

Council of Governors Training

**Wednesday 13th February 2013
4:00pm – 5:30pm**

**Learning Centre and Network
St Georges Hospital
Stafford
ST16 3SR**



Council of Governors Meeting

**Wednesday 13th February 2013
5.00pm for 6.00pm – 7.15pm**

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ENCLOSURE 1

MINUTES OF THE COUNCIL OF GOVERNORS MEETING (THE ANNUAL MEMBERS' MEETING) OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD ON WEDNESDAY 12TH SEPTEMBER 2012 AT 6.00PM IN THE REDWOODS CENTRE, SHREWSBURY

45/12 PRESENT:

Steve Jones	Chair
Michael Allen	Public/Service User/Carer Governor (South Staffs)
Karl Bailey	Public/Service User Carer
Ravi Bhakhri	Public/Service User/Carer Governor (South Staffs)
Jackie Boyle	Public/Service User/Carer Governor (Shropshire)
Mac Cock	Partner
Peter Cross	Public/Service User/Carer Governor (South Staffs)
Lois Dale	Public/Service User/Carer Governor (Shropshire)
Jurai Darongkamas	Staff Governor (Clinical Support)
David Gill	Public/Service User/Carer Governor (Shropshire)
Enrique Mateu	Public/Service User/Carer Governor (South Staffs)
Katy Morris	Staff Governor (Non Clinical Support)
Lilian Owens	Partner
Councillor Simon Jones	Partner
Bridie Oakes-Richards	Partner
Pauline Pearsall	Public/Service User/Carer Governor (South Staffs)
Tony Price	Partner/Deputy Chair and Lead Governor
Graham Riley	Public/Service User/Carer Governor (Shropshire)
Paul Taylor	Partner
Joe Wickens	Staff (AHP)

46/12 IN ATTENDANCE:

Dr Claire Barkley	Medical Director
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Business and Commercial Development
Martin Evans	Head of Communications
Monica Hall	Governor Member Elect
Ron Hilton	Non Executive Director
Andrew Hughes	Project Director, Shropshire/T&W Modernisation Programme
Dorothy Hughes	Member
Lynda Jones	Member
Pete Kendal	Head of IM&T Development
Jane Landick	Company Secretary
Yvonne May	Governor Member Elect
Sue Nixon	Non-Executive Director
Debra Riddle	Member
Steven Riddle	Governor Member Elect
Jenny Smit	Membership Manager
Alan Snuggs	Governor Consultant
Mark Tandy	Governor Member Elect
Luke Thornley	Membership Office Administrator

Fran Virden Governor Member Elect

47/12 APOLOGIES:

Keith Bury	Public/Service User/Carer Governor (South Staffs)
Frances Carlin	Public/Service User/Carer Governor (South Staffs)
Terry Downes	Partner
Dr Maha El-Nadeef	Staff Governor (Medical)
Robin Harvey	Public/Service User/Carer Governor (Shropshire)
Hilary Jones	Partner
Julie James	Public/Service User/Carer Governor (Shropshire)
Councillor Ivan Jennings	Partner
Nick Maslen	Partner
Andrew Millward	Public/Service User/Carer Governor (North Staffs)
Steve Morris	Public/Service User/Carer Governor (South Staffs)
Kathryn Pryce	Public/Service User Carer (Shropshire)
Janet Smith	Public/Service User/Carer Governor (Regional/National)
Colin Wilkinson	Public/Service User/Carer Governor (South Staffs)

48/12 WELCOME

Steve Jones opened the meeting by welcoming all Governors and in particular the re-elected Governors for the South Staffordshire constituency: Michael Allen, Ravi Bhakhri, Steve Morris, Frances Carlin and Colin Wilkinson, for the Shropshire/Telford & Wrekin constituency: Karl Bailey and Robin Harvey, new Governors including for South Staffordshire, Steve Riddle, for Shropshire/Telford & Wrekin, Yvonne May and for North Staffordshire, Monica Hall, Staff (Allied Health Professionals) Fran Virden and Staff (Nursing) Mark Tandy. He also thanked the following outgoing governors for their significant contributions during the course of their terms of office: Andrew Millward, Kathryn Pryce, Joe Wickens, Jenni Hodson, and Keith Bury. Steve Jones also welcomed and sincerely thanked Andrew Hughes, Project Director for the Shelton hospital redevelopment programme who had been instrumental in delivering The Redwoods Centre, on time and slightly under budget.

He also welcomed the evening's speakers and all others present including members, Executive and Non Executive Directors and staff.

49/12 MINUTES

The minutes of the Membership Council Meeting held on 18th July 2012 were agreed as a true and accurate record of the meeting.

50/12 MATTERS ARISING

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

Page	Item	Action
3	Steering Group	Election process to commence in October 2012

	membership	(post election)
3	Internal and External Audit workshop to be arranged	This will be arranged following the appointment of the new External Auditors
4	Equality and Diversity (E&D) Strategy	Neil Brimblecombe advised that the Trust's approach to equality and diversity was outlined in the Human Resources, Organisational Development and Equalities Strategy which was currently out to consultation and which had been developed with the involvement of governor members. Based on recommendations from the external review, the approach to E&D would in future be to move away from the concept of leads and champions towards ensuring that E&D was embedded in the day to day work of Divisions. This would be achieved through oversight by a strategic group including governors and chaired by a Non Executive Director and through the appointment of two new posts, one working in support of Divisions in the delivery of what will be termed in future, the diversity and respect agenda, and one part-time post focusing on community engagement.
4	Project Group to oversee closure of Margaret Stanhope Centre	Neil Brimblecombe advised that two meetings had been held to brief governors on the project and that Pauline Pearsall, Enrique Mateu and Steve Morris had been involved. He advised that the anticipated closure had been brought forward from the end of October, in agreement with local commissioners in light of the remaining patients having been discharged. Neil Brimblecombe confirmed that the commissioning board overseeing the closure had required stringent quality measures be achieved and that these had been met in full. It was noted that one further meeting was in the process of being arranged with governors to provide assurance that a robust process had been followed in order to achieve the closure of the unit.
6	Strategic Direction Engagement Group Chair	Confirmed as Dave Gill
7	Safeguarding Training	Steve Jones advised that Mandy Lee had provided feedback on the issue raised at the previous meeting by Keith Bury and had confirmed that the criteria which determined that safeguarding training is mandatory is based on national, statutory guidance and did include people who do not work directly with children but who for example may engage with parents. The list of attendees was sent to the individual

		<p>delivering the training by the Training Department a few days prior, so if staff book on after the list has been sent out, their names would not appear on the list but their attendance would be recorded. It was noted that people could also attend the training where it was not a mandatory requirement but where they wished to do so for personal development or in connection with an educational programme, subject to agreement by their line manager.</p>
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Action: Further update on Steering Group Membership (TP), Audit Workshops (JS) and Margaret Stanhope Centre closure (NB) to next meeting.

51/12 GOVERNOR MEMBERS' REPORT

Tony Price presented the report and commenced by adding his welcome to the new governors and his thanks to the outgoing governors. Summary reports were received and noted for the following committees and sub groups and additional comment was provided by Chairs as detailed.

a) Combating Stigma Engagement Group

Michael Allen reported that the bid for a grant to support a local arts project had been submitted for Time to Change funding, in partnership with MIND. Members of the group also continued to attend events and shows to promote the group's core message and the work of the Trust.

b) Performance and Assurance Engagement Group:

Tony Price reported that two meetings had taken place on 3rd July and 6th September at which the Trust performance reports had been reviewed in detail. At future meetings, the group would be looking at the Values Exchange and the Trust's IT Strategy.

c) Strategic Direction Engagement Group

d) Service User and Carer Committee Update

Sue Nixon reported that more service users and carers were attending and that good discussions were taking place.

e) Community Engagement Group

f) Steering Group

g) Board Meetings

The summary report for July 2012 was received and noted. Tony Price reminded governors that the full minutes were available on the website or available via the Membership Office.

h) Membership Council Self Assessment and Appraisal

Tony Price thanked governors who had returned their questionnaires. It was noted that a 54% response rate had been achieved which was an improvement on the previous year but further improvement was required. He reported that the findings were very positive in all areas and that a key issue for governors was ensuring the delivery of training and development for governors to ensure that they were equipped for the new roles and responsibilities arising from the Health and Social Care Act. It was noted that a full report on the results of the self assessment would be provided to the next meeting.

Action: Full report to January 2013 Council of Governors Meeting (AS/TP)

i) Other Issues

Ambassador Scheme: Tony Price thanked governors who had been and continued to be part of the ambassador scheme and advised that a full report would be brought to the January 2013 meeting along with recommendations for the future of this initiative.

Regional Development Day: Tony Price highlighted the event on 18th October 2012 in Kettering which was being organised for Mental Health and Learning Disability Trusts across east and west midlands trusts and the east of England. It was noted that it would be focusing on the new Health and Social Care Act as well as the Mental Health Framework and that each Trust had four free places for Governors. Steve Jones and Ravi Bhakhri were both running workshops.

52/12 THE REDWOODS CENTRE

Steve Jones described the opening of The Redwoods Centre as an historic event which had taken almost 60 years to achieve and which had been the objective of the Trust when it took over the provision of mental health and learning disability services in Shropshire/Telford and Wrekin in 2007. Whilst being a high valuing building for staff and service users, he emphasised that the modernisation programme was not just about buildings, but the provision of care closer to homes and communities with less reliance on in-patient beds. He paid tribute to the involvement of service users, carers, staff, governors, clinicians and other key stakeholders in the design and build of The Redwoods Centre, about which everyone could be proud to have been part of. He advised that patients would be transferring to the Centre on 23rd September 2012, at which point Shelton would close. He then invited comments and feedback from governors. Dave Gill described a superb, state of the art building and paid tribute to the obvious enthusiasm of staff. Tony Price described the Centre as open, light, airy and welcoming with a very positive feel to it and fit for care in the 21st century. Yvonne May commented that as a local resident, she had seen the Centre develop and grow and that she was proud to have it on her doorstep. Michael Allen described the Centre as being like a modern hotel, commended the public access to the site and the absence of the dark shadows that were evident at Shelton Hospital. Lois Dale commented that the staff involvement in the design of the new hospital helped ownership of it. Claire Barkley commented that she was impressed by the attention to detail, the sense of light and space, the artwork and the less restrictive feel of the Centre, which was important to service users in secure services. She

advised that it would be important to maintain the standards of décor and ensure everything was maintained in its current state.

53/12 ANNUAL REPORTS AND ACCOUNTS AND QUALITY ACCOUNTS 2011/12

The meeting received a presentation from Jayne Deaville, Director of Finance and Performance on the Trust's performance during the 12 months to April 2012 and formally received the Annual Report and Accounts and the Quality Accounts for 2011/12.

54/12 AMENDMENTS TO THE CONSTITUTION

Jane Landick presented a paper detailing the required changes to the Trust Constitution arising from parts of the Health and Social Care Act which were due to come into force from 1st October 2012. She advised that the changes reflected the wording which was mandated in the model core constitution published by Monitor and confirmed that there was therefore no scope for amendment. In response to a question from Peter Cross about the internal processes that would need to be in place to ensure compliance with paragraph 17.7 of the revised Constitution, Steve Grange advised that the process would involve discussion and agreement through the Strategic Direction Engagement Group and the Business Development and Investment Sub Committee of the Board and that these committees would be asked to review how they discharge this new responsibility. In response to a question from Tony Price about the further constitutional changes required to reflect the parts of the Act which were due to come into force from 1st April 2013, Jane Landick advised that once further guidance was received from Monitor, this work would commence and that a sub group of governors would be invited to review and comment on aspects of the changes where there was a discretionary element.

Action: Further constitutional amendments (JL)

55/12 APPOINTMENT OF THE EXTERNAL AUDITORS TO THE TRUST

Tony Price presented a paper summarising the process that had been followed with respect to the appointment of External Auditors to the Trust following the end of the current contract and Monitor's recommendation that market testing should take place at least once every five years. He advised that the existing auditors, KPMG and PWC had submitted tenders for this contract and that three governors had been part of the selection panel to review the tenders against the criteria set out in the Audit Code for NHS Foundation Trusts. He advised that both submissions had fully met the criteria but that the price variation was significant and that PWC's submission offered better value for money. In response to a question from Lois Dale, Jayne Deaville confirmed that if a KPMG auditor moved to PWC, they would not be eligible to provide external audit services to the Trust. The Council of Governors formally approved the Audit Committee's recommendation to appoint Price Waterhouse Coopers plc as the Trust's External Auditors for 3 years, with an option to extend to 5 years subject to satisfactory

performance and price and requested the Director of Finance to compose a letter to Monitor confirming this change for the Lead Governor to sign.

Action: Notification to Monitor (JD/TP)

56/12 AUDITOR'S REPORT 2011/12

In the absence of the External Auditors, Jayne Deaville presented the report summarizing the work of the external audit function during 2011/12, which required them to review and report on the financial statements of the Foundation Trust (the accounts) and to determine whether proper arrangements are in place to secure economy, efficiency and effectiveness (value for money) in the use of resources. She advised that the auditors reports were very positive and that a 'limited assurance' opinion on the content of the Quality Report contained within the Annual Report had been received. It was also noted that the Trust had not been the subject of any public interest reports during the reporting period. The Council of Governors received and noted KPMG's Audit Highlights Memorandum 2011/12 and KPMG's report on External Assurance on the Quality Report 2011/12.

57/11 IT STRATEGY

Pete Kendal, Head of IM&T Development gave a presentation on how the recent NHS Information Strategy "The Power of Information" was being interpreted locally to support the operational changes being made within the Trust and how local systems are changing to meet the requirements of service users, staff and monitoring organisations in the provision of information to support better clinical practice. He concluded with a timeline providing indicative timescales for the major changes underway. In response to a question from Ravi Bhakhri, Pete Kendal confirmed that discussions were being held with social care staff and local authorities to ensure effective information sharing and alignment of clinical information systems from April 2013. He advised that meetings had been taking place that day between the technical support staff and operational staff and that a dedicated manager had been designated to take forward this element of the project demonstrating the political will and commitment to the provision of the technical expertise required to deliver this key part of the project. Peter Cross asked whether disaster recovery plans were in place surrounding this project and Pete Kendal confirmed that the relevant quality controls were in place and that no records would be destroyed until it could be confirmed that it was safe to do so. Pete Kendal summarised the use and benefits of the mobile technologies that were being deployed including the use of mobile thermal printers, which would enable service users to have care plans printed out for them in their own homes. In response to a question about the approach to staff training required, Pete Kendal advised that a 'just in time' model was being adopted which would include interactive training videos in 10-15 minute blocks which would be easier to deliver and would limit the time away from clinical roles. It was noted that this approach would be used in addition to more traditional methods of training delivery. In response to a question from Tony Price about the cost and whether the technology was 'rural proofed' in terms of its ability to be used in wi-fi free areas, Pete Kendal advised that the anticipated savings would be significant, particularly in terms of the cost of storage and management of manual health records and that this would

help offset the cost of £1.8m for the new system. It was also noted that the recurrent cost of the existing system was £100k per annum. With respect to the second part of the question, he advised that the technology incorporated an off-line module which would enable data to be entered and then uploaded automatically once the device was in range of a network. Lois Dale referred to a government announcement made that day with respect to ‘rural proofing’ and the release of a toolkit and offered to be involved in this aspect of the project. In response to a question from Yvonne May about the social return on investment, Pete Kendal commented that the biggest benefit would be in the inter-operability between the different systems and in particular with local authorities. The Council of Governors agreed to receive a further update report in April 2013 against the timelines contained within the report.

Action: Update report on April 2013 Council of Governors agenda (JL/PK)

58/11 ANY OTHER BUSINESS

59/11.1 Extraordinary Council of Governors Meeting

Steve Jones advised that this meeting would take place on Tuesday 30th October 2012 from 4.00pm at the Park Inn, Forgegate, Telford with the principle purpose being to approve the Nominations Committee recommendations with regards to the recruitment of two new Non Executive Directors (NED). He advised that the opportunity would also be taken to include a training session to prepare governors for their new role and for governors to meet informally and also with the Chairman.

He asked that Governors confirm their attendance at this meeting as soon as possible since it was important that in order to approve the NED appointments, the meeting must be quorate.

Action: Confirmation of attendance/apologies (All)

60/12 REPORT OF THE REMUNERATION COMMITTEE

All those with the exception of Governor Members and the Company Secretary left the meeting, the remainder of which was chaired by Tony Price.

Tony Price summarised the work of the Remuneration Committee and its role in reviewing and monitoring the performance of the Chairman and Non Executive Directors and of reviewing their remuneration and terms and conditions. He reported on an improved response rate to the Chairman’s appraisal questionnaire and thanked governors who had returned them. A continuing high standard of performance from both the Chairman and Non Executive Directors was reported and it was noted that an additional item had been added to the appraisal reporting template this time, to include reference to Non Executive engagement with governors. With respect to remuneration, Tony Price advised that the committee had made comparisons across the rest of the NHS and the mental health and foundation trust sectors in particular as well as within the Trust itself and that as a consequence had made no recommendation for any increase in the remuneration received or any adjustment for inflation. He was keen to emphasise, however, that this did not reflect the high regard in which both Chairman and Non Executive Directors were held. The Council of Governors received and noted the minutes of

the Non Executive Director Remuneration Committee for 22nd June 2012 and 28th August 2012 along with the appraisal summary reports for the Chairman and Non Executive Directors. The recommendation of the Non Executive Director Remuneration Committee that no adjustment or inflationary increase should be paid to the Chairman and Non Executive Directors for 2012/13 was formally approved. The Council of Governors also formally approved the recommendation of the Non Executive Director Remuneration Committee that with effect from 1st October 2012, both the Vice Chair and Audit Chair will receive £3,235 per annum in addition to the basic NED remuneration and that no specific time commitment should be allocated to the roles. Tony Price advised that this decision was based on the position taken by other Trusts and the opinion of the current postholder.

61/11 ANY OTHER BUSINESS

61/11.1 Extraordinary Council of Governors Meeting

Graham Riley encouraged governors to attend this meeting since it included an opportunity for an informal meeting of governors where views could be shared and feedback given to the Trust. Peter Cross commented that the Francis Report was expected to have been published by this date and that the opportunity could be taken to explore any potential implications for the Trust.

61/11.2 Introductions

A round of introductions was held for the benefit of new governors and it was agreed that this had been a useful exercise. It was suggested that photographs could be included in the contact list for governors.

62/12 DATE OF NEXT MEETING

Wednesday 23rd January 2013 in the Learning Centre, St George's Hospital, Stafford.

Dates for 2013:

Wednesday 24th April 2013

Wednesday 24th July 2013

Wednesday 18th September 2013

Council of Governors Meeting Agenda Item 4 Enc 2

To: Council of Governors
Date: Wednesday 23 January 2013
From: Steve Jones, Chairman
Subject: Governor Member Report on Activities, Events and Achievements

1. MEMBERSHIP GROWTH

The Trust now has 14881 members as of 31 December 2012

Public/Service User/Carers – 11498

Staff – 3383

The graphs in *Appendix 1* provide numeric and demographic detail of new public members received by the Trust for the period 1 October 2012 to 31 December 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 to actively recruit new members. The vision of the Combating Stigma Group has been to provide an opportunity for engagement with members and communities and to influence on combating stigma. The group aimed to:

- To support the Trust in combating stigma
- To be engaged and provide an external strategic focus on the direction of travel of the ‘Combating Stigma Campaign’
- To evaluate and provide comments on the progress of the campaign
- To inform the general population on mental health
- To raise the awareness of staff on stigma and the campaign
- To promote equality and diversity

The Combating Stigma Group met on 25 September and 27 November 2012 at TCAT College, Telford. 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. After detailed discussions the group decided that this would be the last Combating Stigma meeting in this form. The Combating Stigma group will merge with

the Community Engagement group and will continue to deliver the Combating Stigma Campaign.

2.2 Performance and Assurance Group

The Assurance & Performance Group continues to seek assurance on key performance areas, where the Trust provides Governors with assurance regarding the Trust's performance. The group aims:

- To play an integral part in the Annual Quality Accounts process by commenting on how the Trust is performing against the essential standards of quality and safety as set out in current CQC registration regulations

The group met on 6 September 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 group also met on 9 January 2013– minutes will be circulated in due course. This engagement group is open to all members so we would encourage you to attend.

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 aims:

- To support the Trust Board's decisions to be commercially competent in strategic direction
- To be engaged and provide an external strategic focus on the direction of travel of the organisation
- To evaluate and provide mitigates to the risks associated with the above

The group met on 19 November 2012. A summary of the meeting held on 19 November 2012 is attached as Appendix 4 for your information. If you would like a full copy of the minutes please contact the membership office. The group also met on 15 January 2013 and the minutes will be circulated in due course. The next meeting is scheduled for 5 March 2013.

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 Council of Governors Meetings, and monitoring delivery of the Membership Strategy as well as other key tasks.

The membership steering group also been reformed and the terms of reference updated and approved.

The group met on 28 November 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 aims to actively work together with other health providers, local authorities, businesses, members, service user and carer groups, Voluntary and Community Sector groups and the wider community to give people a voice and make sure that everyone is treated fairly.

The group met on 11 October 2012, at Park Inn Telford; 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. The next meeting is scheduled for 14 February 2013, in Stafford.

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 Council of Governors and has 2 Governor Members sitting on the Committee (currently Robin Harvey, Public, Service User and Carer Governor). 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 met on 10 October 2012 and 12 December 2012. A summary of the October meeting is provided for information in Appendix 7. For full copies of the minutes please contact the membership office. The next meeting will take place on 13 February 2013. The Service User and Carer Committee NED is Sue Nixon and the Executive lead is Theresa Moyes.

4. LEAD GOVERNOR REPORT – TONY PRICE

Regional Governor Development Event

Five of our governors attended a Regional Governor Development event on 18 October was organised by Alan Snuggs and the East Midlands Leadership Academy.

The event involved 16 mental health and learning disability trusts and was attended by 70 governors. The event focussed on the new Governor responsibilities under the new Health and Social Care Act. Five workshops were offered in the afternoon and Ravi Bhakhri and Steve Jones led one of the workshop sessions with a clear focus on community engagement. The workshop was interactive and prompted discussions from Governors in how they can engage their communities with particular regard for the Equality Act and protected characteristics. Steve Jones and Ravi Bhakhri then took part in a panel debate alongside two legal experts from Mills and Reeves and Capsticks and Mike Cooke, CEO of Nottinghamshire Healthcare Trust. This event is likely to be repeated in the autumn of 2013.

“The training day enabled me as a Governor Member to meet and learn from the experiences of other Governor Members across the Midlands. The workshops that I attended included a particularly illuminating workshop about mergers and acquisitions, which really helped me to understand the differences and appreciate the likely impacts on Trusts of the range of scenarios”.

Lois Dale – Public, Service User/Carer Governor, Shropshire Telford and Wrekin.

5. ESSENTIAL STANDARDS REVIEWS

The aim of the Essential Standards Reviews is to provide a simple and transparent “no surprises” process, in keeping with our current performance development “culture”, which leaves detailed performance monitoring and management where it should be, with the local managers and other planned inspection routines, but which enables us to give clear feedback on key themes likely to impact on the quality of care we provide.

The following Essential Standards Reviews have been carried out:

24th September 2012

Graham Riley – Oak House

Pauline Pearsall and Janet Smith – George Bryan East Wing

31st October 2012

Ravi Bhakhri – Castle Lodge

Michael Allen – Kinver Centre

6th December 2012

Jacki Boyle – Brocton House

Paul Taylor – Holly Ward, Redwoods

6. DIRECTORATE AMBASSADOR SCHEME

This scheme, initially set up as a pilot provides many opportunities such as:

- 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

7. VOLUNTEERS

2 volunteer placements within crisis teams (Staffordshire), to assist in the delivery of patient experience feedback have been successfully recruited to.

The updated volunteer policy will be available for consultation in the near future and will reflect current legislation and changes as advised by NHS employers.

8. MEMBERSHIP RECRUITMENT, ENGAGEMENT AND "TIME TO CHANGE" EVENTS AND MEMBERSHIP OFFICE

- Governor inductions complete
- Governor 1-1 meetings commenced
- Membership team away day (December 2012)
- Time to change and combating stigma information made available at 2 CASS road shows, supported by the Membership office
- Michael Allen attended and presented at a staff event for Staffordshire and Stoke Partnership Trust to talk about the role of governors and their impact on organisations
- Combating Stigma stand at TCAT (College) for their Christmas Safety week

Planned Joint event events with Shropshire and Telford Hospitals

- Joint constituency meeting/Dementia workshop at Princess Royal Hospital, Telford on 23 April 2013 at 6.00pm. Professor Tony Elliot is the guest speaker on behalf of the Trust
- Newport Show – 13 July 2013
- Oswestry Show – 4 August 2013
- Shrewsbury Flower Show – 9-10 August 2013

9. WEBSITE

The Membership and Governor pages of the website are currently being updated. A specific Governor area is also under development. This area will contain meeting dates and times, papers and agendas, useful documents, contact information and news updates. All Governors with internet access should have received login and passwords for this area of the website. Hard Copies of the information will continue to be sent to those Governors who do not have internet access.

10. GOVERNOR DEVELOPMENT PLAN

A training program 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 Act.

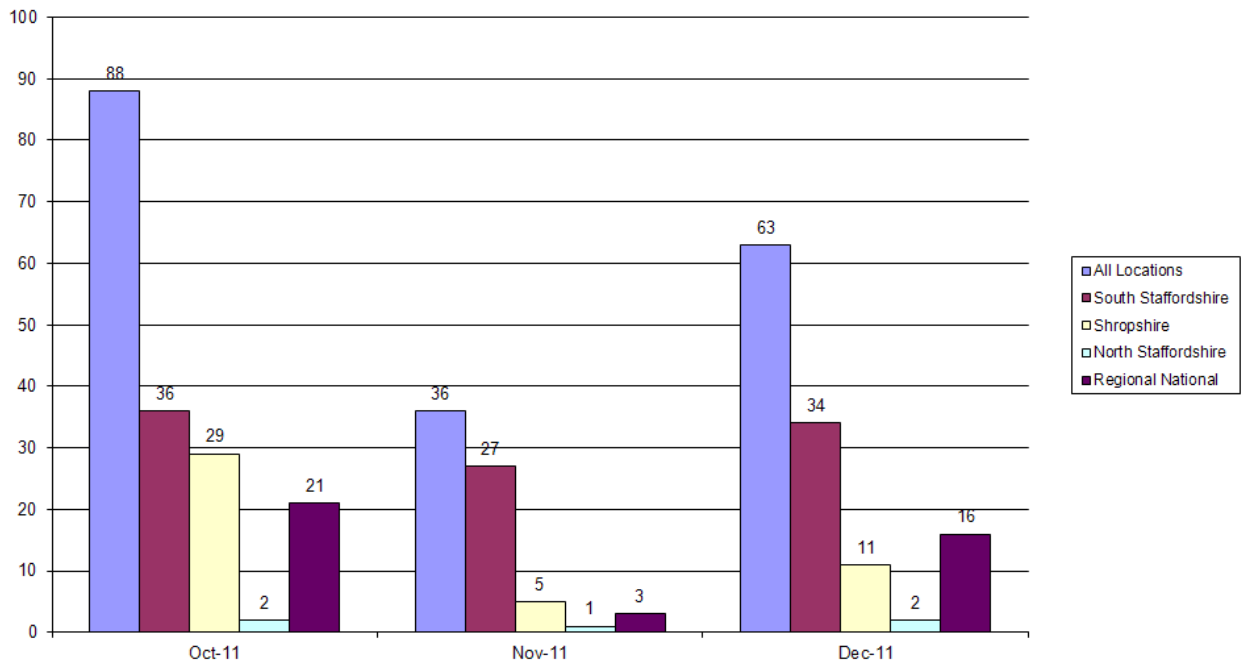
Where possible training / briefing events will take place around dates and times already allocated for formal meetings

Further training dates for 2013 will be released soon.

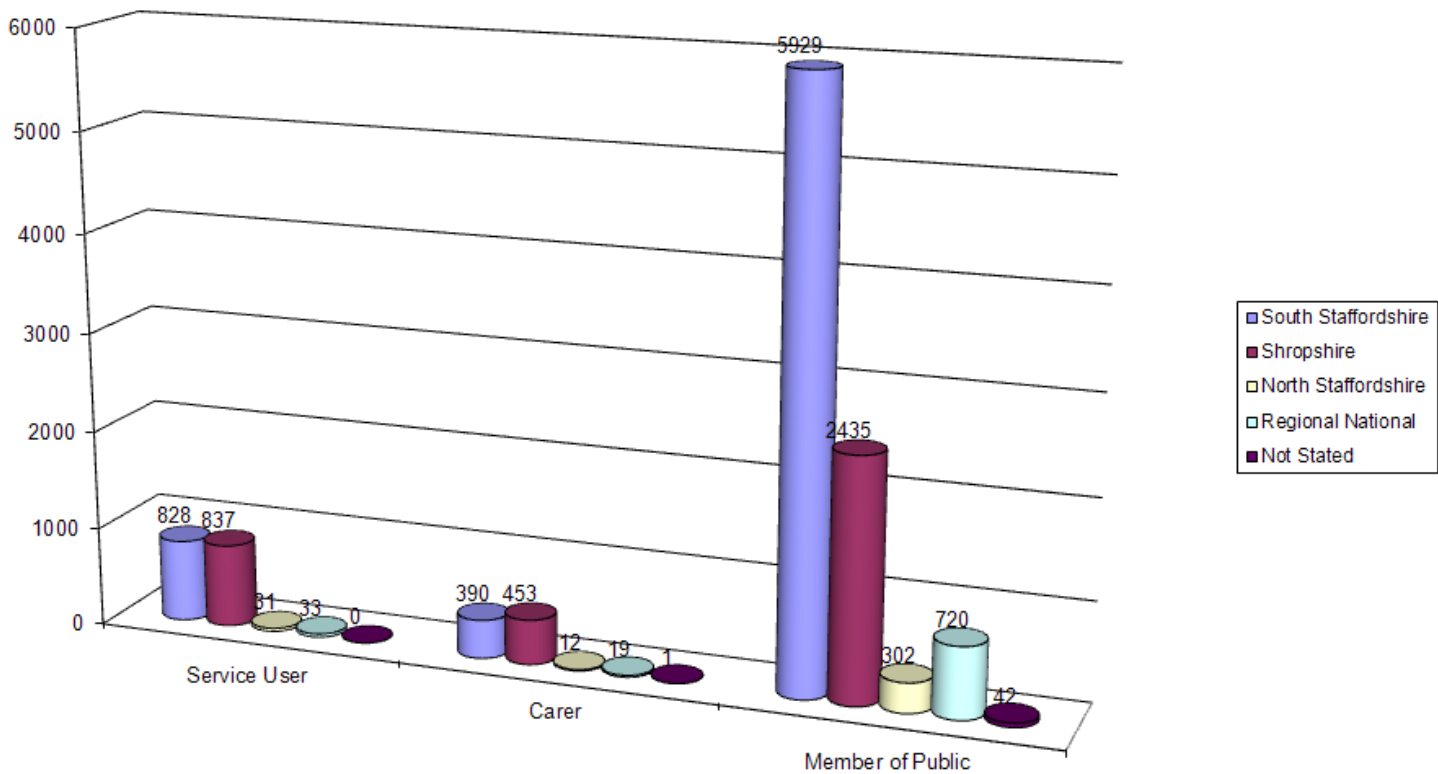
11. BOARD OF DIRECTORS' UPDATE

Summary reports of the Board of Directors meeting held on 27 September, 25th October, 29th November and 20th December 2012 are attached as appendix 8. Full copies of the minutes are available on the Trust website or from the Membership Office

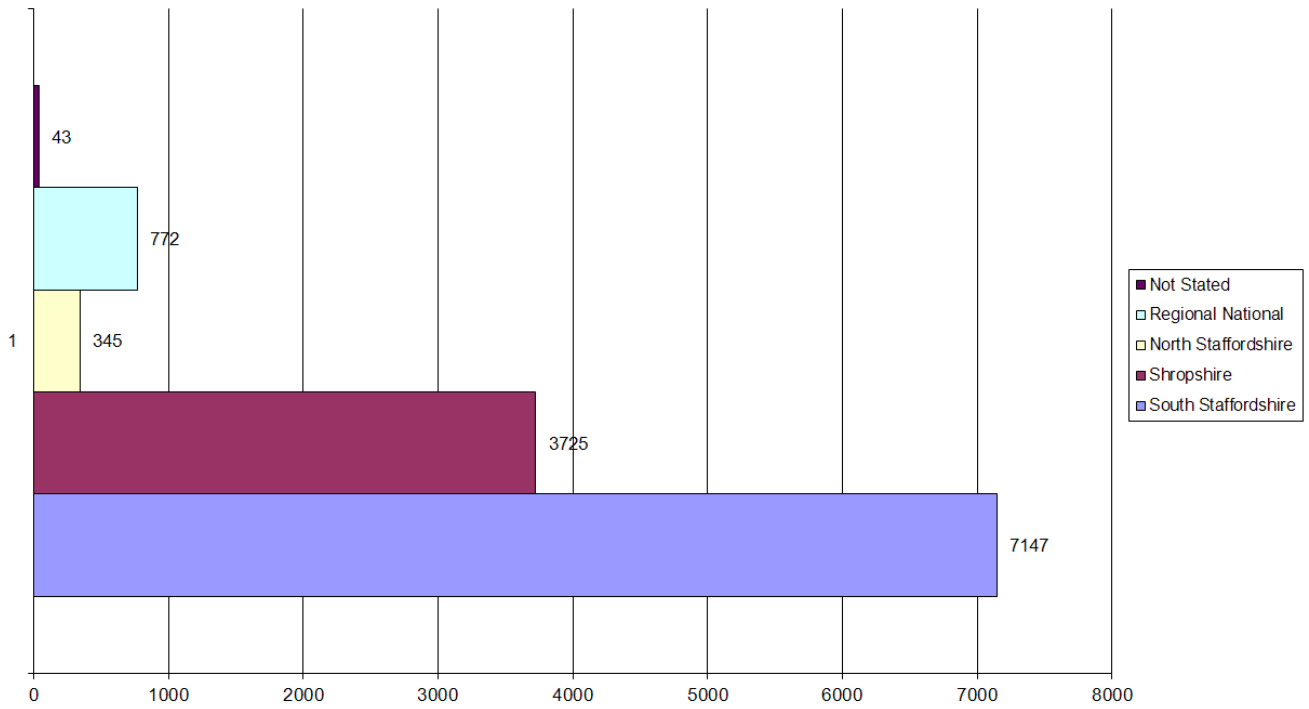
New Members 1st October 2012 to 31st December 2012



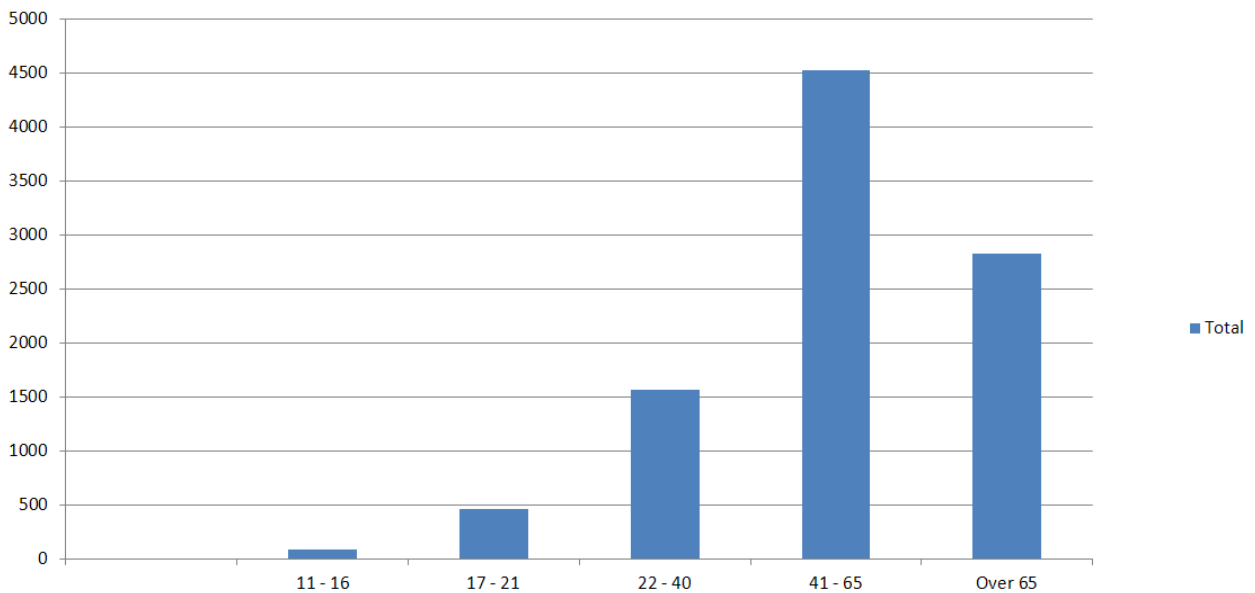
Geographical Breakdown of Membership (exc Staff)



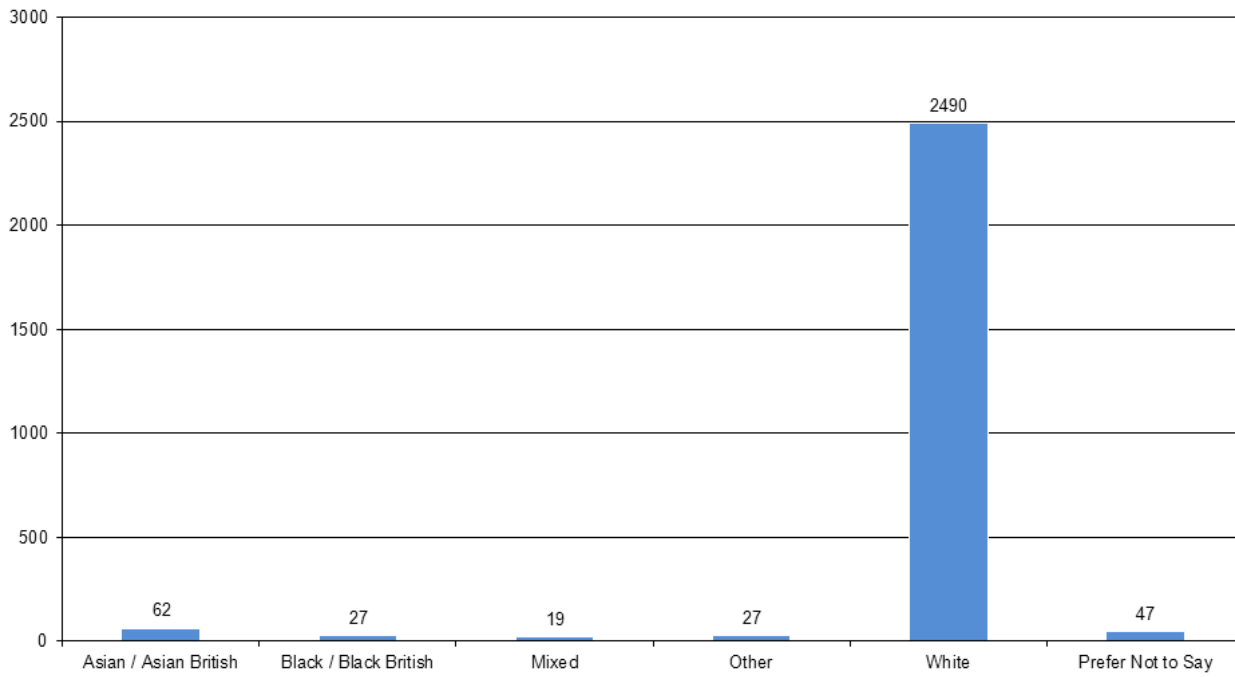
Geographic Breakdown 2 (Exc Staff)



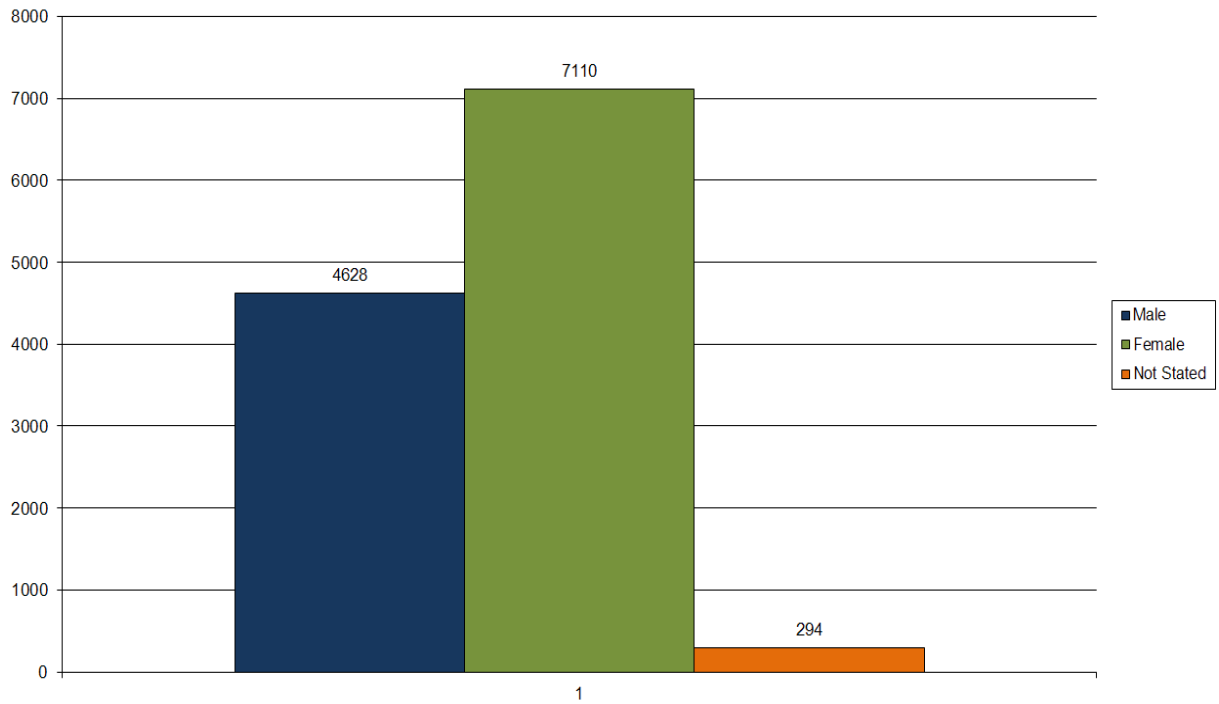
Total Age Range Breakdown



Ethnic Group Breakdown



Gender Breakdown (Exc Staff)



Council of Governors Meeting**Appendix 2**

Report to:	Council of Governors
Date:	9 th January 2013
Title:	Combating Stigma Group – 25 th September 2012
Report of:	Michael Allen, Chair of the 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

- Martin Evans informed the group that the 3 day event at the Redwoods Centre was highly successful with close to 1000 people visiting the site.
- Martin continued, mentioning that the Trusts smoke free initiative was on target for April 2013.
- Michael informed the group that the Community Engagement Group is trying to work with hard to reach communities to inform them of the different services available and asking for feedback on the best ways to communicate with these communities.
- Luke informed the group that the Sunday Express continues to run their crusade for better mental health.
- Luke updated the group on the Time to Change bid, informing them that the bid has now been submitted via Mid Staffs MIND.

Recommendation:

The Council of Governors is asked to:

1. Receive and note the report for information

Council of Governors Meeting**Appendix 2**

Report to:	Council of Governors
Date:	23 rd January 2013
Title:	Combating Stigma Group – 27 th November 2012
Report of:	Michael Allen, Chair of the 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 update from Martin Evans Head of Communications with regards to a recent Radio Broadcast on Shropshire Radio about Dementia.
- Michael Allen (Chair) informed the group that the Sunday Express campaign was positive and Mind along with Time to Change have recognised this with an award.
- Michael Allen (Chair) told the group about the Veterans Network and service we offer.
- Jenny Smit spoke about the Combating Stigma group and the Community Engagement Group combining for future meetings.
- The Group confirmed that there would now be a section on Combating Stigma on the Community Engagement group agenda.
- Michael Allen (Chair) to meet with the chair of the Community Engagement group about the transition, Michael will step down as Chair.

Recommendation:

The Council of Governors is asked to:

1. Receive and note the report for information

Council of Governors Meeting

Appendix 3

Report to:	Council of Governors
Date:	9 th January 2013
Title:	Performance and Assurance Group – 6 th September 2012
Report of:	Tony Price, Chair of Performance and Assurance Group

Summary:

The Performance and Assurance Group (PAG) considers the Trust's Assurance Report, scrutinise performance and seek assurances on other key areas of the Trust's operations. Full minutes are available from the Membership Office

Key Points

- Sara Reeve informed the group that The Redwoods Centre was in the process of being registered with CQC.
- Jayne Deaville informed the group that at month three the year to date position shows an actual retained surplus of £2.2 million.
- Sara informed the group that the CQC had recently performed an unannounced visit to Baswich and Bromley wards. The feedback given on the day was positive.
- Jayne Deaville informed the group that the Monitor website displays the ratings for all Foundation Trusts and our Trust is one of a few which has achieved a governance rating of green.

Recommendation:

The Council of Governors is asked to:

1. Receive and note the report for information

Council of Governors Meeting

Appendix 4

Report to:	Council of Governors
Date:	9 th January 2013
Title:	Strategic Direction Group – 19 th November 2012
Report of:	Dave Gill, Chair of Strategic Direction 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 told the group that Monitor had given us a clean bill of health with a Green governance rating and a 4 financial rating.
- Steve informed the group that the BluSky International project had been launched.
- Steve told the group that 78% of staff have now attended the training Jenny spoke about a joint event membership event to be held at the Princess Royal Hospital, Shrewsbury, on Dementia - 23rd April 2013.
- Martin Thornley talked about all the different Charities that are up and running that help Veterans who may use mental health services

Recommendation:

The Council of Governors is asked to:

1. Receive and note the report for information

Council of Governors Meeting**Appendix 5**

Report to:	Council of Governors
Date:	9 th January 2013
Title:	Membership Steering Group – 28 th November 2012
Report of:	Roger Craven, 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 Council of Governors. The Group also agree Council of Governors agendas and deal with other Governor and Member development issues. Full minutes are available from the Membership Office

Key Points

- Jane Landick spoke about the potential of using 360 degree feedback for the Council of Governors
- Jenny Smit reported that the format of the Extra Ordinary Council of Governors meeting was successful allowing a meeting, training and informal Governor meetings to be held within one time slot.
- Jane Landick talked about the recruitment of a new Non-Executive Director and said that the process will not be complete by January so there will be an Extra Ordinary meeting in February to approve the appointment of the new NED.
- Alan Snuggs suggested having a training session before every Council meeting.
- Jenny and Jane spoke about how the terms of reference needed to be agreed as they were due to be updated - The group agreed the Terms of reference which will due to be reviewed December 2013.

Recommendation:

The Council of Governors is asked to:

1. Receive and note the report for information

Report to:	Council of Governors
Date:	23 January 2013
Title:	Community Engagement Group – October 11th 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

- It was agreed that it is appropriate for this group to report to the Human Resources, Organisational Development and Equalities Committee as equality is now being monitored through this sub-committee to the Board
- Concerns raised at the previous meeting about how the Equality and Diversity review had been carried out were discussed. The Review had been commissioned and monitored in consultation with the Equality and Diversity (E&D) Group which is now going to be known as the Dignity and Respect Group
- It was explained that the findings of the E&D review prompted the proposal to create a new post of Equality and Community Engagement Co-ordinator and an assistant to this post who would spend half their time on community engagement and half on spirituality
- The strategic objectives for dignity and respect were outlined and the process of 4 main leads reporting on progress to the strategic group was discussed
- Future agenda items were proposed and the value of presentations from partner organisations considered
- Lois Dale, Principal Rural Policy Officer for Shropshire Council presented on Rural Community Engagement and the use of a community toolkit measuring eight areas of what each community needs to be sustainable. Forty consultation events were held across Shropshire and the outcomes help the Council to decide where funding is needed
- The Combating Stigma Group has requested that the group merge with the Community Engagement Group. The Chair will be invited to present his case for merger of two groups

Recommendation:

The Membership Council is asked to:

1. Receive and note the report for information

Council of Governors

Appendix 7

Report to:	Council Of Governors
Date:	23 January 2013
Title:	Service User and Carer Committee: 10 October 2012

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 Council of Governors. Full sets of minutes can be obtained from the Membership Office.

Key Points

- An 'Open Space' item focused on how we record the experience of people who use our services and the value of real time feedback. Concerns were raised about the shortcomings of the computer system currently being used, particularly with regard to accessibility.
- The Service User Experience Lead consulted with the group on what they would want from new software to record, collate and report on the service user experience data gathered. Concerns about overlooking the importance of involving service users and carers in decisions about the replacement system were emphasised.
- The group raised issues regarding the mandatory 'friends and family' question which asks whether people would recommend a service to others.
- The lead for the Smoke Free Trust Project led a discussion on the aim to become smoke free by April 2013 and what this will mean in practise. Questions were raised about what preparation is being done by clinicians, whether the measure can be enforced and what considerations will be given to patients who rely on smoking to manage their mental illness. A range of negatives and positives for both patients and staff were identified.
- Feedback was invited from the Annual General Meeting. People were pleased to see the new Redwoods Centre and particularly enjoyed the talk by the service user from RIOT (Recovery is Out There).
- Copies of the tabloid version of the Annual Report were made available.
- A cd and hard copies of an anthology called 'Writing the Future' were made available at the meeting. This was produced by service users in nearly 100 writing workshops across Shropshire and South Staffordshire.

Recommendation

The Council of Governors is asked to note the report.

Council of Governors

Appendix 8

Report to:	Council Of Governors
Date:	23 January 2013
Title:	Board of Directors Meeting: 27 September 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
- Monitor Licence Consultation: Position Paper
- Revised Format Risk Register and Assurance Plan
- Francis Report Presentation
- Clinical System Replacement Project
- Care Planning Thematic Review
- Board Reporting - Patient Stories

Decisions taken

- To receive updates on the five outstanding serious incidents with no agreed extension, to the next Board meeting.
- To monitor key aspects of the patient survey report and actions arising from it.
- To receive an updated position on infection control mandatory training compliance in Facilities and Estates at the next Board meeting.
- The process for collation and submission of the Trust response to the Monitor provider licence consultation was agreed.
- Notified updates to the Risk Register and Assurance Plan were agreed.
- Referral of agreement on approach to patient stories to the Service User and Carer Committee and the Quality Effectiveness and Risk Committee

Recommendation

The Council of Governors is asked to note the report.

Council of Governors

Appendix 8

Report to:	Council of Governors
Date:	23 January 2013
Title:	Board of Directors Meeting: 25 October 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
- Service User Employment Strategy Implementation Plan
- Integrated Human Resources, Organisational Development and Equalities Strategy
- Trust Strategy 2011/16 and Annual Plan 2012/13 Progress Reports
- Clinical System Replacement Project Update
- Making Every Contact Count
- Use of the Seal
- Board and Sub Committee Governance Review
- Service User and Carer Annual Report 2011/12
- Update on New Approaches to Performance Management
- Sickness Absence Review Update Report
- Serious Incident Thematic Review

Decisions taken

- Financial support for the Sports Club celebration event in April 2013 was agreed.
- The Service User Employment Strategy implementation plan was agreed
- The Human Resources, Organisational Development and Equalities Strategy 2012-2016 was approved.
- Support for the changes to the clinical information system replacement timeframes was agreed.
- The Trust Strategy and Monitor Annual Plan targets were agreed to be on track.
- The Trust's intention to implement "Making Every Contact Count" was agreed and the Medical Director identified as the named Board Lead for this initiative.
- The Board's sub committee governance arrangements were agreed to be satisfactory.
- The draft Service User and Carer Involvement Committee Annual Report was agreed and recommendations made for a communication plan to publicise it.
- The new approach to performance management was agreed as a pilot for the December 2012 round of performance management sessions subject to Foundation Management Team sign-off.
- The recommendations of the Serious Incident Thematic Review were approved.

Recommendation

The Council of Governors is asked to note the report.

Council of Governors

Appendix 8

Report to:	Council of Governors
Date:	23 January 2013
Title:	Board of Directors Meeting: 29 November 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
- Clinical System Replacement Project Update
- Apprenticeship Presentation
- Audit Committee Annual Report 2011/12
- Safeguarding Thematic Review
- Smoke Free Trust Update Report
- Staff Opinion Survey Update

Decisions taken

- The Lease Car Policy and the Employment Break Policy were ratified.
- The Audit Committee Annual Report 2011/12 was approved.
- The Smoke Free action plan and recommendations were agreed.
- Support for the direction of travel with respect to the implementation of Apprenticeships was confirmed.
- The Safeguarding Action Plan was approved

Recommendation

The Council of Governors is asked to note the report.

Council of Governors

Appendix 8

Report to:	Council of Governors
Date:	23 January 2013
Title:	Board of Directors Meeting: 20 December 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
- Clinical System Replacement Project Update
- De-escalation, Management and Interventions – Training Model
- Winterbourne View Report
- Risk Register and Assurance Plan
- Shift System Review Report
- Service User Experience Thematic Review

Decisions taken

- The Managing Attendance Policy, Corporate (Non-Clinical) Records Management Policy and the Policy on the Use by Service Users of Mobile Telephones and Other Devices were ratified.
- Sufficient assurance was provided on the process and approach for implementation of the Implementation of De-escalation, Management & Interventions Training Model.
- Sufficient assurance was provide with respect to the culture of care in Trust services and in particular, that measures are in place to safeguard service users in the Developmental Neurosciences and Learning Disabilities Directorate
- Recommended updates to the Risk Register and Assurance Plan were agreed.
- The Service User Experience Action Plan was approved

Recommendation

The Council of Governors is asked to note the report.

Introduction

This paper is based on the work of the Smoke Free Implementation Group, chaired by Dr Neil Brimblecombe, and comprised staff, service user, PALS and external experts. The paper is based on the work of this group and the views of service users, partner groups, the experience of other NHS organisations and clinical risk assessments from all clinical services within the trust.

Smoking and its Risks to Staff and Service Users

Tobacco use is the biggest cause of premature death in the UK. One in two long term smokers will die prematurely as a result of smoking. Half of these in middle age. The most recent estimates show that around 114,000 people in the UK are killed by smoking every year, accounting for one fifth of all UK deaths.

The most common diseases caused by smoking include coronary heart disease, lung cancer, chronic bronchitis, emphysema, pneumonia and chronic obstructive pulmonary disease (COPD). It can also cause illnesses including mouth, nose, throat, oesophagus and larynx cancer, strokes, decreased fertility, gangrene and subsequent amputations and premature aging. Toxic chemicals in cigarette smoke suppress the immune system and also deplete the body of vitamins. A smoker can have up to 30% less vitamin C in their system than a non-smoker. Studies have shown a link between smoking during pregnancy and an increased risk of adult attention deficit hyperactivity disorder in the child when it is in adulthood.

Research indicates that people with mental health disorders are more likely to be smokers than the general public. While general smoking rates are falling, this is not the case amongst the psychiatric populations. Studies in the 1990s and early 2000s state that 70% of the population who have a mental illness smoke, 5% of which are heavy smokers, smoking over 20 cigarettes per day. For example, 51% of people with a diagnosis of schizophrenia and 50% of those with a bipolar affective disorder smoke over 20 cigarettes a day, compared to only 8% of the general population. A USA survey estimated that in particular month, 45% of all cigarettes smoked were consumed by individuals with a psychiatric or substance misuse disorder.

The extremely high levels of smoking in addition to high level of obesity, cholesterol and hypertension in psychiatric populations put them at particular risk of developing heart and respiratory disease. In addition it has been shown that smokers with mental health problems are less likely than the general population to be offered smoking cessation and health promotion interventions. This would suggest that those with mental health problems will suffer from greater risk of premature death from smoking-related diseases. In fact a study in 2006 found that, the death toll from smoking far outweighs the 10% life-time risk of suicide. For those who do not smoke, heavy passive smoking is associated with a 50%- 60% increased risk for coronary heart disease.

Council of Governors – 23 January 2013

The Trust's Position on 'Smoke Free'

Since 2008 SSSFT have complied with primary legislation that made all enclosed parts of mental health settings in England smoke free. Earlier this year, the Trust Board stated its intent to be totally smoke free from the 1st of April 2013, but asked for further work to take place to identify any risks and mitigants in relation to this plan. The original decision was based on the evidence as to the harm and deaths caused by smoking in all the client groups the Trust serves and the recognition that an NHS organisation needs to do whatever it can to promote the holistic wellbeing of its service users. It was also recognised that in the past mental health organisations have acted in ways that have actively reinforced smoking amongst service users and we therefore have an obligation to try and right this situation.

Reduced smoking in mental health service users would significantly improve health and wellbeing in populations with disproportionate levels of health inequality and would, therefore, play a key part in addressing the physical health needs of people with mental health problems. It is important to note that, in contradiction to popular belief, smoking exacerbates stress, anxiety and sleep disorders. All of these are detrimental to most mental health conditions. Anxiety levels fall significantly after successfully giving up smoking for one week. A research review found that smokers reported above average stress prior to smoking, rather than below average stress after smoking. Smokers smoke mainly to avoid the stress that nicotine depletion causes.

Smoking and the Impact on Medication

Smokers prescribed antipsychotic medication are often prescribed higher doses than non-smokers on the same medication. This may be because smoking increases the speed at which medication gets metabolised. Smoking induces higher levels of the enzyme CYP1A2, which is responsible for the activation of metabolising drugs. When giving up, less CYP1A2 is produced; this in turn slows down the metabolism of the drug. This includes antipsychotics (Clozapine, Haloperidol, and Olanzapine), antidepressants (Mirtazapine, Tricycles'), benzodiazepines and Opiates.

It is important to note that, following cessation of smoking, medication will need to be reviewed and medication could be reduced by 50%.

Information will be given to service users and carers regarding the likely need to increase the dose of their medication if they start smoking again.

Risk Implications.

All clinical directorates have consulted internally and completed risk assessments in relation to the proposal to ban all smoking in any area for inpatient service users. With the exception of children's services (which do not have inpatient facilities), consistent concerns were expressed about negative consequences for a total smoking ban were as follows:

- Increased agitation and disturbance for some newly admitted service users.

- Reduced clinical engagement. Increased incidents associated with removal of illicit items. Risk of fire caused by illicit smoking.
- Service users causing damage to smoke detectors to prevent detection of smoke.
- Risk of fire alarms set off by illicit smoking. Staff safety managing increased levels of challenging behaviour as a consequence of a total ban. Staff safety managing increased levels of agitation and lack of comprehension for inpatient group, resulting in repetitive time consuming interventions that detract from positive therapeutic experience.
- Increased use of NHSP if disturbance levels were to increase.
- Revert back to smoking policy before changes made.
- Informal service users will not want to be admitted if they cannot smoke.
- Increase use of the Mental Health Act.

Overall it appeared that there was evidence that the majority of staff did not support a complete smoking ban in the short term because of concern about increased short term risk. The risks of continuing to allow smoking in a limited way were not seen as outweighing the management risks, and indeed the limited evidence available suggests that service users who stop smoking whilst in hospital tend to restart on discharge.

Service user Feedback

Service user feedback came from a number of sources, e.g. PALS, service user groups and letters from service users. Although there were clearly mixed views, a number of concerns were expressed, and a number of individuals stated that they would not come into hospital voluntarily if there was no opportunity to smoke at all, although it is not possible to either quantify or judge the real impact of these expressed views. It is notable that in some areas, in particular forensics a number of service users made major steps towards cutting down and, in some case, ceasing smoking, when they were aware of the possibility of the Trust going totally Smoke Free.

Impact on Staff

SSSFT already has a restriction on staff smoking at work and is at present only allowed on the grounds but away from buildings. Although some concerns have been raised that staff may be more likely to want to leave the grounds of the hospital whilst on breaks to smoke should a total ban come in force, Directorate groups typically reported that many smokers felt that it was inevitable that a total ban would be enforced sooner or later and seemed relatively accepting of this, with some individuals welcoming the help it would give them to reduce or quit.

Resource implications

Initial estimates of costs for moving to going totally smoke free are

Signage £7000

Additional nicotine replacement therapy £100,000 (based on all current smoker sin inpatient areas having NRT).

NB Signage costs would remain essentially the same should smoking only be permitted for service users in ward garden areas. NRT costs would be much less.

Learning from other Trusts

A request was made to other mental Health providing Trusts who had gone Smoke Free to share their experiences. Several Trusts reported having gone totally Smoke free over the past few years but none appeared to have been able to sustain this stance, and a number had either reversed their policies to allow exceptions for service users smoking in outside areas attached to wards. Where staff had been required not to smoke a common issue was that of staff clustering near hospital entrances, causing litter and presenting a very negative image to the public and service users. This had been effectively and robustly dealt with in some Trusts with the Chief executive making it clear that such behaviour was unacceptable. The South London and Maudsley Trust intend to go totally smoke free early next calendar year and has done a lot of work to prepare staff and service users. They expect to have research project to look at the issues and effects as they arise. We hope to stay in touch with SLAM to learn from their experiences.

Conclusions

There is a strong rationale on both health and moral grounds for the Trust to do whatever it can to help its service users and staff reduce and cease smoking. At this point there is no good evidence to suggest that going totally smoke free in inpatient settings will have a desirable outcome. However we can and do need to do much more to link service users with support services and advice and in inpatient settings provide replacements for tobacco use. We also need to be consistent and positive about a Smoke Free message and ending all smoking by staff on work premises or in front of service users will support staff wellbeing and give a consistent message about the undesirability and health damage related to smoking.

Council of Governors Meeting

Agenda Item 8

Enc 4

To: Council of Governors
Date: Wednesday 23 January 2013
From: Neil Carr, Chief Executive
Subject: Environmental Scan

Executive Summary

The objectives of the report are to:-

- Scan the fast changing environment in which our NHS Foundation Trust operates
- Consider this from a range of perspectives
- Focus on new vital issues and encourage focussed and strategic discussion
- Help stimulate all Council of Governors members to raise issues
- Encourage the Council of Governors to share intelligence, place action or seek assurance
- Ensure effective internal governance of issues discussed through sub committees

Recommendations

The Council of Governors is asked to:

- Receive and note the report

<p>Base Safe and Risks</p> <ul style="list-style-type: none"> • NHS Operating Framework impacts • CCG (Clinical Commissioning Groups) partnership and co-production • Board Away Time • New NED Appointments • The Redwoods Centre • The Redwoods Centre - modernisation of community services • Monitor compliance ratings • CQC ratings • Performance Management Rounds / Processes 2012 onwards • Patient Survey • Staff Survey - update on rate of return (2012) • Staff Survey - Strategy for improvement • TUPE Implications (transfer of undertakings, protection of employment) • Deployment of new IT system • NHSLA Standards (NHS Litigation Authority) • Monitor Annual Plan preparation 2012/13 • Bank and Agency - update • Smoking Cessation - update • Revalidation progress - update on progress • CIP performance • Contract performance against target • Commissioning intentions released • QIPP (Quality, Innovation, productivity, prevention) progress and delivery • Mandatory training - compliance update • Sickness and Absence progress • Flu programme - uptake and progress • Infection control standards - deployment • Equality and Diversity - deployment of strategy • 6 Point Briefing • Trust Risk Register - top risks • leadership and management training • Apprenticeship - deployment of strategy • NHS Commissioning changes • Commissioning Intent letters and commissioning strategies for local services 	<p>Policy and Politics</p> <ul style="list-style-type: none"> • CQC (Care Quality Commission) "preferred" Chair announced - David Prior • Healthwatch England Chief Executive appointed - Katherine rake • Budget position • Monitor Risk ratings for FT's • Monitor Consultations (Provider Licence) • FT pipeline issues • Receivership of London NHS Hospitals - progress • Mid Staffordshire Inquiry - publications of findings • Commissioning / provider licence Monitor consultations • NHS Duty of Candour implemented • Circle - changes in leadership • Externalisation of commissioning - lower priority for next 2 years • PFI scheme revamped and re-launched (private finance initiative) • Planned change to NHS Contracting 2015 • Policy on "Celebrity" access to patients under review • NHS Direct - contract and staff challenges • CCG running cost allowances reviewed and reallocated • Viability of smaller FTs in question • CCG Staff recruitment and development programme • Patient Safety Awards 2013 launched • MH QIPP progress • Continuing care claims - exponential growth • NHS Scotland - New MH Strategy • Establishment of NHS Business Service Authority • Introduction of regional pay and terms and conditions - union position • Commissioning support units - delay • Planned loss of NHS workforce due to pay freeze • New NHS tariff in development • CCG temporary limits to authorisation • Commercial Commissioning Support Service formation • GP Practice commissioning classifications announced • £46m to be invested in Leadership programs for the NHS • HSJ100 issued
<p>Service Users, Carers, Governors & Members</p> <ul style="list-style-type: none"> • The Trust has 14997 Members as of 14th December 2012. • The Membership Office attended the Combating Stigma Engagement group meeting on 27th November at TCAT; this was the last Combating Stigma group meeting as now this group will be merging with the Community Engagement Group. • The Membership Steering Group met for a meeting on 28th November in Trust HQ. • The Membership Office attended the Spirituality meeting on 	<p>Business and Market Place</p> <ul style="list-style-type: none"> • 144 FTs – 41 mental health style • Monitor new role - sector regulator for healthcare • Delivery of core contractual targets • Local commissioning intents obtained • Renewal processes for non-host contracts • Board Away time - commercial discussions and strategic direction • Education links formed with NY University

the 4th December in the Boardroom, Mellor House in Trust HQ.

- Jacki Boyle, Governor Member did an Essential Standards Review on the morning of the 6th December at Brocton House.
- Paul Taylor, Governor Member did an Essential Standards Review on the afternoon of the 6th December over at The Redwoods Centre.
- The Membership Office attended SURF (Service User Reference Forum) meeting on 6th December at Park House in Cannock.
- The Membership Office had a team away day in Buxton on 7th December 2012.
- Michael Allen, Governor Member attended an event run by Stoke-On-Trent Partnership in Codsall. Michael spoke about his experience in a Foundation Trust as a Governor Member
- The Membership Office attended the Service User and Carer Committee meeting which was held on 12th December in the Learning Centre on Trust HQ.
- From the 10th December – 14th December there has been a Christmas Safety week at TCAT where the Membership Office have had a stand at break times and lunch times promoting the Trust and the Combating Stigma campaign.
- A calendar incorporating the content of the involvement annual report has been created by the Patient and Public Involvement (PPI) Manager. Copies are being printed for circulation to publicise the involvement work being done in the Trust.
- The Patient and Public Involvement (PPI) Team (PPI) facilitated the Say user group which was consulted on a number of easy read leaflets
- PPI Manager supported the meeting of the SURF Group met in Cannock.
- The PPI Officer attended a Carer's Road show organised in Tamworth by the Carer's Association and partly funded by the Trust. The Trust Pharmacist answered carers questions on medication, the CPA lead explained the history of CPA and Carer's Assessment Workers explained the support they can provide.
- PPI Manager facilitated the Spirituality Operational Group and the PPI Officer attended the Spirituality Strategic Group
- The Service User and Carer Committee welcomed new service user and carer members at their December meeting. Patient stories and carer engagement were the main subjects of discussion

- GP Placement Project
- T3 tendering processes deployed
- Commercial work programme update and deployment
- Commercial Impacts of TUPE
- Market strategy 2012-15 development
- Business planning processes
- Large transactions – politics and actions and updates
- Deployment of Trust Commercial Strategy
- Commercial hub and commercial training room established
- S75 Renewal processes
- Business planning cycle linked to divisional objectives and new divisional structures and aligned to the Monitor Annual Plan
- IAPT market scan 2015
- Veterans Alcohol services
- Partnership and co-production with primary care - GP partnerships and new clinical pathway opportunities
- Market Share review against core markets
- Development of Prime contractor roles and sub-contracting relationships - progress and deployment of governance model
- Contract re-basing progress - low secure services
- MOD Veterans Network established and deployed
- MOD contract in discussion (P2 and BAFG)
- BAFG development
- Establishment of unique veterans service - partnership with primary care
- Continuing care project progress and opportunities
- Rehabilitation and step down care project - phase 2 including options for development of bespoke services
- Commissioning handbook - in development
- Commercial / Tendering handbook - in development
- Monitor guidance on commissioning for commissioners
- Monitor provider licence consultation and impacts
- PBR in MH – impacts (payment by results)

To: Council of Governors

Date: Wednesday 23 January 2013

From: Jenny Smit, Membership Manager/Deputy Company Secretary

Subject: Introduction to Clinical Commissioning Groups

Presentation by: Andy Donald, Chief Officer Stafford and Surrounds and Cannock Chase CCG

Introduction

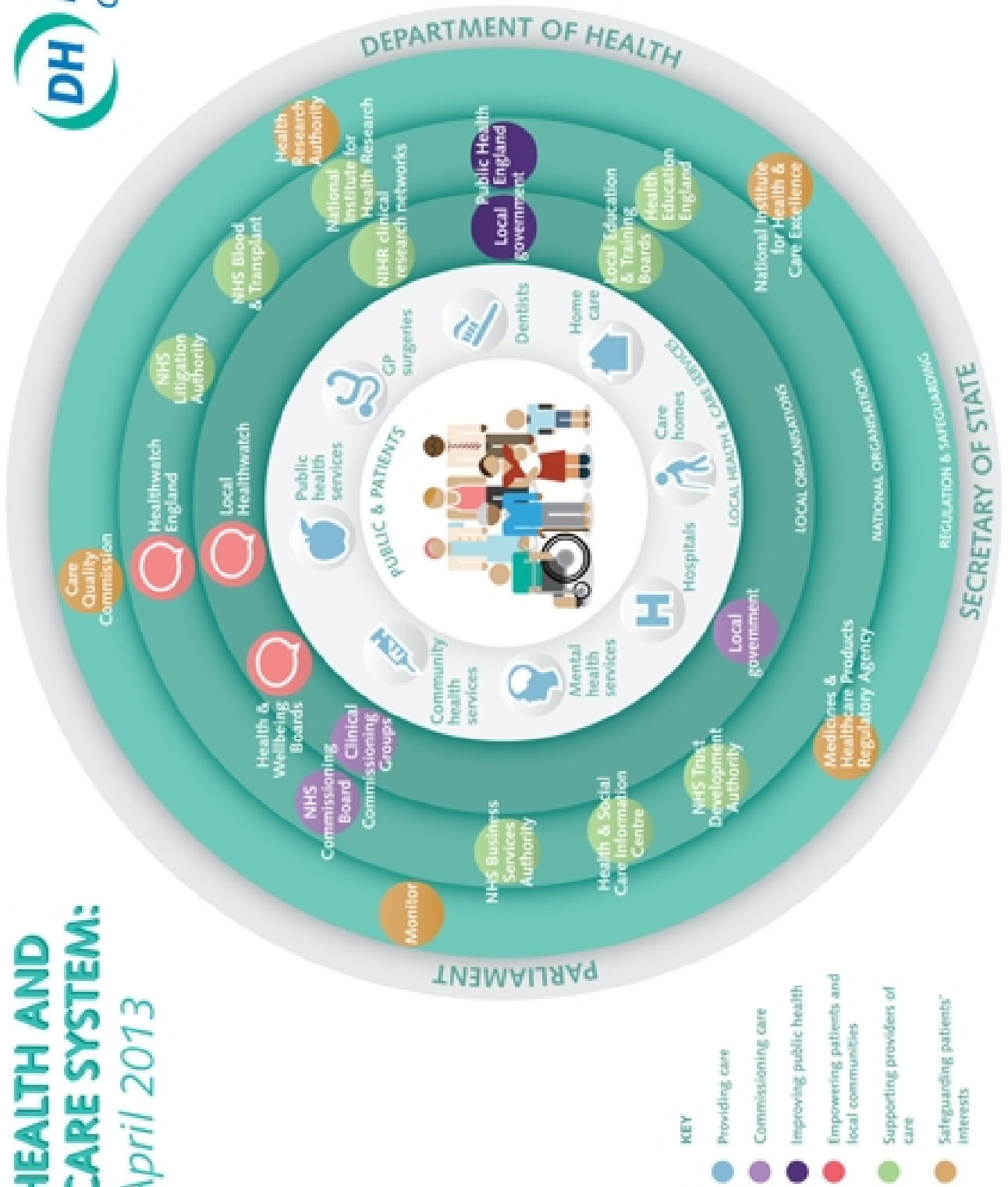
Clinical Commissioning Groups are groups of GPs that, from April 2013, will be responsible for planning and designing local health services in England. They will do this by 'commissioning' or buying health and care services including:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

To do this Clinical Commissioning Groups will work with patients and health and social care partners (e.g. local hospitals, local authorities, local community groups etc) to ensure services meet local needs. CCG boards are made up of GPs from the local area and at least one registered nurse and one secondary care specialist doctor. Groups will have boundaries that match local authorities.

Clinical Commissioning Groups will be responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All GP practices will have to belong to a Clinical Commissioning Group.

HEALTH AND CARE SYSTEM: April 2013



Who will oversee Clinical Commissioning Groups?

Clinical Commissioning Groups will be overseen by the NHS Commissioning Board at a national level. The NHS Commissioning Board is a new body that will make sure that Clinical Commissioning groups have the capacity and capability successfully to commission services for their local population. The NHS Commissioning Board will also ensure that the Clinical Commissioning Groups meet their financial responsibilities. The NHS Commissioning Board has been running in shadow form since June 2011 and will become fully operational in April 2012.

As well as overseeing Clinical Commissioning Groups, the NHS Commissioning Board will commission some services itself. These are:

- General Practice
- Pharmacy
- Dentists
- Specialist services (i.e. those required by a limited number of people)

At a local level, new Health and Wellbeing Boards have been set up in Local Authorities to ensure that Clinical Commissioning Groups meet the needs of local people. Health and Wellbeing Boards will bring together clinical commissioning groups and the local councils to understand the health, social and wellbeing needs of its community.

To: Council of Governors

Date: Wednesday 23 January 2013

From: Tony Price (Lead Governor), Alan Snuggs (Governor Consultant)

Subject: Council of Governors Appraisal and Self Review 2012

1. BACKGROUND

Monitor's Code of Governance stipulates that the Council of Governors should periodically assess its own collective performance and its impact in the NHS Foundation Trust. The Council has been operational since May 2006.

The Trust completed its fifth annual assessment in August 2011, following which the Membership Steering Group developed an action plan which was subsequently approved by the Council of Governors in January 2012. Key actions which have all been completed include:

- Reviewing induction training to ensure it is comprehensive and completed by all new Governors
- Continuing to work with the FTN to explore new opportunities for national training and development
- Holding a minimum of one local constituency meeting in each geographical area
- Reviewing the clinical and non clinical performance information provided to Governors
- Reviewing the amount of NHS jargon and acronyms used , particularly in Council papers

2. APPROACH FOR 2012

Our approach was similar to previous years and was based on a questionnaire containing 31 questions sent out to all Governor Members in July 2012. (Last year we also asked 31 questions). The questionnaire was also available to complete on line, through a secure section of the Trust website. New questions were added to reflect the new Health and Social care Act. The process was led by Tony Price Lead Governor / Deputy Chair and Alan Snuggs Governor Consultant supported by the Membership Steering Group.

For the second time we included a self assessment section for Governors looking at five key self performance areas including communicating with constituents.

3. RESULTS

In terms of the questionnaire, 35 were sent out to Governor Members and 19 returned following a further reminder .The response rate of **54% (rounded)** was disappointing and a poorer return than last year (57%). In terms of Governors who filled in the form there was a good range of g
overnor length of tenure from less than 1 year to 6 years.

In summary the review gave us the following information. Please note that when we use language such as the 'majority of Governors' we are referring to those Governors who completed the questionnaire .The analysis is not meant to be absolutely scientific but used as an indicator to help us improve the way we operate. The detailed results including all the comments made are available from the Membership office

3.1 The things that were positive or acceptable

- Most Governor Members were clear about their role and responsibilities as a Governor member. Most were also clear about the difference between their role and that of the Board of Directors. Results here were almost identical to last year.
- Most Governors were happy with ongoing development and training. General comments received indicate that the new Health and Social Care Act will need to be a major focus for training
- Governors who had received induction were generally happy though one Governor appeared to have missed induction.
- Most Governor Members thought that they had developed some new skills and knowledge in their role (Though two Governors felt that was not true in their case)
- Most Governor Members thought that the Trust was realistic in its expectations of them.
- The great majority of Governor Members rated the Trust highly in its efforts to support them. The Membership office and Trust support staff were given specific mentions.
- Most Governors were confident that they understood the new Governor responsibilities and duties contained within the new Health and Social Care Act either to some extent or to a great extent which is pleasing at this stage.
- Most Governor Members thought the regular newsletter to Members was good
- Most Governors thought that the Trust's public internet site was satisfactory or very good though some Governors clearly don't access it at all.

- Most Governors scored the Membership Office as very good or excellent in responding to queries and requests for help. One Governor said ' we would be dysfunctional without their support'
- Most Governors felt that the quality and timeliness of information sent out by the Trust was good.
- Most Governors felt that the Trust does its best to avoid using too much NHS jargon a big improvement on last year.
- Most Governors felt the Engagement Groups had been helpful in increasing involvement Governors more in the work of the Trust. Some Governors who work full time are unable to attend.
- Most Governors felt that essential standards visits were helpful in increasing governor knowledge and influence
- Most governors felt that constituency meetings are helpful in connecting Governors with their local constituencies. Though two governors felt this was hardly true.
- Most Governor Members with one exception felt that the Chairman, Chief Executive and other Senior Trust colleagues kept them informed of things that really matter to a great extent or absolutely. This area has improved year by year.
- All Governor Members with one exception felt they had good access to the Chair and the Board of Directors
- The majority of Governors feel that the Council has been sufficiently involved in the Trust's business and strategic plans to a great extent or absolutely but five governors felt it was true to some extent
- In terms of Governors receiving appropriate amount of clinical and non clinical performance information answers most felt this was true to a great extent or absolutely but five felt it true to some extent.
- Governor Members were asked if a service user, carer or member / member of the public approached them with concerns about care at the Trust would they feel equipped to know how to deal with this appropriately. Most Governors were confident to deal with this.
- In terms of whether the four Council of Governors meetings are used productively the majority said to a great extent.
- In terms of self scoring Governors scored themselves highest in acting as ambassadors for the Trust and responding to the Membership Office
- In terms of the helpfulness of the role as Deputy Chair / Lead Governor the majority said that it was effective to a great extent or absolutely. one Governors said hardly at all
- To the question 'do you think that meetings and events are spread fairly and evenly across the area of operation most Governors felt this was true to a great extent.
- The majority of Governors felt that it was part of their role to support and promote the NHS Constitution .One Governor felt it wasn't their role at all and one hardly at all.

3.2 The things that we need to work on as a priority

- In response to the question ‘Do you feel equipped to fulfil the new Governor responsibilities and duties contained within the new health and Social Care Act?’ Governor responses were mixed. Some felt very much equipped but others felt hardly prepared at all. Many Governors highlighted the importance of future training in equipping Governors to deal with the challenges ahead. Governors did understand what was in the Act in relation to additional Governor responsibilities.
- Six Governors rated themselves low in terms of communicating with constituents although there was a slight improvement from last year with three Governors saying they were effective to a great extent or absolutely effective. However clearly this is still an issue with our Governors.
- Although generally governors were happy with induction one Governor appears to have not received any induction training though they acknowledged this was a ‘shared failure’. One proposal made by Governors was that at induction every new Governor should be offered an opportunity to be supported by an experienced Governor

4. Draft Action Plan

	Improvement Area	Action	Timescale	Lead
1.1	Health and Social Care Act	New internal programme of training focussing on new duties and responsibilities to commence in November 2012. This will provide ongoing joined up training throughout the year	Early 2013	Alan Snuggs Jenny Smit
1.2		Trust to work closely with the FTN in the development of the national Governor training programme and to participate fully enabling our Governors to benefit accordingly.	On-going	Jane Landick Alan Snuggs Jenny Smit
2.1	Communication with constituents	Continue with constituency meetings holding at least one in each main geographical area in 2013	April 2013	Jenny Smit

2.2		Hold Staff Governor workshop to explore ways to communicate with staff constituents		Alan Snuggs Jenny Smit
3.1	Induction Training development	Introduce a simple check and record system for all new Governors to ensure they have completed induction training	January 2013	Jenny Smit
3.2		Introduce 'Buddy' system for new Governors	January 2013	Jenny Smit

6. Next Steps

Governors are asked to approve the draft action plan. In the meantime the data containing the full results including Governor comments from this review is available from the Membership Office for anyone who wishes to see it.

Tony Price
Deputy Chair / Lead Governor

Alan Snuggs
Governor consultant

January 2013