South Staffordshire and Shropshire Healthcare
NHS Foundation Trust
A Keele University Teaching Trust

Joint Trust Board and Council of Governors Meeting

Wednesday 03 June 2015
4.00pm - 5.30pm

The Learning Centre and Network
Corporation Street
Stafford
ST16 3SR

Positively Different

Providing outstanding mental health, learning disability and children's services nationally, regionally and to our local communities

South Staffordshire and Shropshire Healthcare
NHS Foundation Trust
A Keele University Teaching Trust

Council of Governors Meeting

Wednesday 03 June 2015
5.30pm for 6:15pm – 8.30pm

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South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

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

Wednesday 3 June 2015
5.30pm – 8.30pm
(5.30pm for refreshments, meeting to commence at 6.15pm)

The Learning Centre and Network, Corporation Street, Stafford, ST16 3SR

Members of the public are welcome to observe.

A G E N D A

		Introduced by
1.	**Refreshments**	
2.	**Welcome and Apologies**	Martin Gower
3.	**Minutes of the Council of Governors Meeting held on Wednesday 11 March 2015 - to receive and approve the minutes**	Martin Gower Enc 1
4.	**Matters Arising** -	Martin Gower
Items for Discussion or Consultation		
5	**Governor Member Report on Activities, Events and Achievements** 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 2
6.	**Annual Plan 2015-16** For the Council of Governors to receive an update following the submission of the Monitor Annual Plan.	Steve Grange Enc 3
7.	**Chief Executive Report and Environmental Scan** To include: The future of the NHS The impact of the general election The future environment that the Trust will operate in	Neil Carr Enc 4
8.	Inpatient and Community Services Modernisation Programme	Andrew Hughes
9.	**Smokefree Policy** Recommendation: for the Council of Governors to be aware and assured of the current position	Fay Fahy Enc 5

10.	Non-Executive Directors: Presentation: Sue Nixon	Martin Gower
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.	Martin Gower
13.	**Close and Date of Next Meeting:** Council of Governors (Annual Members Meeting) – 5.00pm (refreshments and an opportunity to network with staff and view Directorate and Team stands) 6.15pm (meeting commences) on 9 September 2015 at The Learning Centre and Network, Stafford	Martin Gower

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 Council of Governors 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 Council of Governors. An elected Governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of elected Governors.

Items in Closed Session

In accordance with the Council of Governor'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)

Enc 1

MINUTES OF THE COUNCIL OF GOVERNORS MEETING OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD ON WEDNESDAY 11 MARCH AT 6.15PM AT THE SHROPSHIRE CONFERENCE CENTRE, SHREWSBURY

01/15 PRESENT:

Martin Gower	Chairman
Michael Allen	Public/Service User/Carer Governor (South Staffs)
Pauline Pearsall	Public/Service User/Carer Governor (South Staffs)
Peter Cross	Public/Service User/Carer Governor (South Staffs)
Ravi Bhakhri	Public/Service User/Carer Governor (South Staffs)
Steve Riddle	Public/Service User/Carer Governor (South Staffs)
Janet Smith	Public Service User/Carer Governor (Regional/National)
Jacki Hauenstein	Public/Service User/Carer Governor (Shropshire)
Graham Riley	Public/Service User/Carer Governor (Shropshire)
Karl Bailey	Public/Service User Carer Governor (Shropshire)
Robin Harvey	Public/Service User/Carer Governor (Shropshire)
Monica Hall	Public/Service User/Carer Governor (North Staffordshire)
Fran Virden	Staff Governor (AHP)
Mac Cock	Partner, South Staffordshire Carers' Association
Cllr Arnold England	Partner, Telford and Wrekin Council
Rosy Crehan	Partner, Staffordshire University
Tony Price	Partner, Housing Plus (Staffordshire)
Cllr Simon Jones	Partner, Shropshire County Council
Lilian Owens	Partner, Voluntary Sector Mental Health Forum
	Staff Governor (Clinical Support)
	Partner, MIND

02/15 IN ATTENDANCE:

	Member
Martin Evans	Head of Communications
Lesley Crawford	Director of Mental Health Services
Neil Carr	Chief Executive
Therèsa Moyes	Director of Quality & Clinical Performance
Steve Grange	Director of Business Development
Claire Barkley	Medical Director
Liz Nicholson	Non Executive Director
Ron Hilton	Non Executive Director
Andrew Hughes	Programme Manager, In-Patient and Community Estate Modernisation Programme
Carolyn Gavin	Clinical Director (Specialist and Family Services)
Jennie Collier	Head of Service (Specialist and Family Services)
Gwen Moulster	Clinical Director (Learning Disabilities)
Matt Elmer	PWC
Sophia Mouyis	PWC
Sue Nixon	Non Executive Director

Greg Moores	Director of HRODE
Jenny Smit	Deputy Company Secretary/Membership Manager
Phoebe Wickens	Membership Co-ordinator
Dr Ian Wilson	Non Executive Director

03/15 APOLOGIES:

Robert Bullock	Partner, MIND
Alan White	Partner, Staffordshire County Council
Enrique Mateu	Public/Service User/Carer Governor (South Staffordshire)
Dr Bill Gowans	Shropshire County CCG
Yvonne Oliver	Public/Service User/Carer Governor (Shropshire) Staff (Medical)
Lois Dale	Public/Service User/Carer Governor (Shropshire)
Nick Maslen	Partner, Age UK
Jane Landick	Company Secretary

04/15 WELCOME

Martin Gower formally welcomed to the meeting all Governors, the evening's speakers and all others present including members, staff, executive and non executive directors. Martin Gower informed the Governors that parts of the meeting were being filmed by NHS Providers as an example of good practice, and the results would be used as part of NHS Providers GovernWell programme. Martin Gower reminded participants to complete the distributed media consent forms and for those who did not want to be filmed to make themselves known.

05/15 MINUTES

The minutes of the Council of Governors Meeting held on 10 December 2014 were formally approved, subject to the completion of the last sentence on page 5.

06/15 MATTERS ARISING

No matters arising were noted.

07/15 LEAD GOVERNOR'S REPORT

Tony Price provided an overview of the last quarter, highlighting in particular Governors attending GovernWell development sessions facilitated by NHS providers. Tony Price also encouraged Governors to consider involvement in other engagement activities such as the Ambassador Scheme and Quality Assurance Visits by contacting the membership office. Peter Cross also stressed the importance of engaging with constituents through events arranged by the Trust, reflecting on the successful time to talk day held in February 2015. Peter Cross requested that Governors give some time to engaging with their constituents at this type of event.

Tony Price highlighted the continued engagement between Non Executive Directors and Governors, in particular referencing the enclosed Non Executive Director activities.

Tony Price on behalf of the Council of Governors sent their best wishes to Phoebe Wickens in her secondment and also for her impending maternity leave.

Tony Price highlighted the Engagement Group and Board summary reports for the meetings held since December 2014, which were received and noted by the Council of Governors.

A query was raised concerning a point of accuracy within the Performance and Assurance report regarding a norovirus vaccine, this is to be amended to flu vaccine

08/15 EXTERNAL AUDITORS FORWARD PLAN

Matt Elmer and Sophia Mouyis presented the external auditors forward plan for the current financial year on behalf of PWC.

In response to a question from Peter Cross, Sophia Mouyis confirmed that audit is not restricted to figures and quality reports, detailed checklists, consistency checks, feedback from third parties, indicators and targets and follow up times are also used in audits.

In response to a further question Matt Elmer commented that audit has moved from being just finance based, and that the quality accounts are also considered, and Governors are involved in these. Graham Riley commented that the development session held prior to this Council of Governors meeting helped clarify this.

09/15 CHIEF EXECUTIVE UPDATE

Neil Carr presented his report on current topics and from his enclosed report briefed Governors on the following points:

- Information to share or not to share from the Department of Health, which included the first annual report of the Independent Information Governance oversight panel
- Transforming care for learning disabilities – next steps from NHS England
- Investing in Children's mental health from the Centre for Mental Health.

In addition to the submitted report Neil Carr briefed the Council of Governors as follows:

- The expected CQC visits to the Trust are likely to happen no earlier than July/August 2015, as the CQC will give up to 20 weeks' notice of an inspection.
- The Department of Health have released a paper – "Closing the Gap: Priorities for Change in Mental Health" which highlights areas which will be reflected in

the Trust's Annual plan and Strategic plan. (The document can be found following this link Closing the Gap)

- Single sex accommodation: Neil Carr confirmed that the Trust is compliant with stringent national guidance with regards to single sex accommodation, and that the Trust will not move towards single sex wards. Dignity and respect for service users is ensured through measures including, but not exclusively, en-suites to each bedroom. Service users and carers' views were canvassed when designing the Redwoods with this regard. Neil Carr thanked governors who were involved to this end.

Peter Cross commented that he felt that clinicians would face difficult decisions, if decisions had to be made using only single sex wards. Additionally Peter Cross asked for an update with regards to the move towards a Smokefree Trust.
Neil Carr commented that this was a "journey" for the Trust, service users and carers, and that Alison Bussey (currently on annual leave) was leading on this project, however the Council of Governors would receive a full update/report.

Arnold England raised that through partnership working (enablement) with Telford and Wrekin Council with regards to younger people, better outcomes could be reached, also with financial benefits. Arnold England also raised a concern that sometimes people with (learning) needs are criminalised when they could receive support earlier and this could be avoided.
Neil Carr commented that Commissioners are aware of this, and that Lesley Crawford is working across constabularies to try to address this.

10/15 INPATIENT AND COMMUNITY SERVICES MODERNISATION PROGRAMME

Andrew Hughes attended the meeting to present the update report. He highlighted the progress to date and also commented that finance was the biggest challenge currently. Andrew Hughes informed the meeting that the first of the refurbished bedrooms were now in use. Andrew Hughes also confirmed that heads of terms had been agreed for the premises at Sundorne Road (Shropshire).

Peter Cross added that the committee meeting quarterly, had a regular attendance of 20 people, and also offered his thanks to Jon Meigh on his retirement for his input after a long association with the Trust.

Andrew Hughes formally thanked Peter Cross and Lois Dale for their input to date.

11/15 MODERNISATION PROGRAMMES WITHIN MENTAL HEALTH SERVICES

Lesley Crawford presented the key themes from the strategic business plan and invited questions and comments from Governors, which included the Trust's approach to lean, co-production and adult services as well as national waiting times.

In response to a question from Robin Harvey with regards to waiting times, Lesley

Crawford clarified that waiting times differ if service users are waiting for particular types of therapy, for example there are some delays with regards to IAPT services and this is a national priority.

In response to a further question from Robin with regards to caseloads within CMHT teams, Lesley Crawford confirmed that the new model for CMHT's creates a team approach for service users.

12/15 NON EXECUTIVE BRIEFING: LIZ NICHOLSON

Liz Nicholson gave a presentation covering her background, career history, interests, role within the Trust and her particular interests within the Trust. In response to a question from Jackie Hauenstein, Liz Nicholson commented that the role was more of a commitment and support role than a "job" and therefore the time commitment varies. Following a question from Arnold England, Liz Nicholson confirmed that there was a robust relationship between Governors and Non Executive Directors, for example membership of governor engagement groups, attendance at constituency meetings, and shadowing schemes. Liz Nicholson commented that it would be helpful if Non Executive Directors were made aware of more meetings where they could attend, which would support the Governors in holding Non Executive Directors to account.

13/15 SNAPSHOTS FROM CHILDREN'S SERVICES AND LEARNING DISABILITIES

The Council of Governors received 2 presentations:

- Children's services from Jennie Collier and Carolyn Gavin
- Learning Disabilities from Gwen Moulster

Monica Hall clarified with Gwen Moulster that the Trust worked in partnership with schools and Senco representatives.

14/15 ANY OTHER BUSINESS

There was no other business notified.

15/15 DATE OF NEXT MEETING

Wednesday 3 June 2015 at The Learning Centre and Network, Stafford, ST16 3SR.

South Staffordshire and Shropshire Healthcare NHS
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Council of Governors Meeting Agenda Item 5 Enc 2

To: **Council of Governors**

Date: **Wednesday 3 June 2015**

From: **Tony Price, Lead Governor**

Subject: **Governor Member Report on Activities, Events and Achievements**

Lead Governors Report

Election Fever (Overload?)

I'm not going to mention the General Election result (I do in my latest blog – check out the secure Governor section of the website and feel free to make comments) partly as Neil will cover this in his Environmental Scan and partly because there has been a lot of discussion about this in many arenas and we will all have our views on what the future might be like. Suffice to say that the financial and organisational challenges for the NHS remain and we all need to work at addressing these.

On the subject of elections, the process for nominations for new Governors (and existing ones who are re-standing) is well underway and will lead to elections over the summer. There will be new faces at the September meeting and I look forward to working with new colleagues.

Inevitably as new Governors join, existing ones stand down or are not re-elected. A number of long standing Governors are standing down this year and there will be an opportunity to say a proper farewell at the Annual Members Meeting in September.

Engagement Groups

The latest round of engagement groups has taken place and whilst there are summaries of all the meetings elsewhere in the report (and full copies of the Minutes are available on the website or from the Membership Office) there are some interesting things happening that I would like to bring to your attention.

The Performance and Assurance Group had a detailed discussion on discharge from Trust services and how we interact with housing, social care and voluntary agencies. One of the outcomes of this are meetings with housing providers in Shropshire and Staffordshire which Governors will be involved in. The Group have also agreed to look in more detail at the various elements of the Quality Accounts and key performance indicators so that there is Governor engagement throughout the year on this important issue rather than just agreeing a document once a year.

The Membership Steering Group are looking at different ways to engage with and involve Governors including using telephone and video conferencing (something called Pow Wow Now). The Group are also looking at ways to involve more Governors in Constituency Meetings and a “top tips” guide will be produced (look out for these on the website). The third thing the Group are looking at is progress on the holding to account actions that were approved by the Council 18 months or so ago.

Happy Birthday!
It is a year since Martin Gower officially started his role as Chair of the Trust, and Council of Governors, so happy “first” birthday to him. Martin has engaged a lot with Governors both in meetings and individually and is always keen to hear views and opinions.

Here Comes the Summer …
I am always impressed by the commitment and enthusiasm of Governors and their work with the Trust and would like to thank everyone for their involvement. I hope everyone has a good summer and enjoys whatever holidays you have planned. Hopefully the weather will be good and we will not be too badly embarrassed in the Ashes!

Non-Executive Director Activity

Please see appendix 1 for information regarding Non-Executive Director activity between February and March 2015.

Governor Members Engaging with Trust Members, the Public and recruiting new Members

Mental Health Awareness Week
The Trust held engagement and membership recruitment activities at Stafford College during Mental Health Awareness Week. This was an excellent opportunity to engage with young people.

Constituency meeting
Ravi Bhakhri held a successful constituency meeting on 22 April 2015, with almost 40 people in attendance at the County Buildings in Stafford.

Governor Training and Development

Governor Focus, London – 8 April 2015 - Karl Bailey, Public/Service User/Carer Governor (Shropshire, Telford and Wrekin)

The first item on the Agenda after our welcome was a Policy briefing for Governors. This session gave an overview of National Policy, and how these are impacting on Providers within the Service.

There is currently a pressure to increase staffing through a recently announced funding boost. Work related stress is high in the NHS, especially with anxiety, after the publication of the Francis Report.

This session was followed by a presentation from Jeremy Taylor, Chief Executive of National Voices. The Organisation was founded in 2008, bringing together over 160 charities.

The theme was essentially about person centred care, how that can be achieved, and challenging and asking the right questions. He spoke about the role of the people who use the NHS services in helping to shape service delivery.
He spoke about Governors working with National Voices Health Watch and others at a local level. To maximise their collective impact to the benefit of people who use NHS Services.

The final part of the morning session was led by Professor Chris James from the University of Bath. He spoke about School Governors, and drawing a parallel between Governors within School, and NHS Governors. He considered the difficulties currently facing recruitment, especially within Schools.

He spoke of the evolution of both models. He emphasised the skills, qualities and motivations of Governors in both sectors. He also considered the effectiveness of the unique governance model (reflecting on the nature of Governing; Board organisation; what the Board needs to know about; meetings; the role of the Chair; and, within Schools the role of the Clerk.)

The afternoon consisted of Break-Out Sessions.

I attended the Session which discussed the relationship between Governors and Health Watch. Like Governors, Health Watch has a role to listen to the Local Communities, and the power to influence change within the Health and Social Care System. It considered Governors working with Health Watch colleagues to help improve the experience of patients.

The second session was delivered by Monitor. It explored the perception of the role of Governors and how, over time, they can achieve change.

Governor Development Plan

The following development sessions have been held:

11 March 2015 – Quality Accounts, this was jointly facilitated by Liz Lockett (SSSFT) and Sophia Mouyis (PWC)

14 April 2015 – Effective questioning and teams facilitated by Kim Jelphs

13 May 2015 – Complaints and PALs facilitated by Paula Johnson (SSSFT)

Engagement between the Trust and the Council of Governors

Place Visits

The following governors took part in the Place visits conducted on 12 and 13 March 2015:

- Ravi Bhakhri
- Michael Allen
- Pete Downer
- Steve Riddle

Quality Assurance Visits

Governor members are part of Quality Assurance visits, which are carried out on a monthly basis. The aim of Quality Assurance visits is to provide a simple and transparent "no surprises" process, in keeping with our current performance development "culture". This leaves detailed performance monitoring and management where it should be, with the local managers and other planned inspection routines, but also enables us to give clear feedback on key themes likely to impact on the quality of care we provide. Governors take time to speak with Service Users, Carers and Staff on these reviews.

Location	Governor Member	Date
Oak House, Royal Shrewsbury	Graham Riley	9 March 2015
Cancelled	Arnold England	9 March 2015
Cancelled	Karl Bailey	17 April 2015
Brocton, Stafford	Pauline Pearsall	17 April 2015

Quality Assurance

Janet Smith attended a quality assurance focus group at the Hatherton Centre in preparation for a CQC visit

Staff Governor Meeting

Staff Governors met with Greg Moores (Director of HRODE) to discuss ways in which they can discharge their duties as staff governors within the organisation

Governor, Non-Executive Director and Chairman Informal Meeting

This meeting was held at Trust HQ on 12 May 2015. This is an opportunity for Governors and Non executives to meet and engage to discuss ideas, concerns and successes in an informal environment.

Council of Governors – Governor thank you and welcome

The Trust and the Council of Governors would like to record their thanks to Anna Hammond, Partner Governor representing South East Staffordshire and Seisdon Peninsula CCG. Anna has been committed to his role as a Partner Governor during his time at the Trust. We would like to wish Anna well in the future.

We would like to extend a warm welcome to Rita Symons, who is the new Partner Governor representing South East Staffordshire and Seisdon Peninsula CCG..

Governor Engagement Groups

Summaries of all of the Governor Engagement groups and Trust Board meetings can be found following this report. For further information or copies of the minutes, please contact the membership office or visit the secure governor area of the website.

Appendices

1.0 NED Activities (February 2015)
2.0 NED Activities (March 2015)
3.0 Trust Strategic Direction meeting summary (May 2015)
4.0 Community Engagement meeting summary (April 2015)
5.0 Membership Steering meeting summary (May 2015)
6.0 Trust Board meeting summary (February 2015)
7.0 Trust Board meeting summary (March 2015)
8.0 Trust Board meeting summary (April 2015)

NED ACTIVITIES – FEBRUARY 15 **Appendix 1.0**

Name	w/c 2/2	w/c 9/2	w/c 16/2	W/C 23/2	Notes
Ron Hilton	**Steering Group meeting.**	▪ **Board Development Away Day.** ▪ **Personal disclosure work Jane Landick/ Capticks.**	▪ **PID with Jane Landick / Capsticks**	▪ **PID meeting** ▪ **BDISC** ▪ **Board and NED meetings – Redwoods.**	
Sue Nixon	**IT course.** **Service User and Carer Sub Committee.** **Community Engagement Meeting.**	▪ **IT course.** ▪ **Board Development Away Day.** ▪ **Quality Governance Committee.**	▪ **Annual Leave** ▪	▪ **Annual Leave** ▪	
Liz Nicholson	**QGC Prep meeting.**	▪ **Board Development Day.** ▪ **QGC** ▪ **All Mandatory Training completed**	▪ **Meeting to review complaints files, PAG meeting**	▪ **MHA Managers' quarterly meeting.** ▪ **Board meeting.**	
Paul Bunting	**-**	▪ **F&P Committee**	**Admin** **IT at the Trust** **1:1 with Steve Grange**	▪ **BDISC** ▪ **Non Execs meeting** ▪ **Board Meeting** ▪ **Mental Health Act Appeal** ▪ **Visit to George Bryan Centre, Tamworth**	
Ian Wilson	**Managers hearing.** **SUAC.**	▪ **Board Development Away Day.** ▪ **QGC** ▪ **F&P**	▪ **-**	▪ **-**	
Marina McQuade	•	▪ **Board Development Away Day.** ▪ **Chair F& P Committee.**		▪ **BDISC meeting – attendance by phone for ICEMP item.** ▪ **MHA Hospital Managers appeal hearing.** ▪ **NED meetings.**	

Name	w/c 2/2	w/c 9/2	w/c 16/2	W/C 23/2	Notes
				▪ **Trust Board.**	

Glossary of Abbreviations:

BDISC Business Development and Investment Committee
HRODE Human Resources, Organisational Development and Equalities Committee
SUAC Service User and Carer Committee
F&P Finance and Performance Committee
QERC Quality, Effectiveness and Risk Committee
FTN Foundation Trust Network

NED ACTIVITIES – MARCH 15 **Appendix 2.0**

Name	w/c 2/3	w/c 9/3	w/c 16/3	W/C 23/3	Notes
Ron Hilton	**Personal Disclosure Information**	▪ ***Leadership Forum*** ▪ ***PDI discussions***	▪ ***Employer based awards***	▪ ***Audit Committee*** ▪ ***BDISC*** ▪ ***Meeting/visit at Brockington*** ▪ ***Meeting HR/OD/E Director*** ▪ ***HR/OD/E Committee*** ▪ ***NED meetings*** ▪ ***Board Meetings*** ▪ ***Safeguarding Training***	
Sue Nixon	**1:1 Briefing with GM.** **IT course.** **Dignity and Respect Strategic Working Group.** **SUAC Planning meeting.** **SUAC Celebration Day planning meeting.**	▪ **IT course.** ▪ **Council of Governors meeting.** ▪ **Quality Governance meeting.**	▪ **IT course.** ▪ **1:1 Briefing on carers meeting.**	▪ **Audit Committee** ▪ **CPD course.** ▪ **HRODE Committee.** ▪ **NED's meeting.** ▪ **Trust Board meetings.** **w/c 30th March 2015 – Development Day** **SURF.** **IT course.**	
Liz Nicholson	**QGC prep meeting.** **Infection Control Visit to the Redwoods (3 wards).** **MHA tribunals meeting to discuss training programme for staff.** **MHA Appeal.**	▪ **Governor Council Meeting.**	▪ **Holiday.**	▪ **Safeguarding training.** ▪ **NEDs meeting.** ▪ **Trust Board.** ▪ **w/c 30/3 – QGC prep meeting.**	
Paul Bunting		▪ **SLF** ▪ **F&P** ▪ **Complaints RPIW**	**Holiday**	▪ **Audit Committee** ▪ **BDISC** ▪ **Safeguarding training** ▪ **NEDs meeting** ▪ **Trust Board**	
Ian Wilson	**QGC pre meeting.** **Managers Appeal**	▪ **SLF** ▪ **Clinical Systems**	▪ **Appeal Hearing** ▪ **MH Network annual**	▪ **Audit Committee** ▪ **BDISC**	

Name	w/c 2/3	w/c 9/3	w/c 16/3	W/C 23/3	Notes
	Hearing	**Replacement Project Board /RiO Project Board** ▪ **Council of Governors** ▪ **QGC** ▪ **F & P** ▪ **Complaints RPIW**	**conference** ▪ **AAC**	▪ **HRODE** ▪ **NED meetings** ▪ **Trust Board**	
Marina McQuade	• **MHA Hospital Managers appeal hearing.**	▪ **Birmingham City University – Final Year Students Dissertation Day (invited to talk about my NED work and Audit Committee role for SSSFT).** ▪ **Chairing F & P Committee meeting.**	**Appointment Advisory Committee interview panel.**	▪ **Trust Board and NED meetings.** ▪ **Chairing Audit Committee.**	

Glossary of Abbreviations:

BDISC Business Development and Investment Committee
HRODE Human Resources, Organisational Development and Equalities Committee
SUAC Service User and Carer Committee
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QERC Quality, Effectiveness and Risk Committee
FTN Foundation Trust Network

SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS: Engagement Group Summary Report **Appendix 3**

Report of:	**Trust Strategic Direction Group**	Date	**5 May 2015**
Chair:	**Simon Jones, Partner Governor**	Executive Lead:	**Steve Grange**
		Assigned Non – Executive:	**Ian Wilson**

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 Discussion Topics	**Outcomes and further assurances identified**	**Action including referral to other Engagement Groups**
Trust Priorities 2015-2016 and beyond	The Strategic Direction group on behalf of the Council of Governors agreed to recommit to the strategy and to reserve the right to amend as necessary and appropriate.	To be highlighted to the Council of Governors
Social Care Act	Governors were assured that the Trust are working within the guidelines set out in the Care Act	

Recommendations:

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.

SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS: Engagement Group Summary Report **Appendix 4**

Report of:	**Community Engagement Group**	Date	**23 April 2015**
Chair:	**Ravi Bhakhri, Public Governor**	Executive Lead:	**N/A**
		Assigned Non – Executive:	**Sue Nixon**

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

Key Discussion Topics	**Outcomes and further assurances identified**	**Action including referral to other Engagement Groups**
Service User Story The group listened/watched Sians story and were asked to consider the following questions: - How did it make you feel and what more can we do as individuals, teams and directorates/divisions to improve the service user experience? - Sian is also keen for teams to explore the issues service users, like herself who are given an inaccurate diagnosis which then impedes access to an effective therapeutic pathway and also the value of music or similar as a powerful emotional tool to support recovery.	Some members felt that a Service User will need a diagnosis in order to receive treatment, however it was felt important to maintain a balance between 'putting people in a box' or leaving them outside and not receiving help.	n/a
Theme – Lesbian, Gay, Bisexual and	LGBT group has been launched and aims to	n/a

Transgender	support LGBT employees, share information around LGBT issues and assist in the implementation of Trust diversity initiatives.	

Recommendations:
The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.

SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS: Engagement Group Summary Report **Appendix 5**

Report of:	**Membership Steering Group**	Date	**13 May 2015**
Chair:	**Martin Gower, Chairman**	Executive Lead:	**N/A**
		Assigned Non – Executive:	**Ron Hilton**

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 upon request from the Membership Office.

Key Discussion Topics	Outcomes and further assurances identified	Action including referral to other Engagement Groups
Council of Governors - Feedback on the last meeting on 11 March 2015 - Next agenda for 11th March 2015	The group were happy with how the meeting went and felt it was a good informative meeting. The group agreed the agenda for the next meeting with a a slightly different foramt	Update agenda for the next meeting 3 June 2015
360 Degree Feedback The group discussed how to move this process forward and would the feedback be on the whole Council of on individual Governors.	The group agreed that the 360 degree feedback would be conducted on the whole Council and that it will be incorporated into the annual appraisal	
Governors Communicating with constituents - Constituency meeting	The group agreed that these have proved successful in the past and that the current format works well. Plans are in place for a series of meetings in Shropshire, Telford and Wrekin in the	

	Autumn	

Recommendations:

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.

SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS: Engagement Group Summary Report **Appendix 6**

Report of:	**Trust Board**	Date	**26 February 2015**
Chair:	**Martin Gower, Chairman**	Executive Lead:	**N/A**
		Assigned Non – Executive:	**N/A**

Summary: The full minutes of all board meetings and papers are available on the website at http://www.sssft.nhs.uk/about/board-meetings. They can also be obtained from the Membership Office and the secure Governor area of the website.

Key Discussion Topics	Outcomes and further assurances identified	Action including referral to other Engagement Groups
Trust Assurance report including exception reports re: quality and clinical performance, finance, information governance, monitor and contract targets, human resources, safer staffing and Commercial activity/business development	Appropriate assurance given	None required
Values based consultant recruitment	The Board confirmed its support for the evolving approach to values based recruitment	None required
Eliminating Mixed Sex Accommodation Declaration	The eliminating mixed sex accommodation declaration was approved for inclusion on the Trust website	None required

Recommendations:
The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.

SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS: Engagement Group Summary Report **Appendix 7**

Report of:	**Trust Board**	Date	**26 March 2015**
Chair:	**Martin Gower, Chairman**	Executive Lead:	**N/A**
		Assigned Non – Executive:	**N/A**

Summary: The full minutes of all board meetings and papers are available on the website at http://www.sssft.nhs.uk/about/board-meetings. They can also be obtained from the Membership Office and the secure Governor area of the website.

Key Discussion Topics	Outcomes and further assurances identified	Action including referral to other Engagement Groups
Trust Assurance report including exception reports re: quality and clinical performance, finance, information governance, monitor and contract targets, human resources, safer staffing and Commercial activity/business development	Appropriate assurance given	None required
Suicide prevention strategy in Staffordshire	Neil Carr to formally write to raise this issue with Public Health England and NHS England.	None required
Engaging Communities Staffordshire: Dignity and Respect in Action	The recommendations of the Engaging Communities Staffordshire report were approved and support for the data collection requirement in connection with Phase B of the project was confirmed.	None required
Winterbourne View: Time for Change (The Bubb Report)	The Board confirmed its support for and endorsement of the actions outlined to deliver the recommendations of the Bubb Report.	None required
Crisis Care Concordat	The Crisis Care Concordat report was noted.	None required
Premises Assurance Model (PAM)	The recommendations of the Premises Assurance	None required

	Model (PAM) report were agreed including the nomination of Alison Bussey as the Board lead for PAM.	

Recommendations:

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.

SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS: Engagement Group Summary Report **Appendix 8**

Report of:	**Trust Board**	Date	**30 April 2015**
Chair:	**Martin Gower, Chairman**	Executive Lead:	**N/A**
		Assigned Non – Executive:	**N/A**

Summary: The full minutes of all board meetings and papers are available on the website at http://www.sssft.nhs.uk/about/board-meetings. They can also be obtained from the Membership Office and the secure Governor area of the website.

Key Discussion Topics	Outcomes and further assurances identified	Action including referral to other Engagement Groups
Trust Assurance report including exception reports re: quality and clinical performance, finance, information governance, monitor and contract targets, human resources, safer staffing and Commercial activity/business development	Appropriate assurance given	None required
Carer Engagement Strategy	Support for the Carers' Framework was confirmed and the delivery workplan for 2015/16 agreed	None required
Staff Opinion Survey	Agreement to the approach proposed towards the findings of the Staff Opinion Survey via quality improvement, Listening into Action, Living Our Values and other enablers of the Trust and HRODE strategy.	None required
Smoke Free Policy	Approval of the programme plan for becoming a smoke free Trust from 1st October 2015	None required
Care Quality Commission (CQC0 Regulations including Fundamental	Approval of actions required to ensure compliance with the CQC fundamental standards.	None required

Standards		
Trust Strategy 2011-2016 Update Report	Agreement to recommit to the Trust Strategy 2011-2016	None required
Risk Register and Assurance Plan	Agreement on the risks added, removed and updated on the Trust Risk Register and Assurance Plan.	None required
Nursing and Midwifery Revalidation	Approval of the approach being taken the nursing and midwifery revalidation in line with the required timeline.	None required

Recommendations:

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.

South Staffordshire and Shropshire Healthcare

NHS Foundation Trust

A Keele University Teaching Trust

Operational Plan 2015-16

Strategic Plan for y/e 31 March 2016

This document completed by (and Monitor queries to be directed to):

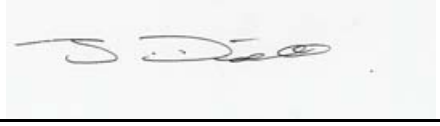
Name	**Jayne Deaville**
Job Title	**Deputy Chief Executive/Director of Finance and Performance**
E-mail address	**Jayne.deaville@sssft.nhs.uk**
Tel. no. for contact	**01785 257888**
Date	**14th May 2015**

The attached Strategic Plan is intended to reflect the Trust's business plan over the next five years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board. In signing below, the Trust is confirming that:

- **The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;**
- **The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;**
- **All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission; and**

The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name Martin Gower (Chairman)	Signature 
Name Neil Carr OBE (Chief Executive)	Signature 
Name Jayne Deaville (Deputy Chief Executive Finance Director)	Signature 

1.0 Executive Summary

The NHS is in a state of change. These changes revolve around the constant challenge of meeting the quality expectations and delivering sustainable services that make a difference to people's lives, whilst demonstrating real value for money.

SSSFT has an agreed strategy that we recommit to. We believe this keeps our service users and their carers at the heart of what we do. We take the opportunity to review our strategy on a regular basis. This year we have included a focus on driving change through our values and through five behaviours.

The Trust continues to work in partnership with commissioners to deliver improvements to our services and work as part of the system to support the local populations that we serve.

The Trust remains committed to the national indicators of high quality service and reviews its provision through a variety of lenses. These lenses are: safe, caring, responsive, effective and well led.

The Trust's short term challenge is to continue to respond to commissioning priorities and tendering exercises. We have enhanced our business support functions to ensure clinicians are fully and comprehensively supported during these processes.

The Trust has service redesign through the use of Rapid Process Improvement Workshops (RPIWs).

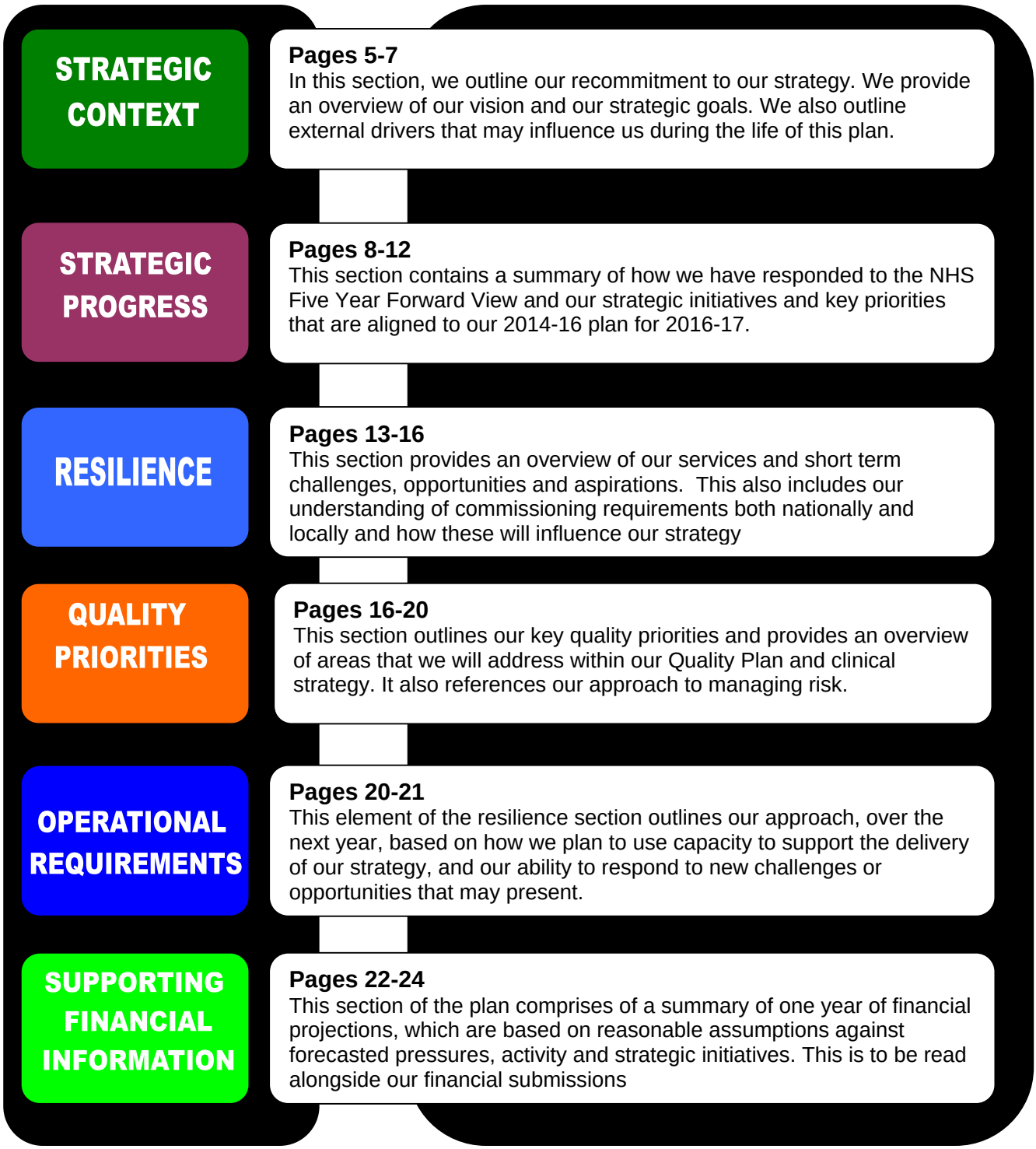
The Trust's clinical strategy aligns the key national and local drivers and is underpinned by the need to provide care closer to home and reduce the number and length of hospital admissions. Our Risk Management framework ensures that the Trust Board is, at all times, in touch with changes, quality and patient safety issues.

In line with the current economic climate the Trust is anticipating that there will be on-going pressure on levels of income. The Trust believes though, that the changes being worked through during 2015/16 based on the LEAN thinking utilised by the Trust, will enable substantial cost reductions to be made in 2016/17. Key CIP themes for 2015/16 from the Mental Health division arise from service reviews and in particular Support at Home – Interventions to enable Living with Dementia (SHEILD). The other major mental health theme is review and redesign of pathways. Specialist Services have identified a number of smaller schemes.

2015/16 is the second year of the Integrated Community and Estate Modernisation Programme. It is anticipated that during the year a number of business cases will be progressed. During the year business cases for material future expenditure will be developed. During 2015/16 it is anticipated that capital receipts will commence being received for the land at Shelton.

We continue to achieve a continuity of service risk rating of four.

OPERATIONAL PLAN 2015/16



1 STRATEGIC CONTEXT

1.1 Strategic Plan

The Trust strategic overview is developed clinically and reflects what we feel is important for our service users and carers.

We have a vision, delivered through three values, deployed against our five aims. These aims are achieved by delivering aspirational outcomes that relate through to the directorate and divisional business plans. These plans are reflected in team and individuals objectives and form part of appraisals. This strategic overview is reviewed twice a year and formally evaluated annually by the Board of Directors and senior teams.

Services are often challenged through competition and new procurement routes - the Trust has responded well and has a sophisticated approach to working in partnership, supporting and embracing competition and acquiring and protecting new and existing services. Our strategic overview was amended to include five behaviours as part of our approach to improving our culture.

These behaviours are aligned to how we work together and how we shape our culture as an organisation, as both an employer and partner of choice.

1. Respectful
2. Honest and Trustworthy
3. Caring and Compassionate
4. Taking the time to listen
5. Working Together and Leading by Example

Our Vision

Our Vision *"to be positively different through positive practice and positive partnerships"* remains valid. We believe it illustrates our commitment to patient care, service quality and to continual improvement. The Trust has three core values:

- People who use our services are at the centre of everything we do
- We value our staff
- Our partnerships are important to us

In addition to these core values, and based on feedback a set of high level aims have been identified which represent the five priority areas of delivery.

***1 Provide** high quality recovery focused services*

Our clinical goals are to provide high quality care that makes a difference to people's lives. This will remain the Trusts strategic priority. This is reflected in our vision and delivered through our values.

***2 Respect** inspire and develop our workforce*

Our main improvement priorities are chosen following a process of engagement and discussion with staff, service users and their carers, governors and our partners. We have committed to an extensive programme of leadership and managerial development to support all staff in their continual professional development and have introduced our five behaviours to enhance our culture.

3 Innovate *through co-operation and co-production*
The Trust remains committed to rolling out real engagement with staff and the use of improvement methodologies such as the Virginia Mason LEAN methodologies. These projects focus on local teams being empowered to make and take decisions to improve their working environment and ultimately the care that they deliver.

4 Deliver *regulatory, financial, performance and quality standards*
The Trust's primary Financial Goal is to generate sufficient surpluses to invest in Quality and be able to handle risks as they arise.

5 Expand *our current service portfolio in order to enrich services*
The commercial goals are contained within its commercial strategy. They are based around the basic principles of expand and retain our existing market share and continue to develop sophisticated clinical partnerships continuing building speciality brands such as MoD and Wagner College. We will ensure we make considered commercial decisions against a clear appetite for risk whilst using our FT freedoms whilst ensuring that we remain able to compete in the changing healthcare market.

The Trust has not experienced any significant variations in performance against strategic goals or initiatives, as outlined in our Operation Plan submission 2014-16. The Trust's overall performance has remained strong, as detailed in our quarterly reports to Monitor and monthly performance reports to the Board of Directors. This includes financial, quality and target driven performance.

External drivers
Staffordshire is seen as one of 11 challenged health economies and was subject to external review during 2014. The outcome, although predominantly acute sector focussed, featured a number of recommendations on the formation of more effective partnerships and greater service integration.

The local economy needs to undergo radical change if it is to be sustainable. Some of that change will result in the evaluation of or modification of care pathways.

The Trust continues to work hard on local partnerships and the development of opportunities to share savings from commissioning in a different way. We do this by sharing and aligning our plans and service development.

The Trust also aligns National, Regional and local strategies including The NHS Five Year Forward Plan, Living Well in Staffordshire, Future Fit, Health and Social Care Act and Mind the Gap.

Nationally, the Trust retains a strong National and local market presence with some 30% of our business deployed outside of our host areas. The commissioning landscape is varied and at times somewhat inconsistent. We have a number of strategies being deployed to support local commissioners including re-competing for contracts where they are being market tested.

Recommitting to our strategy
The Trust is fully aware of the pending General Election and has worked with commissioners on establishing the principles of the key areas of manifesto including retaining parity of

esteem through joint planning and the delivery of the NHS five year forward view. We wish to recommit to our strategy and associated strategic direction.
Partnerships with key commissioners have improved significantly with a number of new initiatives and joint working models in progress. Illustrations include Dementia and IAPT services.

Our strategic direction, commercial strategy and performance remain strong, even though the market place that the Trust operates within is making it increasingly difficult to compete. The Trust remains vigilant to the needs of local commissioners given their financial position and local/national drivers.

Progress towards our Human Resource & Organisational Development and Equality strategy has been very successful including the successful deployment of apprentice schemes within the Trust.

The successful deployment of LEAN thinking and techniques into the Trust has led to a number of quantifiable improvements including improved engagement, higher quality services and staff feeling more empowered.

CIP plans and our approach are being deployed and are reported regularly through our governance arrangements. Our key risks are outlined within our Risk Register and Assurance Plan, both are regularly reviewed and mitigants agreed and implemented.

The Trust is deploying a significant programme to upgrade our inpatient and community estate. This programme ensures equity of standards across all of our sites and provides gear support to services users in the community.

2 STRATEGIC PROGRESS

2.1 Responding to the NHS 'Five Year Forward View'

The Trust is committed to the NHS five year forward view and 'The Forward View information action: partnership and planning for 2015/16' and its seven models of care. We have taken positive approaches within these areas including;

- **Multi-speciality community providers:** Working with GPs and local primary care providers the trust can demonstrate where integrated services are adding significant value to patient care. The most noteworthy is our partnership with a GP federation supporting dementia clients in the community.

- **Development of Primary and Acute Care Systems (PACS):** The Trust has very strong links with local GP service providers and has for many years operated effectively within the community setting.

- **Urgent and emergency care networks:** The Trust works closely with local acute providers on psychiatric liaison within A&E departments and has worked on the deployment of RAID Services supporting people with Dementia.

- **Viable Smaller Hospitals:** The Trust has a lot of experience in developing supply chain services in particular the formation of networks and sub contracting. This continues to be part of our strategy and will support the development of integrated patient pathways including the development of RAID and early intervention services into acute partners. We will do this whilst keeping choice and access to more hard to find services available for local people.

- **Specialised care:** The Trust has planned to be part of the three year rolling review of prescribed services. In many of these services we are aware that the pathway includes multiple providers across a number of sectors.

- **Modern Maternity Services:** The Trust provides mother and baby services (Peri-natal). This specialised (prescribed) service is linked to the redesign of the maternity pathways and is seen as an integral part to the care provided to mothers.
- **Enhanced health in care homes:** The Trust currently supports a number of care homes in the delivery of care, offering specialised input and advice and training of staff. This will remain one of our priorities using the prime provider model that offers economies of scale and better quality of care.

2.2 Providing assurance on delivery

The Trust has assurance and governance arrangements in place that ensure line of sight on the delivery of quality from Board level through to all aspects of what we do. We have continued to invest in our staff to ensure that leadership and skills are promoted and supported within a culture of empowerment and continual and sustainable improvement. We test all of our ideas and assumptions against evidence and feedback at all levels and works with commissioners to ensure that any service changes do not dilute the quality of our care provision.

The Trust strives to deliver the perfect patient experience and holds the service user and their carers at the centre of everything we do and has embraced the Virginia Mason LEAN methodology to ensure operationally we liberate ideas and ensure the workforce is empowered to make local changes that make a real difference.

2.3

The Trust has well defined performance management processes. These are linked to the operational and strategic objectives of the directorates and their business plans. Performance against their strategy is measured in a number of ways:

- Through regular progress updates at The Trust Board of Directors and/or its Sub Committees
- Bi-weekly Executive meetings and Bi-weekly Trust Management meetings
- Establishment of programme/project management boards
- Twice yearly reviews against the business plans and monthly updates via our electronic performance system

2.4 Productivity, efficiency and CIP programmes: an overview

A summary of our productivity, efficiencies and CIP programmes are presented within our financial models and overviews. We have built our business plans around clinical need and commissioning intentions and monitor our performance through regular contract meetings. Plans to develop and improve these services are included within our divisional and directorate business plans.

2.5 The capital programme: an overview

The Trust has an agreed Capital programme that directly supports our strategic overview. This programme has been fully aligned to our business planning process and financial model. It is reviewed regularly against the Trust Strategy and in particular as part of our Monitor Annual Planning process. The financial details associated with the capital programme are included in our supporting financial information. The Trust outlined in its Operational Plan 2014-16 a significant modernisation programme for both inpatient and community estate, which it remains committed to.

2.6 Intelligence gathering, trend monitoring and environmental scanning

The Trust has a number of routes to gather intelligence. These are built from service level intelligence from clinician to clinician through to team level, then divisional, through to Board and then into the political landscape. These scans are also shared with Governor Members on a regular basis to ensure their intelligence and insight is taken into account.

2.7 Commercial Scanning and benchmarking

The Trust has a central commercial team that produces a commercial scan that is discussed at the confidential element of the Board and the Business Development and Investment Sub Committee (BDISC). This report covers strategic opportunities/threats along with performance information on tenders, bids and market trends. This team also explores Non NHS business and gathers external commercial and benchmarking information.

2.8 Scenario planning and networking

The Trust uses its SWOT analysis, intelligence gathering and scanning to inform and review its strategic direction. The Board of Directors meet regularly with protected time to review our strategy and scenario plan. The Trust has an annual business planning cycle that is driven clinically. It is informed by service users, carers, staff, partners and governor members. These plans are modified annually to reflect the Monitor framework and planning processes. Decisions on plans and strategies moving forward are always scenario planned and tested against a range of lenses to ensure that equality is evidenced, clinical improvements to quality are paramount and that the Trust's sustainability is strengthened. The business planning/intelligence gathering/commercial scanning and benchmarking, inform how we prioritise and allocate our resources to reflect our existing, or any new strategic priorities. The Trust uses a Programme Management Approach to monitor delivery and manage risks against strategic direction.

3 RESILIENCE

The Trust has one Division (mental health) and four directorates (Inclusion Drug and Alcohol, Forensic Services, Learning Disability and Specialist and Family services) their operational requirements are laid out in detail within their business plans and summarised below:

Mental Health

3.1 Services Delivered

The division delivers a wide range of mental health services to adults of all ages both in primary and secondary care services.

These services include (but are not limited to;)

- Acute Inpatient services for adults and older people
- Crisis Resolution and Home Treatment services
- Psychiatric Intensive Care Unit and Liaison
- Community Mental Health services include Assertive Outreach
- Early Intervention in Psychosis
- Community Dementia Services and Memory Clinics
- Care Home Education and Support Service (South Staffordshire)
- Primary Care Mental Health Services (including IAPT services)
- Autistic Spectrum Disorder ASD Diagnostic Services (Shropshire)
- Day Opportunities (South Staffs Social Care) and Employment services

These services are organised into two service delivery lines, South Staffordshire and Shropshire (including Telford and Wrekin), with professional leads and clinical directors working across the two areas.

In terms of key targets we would seek to:

- Develop partnerships to deliver Healthy Lifestyle and health and wellbeing
- Continue to deliver our IAPT services locally
- Deliver the re-modelling programme to provide a more efficient service to people with more complex mental health needs in the community
- Continue to improve the adult acute care pathway
- Roll out the Support at Home; Interventions to Enhance Life in Dementia (SHIELD) model alongside a skill mix review of our community dementia teams
- Continue to work with GPs and the development of memory
- Continue to develop and deliver the Crisis Care Concordat
- Continue to work with commissioners to address the needs of people placed out of area

3.2 Inclusion Drug Alcohol and Psychological Services

Services Delivered

Inclusion is a national provider of substance misuse and psychological therapy services in prison and community settings. We currently deliver:

- Substance Misuse in areas including Cambridgeshire & Buckinghamshire, Sandwell, Reading and Hampshire.
- Prisons in areas including Buckinghamshire, Isle of Wight and Birmingham
- IAPT - Wirral IAPT – Lead contractor in partnership with Advocacy in Wirral

In terms of priorities Inclusion would seek to:

- Continue to develop our market share in substance misuse services

- Maintain and grow our IAPT presence nationally
- Introduce a dedicated criminal justice team bringing together all non-bed based criminal justice teams into one unified and dedicated team.
- Move into new markets such as well-being services

Short Term Challenges / Opportunities

The Directorate's priorities for 2015/16 are:

- Regain lost market share within IAPT services.
- Develop a dedicated criminal justice arm within Inclusion.
- Continue to grow community substance misuse market share.

3.3 Specialist Learning Disabilities Directorate

The Specialist Learning Disabilities Directorate consists of the following services:

Specialist Learning Disability Community Teams (East Staffordshire, South Staffordshire and Shropshire/Telford and Wrekin)

Specialist Community Health Teams for Adults with a Learning Disability (SCHALD) work with individuals who have a learning disability and complex health needs requiring specialist support from a range of multidisciplinary health professionals.

Specialist Day Services (Tamworth, Lichfield and Burton)

- Specialist day services
- Provision of high quality effective person-centred services to adults with severe learning disabilities, challenging behaviour and complex physical, medical and cognitive health needs.

Oak House Respite and Assessment and Treatment Service

Oak House provides 24-hour specialist clinical interventions for adults (18+) people with learning disabilities with complex needs including for example epilepsy.

Intensive Support Service (ISS)

The service provides an integrated, responsive, needs-led, highly specialist assessment, formulation, treatment, service designed to prevent crisis providing support in a range of community settings for people with learning disabilities, with highly complex health needs and behaviour that severely challenges services and /or support networks.

Short Term Challenges / Opportunities

The Directorate's priorities for 2015/16 are The Redesign of Oak Houseand Day Services and the Development of Day Assessment

3.4 Directorate: Specialist and Family Services

The Specialist and Family Services Directorate consist of the following service areas:

- Child and Adolescent Mental Health Services
- Community Pediatrics & Children's Community Nursing
- Specialist Nursing Services for continuing care
- Eating Disorders (Inpatient and Community) Services
- Perinatal (Inpatient and Community) Services
- Physical Health Psychology Services

Short Term Challenges / Opportunities

The Directorate priorities for 2015/16 are:

- Tendering for new contracts for children's services
- Implementing Children's and Young Peoples IAPT services
- Developing Children's Community Nursing services
- Integrating children's community services
- Continuing to retain market share in Eating Disorders and Mother and Baby Services
- Development of a CAMHS service in partnership with regional commissioners as part of the commissioning strategy

Aspirations

The aspirations for the Directorate include:

- The expansion of the existing children's service provision, providing both local authority children's services and other children's physical health services
- Successfully tendering to be prime-provider for specialist mental health services.
- Becoming the main provider of psychological service into physical health pathways across acute and community physical health services.

3.5 Forensic Directorate

The Forensic Directorate provides a range of services spanning the forensic pathway.

In Patient Service - Medium Secure

- **Hatherton Centre** is a 47 bedded medium secure unit (commissioned on a cost and volume, inclusive price basis)
- **In Patient Service - Low Secure**
  - **Clee low secure unit** (commissioned on a cost and volume, inclusive price basis) which includes a 20 bedded rehabilitation unit and a 12 bedded acute/assessment unit
  - **Ellesmere House** is a 12 bedded low secure learning disability service (commissioned on a cost and volume, inclusive price basis)

The Criminal Justice Mental Health team provides mental health screening and advice to court and custody services across Staffordshire and within the West Midlands region.

The Forensic mental health liaison schemes operate within Wolverhampton and Shropshire and ensure the sustainable transition of service users along the pathway from secure services to less secure environments in community settings.

Offender Personality Disorder Pathway was launched in 2011. This led to the commissioning of a range of services in partnership with probation services for Offenders with Personality Disorder including community specification projects, Mentalisation-Based Therapy (MBT) treatment and PIPES. There is no clear commissioning intent for these services at present (until 2016).

Short Term Challenges / Opportunities

1. *Increase the commercial attractiveness of our current core contracts*
2. *Improve the recovery focus our forensic services*
3. *Explore opportunities for growth including the provision of female low secure services.*

Aspirations

The Aspiration of the Directorate include:

- Continue to grow in-reach and community liaison and criminal justice mental health services
- Develop more specialist areas including community outreach in learning disabilities and female low secure in patient services

3.6 Organisational and strategic resilience

The Trust regularly reviews its long term planning. We have a rolling five year strategy that is reviewed bi-annually against a number of different lenses (Clinical, fiscal, political, strategic, commercial etc).

Our long term strategies reflects the need of the service users and their carers whilst understanding and responding to the local economy and ensuring that there is no dilution of quality. The majority of the Trusts change management approach will be delivered through a comprehensive programme in Mental Health.

The Specialist Services Division also has its challenges but they remain more market focussed. All of these changes are risk assessed clinically and operationally and go through a rigorous challenge to ensure changes are evidence based and can promote equality and best practice with no unintended consequences.

Partnership working is key to delivering these changes and to ensure not only the sustainability but the sustainability of our partners as many of our integrated pathways cross a number of organisations and professional sectors.

4 QUALITY PRIORITIES

The Trust's quality goals are contained within our Quality plans and our Quality accounts. These are represented in our Trust Strategy and Aspirational Aims and remain consistent with our Operational Plan submission 14-16. We remain committed to ensuring that quality if key to any decisions made in our pursuit of the perfect patient experience.

4.0 National commissioning priorities

The Trust regularly reviews national trends against the sectors we currently deliver within, and those that we strategically wish to expand into. The details of these are contained within the directorate business plans and Trust supporting/enabling strategies. We are also aware that a number of targets are likely to be changed and implemented across our sector from 2016. These include new targets around Early Intervention, IAPT[1], liaison and waiting times. We are currently working with commissioners to understand how we will implement and monitor these targets, whilst supporting the parity of esteem agenda.

4.1. Substance misuse services

Nationally, substance misuse services continue to be commissioned through Public Health teams within Local Authorities who are commissioning large whole system contracts which include recovery focused psychosocial, clinical drug and alcohol services. There have been a small number of longer contracts published in the last year (5, 7 and 10) year duration which may go on to create some stability for the sector.

4.1.1 IAPT Services

IAPT services nationally are currently being extended to meet the needs of those with:

- Long term conditions/unexplained medical symptoms
- Children and Young People (not AQP)
- Those with severe mental illness or personality disorder

4.1.2 IAPT and Drug and Alcohol services

Locally within community substance misuse, there remains a strong local context with services commissioned through local councils and lead by Public Health. The need for local knowledge and understanding remains central though there is a developing trend which suggests that retention of contracts is getting harder. All the major providers seem to be losing projects where they are the incumbent but winning in new areas.

The last area where local commissioning could become a factor is the probation work tendered through the Crime Reduction Companies (CRC's).

4.1.3 Prison Services

Nationally within prison services, NHS England has moved to a prime provider model which has meant that physical, mental health and substance misuse services have been integrated into large offender health contracts. This will have long term implications for our continued delivery in this environment

4.1.4 Learning Disabilities

Nationally, NHS England's work programme aims to ensure that people with learning disabilities and autism receive high quality care in the most appropriate settings and includes:

- Ensuring the right care in the right place
- Robust – regularly tracking and reporting progress, identifying areas that need additional support and informing local plans.
- Developing new care pathways to ensure tailored person-centred care

[1] Improving Access to Psychological Therapies

- The delivery of the BUbb recommendations and The Winterbourne View Joint Improvement Programme (JIP)

Since the publication of the Winterbourne View Concordat Requirements, commissioners need to ensure that people with complex needs and challenging behavior are receiving the right model of care and are regularly reviewed and not placed in hospital inappropriately. The key priorities locally are:

- Re-design of current specialist learning disability health services
- Implementation of Learning Disability Service Development Plan for people with complex needs and challenging behavior
- Development of a model of integrated
- Implementation and review of an Intensive Support Service
- Continuing to improve access to primary care and reduction of health inequalities.

The "Living Well in Staffordshire" strategy aims to focus on prevention, better care in the community, equal access to quality healthcare and addressing the wider factors which impact on health.

4.1.5 Child and Adolescent Mental Health Service (CAMHS)

CAMHS services are being reviewed nationally, the initial report recommended significant changes in the commissioning and delivery of child and adolescent mental health service nationally, including addressing the role of education in improving children's emotional health and wellbeing and reviewing tiered CAMHS model. NHS England has indicated that they will be co-commissioning with CCGs for Tier 4 CAMHS during 2015/16.

The local CAMHS strategy for Staffordshire has been agreed, with focus on early intervention across CAMHS pathways. CAMHS were successful with a joint application with the CCGs and third sector providers for CYP IAPT.

CAMHS Prison In-reach provides mental health services to young offenders placed in Werrington YOI. The contract, which was originally for 3 years, has now been extended until 31st March 2016. It is anticipated that the service will be tendered during 2015/16.

4.1.6 Looked-after Children

Children's Services have been successful in tendering for Health Services for Looked-after Children. Commissioners have indicated that they will be exploring additional funding for provision of review health assessments for Looked-after children in 2014/15.

4.1.7 School Nursing / Health Visiting

This moved to public health in 2013/14. Local Authorities are increasingly putting school nursing public health services out to tender. Health visiting services will move from NHS England to Local Authorities in April 2016. It is anticipated that Health Visiting services are likely to be tendered with the change in commissioning arrangements.

4.1.8 Children's Community Nursing Services

Provision of acute paediatric services is currently under review. Commissioners have indicated that they will be investing additional resources into children's community nursing services to support admission avoidance plans across Stafford and Cannock.

4.1.9 Specialist Nursing Services

The Trust is currently discussing the repatriation of service users from the independent sector into NHS care through invest to save approaches.

4.2.0 Specialist Services - Eating Disorders & Perinatal Services

Eating disorders and perinatal inpatient provision is commissioned by NHS England. It is anticipated that eating disorders and perinatal services will be co-commissioned with CCGs in the future. NHS England has indicated a preference for a prime provider model for contracting these services. There are no anticipated changes to the local commissioning arrangements and intentions for these services.

4.2.1 Physical Health Psychology

Contracts with Mid Staffordshire Hospital NHS Trust have novated to University Hospitals of North Midlands (UHNM). It is anticipated that these contracts will be reviewed with the split of activity between UHNM and Royal Wolverhampton Hospital NHS Trust (RWT) as part of the local review of acute provision.

4.2.2 Secure Inpatient Services

NHS England (Midlands and East) has commissioned a regional inpatient review to inform the strategic direction of the commissioning and future delivery of these services. It is expected to be completed during 2015.

Commissioners are signalling the potential need for the provision of female low secure beds in the West Midlands area.

Learning Disability Secure Services re being reviewed. Opportunities are likely to be presented through the "*Transforming Care"* agenda, with scope to improve bespoke packages of care, delivered in the community, outreaching from specialist units. The Trust is keen to remain involved in these strategic dissensions.

4.2.3 Forensic Services

Secure Inpatient Care

We understand that the national commissioning ambition is to reduce the number of the contractual relationships by introducing a different procurement model e.g. prime provider. In addition, the commissioning of low secure services is likely to further involve CCGs in a co-commissioning framework, with collaborative risk and budget management processes explored with NHS England.

4.2.4 Offender Personality Disorder Pathway Projects

Offender Personality Disorder Pathway was launched in 2011. This led to the commissioning of a range of services in partnership with probation services for Offenders with Personality Disorder including community specification projects, MBT treatment and PIPES. During Spring 2015 the Transforming Rehabilitation programme will come into effect and providers will be required to work in partnership with the newly formed Community Resettlement Companies (CRC's)

The Social Care Act will also come into effect in April 2015 and places a statutory responsibility on Local Authorities to commission social care for prisoners. It is expected that Healthcare Providers will proactively collaborate with social care service providers in support of holistic, integrated health and social care systems.

4.3 Quality priorities

The Trust Board of Directors is committed to leading the organisation in the delivery of quality services through the continual development and implementation of robust Integrated Governance structures and processes. To ensure that we are succeeding in delivering high quality services we periodically self-assess ourselves against Monitor's Quality Governance Framework.

Each year we produce and publish a set of Quality Accounts. The Quality Accounts provide an annual report of the achievement against agreed yearly improvement priorities as well as a range of information on key elements of assurance and performance against quality metrics and national indicators. Our quality improvement priorities are chosen following a process of reviewing our current services, consulting with our key stakeholders and listening to the views of our service users. We link our improvement priorities to the three domains of quality and also align them to our Commissioning for Quality and Innovation Schemes.

Key priorities inform the Clinical Strategy and directly influence the focus and aims of individual services, now and in the future. Our key priorities include:

- Providing evidence care based on the holistic principles of Recovery and are closer to home
- Providing effective integrated patient centred care working in partnership with other health and social care providers across complex pathways
- Providing care that recognises the physical care needs of those with mental health problems or learning disabilities
- Enhance that we fully embrace lessons learned from key reviews such as Francis.
- Continue to use feedback from service users, carers, partners and staff to be a lever for improvements, and service change
- Ensure individual clinicians have their own information about the quality of their care, and take action to make improvements in a way that adds value to both the service delivered to the patient and the support needed by the clinical teams
- Continue to review and strengthen our systems to ensure good governance, and continue to maintain a culture of openness and learning.

The Trust is registered with the Care Quality Commission (CQC) and with all regulatory requirements. We fully meet the requirements of the CQC framework for clinical quality. We strive to deliver the perfect patient experience and are focussed on ensuring that quality and experience are metrics we use when evaluating our role as an NHS provider of care.

5 OPERATIONAL REQUIREMENTS

The Trust provides assurance of the quality and capacity of the workforce delivering services through the delivery of contractual obligations and our strategy.

5.0 Operational delivery linked to strategic aims

Through the delivery of our strategy we will continue to:

- Plan to have the capability and systems in place to deliver high quality services that learn from the experience of service users, carers and our workforce
- Be proactive in identifying, sharing and spreading best practice
- Deliver all regulatory, financial, performance, quality and compliance standards
- Continue to be an effective partners within the health economy and present opportunities to deliver joint planning and service efficiencies, whilst never diluting quality and ensuring parity of esteem
- Continue to develop teams and individuals to promote and deliver excellent services
- Continue to be commercial ensuring that we remain competitive and sustainable

The Trust uses a Workforce Planning Approach. We have aligned our workforce planning with our partners. Our plans are mapped against staff and demand profiles outlined through the commissioning intentions and contract monitors. We continue to reduce our vacancy rates and the use of bank and agency by implementing a Nurse Bank. We will continue to redesign our workforce, looking to develop new roles, broaden skills and competencies, as well as providing development opportunities. We will also look to improve service user and carer involvement in workforce development through induction and training programmes and on key recruitment panels. Illustrations of innovations include:

- Continuing to support the implementation of apprenticeships - with over 80 apprentices currently working within the sector.
- Development of unique relationships with Universities including those overseas – e.g. the Trust is currently exploring the introduction of Physician Assistants into Psychiatry with a New York College (Wagner) as part of an exclusive relationship of mutual learning and the placement of students.

5.1 Responding to Operational Requirements

The Trust works closely with local commissioners to understand, plan and respond to demands on services on a regular basis. The Trust also, through its Contracting and Information departments, regularly model against existing and expected capacity and activity of existing contracts and new opportunities. The Trust prides itself on work undertaken prior to committing to the delivery of clinical services or the acquisition of new business by completing assessments or inputs needed against expected activity levels. These assessments include:

- Physical capacity
- Workforce and workforce development
- Information Technology
- Activity and Information requirements
- Physical locality – a valuation of estate
- Contractual and reputational risk

This analysis is used to inform key operational risks and anticipated risks in areas of new business.

5.2 Workforce requirements to deliver our operational requirements: reducing the use of agency workers

During 2014/15 the Trust experienced a higher vacancy rate compared to previous financial years due to a number of management of change programmes within its Operational and Facilities & Estates services.

The Trust also hosts the local health Informatics Service (HIS) which underwent a major integration of services across Staffordshire towards the later part of 2013/14. As a consequence of this integration there were a series of management of change exercises which resulted in agency costs during 2014/15. This level of expenditure on agency staff is not expected to continue during 2015/16.

There was also non recurrent agency costs associated to time limited projects during 2014/15 including the Digitisation of Clinical Records project. In addition to this, the Trust incurred costs to support service users that require greater observations across a number of high cost / low volume service lines. These costs cannot be planned for, as the level of activity is usually treated as an in-year variation and are off-set by associated non recurrent income from commissioners.

The Trust has recently increased its funded establishments. This is as a response to a safer staffing review which will also help address the high usage of nurse agency staff. Finally, following the approval of an internal business case the Trust has set up its own in house nursing bank commencing April 2015 which will also drive down the costs associated with temporary staffing.

Conclusion

The Trust continues to re-commit to our long term strategy. They key aspect of this is to be positively different, through positive practice. We always hold our service users and carers as our priority. The quality of our services is always our driver and we will deliver this through the partnerships within a challenging healthcare environment.

6 SUPPORTING FINANCIAL INFORMATION

The financial plan for 2015/16 builds on the successful delivery of the first year of the strategic plan for 2014/15 to 2019/20. This has been updated by a review of the implications for the Trust of The Forward view into Action : Planning for 2015/16 and Guidance on the 2015/16 annual planning review for NHS Foundation Trusts. At the draft stage the financial plan was presented within the Trust and submitted to monitor at a stage before the commissioning contracts had been agreed. The main contracts for 2015/16 have now been agreed and the final detailed budgets have been set, which are now reflected within the financial plan.

6.0 2014/15 Outturn

The 2014/15 outturn at draft accounts stage includes EBITDA of £10.3m against a target of £9.0m. This has been achieved as follows:

Table 1 : Overview of the 2015/16 Income & Expenditure Position above EBITDA

	14/15 Plan £m	Draft 14/15 Accounts £m
NHS Clinical Income	156.615	151.058
Non NHS Clinical Income	2.870	2.887
Other Income	18.641	21.038
Total Income	178.126	175.883
Employee Expenses	(127.709)	(124.352)
Non Pay Expenses	(41.422	(41.228)
Total Expenses	(169.131)	(165.580)
EBITDA	8.995	10.303
EBITDA Margin	5.05%	5.86%

Close cost control and delivery of the in-year CIP programme has enabled costs to be below plan. This has enabled the Trust to support the local health economy both by delaying the receipt of non-recurrent change support resources to future years £3m and providing further non recurrent support of £3.5m. These agreements will assist the Trust to make the required changes to services in future years.

Below EBITDA the projections versus plan are as follows:

Table 2 : Overview of the 2015/16 Income & Expenditure Position below EBITDA

	14/15 Plan £m	Draft 14/15 Accounts £m
EBITDA	8.995	10.303
Depreciation	(2.600)	(2.596)
Impairment	-	(4.160)
Interest Receivable	0.080	0.132
Interest Payable	(1.140)	(1.133)
Dividend	(1.700)	(1.333)
Pension financing		(0.074)
Net Surplus	3.635	1.139
Surplus Margin	2.04%	0.65%
Normalised Margin	2.04%	3.01%

The final outturn after year-end adjustments is a surplus of £1.139m after taking account of impairments of £4.16m so an underlying surplus of £5.298m or 3%.

6.1 2015/16 Financial Plan

2015/16 will be a challenging year for the Trust and the NHS as a whole. The rejection of the tariff consultation, the ongoing level of required efficiencies and specific pressures in the local health economy and the increasingly challenging tendering environment for our inclusion services resulted at 'draft' plan stage in a planned surplus margin below 2%. This was taking account of the receipt of £5m of non-recurrent income from CCGs. Fully working through the implications of the 2015/16 contracts and with the non recurrent resources from CCGs increased this non recurrent income to £6m. The planned surplus margin is now 2.72%. Without the receipt of this non recurrent income the underlying position is a £1.2m deficit.

The financial plan is fully aligned with the Trust budgets for 2015/16 and in summary is as follows:

Table 3 : Overview of the 2015/16 Income & Expenditure Position (SOCI 2015/16 Annual Plan)

	Draft 14/15 Accounts £m	2015/16 Plan £m
NHS Clinical Income	151.058	157.171
Non NHS Clinical Income	2.887	1.788
Other Income	21.038	17.755
Total Income	175.883	176.714
Employee Expenses	(124.352)	(125.049)
Non Pay Expenses	(41.228)	(41.670)
Total Expenses	(165.580)	(166.719)
EBITDA	10.303	9.995
Depreciation	(2.596)	(2.500)
Impairment	(4.160)	-
Interest Receivable	0.132	0.080
Interest Payable	(1.133)	(1.063)
Dividend	(1.333)	(1.700)
Pension financing	(0.074)	
Net Surplus	1.139	4.812
Surplus Margin	0.65%	2.72%
Normalised Margin	3.01%	2.72%

The 2015/16 contracts with the Trust's host commissioners have now been agreed including the removal of £380k from the Shropshire County CCG contract value and the plan is in line with those contracts.

6.2 Cost Improvement Programme CIP

The CIPs within the plan currently are as follows:
Further work to allocate the CIPs across the headings has taken place during budget setting to show the planned CIPs as:

Table 4 : Summary Cost Improvement Programme – Final 2015/16 Plan

Final Plan	Pay £000	Non Pay £000	Rev Generation £000	Total £000
Identified Plans – recurrent	1,924	315	311	2,550
Total recurrent	1,924	315	311	2,550
Identified Plans – non recurrent	43	415	74	532
Unidentified CIP – non recurrent	2,926			2,926
CIP Contingency – non recurrent	(3,500)			(3,500)
Total non-recurrent	(531)	415	74	(42)
Total	1,393	730	385	2,508

Whilst the in-year CIP target is relatively low compared to previous financial years the requirement for the delivery of recurrent sustainable CIPs remains high as non-recurrent income will not be forthcoming during future financial years.

The Trust believes that the changes being worked through during 2015/16 based on the LEAN thinking utilised by the Trust will enable substantial cost reductions to be made in 2016/17, along with other initiatives such as procurement savings, review of back office functions and income generation opportunities through tendering opportunities.

6.3 Capital Programme and Estates Modernisation

2015/16 is the second year of the Integrated Community and Estate Modernisation Programme. It is anticipated that during the year a number of business cases will be progressed resulting in an overall capital spend for the year of 4.3m as follows: During the year business cases for material future expenditure will be developed.

	£m
ICEMP approved within SOC	2.334
ICEMP case	0.687
Estates operational	0.850
IT	0.400
	4.271

During the year business cases for material future expenditure will be developed.
During 2015/16 it is anticipated that capital receipts will commence being received for the land at the Shelton Hospital site. In addition the disposal of White Lodge will be completed.

6.4 Continuity of Service Risk Rating

The 2015/16 plan continues to achieve a continuity of service risk rating of 4. The draft plan assumed an increase in borrowing in line with the strategic plan of £10m. A review has been carried out alongside the capital plans for 2015/16 and has assessed that a loan to support ICEMP will not be required until 2016/17 subject to the value of the cases brought forward.

6.5 Risks and Contingencies

The Trust has considered the main financial risks and their mitigations over both 2015/16 and 2016/17. The highest risk area is considered to be delivery of CIPs. In the short term this is effectively mitigated through the non-recurrent resources available over the next two years. The in-year commissioning agreements with host CCGs reduce the in-year risks but both South Staffordshire and Shropshire CCGs continue to have material financial pressures. The reserves included within the plan amounts to £7.31m. £3.5m of which is to cover CIP risk.

6.6 Financial Summary

Overall the Trust is delivering in line with its strategic plan but the challenges of CIP increase materially projecting forward to 2016/17.

Council of Governors Agenda Item 7 Enc 4

Document Title:	Chief Executive's Report and Environmental Scan
Sponsoring Director:	Neil Carr, Chief Executive
Author(s):	Neil Carr, Jane Landick, Steve Grange
Date of Meeting:	03 June 2015

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 Board members to raise issues
- Encourage the Board to share intelligence, place action or seek assurance
- Ensure effective internal governance of issues discussed through sub committees
- List policies for ratification by the Board and provide assurance of a robust consultation and approval process.

Recommendations

The Council of Governors are asked to:

- Receive and note the report

Monitoring	✓	Details
Care Quality Commission Compliance	✓	
Monitor Compliance	✓	
Other (add details)	✓	Regulators, commissioners and stakeholders

Assurance	Ref	Details
Risk Register	All	
Assurance Framework	All	
Link to Strategic Aims	All	
Board Sub Committee	As appropriate	

Chief Executive's Report

May 2015

Neil Carr
Chief Executive

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

OVERVIEW OF THE REPORT

The objectives of the report are to:

- Scan the fast changing environment in which our NHS Foundation Trust operates
- Focus on new vital issues and encourage focussed and strategic discussion
- Encourage the Board to share intelligence, place action or seek assurance
- Ensure effective internal governance of issues discussed through sub committees
- List policies for ratification by the Board and provide assurance of a robust consultation and approval process.

CONTENTS

1. OUR STRATEGY

2. NEW NATIONAL GUIDANCE, REPORTS

The following documents and reports are placed with Executive Leads for decisions on whether any actions are required for follow up or consideration by Board Sub Committees.

2.1 Guidance and Reports

No.	Document	Hyperlink	Lead
2.1.1	**Centre for Health and the Public Interest (CHPI): The contracting NHS: can the NHS handle the outsourcing of clinical services?** This report examines the capacity of the NHS to handle the increasing outsourcing of its services to the private sector and its ability to ensure that services provided by the private sector under contract with the NHS are safe, effective and value for money.	Report	Steve Grange
2.1.2	**NAVCA: Voluntary sector annual survey: findings from the health and care voluntary sector strategic partnership 2014 survey** This survey aims to explore the experience of voluntary organisations involved in the health and care sector. It provides information on the voluntary sector itself as well as perceptions of service responsiveness, person-centred co-ordinated care, support provided to service users, health and wellbeing boards, CCGs, Healthwatch and various national initiatives.	Report	Steve Grange
2.1.3	**Dr Foster: Uses and abuses of performance data in healthcare** This report describes how efforts to improve standards of patient care in the NHS are being undermined by performance measures that encourage 'gaming' and sap professional motivation. It makes a series of recommendations to tackle practices that distort the reliability of the information used to manage the standards of care delivered to patients. It outlines how better healthcare data from English hospitals has led to greater transparency.	Report	Jayne Deaville
2.1.4	**National Institute for Health Research: Do higher primary care practice performance scores predict lower rates of emergency admissions for persons with serious mental illness? An analysis of secondary panel data** Serious mental illnesses (SMIs) are associated with poor outcomes, high costs and high levels of disease burden. Primary care plays a central role in the care of people with a SMI in the English NHS. Good-quality primary care has the potential to reduce emergency hospital admissions, but also to increase elective admissions if physical health problems are identified by regular health screening of people with SMIs. This study aimed to test whether or not better-quality primary care, as assessed by the SMI quality indicators measured routinely in the Quality and Outcomes Framework, is associated with lower rates of emergency hospital	Report	Alison Bussey

	admissions for people with SMIs, for both mental and physical conditions and with higher rates of elective admissions for physical conditions in people with a SMI.		
2.1.5	**Houses of Parliament (Parliamentary Office of Science and Technology): Parity of esteem for mental health** Achieving parity of esteem between mental and physical health in care standards and public attitudes has been attempted for decades. This note outlines the history of these efforts, the various ways in which parity is defined and measured, the challenges of achieving this ideal and the strategies that may be employed to that end.	Briefing	Therèsa Moyes
2.1.6	**Social Care Institute for Excellence (SCIE): Care improvement works** A free online resource aimed at care providers has been launched which provides support in driving up standards. Care Improvement Works, developed in partnership with Skills for Care and support from the Think Local Act Personal consortium, maps a range of products to the Care Quality Commission's inspection questions and 'key lines of enquiry'. Providers should have the confidence to use it pre- or post-inspection, and also use it to challenge practice. People who use services, and carers, can use the resource to question the quality of care they receive.	Online Resource	Therèsa Moyes
2.1.7	**National Voices: Peer support: what is it and does it work?** This review found evidence that peer support can help people feel more knowledgeable, confident and happy, and less isolated and alone. It also showed that there is a limited understanding of the different forms of peer support, how best to deliver support and the forms of training and infrastructure to get the most impact from it. It concludes that further evidence is needed to fully understand the impact that peer support has on the health service and individuals with long-term health conditions.	Review	Neil Carr
2.1.8	**NHS Employers: International recruitment: quick guides for employers** This range of quick guides to international recruitment for employers has been updated to reflect changes to new immigration rules that came into effect on 6 April 2015. These resources have been designed to help employers gain a concise understanding of some important elements of the international recruitment process.	Guides	Neil Carr

2.2 Consultations

No.	Document	Hyperlink	Closing Date	Lead
2.2.1				

3. OUR AIMS


Aims
Aspirational Outcomes (2019)
Provide
high quality recovery focused services
1. Services are timely, appropriate, considerate, based and focused on personal recovery and delivered with passion
2. All services will improve people's lives and help people recover from episodes of ill health
3. People who use our services will be able to see clearly how they have shaped our services into the future
4. Tracking progress throughout all our services by using outcome measures will be part of the normal everyday experience for people who use our services and our staff
5. All clinical audits will be prioritised according to national and local priorities and we will be able to demonstrate how the audit cycle has been completed in each case
6. Implement a clinical information system that fully supports an Electronic Patient Record that supports clinical and business decisions, nurturing and supporting innovative clinical delivery to provided evidence to support a governance risk rating of green
7. Demonstrate our commitment to treating and caring for people in a safe environment and protecting them from avoidable harm
Respect
inspire and develop our workforce
1. 100% compliance with team development, mandatory training and appraisals influenced by service user feedback
2. Demonstrable principles of the recovery model applied to all services
3. Be the local leader in leadership and management development opportunities
4. Be a lead player in the provision and commissioning of training, education and development
5. Provide a comprehensive health and wellbeing service for our staff, supporting sickness and absence
6. Each service area to have a competency based workforce and educational plan aligned to business and financial planning processes that is focussed on a flexible workforce working in new and innovative ways
7. Clear demonstration of equality and diversity across all areas of the Trust
8. A culture of innovation and empowerment supporting local improvements
9. Deployment of a staff compact supporting the Virginia Mason methodology of continual improvement and reduction of waste

Innovate
through co-operation and co-production

1. Clearly defined productive partnering arrangements that show benefits to clinical quality, reputation and resource use
2. A deployed preferred commercial partnership framework linked to a commercial strategy aligned to preferred partners which supports the Trust's role in the patient pathway
3. Dedicated subcontracts and prime contracts for the delivery of services offering confidence, assurance and delivery across multiple sectors and pathways
4. Dedicated professorial and research partnerships with preferred Universities
5. Fully deployed national and international partnership with the MoD resulting in the Trust offering a range of sustainable services to UK and American Armed Forces
6. Progressive specialist services, integrating expertise through lived-experience, skilled professionals and co-produced initiatives to pursue the highest quality of provision for those using our service.

Deliver
regulatory, financial, performance and quality standards

1. Delivery and articulation of all regulatory requirements in an accessible easy to understand format
2. Improvements needed to demonstrate we can maintain compliance with any CQC regulation will be able to be tracked and evidenced electronically
3. Retain a financial risk rating commensurate with the aspirations of the Trust, which demonstrates improving financial efficiency, meeting agreed targets and controlling expenditure whilst supporting the local economy
4. Fully engage in and influence the outcome of Payment by Results implementation for Mental Health
5. Fully implement the Electronic Staff Record to facilitate staff to function efficiently, reduce the administrative burden to free up clinical face to face time and enhance the service user and carer experience

Expand
our current service portfolio in order to enrich services

1. Be the provider of comprehensive and integrated mental health and learning disability services across Staffordshire and Shropshire
2. Greater developed niche markets offering greater choice to local people
3. Be a comprehensive provider of Children and family services across the West Midlands
4. Co-produce a range of shared services across Shropshire and Staffordshire
5. Fully deployed evidence of service user and member involvement in the shaping and delivering of new business models and packages of care
6. Full deployment of Service Line Management ensuring that all business decisions can be informed and shaped on accurate and current financial and clinical information.
7. Provide business support to operational divisions in developing business plans, negotiating tenders and explaining commercial opportunities

4. HORIZON SCAN

PERFORMANCE ON A PAGE

Monitor Compliance ratings
Gov: GREEN
Finance: 4

CQC compliance positions and rating
Rating: GREEN

Contract targets
Performance against activity overall on target

CIP position
On target

Membership
The Trust has 14600 Members

Ratings at a glance

Continuity of services rating

No evident financial concerns

Governance rating

Green: No evident concerns

Quality

- Deployment of the Trusts Strategy, and Monitor Plan 2015/16
- Deployment of Listening into Action and big conversations
- Quality Accounts - deployment
- Consultations on change
- Monitor Ratings, contractual performance and Performance indicators
- CQC KLOE - deployment aligned to our strategy and planning processes
- Development of the Clinical Strategy linked to outcomes
- Modernisation of inpatient and community estate programme progress and priorities
- Dashboard development
- Premises Assurance Model (PAM) deployment
- intelligent monitoring deployment

Staff, Teams and Culture

- Listening into Action (LiA) – roll out and ambassadors identified
- Deployment of Living our Values throughout the Trust
- vacancy factors including safer staffing indicators
- Development and deployment of Nurse Bank
- Staff Satisfaction Survey results
- Safe staffing levels - national reporting and local compliance
- OD framework and Equality Agenda
- Sickness absence and mandatory training performance
- Living our Values LOV Awards
- NHS Pay Award announced - national position and impacts
- Recruitment in key areas including F&E

Partnerships

- Deployment of new contracts including new partnerships
- Active participation in local economy review and new programme of work established
- Wagner College: PA partnership with American Students – Programme established and being deployed
- Development of integrated partnerships model with primary care
- Contracting / sub contracting arrangements deployed locally and nationally
- Exploration of out of county repatriation support with local commissioners
- Development of integrated pathways with third sector agencies
- Development of a veterans housing pilot

Commercial Development

- NHS England procurement approach - varied across the NHS
- National reviews against key service lines ie CAHMS
- National demands on procurement processes supporting parity and equity
- National acquisition list/ timetable for aspirant FTs
- Tenders and competitive procurement x21
- Monitor Annual Planning Process - one year review and five year strategy
- Alignment of NHS Five year forward plan and parity of esteem for Mental Health
- Community hospitals review – progress and early findings
- NHS FT Sector performance 2014/15 - financial position

5. KEY OPPORTUNITIES / RISKS

Strategic Opportunities

Development of network of providers for the delivery of:

- Step down and rehabilitation
- Dementia and Frail Elderly
- Child and Adolescent mental healthcare (T3,3+,4)
- Continuing care repatriation
- IAPT contracting
- focussed IAPT intervention Pilots including children
- NOMS and probation support
- Probation services
- Forensic Services
- IAPT modelling and inclusion into new areas of service
- Blue light services
- Education sector
- MOD and Veterans

Political issues of relevance

- Outcomes of the General Election including Parliamentary position on Healthcare and emerging manifesto
- Emergence of Health and Wellbeing Boards with potential for new powers
- NHS provider and CCG deficit – forecasts and plans to address further decline
- NHS Vanguard schemes - introduction of NHS Chains model
- Monitor new investment / risk assessment on investment process
- Parity of Esteem for Mental Health - increasing profile
- Competition and challenges within commercial activity increasing (over 40% contracts market tested)
- Mental Health Taskforce review - new NHS England Mental Health Strategy
- CCG external support service models - market testing

KEY DATES / EVENTS

- 10th June 2015 – Service Users & Carers Celebration Day
- 17th June 2015 – Celebrating Nursing Awards
- 25th June 2015 – Veteran Support – Home to Work (National Event)
- 30th June 2015 – Brockington Mother & Baby Unit 10 Year Anniversary (National Event)
- 1st July 2015 – Motherhood & Mental Health Conference (National Event)
- 9th September 2015 – Annual Members Meeting
- 10th September 2015 – Annual General Meeting
- 23rd September 2015 – Mental Health & Disabilities Quality Improvement Event
- 9th October 2015 – Midlands Children's Long Term Ventilation Conference
- 14th October 2015 – Psychological Services Conference
- 20th October 2015 – National Forum for Assertive Outreach Conference (National Event)
- 25th November 2015 – West Midland's PIN Conference

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

A Keele University Teaching Trust

Council of Governors Meeting **Agenda Item: 9** **Enc 5**

Document Title:	Introducing a Totally Smokefree Policy for the Trust
Sponsoring Director:	Alison Bussey, Director of Nursing/Chief Operating Officer
Author(s):	Fran Fahy, Health Promotion Lead
Date of Meeting:	Wednesday 3 June 2015

Executive Summary

Guidance from NICE (PH48 PH 48 Smoking cessation in secondary care: acute, maternity and mental health services) recommends that all NHS premises become totally Smokefree including for inpatients.

The guidance states:
"Secondary care providers have a duty of care to protect the health or, and promote healthy behaviour among, people who use, or work in, their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking whilst using or working in secondary care services."

The Trust is proposing to become Totally Smokefree by 1st October 2015 and is putting in place training and development, operational changes and promotional arrangements to achieve this aim.

This document outlines in more detail how the implementation of a Totally Smokefree policy is being planned and delivered.

Recommendations

The Council of Governors are asked to note the report and seek assurance to the Trusts' position

1. The Impact of Smoking on Health

Smoking remains the largest preventable cause of ill health and premature death in England from respiratory disease (30%), circulatory disease (13%) and cancer (39%).

In the general population one in two long term smokers die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 10 years of life and experiences many more years of ill health than a non-smoker.

Smoking prevalence rates are significantly higher among people hospitalised with a mental health condition, where up to 70% of patients smoke and around 50% are heavy, more dependent smokers.

Research shows that patients with diagnosed mental health problems:

- Are more likely to die from physical health problems linked to smoking and other poor health behaviours than from their mental illness.
- Die at least 15 years earlier than the general population, much of which can be linked to smoking. For patients living with schizophrenia die an average of 18 years earlier than the national average.
- Consume 42% of the total amount of tobacco sold in England.

As an NHS Trust it makes health sense that we take steps to eliminate smoking from our premises.

The Health Act 2006 is about where people smoke, not whether they do. However support for stopping smoking is an integral part of smoke free policies developed by all NHS Trusts across the country. It is acknowledged that the introduction of this policy provides a significant opportunity to improve the health and well being of individuals with mental health problems and learning disabilities and the staff who care for them.

Second hand smoke – breathing other people's tobacco smoke – has now been shown to cause lung cancer and heart disease in non-smokers, as well as many other illnesses and minor conditions. 30 minutes exposure to second hand smoke reduces blood flow to the heart in fit, healthy adults. Long term exposure increases a non-smoker's risk of developing health disease and lung cancer by a quarter and stroke by three quarters.

In terms of staff who smoke, an average smoker takes six 10 minute smoke breaks each day, which equates to an hour of lost productivity per smoker per day, or five hours per week. Additional smoking breaks are often resented by non-smoking colleagues, which can cause tension between staff. NICE has estimated that a person who smokes will take an additional 33 hours or 4.4 days off sick each year compared to a non-smoker. Staff smoking during business hours also subject patients, both smokers and non-smokers, to the unpleasant smell of stale tobacco whilst receiving NHS treatment and care.

2. The Challenges

There are a number of areas which will be challenging to manage including:

- Dealing with breaches on inpatient areas including hiding cigarettes in bedrooms etc.
- Manage leave periods for patients so that they are discouraged from "binge" smoking
- Supporting and assuring people waiting to be admitted that support is available to help them to not smoke

- Staff leaving the site to smoke who are then required to return in an emergency

There are likely to be more as we consult with staff, patients and carers.

3. The Totally Smokefree Proposal

It is proposed that the Trust becomes totally Smokefree (i.e. that smoking is not permitted anywhere on Trust premises, including inpatient areas).

Guidance from NICE (PH48 PH 48 Smoking cessation in secondary care: acute, maternity and mental health services) recommends that all NHS premises become totally Smokefree including for inpatients.

The guidance states:

"Secondary care providers have a duty of care to protect the health or, and promote healthy behaviour among, people who use, or work in, their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking whilst using or working in secondary care services."

It recommends:

- Strong leadership and management to ensure secondary care premises (including grounds, vehicles and other settings involved in the delivery of secondary care services) remain smokefree – to help promote non-smoking as the norm for people using these services.

- All hospitals have an on-site stop smoking service.

- Identifying people who smoke at the first opportunity, advising them to stop, providing pharmacotherapy to support abstinence, offering and arranging intensive behavioural support, and following up with them at the next opportunity.

- Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care, to help people abstain from smoking at least while using secondary care services.

- Ensuring continuity of care by integrating stop smoking support in secondary care with care provided by community based and primary care services

- Ensuring staff are trained to support people to stop smoking while using secondary care services

- Supporting all staff to stop smoking or to abstain while at work

- Ensuring there are not designated smoking areas, no exceptions for particular groups, and no staff supervised or staff facilitated smoking breaks for people using secondary care services.

In the guidance, "secondary care" refers to all publicly-funded secondary and tertiary care facilities, including buildings, grounds and vehicles. It covers drug and alcohol services in secondary care, emergency care, inpatient, residential and long term care for severe mental illness in hospital, psychiatric and specialist units and secure hospitals and planned specialist medical care or surgery. It also includes maternity care provided in hospitals, maternity units, outpatient clinics and in the community.

The latest Policy in Draft produced by the Trust in 2013 and refreshed in 2014 covers most of the recommendations that NICE has made about NHS premises. However this policy does allow inpatients to smoke in areas designated for each inpatient ward. These areas are managed by each ward with arrangements in place for escorting patients to the smoking area. Under the new policy this provision will be removed and alternative activity will be put in place.

The key elements of our fully Smokefree Trust proposal are:

- Smoking will not be permitted anywhere on our premises by staff, patients, carers, visitors and contractors
- Support will be offered to staff to help them manage their nicotine cravings whilst at work **and** managers and staff they will be encouraged to use it
- A Nicotine Management policy will be introduced which advises patients of our Smokefree policy and offers them options to manage their nicotine needs whilst in our care
- Staff will be trained in providing behavioural support to services users to abstain from smoking whilst in our care on our premises and .
- Guidance will be produced for all prescribers on the effective use of Nicotine Replacement Therapy. A training package will also be delivered for prescribers.
- The Trust formulary will be updated with links to the above guidance. Arrangements will be made to increase access to Nicotine Replacement Therapy (NRT).

In order to achieve a totally Smokefree Trust and following the NICE guidance the following actions are proposed:

NICE recommendations	**Trust proposals**
Clear leadership from the Board and managers on the promotion of Smoke Free as an example of the Trust's commitment to improving the physical health of patients as well as their mental health	The Board will be asked to support the policy which requires everyone to adhere to the Smoke Free aim. It will need to be willing to monitor and record incidents where the policy is breached (by patients or staff) and to act accordingly. The policy will need to be linked clearly to staff policies of discipline and grievance as well as complaints procedures.
	The Board will be signing up to provision of NRT to patients to help them manage their nicotine withdrawal even if they are not choosing to stop smoking completely. Guidance for staff on how to do this is contained in documents attached to the revised formulary and detailed training will be made available.
All hospitals have an on-site stop smoking service	It is proposed that all staff who have regular contact with patients will be offered training to help them to support a client to stop smoking. In addition work will be done to ensure quick access to NRT for patients. On discharge arrangements will be made for patients to transfer into services local to their homes.
Identifying people who smoke at the first opportunity, advising them to	The introduction of Physical Health Assessments ensures that the question of smoking status is

stop, providing pharmacotherapy to support abstinence, offering and arranging intensive behavioural support, and following up with them at the next opportunity.	raised. It is proposed that the Trust where possible will advise patients about the Smokefree policy and will have prepared the individual to receive the Nicotine Replacement Therapy on admission for temporary abstinence.
	Rio will be updated to incorporate key questions on smoking status so that the Trust can monitor the uptake on support to stop smoking permanently.
Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care, to help people abstain from smoking at least while using secondary care services	A Nicotine Management Policy will be developed and implemented to support patients in abstaining from smoking on a temporary or continued whilst in the care of the Trust.
	All relevant staff will be trained to deliver behavioural support. The training is based on the National Training Agency and follows the Standard Treatment Guidance with minor amendments for use with our client group.
Ensuring continuity of care by integrating stop smoking support in secondary care with care provided by community based and primary care services	Discussions have commenced with commissioners about the provision of community based and primary care services. These focus on supporting patients transferring to local services following support from the Trust.
	Where appropriate and where available details of stop smoking services available in the community are being circulated to staff. We will investigate electronic referral arrangements but this is delayed by the recommissioning of lifestyle services for Staffordshire
Ensuring staff are trained to support people to stop smoking while using secondary care services	A series of training sessions are planned for the period leading up to the introduction of the policy. Matrons and Ward Managers will need to consider and nominate the appropriate staff for this training.
Supporting all staff to stop smoking or to abstain while at work	The Trust has an arrangement in place whereby staff can access NRT products to support them while at work. This has not been used to date therefore we will review the guidance and reissue it to staff, managers and staff representatives
Ensuring there are not designated smoking areas, no exceptions for particular groups, and no staff supervised or staff facilitated smoking breaks for people using secondary care services.	Smoking shelters were removed following the introduction of the current policy and in line with legislation.

4. Timescale

A working group chaired by Alison Bussey has been considering the approach to be taken within the Trust. Attached overleaf is the proposed timeline for the introduction of the fully Smokefree Trust on 1st October 2015.

Smokefree Trust Forward Plan

Task	method	start	end
Helping People to Stop Smoking Training (1 day)	monthly courses various sites	01/02/2015	31/10/2015
Brief Interventions in Helping People to Stop Smoking (1/2 day)	monthly courses various sites	01/02/2015	31/10/2015
Supporting the use of NRT (1 day)	monthly courses various sites	01/02/2015	31/10/2015
intranet page set up	March onwards	01/03/2015	
internet page set up	March onwards	01/03/2015	
consultation groups with staff	focus groups and surveys	01/04/2015	01/07/2015
consultation groups with patients	focus groups and surveys	01/04/2015	
consultation groups with carers	focus groups and surveys	01/04/2015	01/07/2015
preparation of proposal document	paper for April Board	30/4//2015	26/02/2015
preparation of briefing documents for managers	March Stop Smoking meeting	01/03/2015	
promotional materials developed		01/02/2015	
Begin gathering success stories		01/03/2015	
Consultant body engagement		01/02/2015	
Formulary review commenced	working group established	01/01/2015	31/3/2015
Materials for patient and carer communication developed		01/05/2015	
Information cards for patient advice materials		01/06/2015	
Information included in referral information - GPs, Police, Social Services		01/06/2015	
Key policies reviewed: Contraband advice, Serious Incident		01/06/2015	
Amendments to Care Planning Process		01/06/2015	
Amendments to Rio for recording		01/06/2015	
Development of early implementer sites		01/03/2015	31/07/2015
Early implementer sites go live		01/07/2015	