a collaborative but challenging relationship exists between the board of governors and the board of directors, and the executive and non-executive members of the board of directors;

4. **Cooperation with NHS bodies and local authorities** – NHS Foundation Trusts have a duty as part of their terms of authorisation to cooperate with a range of NHS bodies and with local authorities;
5. **Clinical quality** – a board must be satisfied, and certify to Monitor, that their NHS Foundation Trust has effective measures and arrangements in place to monitor and continually improve the quality of healthcare it provides;
6. **Service performance (healthcare targets and standards)** – boards have to confirm to us that plans are in place to ensure that priority targets and standards will be met continually;
7. **Other risk management processes** – boards must address and resolve any risks that have been identified. If issues are outstanding, the board must demonstrate to Monitor that robust plans are in place to address them; and
8. **Provision of mandatory services** - boards have to confirm that they expect to be able to continue to provide mandatory services which are listed in schedules 2 and 3 of their terms of authorisation (the conditions under which they must operate).

Appendix 2

Guidance for Local Groups when Communicating with the Care Quality Commission

Local groups include...

- Foundation Trust Governing Bodies
- Local Involvement Networks (LINks)
- Overview and Scrutiny Committees
- Learning Disability Partnership Boards
- Local Children's Safeguarding Boards

Confidential or personal details such as the names and contact details of patients or staff involved should not be communicated.

The CQC welcomes feedback on the quality of health and adult social care services. This can include information on:

- services that provide good or bad care.
- the views and experiences of people who use care.
- people who have not been listened to by care services.
- recommendations you have made to help providers improve their services.

Information can be sent at any time, regardless of when it took place. However, the CQC particularly welcomes information gathered since 1 April 2009.

Tips for sending feedback to the CQC

- What issues matter most to the group you represent and the people in your community? What points do they want to get across?
- Think about examples of good practice, as well as areas that should be improved.
- Compare the Trust's performance to the essential standards of quality and safety.
- Do you have evidence to back up your information? Evidence such as notes from a meeting or a visit to a service, the results of a local survey, or a set of personal stories, along with dates, are very helpful.
- Do you have any supporting documents you can send? These documents can help us to spot any patterns in health and social care.

Complaints

The CQC cannot investigate individual complaints. If you have a particular complaint about a service, you should contact the provider.

Reporting a safeguarding issue

You should contact your local authority's children or adult social care department if you have an urgent concern about the wellbeing of a child or adult (whether or

not the case is related to a particular health or social care service). You can also contact the Trust's safeguarding lead, Mandy Lee for advice on Tel: 01785 257888 ext 5712. email: mandy.lee@sssft.nhs.uk or secure email: mandy.lee4@nhs.net.

If you don't want to contact your local authority, or if you are finding it difficult to do so, you can contact the CQC on **03000 616161**.

Adult Safeguarding Mandatory Training Update Report

This report will be circulated prior to the meeting, once the inputting of training data for March has been completed.

Membership Council Meeting**Agenda Item 5****Enc 4**

To: Membership Council

Date: Wednesday 18th April 2012

From: Steve Jones, Chairman

Subject: Governor Member Report on Activities, Events and Achievements

1. MEMBERSHIP GROWTH

The Trust now has 15362 members as of 29 March 2012

Public/Service User/Carers - 12117

Staff Numbers = 3245

The graphs in *Appendix 1* provide numeric and demographic detail of new public members received by the Trust for the period 31st December 2012 to 1st April 2012. It also provides a breakdown of:

- Geographic Location (with a second breakdown included of the constituency within each location)
- Ethnicity
- Age Range
- Gender

2. GOVERNOR ENGAGEMENT GROUPS

2.1 Combating Stigma Group

The Trust currently uses the "Time to Change" campaign to promote anti stigma in mental health and also for membership recruitment. The vision of the Combating Stigma Group is to provide an opportunity for engagement and influence on combating stigma

The Combating Stigma Group met on 31st January 2012 and 27th March 2012. The group are currently preparing to submit a bid from Time to Change in partnership with MIND, to fund an Arts project. A Summary of these meetings is attached as Appendix 2 for your information. If you would like a full copy of the minutes please contact the membership office. The group always welcome new members – the next meeting is due to be held on 29th May 2012, please contact the membership office for further details if you would like to attend.

2.2 Performance and Assurance Group

The Assurance & Performance Group continues to seek assurance on key performance areas.

The group met on 9th January 2012. A summary of this meeting is attached as Appendix 3 for your information. If you would like a full copy of the minutes please contact the membership office. The next meeting is scheduled for 5th April 2012 and then 3rd July 2012.

2.3 Strategic Direction Group

The Trust Strategic Direction Group continues to provide Governor Members an opportunity for engagement and influence on the strategic direction of the Trust. The group met on 12th January 2012 and the 19th March 2012. A summary of these meetings is attached as Appendix 4 for your information. If you would like a full copy of the minutes please contact the membership office. The next meeting is scheduled for 17th May 2012.

2.4 Membership Steering Group

The Membership Steering Group has a range of responsibilities including advising on Governor Development and Training, Governor Engagement, ensuring effective Joint Working with the Board of Directors and effective Membership Council Meetings, and monitoring delivery of the Membership Strategy as well as other key tasks. The group met on 7th March 2012 and a summary of this meeting is attached as *Appendix 5* for your information. If you would like a full copy of the minutes please contact the membership office.

2.5 Community Engagement Group

The Community Engagement Group aims engage better with the wider local communities to promote inclusion and reduce health inequalities. We believe that people have different needs, interests and strengths and we will develop opportunities to provide inclusive and holistic services. The group met for the first time on 21st February 2012, a summary of this meeting is attached as Appendix 6 for you information. If you would like a full copy of the minutes please contact the Membership Office.

3. SERVICE USER AND CARER COMMITTEE

The Service User and Carer Committee is a Sub-Committee of the Board of Directors but also has accountability for reporting to the Membership Council and has 2 Governor Members sitting on the Committee (currently Robin Harvey, Public – Service User and Carer and Joe Wickens – Children’s and Staff Governor, AHP). The Committee ensures facilitation, operational delivery and monitoring of the service user and carer involvement agenda throughout the Organisation.

The Service User and Carer Committee was held at the Park Inn in Telford on 14th December 2011. The Service User and Carer Committee met on 8th February 2012. A summary of the meeting is provided for information in *Appendix 7*. For a full copy of the minutes please contact the membership office. The next meeting will take place on 11th April 2012. The Service User and Carer Committee NED is now Sue Nixon and the Executive lead is Theresa Moyes.

4. LEAD GOVERNOR REPORT – TONY PRICE

As I always seem to say in this report, it has been a busy few months! Governors continue to be involved in an impressive range of meetings, initiatives and projects. The Governor Member report provides full details of all activities, events and achievements but I would like to draw attention to the following:

Ambassador Pilots: a number of Governors are involved in these pilot schemes in a range of functions across the Trust. These provide a good opportunity for Governors to engage with Trust activities and there should be some good learning when the pilots report later in the year.

Constituency Meetings: a number of Governors have expressed an interest in holding constituency meetings. The Membership Office are working with several Governors to agree dates, locations and topics during the year. If you are interested in a constituency meeting, please contact the Membership Office.

Nottingham: I spoke to a number of Governors of Nottinghamshire Healthcare Trust in November last year and have been asked to visit them again in June. Nottinghamshire are not a Foundation Trust but are keen to develop their Membership Council and role of their Governors. This is a very interesting conversation and I think we can learn from each other.

Non Executive Director (NED) Recruitment: following the resignation of Robin Pritchard from the Trust Board, Governors have been involved in selection of NED. I have also asked for a review of NED recruitment and selection so that we are confident that we have the most effective and robust process in place

I would like to thank all Governors for their hard work, commitment and involvement and am sure we can face the challenges that face the Trust and NHS as a whole with a positive and constructive outlook.

5. ESSENTIAL STANDARDS REVIEWS

New dates for the programme are due to be circulated to the Membership Council imminently. The outcomes from these visits are reviewed and monitored by Governors through the Performance and Assurance Group. A report on the outcomes of the Essential Standard Reviews is submitted to the Trust Board on monthly basis.

2 Essential Standard Review was conducted on 12th January 2012 by Michael Allen to Newport House, Stafford and Pauline Pearsall to Norbury House, Stafford

2 Essential Standard Reviews were conducted on 23rd February 2012 by Michael Allen to Maple Ward, Shrewsbury and Jenni Hodson to Milford House, Stafford

2 Essential Standard Reviews were conducted on 29th March 2012 by Graham Riley to Whittington Ward, Shrewsbury and Michael Allen to Chebsey House.

6. CLINICAL DIRECTORATE AMBASSADOR SCHEME

Governors will recall that the objectives of this pilot scheme are to:

- Give Governors a deeper insight into the workings of the Trust,
- Encourage Governors to develop some specialist knowledge of an individual Directorate
- Enable Governors to understand the challenges and issues that Directorates face on a daily basis
- Support Governors in having a greater understanding of the Trust so as to contribute more fully to developing the organisation's strategic direction.

Four pilot schemes have now been launched with Governors working with individual directorates as follows:

Learning Disabilities, Telford and Wrekin - Graham Riley

Prison In reach Services- Colin Wilkinson

Psychological Services- Karl Bailey

Facilities and Estates- Michael Allen

A report will be received by the Membership Council in September when the future direction of this scheme will be agreed.

7. VOLUNTEERS

The Trust volunteers programme will be co-ordinated by the Membership Office from the 1st April 2012.

8. FOUNDATION TRUST NETWORK

The Trust have embarked on a project with the FTN featuring online appraisals for Membership Council. The Trust using the basis of the online Membership Council appraisal used last year designed an appraisal currently being piloted by 3 other Trusts. A full report will be submitted to the Membership Council meeting in July 2012.

9. FTGA NATIONAL DEVELOPMENT DAY – 14th MARCH 2012

The event was attended on behalf of the Membership Council by Janet Smith, Regional/National Governor Members who submitted this summary report on the event.

The proceedings were structured around two keynote presentations, a panel debate and breakout sessions covering five key issues.

The first speaker, Sir Bruce Keogh, NHS Medical Director gave an excellent talk, entitled 'A Clash of Expectations', highlighting the reasons for the need for change in the NHS and that the required changes are intended to be implemented through the provisions of the Health and Social Care Bill. He stressed the diverse expectations of interested parties:

- The Public expect healthcare to be UK tax-funded and free at the point of delivery
- Corporate investors expect a fair return
- Government expects value for money

These expectations are challenged in times of hardship and can trigger change.

Information technology will drive the future development of healthcare to benefit patients. It will lead to 24/7 access to information to all, and healthcare will become an information transfer business

Some important points were raised in the panel debate which followed on the changing role of the Governor:

- Governors have a key role in bringing the 'outside' into Foundation Trusts to drive change and challenge rigid mindsets. Good Governors can bring ambition to the Board and should not be viewed simply as guardians
- Under the Health and Social Care Bill, Governors will have more responsibilities, becoming more involved in the decision making process. There is a need for support for Governors to enable them to take on these new roles.
- The focus of the Bill is on consumer-based services. Integration of primary and secondary care is seen as the way to provide better services for less.
- In implementing the new Bill there is the potential for problems during the transition period, particularly with commissioning processes.

The second formal presentation was given by Mike Farrar, Chief Executive of the NHS Federation. He gave an enthusiastic view of the future of the NHS, which will be potentiated by the Health and Social Care Bill, stressing the need to get the public on board.

- There is a clear need for education of and communication with the public, to raise awareness of what the Bill means and to encourage involvement. The advantages of service reconfiguration need to be explained.
- 'Power' within the NHS needs to be thought of in a different way. Power-sharing will become the norm, with collaboration being the key
- Policy will be translated into local requirements, with different solutions in different parts of the country.

- Governors will have a key role as conduits between the public and those managing resources.
- The NHS confederation is to open a register of individuals who would be willing to help set up governance structures.

The day concluded with break out sessions on the following:

- Working with the Care Quality Commission (CQC)
- Lead Governors
- The Mid Staffs story
- The relationship between Governors and non-Executive Directors
- Understanding Clinical Commissioning Groups.

10. MEMBERSHIP RECRUITMENT, ENGAGEMENT AND “TIME TO CHANGE” EVENTS

31st January-1st February 2012

TCAT – Disability Awareness Event

24th March

Liberal-Democrats Conference

A comprehensive programme of events has been established and approved by the Combating Stigma Group – please contact the Membership Office for further details. Your support is encouraged!

11. MEMBERSHIP OFFICE

The membership office now acts as core members of the SURF (Service User Reference Forum), held bi monthly.

Attended:

SURF away day, Stafford, 14th February 2012

Membership Engagement – FTN, London, 21st February 2012

Achieving Behaviour Change, Birmingham, 15th March 2012

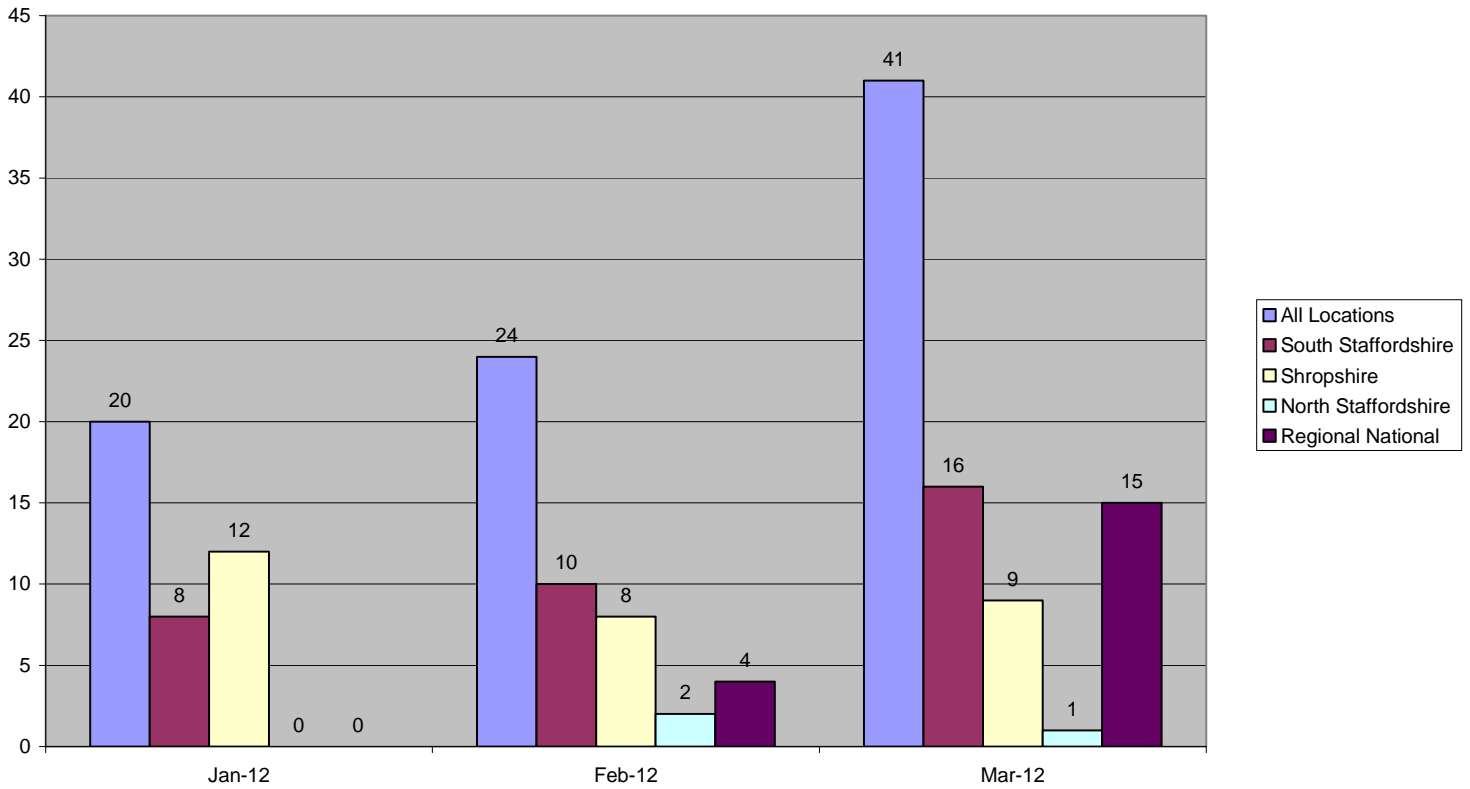
Time to Change Masterclass, Birmingham, 27th March 2012

Healthy College Network, TCAT, 3 February 2012

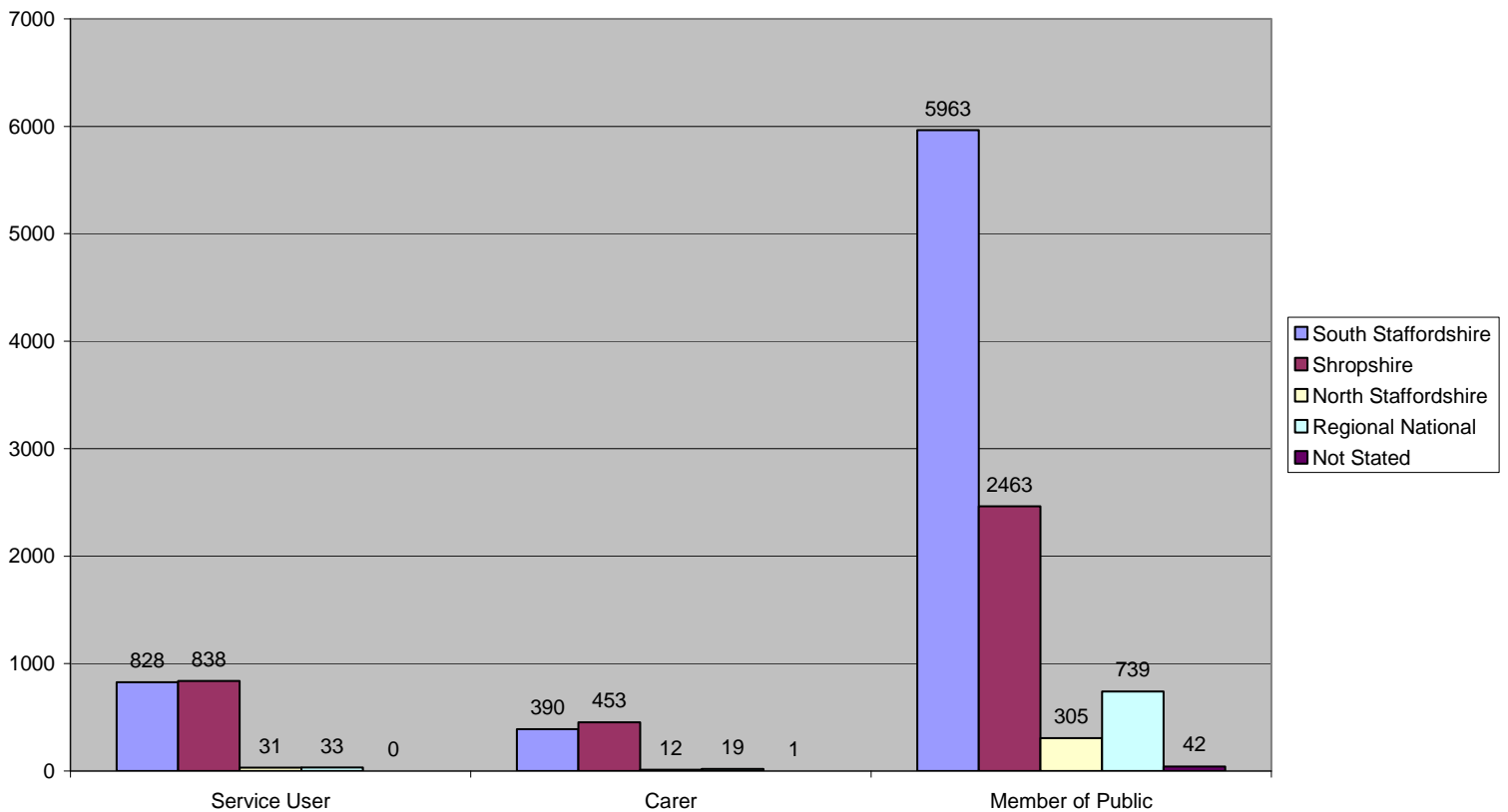
12. BOARD OF DIRECTORS’ UPDATE

A summary report of the Board of Directors meeting held on Thursday 29th March 2012 is enclosed as appendix 8.

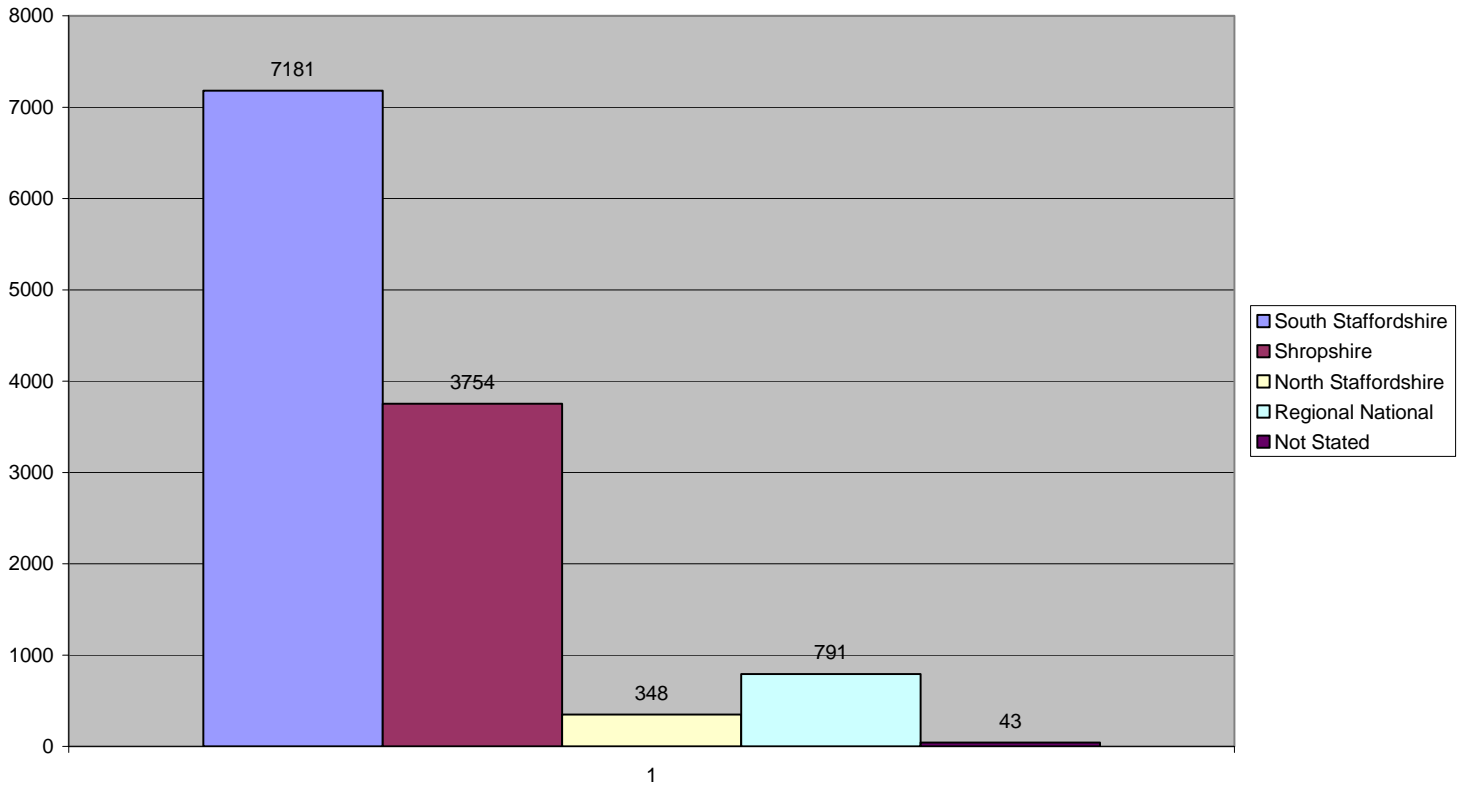
New Members 1st April 2011 to 31st June 2011



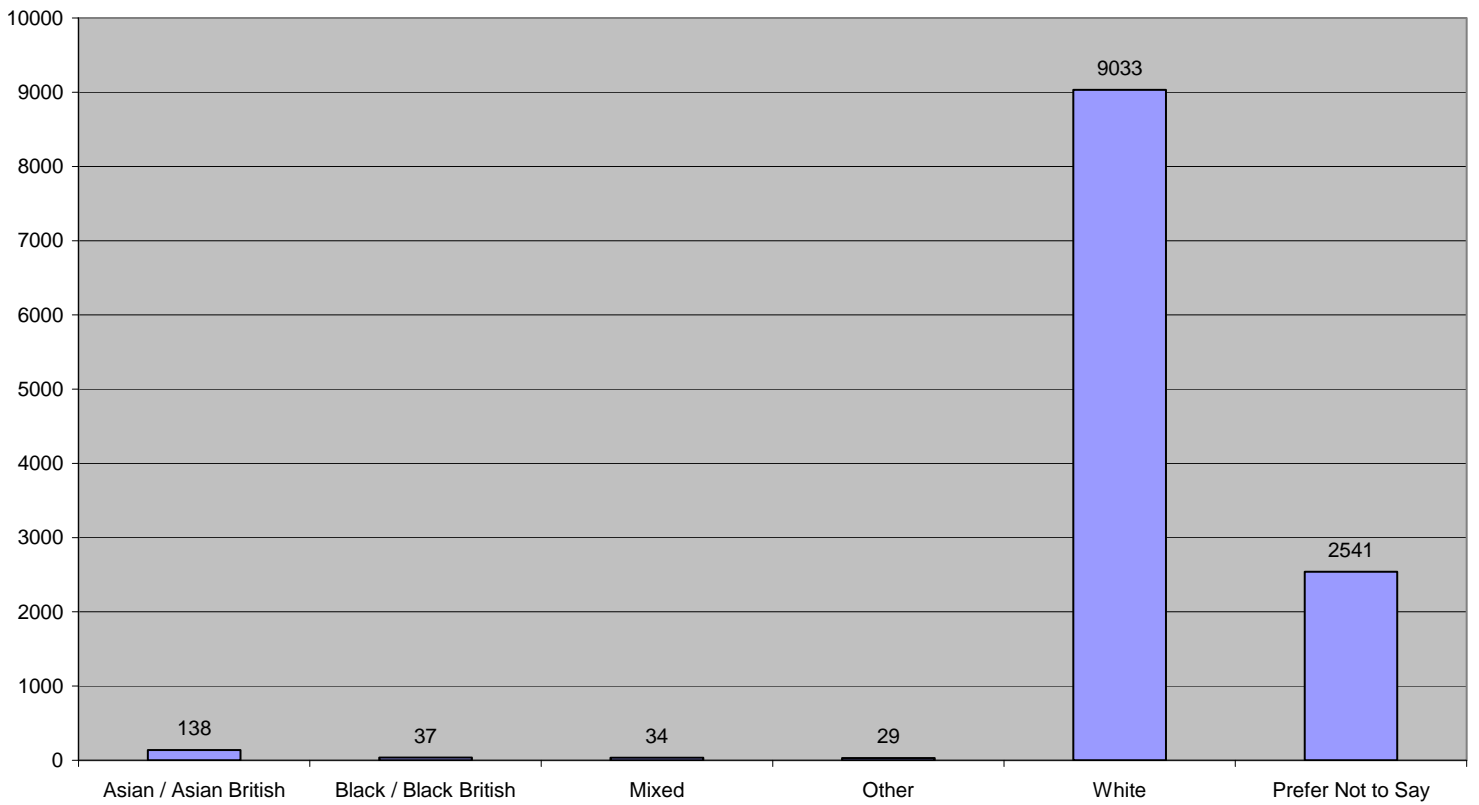
Geographical Breakdown of Membership (exc Staff)



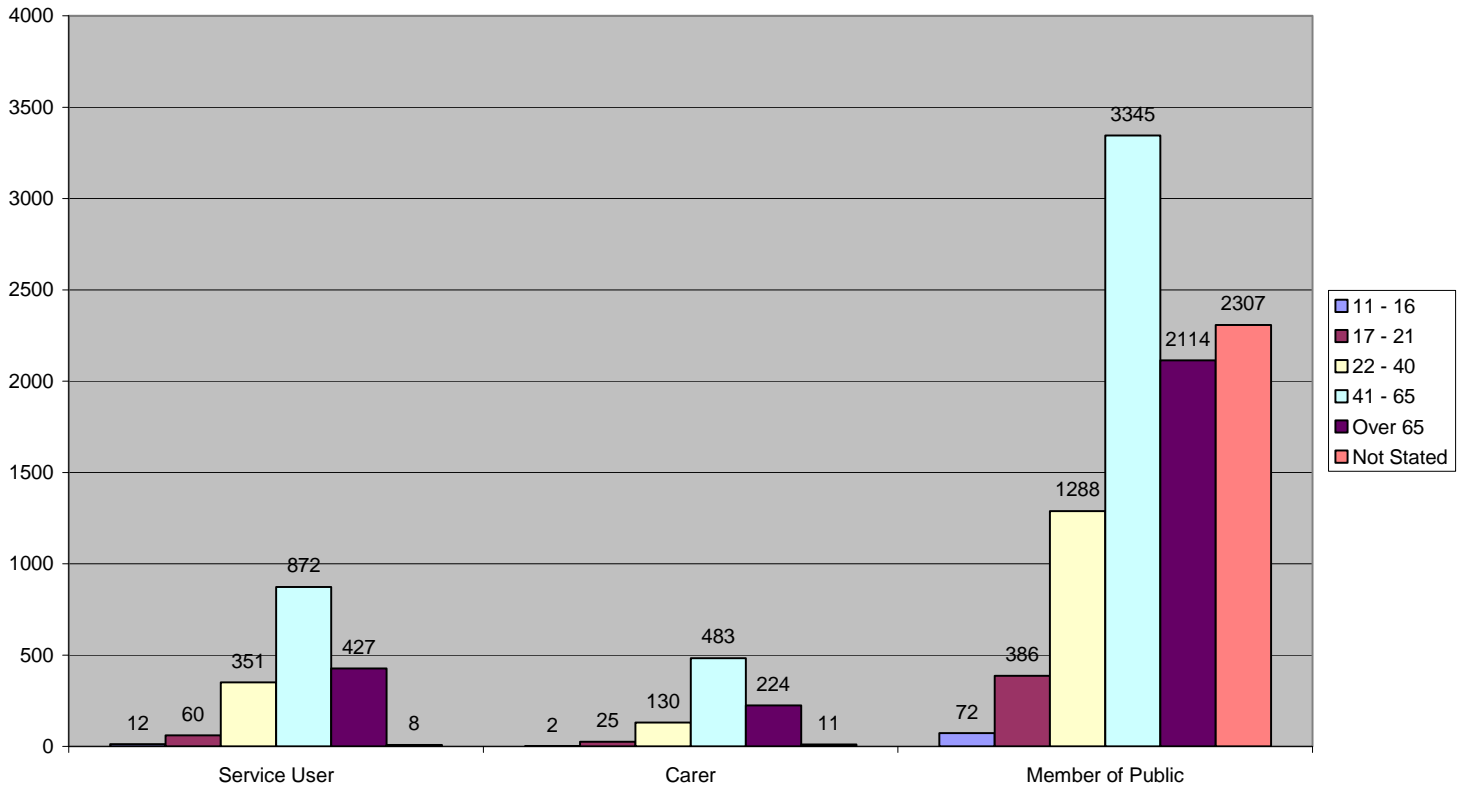
Geographic Breakdown 2 (Exc Staff)



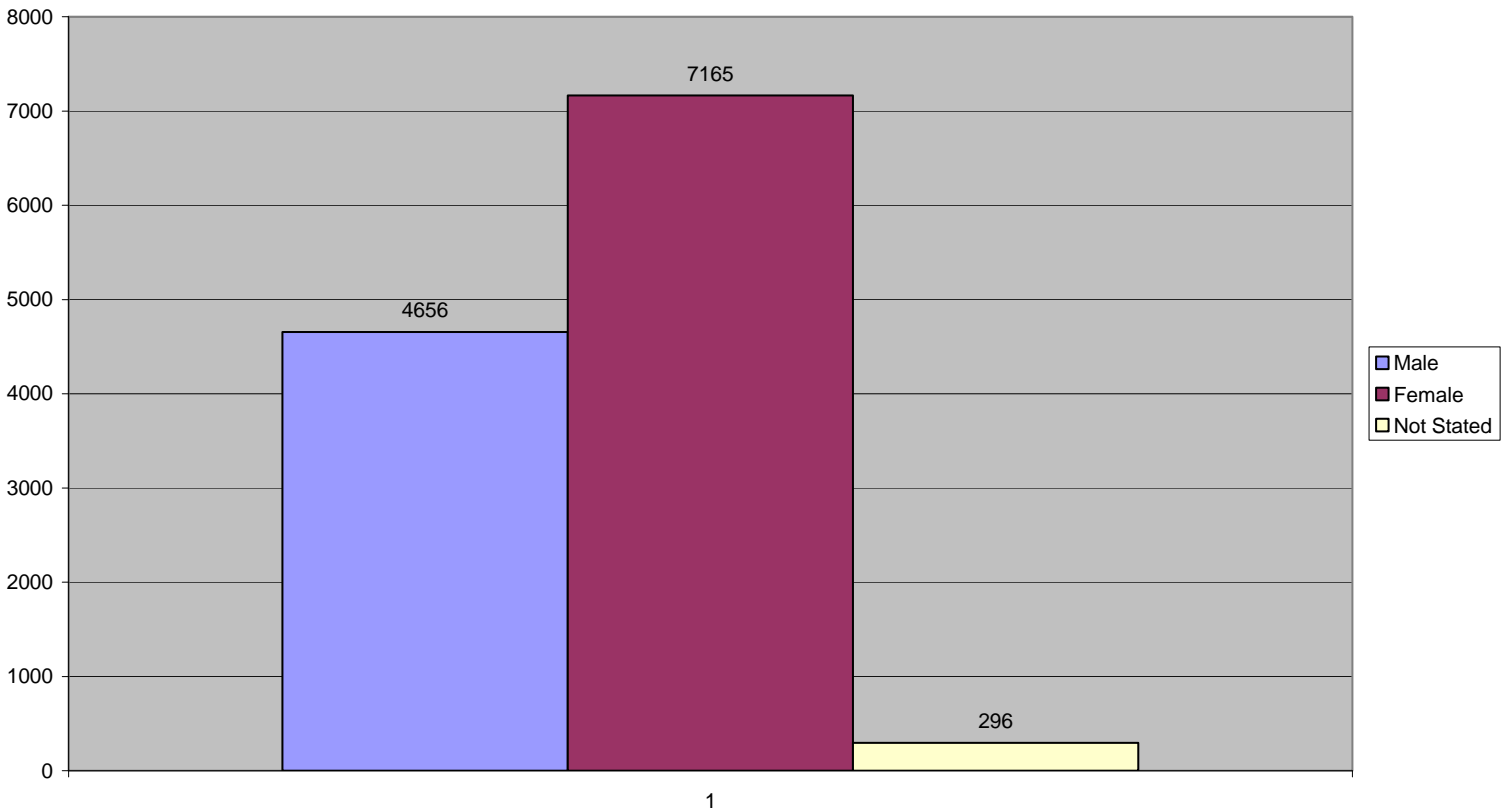
Ethnic Group Breakdown



Age Range Breakdown



Gender Breakdown (Exc Staff)



Report to:	Membership Council
Date:	18 th April 2012
Title:	Combating Stigma Group – 31 st January 2012
Report of:	Michael Allen, Chair of Combating Stigma Group

Summary:

The Combating Stigma Group aims to provide an opportunity for engagement and Influence on combating stigma. Full minutes are available from the Membership Office.

Key Points

- The group received an updated on the latest activities by the communications teams, including the Brockington Mother and Baby Units Christmas appeal and the Shelton Hospital Heritage project
- The group were informed that the 2012 Annual Members and Annual General meeting will be held at the new Redwoods Centre in Shrewsbury on 12th and 13th September 2012
- Steve Jones gave an update on the Time to Change Grants fund application and the proposed public art show. The group agreed to go ahead with the application for a grant to support the art show.
- The group were informed that the 2012 Combating Stigma questionnaire would be included in the latest POD magazine and were asked to encourage people to complete it.
- The group were asked to think of ways in which the new Trust combating stigma DVD could be used.
- The group were asked to submit different shows and events which could be attended in 2012 to promote the campaign
- Enrique Mateu raised an issue around a new legislation which entitles patients to receive copies of letters/reports/referrals from their GP/Specialist. Due to the complex way in which GPs/Specialist write, it can be difficult for patients who may have a learning disability, dementia or is a foreign national.

- Enrique Mateu informed the group that he has written a report in response to the South Staffordshire bed reduction consultation and will keep the group updated on any developments following his report
- The group thanked the Membership Office for their support and communications.

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18 th April 2012
Title:	Combating Stigma Group – 27 th March 2012
Report of:	Michael Allen, Chair of Combating Stigma Group

Summary:

The Combating Stigma Group aims to provide an opportunity for engagement and influence on combating stigma. Full minutes are available from the Membership Office.

Key Points

- The group were informed of a recent news article printed in the Burton Mail, which stigmatises mental health. Martin Evans and Tony Price have written to the Burton Mail to pass on their disappointment at the style of journalism used.
- Enrique Mateu told the group that following the consultation on bed reduction in South Staffordshire, he has been made aware that the Margaret Stanhope Centre will close in 6 months time. Enrique also mentioned that he has not yet received a response from the PCT in regards to his report.
- The group were informed that the Time to Change grants fund application will be delayed until round 2 in the summer.
- The Trust will be working in partnership with Mid Staffs MIND on the application
- The group reviewed the list of shows and events for 2012 and agreed on which should be booked and which shows and events Governor Members were able to attend.
- Enrique Mateu provided an update on an issue he previously raised with the group around GPs and Specialist and requirement for them to send copies of letters/reports/referrals to the patient

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18 th April 2012
Title:	Assurance & Performance Group – 9 th January 2012
Report of:	Tony Price, Chair of Assurance & Performance Group

Summary:

The Assurance & Performance Group continues to seek assurance on key performance areas. Full minutes are available from the Membership Office

Key Points

- The group met for an extra ordinary meeting to discuss Safeguarding training
- Mandy Lee, Safeguarding Consultant Practitioner gave a detailed presentation outlining the Trust's approach to safeguarding of Adults and Children.
- Following the presentation, the group asked a series of questions around safeguarding. Mandy Lee informed the group that Safeguarding training is mandatory for all Staff, but the level of training received is dependent on their job.
- The group agreed that a long term solution is require to address the issue.
- Tony concluded that although the Trust is making good progress with safeguarding compliance, he suggested that the way forward would be send a letter to the Chairman highlighting the Governors concerns and asking that there is a clear indication from the Board on what will be done to resolve the issue. The group agreed with this.
- The group thanked Mandy Lee for her attendance and commended the work that is currently being done

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18 th April 2012
Title:	Trust Strategic Direction Governor Engagement Group – 12 th January 2012
Report of:	Andrew Millward, Chair of Trust Strategic Direction Governor Engagement Group

Summary:

The Trust Strategic Direction Group continues to provide Governor Members an opportunity for engagement and influence on the strategic direction of the Trust

Key Points

- Andrew briefed the group on the new meeting arrangements for 2012; the Trust Strategic Direction group will meet on a bi-monthly basis with the agenda covering the environmental scan and one key topic.
- Steve Grange went through the Environmental Scan with the group. The group were updated on the Trusts Monitor risk rating, informed the Strategic Health Authority has a new Chief Executive (Neil McKay) and the new CQUIN's.
- The group were informed that 2 new Divisional Director posts will be created; these posts will merge the current 5 clinical director posts into a Divisional Director of Mental Health and a Divisional Director of Specialist Services.
- Steve Grange spoke to the group about the Trusts Business Plan and where the Trust wants to be in 12 months time.
- The group created a list of topics which they wished to discuss throughout 2012.

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18 th April 2012
Title:	Trust Strategic Direction Governor Engagement Group – 19 th March 2012
Report of:	Andrew Millward, Chair of Trust Strategic Direction Governor Engagement Group

Summary:

The Trust Strategic Direction Group continues to provide Governor Members an opportunity for engagement and influence on the strategic direction of the Trust

Key Points

- Steve Grange went through the Environmental Scan with the group. The group were informed on the Trusts Monitor risk rating, updated on the new Redwoods centre,
- Jenny informed the group that the Membership Office will be heading volunteers from 1st April 2012
- Steve Grange gave a presentation around the Trusts Strategy 2016, informing the group of the Trusts priorities for 2012/13 and discussing the Trusts Business Plan and Strategic Direction for 2012/12
- The group discussed the new Divisional Director appointment
- The meeting plan was discussed and topics for each meeting were agreed

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18 th April 2012
Title:	Membership Steering Group – 7 th March 2012
Report of:	Steve Jones, Chair

Summary:

The Membership Steering Group ensure that clear development plans are in place for all Governor Members to enable them to understand and fulfil their roles as individual Governor Members and as a Membership Council. Full minutes are available from the Membership Office

Key Points

- The group received an update with regards to the joint initiative with the Foundation Trust Network
- The group reviewed the Membership Council Meeting (January 2012)
- The group confirmed the agenda for the April 2012 Membership Council Meeting
- The group received a briefing/lead governor update from Tony Price
- The group received engagement group updates including an update of the new Community Engagement Group chaired by Ravi Bhakhri
- The group were informed that the Annual Members Meeting and Annual General Meeting would be held on 12th and 13th September 2012 respectively at the Redwoods Centre Shropshire
- The group discussed the most appropriate way to recruit to the 2 vacant seats on the Membership Steering Group
- The group were updated to the status of the Membership Strategy Implementation Plan including new projects and initiatives
- The group received an update to the current status of the Governor Directorate Liaison Scheme
- The group approved the proposed Governor development plan
- The group approved the proposed Protocol for Membership Engagement with the CQC

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18 th April 2012
Title:	Community Engagement Group – 21 st February 2012
Report of:	Ravi Bhakhri, Chair of the Community Engagement Group

Summary:

The Community Engagement group aims to engage better with the wider local communities to promote inclusion and reduce inequalities.

Key Points

- Ravi Bhakhri welcomed everyone to the first Community Engagement group and a round of introductions was made.
- 37 people were in attendance; this was made up of Governors Members, Staff, Partner Organisations, Carers, and Service Users.
- The group reviewed the purpose of the group document and made comment on what they would like to see in the document.
- The group approved the terms of reference, subject to an increase in the quorum to 7.
- Novlette Balela gave a presentation to the group on Equality and Diversity, focusing on the Equality Act 2012 and the Equality Delivery System (EDS)
- Ravi Bhakhri informed the group of the South Staffordshire constituency meeting on 27th April 2012.
- The group were invited to forward any suggestions for future agenda items to the Membership Office
- Enrique Mateu informed the group that he has written a report in response to the South Staffordshire bed reduction consultation and will keep the group updated on any developments following his report
- The group was informed of the Service User and Carer Involvement Celebration Day being held on May 3rd 2012 at the Learning Centre

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18 th April 2012
Title:	Service User and Carer Committee Report on meeting of February 8th 2012
Report of:	Sue Nixon, Chair, Service User and Carer Committee

Summary:

The Service User and Carer Committee continues to receive reports and provide assurance to the Board against its work programme via a summary report submitted to the Board after each bi-monthly meeting. The Committee also reports to the Membership Council. Full minutes are available upon request to the Membership Office.

Key Points

- The meeting was chaired for the first time by Sue Nixon, newly appointed Non-Executive Director. The new executive lead for involvement, Therèsa Moyes helped to facilitate. Good wishes for the future were received from Susie Green.
- Prior to the meeting, people were asked to write challenges, successes and ideas for the sub-committee on post it notes, and put them on the wall. This was to identify key themes for future meetings.
- Summary reports from the Patient Information Reference Group, Involvement Operational Group and Service User Experience Group were provided.
- There was a discussion about the away day held in December 2011. The opportunity to review how we run this committee was valued and a more informal approach and realistic agenda (time-wise) were amongst the suggestions. Feedback from the day will affect the format of future meetings.
- The consultation process on the revision of the Service User and Carer Involvement Strategy was discussed and the committee approved it to go forward to the Trust Board.
- The post-it notes feedback was reviewed and some good ideas were identified, including workshops as a quarterly feature, clarity about who attendees are representing and working sub-groups addressing specific issues.
- An update was given on the progress made in measuring the patient experience through establishing standards and monitoring for ward inpatient meetings and recording service user feedback on Values Exchange.
- The Celebration Day for service user and carer involvement hosted by the Sub-committee will be held on May 3rd 2012 and the Service User and Carer Awards to be launched shortly, will be an important part of the event.
- The point was made that this sub-committee does not take the place of directorate involvement forums – that its focus should be strategic and Trust-wide.
- There was an opportunity to comment on the success of the meeting at the end. The commitment to work on the challenges presented was appreciated. So were the refreshments from Food 4 Thought.

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Report to:	Membership Council
Date:	18th April 2012
Title:	Board of Directors Meeting: 29th March 2012

Summary:

The full minutes of all board meetings and papers are available on the website at <http://www.southstaffsandshropshealthcareft.nhs.uk/Partnership/Board-Meetings/Default/General-Information.aspx>. They can also be obtained from the Membership Office.

Agenda Items

- Trust Assurance Report
- Modernisation of Mental Health Services in Shropshire/ Telford & Wrekin
- Margaret Stanhope Centre Consultation Outcome
- Public Sector Equality Duty Compliance Report
- Eliminating Mixed Sex Accommodation / Delivering Single Sex Accommodation Compliance Report
- Monitor NHS Provider Licence Briefing
- Functionalisation Update Report
- Organisational Development Review Report
- West Midlands Quality Review Report

Decisions taken

- The Prescription Form and Security Policy and the Equality and Diversity Policy were ratified
- The “eliminating mixed sex accommodation” declaration was agreed for publication on the Trust website.
- The Thematic Review on Privacy and Dignity was agreed to be aligned with a new title “Thematic Review - Eliminating Mixed-Sex Accommodation”.
- Action was agreed to recognise the high performing teams and services identified in the West Midlands Quality Review.
- The risks to be added, removed and updated with respect to the Trust Risk Register were agreed subject to amended wording of the risk description relating to RQHS26.
- The Trust Assurance Plan was approved subject to amendments identified for the next iteration.
- The equality objectives were approved for publication on the Trust website.
- It was agreed to submit a response to Monitor’s consultation on the licencing regime.
- The decision taken at the Finance and Performance Committee with respect to the procurement of the clinical information system was formally ratified.

Recommendation

The Membership Council is asked to note the report.

Governor Training and Development Programme

1. Introduction

The Trust has given a commitment to ensure that all Governors are skilled in the role that they are undertaking. The Trust is also committed to ensuring that Governors are equipped to deal with any future changes in role and to ensure that as a Trust we stay in the national forefront of Governor training and development.

In order that this is achieved, a training programme has been developed incorporating feedback from Governors, the recent annual performance review, new requirements associated with likely changes from the new Health and Social Care Bill and potential personal development opportunities highlighted by Governors. The changes proposed in the new Health and Social Care Bill would enhance the Governor role but not until 2016 at the earliest.

2. Key Principles

The following principles have been taken into account whilst producing this training programme.

- Where possible training / briefing events will take place away from dates already allocated for formal meetings
- Training / briefing events will, where possible, be linked to alleviate the need for more time commitment
- There will be clear identification of COMPULSORY and OPTIONAL training
- Dedicated Development Days identified for information sharing and networking opportunities
- There is acknowledgment that some Governors have already received extensive training in other organisations
- Where possible, in house training programmes will be offered or key staff identified to deliver briefings, where this is not possible external sources will be utilised
- Additional 'mop up' dates will be programmed as and when there is a requirement to allow new Governors and those Governors who have been unable to attend previous sessions the opportunity to receive training
- Compulsory training must be undertaken by Governors within one year of being elected unless by prior agreement by the Trust Chair

- This programme will remain flexible to meet individual governor needs
- The programme will be monitored and reviewed every six months by the Governor Member Steering Group

3. **Compulsory / Optional Training**

The following have been identified as **Compulsory** Training for all Governors:

- Governor Induction
- Financial Management
- PALS and Complaints
- Business Planning and Performance
- Understanding the Constitution and Governance Arrangements
- Understanding the role of Audit and Assurance
- Equality and Diversity
- Attending a Trust induction day
- Attendance at a Trust Board Meeting
- Trust Media approach

The following have been identified as **Optional** Training for Governors:

- Governor Development Days – broad themes
- Mental Health Act Awareness
- Health and Social Care Records
- Information Technology skills
- Infection control (Compulsory if undertaking Essential Standards Reviews)
- Conflict Resolution (Compulsory if undertaking Essential Standards Reviews)
- Safeguarding adults (Compulsory if undertaking Essential Standards Reviews)
- Child protection (Compulsory if undertaking Essential Standards Reviews)
- Recruitment and Selection (Compulsory if part of Nominations Committee)

If more than one date/location is available, Governors may attend the most convenient date or location for themselves.

4. **Compulsory Training Broad Content Information**

Induction

This training is designed to give Governors an overview of the role of a Governor and key information about the Trust and its services. Governors will be given an extensive induction pack as advised by the recent FTN 'Compendium of Good Practice'. Focus will include clarity of role, the role of the Board of Directors, the role of the Lead Governor, the Code of Conduct, the NHS Foundation Trust Code of Governance, Statutory Duties under the 2006 NHS Act, key sub committees of the Membership Council, engagement opportunities such as the ambassador scheme and local constituency meetings as well as national training opportunities. Governors will also be given opportunity to meet the Chair and Lead Governor

Financial Management, Business Planning and Performance

This training is designed to give Governors an: Understanding of the financial context of the NHS and opportunity to explore the complexities of effective financial management in the Trust plus an understanding of the Trust's business planning and performance processes including commissioning. It will include an outline of the role of the Performance and Assurance Governor Engagement Group and the Trust Strategic Direction Governor Engagement Group

PALS and Complaints / Trust Media Approach

This training will inform Governors of the Trust's approach to patient advice and complaints and the media

Understanding the Trust Constitution and the role of Audit / Assurance

This training is designed to give Governors an overview of:

- Key Aspects of the Trust's Constitution and implications for Governors
- Awareness of how the Trust manages risk
- Lessons from Mid Staffs Hospitals
- Role of the Care Quality Commission / Communicating with CQC
- Role of other key regulators
- The essential standards review visits
- The role of the User and Carer Committee
- The role of internal and external audit including appointing external auditors

Equality and Diversity

It is essential that Governors representing the Trust are skilled and informed in Equality and Diversity. All Governors are required to undertake this training unless it can be evidenced that appropriate training outside of the Trust has taken place. The role of the Combating stigma Focus group will also be outlined.

5. Optional Training

These training opportunities are being offered to Governors who wish to enhance their personal development/skills and to assist them in their role as Governors. Though some training is role compulsory. This programme will change as new training and development needs are identified.

Membership Council AGENDA ITEM No. 7 Enc. 6

Document Title:	Equality Act 2010: Trust Equality Objectives
Sponsoring Director:	Greg Moores, Director of HR, OD and Equality
Author(s):	Novlette Balela, Equality & Diversity Lead
Date of Meeting:	18 th April 2012

Trust Board Summary

The Trust maintains a commitment at all levels to Equality and Diversity, and as such is currently compliant with the Equality Act 2010. In order to maintain compliance the Trust is required to publish Equality Objectives for the coming year by 6 April 2012. This paper sets out the Equality Objectives for 2012-13 which were approved by the Trust Board at its meeting on 29th March 2012.

The Trust’s current position

The Trust has a commitment at every level to equality and diversity. As a mental health and learning disability Trust, equality and diversity is our day job. Every day, our patients benefit from services that our tailored to their needs and take account of their differences.

The Trust’s core values also reaffirm its commitment to equality and diversity; putting patients at the centre and meeting their diverse needs is our core business; valuing our staff, ensuring our recruitment process and access to training is fair, is also our core business.

The legal position

In order to be compliant with the Equality Act 2010 the Trust was required to publish equality data, covering both service users and workforce, by 31 January 2012. This data is currently on the Trust’s website. The next requirement is for the Trust to publish Equality Objectives by the 6 April 2012 and this was done.

Our Equality Objectives

1. To continue to improve the safety and quality of life of people in the Trust’s care, across all protected characteristics, by ensuring that the Trust has the systems in place to provide staff with the necessary skills, tools and outcome measures.
2. To ensure that patients across all protected characteristics are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment.

3. To improve the capture, analysis and application of equalities data.
4. To ensure that equality and diversity becomes positioned as a core strategic leadership issue in the Trust Board.

Methodology

In determining the objectives set out above the Trust has reviewed significant amounts of equality data, including service user access data, service user feedback, complaints, and workforce data. Questionnaires were also distributed to service users, staff and governors asking for their views around the Trust's performance in relation to key equalities areas. Using this data, draft objectives were identified which were then presented at the Equality and Diversity Group and the HR, OD and Equalities Sub-Committee.

Next steps

The approved objectives will be published on the Trust's website before 6 April 2012.

The Equality and Diversity Group is meeting on 17 April 2012 to set out actions and define success measures for each of the above objectives. This work will be collated into a Delivery Plan for approval at the May HRODE sub-committee.

The Trust will review its model and approach to delivering equality and diversity in order to meet the objectives set out above.

The Trust will continue analysing data and reviewing evidence to ensure an accurate assessment against the Equality Delivery System grading criteria; the outcome of this will be presented to the Trust Board in May 2012.

Recommendations


The Membership Council is asked to:

- **Note** the Trust's Equality Objectives
- **Support** the delivery of the equality objectives through the Community Engagement Group and the Combating Stigma Group.

South Staffordshire and Shropshire Healthcare **NHS**
NHS Foundation Trust

Equality Delivery System and the Equality Act 2010

Novlette Balela OBE
Equality and Diversity Lead



South Staffordshire and Shropshire Healthcare **NHS**
NHS Foundation Trust

The Equality Act 2010


Section 149 of the Equality Act 2010 to have due regard to the need to:

General Duty – April 2011

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

Specific duties – September 2011


- To publish information on its workforce and services to its service users by 31st January 2012
- To publish Equality Objectives by 6th April 2012 then every four years
- Demonstrate compliance with the Equality Duty in April 2013 then annually

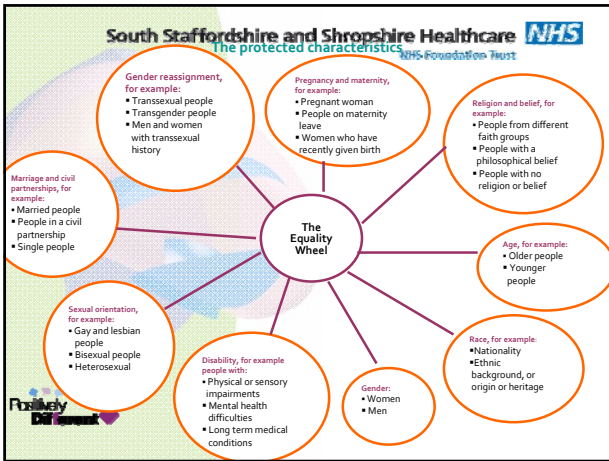


South Staffordshire and Shropshire Healthcare **NHS**
NHS Foundation Trust

Information to demonstrate compliance

- Workforce information broken down by race, disability, gender and age
- Likely representation on sexual orientation, religion or belief
- Issues for transsexual staff
- Success rates of job applicants
- Take-up of training opportunities
- Application for promotion and success rates
- Applications for flexible working and success rates
- Return-to-work rates after maternity leave
- Grievance and dismissal
- Reasons for termination e.g. redundancy and retirement
- Length of service/time on pay grade
- Information on gender pay gap across all protected groups





South Staffordshire and Shropshire Healthcare NHS
The EDS

- ☐ Led by the DH and NHS Equality and Diversity Council (2009) and chaired by Sir David Nicholson
- ☐ The Equality Delivery System (EDS) is designed to improve equality performance and embed equality performance into mainstream business.
- ☐ Assurance tool to deliver services that are personal, fair and diverse and that promotes continuous improvement
- ☐ Aligned with the Equality Act 2010, the Human Rights Act 1998, The CQC Essential Standards, the NHS Constitution

South Staffordshire and Shropshire Healthcare NHS
What it delivers

- ☐ Help and retain a focus on the NHS deliver on the government's commitment to fairness and personalisation and equality during transition
- ☐ Improve consistency by providing a national equalities framework for local adaptation
- ☐ Deliver better/more consistent equality performance
- ☐ Help organisations to respond to the Equality act 2010
- ☐ Support NHS commissioners plan for the needs of their communities
- ☐ Help NHS providers respond better to CQC registration requirements

The key stages of the process

- ❑ **Step one – Governance and partnership working** confirm governance arrangements and partnership working with service users, carers, governors, members, staff, communities, JSP, local authorities
- ❑ **Step two - Identify local interests** to be involved in implementing the EDS and review evidence sources
- ❑ **Step three – Assemble evidence for analysing** equality performance and setting priorities
- ❑ **Step four – Agree roles with local authority** to be part of LINKs/ Healthwatch, Health and Wellbeing Boards
- ❑ **Step five - Analyse performance** working with local interest organisations/groups, JSP to analyse and grade performance against the EDS outcomes and setting equality objectives



The key stages of the EDS process

- ❑ **Step six – Agree grades** an overall grade for each outcome, including variations between protected groups and performance across services
- ❑ **Step seven - Prepare equality objectives** select and publish no more than five equality objectives and mainstreamed as part of the business planning process
- ❑ **Step eight – Integrate equality objectives into mainstream business planning** actions arising from the equality objectives are mainstreamed into business planning processes
- ❑ **Step nine – Publish grades and equality objectives** grades are published locally in annual reports and shared with local interest groups/ organisations



The Four EDS Objectives

This will include 18 outcomes under the objectives

- ❑ **Better health outcomes for all – Lead to be identified**
Achieves improvements in patient health and safety for all based on comprehensive evidence of needs and results
- ❑ **Improved patient access and experience – Lead TBI**
Improve accessibility and information, deliver the right service that are targeted, useful, useable and used to improve patient experience
- ❑ **Empowered, engaged and well-supported staff – Lead Greg Moores**
Increase diversity and quality of the working lives of the paid and non paid workforce, supporting all staff to better respond to patients' and communities' needs
- ❑ **Inclusive leadership at all levels- Lead Alex Brett**
Ensure that throughout the Trust, equality is everyone's business, expected to take an active part, supported by the work of specialist equality leaders and champions



The Grades

For each outcome, one of four grades can be chosen, and related to a RAG rating:

- Purple – Excelling
- Green – Achieving
- Amber – Developing
- Red – Underdeveloped

Continuous improvement is prompted by the grades



Benefits of grading

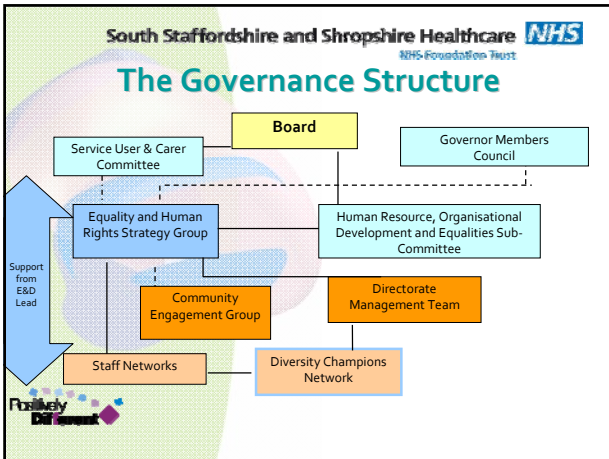
- The delivery of positive outcomes for protected groups and encourage continuous improvement
- Recognition of inequalities between protected groups, service users or staff and how gaps can be reduced
- Good engagement with service users, communities and carers and staff from protected groups
- The use of best available evidence and good practice examples to inform service and workforce developments
- Tackling health inequalities for disadvantaged groups and inequalities for protected groups are addressed
- Dealing with, reporting on, equality as part of mainstream business and work relating to QIPP, Monitor and NHS Integrated Plans



Regulatory framework

- The **Government Equalities Office (GEO)** – is responsible for the legislative framework
- The **Equality and Human Rights Commission (EHRC)** – is responsible for regulating, monitoring and enforcing the equality legislation, including the duty in relation to the following:
 - Monitoring** – published equality information during February
 - Compliance** – working with organisations to endure preventative or remedial action
 - Enforcement** – undertaking assessments of compliance against the duty
 - Civil society** – accountable to the public and stakeholders on performance
 - Inspectorates** – consider the Trust performance on equality e.g. CQC, Monitor etc.

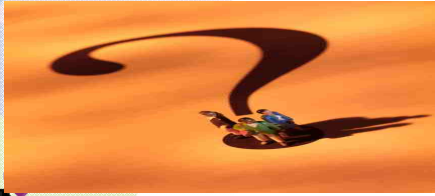




- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- ## Key challenges
- Integrating EDS across all functions of the organisation
 - Gathering, analysing and publishing service user and workforce data across across all the protected characteristics
 - Identifying new partnerships with the voluntary and community sector which are involved in the grading and decision making processes
 - Developing new training and development programmes that support the implementation of EDS
 - Providing relevant and timely support for DMT's to implement the EDS (Equality and Diversity Lead, Diversity Champions, Governor Members, Voluntary and Community and Engagement Workers)
 - Identifying resources that supports the implementation of the EDS with DMT's
- Positively Different

- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- ## What next
- 26th January - Board approve the EDS Action Plan and Governance structure
 - 31st January 2012 – evidence from the data on the workforce and service users are published on the website
 - 8th February 2012 – HRODE approve the equality data to be published
 - 31st March 2012 – Grades completed and objectives for 2012-2013 agreed by the Board
 - 6th April 2012 – Equality objective is published on the website
 - 30th June 2012 - Equality Action plan developed and approved by the Board
 - September 2012 – EDS workshop/event organised for special interest groups, communities, staff, service users and carers
 - November 2012 – EDS integrated into Performance Plus and Performance Management Sessions
 - From 2012/2013 - EDS reviewed and NHS Commissioning Board considers next steps
 - March 2013 – the EDS Action plan and Equality Act requirements are reviewed
- Positively Different

Any questions



Partnership
Differences

Membership Council Meeting

Agenda Item 9

Enc 7

To: Membership Council
Date: Wednesday 18th April 2012
From: Neil Carr, Chief Executive
Subject: Environmental Scan – April 2012

Base Safe and Risks	Policy and Politics
<ul style="list-style-type: none"> • Monitor compliance ratings • Care Quality Commission ratings • Shelton modernisation update • Revalidation of Doctors • Functionalisation deployment • Clinical Director appointments • Trust strategy 2012/13 update • Board and Foundation Management Team away time • Staff Satisfaction • Trust Organisational Development Strategy 2012/13 • Trust Commercial Strategy priorities • Private patient cap - impacts and direction • PCT Disinvestment plans and progress • Cost Improvement Plan and challenges • Margaret Stanhope Centre – outcome of consultation • Clinical Commissioning Group formation • Workforce planning processes / workforce plans • Estate strategy and rationalisation programme - hub and spoke models • Information systems and review of requirements and specification - new system • Contracts- renewals 2012/13 and offers • NHS operating framework 2012 impacts and DH/SHA expectations • Contract performance - delivery against targets / contract compliance • CQUIN delivery against target • Quality, Innovation, Productivity and Prevention (QIPP) progress • Cluster priorities and cluster wide plans • Rapid Assessment Interface and Discharge (RAID) service development • New SHA arrangements and reporting • Leadership Café • GP Liaison and partnerships 	<ul style="list-style-type: none"> • NHS future reform - ministerial position and statements • NHS Staff shrinkage - lack of clarity and challenges on quality • CCG funding variations • Royal Assent for Health Bill • Role of the NHS Commissioning Board • NHS Commissioning Board leadership appointments • Dr Foster campaign including "present to admission" • David Flory new role - Head of the NTDA • Economic profile for London providers looks poor - significant challenges by 2015 • CQC regulator measures on outcomes • Mid Staffordshire inquiry - progress • PCT commissioning handover / CCG formation and structures • Aspirant foundation trust sign off process and monitor capacity • Quality, Innovation, Productivity and Prevention (QIPP) agenda and deployment - local implications on service • Single operating model agreed for clusters • Department of Health capital fund allocation and turnaround process • Revalidation and limited resources to support full service • Payment by Results in Mental Health - timescales and impacts on service lines • Improving Access to Psychological Therapies (IAPT) national review and lack of deployment nationally • Veterans healthcare agenda and partnership models for MOD/DoH • Alcohol treatment gap recognised and under review • NHS Staff Satisfaction survey • Introduction of Quadrant commissioning (specialist services) • Gender discrimination and EDS profile • NHS leadership academy

<ul style="list-style-type: none"> • Eliminating Mixed Sex Accommodation Declaration • Annual General Meeting and Annual Members Meeting 2012 • Monitor Annual Plan 2012/13 • Annual Report 2011/12 • Executive and Senior Manager Ward visit programme • Children's services review • Mandatory training compliance and performance • Staff engagement plans 2012/13 	<ul style="list-style-type: none"> • NHS information reform • Healthwatch national roll out
Service Users, Carers, Governors & Members	Business and Market Place
<ul style="list-style-type: none"> • The Trust has 15373 members as of 22 March 2012 • Membership Office and Governors attended Exemplar Employer meeting on 20th February 2012 • Membership Office facilitated Community Engagement Group attended by members, service users and carers, Governors and staff on 21st February 2012 • Membership Steering Group held on 7th March 2012 • Trust Strategic Direction Governor Engagement Group held at the learning Centre on 19th March 2012 • Staff Awards 2012 planning meeting on 20th February 2012 • FTN conference – Membership Engagement in London on 21st February 2012 • SURF meeting in Cannock on 1st March 2012 • Membership office met with Mid Staffs Mind with regards to Time to Change bid and volunteering opportunities on 7th March 2012 • Membership office and PPI attended Corporate Facilitation Meeting on 14th March 2012 • Achieving behaviour Change seminar in Birmingham on 15th March 2012 • Governors, Membership office and PPI attended Spirituality Strategic Group meeting on 20th March 2012 at Trust HQ • Governors attended the Spirituality operational group meeting on 15th March 2012 • Joint project – online Membership Council Appraisal with the FTN is live • Governor attendance at FTGA National Development Day in London on 14th March 2012 • 2 ESRs were conducted on 23rd February 2012 by Enrique Mateu and Michael Allen • Membership Council voted to establish the top indicator for the Quality Accounts 2011/2012 • Attended Sustain Conference Service Users Conference. • Service User and carer Operational Group meeting held. • Linking PPI into Spirituality Steering Group. • Service User and Carer Celebration Day to be held on 3rd May 2012. • Service User and Carer Awards to be presented at the Celebration Day. Nomination forms have been distributed • Linking PPI to Equality and Human Rights strategy group. • Promoting service user and carer focus groups on Acute Care Pathway 30th March. 	<ul style="list-style-type: none"> • 141 FTs – 41 mental health style • 112 trusts in the FT pipeline • Large transactions – politics and actions • Combined Healthcare FT application • Tenders and business cases process - process and corporate alignment • Trust Strategic 5 areas of growth - deployment • Development of commercial capacity • Private patient cap - restrictions changed - cap debate • Business planning process and business plans • Investment policy changes • IAPT tenders (national) - progression of tenders / timescales • Baseline assessments on market intelligence complete • Market share / competitor analysis 2012/13 complete • Drug and alcohol tenders - progress • Prison contracts - renewal processes • Rapid access and treatment - tender extended • MOD Veterans Network - launch of a national and West Midlands Network MOD contract renewal process - UK MOD and USA AF • MOD application (electronic) - progress • MOD Contract renewal process • MOD BAFG opportunity • League of Friends - partnership work • Prison Partnerships • Risk appetite of directorates - progress and reviews • Day Service Social enterprise models - deployed • Future Jobs Fund opportunities - deployed links to youth contracts being explored • Corporate social responsibility strategy including apprenticeships and corporate citizenship • Continuing care project progress • Out of county budgets - project and next steps • New commissioning regions for Specialist Services • Prime contractor role and model being set nationally • Commissioning strategy aligned to quadrants and new CCG formations • Royal British Legion - partnership work

To: Membership Council

Date: 18th April 2012

From: Steve Jones, Chair, Nominations Committee

Subject: Non Executive Director Appointment

AGENDA ITEM: 11

ENCLOSURE REF: 8

1. STRATEGIC CONTEXT / PURPOSE OF PAPER

A key statutory role for Governor Members is to appoint the Non-Executive Directors and the Chair. In advance of the 23rd February 2012 Board of Directors Meeting, Robin Pritchard, Non Executive Director advised of his intention to resign from this role with immediate effect. To this end, at the 23rd February 2012 Board of Directors meeting the Board made a recommendation to the Nominations Committee to commence a recruitment process for Robin's replacement which would involve as the first step, consideration of the candidate who had come second to Robin in the original recruitment process. In making this recommendation, the Board were mindful of the reasons for Robin's resignation and asked the Nominations Committee to explore in some depth, the candidates suitability for the post in terms of the issues which had prompted his resignation to ensure that his replacement was a good "fit" with the existing Board team and the culture and values of the Trust.

2. RECRUITMENT AND SELECTION PROCESS

2.1 Recruitment and selection process undertaken in May-July 2011

To assist the Membership Council in considering the recommendation of the Nominations Committee with respect to this appointment, the papers submitted to the July 2011 Membership Council are included in this paper to remind governor members of the robust and thorough process undertaken at this time, with the support of Harvey Nash, Recruitment Consultants.

To progress the recruitment to these posts, the Nominations Committee met on the 11th May 2011 to agree a robust and thorough recruitment and re-appointment process to ensure that the relevant knowledge, skills and experience of those seeking appointment are of a high calibre and effectively complement and will add to the Board's existing strengths to create an effective Board team. The minutes of the meeting are attached as appendix 2.

Subsequent to this, Harvey Nash, Recruitment Consultants were formally appointed to handle the recruitment process. A total of 31 applications were received and a further meeting of the Nominations Committee took place on 13th June 2011 to produce a long-list of nine candidates to be subject to 1:1 screening interviews by Peter Reichwald of Harvey Nash (see appendix 3). The results of the interviews were presented to the Nominations Committee at a further meeting held on 27th June 2011, resulting in a final shortlist for interview of five candidates (see appendix 4).

The final stage of the selection process comprised an informal meeting with Board members on 4th July 2011, 1:1 meetings for each candidate with Jayne Deaville, Director of Finance and Performance and Neil Carr, Chief Executive and a formal interview with the Nominations Committee on 4th July (one candidate) and 11th July (four candidates).

Following the interviews on 11th July 2011, the Nominations Committee made a formal recommendation to the Membership Council (appendix 5) and this was approved at the Membership Council meeting on 16th July 2011.

2.2 Additional recruitment and selection process – March 2012

The second place candidate, Srinivas Honap was contacted and he confirmed that he would still be interested in the post. He was then invited for an informal discussion with the Chairman and Roger Craven, Vice Chairman to confirm his commitment to be considered for the appointment and the Nominations Committee were then invited to express their views on whether they wished to re-interview him. All members of the Nominations Committee recalled the candidate to be a strong candidate who they had considered appointable and confirmed that they were keen to re-interview.

The selection process therefore comprised:

- A 1:1 meeting with Jayne Deaville, Director of Finance and Performance, who asked questions to gain assurance with respect to his approach to the issues raised by Robin Pritchard and his general approach to Board team working and governance.
- An informal discussion with Ron Hilton and Peter Woolrich, Non Executive Directors to explore the role of the Non Executive Director in the Trust
- Feedback from both meetings was provided via the Chairman to the Nominations Committee
- The Nominations Committee also received feedback collated from the recruitment and selection process carried out in the summer of 2011 with respect to the candidate, from the Board evaluation session.
- A formal re-interview, again with questions designed to test out the candidate's fit with the Board team and the culture and values of the Trust (see appendix 6)

3. NOMINATIONS COMMITTEE MEMBERSHIP

Steve Jones, Chairman (Chair)
Tony Price (Lead Governor)
Jenni Hodson (Staff Governor)
Andrew Millward (Public/Service User/Carer Governor)

Support was provided to the Committee by:

Jane Landick Company Secretary
Greg Moores, Director of Human Resources, Organisational Development and Equalities

For this appointment – Roger Craven, Vice Chair (as financial expert adviser to the Panel) and Kathryn Taylor, Service User and External Assessor.

4. RECOMMENDATIONS

The Membership Council are asked to:

- Confirm that a fair, transparent and robust recruitment and selection process has been followed.
- Note the minutes of the Nominations Committee meeting (interview) held on 23rd March 2012 (appendix 6).
- Formally approve the recommendation of the Nominations Committee that Srinivas Honap be appointed as Non Executive Director of the Trust for a three year term of office from 1st May 2012 to 30th April 2015

Appendix 1

NON-EXECUTIVE DIRECTOR ROLE DESCRIPTION

The Role

Whilst there is shared and collective responsibility amongst all the Directors for the overall strategic direction and performance of the Trust, all of the Board members are required to scrutinise and challenge their fellow Directors about the information presented, proposals recommended and performance delivered. The Directors must satisfy themselves as to the appropriateness and integrity of the information that comes to the Board, and the effectiveness of the controls and systems that are in place to ensure good governance of the Trust. The Non-Executive is expected to bring fresh perspectives to governance, to reflect his/her wider experience and skill-sets acquired outside of the Trust.

The Non-Executive Director is expected to:

1. Contribute to the development of Trust strategy and to the establishment of challenging objectives and performance targets;
2. Keep abreast of the changing service and the intellectual and policy context, both internal and external to the Trust;
3. Monitor the performance of the Trust and its Executive team, ensuring that reports meet the highest level of integrity;
4. Be assured that the necessary resources are in place for the Trust to meet its objectives and plans;
5. Be assured that controls and information systems are in place to provide reliable and timely information to the Board about both the management and clinical performance of the Trust;
6. Chair or participate in Committees of the Board as required;
7. Chair Appointment Committees for Medical Consultant appointments;
8. Chair hearings relating to a patient's detention under the Mental Health Act;
9. Be assured that the Trust works within the terms of its authorisation and constitution.

The Trust serves a population of 1.1 million with around 3,500 staff and has a turnover in excess of £160 million. Board members need to have an appreciation of the issues surrounding an organisation of this complexity.

Serving on Public Bodies

Non-Executive Directors will also be required to show commitment to the Seven Principles of Public Life, as drawn up by the Committee on Standards in Public Life. These can be viewed at

<http://www.archive.official-documents.co.uk/document/parlment/nolan3/7-prncpl.htm>.

NON-EXECUTIVE DIRECTOR PERSON SPECIFICATION

Experience and Background

The successful candidate must have a demonstrable record of achievement combined with integrity and ideally experience of operating at Board level with an understanding of the issues surrounding a large complex organisation.

The successful candidate will have a finance background with:

- experience of strategic and business planning probably gained from the commercial, corporate banking or consulting environments;
- recent and relevant financial experience including a working knowledge of financial accounts, allied to experience of the way in which larger businesses budget and monitor financial performance;
- an awareness of the principles and practice of risk management and
- a working knowledge of national and international accounting practice.

Personal Characteristics and Competencies

In addition to the above, the successful candidate must:

VALUES

1. Have a strong commitment to the NHS and interest in mental healthcare issues
2. Have a high level of integrity with a strong sense of public responsibility as enshrined in the Nolan principals
3. Have an appreciation of and commitment to the promotion of diversity and equal opportunities a commitment to ensuring that the diversity agenda has high priority in the organisation

KNOWLEDGE

4. Have an understanding of the NHS and the external environment in which it operates
5. Have an understanding of the Foundation Trust organisation and purpose
6. Have an understanding of the Service Users

SKILLS

7. Be an open-minded strategic thinker, able to bring their own experience to bear on issues under discussion;
8. Have very good judgement, coupled with the mental resilience to participate in making difficult evidence-based decisions;
9. Have demonstrable intellectual ability, coupled with commercial and political acumen;
10. Have excellent communication and interpersonal skills;
11. Have good chairing skills;

PERSONAL QUALITIES

12. Be able to operate effectively as a member of the team, constructively challenge the opinions of others, work to achieve a shared consensus and accept collective responsibility and maintain confidentiality on issues raised;
13. Be able to command the trust and respect of colleagues;
14. Be able and willing to spend time preparing for meetings and have demonstrable experience of reading and analysing complex papers and weighing evidence;

It is also desirable to have:

1. Strong capabilities to act as an ambassador on behalf of the Trust;
2. The ability to engage with and influence with a range of stakeholders including Health Professionals, the Local Authority and community groups
3. A good understanding of finance, budgeting and control

The Selection Panel will, in the final analysis, also take into account the full range of candidates' achievements and experience to ensure the best balance of knowledge and skills on the Board and that the Board reflects the community it serves.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Nominations Committee Meeting

Wednesday 11th May 2011

1. **Present:** Roger Craven (Chair)
Tony Price, Lead Governor
Andrew Millward, Governor Member
2. **In attendance:** Jane Landick, Company Secretary
3. **Apologies:** Jenni Hodson, Governor Member
Steve Jones, Chairman
3. **Introduction**

Roger Craven welcomed all those who had dialled in to the teleconference meeting and confirmed attendance.

4. Formal Approval of Board of Directors Recommendations

Jane Landick outlined the paper presented to the Trust Board on 28th April 2011 and advised that two recommendations had been made for approval by the Nominations Committee. Firstly, that the Role Description and Person Specification should remain unchanged, given that a like for like replacement for Richard Moore was required ie. a NED with financial background and knowledge. Secondly, that an external resourcing company would be used to ensure as wide a range of high calibre applicants as possible and to ensure transparency in the process. These two recommendations were formally approved.

5. Selection of External Resourcing Company

Jane Landick advised that she had requested quotations from four companies for consideration by the Committee (three being required under Standing Financial Instructions). It was noted that these had not been received by the Committee Members in advance of the meeting. It was therefore agreed that Jane Landick would summarise the differences between the quotations based on a summary she had prepared for the Roger Craven as Committee Chair. It was further agreed that following the meeting, she would e-mail the quotations to Tony Price and Andrew Millward in order that they could make any further observations and confirm or otherwise, the decision they had made at the meeting based on the verbal summary.

It was agreed that the quotation from Odgers would be discounted on the basis of cost, being more than twice the cost of the other quotations.

Based on the three remaining quotations from ATM, the Appointments Commission and Harvey Nash, the Nominations Committee agreed that the quotation from

Harvey Nash was inclusive and comprehensive and reflected a focus on the specific needs of the Trust and the issues it faced, emphasised a local focus and that the Trust had been well served by the company when used previously. It was also noted that the focus on attracting a diverse field of candidates was a particular strength of the Harvey Nash quotation. Following discussion and questions from Committee Members, it was agreed that the quotation from Harvey Nash should be accepted.

6. Advertising and Additional Costs

The Nominations Committee were asked to consider the approach to be taken to advertising. It was agreed that some limited advertising would be required and that the type of applicant required could potentially be sourced through professional accountancy media. The Committee agreed that Jane Landick should be empowered to discuss options with Harvey Nash to determine the most cost effective solution to attracting the best field of applicants. It was also agreed that the dedicated website for applicants at a reduced cost of £1,500 would be used, subject to feedback from Peter Reichwald of Harvey Nash with respect to the number of hits it attracted last time and whether it was found to be of benefit to applicants.

Post Meeting Note: e-mails were received from Tony Price and Andrew Millward acknowledging receipt of the four quotations and confirming their agreement with their decision at the meeting. Andrew Millward commented further that “we should go also for their microsite as last time but unsure about press adverts.- if we go for any it should be the Sunday Times”. Tony Price commented that he “would like to see some local advertising as well as regional/national. It may be worth asking Governors to identify any networks, groups etc that could be used for advertising/referral to the website”.

7. Date of Next Meeting

Monday 13th June 2011, 10.00am, Room 3, Trust Headquarters

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Nominations Committee Meeting

Monday 13th June 2011

1. **Present:** Steve Jones, Chair
Tony Price, Lead Governor
Andrew Millward, Governor Member
Jenni Hodson, Governor Member

2. **In attendance:** Jane Landick, Company Secretary
Karen Clement, Head of Human Resources
Peter Reichwald, Harvey Nash
Roger Craven, Vice Chair (Advisor to the Panel)

3. **Apologies:** None

4. **Minutes**

The minutes of the Nominations Committee meeting held on 11th May 2011 were approved.

Roger Craven advised that he had been invited to the meeting to provide expert advice to the Nominations Committee with respect to the financial qualifications, knowledge and experience of the individual applicants.

Andrew Millward advised that he had discovered that he lived in the same road as one of the applicants although the individual was not known to him and wished this to be recorded in the minutes.

5. **NED Applications**

Peter Reichwald presented a report on the recruitment process and advised that 31 applications had been received and had been categorised as A, B, C or D. He commented that the ICAEW website and exec.appointments.com had been a good source of applicants although it had been disappointing that despite his best efforts only one application had been received from the corporate banking sector. Notwithstanding this, a high calibre of applications were agreed as having been received.

Members of the Committee confirmed that they had received copies of the applications and were in broad agreement with the categorisation of the applications. It was also agreed that the applicants categorised C and D would be discounted from further consideration and that the remaining A and B candidates considered for long-listing pending screening 1:1 interviews with Peter Reichwald. It was agreed that a key focus for the 1:1 interviews would be seeking assurance on the time commitment

required to undertake the role. It was agreed that the five day commitment stipulated would be insufficient to accommodate the additional requirements of the role associated with preparation for meetings, follow up and responding to e-mails. This additional work was estimated to equate to up to 3 additional days per month.

The Nominations Committee discussed the individual applications categorised A and B and identified nine individuals for the next stage of screening interviews to be completed on 20th/21st June 2011 in advance of the short-listing meeting on 27th June 2011.

Action: Hotel accommodation to be booked for Peter Reichwald for 20-21st June 2011 (JL).

Andrew Millward commended the rigour and professional approach undertaken by Peter Reichwald in presenting the candidates' details for review by the Nominations Committee.

6. Date of Next Meeting

Monday 27th June 2011, 10.30am in Room 3, Trust Headquarters. Roger Craven to participate by telephone.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Nominations Committee Meeting

Monday 27th June 2011

1. **Present:** Steve Jones, Chair
Tony Price, Lead Governor
Andrew Millward, Governor Member
Jenni Hodson, Governor Member
2. **In attendance:** Jane Landick, Company Secretary
Karen Clement, Head of Human Resources
Peter Reichwald, Harvey Nash
Roger Craven, Vice Chair (Expert Advisor) by telephone
3. **Apologies:** None
4. **Minutes**

The minutes of the Nominations Committee meeting held on 13th June 2011 were approved.

5. Longlisted NED Applications

The Nominations Committee confirmed that they had received and reviewed the summaries of the screening interviews and that they were in agreement with Peter Reichwald's recommendation that two of the nine candidates should be discounted from further consideration. Peter Reichwald then presented a summary of the 1:1 screening interviews with each of the remaining seven longlisted candidates of which four had been recommended and three marked as "possible". Steve Jones asked the Nominations Committee their views on each of the candidates and sought the views of Roger Craven as the expert advisor to the Panel. Following discussion, one of the "possible" candidates was added to the four recommended candidates shortlisted for interview.

6. Date of Next Meeting

It was noted that one candidate was unavailable on both 11th and 13th July and a further candidate was unavailable on 13th July.

The arrangements were therefore agreed as follows:

Monday 4 th July	4.00pm	Nominations Committee pre-meet to agree process/questions	Board Room, Trust HQ
	4.30pm	Interview	Board Room, Trust HQ

	5.45pm	Candidates to meet the Board members informally during which time Neil Carr and Jayne Deaville will have 10 minute 1:1s with each candidate	Learning Centre – two rooms required
	7.00pm	Board members to meet privately to provide feedback to Chairman on candidates	Learning Centre
Monday 11 th July	7.45am	Nominations Committee pre-meet	Board Room, Trust HQ
	8.00am	Interviews	
	12 noon	Nominations Committee decision on candidate to be appointed	

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Nominations Committee Meeting (Interviews)

Monday 4th and 11th July 2011

1. **Present** Steve Jones (Chair)
Jenni Hodson, Governor Member
Andrew Millward, Governor Member
Tony Price, Governor Member/Lead Governor

2. **In attendance:** Karen Clement, Head of Human Resources
Joan Monkman, External Assessor/Service User/Carer
Representative
Roger Craven, Expert Adviser to the Panel (11th July
only)

3. **Post Interview Discussion**

At the conclusion of the interviews on 4th July 2011 (one candidate) and 11th July (three candidates) Steve Jones invited Nominations Committee members to reflect on the performance at interview of the applicants and to triangulate this with other sources of information on the candidates.

After considered and in depth discussion, the committee agreed that the strongest candidate was Robin Pritchard. **It was agreed that Srinivas Honap had come a close second and would be appointable in the event that the appointment of the first choice candidate did not materialise.** The other two candidates were only able to evidence some of the competencies required and therefore it was felt that they were not appointable.

It was agreed that references would be obtained for Robin Pritchard and shared with the Nominations Committee members to confirm that their decision remained unchanged.

It was noted that these recommendations would be put to the Membership Council for ratification on Wednesday 20th July 2011 and that the formal offer letters to the successful applicants would be sent out on Thursday 21st July 2011.

Steve Jones concluded the meeting by thanking the Committee members, the external assessors and Peter Reichwald, who it was agreed had provided a professional and expert approach in supporting the recruitment and selection process.

4. **Extension of Term of Office of Roger Craven**

The Nominations Committee received a paper proposing the extension of Roger Craven's term of office from 31st January 2012 to 31st October 2012.

Steve Jones explained that the appointment of Richard Moore as Non Executive Director with expertise in finance in January 2010 was intended to succession plan for the departure of Roger Craven following completion of his current term of office on 31st January 2011. However, in light of Richard Moore's resignation it was proposed to extend Roger Craven's term of office to allow for the newly appointed Non Executive to complete an induction period and to settle into post.

The Nominations Committee were also advised that the end date for the current term of office for Peter Woolrich, Non-Executive Director was 31st October 2012 and it was therefore proposed that for the reasons stated above, and to enable the two appointment/re-appointment processes to be co-ordinated, that Roger Craven's appointment end date should be extended to 31st October 2012 in line with that of Peter Woolrich. Steve Jones advised that the Board of Directors had formally confirmed their confidence in Roger Craven's ability to continue to undertake this post which includes the role of Senior Independent Director at the June 2011 Board meeting. The biographical details, experience and latest appraisal information for Roger Craven were received and noted by the Committee. In response to a question from Andrew Millward about compliance with the Monitor Code of Governance with respect to the maximum total term of office for a Non Executive Director, Jane Landick confirmed that the extension of Roger Craven's term of office remained within this timeframe.

5. Date of Next Meeting

To be confirmed – August/September 2012.

Post Meeting Note:

The references for Robin Pritchard were received on Monday 18th July 2011 and e-mailed to Nominations Committee Members. Confirmation was received from Steve Jones, Andrew Millward and Tony Price (representing a quorate decision) that they considered the references to be excellent and that they were happy to confirm their recommendation of Robin Pritchard as the candidate they wished to appoint.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Nominations Committee Meeting (Interviews)

Friday 23 March 2012

- 1. Present**
 - Steve Jones (Chair)
 - Jenni Hodson, Governor Member
 - Andrew Millward, Governor Member
 - Tony Price, Governor Member/Lead Governor
 - Kathryn Taylor, Service User and Carer Representative

- 2. In attendance:**
 - Greg Moores, Director of HRODE
 - Roger Craven, Expert Adviser to the Panel/Vice Chair
 - Jenny Smit, Membership Manager/Assistant Board Secretary

- 3. Post Interview Discussion**

At the conclusion of the interviews on Friday 23 March 2012 Steve Jones invited Nominations Committee members to reflect on the performance at interview of the applicant and to triangulate this with other sources of information on the candidate including feedback from the meeting with the Finance Director and 2 Non Executive Directors. Greg Moores gave a summary of the background and experience of the candidate.

4. Shrinivas Honap

Shrinivas (known as Shrin) is a Chartered Accountant currently employed by Vodafone plc, where he has worked since 2001. His current post is Head of Risk, reporting directly to the Chief Operating Officer, a post he has held since 2005. This is a wide ranging post, requiring Shrin to lead on matters from customer satisfaction to the management of bad debt. Prior to Vodafone, Shrin held senior audit positions with Egg Financial Services/Prudential and Britannia Airways.

Shrin has not previously worked as a Non-Executive Director, and is not a full member of the Board at Vodafone. As such, his ability to operate as a Board member, and his ability to make the transfer from Executive to Non-Executive, were tested thoroughly at interview. The Committee were satisfied with his responses and noted that although not currently a member of the Vodafone Board, he has worked closely with both Executive and Non-Executive colleagues for some time.

After considered and in depth discussion, the committee agreed that Shrinivas Honap had demonstrated the competencies required for this Non Executive Director post and that Shrin came across as honest, intelligent, and committed. Despite not having worked in the NHS before, Shrin displayed a very good understanding of the health environment and the workings of a Foundation Trust. He also brings the

commercial acumen and awareness required to operate at a senior level in a multi-national such as Vodafone.

The Nominations Committee requested references for Shrinivas Honap to ensure that the references endorsed the discussions following the interview.

5. Recommendations

The Nominations Committee confirmed it was unanimous in its recommendation that Shrin be appointed as a Non-Executive Director to the Trust. It was noted that these recommendations to appoint Shrinivas Honap would be put to the Membership Council for ratification on 18 April 2012 and that subject to their agreement, the formal offer letter to the successful applicant would be sent out following this meeting.

Steve Jones concluded the meeting by thanking the Committee.

6. Date of Next Meeting

To be confirmed – June/July 2012 (end of terms of office for Roger Craven and Peter Woolrich).