Joint Board and Council Of Governors meeting

4:00pm 21st June 2017
Park Inn, Forge Gate,
Telford, TF3 4NA
Council of Governors Meeting

21\textsuperscript{st} June 2017
5:30pm from Refreshments
6:15pm meeting to begin

Park Inn, Forge Gate, Telford, TF3 4NA
Council of Governors Meeting

Wednesday 21 June 2017

1730 – 2030 (refreshments and networking from 1730, meeting commences at 1815)

Park Inn Hotel, Forgegate, Telford,
Members of the public are welcome to observe

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1815</td>
<td>Introduction and welcome</td>
<td>Martin Gower</td>
</tr>
</tbody>
</table>
| 1820  | **Minutes of the Council of Governors Meeting held on Wednesday 1 March 2017**
To receive and approve the minutes - *Enclosure 1* | Martin Gower                           |
| 1825  | **Matters Arising:**
- Governor and NED visits                                           | Martin Gower                           |
| 1830  | **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 engagement groups for information – *Enclosure 2* | Dave Gill                              |
| 1840  | **Chief Executive Briefing and Environmental Scan**
To discuss and comment on the long term strategy and plans for the Trust – *Enclosure 3* | Neil Carr                              |
| 1900  | **Trust Festival and Annual Members Meeting**
To involve governor members in co-producing this important event in the Trust’s calendar - *Enclosure 4* | Amanda Godfrey/Jenny Smit/Dave Gill    |
| 1915  | **Staff Survey**
To receive and comment on the staff survey results and the focus for 2017/18 – *Enclosure 5* | Theresa Shaw                           |
| 1930  | **Community Remodeling**
To receive an update on the implementation of community remodeling, review the learning and the next steps | Cathy Riley/Alison Pickard/Gareth Ecclestone |
<table>
<thead>
<tr>
<th>Year</th>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td><strong>Chairman Interview</strong></td>
<td>To review with Martin Gower his first term of office as Chair of the Trust and to consider his request to serve a further term of office following the expiry of his current term on 30&lt;sup&gt;th&lt;/sup&gt; June 2017 – Enclosure 6</td>
</tr>
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<td></td>
<td></td>
<td>Remuneration and Nominations Committee (RANC) members</td>
</tr>
<tr>
<td>2015</td>
<td><strong>Any Other Business</strong></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Martin Gower</td>
</tr>
<tr>
<td>2015</td>
<td><strong>Close of Public Meeting and Date of Next Meeting</strong></td>
<td>13 September 2017 – Annual members meeting and Trust Festival – The Learning Centre, Corporation Street, Stafford</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Martin Gower</td>
</tr>
<tr>
<td>2020</td>
<td><strong>Closed Session: Chair Re-Appointment</strong></td>
<td>To make a formal decision arising from the earlier agenda item</td>
</tr>
</tbody>
</table>

**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)
MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS OF SOUTH Staffordshire AND Shropshire HEALTHCARE NHS FOUNDATION TRUST HELD ON Wednesday 26th April 2017 AT 1815HRS AT ST GEORGE’S HOSPITAL, Stafford

14/17 PRESENT:
Paul Bunting Vice Chairman
Dave Gill Public/Service User/Carer Governor (Shropshire/T&W)
Helen Allen Staff Governor (Nursing)
Karl Bailey Public/Service User/Carer Governor (Shropshire/T&W)
Mac Cock Partner, Carers Association
Cllr Simon Jones Partner, Shropshire Council
Janet Smith Public/Service User/Carer Governor (Regional/National)
Gareth Eccleston Public/Service User/Carer Governor (South Staffordshire)
Cllr Arnold England Partner, Telford and Wrekin Council
Ravi Bhakhri Public/Service User/Carer Governor (South Staffordshire)
Lilian Owens Partner, Shropshire, Telford and Wrekin Voluntary Sector
Mohammed Haroon Public/Service User/Carer Governor (South Staffordshire)
Fiona Doran Public/Service User/Carer Governor (Shropshire/T&W)
Sunita Roberts Staff Governor (Non Clinical Support)
Peter Jetson Public/Service User/Carer Governor (Shropshire/T&W)
Rachel Ward Staff Governor (Clinical Support)
Peter Cross Public/Service User/Carer Governor (South Staffordshire)

15/17 IN ATTENDANCE:
Neil Carr Chief Executive
Ian Wilson Non Executive Director
Megan Nurse Non Executive Director
Phoebe Wickens Membership Administrator
Jane Landick Company Secretary
Megan Page Membership Administrator
Sue Nixon Non Executive Director
David Matthews Non Executive Director
Martin Evans Associate Director of Communications
Alison Bussey Director of Nursing/Chief Operating Officer
Steve Grange Executive Director of Strategy and Strategic Transformation
Therèsa Moyes Director of Quality and Clinical Performance
Martin Evans Director of Communications
Jayne Deaville Director of Finance and Performance
Matt Elmer PWC
Richard Cotterell Non Executive Director
Carolyn Gavin Clinical Director, Specialist and Family Services
Sue Brown Quality Standards Compliance Lead
Greg Moores Director of Workforce and Development

16/16 APOLOGIES:
Jill Bedford Public/Service User/Carer Governor (Shropshire/T&W)
Mark Boylan Public/Service User/Carer Governor (Shropshire/T&W)
Kenneth Jackson Public/Service User/Carer Governor (South Staffordshire)
Pauline Pearsall Public/Service User/Carer Governor (South Staffordshire)
Paul Stanley Public/Service User/Carer Governor (Shropshire/T&W)
Kathryn Taylor Public/Service User/Carer Governor (South Staffordshire)
Paul Bunting welcomed all attendees. He advised that one item of ‘any other business’ had been notified in advance.

18/17 MINUTES

The minutes of the Council of Governors’ meeting held on 1st March 2017 were approved.

19/17 MATTERS ARISING

There were no matters arising.

20/17 GOVERNOR MEMBER REPORT

Dave Gill presented the Governor Member report. The summary reports of the Strategic Direction Engagement Group and the Membership Steering Group held on 6th April and 5th April respectively were received and noted. An informal governor/non-executive director meeting was noted to have taken place and Dave Gill commended governors to attend future meetings as an opportunity to engage widely on a range of issues, improve communication and ensure inclusivity. He referred to other areas of positive governor engagement including the PLACE visits and regarding the issue of carers’ assessments where a more joined up approach was emerging.

Dave Gill highlighted the governor appraisal/self-assessment online questionnaire and asked all governors to take the time to complete the survey.

21/17 CHIEF EXECUTIVE REPORT

Neil Carr reported on the following issues:

- The current position regarding Shropshire Community Trust relating to their proposed acquisition. It was noted that the process was currently with the regulator, NHS Improvement to determine the process and timeframe, with the expectation that a preferred partner would be identified by August/September with a view to the transaction being completed by April 2018 subject to a full business case and due diligence. It was noted that for the Trust this would represent a significant transaction requiring Council of Governors’ approval to proceed.
- Continuing the briefing on Shropshire, Neil Carr highlighted the adverse media interest in Shrewsbury and Telford Hospitals and politics surrounding the local health and social care economy in relation to the Shropshire Sustainability and Transformation Plan.
- The retirement of Debbie Moores as AHP Lead in May and the appointment of Rachel McHugh from August 2017. It was noted that Rachel has a background in community services at Director level and that it was expected that her skills would prove a great asset to the Trust.
- The position of the Staffordshire health economy as one of fourteen areas asked to deliver a ‘Capped Economy Programme’ to address a deficit in Staffordshire of £130m through a recovery plan to be submitted to NHS Improvement by 5th May 2017. It was...
noted that this was likely to be complicated by the purdah arrangements arising from the local and general elections.

- The red rated items on the Programme Management Office report on business critical projects were noted to have been addressed and resolved.
- Headlines from the Staff Opinion Survey were provided by Greg Moores who compared the 2016 results to the 2011 results and confirmed that the 2016 results showed that the Trust was up there with the best of the best 26 of the 32 key findings above the national average and none below the national average. Neil Carr commented that the results reflected the Trust’s commitment to a culture of engagement, motivation and empowerment of staff, delivering better care for service users and the use of quality improvement and other methodologies in support of staff and service users. A detailed presentation on the Staff Opinion Survey was offered to governors if desired.
- The alignment of the Trust Strategy with the Five Year Forward View for Mental Health and work with operational Directorates to align their business plans was outlined by Steve Grange. He advised that through the Strategic Direction Engagement Group, Governors would continue have the opportunity to be fully engaged with this process in advance of submission to the Trust Board.
- The cap on agency spend in the NHS: it was noted that the Trust had halved spend on agency staff in the past 12 months and was heading in the right direction to achieve the target.
- The priority to build and develop new working relationships with primary care and GPs was highlighted including different models of carer and a different offer in the future in line with the direction of travel of national policy and the Sustainability and Transformation Plans.

Paul Bunting commended the efforts of the executive directors in their work across the health economy, working to further the interests of the organisation and its service users and carers.

22/17 RICHARD COTTERELL: NED PROFILE

Helen Allen conducted an ‘interview’ to profile Richard Cotterrell, one of the more recently appointed non-executive directors, to the Council of Governors. Richard briefed governors on his family, interests and background and on his reasons for applying to become a non-executive director in a mental health trust and specifically within this Trust, where he reflected on the Trust’s values being compatible with his own. Richard outlined what drives and motivates him as well as the things that irritate him, such as company politics and a lack of honesty. As a non-executive director he focused on the Trust’s strategic direction, performance and medium to long term planning and growth. He advised that his outside interests included endurance running and rowing (sinking). Helen Allen thanked Richard for his insightful and informative responses to her questions.

23/17 AUDIT REPORT AND PLAN 2016/17

Matt Elmer presented the audit plan for 2016/17 including an analysis of the assessment of significant audit risks, the proposed audit strategy, audit and reporting timetable and other matters including the main areas of focus and would also include a review of the quality accounts. He advised that the findings would be reported to the Annual Members’ Meeting in September 2017. An additional offer was made to governors surrounding their role during the year in reviewing significant transactions in terms of training or support from PWC, should governors wish to take up this offer. In response to a question from Mohammed Haroon, Neil Carr advised that it was important that Trust and governors, embarked on any significant transaction in partnership as a journey taken together and if PWC could support the process in terms of what governors would need to focus on and
how they should conduct themselves, this was an offer worth considering. Matt Elmer corrected an error in the audit fee section of the report but advised that the total figure stated was correct. David Matthews confirmed that the draft report had been received and discussed at the Audit Committee and that they were happy with the plan. Therèsa Moyes advised that Liz Lockett was running a governor development session on 3rd May 2017 to review the quality accounts and look at next year’s indicator. In response to a question from Peter Cross about PWC’s involvement with potential acquisition targets, Matt Elmer advised that he did not believe PWC currently provided external audit services to those organisations and that there was consequently no conflict of interest.

24/17 0-25 SERVICE IN SHROPSHIRE/TELFORD AND WREKIN

Carolyn Gavin provided a briefing on the contract due to commence from 1st May 2017. She outlined collaborative work with young people to rebrand the new service model. She outlined the decision to transfer staff from Shropshire Community Trust under TUPE regulations and steps to achieve a pro-active change of culture and model of service delivery based less on a medical model and more about one which provided a range of options about how young people could engage with the service. Arnold England commended the approach being taken and in particular the steps taken to address the issues around transition from children’s to adult service. In response to a question from Mac Cock around mental health prevention, promotion, education and working with schools, Carolyn confirmed that work had already commenced to engage with special schools and head teachers and that an event was taking place during May. She also referred to a white paper which was due for publication later in the year, subject to the election, addressing the issue of emotional wellbeing in schools. Dave Gill commented that it was important to also address the holistic needs of young people and that opportunities for working with voluntary sector and community groups should be maximised. In response to a question from Neil Carr about waiting lists, Carolyn Gavin advised that this was being specifically addressed through a separately funded project, utilising agency staff and overtime as required. It was agreed that the team would be invited back to update the Council of Governors on progress in 6-12 month’s time.

25/17 JOINT NON-EXECUTIVE DIRECTOR AND GOVERNOR VISITS

Janet Smith and Sue Brown presented a paper outlining a proposal for a pilot visit programme aligned to the existing Quality Standards Assurance Visits to provide a source of assurance and evidence that actions from visits were followed up and completed. It was noted that a working group comprising non-executive directors and governors would be meeting later in the week to agree the detailed arrangements for the pilot. David Matthews commented that it was a welcome opportunity to add value and close the loop on an existing process rather than reinventing a new process. Neil Carr commented that he supported the initiative but that it was important not to create an industry around the visits as an earlier governor visit programme had done. Peter Cross referred to the burden of inspection placed on ward and teams and questioned the benefits of re-auditing services and suggested that for some teams there may be no requirement for a visit. Therèsa Moyes advises that teams welcomed visits and referred to the value of an independent view and the opportunity the visits presented for teams to show off and celebrate their achievements, with the visit as a supportive intervention rather than an inspection. She also advised that actions were monitored via Performance Plus and that urgent actions were followed up immediately following a visit. Paul Bunting commented that it was through testing, learning and refining the approach that the pilot was being implemented to do. It was agreed that the feedback from the meeting would be referred back to the working group for their meeting on 28th April 2017.

26/17 ANY OTHER BUSINESS
Peter Jetson made reference to a good agenda and a successful and high performing Trust, but raised the issue of a media story based on findings from a Freedom of Information (FOI) Act request made by MIND where the Trust was reported as consistently failing to meet the seven day follow up target for patients discharged from in-patient care and referred to NICE studies showing a high risk of suicide within the seven day period post discharge. Jayne Deaville advised that she was aware of this FOI request and that the question asked had asked for the numbers of all patients discharged from in-patient care and the numbers followed up by the Trust post discharge but that the latter figure would not include those who live out of the Trust’s catchment area, who it would not be the responsibility of the Trust to follow up. She referred governors to the public Board papers which contained a monthly report on the Trust’s actual compliance with the statutory duty to complete a seven day follow up which showed that the Trust consistently met the target of 92.5%, which allowed a 7.5% tolerance threshold. Jayne Deaville agreed to ensure that governors received the full year’s figures for 2016/17 as reported in the Board papers. In response to a question from Rubina Anjum, Martin Evans advised that post publication it would serve no purpose to attempt to correct the interpretation of the information. However, Alison Bussey advised that the Shropshire Star had queried the data with the Trust and been provided with the correct information and an explanation of the data.

27/17 DATE OF NEXT MEETING

The next Council of Governors’ meeting will take place on Wednesday 21st June 2017 in Telford (venue to be confirmed) at 1815hrs, with refreshments and networking from 1730hrs.
Lead Governors Report – Dave Gill

It is again a bare two months since my last report in April and the pace of activities and developments continue with pace unabated. There have been the usual round of engagement meetings kicking off with the Performance and Assurance Group where Executive Directors unable to attend were well represented by the direct reports. The governor development session and opportunity to receive a presentation on the Trust’s Quality Accounts was cancelled due to low take up by governors though there was still opportunity to comment via email on areas of the Trust’s activities to be scrutinised in the coming year.

The Membership Office and governors participated in information stands and recruitment events during May as part of Mental Health Week with grateful thanks to Asda in Stafford and Telford for hosting a day each. Peter Jetson was certainly in his comfort zone as he greeted shoppers on arrival and departure to raise the profile of the Trust. Interestingly at a recent membership recruitment meeting it was established that a further ten people and signed up from Telford in the subsequent six weeks so thank you Peter and all governors involved.

I spent an interesting morning when I sat in on a meeting of the Clinical Education Team to better understand the work of the team and hopefully with a lifelong background in education managed to contribute well to the agenda discussions. With this in mind, I should like to propose that the Team Leader and Staff Governor Helen Allen delivers a future governor development session on the work of her team or, a presentation to a future Council of Governors meeting.

I was disappointed not to be able to attend the Community Engagement Group since there appeared to be a very full and interesting agenda and the Strategic Direction Group continues to move forwards with a promising array of business opportunities and an overview of the Trust’s strengthening collaboration with Wagner College in New Young
provided by Abid Khan was well received and much appreciated by governors. Very impressive with some really exciting work afoot both sides of the pond.

Last but not least I should mention one of the jewels in the crown of the Trusts calendar, namely the Service User and Carers Involvement Celebration Day held on the 14th June that provided the opportunity to share the wealth of good practice the length and breadth of the Trust domain in the field of Involvement. The event was standing room only during the early stages with some excellent contributors including Mike Wetson, former service user who provided a light hearted look at jargon and some alternative meanings for acronyms though the show stealer for me was young Callum Homer, a service user who delivered a presentation of his journey through life supported by the Learning Disability Team entitled Reaching Targets – Yes We can. A remarkable young man and thank you to all those involved in making the event such a success.

Thank you to all governors for their continued efforts in monitoring and contributing to the values of the Trust in our continued efforts to represent the interests of its stakeholders. Also to those who engage with service users, carers and the wider community through their own initiative and commitment.

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

Mental Health Awareness Week

Governor Members volunteered during Mental Health Awareness week, 8 - 12 May 2017, holding a stand in both ASDA Stafford and ASDA Telford. This was a great opportunity for engaging with the public and combating stigma surrounding mental health. Governors answered any queries their constituents had and discussed what it means to be a member of SSSFT.

Several people approached the stand asking for advice on their own or a loved one’s mental health. Members of the public were very grateful for the information provided in the Access Service for Adult Mental Health leaflets and only one leaflet was left at the end of the day in Telford. Governors explained that the 24/7 helpline would be able to advise and refer them to the appropriate support.


Staff Governor Sunita recently volunteered for On Your Feet Britain, holding a stall at Pure Gym Stafford on the 28th April 2017. The day’s goal was to encourage people to think about how your physical health can affect your mental health and vice versa. Five gym members signed-up to become members of the Trust and over 25 people took part in the ‘Sitting Time
Calculator’. These varied from sitting times of 1 hour and 30 minutes for a Chef to a considerable time of 14 hours for a GP. The results dictated that your occupation has a big effect on your activity levels.

The Gym Staff were very interested in the link between physical and mental health and discussed setting up a permanent board for SSSFT with information in the reception area.

**Governor Development Plan and Training**

**NHS Providers – Governor Focus Conference 2017, reported by Dave Gill, Lead Governor**

Karl Baily and I attended the Governor Focus Conference 2017 in London organised by NHS Providers which was very informative and left us feeling more than a little bit proud of our Trust and its ongoing achievements. A particular irony in light of the recent General Election result was the view expressed by Chris Hobson, CEO of NHS Providers, that the NHS was no longer a priority under Theresa May. What a difference six weeks makes and it will be interesting to see whether the forecast longest dip in funding for the NHS continues as planned against a background where costs continue to rise by between 4% and 5.5% each year and potential impact of the lower value of the pound and other economic pressures.

**Mental Health: Forward Thinking – The Implementation Plan, Reported by Ravi Bhakhri, Public/Service User/Carer Governor (South Staffordshire)**

The following are the learning and observational features from the above conference attended in March in Manchester

- Need strong leadership to make all the changes to happen taking along people and considering places they are living in. Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system which require simplified and strengthened leadership and accountability across the whole system. This could be made possible by enabling resilient communities, engaging inclusive employers and working in partnership with the third sector. Prevention, access, integration and sustainability are the four visible pillars which require solid and robust foundation. It was interesting to note how to involve staff and the public for endorsing the locality plans and strategic plan led by the organisation with media and PR support. It helped to increase public understanding of the impact change and begin to harness the ideas, energy and collective intelligence of the people and communities around the opportunities and challenges to taking charge and the responsibility

- By reinventing in community services to prevent avoidable admissions and reduce lengths of stay, we can improve care pathways and service user involvement,
innovation in service delivery, better clinical involvement/engagement, ultimately improving partnership working between care providers and creating more visible accountability.

- Another example of working together is when medical professionals and voluntary sector or charitable organisations come together to support and assist the patient at an early stage. Patient see the same practitioner each week and choose from the pathways to address issues around stress, anger, low mood, social isolation etc. Drop in service either at GP surgery or community set up will help to reduced GP services for their mental health, out of hours GP services and patient will learn new skills to deal with their own mental health.

- Co-production with people with lived experience of services, their families and carers is a key principle for local areas to follow when developing their local plans. To effectively address and reduce health inequalities within BAME, it is paramount that evidence based treatment pathways and implementation guidance for crisis and acute care give particular consideration to the needs of individuals needs from BAME communities.

- Child Health digital strategy dictates to develop integrated health and care statistics, knowing where every child is and how healthy they are and finally appropriate access to information for all involved in the care of children.

- New model of care are being developed in the form of digital health to provide live therapy sessions which all depend upon accessibility, affordability and also accountability. It is a common view that that it will reduce the burden on the resources. Modern Technology is a key factor for the future to engage and involve young people to offer services to improve better outcomes.

- Peer support worker are powerful recovery role models who have lived experience of mental health issues and actively use those experience as a way to support others. This is a very new idea but not tested or tried as yet. It is getting momentum in North West. Grief Recovery method is being developed and being recognised throughout the world and considered to be ‘missing piece of the jigsaw’ in the patient journey to recovery.

Throughout the conference there was a loud echo about integrating services, engaging local communities, forming partnerships with other organisations to deliver better outcomes and making patient journey more smoother to avoid hospital admissions, to control delayed transfer of care to reduce pressure on the resources.

Engagement between the Trust and the Council of Governors

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.

Further details of these visits are presented to the Performance and Assurance group on a quarterly basis.

<table>
<thead>
<tr>
<th>Location</th>
<th>Governor Member</th>
<th>Date</th>
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<tbody>
<tr>
<td>Ashley House, Stafford</td>
<td>Pauline Pearsall</td>
<td>14/06/2017</td>
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**Annual Governor Self-Appraisal and Review**

Every year the Council of Governor’s undertakes a self-assessment exercise which involves Governors completing this questionnaire. The results are used to develop an action plan for improving how Governors can be more involved and engaged with the Trust. These are reported back to the Council of Governors, along with the survey results. Governors have received an email from Survey Monkey on our behalf with a link to the survey.

**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 Strategic Direction Group (April 2017)
2.0 Membership Steering Group (April 2017)
3.0 Community Engagement Group (March 2017)
4.0 Trust Board (May 2017)
**Appendix 1**

**Report of:** Strategic Direction Engagement Group  
**Date:** 7th June 2017

**Chair:** Simon Jones  
**Executive Lead:** Steve Grange

**Assigned Non – Executive:** Ian Wilson, Richard Cotterell

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

<table>
<thead>
<tr>
<th>Key Discussion Topics</th>
<th>Outcomes and further assurances identified</th>
<th>Action including referral to other Engagement Groups</th>
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</thead>
<tbody>
<tr>
<td>CEO Report and Environmental Scan</td>
<td>- Cyber-attack, the Trust business continuity plan was very successful when this came as a major incident.</td>
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<td></td>
<td>- 0-25 Service, all staff Tuped over to the Trust now.</td>
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<tr>
<td>Wagner College Overview</td>
<td>The Governors received an overview of the Trusts relationship with Wagner College and how the programme works with the students coming over from America.</td>
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<tr>
<td>Future Strategic Direction</td>
<td>Governors were updated to potential future plans.</td>
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</table>
Recommendations:

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.
Appendix 2

Report of: Membership Steering Group  
Date: 1st June 2017

Chair: Martin Gower, Chairman  
Executive Lead: N/A

Assigned Non – Executive: Paul Bunting

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.

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Council of Governors</td>
<td>Attendees discussed feedback from the previous meeting and decided on key topics to be presented/discussed at the next meeting.</td>
<td>N/A</td>
</tr>
<tr>
<td>Governor Self-Appraisal 2017</td>
<td>It was suggested that Governors have the opportunity to complete their self-appraisal prior to the CoG meeting during the refreshment break.</td>
<td>Governor appraisal document to be sent via Survey Monkey following June CoG papers.</td>
</tr>
<tr>
<td>Elections 2017</td>
<td>Governors were advised that election post cards have been sent out, which have received a positive response. Three nominations had already been received and there has been considerable interest regarding staff seats.</td>
<td>N/A</td>
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<tr>
<td>Governor Ambassador Scheme</td>
<td>The group discussed Governors having specific objectives, outcomes and a means of evaluation of the scheme. It was also mentioned that both clinical and corporate services should be involved.</td>
<td>N/A</td>
</tr>
<tr>
<td>Progress of Engagement and Working Groups</td>
<td>Attendees were updated on what each group has received and discussed recently.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Recommendations:

The Council of Governors is asked to:

• Be advised of the issues, actions and decisions taken.
<table>
<thead>
<tr>
<th>Report of:</th>
<th>Community Engagement Group</th>
<th>Date:</th>
<th>24th May 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Ravi Bhakhri</td>
<td>Executive Lead:</td>
<td>N/A</td>
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<tr>
<td></td>
<td></td>
<td>Assigned Non – Executive:</td>
<td>Sue Nixon</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Key Discussion Topics</th>
<th>Outcomes and further assurances identified</th>
<th>Action including referral to other Engagement Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder Relationships</td>
<td>Governors received a detailed explanation of politics for SSSFT’s different localities and MP involvement.</td>
<td>N/A</td>
</tr>
<tr>
<td>Sapphire</td>
<td>Dorothy Hughes gave a moving presentation on the women’s self-harm self-help group Sapphire. Those present heard of the history of the group and how members support each other.</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Engagement Group Newsletter</td>
<td>Attendees agreed to make the Community Engagement Group quarterly and have a newsletter that goes out bi-monthly to the group with information on community activities and the agenda for the next meeting.</td>
<td>Governors to submit any information relevant to the community to Megan Page for circulation to the group.</td>
</tr>
</tbody>
</table>
Recommendations:

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.
## Report of: Trust Performance and Assurance Group

**Date:** 3rd May 2017

**Chair:** Arnold England

**Executive Lead:** N/A

**Assigned Non – Executive:** Megan Nurse & David Matthews

### Summary:
The Performance and Assurance Group (PAG) considers the Trust’s Assurance Report, scrutinise performance and seek assurances on other key areas of the Trust’s operations. Full minutes are available from the Membership Office or from the Governor area of the website.

<table>
<thead>
<tr>
<th>Key Discussion Topics</th>
<th>Outcomes and further assurances identified</th>
<th>Action including referral to other Engagement Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Clinical Performance Assurance Report</td>
<td>Governors were told that staff are currently working through all ‘Should do’ actions and that the action plan has been shared with the CQC. All ‘Must do’ actions have been completed. It was mentioned that SSSFT is now responsible for delivering Sexual Health Services. Governors were also alerted to the results of the Service User Experience Report.</td>
<td>N/A</td>
</tr>
<tr>
<td>Workforce and Development Assurance Report</td>
<td>Governors received information on Staff Turnover which will hopefully decrease further with the help of Last Opinion, DBS and agency cap breaches in which there has been a significant decrease.</td>
<td>N/A</td>
</tr>
<tr>
<td>PMO Update</td>
<td>Governors received an oversight of all major projects and their RAG rating. Governors were particularly interested in organising a site visit to Hall Court.</td>
<td>Membership Office to confirm with Governors the Hall Court site visit.</td>
</tr>
</tbody>
</table>

**Recommendations:**

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.
**Report of:** Member Recruitment Governor Working Group

**Date:** 24th May 2017

**Chair:** Lilian Owens

**Executive Lead:** N/A

**Assigned Non – Executive:** N/A

**Summary:** The Member Recruitment Governor Working Group aims to actively organise, support, develop and promote events to engage with and particularly recruit Trust members.

<table>
<thead>
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<th>Key Discussion Topics</th>
<th>Outcomes and further assurances identified</th>
<th>Action including referral to other Engagement Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Target Areas</td>
<td>Governors shared their recruitment plans for Telford &amp; Wrekin, Shropshire and Staffordshire. Governors also mentioned what activities have taken place to recruit members, such as; visiting libraries and holding a stall in Telford and Stafford ASDA.</td>
<td></td>
</tr>
<tr>
<td>Events Summer 2017</td>
<td>Governors discussed various events to attend and where would be most effective.</td>
<td>Governors to confirm which events they’re interested in attending.</td>
</tr>
</tbody>
</table>

**Recommendations:**

The Council of Governors is asked to:

- Be advised of the issues, actions and decisions taken.
**Summary:** The full minutes of all board meetings and papers are available on the website at [http://www.sssft.nhs.uk/about/board-meetings](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.

<table>
<thead>
<tr>
<th>Key Discussion Topics</th>
<th>Outcomes and further assurances identified</th>
<th>Action including referral to other Engagement Groups</th>
</tr>
</thead>
</table>
| Policy Ratification           | • Conflict of Interest Policy and Standard Operating Procedure  
<pre><code>                          | • Ligature Risk Assessment and Management Policy                                                               | No further action required                                           |
</code></pre>
<p>| Risk register                 | • Changes to the Risk Register were agreed.                                                                    | No further action required                                           |
| Conflicts of Interest         | • The new arrangements for managing conflicts of interest in the NHS were noted and supported.                | No further action required                                           |</p>
<table>
<thead>
<tr>
<th>Workforce and Development Strategy and Estates Strategy</th>
<th>• Assurance of delivery against the Workforce and Development Strategy and the Estates Strategy was confirmed</th>
<th>No further action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Consultant Specialist Association</td>
<td>• Recognition of the Hospital Consultant Specialist Association as a Staff Side body was agreed.</td>
<td>No further action required</td>
</tr>
<tr>
<td>Staff Opinion Survey 2016</td>
<td>• The approach to the findings of the Staff Opinion Survey 2016 was agreed.</td>
<td>No further action required</td>
</tr>
</tbody>
</table>

**Recommendations:**
The Council of Governors is asked to:
- Be advised of the issues, actions and decisions taken.
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: 21 June 2017

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 focused and strategic discussion
- Help stimulate all Governor members to raise issues
- Encourage the Governor members to share intelligence, place action or seek assurance

Recommendations

The Council of Governors is asked to:

- Receive and note the report and recommend any further action required.

Monitoring

<table>
<thead>
<tr>
<th></th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Care Quality Commission Compliance</td>
<td>✓ Safe</td>
</tr>
<tr>
<td></td>
<td>✓ Caring</td>
</tr>
<tr>
<td></td>
<td>✓ Responsive</td>
</tr>
<tr>
<td></td>
<td>✓ Effective</td>
</tr>
<tr>
<td></td>
<td>✓ Well Led</td>
</tr>
<tr>
<td>NHSI Compliance</td>
<td>✓</td>
</tr>
<tr>
<td>Other (add details)</td>
<td>✓ As identified</td>
</tr>
</tbody>
</table>

Assurance

<table>
<thead>
<tr>
<th></th>
<th>Ref</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Register</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Assurance Framework</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Link to Strategic Aims</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Board Committee</td>
<td>As appropriate</td>
<td></td>
</tr>
</tbody>
</table>
Chief Executive’s Report

June 2017

Neil Carr
Chief Executive
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 Board 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 and reports
3. Our current priorities
4. Horizon scan
   - Quality
   - Staff, teams and culture
   - Partnerships
   - Commercial Development
   - Regulation
5. Key Opportunities / Risks
   - Strategic opportunities
   - Political issues of direct relevance
   - Area of particular success
6. Strategic Projects and key dates and events
1. **OUR STRATEGY**
1.0 Projects Overview

1.1 The PMO are currently reporting on 86 projects which includes 6 Business Critical projects. 2 of the projects are rated red, 18 rated amber, 21 rated green, 8 are on hold, 16 are in the initiation stage and 21 projects are in closure. 14 of these projects are related to the delivery of a CQUIN target for 16/17 or 17/18. 3 projects are related to the delivery of a Cost Improvement Plan for 16/17.

1.2 The below chart shows the RAG Status for these projects as at end of April 2017. Overall, the performance of Trust projects has improved on the previous month. Following a PMO review of current portfolio projects, 15 additional projects have been moved into closure. These projects are either completed or are being prematurely closed as not currently required. In May, performance is expected to be maintained as these projects are closed.
## 2.0 Business Critical Projects and Red Rated Projects

2.1 The below table shows the status of the 5 Business Critical projects and any project of high priority rated Red in progress in February:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Directorate</th>
<th>Expected Key Benefits</th>
<th>Priority</th>
<th>Safeguard Risk No, Description and (score)</th>
<th>Risk mitigations in place</th>
<th>RAG Status</th>
<th>RAG status comments</th>
<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Re-Modelling Programme</td>
<td>Mental Health</td>
<td>Improved service user experience Improved partnership working Greater consistency of service Improved productivity/quality Overall improvement in treatment outcomes</td>
<td>BUSINESS CRITICAL</td>
<td>1031 – Staff at Bridgnorth Community Dementia Team are expressing concerns in regards to lack of clarity and information on their roles within new pathway (6)</td>
<td>1031 - Operational manager and service manager have been updated on concerns/ staffing numbers / wait list and plans. Operational manager from Telford has visited Bridgnorth on 8/3/2017. Staff have had the opportunity to voice concerns to manager / clinical lead and updates provided as much as possible Detailed project plan that identifies the timelines and interdependencies. Evaluation criteria</td>
<td>Green</td>
<td>Both Access functions live. Team moves to be completed by June 2017.</td>
<td>30/09/2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PMO comment: Project currently on track to close in September 2017.</td>
<td></td>
</tr>
</tbody>
</table>

PMO comment: Project currently on track to close in September 2017.
<table>
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<tr>
<th>Project Title</th>
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<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPMA</td>
<td>Medical Directorate</td>
<td>Reduction in medicines errors Significant positive effect on patient safety Prescribed medicines information</td>
<td>BUSINESS CRITICAL</td>
<td>438 – EPMA roll out needs re-planning to take into account RiO version 7 &amp; the implementation of EPMA. Issues have been identified in</td>
<td>and planned timeline for evaluation of new model. Workforce plan for 2017/18 and OD plan. Roll out of MVD and changed working of admin staff. Day to day monitoring of dashboard data for both KPI, risk and staffing. Commissioned R&amp;D to undertake formal evaluation. Monitoring of Quality Impact Assessment metrics. Collective leadership approach being rolled out</td>
<td>Amber</td>
<td>TMT authorised development of option 4 business case, i.e. combined pharmacy and EPMA system to be presented at</td>
<td>30/08/2017</td>
</tr>
</tbody>
</table>

community re-modelling across both Mental Health Directorates will not deliver financial efficiency savings whilst maintaining the quality of service delivery and maintaining all the national and local KPI (9)
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Directorate</th>
<th>Expected Key Benefits</th>
<th>Priority</th>
<th>Safeguard Risk No, Description and (score)</th>
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<th>RAG status comments</th>
<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>St George’s Re-Development</td>
<td>Facilities &amp; Estates</td>
<td>Improved service user/staff safety and experience through development of modern, fit for purpose accommodation at</td>
<td>BUSINESS CRITICAL</td>
<td>Risks currently logged on Trust risk register related to St. George’s site can be found <a href="#">here</a></td>
<td>The pilot of the E-prescribing module will be assessed to determine whether additional equipment is found necessary.</td>
<td>On Hold</td>
<td>Business Case for further work is due in June 17. On hold pending business case.</td>
<td>TBC</td>
</tr>
</tbody>
</table>

available to SSSFT healthcare professionals at all times

the recent Pilot that are resolved in version 7. A planning exercise is needed to accommodate the development of RiO and the roll out of EPMA. (8)

357 – Additional equipment may be required for teams for use of the E-prescribing module within RiO. There may not be the budget in place to facilitate the procurement of this additional equipment. (6)

February TMT – this has taken precedence over testing RiO.

**PMO comment:** Business Case is being reviewed at Operational Forum in May 2017. RiO testing has been completed and waiting resolution to outstanding issues regarding allergies, PGDs and calendar depot.
<table>
<thead>
<tr>
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<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 136 Re-provision</td>
<td>Operational Cross-Cutting</td>
<td>To enable the Trust to deliver Section 136 Place of Safety Suites in line with best practice. To fully meet demand in South Staffordshire and Shropshire for Health Based Place of Safety. Effective child-friendly facility in place. Increased capacity within Shropshire, Telford &amp; Wrekin localities thereby reducing out-of-area placements.</td>
<td>BUSINESS CRITICAL</td>
<td>1067 - expansion of the 136 suite, building contractors on site and building site within the hospital, contractors have their own building site regulations in place (4)</td>
<td>Contractors’ existing building site regulations.</td>
<td>Green</td>
<td>PM Update: Haywood Lodge 136 suite operational. Crisis Team and Medical Hub Team operational in their new premises. Building works at Redwoods 136 suite has commenced. PMO Comment: project priority will be downgraded to High in May as CQC must-do elements of the project are complete.</td>
<td>31/04/17</td>
</tr>
<tr>
<td>Fuller House, Hall Court Telford Team Move</td>
<td>Facilities &amp; Estates</td>
<td>Improved service user and staff experience through new accommodation.</td>
<td>BUSINESS CRITICAL</td>
<td>N/A</td>
<td>N/A</td>
<td>Amber</td>
<td>Building works and Operational Plan on track</td>
<td>30/04/17</td>
</tr>
<tr>
<td>Project Title</td>
<td>Directorate</td>
<td>Expected Key Benefits</td>
<td>Priority</td>
<td>Safeguard Risk No, Description and (score)</td>
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</tr>
<tr>
<td>Single Oversight Framework</td>
<td>Quality &amp; Clinical Performance</td>
<td>Board is assured of governance associated with mandated indicators Risk is identified and appropriately mitigated Delivery of full compliance with all indicators is achievable and sustainable Production of a suite of SOPs for the measures contained in the SOF which are extracted from</td>
<td>HIGH</td>
<td>N/A</td>
<td>N/A</td>
<td>Red</td>
<td>Draft dashboard/mock up developed but delayed in providing for F&amp;P Committee. Originally planned for December, now anticipated to be February. No risks to business. PMO Comment: exception report completed and presented to TMT on 02/05/17 for review. SOF report</td>
<td>30/04/17</td>
</tr>
</tbody>
</table>

Additional car parking outstanding and being progressed by legal team. Interim measure of staff being reimbursed for parking expenses has been put in place.
<table>
<thead>
<tr>
<th>Project Title</th>
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<th>Priority</th>
<th>Safeguard Risk No, Description and (score)</th>
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<th>RAG Status</th>
<th>RAG status comments</th>
<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Physical Health</td>
<td>Operational Cross-Cutting</td>
<td>CQUIN Financial Value (TBC) Improved physical health service for patients. Improved Information exchange between Trust services and primary care</td>
<td>BUSINESS CRITICAL</td>
<td>N/A</td>
<td>N/A</td>
<td>Red</td>
<td>PM Update: Due to pressures in IM&amp;T the physical health assessment form on RiO will not be launched until August 2017. PMO Comment: Exception report being completed to be reviewed at Operational Forum. CQUIN Programme Board determined project priority as Business Critical due to CQUIN value of £500k+ and clinical improvements to Physical Health.</td>
<td>31/03/19</td>
</tr>
<tr>
<td>clinical IT systems</td>
<td></td>
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<tr>
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<td>Expected Key Benefits</td>
<td>Priority</td>
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</tbody>
</table>
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 Committees.

2.1 Guidance and Reports

<table>
<thead>
<tr>
<th>No.</th>
<th>Document</th>
<th>Hyperlink</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Department of Health (DH) - The government’s mandate to NHS England for 2017-18. The government's mandate to NHS England sets the direction for the NHS, and helps to ensure that the NHS is accountable to parliament and the public. This document sets out the government's objectives for NHS England, as well as its budget.</td>
<td>Mandate</td>
<td>Neil Carr</td>
</tr>
<tr>
<td>2.1.2</td>
<td>House of Commons Health Select Committee - Suicide prevention: sixth report of session 2016-17. This report looks at the government's updated suicide prevention strategy. It finds that there is a clear need to reach people who are at risk of suicide but not in contact with any health services, and that tangible action must be taken to ensure effective implementation.</td>
<td>Report</td>
<td>Alison Bussey</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Academy of Medical Royal Colleges (AoMRC) - Information and digital technologies: clinical requirements 2020. This report looks at the use of data and technology in healthcare and concludes that uptake has been slow. It finds that there is now an increasing focus on learning how to use technologies to improve delivery of care for patients. This document aims to ensure that clinical priorities are met and reflected at a national level.</td>
<td>Report</td>
<td>Jayne Deaville</td>
</tr>
<tr>
<td>2.1.4</td>
<td>Centre for Mental Health - Meeting us where we’re at: learning from INTEGRATE’s work with excluded young people. This report discusses the approach taken by London-based charity MAC-UK in offering mental health support to young people involved in gangs or at risk of offending. The INTEGRATE approach is characterised by engaging young people through activities that they set up themselves and getting referrals through peers and friends. The evaluation of the INTEGRATE approach found that it brought notable improvements in many of the participants and helped to support young people in finding work.</td>
<td>Report</td>
<td>Alison Bussey</td>
</tr>
<tr>
<td>2.1.5</td>
<td>National Institute for Health and Care Excellence (NICE) - Mental health of adults in contact with the criminal justice system. This guidance recommends that people who are diagnosed with a mental health problem within the criminal justice system should receive annual checks and staff should be trained to spot the warning signs. The guidance aims to address the gaps in how mental health is diagnosed and treated within the criminal justice system, and highlights the need for a collaborative approach to support better mental health of those in contact with the criminal justice system.</td>
<td>Guidance</td>
<td>Alison Bussey</td>
</tr>
<tr>
<td>2.1.6</td>
<td>Department of Health (DH) - The Naylor Review: NHS property and estates. Sir Robert Naylor was commissioned to carry out an independent review of NHS property and estates and how to make the best use of the NHS estate. It highlights the opportunities available to support sustainability and transformation plans and optimise the use of NHS land and buildings. The key recommendations of the review aim to improve the capability and capacity to support national planning and local delivery, and to encourage and incentivise local action.</td>
<td>Report</td>
<td>Alison Bussey</td>
</tr>
<tr>
<td>2.1.7</td>
<td>National Skills Academy for Health - Quality principles for NHS apprenticeships. The National Skills Academy for Health and Health Education England have developed a new</td>
<td>Guidance</td>
<td>Greg Moores</td>
</tr>
</tbody>
</table>
set of principles to ensure excellent practice in apprenticeship provision across UK health care organisations. The principles have been designed to help health care employers and those leading on the development of apprenticeships to understand what it takes to achieve high-quality outcomes and the standards they should be expected to evidence through their organisational approach to apprenticeships. Free registration is required for full access to this guidance.

| 2.1.8 | Department of Health - Review body on doctors’ and dentists’ remuneration - forty-fifth report 2017. This report sets out the Review Body on Doctors’ and Dentists’ Remuneration’s (DDRB) analysis of evidence given by relevant organisations and makes proposals for doctors’ and dentists’ pay and associated issues in England, Wales and Northern Ireland. In this report the DDRB provides independent advice on the pay of doctors and dentists in the NHS to the: Prime Minister, Secretary of State for Health, First Minister of Scotland, First Minister of Wales and First Minister and Deputy First Minister of Northern Ireland. | Report | Greg Moores |
| 2.1.9 | House of Commons Library - NHS complaints procedures in England. This briefing paper provides information on the standard NHS complaints procedures and also the other options available to patients | Briefing | Thérèsa Moyes |
| 2.1.10 | NHS England - NHS workforce race equality standard: 2016 data analysis report for NHS trusts. This report publishes data from providers of NHS-funded care, including the voluntary and private sector, to demonstrate how they are addressing equality issues. It shows a positive change in a range of areas including the number of nurses and midwives who have progressed from lower grades into senior positions; in BME representation at very senior management and executive board level; and a slight | Report | Greg Moores |
reduction in the reported experience of discrimination of BME staff from colleagues and managers.

<table>
<thead>
<tr>
<th>2.1.11</th>
<th>Centre for Mental Health - Social care and the mental health forward view: ending out of area placements. This is the first in a series of briefings focusing on mental health and social care and it focuses on the human and operation costs of out of area placements. Using perspectives and experiences from Bradford Metropolitan District Council, it highlights how out of area placements and use of local private sector hospitals can be reduced.</th>
<th>Briefing</th>
<th>Alison Bussey</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.12</td>
<td>Royal College of Nursing (RCN) - Safe and effective staffing: the real picture. This report calls for the rest of the UK to follow the example of Wales and enshrine safe staffing levels in law following analysis which shows that there is approximately 40,000 unfilled nurse posts in England with a further 12,000 health care support worker vacancies. The report finds that care providers are increasingly hiring fewer registered nursing staff and that four in five NHS nursing directors have reported concerns that their hospital relies on the goodwill of staff to keep services running.</td>
<td>Report</td>
<td>Greg Moores</td>
</tr>
<tr>
<td>2.1.13</td>
<td>Royal College of Nursing (RCN) - Revalidation quarterly report: year 1, quarter 4 – January to March 2017. This report comes at the end of the first year of revalidation and it demonstrates that revalidation has been successful, with over 48,000 nurses and midwives renewing their registration over 2016-17. Throughout the final quarter of the year, 93 per cent who were due to revalidate have done so successfully.</td>
<td>Report</td>
<td>Alison Bussey</td>
</tr>
</tbody>
</table>
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

CQC compliance positions and rating

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Good</td>
</tr>
<tr>
<td>Effective</td>
<td>Good</td>
</tr>
<tr>
<td>Caring</td>
<td>Good</td>
</tr>
<tr>
<td>Responsive</td>
<td>Good</td>
</tr>
<tr>
<td>Well-led</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>Good</td>
</tr>
</tbody>
</table>

Contract targets
Performance against activity - overall on target

CIP position
On target

Membership
The Trust has 14572 members

Ratings at a glance


Continuity of services rating: 1

No evident financial concerns

Regulatory action: (none)

Governance rating

Green: No evident concerns
**Quality**

- **CQC outcome (Good, Good, Good, Good, Good)**
- Progress Towards Outstanding : Work programme progress
- QI : continued roll out of the quality improvement programme
- Quality Plan: delivery of the clinical strategy
- Deployment of Listening into Action and outcomes
- Thematic Reviews
- NHSI contractual performance and Performance indicators
- CQUIN development linked to STP
- Inpatient and community estate upgrade programme
- Clinical Dashboard development progress
- Development of partnership work with General Practice and Primary Care linked to emerging new models of care
- Alliance Board development
- Service User Carer feedback and Board stories

**Partnerships**

- Service user, carer and governor involvement in recruitment, service modernisation and strategic development
- Partnership with educational bodies to enhance staff training and development
- Deployment of new contracts including new partnerships across multiple sectors
- Prime provider models being explored for clinical and non-clinical services
- Active participation in transformation board and local economy redesign
- Wagner College: PA partnership with American Students – opportunities increased to 40 student placements
- Contracting/sub-contracting arrangements deployed locally and nationally
- NHS Vanguard schemes – deployment and local integration agenda
- Emerging partnerships with Local Enterprise Partnerships (LEP)
- Future Fit and Community Fit: Shropshire and Telford and Wrekin
- Federation models – links to GP communities and commissioning fora

**Staff, Teams and Culture**

- Staff training and development – leadership development and staff team development – progress
- OD and System Change agenda
- STP focus on workforce and workforce redesign including key vacancies
- Staffordshire wide workforce plan and coordination in development
- Staff satisfaction survey results and communications
- Workforce and agency spend – guidance and control totals
- Living our values & Listening into Action (LiA) roll out
- Safe staffing levels compliance
- Sickness absence and mandatory training performance – impacts in service and contractual compliance
- Staff Awards
- LOV Awards
- Overseas recruitment processes

**Commercial Development**

- STP emerging models and national impacts
- Alliance Board Development and Primary Care Homes
- MCP contract guidance including national contracting changes
- NHS operating plan 17/18 – links to STPs and impacts on planning assumptions
- Development of PA roles within mental health, primary care and General Practice
- Continuing Care : development of project outline and new models of delivery project progress
- Section 75 progress
- Operational delivery plans: one year business plans and key objectives 16/17
- C10 tenders within the system linked to commercial strategy
- Secure service model based on new models of care and development of MCPs
- 0-25 Model of care deployment
- Sexual health : development of integrated model
### Strategic Opportunities

Alignment of the Divisional Business plans to include:
- MCP and NMC opportunities
- Secure review and prime provider services linked to MCPs/ACO
- Continuing care market
- Public health market
- Child and Adolescent mental healthcare – T2/3/3+/4
- Children and Young People Eating Disorders
- Talking therapy training
- Eating disorders in young people
- Step down care and supporting care in the community
- Probation & Forensic Services
- Community service partnerships
- Independent sector partnerships
- Secondary care partnerships
- Older age services including Dementia
- Healthy lifestyle choices and services
- Charitable sector partnerships
- New GP partnerships

### Political issues of relevance

- Election process
- North London Commissioning arrangements for primary care
- Unified commissioning roles : Cheshire
- Hospital Chain : national debate
- Nine accountable care systems launed
- STP national scrutiny : Shropshire Telford and Wrekin (1.9% financial gap)
- Sustainability Transformation Fund – local leadership changes and impacts
- NHSE pledge to increase Child MH beds
- New Models of care MCP contract developed in first draft
- CQC re-reviews of hospitals in special measures
- Implementation of the NHSGP5YFV, linked to the NHSMH5YFV
- Taskforce implementation progress
- Local system architecture linked to changes to commissioning and provision
- Local MCP models emerging including pilots with integrated mental health and IAPT models
- CCG Aftercare strategy development
- North Cumbrai ACO Development

### KEY DATES / EVENTS

- **21st June 2017** - Motherhood & Mental Health Conference
- **13th September 2017** – Annual Members Meeting & Annual General Meeting
- **31st October 2017** - Research MH Forum
- **22nd November 2017** - Psychological Services Conference
- **28th November 2017** – NFAO National Meeting
- **5th December 2017** – AHP Best Practice Day
Paul Jenkins makes a case for appointing a psychiatrist as the next NHS England medical director (Source HSJ)

Sir Bruce Keogh leaves a big set of shoes to fill as NHS England medical director and as the clinical leader for the transformation in care required by the Five Year Forward View. I am sure the books are already open on who his successor might be, but I want to make a strong case for appointing a psychiatrist.

This isn’t a glorified pitch for “Buggins turn”, although there would be some very powerful symbolism in using the appointment to counter the institutional prejudices which the medical profession has, at times, displayed towards its colleagues in mental health.

Work hard, as the story goes that young medical students are told, or you’ll end up a psychiatrist. No, the arguments are a lot more practical.

**Why a psychiatrist?**

First, mental health is one of NHS England’s key priorities and one where it has committed itself to a major programme of change and service improvement.

Working alongside Claire Murdoch, the national mental health director, a medical director with a psychiatric background would give further credibility to Simon Steven’s promise to deliver the forward view for mental health together with genuine parity of esteem for mental health.

Most psychiatrists know intimately the challenges of delivering out of hospital care, of how risk is best managed in the community and how medical interventions sit alongside the contributions of other practitioners.

Second, much is made, at times, of the lessons which can be drawn, in implementing the forward view, from the experience of closing long stay hospitals. Most senior psychiatrists have lived through that transition and understand both the practical, but just as importantly, the cultural issues involved in that transition.

Linked to this, most psychiatrists know intimately the challenges of delivering out of hospital care, of how risk is best managed in the community and how medical interventions sit alongside the contributions of other practitioners. The best psychiatrists have a broad understanding of the bio- and psychosocial model of illness which sits at the centre of population approaches to health and the impact of the social determinants of health on individual outcomes.

Third, if we are serious about integrating mental and physical health and recognising and responding to the massive impact that mental health comorbidities have on the burden of physical health, in particular for long term conditions, what better than putting psychiatric expertise at the heart of decision making in NHS England.
Partnering with patients

Fourth, good psychiatrists are experienced in working with patients as partners. They operate in a system, which has a strong track record of involving service users and carers in codesign and they may have first hand experience of being a part of teams with peer workers where individuals with lived experience play a key role as paid practitioners in the delivery of mental health services.

There’s a strong case that the experience and insights of a career in mental health will bring ingenuity to this role in the current times

Fifth, at a time of great pressure and change in the NHS, it would be good to have a senior clinical leader who understands the psychological dynamics of providing care and who can bring these insights into the quality agenda and into the strategy for supporting staff wellbeing. Psychiatrists will also be familiar with the issues of scarcity of resources and the challenges of managing within limited cash resources.

Finally, the best psychiatrists I know have a huge passion for improvement and change. Psychiatric leaders such as Geraldine Strathdee, Sue Bailey and Simon Wessely, to name a few, have been some of the most inspiring clinicians I have worked with in my career.

For all of us who work in mental health, there is a real sense that however difficult the current circumstances are, this might be our hour to deliver a once in a generation transformation in the shape of services. That passion can extend, not just to improving mental healthcare, but more widely to the delivery of the forward view.

I know that we don’t condone positive discrimination and only the best person for the job needs to be appointed. However, there’s a strong case that the experience and insights of a career in mental health will bring ingenuity to this role in the current times. To deliver change, symbols matter.

So, here’s another ball, it’s high time Cinderella was invited too.

Paul Jenkins is chief executive officer at The Tavistock and Portman Foundation Trust
Executive Summary

Martin Evans, as the Trust AGM lead, was tasked to consider feedback from the 2016 AGM/AMM and work with Jane Landick/Membership Office to consider arrangements for 2017. In particular, this was to consider co-production with service users/carers as a main theme and to attract a wider appropriate audience. The proposals are in the attached paper. The main points are:

- The Annual Members Meeting is essential to present annual accounts/quality accounts but a formal AGM is not required.
- Feedback suggested a more services and service user/carer focus.
- Therefore, this paper proposes the following for 13 September:
  - It is more a festival of celebration, explanation and consideration with a formal AMM during the latter part of the day.
  - That service user/carer co-production is the main theme with our services explaining where they have co-produced, the difference it has made and allow for challenge from the floor.
  - That there are less external stakeholder stands but a greater vibrancy presence from Arts-for Health etc.
  - No light lunch but rather healthy goodie bag option.
  - Formal AMM to be latter part of the day.

Monitoring

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<thead>
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<tr>
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<td>Well Led</td>
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NHSI Compliance

Staff Opinion Survey
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<th>Details</th>
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<td>Board Committee</td>
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Intent – Annual Trust Festival/Annual Members Meeting – 2017

- Opportunity to change the AGM format – to match some of the feedback from last year and also service user/carer expectations.

More:

Vibrant   Inclusive   Diverse   Different

Placing service users and carers front and centre at the heart of it all

Date/Venue

- 13 September 2017. 1000 – 1430 stands, 1430 – 1600 Annual Members Meeting
- Learning Centre, St Georges, Stafford – only free venue with enough space.

Aim

- Be different.
- Demonstrate maximum engagement from a wide range of internal and external stakeholders.
- Maximise the use of technology to support wider involvement.
- Match the intent to engage and involve service users and carers in a different way - to hold our services to account for co-production and achieve “Involvement for Impact”.
- Link with the service user and carer – BIG Conversation.
- Attract service users and carers to something that is vibrant and worthwhile.

Intent

- Co-production of vibrant Trust main event where key services can present display and present of how they have engaged and co-produced with service users/carers – How? What? Why? Outcomes.
- Formal AMM 1430 - 1600.
  - Previous minutes.
  - Annual Report and Accounts.
  - Quality Accounts.
  - CEO Address.

Co-Production of Day

Recruiting a paid service user/carer to be involved in co-producing, organising and promoting the event to a wider audience. This aligns to the delivery of the new Involvement Framework and the appointment of a cohort of “Peer Involvement Workers” to work on time limited projects and initiatives in support of service user and carer involvement for impact.

**Audience**

- Focus on service user carers – to use the service user carer employee to promote to this audience.
- Promote widely for staff to attend across the Trust.
- Promote widely to external agencies.
- Promote widely to Governors and extended invite for them to bring others.
- Consider funding transport from Shropshire/Telford and Wrekin to maximise that audience.

**What’s to See?**

- Stands from our services - see below.
- Video Room – showing MH and LD related videos - patient stories etc.
- The Health Shop – featuring Workforce health stands.
- Arts for Health space - music – art – photography.

**Stands**

- The following services to be allocated a space for stands:
  - Adult mental Health and Older People Services – Staffs
  - Adult mental Health and Older People Services – Shrops/Telford and Wrekin
  - Families and specialist (inc Mother and Baby - Sexual Health)
  - Forensic
  - Learning Disabilities
  - Inclusion
  - R and I
  - Governors
  - Facilities and Estates
  - Workforce
  - QIT
  - IMT
  - Big Conversation – Involvement Team
  - Allied Health Professionals – option to be included with services rather than separate.
  - Psychological services and social work?
o Those in red italics within space to hold 10 minute presentations x 3 of top 2 co-production examples. How engaged with the work of the Big Conversation. How? What? Why? Outcomes – impact from involvement – tangible impact? Opportunity to be questioned from the floor. Flexibility of how this can be presented but no longer than 10 minutes.

o Use of Marquee as a vibrant arts-for-health space.

o Light refreshments – a healthy goodie bag not lunch as such - which will include programme of events Trust year in pics etc.

Flow of Day

o 0730 – stand set up (can be done night before).

o 1000 – stands open.

o 1030 - Arts for Health events begin

o 1030 – 1345 - 10 minute presentations throughout 3 hrs 45.

o 1430 – 1600 – AMM.

Martin Evans
Associate Director of Communications – Lead for Co-produced Trust
Festival/AMM
SSSFT
[link]Martin.evans@sssft.nhs.uk  07969814302
Council of Governors  

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Staff Opinion Survey (SOS) Results 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring Director:</td>
<td>Greg Moores, Director of Workforce and Development</td>
</tr>
<tr>
<td>Author(s):</td>
<td>Simon Holmes, Head of OD (Workforce and Development Directorate)</td>
</tr>
<tr>
<td>Date of Meeting:</td>
<td>21 June 2017</td>
</tr>
</tbody>
</table>

Executive Summary

This paper informs the Council of Governors of the key findings from the Staff Survey 2016.

We should be proud of the feedback from our staff:

- More than 1900 members of staff (60%) took the time to say what they thought of their organisation. This compares very favourably to the median value of 50% for the other Mental Health & Learning Disability (MH & LD) Trusts.

- The questions in the staff survey are collated into 32 key findings. We have either improved (17/32) or shown no significant change (15/32) in all metrics compared to our 2015 results. We find the same picture when we compare our 2016 results with that other the other MH & LD Trusts: all metrics are either better than (26) or are not different (6) to average.

- The Trust has improved significantly in relation to staff engagement findings, with an overall staff engagement indicator of 3.88 compared to 3.79 in 2015 and 3.66 in 2014. This is the result of sustained strategic staff engagement using interventions such as Listening into Action, Living Our Values, Quality Improvement and the Health & Wellbeing initiative. This result places us 8th out of 57 MH & LD Trusts.

- Key indicators of staff engagement such as staff motivation, ability to contribute towards improvement, and staff recommendation of the Trust as a place to work/receive care are all above average compared to other MH & LD Trusts.

- Our lowest scoring indicators still do not fall below the average for other MH & LD Trusts.

- These results have been achieved against a background of 800 staff undergoing a management of change process and 200 staff undergoing TUPE.

- Local reports have been disseminated to managers for action. These reports contain data at departmental level to inform and enable a specific response for each area. It is essential that the staff survey data and subsequent actions are owned by all managers.
Recommendations

The Council of Governors are asked to:
• **Note** the report
• **Support** the recommended approach as set out in the paper

<table>
<thead>
<tr>
<th>Monitoring Information</th>
<th>Brief Summary</th>
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<tr>
<td>Care Quality Commission Compliance</td>
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<tr>
<td>Monitor Compliance</td>
<td>✓</td>
</tr>
<tr>
<td>Other (add details)</td>
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</tr>
<tr>
<td>Assurance Framework</td>
<td>D1, P1, P6, R12, R13</td>
</tr>
<tr>
<td>Link to Strategic Aims</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>Board Committee</td>
<td>Trust Board</td>
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</table>
1. Introduction

The NHS National Staff Survey is carried out annually between September and December with results being published in the following March. This paper is intended to update the Trust Board on the key findings of the 2016 survey, including comparison to our 2015 results and how we benchmark against Mental Health and Learning Disability (MH & LD) Trusts nationally.

2. Content

This paper provides a brief overview of the key findings from the 2016 Staff Survey. The full survey is available here:


This paper starts by covering the response rate to the survey and measures of staff engagement. It then details which questions we compare most favourably and least favourably with other MH & LD Trusts before listing the areas which have shown the best improvement since the previous survey in 2015.


3.1. Response rate

We had a significantly greater than average survey response of 60%; over 1900 staff took the time to let us know what they thought of their organisation.

The response range for other MH & LD Trusts nationally was 39-65%; median = 50%. Our result was the 4th highest MH & LD Trust (n=57).

For information, the Trust has continued to use a mixed mode approach to administering the staff survey mainly electronically with some paper surveys for those who could not access a computer. This approach was put in place to ensure that the survey was as accessible as possible.

The local directorate response rates are shown below in table 1.
Table 1: The table shows the response rates for individual directorates

<table>
<thead>
<tr>
<th>Locality</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Forces Directorate</td>
<td>100.00%</td>
</tr>
<tr>
<td>Business Development Directorate</td>
<td>75.00%</td>
</tr>
<tr>
<td>Directorate of Psychological Services</td>
<td>54.84%</td>
</tr>
<tr>
<td>DMT Shropshire Mental Health</td>
<td>58.13%</td>
</tr>
<tr>
<td>Facilities and Estates Directorate</td>
<td>53.04%</td>
</tr>
<tr>
<td>Finance and Performance Directorate</td>
<td>88.64%</td>
</tr>
<tr>
<td>Forensic Directorate</td>
<td>55.97%</td>
</tr>
<tr>
<td>HIS Directorate</td>
<td>64.10%</td>
</tr>
<tr>
<td>Inclusion Services Directorate</td>
<td>50.47%</td>
</tr>
<tr>
<td>Medical Directorate</td>
<td>71.67%</td>
</tr>
<tr>
<td>Mental Health Staffordshire Directorate</td>
<td>58.57%</td>
</tr>
<tr>
<td>Nursing Directorate</td>
<td>81.82%</td>
</tr>
<tr>
<td>Occupational Therapy Lead Services</td>
<td>100.00%</td>
</tr>
<tr>
<td>Quality and Clinical Performance Directorate</td>
<td>89.66%</td>
</tr>
<tr>
<td>Specialist &amp; Family Services Directorate</td>
<td>61.17%</td>
</tr>
<tr>
<td>Specialist Business &amp; Commercial Development Directorate</td>
<td>100.00%</td>
</tr>
<tr>
<td>Specialist Learning Disabilities Directorate</td>
<td>71.82%</td>
</tr>
<tr>
<td>Trust Board &amp; Trust Board Team</td>
<td>93.33%</td>
</tr>
<tr>
<td>Workforce and Development</td>
<td>88.00%</td>
</tr>
</tbody>
</table>

3.2. Staff engagement

We know that staff engagement is very important. The staff engagement indicator takes into account factors including staff ability to contribute to improvements at work, staff recommending the Trust as a place to work, and staff motivation.

The overall staff engagement score has again increased this year demonstrating that we are continuously improving the way we listen to and act on the views of our staff.

The graph below (figure 1) illustrates the trend in staff engagement scores over the last five years from 2011 to 2016.
The staff engagement metrics are particularly important because research, including that of Professor Michael West, indicates a clear correlation between strong staff engagement and excellent patient outcomes. For this reason, staff engagement has been subject to a sustained strategic focus through initiatives including Listening into Action (LiA), Health & Wellbeing (HWB), Living Our Values and a range of Quality Improvement, Organisational Development (OD) and Learning & Development interventions.

There are additional data in Appendix 1 (page 13) indicating how we perform against several local Trusts and Trusts known for having strong staff engagement.

### 3.3. Top five ranking scores compared to other Trusts

The next section compares our performance against that of other MH & LD Trusts. The following table (table 2) indicates the five areas where the Trust compares most favourably to MH & LD Trusts nationally.
Table 2: Top five areas where the Trust compares most favourably to MH & LD Trusts nationally

<table>
<thead>
<tr>
<th>Question</th>
<th>SSSFT 2016</th>
<th>Average (MH / LD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (lower = better)</td>
<td>17%</td>
<td>22%</td>
</tr>
<tr>
<td>Percentage of staff experiencing discrimination at work in the last 12 months (lower = better)</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (lower = better)</td>
<td>26%</td>
<td>33%</td>
</tr>
<tr>
<td>Staff motivation at work (scale 1-5; high = better)</td>
<td>4.00</td>
<td>3.91</td>
</tr>
<tr>
<td>Staff satisfaction with level of responsibility and involvement (scale 1-5; high = better)</td>
<td>3.94</td>
<td>3.87</td>
</tr>
</tbody>
</table>

3.4. Bottom five ranking scores compared to other Trusts

The following table (table 3) indicates the five areas where the Trust compares least favourably to MH & LD Trusts nationally. It is noteworthy that even our lowest performing metrics do not fall below the average score for other MH & LD Trusts.

Table 3: Bottom five areas where the Trust compares least favourably to MH & LD Trusts nationally

<table>
<thead>
<tr>
<th>Question</th>
<th>SSSFT 2016</th>
<th>Average (MH / LD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of staff / colleagues reporting most recent experience of violence (high = better)</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Percentage of staff reporting errors, near misses or incidents witnessed in the last month (high = better)</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Percentage of staff satisfied with the opportunities for flexible working patterns (high = better)</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>Effective use of patient / service user feedback (scale 1-5; high = better)</td>
<td>3.70</td>
<td>3.70</td>
</tr>
<tr>
<td>Fairness and effectiveness of procedures for reporting errors, near misses and incidents (scale 1-5; high = better)</td>
<td>3.77</td>
<td>3.71</td>
</tr>
</tbody>
</table>

A point for consideration is that our above average staff survey results should correlate to a below average turnover. The turnover of the SSSFT currently sits at 15.22% (data as of end February 2016). This is above the average figure for the NHS (in the region of 13%) and also above the upper control limit of 15% set by the Trust. It is worth considering whether increasing the availability of flexible working patterns would improve metrics such as work / life balance for staff; one of the reasons often cited by employees leaving an organisation. This topic could be discussed as part of the LiA Big Conversations.
3.5. How we compared to other Trusts in specific key findings

The following table (table 4) indicates how SSSFT performs against the best and worst MH & LD Trusts over a series of specific metrics.

Table 4: This data indicates how SSSFT compares to the best and worst performing MH & LD Trusts over a range of specific metrics

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key Finding</th>
<th>Highest Score</th>
<th>Lowest Score</th>
<th>SSSFT</th>
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</thead>
<tbody>
<tr>
<td>Health and Wellbeing</td>
<td>Organisation and management interest in and action on health and wellbeing</td>
<td>Northumberland, Tyne and Wear 3.90</td>
<td>North Essex Partnership 3.42</td>
<td>3.83</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>Staff recommendation of the organisation as a place to work or receive treatment</td>
<td>Tavistock and Portman 3.97</td>
<td>Manchester MH &amp; Social Care 3.19</td>
<td>3.81</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>Staff motivation at work</td>
<td>Berkshire 4.05</td>
<td>Manchester MH &amp; Social Care 3.77</td>
<td>4.00</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>Percentage of staff able to contribute towards improvements at work</td>
<td>East London 79%</td>
<td>Humber 65%</td>
<td>76%</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>Effective team working</td>
<td>Oxford Health East London 3.96</td>
<td>Humber 3.62</td>
<td>3.90</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>Support from immediate managers</td>
<td>Devon Partnership 4.03</td>
<td>North Essex Partnership 3.65</td>
<td>3.96</td>
</tr>
<tr>
<td>Managers</td>
<td>Recognition and value of staff by managers and the organisation</td>
<td>Dudley and Walsall 3.72</td>
<td>North Essex Partnership 3.25</td>
<td>3.67</td>
</tr>
<tr>
<td>Managers</td>
<td>Percentage of staff reporting good communication between senior management and staff</td>
<td>East London 47%</td>
<td>Humber NHS 23%</td>
<td>42%</td>
</tr>
<tr>
<td>Patient Care and Experience</td>
<td>Staff satisfaction with the quality of work and care they are able to deliver</td>
<td>East London 4.06</td>
<td>Manchester MH &amp; Social Care 3.54</td>
<td>3.94</td>
</tr>
<tr>
<td>Engagement</td>
<td>Overall Engagement Score</td>
<td>East London 3.96</td>
<td>Manchester MH &amp; Social Care 3.53</td>
<td>3.88</td>
</tr>
<tr>
<td>Response</td>
<td>Response Rate</td>
<td>Surrey and Borders Partnership 65%</td>
<td>Lancashire Care 35%</td>
<td>60%</td>
</tr>
</tbody>
</table>
3.6. Our top five local changes compared to the 2015 SSSFT survey

The table below (table 5) indicates the top five local areas where staff experience has improved since the 2015 survey.

Table 5: Top five areas where the 2016 SSSFT results compare most favourably to the 2015 SSSFT results

<table>
<thead>
<tr>
<th>Question</th>
<th>SSSFT 2016</th>
<th>SSSFT 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff motivation at work (scale 1-5; high = better)</td>
<td>4.00</td>
<td>3.88</td>
</tr>
<tr>
<td>Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse (high = better)</td>
<td>63%</td>
<td>56%</td>
</tr>
<tr>
<td>Organisation and management interest in and action on health and wellbeing (scale 1-5; high = better)</td>
<td>3.82</td>
<td>3.67</td>
</tr>
<tr>
<td>Effective use of patient / service user feedback (scale 1-5; high = better)</td>
<td>3.70</td>
<td>3.56</td>
</tr>
<tr>
<td>Quality of appraisals (scale 1-5; high = better)</td>
<td>3.28</td>
<td>3.15</td>
</tr>
</tbody>
</table>

3.7. Summary of key findings and changes since the 2015 SSSFT survey

The scores for Trust are overwhelmingly positive.

The following graph (figure 2) shows how the 32 key findings from the results this year (2016) compare to those of the survey conducted in the previous year (2015).

In summary:
- 17 of 32 questions have shown a significant improvement since 2015
- 15 of 32 questions showed no statistically significant change since 2015
- There were no significant negative indicators
3.8. Summary of key findings and changes compared to other Trusts

The next graph (figure 3) indicates how the SSSFT 2016 results compare to the average of other MH & LD Trusts across the same 32 key findings.

In summary:
- 26 of 32 questions are significantly better than other Trusts
- 6 of 32 questions show no significant difference
- There were no areas where we were significantly worse than the average results from the other MH & LD Trusts. In fact, there are no areas that fall even non-significantly below the average score for MH & LD Trusts.
3.9. Optimise Limited combined performance and trend data

Optimise Limited is the organisation that owns and sells the LiA methodology. There are many different ways in which the staff survey data can be presented. Optimise Limited has plotted the staff survey data based on two key metrics: performance and trend. The best performing organisation will therefore need to demonstrate both a strong performance and a strong improvement trend. Table 6 below, produced by Optimise Limited, ranks MH & LD Trusts using their formula in terms of their combined performance and trend data.

A direct quote from the website puts our results into context “Two very special shout-outs to Neil Carr and his team at South Staffs and Shropshire for being the top ranked Trust in the country in this cohort – and for having THE BEST results on the Scatter Map from any cohort!”

(http://blog.listeningintoaction.co.uk/article/241/2017-Scatter-Map-and-League-Table-for-all-MENTAL-HEALTH--LEARNING-DISABILITY-Trusts.html; site accessed 03/04/2017).
Table 6: Data from Optimise Limited showing rank position of MH Trusts based on a combination of performance and trend data

<table>
<thead>
<tr>
<th>Comparative Ranking</th>
<th>Trend</th>
<th>Mental Health &amp; Learning Disability Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>South Staffordshire &amp; Shropshire Healthcare</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>Northumberland Tyne &amp; Wear</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>Surrey &amp; Borders Partnership</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>Dudley &amp; Walsall Mental Health Partnership</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>Tees Esk &amp; wear Valleys</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>2gether</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>Greater Manchester West Mental Health</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>Devon Partnership</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>Kent &amp; Medway NHS &amp; Social Care Partnership</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
<td>Hertfordshire Partnership</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td>Lincolnshire Partnership</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>North Staffordshire Combined Healthcare</td>
</tr>
<tr>
<td>13</td>
<td>11</td>
<td>Sussex Partnership</td>
</tr>
<tr>
<td>14</td>
<td>6</td>
<td>Camden &amp; Islington</td>
</tr>
<tr>
<td>15</td>
<td>9</td>
<td>Central &amp; North West London</td>
</tr>
<tr>
<td>16</td>
<td>7</td>
<td>Leeds &amp; York Partnership</td>
</tr>
<tr>
<td>17</td>
<td>9</td>
<td>South West London &amp; St George’s Mental Health</td>
</tr>
<tr>
<td>18</td>
<td>4</td>
<td>Sheffield Health &amp; Social Care</td>
</tr>
<tr>
<td>19</td>
<td>9</td>
<td>Tavistock &amp; Portman</td>
</tr>
<tr>
<td>20</td>
<td>6</td>
<td>South London &amp; Maudsley</td>
</tr>
<tr>
<td>21</td>
<td>n/a</td>
<td>West London Mental Health</td>
</tr>
<tr>
<td>22</td>
<td>4</td>
<td>Avon &amp; Wiltshire Mental Health Partnership</td>
</tr>
<tr>
<td>23</td>
<td>2</td>
<td>Isle of Wight Mental Health Sector</td>
</tr>
<tr>
<td>24</td>
<td>1</td>
<td>Manchester Mental Health &amp; Social Care</td>
</tr>
<tr>
<td>25</td>
<td>8</td>
<td>Birmingham &amp; Solihull Mental Health</td>
</tr>
<tr>
<td>26</td>
<td>2</td>
<td>Norfolk &amp; Suffolk</td>
</tr>
<tr>
<td>27</td>
<td>-</td>
<td>North Essex Partnership</td>
</tr>
<tr>
<td>No ranking</td>
<td>n/a</td>
<td>Mersey Care</td>
</tr>
</tbody>
</table>

Key:
Trend = movement from position last year
Green = positive trend
Red = negative trend

3.10. Communication

It is important to compare SSSFT to other organisations to see how we perform in relative terms. It is also important to consider absolute performance. One of the staff survey questions indicates the percentage of respondents who think that there is good communication between senior management and staff. The percentage of SSSFT respondents who answered ‘yes’ was 42%. This is an above average response with the best being 47% (East London) and the lowest being 23% (Humber NHS).
It is worth considering the absolute rather than relative figure for this question because it raises the issue to whether having 58% of respondents disagreeing that there is good communication between senior management and staff is acceptable.

The use of strategic organisation-wide approaches such as LiA will help to address this communication issue to a certain extent but every senior manager and every member of staff should be having two-way discussions around their expectations for how they will communicate. It is critical that senior managers are open to feedback and staff provide them with this information and vice versa. From an organisational development perspective we should be promoting a culture of continuous feedback across the entire organisation where all grades, positions and titles are all equal in that conversation.

4. SSSFT in 2017

4.1. Disseminating the staff survey results

The results contained within this paper are a brief overview of the key findings and it is recommended that the full report should be read to gain a complete picture.

The full survey is available here: http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RRE_full.pdf

4.2. Local staff survey data

Detailed information is available at directorate and departmental level which will enable the relevant managers to act on the findings within these individual reports. The OD department will be disseminating these reports to the relevant managers.

Although there are a range of initiatives taking place at an organisational level, these will not always address the issues within individual areas. It is important that managers own the data contained within the local reports and act upon it to resolve any issues.

4.3. Organisational development in 2017

A considerable amount of work has already gone into empowering our front line teams. In practice, this means that our staff have greater autonomy in their roles, they contribute towards improving their service and they deliver the high quality care to our service users.

We know our staff are passionate about their work. The ongoing Quality Improvement initiatives and LiA will continue to be our focus into 2017 and
beyond. These platforms enable changes to be made by the people who best understand the service: our staff and our service users.

The shape of Listening into Action in year 3 has been scoped. The model is transitioning to one where managers are supported to run LiA conversations themselves.

The World Class Management work being undertaken by the Quality Improvement team further supports staff engagement by encouraging teams to share data and make improvements to their service and processes.

We also recognise that with national initiatives such as the STPs, we are living through times of change and transformation. It is crucial that changes are made in consultation with, and not to, staff and service users. The overall staff engagement score, especially in the context of around 1000 staff undergoing major change (management of change and / or TUPE), indicates that we are improving the way we listen and act on the views of our staff.

The forthcoming Organisational Development Strategy will bring together the various workstreams and initiatives mentioned briefly in this paper to ensure a coherent and consistent approach. The staff survey is one of the key feedback mechanisms to let the Trust management know how the organisation is performing from the perspective of the staff.

5. Summary

Excellent staff engagement is crucial for the delivery of the perfect patient experience.

There are numerous citations through research in both healthcare and non-healthcare industries demonstrating clear benefits for the staff and their customers.

The annual staff survey provides powerful, nationally-benchmarked data about the performance from the perspective of the staff who work for them.

Our staff survey shows that we are doing well and still have room for improvement. The link between staff engagement and patient experience is reflected in our CQC rating of ‘good’ across the board and we are currently working towards ‘outstanding’.

There was recognition from previous staff survey results that a great deal of activity is taking place to develop the culture of the organisation to one that is a great place to work and delivers the perfect experience for our service users. We should aim to be the highest performing organisation in the NHS.

The only way that we will get to enjoy even better results next year is if our staff own the results of this survey. People have taken the time to provide us
with feedback and it is important that we act upon this information. Our approach will be 'we said, we did'.

The individual directorate and departmental level reports will enable managers to better understand what it is like for their staff to work within their service. It is our expectation that managers will empower staff to make changes to improve their service and the care delivered to service users.

6. Actions

The staff survey results for SSSFT are our best results to date. There are considerable challenges for SSSFT and the wider NHS during 2017 and beyond. The challenge is not only maintaining these results in the next staff survey (launch date September 2017) but improving these are part of our drive towards 'outstanding'. It is essential that every manager in the organisation owns the outcomes from the staff survey and ensures that acting on the feedback for their area is part of their daily business. If we become complacent then we will see these results deteriorate to the detriment of staff and service users.

Our aim is to be the best; to be 'outstanding'. The staff survey results are probably the most comprehensive feedback we will get as an organisation.

This list contains the headline actions that will be undertaken following the staff survey:
- Continue LiA into year 3
- Disseminate reports to local areas
- Charge local managers with creating a plan based on the staff survey report for their individual area(s)
- Provide support to managers to act on the results of the staff survey
- Continue with the roll out of World Class Management
- Actively demonstrate to our staff that they are valued with initiatives such as the Health & Wellbeing agenda
- Local managers will be asked to report back progress against their staff survey action plan on a quarterly basis and this progress will be reported through staff survey communications to demonstrate to all staff that their feedback is taken seriously and results in change
## Appendix I: Comparison between SSSFT, other local Trusts and Trusts renowned for good staff engagement and/or CQC ratings

<table>
<thead>
<tr>
<th>Trust</th>
<th>SSSFT</th>
<th>SSOTP</th>
<th>Combined</th>
<th>Shrop Comm</th>
<th>Northumberland, Tyne &amp; Wear</th>
<th>East London</th>
<th>Tees, Esk &amp; Wear</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CQC Rating</strong></td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Staff survey question:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Staff Engagement vs category average</td>
<td>Above average</td>
<td>Average</td>
<td>Below average</td>
<td>Average</td>
<td>Above average</td>
<td>Above average</td>
<td>Above average</td>
</tr>
<tr>
<td>2016 result</td>
<td>3.88</td>
<td>3.74</td>
<td>3.73</td>
<td>3.83</td>
<td>3.87</td>
<td>3.95</td>
<td>3.88</td>
</tr>
<tr>
<td>2015 result</td>
<td>3.79</td>
<td>3.79</td>
<td>3.70</td>
<td>3.83</td>
<td>3.80</td>
<td>3.95</td>
<td>3.95</td>
</tr>
<tr>
<td>change from 2015 to 2016</td>
<td>increase</td>
<td>decrease</td>
<td>no change</td>
<td>no change</td>
<td>increase</td>
<td>no change</td>
<td>decrease</td>
</tr>
<tr>
<td>Staff motivation at work</td>
<td>Above average</td>
<td>Average</td>
<td>Average</td>
<td>Above average</td>
<td>Average</td>
<td>Above average</td>
<td>Above average</td>
</tr>
<tr>
<td>2016 result</td>
<td>4.00</td>
<td>3.95</td>
<td>3.90</td>
<td>4.01</td>
<td>3.91</td>
<td>4.02</td>
<td>3.96</td>
</tr>
<tr>
<td>2015 result</td>
<td>3.88</td>
<td>4.00</td>
<td>3.88</td>
<td>4.00</td>
<td>3.89</td>
<td>4.05</td>
<td>4.02</td>
</tr>
<tr>
<td>change from 2015 to 2016</td>
<td>increase</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
</tr>
<tr>
<td>Staff contribute towards improvements</td>
<td>Above average</td>
<td>Average</td>
<td>Below average</td>
<td>Average</td>
<td>Average</td>
<td>Above average</td>
<td>Above average</td>
</tr>
<tr>
<td>2016 result</td>
<td>76%</td>
<td>70%</td>
<td>70%</td>
<td>72%</td>
<td>73%</td>
<td>79%</td>
<td>76%</td>
</tr>
<tr>
<td>2015 result</td>
<td>75%</td>
<td>70%</td>
<td>70%</td>
<td>73%</td>
<td>74%</td>
<td>77%</td>
<td>79%</td>
</tr>
<tr>
<td>change from 2015 to 2016</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
<td>no change</td>
</tr>
<tr>
<td>Recommend organisation to work or receive treatment</td>
<td>Above average</td>
<td>Below average</td>
<td>Below average</td>
<td>Average</td>
<td>Above average</td>
<td>Above average</td>
<td>Above average</td>
</tr>
<tr>
<td>2016 result</td>
<td>3.81</td>
<td>3.57</td>
<td>3.56</td>
<td>3.76</td>
<td>3.87</td>
<td>3.93</td>
<td>3.83</td>
</tr>
<tr>
<td>2015 result</td>
<td>3.76</td>
<td>3.65</td>
<td>3.49</td>
<td>3.74</td>
<td>3.71</td>
<td>3.82</td>
<td>3.92</td>
</tr>
<tr>
<td>change from 2015 to 2016</td>
<td>increase</td>
<td>decrease</td>
<td>no change</td>
<td>no change</td>
<td>increase</td>
<td>no change</td>
<td>decrease</td>
</tr>
</tbody>
</table>
To: Council of Governors
From: Remuneration and Nominations Committee
Date: 21 June 2017
Subject: Re-appointment of Chairman

1. PURPOSE OF PAPER

A key statutory role for Governor Members is to appoint Non-Executive Directors including the Chair and Non Executive Directors in accordance with Monitor’s Code of Governance and the Monitor document “Your Statutory Duties: A Guide for NHS FT Governors”. The purpose of this paper is for the Nominations Committee to review the request for re-appointment of the Chairman.

2. CHAIRMAN

Martin Gower joined the Trust on July 1st 2014. He had previously chaired Coventry and Warwickshire Partnership NHS Trust. He joined the NHS as a non-executive Director in July 2009. He had previous contact with SSSFT having observed a Council of Governors’ meeting and acted as an external assessor on the panel selecting 3 new non-executive Directors – Paul Bunting, Dr Ian Wilson and Marina McQuade. Previous to his time in the NHS he had worked in the regional and local media, latterly in overseeing media businesses in South West England, South Wales, Northern Ireland and a spell in the USA. His employers included Daily Mail and General Trust plc, Trinity Mirror plc and Independent News and Media plc.

The Last 3 years

When Martin joined the Trust he was conscious that it was well run financially, had robust governance and governance systems in place and was held in high regard within local, regional and national health economies. He was particularly conscious that he was succeeding a long standing, highly respected Chairman in Steve Jones. It was important to take a supportive and consistent approach to leading the Board and the Council of Governors without making changes for the sake of them. Equally where it was possible to develop the effectiveness of both the Board and the Council of Governors this should be achieved through an evolutionary, collaborative approach.

Achievements:

- The most important relationship within any Board is that between the Chief Executive and the Chair. It needs to be challenging but supportive. Martin is delighted that Neil is still with the Trust and likely to be for the foreseeable future. Retaining Neil, and the leadership qualities he brings, is vital to the Trust
during this exciting but often frustrating phase in NHS developments. Although Martin and Neil did not know each other before Martin joined the Trust a strong relationship around the key values of the Trust has been successfully developed.

- Martin feels that he has been effective in developing strong relationships with key stakeholders outside the organisation, never getting involved in operational detail but always seeking to create a confident, trusting environment for the executive to build successful partnerships.
- In his second year in the Chair Martin was awarded West Midlands Public Sector Director of the Year by the Institute of Directors and the SSSFT Board was awarded Governing Body of the Year in the NHS Leadership Academy Awards for the West Midlands.
- He has built a strong relationship with our Governors and has worked with both Lead Governors to resolve Governor issues where they may have arisen. He has had an open-door policy to meeting any governor on a one:one basis. He has encouraged new ways to build governor/NED relations and support the “holding to account” agenda, including informal meetings and joint visits.
- Martin has visited most of the Trust’s services within Shropshire and South Staffordshire as well as those in the rest of England.
- Last year the Board lost 3 non-executive Directors, 2 of whom had served the maximum permissible term as Board-members. The Council of Governors appointed 3 replacements who have quickly become effective and committed Board-members.
- Under his leadership the Board (executive and non-executive) has continued to be committed to being carriers of our culture and values of the Trust and has been demonstrably effective in supporting all the activity that has helped to measurably improve staff engagement and motivation.

2 Martin Gower’s Statement.

“I would be honoured and delighted to serve a further year as Chairman of South Staffordshire and Shropshire Healthcare NHS Foundation Trust. My reasons are:

- Firstly, I immensely enjoy working with colleagues in the Trust. I support its values and respect all those who have built an organisation that stands out among other NHS providers as “best in class”
- I do think at this point some continuity is important for SSSFT as it faces significant structural and strategic challenges. A change in Chairmanship could create a degree of concern with our regulators. A steady SSSFT will help in both our local health economies where significant performance issues are challenging some of our partners
Finally, if I felt my energy levels were waning I would probably be relieved to quit! Right now, in spite of a degree of frustration with the “system” I am very motivated to continue in my role.

I appreciate that the decision is in the hands of our Council of Governors and look forward to hearing of their decision.”

4. PROCESS

Members of the Remuneration and Nominations Committee will interview the Chairman during the public section of the Council of Governors meeting. A closed/confidential session will be held at the end of the Council of Governor’s meeting where governors will be able to make a decision with regards to the Chairman’s reappointment.