

AGENDA

MEETING OF THE FOUNDATION TRUST GOVERNORS

CONFERENCE HALL,
ST PANCRAS HOSPITAL

4 ST PANCRAS WAY

LONDON, NW1 0PE

Tuesday 14th May 2012 at 5.00pm

Membership of the Foundation Trust Governors -

Chair:

Mr Richard Arthur, Trust Chair

Public Governors:

Camden: Dr Zaheer Afridi; Ms Ruth Appleton; Mr Nik Masters; Ms Kathryn Southworth

Islington: Mr David Barry (Lead Governor); Mr Henry Okereafor; Prof Wendy Savage;

Ms Monika Schwartz; Ms Martha Wiseman

Central North London: Ms Saira Nawaz

Service Users Governors:

Ms Scholastica Ahunanya; Mr Clifford Campbell; Mr Tony Fisher; Mr Richard Fletcher; Mr Brenda Williams

Staff Governors:

Ms Lydia Abbey; Ms Diana Brown; Ms Katie Clayton; Ms Lucy McLean

Nominated Governors:

Dr Angela Hassiotis (University College London); Ms Simone Hensby (Voluntary Action Camden); Mr Jean Kaseki (Councillor, London Borough of Islington); Mr Gareth Pountain (Voluntary Sector); Ms Tulip Siddiq (Councillor, London Borough of Camden).

Enquiries to the Trust Secretary

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Issue Date: 3rd May 2013

Ground Rules

- a) Apologies for non-attendance or lateness to be sent *before* the meeting. Chair to ask for apologies at the meeting.
- b) All actively engage and are individually accountable.
- c) Views are listened to and built on constructively.
- d) There is mutual respect.
- e) The Governors work within a climate of giving and receiving constructive challenge (of ideas and not people).
- f) Everyone is equal in the process while having regard to role of the Chair.

Declarations of Interest

If any Governor has a conflict of interest in any of the items on the agenda, they must declare these, and if necessary withdraw from the meeting.

Paragraph 16 of the Trust's Constitution sets out the arrangements for conflicts of interest and defines material interest.

Register of Interests

The register of Foundation Trust Governors' interests is available for viewing by the public. The register can be seen by contacting the Board Secretary, 2nd Floor, East Wing, St. Pancras Hospital, 4 St. Pancras Way, London NW1 OPE. Or e-mail trust.secretary@candi.nhs.uk. Governors are encouraged to keep their entry up to date and should send any revisions to the Board Secretary without delay. If in doubt about whether an entry in the register is necessary, Governors should seek advice from the Board Secretary.

Council of Governors Meeting
5pm, Tuesday 14th May 2013

AGENDA

1.	GENERAL BUSINESS	TIME	Page No.
1.1	WELCOME, APOLOGIES AND MEETING BEHAVIOUR	5:00-5:10pm	Verbal
1.2	DECLARATIONS OF INTERESTS		Verbal
1.3	MINUTES OF THE PREVIOUS MEETING		7
	To <u>agree</u> the minutes of the Council of Governors' meeting held on 12 th February 2013		
1.4	NOTES FROM THE JOINT BOARD/COUNCIL OF GOVERNORS SESSION ON THE TRUST'S ANNUAL PLAN AND QUALITY ACCOUNT.		17
	Notes from the meeting for the Council's joint meeting with the Trust Board are included with these papers for <u>information</u> only		
1.5	MATTERS ARISING		23
	The matters arising from the Council of Governors' meeting held on 12 th February 2013		
1.6	GOVERNOR CHANGES, MEETING ATTENDANCE & DBS CHECKING UPDATE		Verbal
2.	STATUTORY ITEMS		
2.1	REMUNERATION COMMITTEE BUSINESS	5:10-5:20pm	25
	Feedback and recommendations for <u>approval</u> from the Council's Remuneration Committee presented by the Committee's Chair, Mr Gareth Pountain.		
2.2	NOMINATIONS COMMITTEE BUSINESS	5:20-5:30pm	35
	Feedback and recommendations for <u>approval</u> from the Council's Nominations Committee presented by the Committee's Chair, Ms Cha Patel		
2.3	APPRAISAL OF THE TRUST'S CHAIR	5:30-5:35pm	Verbal
	An update on the Chair's Appraisal process from Ms Sarah Charles, Senior Independent Director.		
2.4	2013 GOVERNOR ELECTIONS	5:35-5:40pm	Verbal
	An update from the Chair with details election timetable and of those Governors whose term will end this year.		

3.	BIG TOPIC		
3.1	SERVICE USER INVOLVEMENT	5:40-5:50pm	47
	A presentation, which includes the Service User perspective, led by Ms Claire Johnston, Director of Nursing & People, and Ms Natasha Sloman, Head of Social Work & Social Care. The Trust's Service User Involvement Strategy is included with these papers for information only.		
3.2	BREAKOUT SESSION (Table Plan)	5:50-6:20pm	65
	Governors will break into groups to discuss ideas on how service user involvement could be improved and then feedback to the full Council. Trust Directors, Non-Executive Directors, divisional staff and members of the Trust's Service Users Alliance will be invited to join these discussion groups.		
4.	STANDARD BUSINESS		
4.1	FOUNDATION TRUST UPDATE	6:20-6:25pm	67
	A paper by Ms Wendy Wallace, Chief Executive for the Council's information.		
4.2	FEEDBACK ON 'FRANCIS INQUIRY' TRAINING / EVENTS	6:25-6:30pm	Verbal
	An update presented by Mr David Barry on recent training attended by a number of Governors in relation to the Francis Inquiry, for the Council's information.		
4.3	FEEDBACK ON THE COUNCILS MOTION REGARDING PATIENT FOOD	6:30-6:35pm	77
	Feedback on the motion submitted to the Trust Board from Mr David Wragg, Director of Finance.		
4.4	REMINDER ON GOVERNOR TRAINING OPORTUNITIES	6:35-6:40pm	Verbal
	An update from the Chair on the availability of the Foundation Trust Network's "Governwell" training programme.		
4.5	UPDATE ON GOVERNOR E-MAIL / COMMUNICATIONS	6:40-6:45pm	Verbal
	An updated from Mr David Barry, Lead Governor.		
4.6	GOVERNORS EXPENSES / PAYMENT POLICY	-	-
	The Trust's policy on Expenses Payments to Governors is included with these papers for information only.		
4.7	ORGANISATION COMMITTEE		
4.7.1	Change of Organisation Committee Name	6:45-6:50pm	Verbal
	A proposed Committee name change presented by Mr David Barry, Lead Governor & Organisation Committee Chair, for the Council's approval.		

4.7.2	Refresh of the Organisation Committee	6:50-6:55pm	Verbal
	Update on the refreshment of the Organisation Committee (with potential vote /ballot) from Mr David Barry, Lead Governor.		
4.7.3	Committee Minutes	6:55-7:00pm	89
	To <u>receive</u> the agreed minutes for the Organisation Committee meeting on 10 th January 2013. (Mr David Barry as Chair)		
4.8	SUB-GROUP FEEDBACK	-	-
	There is no sub-group feedback.		
4.9	COUNCIL OF GOVERNORS ANNUAL WORK PLAN	-	93
	Work plan for <u>information</u> .		
5.	MOTIONS AND QUESTIONS		
5.1	No motions or questions have been submitted for consideration at this meeting.	-	-
6.	URGENT MOTIONS AND QUESTIONS		
6.1	No urgent motions or questions have been received.	-	-
7.	CLOSE		
7.1	DATE OF NEXT MEETING – <u>25th July 2013</u>	7:00pm	Verbal

Other 2013 Meeting Dates:25th July - Extra Council Meeting to Appoint new Trust Chair3rd September - Council Meeting17th October - Annual Members Meeting3rd December –Council Meeting

Minutes of the Foundation Trust Governors' Meeting held in the Conference Hall, St Pancras Hospital, 4 St Pancras Way,

London, NW1 OPE

Tuesday 12th February 2013 at 5:00pm

Present:

Mr Richard Arthur Trust Chair (Chair)

Public Governors – Camden:

Ms Ruth Appleton
Mr Nik Masters
Ms Kathryn Southworth
Ms Mala Wijeweera

Public Governors – Islington:

Mr David Barry
Mr Henri Okerefor
Prof Wendy Savage
Ms Monika Schwartz

Public Governors - Central and North London

Ms Saira Nawaz

Service User Governors:

Ms Scholastica Ahunanya
Mr Richard Fletcher
Mr David Hayes
Ms Brenda Williams

Staff Governors:

Ms Lydia Abbey
Ms Diana Brown
Ms Katie Clayton
Ms Lucy Mclean

Nominated Governors:

Mr Jean Kaseki	London Borough of Islington
Mr David Osborn	UCL Medical School
Mr Gareth Pountain	Islington Voluntary Action Council
Mr Luca Salice	LINK Representative
Mr Robert Sumerling	Camden PCT

In Attendance:

Ms Wendy Wallace	Chief Executive
Dr Sylvia Tang	Deputy Chief Executive / Medical Director
Ms Claire Johnston	Director of Nursing & People
Mr David Wragg	Director of Finance
Mr Paul Calaminus	Chief Operation Officer
Mr Kevin Monteith	Associate Director, Corporate Strategy & Development
Ms Sarah Charles	Senior Independent Director
Ms Cha Patel	Non-Executive Director
Dr Sue Goss	Non-Executive Director
Dr John Dunn	Assoc. Clinical Director, C&I Community Mental Health Services
Mr Martin Zielinski	Board Secretary (Minutes)
Members of Trust Staff and the Public	

Apologies Received on Behalf of:

Dr Mohammad Afridi	Public User, Camden
Ms Tulip Siddiq	London Borough of Camden
Ms Martha Wiseman	Public Governor, Islington

Absent Without Apologies:

Mr Clifford Campbell	Service User Governor
Ms Simone Hensby	Nominated Governor, Voluntary Action Camden

This meeting was preceded by a tasting of patient food, as would be available to patients that evening, which was supplied by the Trust's catering contractor.

1. GENERAL BUSINESS

ACTIONS:

1.1 WELCOME, APOLOGIES AND MEETING BEHAVIOUR

Mr Arthur welcomed everyone to the meeting.

Apologies were noted from Ms Wiseman, Dr Afridi and subsequently from Ms Siddiq.

The meeting was quorate.

The Chair read out a statement to the Council, that he had prepared at the request of the Organisation Committee and in response to concerns raised by a number of governors. The key messages were that all Governors should treat each other, Trust staff and stakeholders with dignity and respect; and that Trust staff and other Governors should not be bombarded with e-mails, especially when these are bad tempered and unnecessary. He noted that two Service User Governors had stated that inappropriate communications had affected their wellbeing. He also quoted from comments made by Nominated Governors who had advised that negative e-mail correspondence and interventions at Council meetings, sometimes inappropriately related to a specific Governor's personal agenda, discouraged them from being more active in their role as a Trust Governor. The Council were advised that one Governor was currently being taken thorough the 'complaints against Foundation Trust Governors' process.

He concluded that overall the Trust's staff worked together with positive team spirit, and that he hoped that the Council and its Governors could adopt a similar attitude.

Mr Hayes moved that his motion on patient food under item 5.1 of the agenda be taken as the next time on the agenda. This motion was seconded by Mr Masters and agreed by the Council by majority vote. (The ensuing discussion is minuted under 5.1 below)

1.2 DECLARATIONS OF INTEREST

No interests were declared by any member of the Council who attended this meeting.

1.3 MINUTES OF PREVIOUS MEETINGS

The Council reviewed the minutes from its previous meeting that was held on the 4th December 2012. A small number of amendments were requested by Prof Savage and Mr Masters. These were accepted by the Council.

The Council of Governors AGREED the minutes of their previous meeting that was held on 4th December 2012, subject to the agreed amendments.

1.4 MATTERS ARISING

The matters arising from the last Council meeting on 4th December 2012 were considered to have been appropriately addressed and no further action was required.

1.5 GOVERNOR CHANGES AND ATTENDANCE AT MEETINGS

Mr Arthur advised the Council that, since their last meeting Mr Ciaran Farrell and Mr Tony Fisher had resigned for their positions as Governors. He was pleased to welcome Ms Mala Wijeweera, who replaced Mr Farrell, to her first meeting as a public Governor. He added that the vacant Service User Governor post had been offered to the individual who was next in line for last year's Governor elections, but that a response had yet to be received. Mr Salice requested that a vote of thanks be recorded for Mr Fisher's contribution to the Council over the years and a round of applause took place.

It was also advised that Mr Sumerling would be leaving the Council at the end of the financial year as the PCT he represented would no longer exist.

2. STATUTORY ITEMS

2.1 AMENDMENTS TO THE TRUST'S CONSTITUTION

Ms Wallace introduced this item detailing the next set of Monitor required changes to the Trust's Constitution to ensure compliance with the Health & Social Care Act 2012. She advised that the Board had already agreed these changes and they recommended that these be approved by the Council. The wording used in the amendments had been directly derived from Monitor's guidance by the Trust's legal advisors. No other changes to the Trust's Constitution were allowed by Monitor at this time. She went through the items being changed advising that, in a number of instances, the changes required merely the documentation of processes already followed by the Trust (e.g. the requirement to hold Board meetings in public). She concluded by reiterating that the amendments presented were predominantly required by law and recommended by Monitor.

Mr Barry queried whether this would be the last set of changes imposed on the Trust. Ms Wallace confirmed that this was the case as Monitor would no longer have a role in approving constitutional changes after 1st April 2013. Mr Barry stated his discomfort that the Council were being asked to approve changes over which they had no discretion but he acknowledged that this requirement was outside the control of the Trust. In his role as Lead Governor, he advised that he had undertaken a detailed review of the required amendments and found nothing within them that raised any material concerns.

There was some discussion over the required amendments and Ms Wallace confirmed to Mr Masters that Monitor would still, in its new role, hear concerns about any inappropriate actions undertaken by Trusts but only where such concern was supported by 50% of a Trust's full Council, and not from individual Governors.

There was a suggestion that a special meeting should be called to consider these amendments at a later date. Mr Arthur did not consider that the Council had the appetite for an additional meeting on this topic and Mr Salice called for a vote on approving the required changes, which was put to the meeting.

The result of the vote was:

- 16 in favour;
- 2 against; and
- 4 abstained.

The Council of Governors APPROVED the required changes to the Trust's Constitution by majority vote.

2.2 NOMINATIONS COMMITTEE BUSINESS

Mr Arthur, as the recently elected Chair of the Council's Nominations Committee, presented this item. He advised that since the Committee's last meeting, NED Committee member Mr John Morrison had stood down and would not be seeking re-appointment as an NED when his term of office ended in August 2013. This was due to work pressures. He added that he himself had also stood down as one of the Committee's main duties this year would be to replace him and appoint a new Chair for the Trust. He advised the Council that the Board of Directors had decided that their new representatives on the Committee would be Non-Executive Directors Ms Cha Patel and Ms Sarah Charles. The Committee would appoint a new Chair when it next met. It was expected that the next meeting of the Committee would be in March 2013, where decisions would be made on the process to be adopted to recruit a new Trust Chair and NED. Mr Arthur recommended that this process should include a stakeholder event, like the one that had successfully been held in the recruitment of the Trust's newest NED, Dr Sue Goss.

Mr Arthur advised the Council that the Committee recommended the appointment of Non-Executive Director Ms Cha Patel as Deputy Trust Chair. He fully supported this recommendation, advising the Ms Patel had already successfully covered to chair meetings in his absence. There was unanimous Council approval for this appointment.

The Committee recommended the re-appointment of Ms Sarah Charles as a Non-Executive Director and Senior Independent Director for a further 3 year term. The full Council approved this appointment.

The Committee requested that the Council agree to increase its number of Governors members by one and to include Ms Kathryn Southworth, the other Governor who had applied to join the Committee in the recent internal elections. The Council agreed this action.

The Council of Governors NOTED Mr Arthur's update and unanimously APPROVED the appointment of Ms Cha Patel as Deputy Trust Chair; the re-appointment of Ms Sarah Charles as an NED and Senior Independent Director for a further 3 year term; an increase in the size of its Nomination Committee by one Governor member; and the appointment of Ms Kathryn Southworth to the Nominations Committee.

3. BIG TOPIC

3.1 SUBSTANCE MISUSE & FORENSIC SERVICES PRESENTATION

Ms Wallace introduced this item and, with the aid of a slide, demonstrated where substance misuse sat in the Trust's care pathway structure. She then introduced, and handed over, to Dr John Dunn, Associate Clinical Director, Community Mental Health Services.

Dr Dunn's presentation focused on the substance misuse element of the service. He highlighted how the whole philosophy of the service had changed in recent years from a focus on patient admissions to that of their subsequent recovery and treatment outcomes. He went on to outline the visions for this service; how these would be achieved; and an overview of the service model in place. He also highlighted the services partnership working arrangements.

Mr Arthur thanked Dr Dunn for an interesting presentation and advised the Council that the Trust had one of the best substance misuse services in the country, and had recently won a contract to provide these services externally to the Royal Borough of Kingston upon Thames. In a previous role with Camden Council Mr Arthur had viewed that the main aim in relation to drug use had been to arrest of dealers. He did not believe that this had ever resolved the problem, and he believed that the focus on helping drug users and taking them out of a drug based environment would be more effective.

Mr Salice commented that the presentation had been very interesting but would have benefited from the inclusion of more performance indicators. Dr Dunn advised that the currently available performance indicators tended to be quite blunt instruments based on treatment times, length of stay and re-admission rates. He did state that the Trust met the 80% TOP (Treatment Outcome Profiles) target set by the National Treatment Agency. However, the recovery target set by Commissioners at 50% was unrealistically high. Camden currently had approximately a 14% recovery rate and Islington slightly less.

Mr Sumerling asked whether Dr Dunn had any comment on the recently published report led by Dame Ruth Runciman and the UK Drug Policy Commission "A fresh approach to drugs" which considered the potential beneficial effects from a reduction in the criminalisation of drugs. Dr Dunn stated that the law had been changed in Portugal to decriminalise possession of small amounts of certain drugs and the user was required to seek treatment rather than be prosecuted. He understood these changes had proved to have had some success and not resulted in any increase in the number of drug users. He stressed that there was a difference between the decriminalisation of some drug offences and the legalisation of drug use.

Mr Fletcher questioned the use of strengthening individuals' will power to say no to drugs. Dr Dunn advised that such support was provided to service users but often in short term measures, such as getting through an individual day without drugs. He added that motivational interviews were also held with service users to examine the pros and cons of their behaviour.

Ms Appleton stated that voluntary agencies were facing funding problems and queried whether these services could be picked up by the funded public sector. She made particular reference to 'Camden 184' project, an open access service for adults with substance misuse issues. She also queried the relationship between methedrone usage and dental problems. Dr Dunn advises that 'Camden 184' was run by the Trust and that some staff there were funded, rather than being volunteers. He acknowledged that methedrone may damage teeth but

so did other substances such as tobacco or diet. A sugar free version of methedrone was available if required.

Prof Savage queried how the recently won tender to provide substance misuse services in Kingston would be staffed. Dr Dunn advised that staff from the existing service provider would be transferred to the Trust and that, if necessary, new staff would be engaged. He added that Trust management would oversee this service as the Trust had been engaged not only to provide but to manage this clinical service.

Ms Schwartz asked how it was ensured that provided substance misuse services were culturally appropriate. Dr Dunn responded that the Trust used a telephone based translation service and, where possible, any other cultural concerns would be discussed with the patient's relatives.

Mr Pountain asked how rigorous agreements were in relation to existing partnership arrangements. Dr Dunn was satisfied that appropriate controls were in place and he advised that all service users were required to give permission for their details to be shared with care partners when they first enter the system.

Mr Arthur led a round of thanks to Dr Dunn for his presentation.

The Council of Governors NOTED the presentation on Substance Misuse.

4. STANDARD BUSINESS

4.1 FOUNDATION TRUST UPDATE

Ms Wallace presented this update on the Trust's activities and highlighted key items to the Council.

She advised that the NHS Commissioning Board had issued its planning guidance for CCGs for 2013/14. This clearly increased the focus on mental health with clear targets set for dementia diagnosis rates and IAPT service entrance rates. On a financial basis, the guidance proposed a national provider efficiency requirement of 4%, which she expected the CCGs to follow. Mr Fletcher queried how the Trust's relationship with GPs would change with the introduction of CCGs. Ms Wallace advised that new relationships were being established but there was still work to be done in engaging with these embryonic organisations.

The Francis report had not been published at the time when these papers were issued. The subsequently received 120 page summary contained 290 recommendations. Highlighted themes were patient safety; an emphasis on common values; a proposed merger between Monitor and the CQC; and the assessment and training of Trust Governors to ensure that they were equipped to undertake a more accountable role. The Board would be reviewing these recommendations at the earliest opportunity.

Mr Arthur's leadership in obtaining the St Pancras site was recognised, as was the support provided by the Council of Governors, local authorities and other stakeholders. Ms Wallace advised that a due diligence exercise on the transfer was underway.

Mr Arthur asked the Council to formally approve the acquisition of the St Pancras site. This was approved by 21 of the present Governors with 1 abstention.

Mr Sumerling stated that, in a past engagement with Camden PCT, there had been a view that the St Pancras site would eventually be to commercial development due to its location and value. He urged the Trust to be vigilant in retaining the site. Ms Wallace responded with a vision for a health campus on the site and stated that there were definitely no plans to dispose of the site. Ms Schwartz sought clarity on the future of the Highgate site and was advised that the site was owned by the Trust and would not be affected by press articles on the potential sale of property by the neighbouring Whittington Hospital.

Mr Arthur added his thanks to those who had supported the transfer of the St Pancras site to the Trust.

Mr Pountain voiced that he would have liked to have seen more information on financial performance in this update. Mr Arthur advised that the Trust's finances were in good shape and the Governors should not be concerned on this. Unfortunately other healthcare organisations in the area were not in the same position. It was agreed that efforts would be made to improve the financial content and Ms Wallace would discuss this with Mr Pountain outside of the meeting.

Ms Wallace

Ms Wallace advised on the appointment of Mr Paul Calaminus as Chief Operation Officer and detailed the establishment of new Divisional Managers and Divisional Clinical Leads, reflecting recent structural changes.

She was pleased to advise that Islington had been recorded as having the highest diagnosis rate for dementia in the country and that the Trust was leading a pan-London training programme for GP Practice Nurses. The latter activity is a key factor in reducing any perceived stigma against mental health issues in primary care. She also drew attention to the success of the Kidstime Project for young carers that was going from strength to strength and had been highlighted as an example of excellent practice by Ofsted.

The Trust's QIPP Quality Performance Report, Q3 2012/13 was attached to this update paper for the Council's information.

Mr Hayes paid tribute to the Trust's nurses and front line staff who, against a background of concerns highlighted in Mid-Staffordshire, continued to provide excellent care with compassion and dignity. In reference to his own care, he commended Ms Natasha Sloman, Head of Social Care, for exceeding the requirements of her duties.

The Council of Governors NOTED the Foundation Trust Update and formally AGREED the transfer of the St Pancras site to the Trust.

4.2 CHANGING LIVES UPDATE

This item was deferred to a future date as the meeting was running over time.

Mr Zielinski

4.3 ORGANISATION COMMITTEE

The Council of Governors RECEIVED the minutes from the Organisation Committee meeting held on 7th November 2012.

4.5 SUB-GROUP FEEDBACK

There was no sub-group feedback presented at this meeting.

4.6 COUNCIL OF GOVERNORS ANNUAL WORK PLAN

The Council of Governors NOTED its Annual Work Plan.

5. MOTIONS AND QUESTIONS

5.1 MOTIONS OR QUESTIONS ON NOTICE

This motion was taken at top of the agenda at the request of the submitting Governor, Mr Hayes, and with the agreement of the Council.

The motion was:

For the Governors to discuss the issue of food and then vote to recommend to the Board of Directors that the contract with Balfour Beatty/Apetito be withdrawn and that the St Pancras kitchen be re-opened to provide healthy, fresh and nutritional food to our patients.

Mr Hayes advised that he had stood as a Governor on the platform of improving patient food. He circulated a questionnaire that had been used by BBW to ascertain patient satisfaction with the food provided. He pointed out that this form required the patient to complete their name, ruling out any patient confidentiality, and had no question establishing if they were happy with the quality of the food provided. He made reference to survey results prepared by CBUG, which he believed reflected major concerns over the patient food provided within the Trust.

Mr Hayes also claimed that the Trust's Food & Nutrition Group failed to involve any services users. He stated that this was against the Trust's own Service User Strategy and urged that Ms Charles, as Senior Independent Director, to look into this matter.

**Mr Arthur /
Ms Charles**

Mr Hayes criticised the usage of 'cook chill' catering, providing a number of externally gathered quotes which described such food as 'awful' and 'tasteless'. He also claimed that under its current contract the Trust spent £12-16 per patient per day, while the prison service were able to provide each prisoner with 3 fresh meals each day at a cost of £1.85 per day. He concluded that, as the Trust would own the site from the 1st April 2013, it was his view that the on-site kitchens be re-opened. He commended his motion to the Council.

Mr Arthur, whilst stating he may not agree with all of Mr Hayes conclusions, thanked him for the effort made in preparing and presenting his motion.

Mr Salice advised that, in his involvement with Camden Council, he was aware that up to 50 schools were provided with fresh food at a cost of £2 per child per day. He stated that the lack of a quality question in BBW's own catering questionnaire was inadequate and Mr Arthur agreed with that point.

Ms Wallace acknowledged that, in the past, the Trust had been weak in controlling the cost of providing patient food as the previous service provider had failed to provide details on the relevant costs. Subsequently it had come to light that those costs eventually provided were inaccurate and had failed to include food transport costs. This lack of detail and accuracy was unacceptable.

Ms Clayton asked how much it would cost to re-open the on-site kitchens at St Pancras. Mr Arthur advised that this would have to be ascertained and invited the Trust's Director of Finance, who is

responsible for Estates and therefore catering, to comment. Mr Wragg confirmed that the cost to refurbish the kitchens and transport the food to the patients would all have to be calculated. He also reminded the Council the, to some extent, the quality of food provided would also be reliant on the calibre of chef that the Trust was able to engage.

Mr Wragg explained that the existing BBW contract had been awarded on the basis of price and measurable quality. A full and proper tendering process had been undertaken, which BBW won. All three top rated tenders were submitted on the basis of 'cook chill' food. He stated that in his experience the cost of providing 'cook chill' food was £10-11 per day, as opposed to £12-16 for freshly prepared meals. He added that 'cook chill' food was also significantly easier to manage and transport safely when compared to freshly prepared meals. The Council was advised that it was unlikely that the Trust could break its current 5 year contract with BBW without significant cost, and then further costs would have to be incurred to establish alternative catering provision. The Trust monitored the BBW contract very carefully and continued to issue warning notices where provided services fell below required levels. It was, however, in both parties' interests to work to address any service concerns rather than enter into any legal dispute.

The Council were advised that internal reviews showed relatively high levels of satisfaction with patient food. It was noted that two main complaints were the lack of menu choice and the non-availability of snacks between meals. Ms Wallace advised that these were issues that could be, and were being, resolved within the confines of the existing catering contract.

Ms Southworth highlighted that the reports provided reflected major difference in patient satisfaction between wards which suggested that the real issue may not lie with the food supplier.

Ms Schwartz stated that she had attended a Mental Health Forum that morning where it was considered that patient food was part and parcel of a patient's treatment. She noted that the Trust's Drayton Park site had its own cook which showed an inconsistent provision of catering across the Trust. Mr Arthur advised that Rehabilitation & Recovery services, such as Drayton Park, involved patients in providing catering as part of their care and in preparation for discharge. This was a model followed by other similar units within the Trust.

Mr Fletcher commented that he had recently spent 5 weeks at the Trust's Highgate site and had not been satisfied with the food he had been provided with.

Mr Masters stated that a main concern had been overlooked in that there was no mention of the carers who had to support patients who were unsatisfied and angered by the quality of the food provided.

The Council AGREED that the presented motion should be recommended to the Trust's Board of Directors for consideration.

Mr Arthur

5.2 URGENT MOTIONS AND QUESTIONS

There were no other urgent motions or questions, with the exception of moving the above motion further up the agenda as detailed earlier.

6. CLOSE

The date of the next full Council meeting was advised as 14th May 2013, although a joint Council/Board meeting would be held before then on 28th March 2013.

The Chair declared the meeting closed at 7.15pm.

I certify that these are fair and accurate minutes of the stated meeting.

.....
(Council of Governors Chair)

.....
(Date)

**Notes from the Joint Board/Council of Governor Session on
‘Changing Lives’, forward planning and the Quality Account
held in the Conference Hall, St Pancras Hospital,
4 St Pancras Way, London, NW1 OPE
on Thursday 28th March 2013 at 5:30pm**

In Attendance:	Mr Richard Arthur (Chair)
	Mr Peter Simonson, Service User Governor
	Ms Mala Wijeweera, Public Governor, Camden
	Dr Mohammad Afridi, Public Governor, Camden
	Mr David Barry, Public Governor, Islington
	Mr Henri Okereafor, Public Governor, Islington
	Prof Wendy Savage, Public Governor, Islington
	Ms Monika Schwartz, Public Governor, Islington
	Ms Saira Nawaz, Public Governor, Central and North London
	Ms Katie Clayton, Staff Governor
	Mr Jean Kaseki, Nominated Governor, London Borough of Islington
	Mr David Osborn, Nominated Governor, UCL Medical College
	Mr Gareth Pountain, Islington Voluntary Action Council
	Ms Tulip Siddiq, Nominated Governor, London Borough of Camden
	Ms Wendy Wallace, Chief Executive
	Dr Sylvia Tang, Deputy Chief Executive & Medical Director
	Ms Claire Johnston, Director of Nursing & People
	Mr David Wragg, Director of Finance
	Mr Paul Calaminus, Chief Operating Officer
	Mr Colin Plant, Director of Integrated Control
	Ms Cha Patel, Deputy Trust Chair
	Ms Sarah Charles, Senior Independent Director
	Mr Richard Brooman, Non-Executive Director
	Dr Sue Goss, Non-Executive Director
	Mr Kevin Monteith, Associate Director, Strategy & Corporate Development / Trust Secretary
	Ms Acosia Nyanin, Interim Head of Performance & Regulation
	Mr Martin Zielinski, Board Secretary (Note Taker)

Please note that the record below does not constitute formal minutes of the session but has been created to provide a record of the discussions held at this successful joint event.

1 Welcome & Apologies

Mr Arthur welcomed those in attendance to the session.

Apologies had been received from:

- Ms Brenda Williams, Service User Governor;
- Mr Richard Fletcher, Service User Governor;
- Ms Ruth Appleton, Public Governor, Camden;
- Mr Luca Salice, Nominated Governor;
- Ms Kathryn Southworth, Public Governor, Camden;
- Ms Lucy McLean, Staff Governor; and
- Mr John Morison, Non-Executive Director.

Mr Arthur invited Ms Johnston to provide the first presentation.

2. Presentation 1 – Changing Lives – The Trust’s Values and Behaviour Standards.

Ms Johnston provided a slide based presentation on the Trust’s Changing Lives programme. The objectives of this programme were to:

- listen carefully to service users and staff;
- develop promises to address valid concerns; and
- develop values and standards that will implement these promises.

She highlighted how over 500 people had been involved and over 300 ideas gathered on how services could be improved. It had been noted that, whilst the majority of service users and staff reported positive experiences at the Trust, feedback was not consistent. The programme aimed to address this.

Mr Simonson asked if feedback had been received from Substance Misuse and Ms Johnston confirmed that this was the case.

Ms Charles advised Governors that they should be mindful of the issues raised when completing their questionnaire on the Chair’s performance. These questionnaires would be issued in the near future, as part of the Chair’s annual appraisal process, with results reported to the Council at their July 2013 meeting. She reminded Governors with any questions relating to the process to contact the Trust Board Office.

Professor Savage and Mr Simonson requested that they be sent a copy of this presentation (*action completed by Mr Zielinski on 9th April 2013*).

Mr Arthur thanked Ms Johnston for her presentation and handed over to Ms Wallace.

3. Presentation 2 – the Trust’s Principal Annual Objectives & Forward Planning.

Ms Wallace advised those in attendance that the timetable for developing the Trust’s Annual Plan was set by Monitor, so there was no option other than to submit the plan in line with the given deadline of 30th May 2013. She advised that the Trust continued to aim towards its 3 main strategic priorities of:

- Excellence;
- Innovation; and
- Growth.

Ms Wallace went on to outline seven principal objectives for 2013/14 that would support these priorities. While the rationale for the first two priorities may be self-evident, Ms Wallace went on to explain that growth was also important as it:

- provided challenges to the Trust, requiring it to review and develop its processes;
- may achieve cost efficiencies; and
- in light of increasing changes in the NHS, the failure to grow may effectively lead to the Trust shrinking as increasing numbers of services are opened up to tender.

Ms Wallace concluded that these priorities and objectives had been developed, with input from the Council of Governors, to assist in making the Trust one of the best in the mental health field. Some of the objectives presented would be the subject of group discussions later on the agenda.

Mr Arthur thanked Ms Wallace for her presentation and introduced Ms Nyanin.

4. Presentation 3 – the Trust’s Quality Account

Ms Nyanin advised that it was a requirement for all NHS provider organisations to prepare an annual quality account covering all its services and publish the document on its public website. She provided details on quality review results from the previous year and focussed the group on 3 key priorities:

- patient safety;
- effectiveness of care; and
- experience.

Ms Nyanin highlighted the need for the Trust to be able to establish whether it was improving in line with these objectives and that to do so it needed effective, quality indicators that had to ‘be meaningful, practically measurable and where possible have a history of data’. A number of required quality indicators were given as examples. She added that a final draft of this year’s quality account would be available for review and comment during April 2013.

Mr Arthur thanked Ms Nyanin for her presentation.

5. Table Discussions on Forward Planning and Quality Indicators.

Those attending were grouped round 5 tables, each containing a mixture of Governors, Non-Executive Directors and Executive Directors. Each table was allocated one of the Trust’s principal objectives for 2013 and asked to consider:

- whether the objective was appropriate;
- if there were any specific issues related to that objective that Directors may have missed or should be focused upon; and
- what could be used as a quality indicator to establish whether that objective was being achieved?

Table 1

Objective - *"We will refine and embed the clinical models, deliver evidenced based interventions supporting the care pathways, measure patient outcomes and deliver continuous quality improvement"*.

Members – Mr Calaminus; Ms Charles; Ms Clayton; Dr Afridi; Ms Nyanin.

This group found the objective to be appropriate and highlighted the need for the Trust to be inspirational and obtain the maximum opportunity from the new staff structures and care models it now had in place. They commented on the need to be open and to welcome diversity.

The group suggested two possible quality indicators:

- The measurement of patient experience, with feedback to teams; and
- 85% bed occupancy.

Table 2

Objective – *"We will develop a stakeholder Engagement Strategy which builds strong relationships externally with commissioners and partners, and is founded on strong internal relationships with service users, carers, governors and staff"*.

Members – Ms Wallace; Mr Plant; Dr Goss; Ms Wijeweera; Mr Okereafor; Mr Kaseki; Ms Siddiq.

This group fully supported the objective and stressed the need to engage with all stakeholders and work together in facing the many changes affecting the NHS. It was noted that these changes needed to be explained to all in the local community to counteract any increased stigma being attached to mental health services. It was suggested that the Trust may be able to develop engagement strategies along the lines of those already developed by other organisations such as community groups.

The group felt that that patient experience would be a good quality indicator but felt that this should take the form of fully detailed narrative feedback and not just be graded as a pass or fail.

Table 3

Objective - *"We will progress a fit for purpose Estates Strategy to include the St Pancras site and a community sites rationalisation and improvement strategy"*.

Members - Mr Wragg; Mr Arthur; Ms Schwartz; Mr Osborn.

This group supported the objective and noted the importance of developing a long term plan for the St Pancras site that would best support service provision and financial security. It was considered that work was needed to modernise areas of the site, making it more appropriate to the needs of the Trust, and consideration given to possibility of the site becoming a healthcare campus.

In relation to quality indicators, this group felt that some measure of rationalisation and improvement, or the quality of maintenance, may be appropriate.

Table 4

Objective - *"We will create a service user focused culture which is aligned to our values, behaviour and performance, adopting a stepped programme which continually improves our staff and service user experience".*

Members - Ms Johnston; Ms Patel, Mr Simonson; Prof Savage.

This group supported the objective although they considered the actual objective statement to be 'lengthy'.

This group concentrated on potential quality indicators and suggested:

- the rate of equipment maintenance;
- the number of patients who have reached 3 months on medication, without a formal review; and
- the number of instances where those in need of care have had to be turned away from services.

Table 5

Objective - *"We will continue to strengthen and develop our governance structures for the Board and Council of Governors"*

Members - Dr Tang; Mr Brooman; Mr Barry; Ms Nawaz; Mr Pountain.

This group supported the objective and considered the fact that a new Trust Chair would be recruited later in the year. They acknowledged the need for a clear membership strategy, which should lead to a more informed and engaged membership. It was felt that the links between Governors and members, and Governors and Directors, could be strengthened. They also discussed the possibilities and potential usage of members' newsletters; membership incentives; corporate membership; Governor skills audits; Governor training and development; and the creation of a Governor job description.

In relation to quality indicators, the group considered patient care survey results; patient food survey results; and retaining a positive and active membership.

In conclusion Mr Monteith asked those present to nominate one quality indicator that they would like to see used in the Trust's Quality Account. **There was majority agreement that this should be an indicator that reflected patient experience.**

Mr Arthur thanked all those present for their attendance and contribution to the night's discussions. He then invited everyone to join him for refreshments and canapés in the adjoining section of the Conference Hall.

6. CLOSE

The Chair declared the meeting closed at 7.15pm.

I certify that these are fair and accurate minutes of the stated meeting.

.....
(Council of Governors Chair)

.....
(Date)

**MATTERS ARISING FROM THE COUNCIL OF GOVERNORS MEETING
ON 12th February 2013**

Minute No.	Matters Arising:	Action Owner:	By When:	Update/Status:
4.1	FOUNDATION TRUST UPDATE Ms Wallace should meet with Mr Pountain outside of the meeting to discuss the level of financial information presented to the Council of Governors.	Ms Wallace	02/05/12	Completed. Discussed at the Organisation Committee and via exchanged e-mails.
4.2	RECONNECTING UPDATE The update on 'Changing Lives' should be rescheduled for a future meeting.	Ms Zielinski	02/05/13	Completed. A full presentation on 'Changing Lives' was provided at the joint Board / Council of Governors session on 28 th March 2013.
5.1	MOTIONS OR QUESTIONS ON NOTICE It should be established if the Trust's Food & Nutrition Group had any service user involvement, and the rationale for this.	Mr Arthur / Ms Charles	02/05/13	Completed. There is not currently a service user member of the Physical Health & Nutrition Group. Service user involvement in such groups will be reviewed as part of the service user strategy and suggestions regarding involvement will be considered as part of the breakout sessions on the agenda for the next Council meeting on 14 th May 2013.
5.1	MOTIONS OR QUESTIONS ON NOTICE The Council's motion on patient food should be presented to the Trust Board for consideration.	Mr Arthur	02/05/13	Completed. The Council's motion was taken at the Trust's public Board on 28 th March 2013 and feedback from this is on this meeting's agenda.

Camden and Islington

NHS Foundation Trust

Report to: Council of Governors
Paper Number: 2.1
Report for: Decision
Report type: Governance
Date: 14th May 2013
Report Authors: Martin Zielinski, Board Secretary
Report of: Gareth Pountain, Nominated Governor & Chair of the Council of Governors Remuneration Committee.
FoI Status: Report can be made public

Title: Remuneration Committee Report

Executive Summary:

It is a statutory duty of the Council of Governors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and other Non-Executive Directors. Whilst the Council retains this duty it delegates the detailed review work to its Remuneration Committee. This re-constituted Committee had its first meeting on 18th March 2013 to consider the remuneration that should be payable to the Trust's next Chair and to review the remuneration levels for the Non-Executive Directors, including the Chair of the Audit & Risk Committee, Senior Independent Director and the Deputy Chair roles. Both appointments are expected to take up post during August/September 2013.

Benchmarking information obtained from the Foundation Trust Network was provided to the Committee. After reviewing this information, the Committee reached a number of conclusions. Recommendations to the Council, reflecting these conclusions, are presented below for ratification. The Committee also reviewed its own Terms of Reference and a copy of the agreed amended version is attached for Council approval (appendix 1).

Current membership of the Councils' Remuneration Committee is:

Mr Gareth Pountain, Nominated Governor (Chair);

Mr David Barry, Public Governor, Islington; and

Ms Ruth Appleton, Public Governor, Camden.

Further details of Remuneration Committee's meeting on 18th March 2013 are available in the agreed minutes of that meeting, which are appended for the Councils information (Appendix 2).

Recommendations to the Council of Governors:

- The approval of remuneration of £38,000 for the Trust's next Chair.
- The freezing of the current remuneration levels for the Non-Executive Directors as follows:
 - NED – 11,000k
 - Chair of the Audit and Risk Committee, 14,000k

- **Senior Independent Director, 14,000k**
- **Deputy Chair, no additional remuneration above the standard NED remuneration of 11,000k**
- **To approve the Remuneration Committee's updated Terms of Reference.**

Trust Strategic Priorities Supported by this Paper:

A strong Board team is essential in achieving all the Trust's strategic priorities. The Council of Governors has a vital role to play in achieving the right balance of skills and composition of the Non-Executive Directors on the Trust Board.

Risk Implications:

Failure to recruit and retain a strong Chair and team of Non-Executive Directors may have an impact on the successful achievement of the Trust's strategic aims and could affect the Trust's overall risk ratings.

Legal and Compliance Implications:

Under Foundation Trust legislation, it is the role of the Council of Governors to appoint the Trust Chair and Non-Executive Directors at a general meeting.

Finance Implications:

There is a minor financial implication, an increase cost of £1,000, associated with this paper.

Single Equalities Impact Assessment:

N/A

Requirement of External Assessor:

The Council of Governors are expected to comply with provisions of Monitors Code of Governance.

Appendix 1

Camden and Islington

NHS Foundation Trust

DRAFT

Council of Governors' Remuneration Committee Terms of Reference

1 Role

- 1.1 The role of the Council of Governors Remuneration Committee is to recommend to the Council of Governors the level of remuneration and expenses and the other terms and conditions of office of the Non-Executive Directors

2 Definitions

"the Trust"	Camden and Islington NHS Foundation Trust
"the Committee"	the Council of Governors Remuneration Committee
"the Directors"	the Trust's Board of Directors
"the Governors"	the Trust's Council of Governors

3 Membership

- 3.1 Members of the Committee shall be appointed by the Council of Governors in consultation with the Chair of the Board of Directors and shall be made up of at least 3 members, and no more than 5.
- 3.2 Only members of the Committee have the right to attend Committee meetings. Other individuals such as the Trust Chair, Chief Executive, Director of Finance, Associate Director of Human Resources and Organisational Development and external advisers may be invited to attend for all or part of any meeting, as and when appropriate.
- 3.3 Appointments to the Committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the Committee member remains a Governor of the Trust.
- 3.4 The Chair of the Committee shall be elected by the Committee. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to Chair the meeting.
- 3.5 The Chair of the Board of Directors shall not be permitted to attend Committee meetings pertaining to his remuneration and shall not receive minutes of such meetings.

4 Secretary

- 4.1 The trust Secretary, or their deputy, shall act as the Secretary of the Committee.

5 Quorum

- 5.1 The quorum necessary for the transaction of business shall be 3. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

6 Meetings

- 6.1 The Committee shall meet as frequently as it may determine but will not meet less frequently than once per year and at such other times as the Chair of the Committee shall require.
- 6.2 The Trust Chair, Deputy Chair and/or the Senior Independent Director may be invited to meetings of the Committee in order to assist the committee to gain a full appreciation of the roles and functions of the chair and Non-Executive Directors.

7 Notice of Meetings

- 7.1 Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of any of its members.
- 7.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

8 Minutes of Meetings

- 8.1 The Secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.
- 8.2 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Council of Governors, unless a conflict of interest exists. If at all possible minutes shall be agreed by e-mail, if this is not possible, a further meeting shall be called to resolve any dispute.

9 Annual Members Meeting

- 9.1 The Chair of the Committee shall attend the annual members meeting prepared to respond to any members' questions on the Committee's activities.

10 Duties

- 10.1 It is for the Council of Governors to decide the remuneration, allowances and terms of service of the non-executive directors at a general meeting. To assist the Council of Governors in this responsibility the Committee shall:
 - 10.11 determine, agree and review with the Council of Governors, in liaison with the Board of Directors, the framework or broad policy for the remuneration and terms of service of the trust's Non-Executive Directors;
 - 10.12 in determining such policy, take into account all factors which it deems necessary. The objective of such policy shall be to ensure that Non-Executive Directors of the Trust are provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the Trust;
 - 10.13 ensure that contractual terms on termination, and any payments made, are fair to the individual, and the trust, aligned with the interests of the patients, that failure is not rewarded and that the duty to mitigate loss is fully recognised;
 - 10.14 within the terms of the agreed policy and in consultation with the Trust Chair and/or Chief Executive as appropriate, determine the total individual remuneration package of each Non-Executive Director;

- 10.15 be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any remuneration consultants who advise the Committee and to obtain reliable, up-to-date information about remuneration in other Trusts.

11 Reporting Responsibilities

- 11.1 The Committee Chair shall report formally to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 11.2 The Committee shall make whatever recommendations to the Council of Governors it deems appropriate on any area within its remit where action or improvement is needed.
- 11.3 The Committee shall produce an annual statement on the Trust's remuneration policy and practices which will form part of the Trust's Annual Report.
- 11.4 The Committee shall make available upon request, in a format they deem appropriate, information regarding the attendance of all members at Committee meetings.

12 Other Matters

- 12.1 The Committee shall:
- 12.11 have access to sufficient resources in order to carry out its duties, including access to the trust secretariat for assistance as required;
- 12.12 be provided with appropriate and timely training, if required;
- 12.13 give due consideration to laws and regulations, and the provisions of the NHS Foundation Trust Code of Governance; and
- 12.14 oversee any investigation of activities which are within its Terms of Reference.

13 Authority

- 13.1 The Committee is a Committee of the Council of Governors and has no executive powers, other than those specifically delegated in these Terms of Reference. The Committee is authorised to seek any information it requires from any employee of the Trust in order to perform its duties which request will be made via the Trust Secretary.

14 Review

- 14.1 The Committee will, at least once a year, review its own performance, membership and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors for approval.

This Terms of Reference has been approved by the Council of Governors at its meeting on

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(Council of Governors Chair)

(Date)

Appendix 2

Camden and Islington

NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS' REMUNERATIONS COMMITTEE
MEETING HELD AT 5:00pm ON MONDAY 18th MARCH 2013
2nd FLOOR MEETING ROOM, EAST WING, ST PANCRAS HOSPITAL

Present:	Mr Gareth Pountain (Chair, once elected) Mr David Barry Ms Ruth Appleton	Nominated Governor (Islington Voluntary Action Council) Public Governor, Islington / Lead Governor Public Governor, Camden
In Attendance:	Mr Martin Zielinski	Board Secretary (Minutes)

		Action By:
1.	APPOINTMENT OF COMMITTEE CHAIR	
	Mr Zielinski invited those Governors present to nominate themselves to be Chair of this Committee. Mr Pountain put himself forward to be Chair and this nomination was supported by Mr Barry and Ms Appleton. The Council of Governors' Remuneration Committee AGREED that Mr Pountain would be its Chair.	
2.	WELCOME, APOLOGIES AND QUORUM	
	Mr Pountain welcomed those in attendance to this the first meeting of the re-established Council of Governors' Remuneration Committee. All members were present; there were no apologies; and the meeting was quorate.	
3.	MINUTES FROM PREVIOUS MEETINGS	
	There were no previous minutes relevant to this re-established Committee.	
4.	MATTERS ARISING	
	There were no previous matters arising relevant to this re-established Committee.	
5.	COMMITTEE TERMS OF REFERENCE	
	The Committee requested that it be noted that the coversheet for these papers incorrectly stated that there were no relevant equality and diversity issues related to the presented papers. As this meeting was to discuss terms for recruitment they did not consider this to be the case. Mr Barry questioned why this Committee was not combined with the Council's Nominations Committee. Mr Zielinski advised that the Trust's	

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	current Constitution set out the basis for two separate Committees. It was noted that a change of this nature action could be considered when the Trust's Constitution is next reviewed. Mr Zielinski was requested to establish the legitimacy of merging the two Committees and whether such a joint Committee was common practice among other Trusts. The Committee decided that it should expand its membership to include up to 5 Governors. It was requested that this be reflected in its Terms of Reference. It was also agreed that the 'Director of Finance' should be added to those who may be invited to attend the Committee's meetings. In relation to the 'minutes of meetings': the Committee agreed that, where possible, minutes would be agreed after each meeting by e-mail. Where agreement could not be reached, an additional meeting would be called to resolve any dispute. The arrangement should be reflected in the Committee's terms of reference. The Committee agreed to remove the requirement to review the 'relevance of a remunerations policy'. It was agreed that, in referring to a 'policy', the Committee were not referring to a physical document but to their working methodology and processes (i.e. the Committee's actual remit). The need to review these processes should be incorporated to an earlier 'duty' in the terms of reference. It was agreed references to 'bonuses, incentive payments and other rewards' would be removed as no such adhoc payments are made by the Trust. In 'other matters' it was agreed the reference to training would be simplified to reflect that the Trust would make training available to Committee members when requested to do so. Ms Appleton was, however, of the view that training should be automatically provided as an essential item that did not need to be requested. Mr Zielinski suggested that it would be for the Committee to identify its own training needs and therefore it would have to notify the Trust of its requirements, and hence request relevant training. The Committee discussed many other aspects of its draft Terms of Reference in detail and requested a small number of additional changes to the wording or format of the document. The Council of Governors' Remuneration Committee AGREED its Terms of Reference, subject to requested changes, for submission to the full Council for approval.	Mr Zielinski Mr Zielinski Mr Zielinski Mr Zielinski Mr Zielinski Mr Zielinski
6.	REMUNERATIONS DECISIONS – CHAIR & NON-EXECUTIVE DIRECTORS	
	The Committee considered a provided schedule of NHS Trusts which detailed the number of staff and revenue for each organisation, along with the hours worked and salary received by their various Non-Executive Directors. Ms Appleton commented that this information was insufficient. Mr Pountain requested that, when this exercise is next repeated, that the provided information be more focused on London based Trusts that operate in a similar market. Ms Appleton queried why there were no national rates for Non-Executive Director appointments and was advised that the	

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establishment of Foundation Trusts allowed organisations to establish their own rates of pay for such posts. Ms Appleton was of the view that all the rates of pay being considered should be reduced to reflect what was happening to Trust staff. Mr Barry advised that staff had faced pay freezes, not deductions, and that staff restructuring was not the same as a pay reduction. Ms Appleton was also advised that London Weighting was not applicable to the salaries under consideration. Mr Pountain suggested that the Committee focus its attention on those details that were provided for local Trusts, adding his disappointment that information on a number of Trust's in the local economy were missing. He advised that, in his option, the other key factor in determining salary should be the stated revenue. It was noted that the revenue for this Trust was not stated and Mr Zielinski left the room to obtain this figure. The Committee were advised that the Trust's annual revenue was approximately £135 million. It was decided each member of the Committee would make a proposal on what they thought the salary for the new Trust Chair should be. Ms Appleton proposed £20,895, in line with that paid to the Chair of South Central Ambulance Service NHS Trust. The other members considered that it would be inappropriate to actually reduce the existing salary of £37,000 and Mr Barry added that the role of Chair at an Ambulance Service was not directly comparable to that at a mental health Trust. Mr Barry believed that, in comparison to the £11,000 paid to a regular Non-Executive Director, the pro-rata amount / daily rate payable to the Chair was significantly less. He advised that to achieve a consistent rate the Chair should receive £44,000 but, being mindful of the current economic climate, he recommended this should be set at £40,000. Mr Pountain was of the view that any change in the Chair's salary should be seen to reflect the pay changes affecting other Trust staff. It had been publicised that a 1% increase would be applied to NHS pay in 2013. He suggested a similar 1% increase for the Chair, rounded up to £1,000, giving a new salary of £38,000. The Committee discussed their proposals at some length, taking into account their views on the role and responsibilities of the Trust Chair and the need to attract suitable candidates. This discussion concluded with all three members agreeing to support Mr Pountain's recommendation to pay £38,000. The Council of Governors' Remuneration Committee AGREED to recommend that the full Council approve a salary of £38,000 for the new Trust Chair. The Committee went on to discuss the salaries attached to other Non-Executive Director posts (standard rate being £11,000), including the enhanced salaries attached to the roles of Senior Independent Director and Chair of the Audit and Risk Committee (both £14,000). The Committee held a vote on whether these rates of pay should be amended, with the results being: • 2 votes for freezing the pay rates associated to these posts; and • 1 vote to reduce pay across these posts.	
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Appendix 2

	The Committee also considered whether the newly appointed post of Deputy Trust Chair should receive any enhancement, above the standard Non-Executive Director rate of pay. The Committee unanimously agreed that no enhancement should be paid. The Council of Governors' Remuneration Committee AGREED to recommend to the full Council that no changes be made to the existing pay of any of the Trust's Non-Executive Directors and that the role of Deputy Chair should not be recognised financially.	
7.	TERMS AND CONDITIONS OF SERVICE FOR THE TRUST CHAIR & NON-EXECUTIVE DIRECTORS	
	The Committee reviewed the existing 'terms and conditions for Chairs and Non-Executive Directors'. It was considered that the current wording under 'Terms of Office' was confusion and that this should be re-stated more clearly. A change was also requested to the 'Employment Law' section, removing the reference to employment tribunals. Mr Pountain also requested that it be added that 'Termination of Appointment' may also take place where a Non-Executive Director was the subject of substantiated disciplinary matters or could no longer continue in their post due to ill health. Mr Zielinski agreed to make these changes but advised that approval would be required from Human Resources to ensure that the requested changes were legal and appropriate. The Council of Governors' Remuneration Committee AGREED to recommend that the full Council approve the terms and conditions of service for the Trust Chair and Non-Executive Directors, subject to the requested changes being approved by Human Resources and applied.	Mr Zielinski
8.	ANY OTHER BUSINESS	
	No additional items of business were raised.	
9.	Date of Next Meeting	
	A future meeting date was advised on the Agenda for 15 th April 2013. The Committee agreed that this date would be cancelled and the next meeting would take place when required.	
10.	CLOSE	
	The meeting was closed at 6:50 pm.	

I certify these are fair and accurate minutes of the stated meeting.

.....
(Council of Governors Nominations Committee Chair)

.....
(Date)

Council of Governors Remunerations Committee 18th March 2013

Version: FINAL

Camden and Islington

NHS Foundation Trust

Report to: Council of Governors
Paper Number: 2.2
Report for: Decision
Report type: Governance
Date: 14th May 2013
Report Author: Martin Zielinski, Board Secretary
Report of: Council of Governors Nominations Committee
 Presented by Cha Patel, Deputy Trust Chair & Committee Chair
FoI Status: Report can be made public

Title: Nominations Committee Report

Executive Summary:

The appointment of the Trust Chair and its Non-Executive Directors is one of the statutory duties of the Council of Governors. Whilst the Council retains such duties it delegates the detailed review work to its Nominations Committee. This report updates the Council on the work undertaken by its Nominations Committee and provides an update on the recruitment process underway to appoint a new Chair and Non-Executive Director to the Trust. The Committee also reviewed its own Terms of Reference and a copy of the agreed amended version is attached for Council approval (Appendix 1).

The current membership of the Council's Nominations Committee is:

Ms Cha Patel, Deputy Trust Chair (Chair);
 Ms Ruth Appleton, Public Governor, Camden;
 Prof Wendy Savage, Public Governor, Islington;
 Ms Kathryn Southworth, Public Governor, Camden;
 Ms Martha Wiseman, Public Governor, Islington; and
 Ms Sarah Charles, Senior Independent Director.

Recommendations to the Council of Governors:

- **Note the appointment of Ms Cha Patel as the Committee's Chair and Prof Wendy Savage as Deputy Chair;**
- **Approve the Committee's updated Terms of Reference;**
- **Note Veredus as the appointed specialist consultant to assist with the recruitment process; and**
- **Note the timeline and appointment process agreed to fill the required posts;**
- **Note dates of the Stakeholder Events and of the additional Council meeting on 25th July 21013 to approve these appointments. These events/meeting form part of the Governors' statutory duty to appoint Non-Executives and the Chair.**

Trust Strategic Priorities Supported by this Paper:

A strong Board team is essential in achieving all the Trust's strategic aims. The Council of Governors has a vital role to play in achieving the right balance of skills and the best possible composition of Non-Executive Directors.

Risk Implications:

Failure to recruit and retain a strong Trust Chair and team of Non-Executive Directors may have an impact on the successful achievement of the Trust's strategic aims and could affect the Trust's overall risk ratings.

Legal and Compliance Implications:

Under Foundation Trust legislation, it is the role of the Council of Governors to appoint the Trust's Chair and Non-Executive Directors at a general meeting.

Finance Implications:

There are costs associated with the use of Recruitment consultants who specialise in Board level recruitment and advertising costs.

Single Equalities Impact Assessment:

The recruitment process will be conducted in line with best practice and equal opportunities legislation.

Requirement of External Assessor:

A Nominations Committee is a requirement for Foundation Trusts as set out in Monitor's Code of Governance.

Nominations Committee Report to the Council of Governors

This paper summarises the key outcomes of the Nominations' Committee meetings held on 11th and 21st March 2013.

Meeting Attendance

All members were present at both meetings.

Ms Kathryn Southworth was welcomed as a new Governor member of the Committee.

Appointment of the Committee's Chair

After Mr Richard Arthur standing down from the Committee, a new Chair was required. Ms Patel and Prof Savage both expressed an interest in the role. These two members left the meeting whilst the remaining members voted. Ms Patel was appointed Chair by majority voted and Prof Savage invited to be Deputy Chair.

The Council of Governors is asked to NOTE the appointment of Ms Cha Patel as the Committee's Chair and Prof Wendy Savage as Deputy Chair.

Committee Terms of Reference

The Committee reviewed its terms of reference and agreed a small number of changes, including the appointment of a Deputy Chair. It recommends this updated version to the Council for approval.

The Council is asked to APPROVE the Committee's updated Terms of Reference.

Trust Chair and Non-Executive Director Recruitment – Approval of Role Descriptions and Appointment Process.

Mr Monteith, Director Corporate Strategy & Development, attended the meeting on 11th March and provided information on the essential elements that the Committee are required to take into account in approving these items. He also provided feedback from the Board on their review of these items. The impact of the Francis Inquiry had been taken into account.

The Committee considered whether there were any skill gaps on the Trust Board and decided that it would be beneficial if the new Non-Executive Director had legal, communication and/or marketing skill, along with proven experience in building relationships.

There was a detailed discussion on the content and wording of the job descriptions, and accompanying personal specifications, and amendments were agreed. Finalised versions were agreed at the following meeting on 21st March. The final versions included the relevant salaries agreed by the Council's Remunerations Committee on 18th March 2013.

The final documentation was provided to Veredus, the selected recruitment partner, and the roles were advertised in the press, and via other channels, on 14th April 2013.

Appointment of a Recruitment and Search Organisation / Support

The Committee reviewed tenders for this role from three recruitment specialists and an internal bid from Human Resources. These proposals were discussed and evaluated in terms of clarity, value for money and NHS experience. The Committee agreed to appoint Veredus as its recruitment partner.

The Council of Governors are asked to NOTE that Veredus was appointed as the specialist consultant to assist with the recruitment process.

Appointment Panels

The Committee considered the number, and range, of people that should sit on interview panel for each post. It was agreed that an independent individual from a separate organisation would bring benefits to the panel, as would a service user. The latter would be sourced from the Service Users' Alliance.

There was competition among members as to who sat on each panel and this was decided by vote. The Committee also agreed that the decision as to who to recommend to the Council for appointment would be delegated to each panel, rather than the need for full Committee approval. It was acknowledged that the final approval for appointment would still be from the full Council.

The final panels were agreed as:

Trust Chair Appointment Panel:	Non-Executive Director Appointment Panel:
• 2 Nominations Committee Governors (Prof Savage & Ms Wiseman) • Lead Governor (Mr David Barry) • 1 Nominations Committee NED (Ms Charles) • 1 Service User • External Assessor • Veredus Representative*	• 2 Nominations Committee Governors (Ms Appleton & Ms Southworth) • 1 Nominations Committee NED (Ms Patel) • 1 Service User • External Assessor • Veredus Representative*
7 people	6 people

**The Veredus representative will not be a voting member of either panel.*

Recruitment Process / Timetable

The Committee considered the timeline for the remainder of the recruitment process to ensure that both a new Chair and Non-Executive Director were appointed before the current post holders' terms expired.

The timeline was agreed as:

- Friday 24th May The Nominations Committee will meet to consider the long lists of applicants for both posts, prepared by Veredus;
- Friday 28th June The Nominations Committee will meet to consider the short lists for both vacancies;
- Tuesday 9th July Stakeholder event to recruit the next Trust Chair;
- Wednesday 10th July Trust Chair Interviews;
Stakeholder event to recruit a new Non-Executive Director;
- Thursday 11th July Non-Executive Director Interviews; and
- Thursday 25th July Full Council meeting to approve both appointments.

The Committee noted that it was the Council's statutory duty to make these appointments and the importance that as many Governors as possible attend the additional meeting on Thursday 25th July 2013 to approve them.

The Council of Governors is asked to NOTE the timeline and appointment process agreed to fill the required posts, along with the date of the stakeholder events and the additional Council meeting on 25th July 2013, where approval for these appointment will be sought.

Committee Work Plan

The Committee reviewed its work plan at both meetings, updating this as necessary to fulfil the required recruitment processes.

Council of Governors Nomination Committee

DRAFT Terms of Reference

1 Role

- 1.1 The role of the Council of Governors Nomination Committee is to undertake the detailed work on behalf of the full Council and:
- make recommendations to governors on the appointment, re-appointment or removal of the Chair and other Non-Executive Directors;
 - make recommendations to Governors on the approval of the appointment of the Chief Executive.

2 Definitions

"the Trust"	C&I NHS Foundation Trust
"the Committee"	the Council of Governors Nomination Committee
"the Directors"	the Trust's Board of Directors
"the Governors"	the Trust's Council of Governors

3 Membership

- 3.1 Governor members of the Committee shall be elected by the Council of Governors.
- 3.2 Non-Executive Director members of the Committee shall be appointed by the Board of Directors.
- 3.3 The Committee shall be made up of at least 6 members, including at least two Non-Executive Directors and the balance of whom shall be Governors, and free of any conflict of interest.
- 3.4 Only members of the Committee have the right to attend committee meetings. Other individuals such as the Trust Chair, Chief Executive, the Associate Director of Human Resources & Organisational Development and external advisers may be invited to attend for all, or part of, any meeting, as and when appropriate.
- 3.5 Appointments to the Committee shall be for a period of up to three years.
- 3.6 The Committee members shall appoint a Chair and Deputy Chair. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of those in attendance to chair the meeting.
- 3.7 Members conflicted on any aspect of an agenda presented to the Committee shall declare their conflict and withdraw from discussions.
- 3.8 Governor members of the Nominations Committee shall be disqualified from standing as a Non-Executive Director during their term of office as a Governor.

4 Secretary

- 4.1 The Trust Secretary, or their deputy, shall act as the Secretary of the Committee.

5 Quorum

- 5.1 The quorum necessary for the transaction of business shall be at least 3 members, including at least one NED member, with the majority being Governors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

6 Frequency of Meetings and Attendance Requirements

- 6.1 The Committee shall meet at least twice a year and at such other times as the Chair of the Committee shall require.
- 6.2 Committee members shall attend all meetings. The Secretary of the Committee shall maintain a register of attendance which will normally be published in the Trust's annual report.

7 Notice of Meetings

- 7.1 Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Chair of the Committee.
- 7.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend and all other Governors, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

8 Minutes of Meetings

- 8.1 The Secretary shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.
- 8.2 Members and those present should state any conflicts of interest and the Secretary shall minute them accordingly.
- 8.3 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Board of Directors unless a conflict of interest exists.
- 8.4 Minutes of the Committee shall be published on the Trust's website, if appropriate.

9 Annual Members' Meeting

- 9.1 The Chair of the Committee will normally attend the Annual Members' Meeting prepared to respond to questions regarding the activities of the Committee.

10 Duties

The Committee shall:

- 10.1 regularly review the structure, size and composition (including the skills, knowledge and experience) required of Non-Executive Directors of the Board of Directors compared to its current position and make recommendations to the Council of Governors with regard to any changes;
- 10.2 give full consideration to succession planning for all Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Foundation Trust, and what skills and expertise are therefore needed on the Board of Directors in the future;
- 10.3 be responsible for identifying and nominating, for the approval of the Council of Governors at general meeting, candidates to fill Non-Executive Director vacancies, including the Chair, as and when they arise;
- 10.4 before any appointment is made by the Council of Governors, evaluate the balance of skills, knowledge and experience on the Board of Directors, and, in the light of this evaluation prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates the Committee shall:
 - use open advertising or the services of external advisers to facilitate the search;
 - consider candidates from a wide range of backgrounds;
 - consider candidates on merit and against objective criteria, taking care that appointees have enough time available to devote to the position; and
 - take into account the views of the Board of Directors as to the skills, experience and attributes required for each position.
- 10.5 review the job descriptions of the Non-Executive Director role and that of the Chair on an ongoing basis;
- 10.6 keep under review the leadership needs of the organisation, with a view to ensuring the continued ability of the organisation to deliver services effectively;
- 10.7 keep up to date and fully informed about strategic issues and commercial changes affecting the Foundation Trust and the environment in which it operates;
- 10.8 review annually the time required from Non-Executive Directors to perform their roles effectively. Performance evaluation should be used to assess whether the Non-Executive Directors are sufficiently fulfilling their duties;
- 10.9 having consulted the Board of Directors, will make recommendations to the governors on the appropriate process for evaluating the Chair;
- 10.10 ensure there are a majority of Governors on the interview panel when recruiting a new Chair, and
- 10.11 ensure that on appointment to the Board of Directors, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board meetings, and that all Non-Executive Directors have confirmed that they have the time to serve. Terms and conditions of appointment should be made available for public inspection.
- 10.12 make recommendations to the Council of Governors concerning:

- 10.12.1 the formulating of succession plans for the Non-Executive Directors, and in particular for the key role of Chair;
- 10.12.2 suitable candidates to fulfil the role of Senior Independent Director;
- 10.12.3 any proposals for the position of Deputy Chair, where appropriate, with due regard for the opinions of the Board of Directors;
- 10.12.4 the re-appointment of any Non-Executive Director at the conclusion of their three-year term of office having given due regard to their performance and ability to continue to contribute to the Board of Directors in the light of the knowledge, skills and experience required;
- 10.12.5 the re-election by Governors of any Non-Executive Director under the 'retirement by rotation' provisions in the Foundation Trust's governing document, having due regard to their performance and ability to continue to contribute to the Board of Directors in the light of the knowledge, skills and experience required;
- 10.12.6 any matters relating to the continuation in office of any Non-Executive Director at any time including suspension or termination of service;
- 10.12.7 any recommendation to the Council of Governors pertaining to the removal of any Non-Executive Director, including the Chair of the Board of Directors, which shall be subject to a $\frac{3}{4}$ vote in favour by all governors at a general meeting.
- 10.13 The Committee shall ensure that the Trust's Annual Report provides sufficient information about its role and duties and the manner in which it fulfilled those duties.
- 10.14 The Committee will ensure that the full range of eligibility checks have been performed and references taken and found to be satisfactory.

11 Reporting Responsibilities

- 11.1 The Committee Chair shall report formally to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 11.2 The Committee shall make whatever recommendations to the Council of Governors it deems appropriate on any matter within its remit where action or improvement is needed.
- 11.3 The Committee shall make a statement in the annual report about its activities, the process followed in making appointments and advise whether or not external advice or open advertising was used.
- 11.4 The Committee shall make available upon request, in a format they deem appropriate, information regarding the attendance of all members at Committee meetings.

12 Other Matters

The Committee shall:

- 12.1 have access to sufficient resources in order to carry out its duties, including access to the trust secretariat for assistance as required;
- 12.2 be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members;
- 12.3 give due consideration to laws and regulations, and the provisions of *the NHS Foundation Trust Code of Governance*; and
- 12.4 oversee any investigation of activities which are within its Terms of Reference.

13 Authority

13.1 The Committee is a Committee of the Council of Governors and has no executive powers, other than those specifically delegated in these Terms of Reference. The Committee is authorised:

- to seek any information it requires from any employee of the Trust in order to perform its duties which request will be made via the Trust Secretary.

13.2 The 'NHS Foundation Trust Code of Governance', produced by independent regulator Monitor, makes the following statement:

Table 1: NHS Code of Governance Provision

Code reference	Code provision
C.1.3 Page 16	The chairman or an independent non-executive director should chair the nominations committee.

14 Review

14.1 The Committee will, at least once a year, review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors for approval.

This Terms of Reference has been approved by the Council of Governors at its meeting on TBA.

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(Council of Governors Chair) (Date)

Service User Involvement Strategy

March 2011 – March 2014

Foreword

In July 2004 Camden and Islington Mental Health and Social Care Trust launched its first Service user Involvement Strategy which set out how the Trust would commit to meaningful service user participation in delivering quality mental health services. Since its inception service users have been involved in Trust business throughout the organisation - from research and training to staff interviews, designing and planning new services to reviewing improving the experience of service users. The Trust is very proud of the achievements of service users and their commitment to helping staff develop excellent mental health and substance misuse services. The Trust places considerable value on service user involvement and believes it is core to delivering high-quality care and we are committed to continuing this tradition.

Having achieved the expectations of the original strategy we now need to consider how we move forward, particularly at a time of significant change, so that the Trust makes sure the voice of service users grows in strength. Service user participation requires strong leadership and champions within the Trust to make it relevant and meaningful. The Trust is committed to adopting innovative approaches to service user involvement and expects all service lines to support and realise the aims and objectives of this strategy. Service users have the right to be treated as equal partners and to be afforded the respect and dignity they deserve.

It is important that frontline staff and managers recognise the benefits that can be achieved with the constructive involvement of service users. We will have a coherent work programme for the life of this strategy which promotes the value to be gained from this involvement at all levels of the Trust. To achieve this we require effective governance systems to monitor the work done by service users and to be able to demonstrate our success so we can learn and celebrate our achievements. We will be able to consistently demonstrate the outcomes service user involvement for those using mental health and substance misuse services, so ensuring the continuing presence and involvement of service users within the Foundation Trust.

We also recognise that the Trust must use an advocacy for service users who cannot represent themselves, particularly those groups who are marginalised, or face regular and persistent discrimination. We have a responsibility to advocate for those people who because of illness or disability face barriers in the community and are disadvantaged through lack of opportunity. Mechanisms will be put in place to address and combat stigma and alienation but this must be done in the spirit of co-operation and partnership with the people we serve.

This strategy sets out a three year plan from 2011-2013 with an action plan drawn up by service users. We will work within the umbrella of the Trusts new Service User Alliance to deliver its. We fully support the strategy and will all actively support and monitor its progress personally.

Wendy Wallace

Richard Arthur

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1. BACKGROUND

Camden and Islington Foundation Trust is fully committed to developing and supporting the empowerment of service users to play an active role in all aspects of the planning, delivery and evaluation of its mental health and social care services. This strategy has as its central tenet the continued improvement of care and treatment through the ongoing involvement of service users in how services are planned, designed and delivered through the Foundation Trust. The strategy shares the values of the Care Quality Commission and intends to follow the Commissions high standards to continually enhance the care and treatment of those people with mental health and substance misuse difficulties. This strategy aims to ensure that care is centred on individual need, protects rights and promotes the highest quality of care.

This strategy aims to establish a consistent yet flexible approach to community engagement. The Trust is committed to promoting equality of opportunity for the population it serves. It has identified equality, diversity and inclusiveness to be core Trust values and is committed to developing opportunities that are inclusive, appropriate and positive. The strategy aims to influence the overall direction and quality of services by giving a meaningful voice - at all levels - to service users in order that they can support the Trust in making improvements to their own care and treatment. It is recognised that the Trust must continue to learn from service user experience and drive forward improvements for the wider range of mental health and social care services we provide.

The Coalition Government are committed to user 'involvement' and pledge to continue the previous Governments legacy of 'greater involvement of and empowerment of service users' *New Horizons: Towards a shared vision for mental health*

In the 'white paper' Equity and Excellence: Liberating the NHS, it gives emphasis on shared decision making and strengthening 'the collective voice of patients and the public with power devolved down to frontline clinicians and patients.

'No decision about me without me'

The Care Quality Commission expects to see evidence of service user involvement when inspecting Trust services and a strong commitment to the championing of rights, balanced with responsibilities, is essential to ensure the Trust meets the standards required.

In 2008 the Trust achieved Foundation status and service user involvement was enshrined in the Trust's constitution with a specific service user constituency within the Trust's membership. That constituency elects four service user Governors to the Trust's Board of Governors. The Trust governance arrangements for service user involvement are highly visible and are reflected within all corporate and operational services.

2. TERMINOLOGY

For the purposes of this strategy a **service user** is defined as someone who is currently accessing mental health, substance misuse and/or social care services or who has used mental health, substance misuse and/or social care services within the past five years. It is recognised that people may wish to identify themselves by other terms and this will be

respected in the course of working with individuals and groups. Involvement is defined as any activity that enables service users to influence actions and decisions, both at the level of individual care and at all other levels of service planning and decision making within the Trust.

3. LEVELS OF INVOLVEMENT

This strategy supports the principle that each service user is best able to decide at what level they can become effectively involved. We recognise this and our four tier approach to involvement will be the way in which we manage and support the different levels of engagement. It should be recognised however that service user involvement is flexible and that individual service users can become involved in more than one level at any given time and that involvement could be by an individual or group. The four tiers are set out below:

Tier One - Individual Care Planning

Involvement within your own individual care planning is a fundamental principle of mental health and substance misuse services. In terms of wellbeing, recovery and a personalised approach, involvement in individual care planning is important to individual service users. Effective meaningful involvement at this level will assure service users that they have an integral role in the management of their care and treatment, can support them in identifying goals and aspirations, support making choices, can promote a sense of empowerment and can encourage individual Service users to become engaged in other activities and other levels of involvement.

Tier Two – Participation in Information Sharing

For many service users, receiving information in formats appropriate to their needs and preferences regarding Trust services, treatment and clinical interventions, rights and personal care arrangements will be hugely significant and will strengthen involvement within individual care planning. In addition, promoting informed choice and communicating involvement opportunities to Service users can subsequently lead to more active involvement in other areas.

Involvement at this level will include service user participation in a range of activities including patient experience surveys, audit activities, polls, local focus groups, satisfaction questionnaires, research, community groups and other feedback mechanisms. Service users at this level will usually be involved in reviewing plans, taking part in decision making and giving direct feedback about the ways in which services are delivered. We also expect to feedback to service users via our complaints team and Patient Advice Service and our Patient Councils and service user groups.

Tier Three - Active Involvement in Service Provision

The Trust has an excellent record of service user participation in service development. We intend continue to build on this good foundation and to ensure all our service users are involved in the design, planning, delivery of mental health and substance misuse services. We will also continue to make sure service users are involved in monitoring and reviewing the quality and effectiveness of services provided by the Trust. We will provide service users with opportunities for service users to participate in staff training including university curricula, research, Trust governance audits and general involvement in other patient experience related activities.

Tier Four - Through Strategic Involvement

Service users engaged at this level will be involved in Trust governance committees or in complex working groups. This level will be focused on Trust-wide programmes with service users involved as partners in influencing research activities, governance and decision making. Support such as buddying or mentoring may be made available to service users to enable them to participate at this level, wherever this is required and the use of Trust facilities such as access to a phone and computer where possible. It is important to recognise the contribution made by Service User Governors who are elected by the service user constituency of the Trust's membership. Members of the Board of Governors contribute to the strategic decision making of the organisation, including the recruitment, appointment and remuneration of the Trust Chair and Non-Executive Directors. Service user Governors are expected to represent the views of their constituents, to have a bearing on the Board's overall direction and to ensure that they provide adequate feedback to their Service user members.

The Trust will be responsible for having effective systems and processes in place to facilitate service user involvement to its fullest potential. Service users are expected to work within the parameters of Trust policies at all times and must always treat others with respect and dignity.

“Getting involved in the service user movement helped me recover my sense of self esteem and worth after a long period of illness.”

Service User



“Service user involvement was a key driver in how this service was set up. As a result we feel our clients are truly partners and are empowered in the decision making process.”

Team Manager

During the process of 'involvement' if an active service user become sufficiently unwell to require admission to hospital, consideration will be given to where the person may be admitted to, taking into account the work and duties they are involved in at the time.

4. THE AIMS OF SERVICE USER INVOLVEMENT IN C&I FT

This strategy sets out a series of aims and objectives and outlines a number of impact areas for the development and delivery of service user involvement in the Trust. These aims characterise the Trust's commitment and determination to establish effective and consistent opportunities for all service users to become involved to the fullest of their potential. These include:

1. CHAMPIONING RIGHTS AND RESPONSIBILITIES

AIM - The Trust will establish clear, more accountable and more accessible methods of communication between service users, staff and the voluntary and independent sector.

OBJECTIVE - The Trust will establish a Service User Alliance by June 2011 which will bring together service users, staff and the voluntary and independent sector to identify, develop and deliver programmes of service user focused work.

OBJECTIVE - Map current methods of information exchange and ensure service users are aware of their rights, either as patients detained under the Mental Health Act 1983 or as informal patients accessing care and treatment.

OBJECTIVE - Develop a better, comprehensive enhanced service user involvement webpage. Ensure easy access to information on advocacy and support services, personalisation, medication information and management as well as our Patient Advice Service and complaints teams in addition to information on how to compliment staff for good practice.

2. FOCUS ON RECOVERY - optimism, opportunity and hope

AIM - The Trust is committed to a model of recovery which fosters hope, opportunity and optimism for service users. Through this strategy, the Trust's Education and Employment Strategy and its personalisation agenda it will ensure that service users are supported in managing their condition more effectively and achieving positive outcomes.

OBJECTIVE – To review the current approaches to the recovery model and to standardise what will deliver the best outcomes considering models where there is clear evidence of improved outcomes for service users

OBJECTIVE - Working with service users to identify individualised goals and outcomes that support their personal needs and recovery

OBJECTIVE - To implement the Trust's Education and Employment Strategy

OBJECTIVE – To review the current care planning processes focussing on service users reported outcome measures and promote the personalisation agenda through training, effective leadership and information sharing to achieve maximum independence and choice for service users.

3. SERVICE USER INVOLVEMENT AT THE FRONTLINE OF SERVICE DELIVERY

AIM - Ensure the most marginalised service users will be equally able to become involved and impact on the services they receive. Service user involvement is a priority for frontline staff and managers.

OBJECTIVE - Each service line will appoint a service user lead to work with the Assistant Director and Associate Clinical Director to work on the development of its own service user forum. Accountability for this will lie with Associate Directors/Associate Clinical Directors. The Social Care Unit will provide support and a central contact point to enable this. The Social Care Unit will also develop a comprehensive register of all those service users involved to ensure governance is monitored, particularly in relation to the reward & recognition of service users.

OBJECTIVE - The Social Care Unit will put a robust procedure in place to recruit service users and that good standards of governance are in place to safeguard vulnerable adults and children

4. GOOD GOVERNANCE OF SERVICE USER INVOLVEMENT

AIM - In order to positively promote effective service user involvement which is safe and sound the Trust aims to implement robust processes of governance for both staff and service users.

OBJECTIVE – The Social Care Unit to develop clear and comprehensive guidance for staff on how to properly support service users who may require extra support or mentorship during periods of increased vulnerability.

OBJECTIVE - Ensure a fair and accountable system is in place for the reward and recognition of service user involvement through the Bankers Automated Clearing System (BACS.)

OBJECTIVE - The Trust commits to exploring the training and educational needs of service users to ensure that each individual's skills and knowledge are developed. Through this strategy and our Education and Employment strategy we will continue to seek ways for service users to exploit these opportunities

OBJECTIVE – Clear processes to be put in place for service users who become involved, such as participation agreements, CRB checks and codes of conduct.

OBJECTIVE - The Trust will put in place a clear and standard set of processes to ensure the process of payments is as straightforward as possible. These financial procedures must allow the Trust to account properly for any payments made to service users.

OBJECTIVE - The Trust will support service users who may require assistance in submitting claims for payments and expenses, if this is required

OBJECTIVE - Systems to recruit and select, train, support and monitor the activities and workload of service users engaged by the Trust will to be comprehensively reviewed regularly and these systems will be open and transparent.

OBJECTIVE - The safeguarding requirements of service users working as representatives with access to other vulnerable service users must be rigorously applied. For example CRB checks must be undertaken as part of a required standard for all service user involvement organisations working into the Trust's services.

5. MONITORING EFFECTIVENESS AND OUTCOMES

AIM - The Trust is committed to monitoring the effectiveness of this strategy and its proposed outcomes. It aims to continue the strong existing partnership arrangements between service users and clinical academics and support the work of the Service User Research Forum, the User Focus Monitoring Group and methods of improving patient experience which actively reflect the views and experience of people using services

OBJECTIVE - Develop a plan of directly delivering these objectives set out with clear time frames and accountability.

OBJECTIVE - Monitor the strategy implementation through the Service User Alliance identifying areas of risk or development need and address accordingly.

OBJECTIVE – Newsletter to be produced from the Service User Alliance to share positive experiences, highlight success and encourage involvement.

OBJECTIVE – To hold an annual service user involvement conference in which the strategy is refreshed and renewed and progress is celebrated and Trust plans and goals are aligned with the strategy.

OBJECTIVE – Continue to improve service user experience through action plans put in place from the National Mental Health Clinical Outcomes Indicators and local commissioner set indicators such as CQUINN, the service user survey and Care Quality Commission inspections visits.

5. CONSULTATION

The strategy has been through an extensive 5 month consultation period and has been widely consulted upon, including input from external partners and stakeholders. This latest draft has hopefully taken into consideration all the comments and contributions put forward by Governors, individual service users, service users Groups and forums as well as staff of the Foundation Trusts and the London Boroughs of Camden and Islington. This document has been to the Overview and Health Scrutiny Committee in March 2011 and be presented to our own board in March 2011.

For further information about this service user involvement strategy please contact:

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6. ACKNOWLEDGEMENTS

Camden and Islington NHS Foundation Trust is grateful for the contributions and support from the following groups in compiling this strategy:

Black Users Forum, Hanley Road, Islington, N4. The Black Users' Forum is an independent group within Camden and Islington for African and African/Caribbean people, who use or have used mental health services

Camden Borough Users Group (CBUG). CBUG is supported by the London Borough of Camden to provide support for service users suffering mental health problems by service users.

Islington Borough Users Group (IBUG). IBUG provides support for service users by service users.

Residential and Rehabilitation Users Group, Hanley Gardens, London, N4. This is a service user involvement forum for service users within the Foundation Trust's residential and rehabilitative services.

Service users Research Forum (SURF) aims to provide service users with an understanding of the purposes and processes of research. It promotes opportunities for service users to be employed as researchers and has a regular forum reference group for researchers to discuss their research ideas with service users prior to funding applications.

Carers Partnership, Camden and Islington Foundation Trust. This group brings together partners and leads working on carers' issues in Mental Health, Substance Misuse and Mental Health Care of Older People – across Camden and Islington.

Camden and Islington FT Governors. The contribution of the Governors Working Group was invaluable in redrafting the strategy.

Substance Misuse Users Group (SMUG). This is a service user-led group which addresses the particular needs of people who experience substance misuse problems.

Patrick Cahoon Manchester Mental Health Trust – for sharing the Manchester experience of service user involvement.

For their particular attention to the Service User Involvement Strategy and their helpful feedback on the first draft are accorded to:

Jackie Barrett
David Hayes (Governor)
Dr Thomas Kabir (Governor)
Scott Stevens
Shirley Scott Norton
Caren Watson
Ray Wilmott

7. TERMS OF REFERENCE FOR SERVICE USERS ALLIANCE

Purpose

The Trust aims to set up a Service User Alliance (the SUA), to enhance communication between Trust staff and its various service user groups. Its central aim is to provide a forum where staff and service users can jointly oversee the strategy and develop work streams to improve practice within the Trust.

The SUA will take joint decisions about what is needed in relation to service user involvement and will be made up of representatives from staff, service users and independent partners such as CBUG and IBUG. Front line staff will be encouraged to be involved to a greater degree with this process as they work closely with service users and therefore any meaningful positive impact begins here.

The SUA will be responsible for the development of a work programme every year for the Trust to strengthen its service user involvement arrangements. A programme of projects with specific actions and responsibilities will be set out. There must be a clear link between the work programme and the Trust's strategic and annual objectives and the resources available for the work must be identified before the work programme is formally approved.

It is important to service users, their representatives and to the Trust itself that the systematic involvement of service users in Trust business is monitored and that specific work programmes to support and improve service user involvement are carefully designed and planned and then effectively delivered.

The mechanism for doing this will be through the SUA, which will invite representatives from service user groups and Trust staff to come together to exchange respective views communicate their needs and plan the work that needs to be done. It will be a collaboration of minds from all those involved in the care, treatment and recovery of service users suffering mental health problems.

The SUA will have a chair for six months initially and then a further decision will be taken if the Alliance feels this is not working well and a joint chair will be organised. It will provide an overview of service user involvement within the organisation and will aim to support service lines in meeting their obligations to ensure teams or services to fill them. The SUA will identify any logistical or practical difficulties experienced by service user representatives and endeavour to overcome these wherever feasible.

The SUA will account to the Trust's Quality Committee and will replace the service user Focus Working Group and the Implementation Group which oversaw the previous service user strategy. The Trust intends to draw on the best from each of these groups in order to reinvigorate its service user initiatives while broadening our reach and being more inclusive to new service users who will benefit from advocacy and advice during their journey to recovery.

Membership

The SUA will have a core membership but will be open to those people who have a contribution to make or who are wanting to support a particular work stream. This will

enable a more creative and organic environment whilst allowing for enough structure and consistency. These terms of reference are not yet finalised and will continue to be consulted on over the next four weeks following the board's decision to approve the strategy.

Frequency of Meetings

The SUA will meet every month for two hours. Beverages will be provided.

8. Equality Impact Assessment

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Yes	
2.	Is there any evidence that some groups are affected differently?	Yes	Continue to drive improvement in involvement in key groups e.g. people with learning disability.
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	.
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

9. Service User Involvement Strategy Short Term Action Plan December 2010 – July 2011

No:	Priority Area	Activity	Lead	Timescale
1.	Launch Service User Alliance	Steering Group to be set up to decide terms of reference.	Service User Focus Working Group	March 2011
2.	Launch Strategy with senior operational managers.	Strategy launch, engage SLM Project Manager to help develop systems for involvement at the frontline.	Natasha Sloman Jackie Drury Colin Plant	June 2011
3.	Development of governance structures for involvement	Policy and procedure to be drawn up by Social Care Unit with H/R around activity and involvement particularly around CRB	Natasha Sloman	May 2011
4.	Re-launch of consultative forum	Questionnaire developed and feedback sought on what service users want from forum	Ros Lettman	December 2010. Complete.
5.	Work streams to be developed within in line with CQC standards.	Establish links with Advocacy partners; develop better monitoring systems of mental health act with lead nurses, MHA Managers request reports of monitoring MHA 1983. Request support patient counsels	Natasha Sloman Kevin Monteith	July 2011
6.	Create SUA newsletter	Format and content to be agreed, resources to be identified.	Service User Alliance	July 2011
7.	Secure agreement on central resources	Raise formally with directors	Natasha Sloman	April 2011
8.	Service User Involvement in Changing Outcomes Programme	Work streams on changing outcomes for young black service users have been developed via ref group and Equality and Diversity Group re launched.	Natasha Sloman Jackie Drury Colin Plant	June 2010 ongoing

ROOM LAYOUT FOR THE COUNCIL OF GOVERNORS

BIG TOPIC DISCUSSION ON SERVICE USER INVOLVEMENT ON 14 MAY 2013

TABLE 1 – Community Mental Health

Paul Calaminus, Chief Operating Officer
Sarah Charles, Senior Independent Director / NED
Richard Fletcher, Service User Governor
Kathryn Southworth, Camden Public Governor
Jean Kaseki Nominated Governor (LBI)
Gareth Pountain, Nominated Governor (Voluntary Action Islington)

TABLE 2 - Acute

Sylvia Tang, Deputy Chief Executive & Medical Director
Sue Goss, NED
Brenda Williams, Service User Governor
Mala Wijeweera, Camden Public Governor
Henry Okereafor, Islington Public Governor
Katie Clayton, Staff Governor
Simone Hensby, Nominated Governor (Voluntary Action Camden)

TABLE 3 – Ageing Mental Health

David Wragg, Director of Finance
Richard Arthur, Trust Chair
Scholastica Ahunanya, Service User Governor
Diana Brown, Staff Governor
Martha Wiseman, Islington Public Governor
Ruth Appleton, Camden Public Governor
Angela Hassiotis, Nominated Governor (UCL Medical School)

TABLE 4 – Substance Misuse & Forensic

Colin Plant, Director of Integrated Care
Cha Patel, Deputy Trust Chair / NED
Lucy McLean, Staff Governor
Peter Simonson, Service User Governor
Monika Schwartz, Islington Public Governor
Wendy Savage, Islington Public Governor

TABLE 5 – Rehabilitation and Recovery

Wendy Wallace, Chief Executive
Lydia Abbey, Staff Governor
Clifford Campbell, Service User Governor
David Barry, Lead Governor
Saira Nawaz, Central North London Governor
Zaheer Afridi, Camden Public Governor

TABLE 6 – Corporate Services

Claire Johnston, Director of Nursing & People
Natasha Sloman, Head of Social Work & Social Care
Tony Fisher, Service User
Kevin Monteith, Associate Director
Tulip Siddiq Nominated Governor (LBC)

Following a presentation from Natasha Sloman on the Service User Strategy, each table will be asked to:

1. Consider one of the identified gaps highlighted in the presentation and generate ideas for progressing;
2. Consider and generate further ideas that should be included in the review of the strategy.

Each table will be joined by Service User Alliance and staff Representatives from each Division

Report to: Council of Governors

Paper Number: 4.1

Report For: Information

Report Type: Strategy, Operational Performance

Date: 14 May 2013

Report Author: Wendy Wallace, Chief Executive

Report of: Wendy Wallace, Chief Executive

Fol Status: Report can be made public

Title: Chief Executive Update

Executive Summary:

This report provides an update on a range of issues concerning the Trust which have occurred since the last Update. The report includes a brief summary of key issues from the Board of Directors meetings and includes as an appendix a report to the Board of Directors on the quality indicators relating to the efficiency and services changes which were implemented over the past year and a half.

Recommendations to the Council of Governors:

- That the report be noted

Trust Strategic Priorities Supported by this Paper:

Excellence

- E1** Continually improve the quality and safety of service delivery, service user experience and improving outcomes.
- E2** Delivering the highest level of quality and financial performance.

Innovation

- I1** Rapidly adopt best practice and maintain a culture of innovation in service development.

Risk Implications:

The paper covers developments in areas already identified within the risk register. There are no new risks identified within the paper to bring to the Council's attention.

Legal and Compliance Implications:

There are no specific changes in this area highlighted in the paper.

Finance Implications:

There are no specific financial implications in this paper.

Single Equalities Impact Assessment:

The paper does not impact on any one group less or more favorably on the basis of race/ethnicity, disability, sex/gender, religion/belief, sexual orientation or age.

Requirement of External Assessor:

This contents and information within this paper is not required by an external assessor or regulator.

STRATEGIC ENVIRONMENT

System Transition

We are in the first few weeks of the 'new' structure of the NHS and the new systems are being tested in the contracting rounds. The CCG's and their support organisations have only been 'live' for a few weeks and many of the new organisations and structures still have significant gaps in personnel and there are many senior positions filled by interim staff. The 'old' organisations have tried to ensure information is passed safely to the new ones, but this has been difficult with the changing personal. The commissioning round has brought to the fore many issues where the new organisations have had to work through precise roles and responsibilities between the NCB, CCGs and the Commissioning support units.

London NHS Trusts

Whittington Health has received significant negative publicity over the past few weeks concerning their estates strategy and 5 year efficiency proposals. This has led to a local march based on the 'Save the Whittington' Campaign. Of course there has never been any plan to close the Whittington Hospital and such actions may be counterproductive, in that they may reduce their chances of becoming a Foundation Trust and as such increase the chance of an acquisition from a Foundation Trust.

South London and Maudsley's Director of Nursing, Hilary McCallion is retiring at the end of March after many years as a very successful Director of Nursing. The Chief Executive position is still an interim arrangement, whilst it is understandable that this is not filled pending the potential merger with Kings and Guy & St Thomas's an extended period of interim leadership could create problems for the organisation.

Central & North West London NHS FT, have recently won the tender for the mental health and community health services for Milton Keynes. CNWL run mental health services from Westminster to Hillingdon, in addition to community health services in Camden & Hillingdon.

The Francis Inquiry Report and Recommendations

The final report of the public inquiry into Mid Staffordshire NHS Foundation Trust was published at the beginning of February 2013 and the Governments response to this was released at the end of March, although there will be a more detailed response issued in due course. The Public Inquiry report provides detailed and systematic analysis of what contributed to the failings in care at Mid Staffordshire. It identifies how the extensive regulatory and oversight infrastructure failed to detect and act effectively to address the Trust's problems for so long, even when the extent of the problems were known.

The report builds on the first independent inquiry, also chaired by Robert Francis QC. Its three volumes and an executive summary run to 1,782 pages, and is structured around:

- warning signs that existed and could have revealed the issues earlier;
- governance and culture;
- roles of different organisations and agencies; and
- present and future.

It recognises that what happened in Mid Staffs was a system failure, as well as a failure of the organisation itself. Rather than proposing a significant reorganisation of the system, the report concludes that a fundamental change in culture is required to prevent this system failure from happening again, and that many of the changes can be implemented within the current system. It stresses the importance of avoiding a blame culture, and proposes that the NHS – collectively and individually – adopt a learning culture aligned first and foremost with the needs and care of patients.

The report makes 290 recommendations, which focus primarily on securing a greater cohesion and culture across the system, which 'will not be brought about by further "top down" pronouncements, but by the engagement of every single person serving patients'.

In C&I, we have undertaken a significant piece of work to co-develop values for the organisation through involvement of over 500 staff and service users, these were discussed at the joint Governor / Board of Directors event at the end of March. This is of course part of the Trusts response to the Francis report. A fuller action plan will be presented to the May Board of Directors.

London MH Chief Executives

The London MH Chief Executives have recently agreed a Commission with the Kings Fund which will look at the lessons from mental health's transition into community care and integration and draw out the lessons for physical health integration. A second component will identify the key challenges ahead for mental health services. The commission is part of agreed joint work with the London Directors of Adult Social Care and funded from NHS 'bundle money'. We anticipate the report to be completed by October 2013.

SERVICE DEVELOPMENTS AND CHANGES

ASCOT, our new smoking cessation service for people with mental health problems.

ASCOT (Assertive Smoking Cessation Outreach Team) launched was launched on 'No Smoking Day' on 13 March 2013 at various sites around Camden, including a GP practice. They are a team of health practitioners providing support for people with mental health needs who want to stop smoking in Camden.

Dementia Research Informatics Initiative

The Trust is one of 5 Trusts who are a partner in this research initiative. The 5 Trusts bid for funding to pilot the use of a tool which can greatly enhance the capability to undertake dementia research. A data warehouse combined with a sophisticated data mining function enables the searching of electronic clinical records for specific patient characteristics. All the information remains within the Trust, but this process will help the Trusts who serve a combined population of 1m people to complete large scale research trials, and progress research in this area at a much faster pace. This initiative is being given a very high profile by the Department of Health's research team, who are members of the Programme Board; the Board consists of Chief Executives from the 5 Trusts. SLAM are the lead Trust.

Kingston Wellness Service

The Kingston Wellness service began on the 1st April, this service is providing treatment for common mental health problems, predominately anxiety and depression plus substance misuse in the LB of Kingston. Whilst in its very early days this service has begun well and there has already been an increase in numbers of service users.

EXTERNAL PROFILE

Foundation for Mental Health

The Foundation for Mental Health is producing a report predicting what mental health services in the UK might look like in 20-30 years. I was asked to be an expert witness as part of this process and participated in a session in early March.

Featured as a Public Leader in The Guardian

I was asked to give my wishes for the upcoming budget, along with several other public leaders, which was featured in an article on The Guardian website.

<http://www.guardian.co.uk/public-leaders-network/2013/mar/14/2013-budget-wish-list-public-leaders>

INTERNAL EVENTS

St Pancras Community Day – Celebrating transfer of the St Pancras site

We will be holding a St Pancras Community day on the 11th May in Jubilee Gardens next to the hospital site. The day is for the local community and we hope to use the event to both celebrate and the transfer but also to promote a better understanding of mental health. There will be a number of stands and workshops, including 'Time to Change', the anti-stigma campaign, Arsenal in the community, psychological therapies as well as a bouncy castle, face painting and zumba. The site will be handed over by John Carrier, who was chair of Camden PCT for the past decade at 11.30am and there will be a further presentation with Rt Hon. Frank Dobson MP at 2pm.

Reconnecting Programme – 'Changing Lives'

We held our official launch event for our values and standards on 15th March. Senior staff had the opportunity to hear what our staff and service users had said about the Trust through the Reconnecting Programme and how our values and behaviours were not always consistent, as well as how we move forward to align these values to how we do things. We explored at first hand the values that have been drawn from that feedback – and, as part of a wider conversation, how we recruit for values such as compassion, for example, and how we can all make our values and standards meaningful and real for staff. We are now cascading this information across the Trust through face to face conversations in every single team so that staff have the opportunity to think about and discuss how our values will impact on our behaviour with each other and the quality of the care we provide to our service users. We plan to have a focus on different values throughout the year.

Discovering and Celebrating Recovery Services in Camden

Discover Recovery celebrated the work of recovery services in Camden and the variety of Camden residents whose lives they have helped to transform on 13th March.

Alcohol and substance misuse issues affect over 20,000 people in Camden each year. While Camden invests £8 million annually on drug and alcohol treatment, recovery from long-term substance misuse does not end with treatment, but requires a wide variety of community support to help people rebuild their lives.

Led by a partnership between the Camden and Islington NHS Foundation Trust and charities, SHP and CRI, Discover Recovery brings together over 35 organisations to showcase the support available for those whose lives have been affected by substance use – whether their own or someone else's.

At centre stage at the event were motivational speeches from our chair Richard Arthur, Alistair Sinclair, Director of K Recovery Foundation, and Andy Gilmour, a former Camden service user who is now a recovery coach. The event also included live performances from Camden recovery services users, an art and creative writing exhibition and free complementary therapy workshops.

Pentonville Prison Inpatient team recognised for their dedication

Congratulations to our team at HMP Pentonville Inpatient unit on receiving the prison's 'Staff Recognition Award'

The award, which is part of a country-wide scheme, was presented to the staff by the Governor of Pentonville, Gary Monaghan. The team were recognised for 'the professional way in which they deal with some of the most demanding and challenging prisoners on a daily basis.'

Love Art Today exhibition tour

The first instalment of the Love Art Today exhibition, a celebration of images and visual ideas captured by the artists of the Creativity Centre, Mental Health Resource Centre, Isledon Road, was opened on the 11th February by our Chair, Richard Arthur. I opened the second instalment of the exhibition that began on the 26th February at the Old Fire station, 84 Mayton Street, N7 6QT. The exhibition will be on until the end of April and then it will return to Isledon Road Resource Centre for a final showing.

REGULATION

Monitor Licence

The Trust received a licence to operate from Monitor at the end March. This licence is the key document issued by Monitor and enables Trusts to legally operate. This change is part of the larger change in Monitor's role. The licence replaces the Monitor's authorisation of the Trust. Of note are two conditions of the provider licence.

1. the **continuity of services licence condition 3**, which requires **all NHS providers** to ensure they remain a going concern; and
2. the **foundation trust governance licence condition 4**, which lays out our definition of good governance and **only applies to foundation trusts**.

Monitor are also consulting on a revised Risk Assessment Framework, upon which Monitor assesses the risk that a Trust will break its Licence conditions, such as those above.

The Care Quality Commission (CQC)

As the Governors will be aware there was a non-compliant inspection in May last year at Stacey Street Nursing Home, which at the time was provided by Family Mosaic Housing Association with staff from the Trust seconded to the service. Stacey St Nursing Home provides long term nursing care for people with long term mental health problems who are now elderly, and other homes cannot manage their mental health issues plus people who have dementia and more challenging needs, again these are people who are not catered for in 'standard' older persons nursing homes. At the time of the inspection we had been working with commissioners, at their request, to take over the registration of Stacey St. In the autumn the Trust became the registered providers of the service.

We have been working with commissioners and the CQC to improve the services for some time. The CQC completed a further two day assessment as part of an unannounced compliance review on the 9th December 2012 and 1st February 2013. The formal report has now been received by the Trust, highlighting improvement in and compliance with 5 of the 6 essential standards that whilst under the previous management were deemed non-compliant in May 2012. Positive developments withstanding, the report indicates areas of non-compliance in regards to Outcome 4: Care and welfare of people who use services (People should get safe and appropriate care that meets their needs and supports their rights), an action plan has been implemented to ensure and assure compliance by 20th May 2013.

BOARD OF DIRECTORS

The Board of Directors met at the end of March and again at the end of April. The April meeting included a report on the final performance of the services. This report is the report I have brought to the Governors before and is attached for this meeting. The format of this report will be changed during 2013/2014 to be organised on the basis of Divisional performance rather than borough or Trust wide information. The overall performance of the Trust was very strong, especially considering the very significant change programme which has taken place, this is a considerable achievement for staff. We achieved 70% of our CQIN targets, these are 'stretch targets', the national expectation is that 50% of these are achieved.

In terms of finance we overachieved our financial plan, this had two causes, firstly in the last month of the financial year we received a significant number of payments for invoices which the PCT's had disputed and we had not expected payment. The sudden payments were to enable the PCT's to complete all their financial transactions before they were legally closed. The second reason for the overachievement was that as the changes happened in the summer and autumn there were more vacancies in the system than had been anticipated and whilst services for the past few months have been working hard to reduce these there has been an underspend. This means that most of this year end position is in effect a one off, although there are some reoccurring benefits. The Trust has

retained a Monitor Financial Risk Rating of 4. Governors have asked in previous meeting for further financial detail, I have attached the Q4 finance dashboard which was presented at the April Board of Directors meeting.

At the Council of Governors/ Board of Director Joint seminar in March we discussed the proposed strategic objectives and high level priorities for 2013/14. At the April Board we agreed the Trust Vision, values, Objectives and High level Priorities for 2013/14. These provide the framework for the Monitor Annual Plan.

A summary of our three year strategy

Our vision:	<i>"People that use C&I services will have the best possible prospect of recovery within the resources we have available"</i>
Our values:	<i>Our promises to service users and each other</i> 1. We are welcoming so you feel valued 2. We are respectful so you can feel understood 3. We are kind so you can feel cared for 4. We are professional so you can feel safe 5. We work as a team so you can feel involved 6. We are positive so you can feel hopeful

Our four strategic priorities

Excellence:		<i>We will continually improve the quality and safety of service delivery, service user experience and improving outcomes.</i>
	E1	
	E2	<i>We will deliver the highest levels of quality and financial performance.</i>
Innovation:		<i>We will rapidly adopt best practice and maintain a culture of innovation in service development.</i>
	I1	
Growth:		<i>We will pursue organic and inorganic growth opportunities through strategic partnerships and research and development.</i>
	G1	

2013/14 High Level Principal objectives

Objective 1: E1, E2	<i>We will refine and embed the clinical models, deliver evidenced based interventions supporting the care pathways, measure patient outcomes and deliver continuous quality improvement.</i>
Objective 2: E2	<i>We will continue to meet the Trust's financial targets as set out in the forward plan and continue to deliver value for money and efficiencies.</i>
Objective 3: E2	<i>To meet new commissioner requirements, we will agree a joint development and delivery plan with commissioners and develop internal systems to deliver service line reporting, agreed outcomes, pricing and contracting.</i>
Objective 4: E1, G1	<i>We will develop a Stakeholder Engagement Strategy which builds strong relationships externally with commissioners and partners, and is founded on strong internal relationships with service users, carers, governors and staff.</i>
Objective 5: E1, E2, I1	<i>We will progress a fit for purpose Estates Strategy to include the St Pancras site and a community sites rationalisation and improvement strategy.</i>
Objective 6: E1, E2, I1	<i>We will create a service user focused culture which is aligned to our values, behaviour and performance, adopting a stepped programme which continually improves our staff and service user experience.</i>
Objective 7: E1, E2, I1	<i>We will continue to strengthen and develop our governance structures for the Board and Council of Governors.</i>

The Board of Directors also considered the response to the Governor motion on food, and the Directors response is included on this agenda.

In addition the Board of Directors have agreed a Performance framework for the operational services, which identifies all the areas which will be monitored and discussed on a regular basis with Divisional teams.

Finally the Board of Directors considered the next steps the trust needs to take to consider the future use of St Pancras site. Over the next year we are planning to have 4 areas of work, so that by this time next year we will have a clear plan about how the St Pancras site should develop. In order to do this we will:

- Work with the local authority and local community to bring in their views and understand local planning constraints
- Work with staff, service users, Governors, carers about what C&I wish to have on the site and create a vision for this
- Work with the other site users and Camden CCG concerning their needs and aspirations
- Undertake work to understand how any development could be financed and what arrangements or type of partnerships would need to be required.

There have been many views already expressed about the future of the site, we are however clear that we wish to continue mental health and other health services on the site whilst opening the site out to feel more inclusive of the local community.

2013/14 CONTRACT ROUND AND DEVELOPMENT

The Trust has not yet completed its contractual discussions with the new CCG's, although it is anticipated that this have been completed by the Council of Governors meeting. The 2013/14 contracting round has delayed across the whole health community, with C&I's first formal offer only arriving on the 10th March. A significant issue has been revised settlements for CCGs during February; in London these appeared to be reduced allocations. In the new arrangements the balance of risk in the basket of budgets held by organisations has shifted and we are yet to find out how this will work through. There appears to be a commitment to readjust figures between the CCGs and NCB post April as the broader picture becomes known.

Overall, both CCG's have agreed to apply the standard NHS efficiency target of 4%, a figure we were anticipating; whilst this is significantly less than the last two years this is still a challenge. We are fortunate this year that many of the changes we have made in the past years will have 'roll over' effects, which means that a reasonable proportion of this target is already achieved through the changes already made. We do not have any significant service reconfigurations planned.

In addition, we have a number of agreed developments with both CCG's which include:

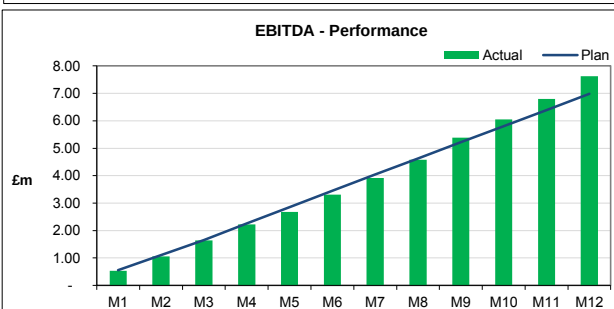
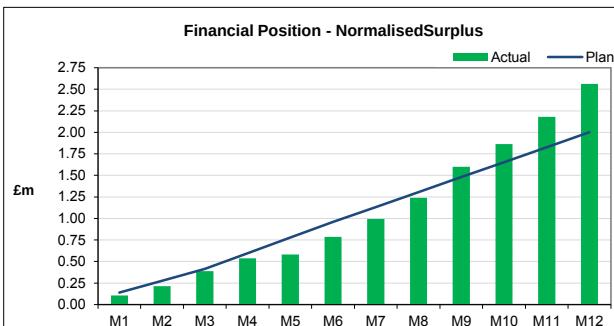
- South Camden Crisis House
- Camden smoking cessation service
- Increased capacity in the memory services
- Troubled families - Islington

FINANCIAL PERFORMANCE OVERVIEW AS AT MARCH 2013

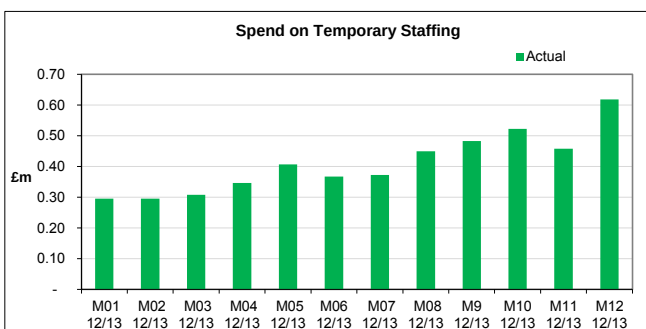
Income and Expenditure

Normalised Outturn Month 12	£2,561k surplus	%age of Turnover 2.0%
Normalised Planned Outturn 12	£2,000k surplus	1.6%
EBITDA Month 12	£7,622k surplus	6.0%
Variance from EBITDA target (YTD)	£435k favourable	

Cumulative Net Position



Temporary Staffing



Overall Rating

4

The Trust has a full year normalised surplus target of £2,000k, which equates to a YTD position of £2,561k. As at month 12, the Trust has exceeded the by £561k.

Cash

	£k	
Cash in Govt Banking Services	£47,753	G
Funds deposited with NLF	£0	G
Funds in commercial, interest bearing accounts	£68	G
Funds invested elsewhere	£0	G

Financial Risk Rating - In year achievement

	Actual	Rating	Lower Threshold*	
EBITDA margin	6.0%	3	5.0%	G
EBITDA, % achieved	106.1%	5	100.0%	G
Return on assets	2.3%	4	2.0%	G
I&E surplus margin	2.0%	4	2.0%	G
Liquid ratio	119.4	5	60	G

Overall Rating

4

G

*The lower threshold is the point at which each of the respective ratios will fall from their current level. The overall risk rating is a weighted average of all 5 ratios.

QIPP

	Full Year Target £k	Progress				Full Year Delivery £k
		Q1	Q2	Q3	Q4	
Community Schemes	715	G	G	G	G	715
Inpatient Reconfiguration Scheme	1,614	G	G	G	G	1,614
Estates & Infrastructure Schemes	1,595	G	A	A	A	988
NHSI Forensic OATs	800	G	G	G	G	800
Delegated Service Line Plans	4,421	A	A	A	A	3,814
Less: Headroom	-2,500					-650
	6,645					7,281

QIPP comments

- i) Structural changes in the Community have happened and budgetary changes have been implemented in month 5.
- ii) Skillmix changes resulting from IP01 have happened and budgetary changes were implemented in month 7.

Risks

All risks to the 2012/13 financial position were successfully mitigated

Report to: Board of Directors (Public)
Paper Number: 4.3
Report for: Information
Report type: Response to Council of Governors
Date: 14 May 2013
Report Author: Phil Wisson, AD Estates & Facilities
Report of: David Wragg, Director of Finance
FoI Status: Report can be made public

Title: Service Users Catering Service- Management Update

Executive Summary:

- This paper updates the paper submitted to the Council of Governors meeting in March 2013.
- The Trust continues to work with Balfour Beatty WorkPlace (BBW) to achieve and to meet NHS standards and service users' preferences.
- Both parties are actively engaged in direct communication with service users at meal times to obtain their opinions, and this is enhanced with formal questionnaires, distributed by C-Bug, I-Bug and BBW Workplace.
- Some work has and is being done to examine options to further improve the catering provision.
- All service user crockery and cutlery is to be standardised and updated to make it more visually pleasing to patients.
- The request to provide fruit and yoghurt at breakfast has been met.
- Menus are due to be formally reviewed in the summer as part of the annual review and increased dietetic input will be sought.
- The Trust has employed a qualified food auditor with a considerable number of years of experience to continue to monitor BBW's delivery of the service and to provide advice to both parties where improvements can be made.

- Closer working relationships between catering/nutrition professionals are being facilitated In order to improve communications and ensure those service users with specific dietary needs are adequately catered for.
- Apetito will continue to provide on-going training to BBW and the Trust to ensure the optimal cooking of food and its attractive presentation.

1. Service Improvements

• Breakfast

In a survey, service users requested that fruit and yoghurts be provided at breakfast. The Trust in collaboration with BBW has arranged for this to be available to all service users.

• Menu Review Process

A number of new products have been offered and their adoption will be considered as part of the annual menu review discussions:

- Vegetarian cottage pie
- Beef Rogan Josh
- Chicken Tikka Masala
- Lamb grill steaks
- Salmon crumble
- Creamy chicken soup

The contract provides the opportunity to review the menu annually and to include any new popular menu dishes based on user feedback.

• Menu Contents

BBW and Apetito have offered the opportunity to examine the introduction of a menu which is different from the more traditional English-style menu available currently. This would need stakeholder involvement to agree both the content of the menu and suitability by ward in addition to agreement on its nutritional content.

• Improvements

Cheese and biscuits are offered at lunch and supper and in response to comments by service users, portion sizes have also been increased. The biscuits and cheese portions are now provided with butter in a clear plastic container.

- **Training**

Apetito will provide further catering training at Highgate MHC for BBW and ward staff in June 2013.

- **Crockery and Cutlery**

A presentation of options for replacing the existing service users' crockery and cutlery was made to Nursing Staff, Speech and Language Therapists, Occupational Therapists and Nurse Managers on Friday 26 April 2013. This was successfully concluded with a clear vote for one style of crockery and cutlery.

The replacement crockery and cutlery is expected to be available from July 2013.

- **Food Service Models**

There are mainly three main catering models in use in the NHS:

- Cook-freeze
- Cook-chill
- "Steamplicity"

A Cook-freeze service is provided at the Highgate Mental Health Centre and St Pancras Hospital. Fresh food is cooked and put into aluminium trays and quickly frozen at Apetito and then delivered to the site and stored in freezers. The food is then transferred to the ward kitchen and heated in a dedicated trolley just before meal time.

Cook-chill uses fresh food prepared, partly cooked and chilled ready to be finished or regenerated at the point of service. The chilled food is normally stored in refrigerators in ward kitchens and heated in a dedicated trolley just before meal time, as with a Cook-freeze service.

"Steamplicity" is a system where fresh food is portioned out onto a solid plastic plate and a sealed "envelope" of plastic film is wrapped around the plate, and the food is cooked by steam generated within the envelope in microwave ovens, immediately before service.

Each system has its advantages but also its limitations. With regards to a cook-chill service, there would be a need for additional space on ward kitchens to accommodate fridges. For "Steamplicity" there would be a requirement for additional work surfaces to accommodate a bank of industrial microwaves (approx. 4-5 per ward) and additional power supplies. In addition, "Steamplicity" is more frequently found in acute hospitals, where there are relatively short lengths of stay, as "menu fatigue" has been reported as a problem. For this reason, it was considered, but rejected at Edgware Hospital.

- **Monitoring**

Since additional resources have been added to the Estates team, enhanced monitoring of the food service has been possible. A sample of the findings from lunchtime visits to 4 wards can be found in Appendices A-D. It is planned that a more structured monitoring programme will be developed shortly and this will be made available to Governors who may wish to join the inspection visits.

APPENDIX A

Date: 12 04 13

Time: 12.00

Audit: Food Service

Assessor: Helen Flynn, Head of FM

Pre-arranged/Unannounced: Unannounced

Location: Sutherland Ward (mixed male/female)

Items being assessed: Availability of special diets, availability of snacks, appearance and professionalism of food server, availability of appropriate crockery, cutlery, condiments, drinks, appearance of food, portion size options, uptake of food, cleanliness of food kitchen.

Accompanied by: Pall Singh

Findings:

1. Availability of special diets-Pall reported that there was one service user who requested vegetarian food, two service users requiring Afro-Caribbean meals and one who required a kosher meal. These had been provided as requested.
2. Snacks were available to service users, there was bread, butter and jam and other spreads in the kitchen, and biscuits etc stored in a clean dry, locked cupboard in the dining area
3. The BBW Food Service Assistant was wearing uniform, a hairnet and had PPE, apron, gloves etc.
4. The dining room was clean and inviting, the table was clean with places laid out with cutlery etc, there were condiments on the table, sachets of sauce etc. An orange juice carton was on the table, along with drinking vessels.
5. The regeneration trolley was lit up, it was clean on its external surfaces, and the food containers nicely laid out. There were no spillages on the heated surface. Correct serving implements were being used.
6. The food, in foil serving containers, looked attractive. Neither the rice nor custard had visible "skins" on the surface. Independent temperature-testing of the food was not carried out, as there was no indication that the temperature was not correct.
7. The BBW hostess reported that 12 service users had eaten in total (and Pall reported that two were away from the ward that day). However, there was sufficient food left if service users had asked for larger portions or second helpings.
8. The food preparation kitchen was clean and cupboards well organised.

Summary

From observations this is a model ward demonstrating how a lunch service should be. Service users, it was reported, chose their own food (unless they were unable to, and staff helped), and completed menus were within sight. All the elements were there to help them enjoy the food and interact with fellow patients in a pleasant environment. The BBW hostess was professional and friendly and appeared to be well-integrated in the ward team and the food was attractively presented. The kitchen, dining table, floor of the dining room and cupboards were all clean to a high standard. Special meals that had been requested were provided.

APPENDIX B

Date: 29 04 13

Time: 12.05

Audit: Food Service

Assessor: Helen Flynn, Head of FM

Pre-arranged/Unannounced: Unannounced

Location: Tredgold Ward (mixed male/female Rehabilitation)

Items being assessed: Availability of special diets, appearance and professionalism of food server, availability of appropriate crockery, cutlery, condiments, drinks, appearance of food, portion size options, uptake of food, cleanliness of food kitchen.

Accompanied by: N/A permission given by nurse in charge

Staff Comments: Staff reported that service users choose their own food and decided themselves what they wanted to eat. The service users were observed taking their used crockery and cutlery to the kitchen once they'd finished eating. Staff reported that service users were encouraged to do this, as part of the therapeutic process.

Observation: The regeneration (food service trolley) is situated inside the dining room to the left of the door and the BBW Catering Assistant serves food to service users from behind it. Service users queue up and are passed their food on a plate. They then sit down in the dining area to eat. Cutlery is already laid out and there are drinks and condiments on the table. The dining room was clean. However, there were cereals on the floor space between the wooden cupboard (which stores cereals in plastic containers) and the wall. Desert was being served in plastic bowls, as it was reported that there were not sufficient china bowls on the ward. Samir, the Catering Supervisor for BBW visited the ward during the food service and said that crockery had been ordered and should arrive shortly. In an open cupboard in the dining room was a bottle containing a clear chemical. Although the dining room is locked outside meal services this was agreed as a risk to the service user's welfare and that a lock was needed for this cupboard (which would only contain this chemical and BBW aprons-all other items for breakfast, cereals etc. could be stored in the ward kitchen)

ACTION: HF to e mail the BBW General Manager to ask him to confirm that crockery was on order and remind him that providing plastic bowls for such service users was not acceptable. A return visit to be made on 30th April by Tony Snowden to see if the cereal spilled on the floor had been removed by the cleaner and the plastic bowls replaced with ceramic. H.F. to arrange for a lock to be fitted on the cupboard.

Findings:

1. Availability of special diets - 1 Halal diet had been requested and was served to a male service user.
2. The female BBW Food Service Assistant was wearing uniform, and a hairnet but no apron.
3. The food service BBW assistant served the meals, using the menu cards for reference. Two nursing staff observed the service.
4. One service user (a male R) tall and very thin, asked for a pudding instead of a hot meal and was given this, and when he'd eaten this he left the dining room. No attempt was made to try to persuade him to eat a main course.

5. Service users were observed sitting at the dining tables eating at their own pace.
6. The dining room was clean and inviting, the tables were clean with places laid out with cutlery etc, there were condiments on the table, sachets of sauce etc. All service users had juice/ Barley Water in a jug to drink. All 10 service users used the dining room. It was reported that one service user had been admitted to an acute hospital overnight. No service user appeared to need assistance to eat.
7. The regeneration trolley was lit up, it was clean on its external surfaces, and the food containers nicely laid out. There were no spillages on the heated surface. Correct serving implements were being used.
8. The food, in foil serving containers, looked attractive. Independent temperature-testing of the food was not carried out. However, the record chart was reviewed, and all temperatures were within the accepted range. The custard for the crumble did not have a "skin" on it.
9. There was sufficient food left if service users had asked for larger portions or second helpings. Only one service user asked for soup. **However, no service users asked for seconds, and only one appeared to eat 3 courses. Perhaps dietetic input is needed for the service user who ate only pudding?**
10. There was a large amount of food left over:
 - 1x container (4 portion-size) of soup
 - 1x container (4 portion-size) of pasta
 - 1x container (4 portion-sizes) of carrots
 - 1x container (4 portion-sizes) of Brussels sprouts
 - ½ container (4 portion-sizes) of pudding
 - ¾ container (8 portion-size) of chips
11. The protected meal time rule was observed.

Service User Comments:

The service user eating the Halal meal said that he enjoyed it, that he liked the Halal fish option but didn't like the chicken dish as he didn't like chicken. Other views were sought but service users didn't respond to questions about whether they liked the food or not.

Summary

From observations the food service was reasonably well-managed, but very much led by the BBW Food Service Assistant; nursing staff appeared not to be very involved in its delivery. All the elements were there to help service users enjoy the food and interact with fellow service users in a pleasant environment. The BBW host was professional and the food was attractively presented. **However, she only gave out the food that was requested by the service user, and, if there was no**

attempt to influence service users eating choices, for one service user there could be consequences for their nutrition in the longer-term.

Follow-up:

Tony Snowden, Facilities Manager, visited Tredgold Ward the following day. The cornflake spillage had been removed. Also the plastic bowls had been replaced by BBW with Ceramic bowls and a lock put on the cupboard in the dining room.

APPENDIX C**Date:** 23 04 13**Time:** 12.00-13.00**Audit:** Food Service**Assessor:** Helen Flynn, Head of FM and Tony Snowden PLACE auditor**Pre-arranged/Unannounced:** Unannounced**Location:** Coral Ward (male PICU)**Items being assessed:** Availability of special diets, appearance and professionalism of food server, availability of appropriate crockery, cutlery, condiments, drinks, appearance of food, portion size options, uptake of food, cleanliness of food kitchen.**Accompanied by:** Sola, Catering Supervisor BBW (permission given by David, Housekeeper)**Staff Comments:** The Housekeeper commented on food service time being a potentially volatile time, when all 12 service users were in the dining room together. However, the atmosphere was fine during this visit, even though the service was slightly delayed due to national grid outages.**Observations:** There was a vinyl upholstered chair in the kitchen which should not be there.**ACTION:** H.F to ask Facilities Manager, Angie Robinson, to have all kitchens checked and vinyl chairs removed.**Findings:**

1. Availability of special diets - not applicable at this time.
2. One service user had ordered an afro-Caribbean meal but changed his mind, which was accommodated and another service user opted to have it instead.
3. The female BBW Food Service Assistant was wearing uniform, and had PPE, apron, gloves etc. The BBW Food Service Assistant served the food and a member of the nursing staff oversaw the service from the kitchen and offered service users juice, orange or apple and passed it to them.
4. Service users queued up at the serving hatch and were given what they had ordered with the staff consulting the menu card.
5. As service users were being served they were asked their opinion of the quality of the food. Two service users did not respond. Eight others said it was good, they also reported that they were able to come back for seconds if they were hungry. One service user "M" stated that the savoury rice used to be very good but in the last month it had become "crispy". The rice was dry at the edges. The catering manager stated that this was because the container had been put on the wrong shelf in the food trolley and he would ensure in future it was moved to another shelf where it would not become dry. A second container was opened and the rice in this container was "fluffy" and had the appearance of rice from a "take-away".
6. The dining room was clean and functional, the tables were clean with places laid out with plastic cutlery etc., there were condiments on the table, sachets of sauce etc. All service users choose juice to drink with their meals

7. The regeneration trolley was lit up, it was clean on its external surfaces, and the food containers nicely laid out. There were no spillages on the heated surface.
8. The food, in foil serving containers, looked attractive. The brussels sprouts were a little soft and were not a popular choice for the service users. There was sufficient food left if service users had asked for larger portions or second helpings. A number of service users did ask for extra food and consumed a second main course. Two service users ate additional puddings.

Summary

From observations the food service was well-managed. Food was handed out to service users quickly, with a nursing staff involved in its delivery. The BBW Catering Assistant was professional and helpful and appeared to be well-integrated in the ward team and the food was attractively presented and hot. One service user praised the BBW Catering Assistant. The dining tables were clean, as was the floor of the dining room. The kitchen, though small was clean and tidy.

APPENDIX D**Date:** 01 05 13**Time:** 12.00-13.00**Audit:** Food Service**Assessor:** Helen Flynn, Head of FM**Pre-arranged/Unannounced:** Unannounced**Location:** Malachite Ward (rehabilitation)**Items being assessed:** Availability of special diets, appearance and professionalism of food server, availability of appropriate crockery, cutlery, condiments, drinks, appearance of food, portion size options, uptake of food, cleanliness of food kitchen.**Accompanied by:** N/A- permission given by ward staff –the BBW catering manager arrived mid-service to check everything was ok.**Staff Comments:** The member of nursing staff who was assisting with the meal service reported that there were very few service users wanting to have lunch as the weather was good, and some had gone out. Also others were in the garden smoking. A different member of the nursing team said that service users had really enjoyed the weekend cooked breakfast, which were no longer provided.**Observations:** There was a comments book and service users had written that they wanted more vegetarian options. However, on that day no-one had chosen the vegetarian option, so it was not possible to assess its quality or talk to any service user about vegetarian options. Also someone had written that they would like “more spicy” food. The comments are written anonymously, and therefore it’s not possible to follow-up individual comments.**ACTION:** H.F. to return to attempt to talk to a larger sample of service users about the food and to review comments again.

H.F. to get an annual costing for a cooked breakfast on a Sunday for all service users at Highgate.

Findings:

1. Availability of special diets- none ordered. One service user asked for an Afro-Caribbean meal. His menu card showed that he had ordered something different, but there was one available, so he took it.
2. One service user had ordered only mashed potato and sweet corn, but was encouraged to add fish in white sauce to her plate, and she ate all.
3. The female BBW Food Service Assistant was wearing uniform, and had PPE, apron, gloves etc. The BBW Food Service Assistant served the food and a member of the nursing staff oversaw the service from the kitchen and offered service users juice, orange or apple and passed it to them through the “hatch”.
4. As service users were being served they were asked their opinion of the quality of the food. One young service user ate all his main course choice and reported that he had enjoyed it when he returned for the jam sponge pudding and custard. Another service user was observed to eat a main course and pudding but did not respond to a question as to whether she had enjoyed it or not.
5. The dining room was clean, light and airy and the tables were clean with places laid out with cutlery etc and there were condiments on the table, sachets of sauce etc.

The four service users who were there for lunch (2 male and two female) choose juice to drink with their meals

6. The regeneration trolley was lit up, it was clean on its external surfaces, and the food containers nicely laid out. There were no spillages on the heated surface.
7. The food, in foil serving containers, looked attractive. There was sufficient food left if service users had asked for larger portions or second helpings. None did. None appeared underweight.
8. There was a considerable amount of food left over, as a result of only 4 out of 16 service users coming to the dining room for lunch:

7 portions left of fish in white sauce (of 8 x portion tray)

$\frac{3}{4}$ mash potato (of 8 x portion tray)

1 unused sweet corn (of 4 portion tray)

6 portions left of sponge (of 8 x portion tray)

Half tray of custard left (of 8 x portion tray)

Summary

From observations the food service was well-managed. Food was handed out to service users quickly, with a nurse involved in its delivery. The BBW Catering Assistant was professional and helpful and the food was attractively presented and hot. The dining tables were clean, as was the floor of the dining room. The kitchen, though small was clean and tidy.

Organisation Committee Minutes of the Meeting held on 10th January 2013 at 5p.m

Executive Meeting Room, 2nd Floor East Wing, St Pancras Hospital,
4 St Pancras Way, London NW1 0PE

Present: David Barry, Lead Governor & Public Governor, Islington
Richard Arthur, Trust Chair
Nik Masters, Public Governor, Camden
Sarah Charles, Senior Independent Director
Wendy Wallace, Chief Executive
Katie Clayton, Staff Governor
Gareth Pountain, Nominated Governor, Voluntary Action Islington

IN ATTENDANCE: Kevin Monteith, Trust Secretary (Minutes)

		Action By:
1.	WELCOME AND APOLOGIES The Trust Chair welcomed those present and in particular David Barry, who was appointed as the new Lead Governor who assumed the role of Chair. Apologies were received from Tony Fisher, Service User Governor. The meeting was quorate.	
2.	MINUTES OF PREVIOUS MEETING The Committee reviewed the minutes from its previous meeting on 7 th November 2012 and were satisfied these accurately reflected that meeting. The Committee AGREED the minutes of its previous meeting held on 7th November 2012 as an accurate record of that meeting.	
3.	MATTERS ARISING The Committee reviewed the schedule of matters arising from its last meeting on 7 th November 2012. The following outstanding actions to be taken forward from the matters arising were agreed as follows: 1. Telephone survey of Nominated Governors – Mr Barry and Ms Charles agreed to undertake this outstanding action; 2. Governor Expenses Policy – Mr Zielinski will bring a draft to the next meeting of the Organisation Committee on 10 April 2013; 3. Mr Zielinski should again invite Nominated Governors from Partner Organisations to submit details of their respective organisations for circulation in the Governor e-mail; 4. A sub-group should be formed to carry out a review of the Governor Code of Conduct. Mr Barry and Mr Pountain agreed to lead this review; and 5. Kings Fund event on the Francis Enquiry – It was established that Mr Masters was attending independently as a carer. It was agreed that it would be appropriate for Mr Barry as the new Lead Governor to attend on	Mr Barry & Ms Charles Mr Zielinski Mr Zielinski Mr Barry & Mr Pountain Mr Monteith

	behalf of the Council. Mr Monteith agreed to send Mr Barry details of the event and to book a place if still available.	
4.	REVIEW OF LAST COUNCIL OF GOVERNORS' MEETING The Committee reflected on the last meeting of the Council. Mr Arthur invited those present to comment on that meeting, with a view toward improving future meetings. Ms Charles commented that the last meeting was not a comfortable meeting but, under the circumstances, both Mr Brooman and Ms Tang who deputised for the Chair and Chief Executive, did a great job. Ms Clayton suggested that we needed to find a way to involve all Governors as the discussions are often dominated by a few and that Governors need to be reminded that they are there to represent their constituencies and not present personal issues. Mr Arthur reflected on the 'Big Topic' which was aimed to encourage all to participate. This led to some discussion about how to do this more effectively. Mr Masters commented that he found that he has much to say at meetings and that there is no format for it to be said. He suggested a Council pre-meeting for those who want to come. Mr Barry spoke about the need to have timed agenda items and limitations on contributions to ensure that more people get heard.	
5.	CONSIDERATION OF AGENDA ITEMS FOR THE COUNCIL OF GOVERNORS MEETING ON 12TH JANUARY 2013. The Committee agreed that the listed 'regular/core' items were appropriate. With regards motions and questions on notice, it was noted that Mr Hayes had submitted a motion regarding catering and food which he had discussed with Mr Arthur during his induction meeting. Mr Arthur agreed that this was an important issue and agreed with Mr Hayes that a full discussion about this issue would be scheduled for the February meeting of the Council. In relation to statutory items, Mr Barry invited Mr Monteith to explain this item. Mr Monteith confirmed that, in accordance with the Health and Social Care Act, all Foundation Trusts were required by the Act and by Monitor to update their Constitutions to ensure that they reflect the changes brought in by the new Act. Mr Monteith clarified that Trusts were required to make these changes in two stages. Some changes had to be made from 1st October which had been approved by the Board and then the Council in December 2012. The changes that were required to be made in time for the 1st April 2013 would be going to the Board for approval on 31st January and then to the Governors on 12th February 2013. Mr Monteith confirmed that there was little discretion in relation to these changes. The proposed item for the next Council meeting to confirm the election of Mr Barry as the new Lead Governor and the new members of the Council of Governors Nominations Committee was discussed. Mr Monteith began to explain that Mr Masters had challenged the election results and following a review and discussions with Monitor, the Trust was satisfied that the elections had been conducted properly by Popularis, in accordance with the Model Election Rules and Constitution. Mr Monteith confirmed that this had been confirmed to Mr Masters who interjected to state that he was taking legal action on this matter. Mr Barry immediately asked Mr Masters to stop the discussion and advised that this matter could not be discussed further due to Mr Masters' intention to take legal action. With regard to the item on further elections to the Council of Governors'	

	Remuneration Committee, Mr Monteith confirmed that this Committee had two vacancies, Although this Committee had not met for some time, it had been agreed with the previous Lead Governor to wait until the summer 2012 Governor elections had been concluded before seeking to elect two Governors to the Committee. Mr Arthur informed the Committee that, although there has been no need for the Committee to meet for some time, the first task of the Remuneration Committee would be to consider the remuneration for the new Chair. With regards to the Organisation Committee, Mr Monteith drew the Committee's attention to its terms of reference and previous decisions made with regard to the length of membership on the Organisation Committee. This was currently a year, which meant that the membership of this Committee should be considered and refreshed if the Council agreed. The Committee AGREED that the committee membership should be reviewed in line with the Terms of Reference. Governor Suggestions for the next meeting were proposed by a number of Governors and discussed in turn: Governor Surgeries – proposed by Ms Schwartz. It was agreed that this should be considered for a future Governor seminar but not go forward as an agenda item for the next meeting as this would require some planning to be effective. Internal Election Processes – proposed by Mr Masters. It was established in the meeting that Mr Masters was requesting that further consideration be given to the way in which internal elections are conducted. It was agreed that the next meeting of the Organisation Committee would consider this further in the first instance and that this item would not go on the agenda for the next meeting of the Council and that current agreed procedures should continue. Joint Commissioning Panel Feedback – proposed by Mr Masters. It was established that this item was not directly relevant to the Council of Governors and agreed that Ms Wallace would review the information on this subject, as she was familiar with it, and advise if anything further needed to be considered on this matter. Governor Walkabouts – proposed by Mr Salice. The Committee agreed that this should be taken forward initially by seeking feedback in the Governor e-mail to gauge the level of interest. It was also agreed that, where possible, there should be Governor involvement with the forthcoming 'Place' assessments formerly referred to at PEAT assessments. Carers UK – proposed by Ms Wiseman and carried forward from previous meeting. This item needs some clarification as the Committee was not clear what was being proposed.' The Big Topic – The Committee agreed to request a presentation from the Substance Misuse and Forensic Division as part of the rolling programme of hearing from all of the divisions and care pathways.	Mr Barry Mr Zielinski Mr Zielinski Ms Wallace Mr Zielinski Mr Zielinski Mr Monteith
6.	ANY OTHER BUSINESS There was no other business discussed.	

8.	DATE OF NEXT MEETING Wednesday 10 th April 2013	
9.	Close – 7.00pm	

I certify these are fair and accurate minutes of the stated meeting.

.....
(Organisation Committee Chair)

.....
(Date)

Report to: Council of Governors
Paper Number: 4.9
Report for: Information
Report Type: Governance
Date: 14th May 2013
Report Author: Martin Zielinski, Board Secretary
Report of: Richard Arthur, Trust & Council of Governors Chair
FoI Status: Report can be made public

Title: Council of Governors' Work Plan 2013

Background

To improve the planning process for Council of Governors' meetings and ensure that the Council fulfils its statutory and other duties, a work plan is maintained and subject to regular review.

The Organisation Committee will refer to this work plan when planning agendas for future Council meetings. This document will also be presented at each regular Council meeting for review and, where necessary, update. It should be remembered that this is a working document designed to assist the Council and, on that basis, will remain flexible and subject to amendment to accommodate the Council's requirements.

Recommendations to the Council of Governors:

The Council of Governors is asked to:

- review the plan on an on-going basis and propose any required updates.

Trust Strategic Aims or Objectives Supported by this Paper:

The goals proposed for 2012/13 support the following Trust objectives:

Excellence

E1 Continuously improving the quality and safety of service delivery, service user and carer experience and improving outcomes.

E4 Improve communication and enhance the Trust's brand and reputation.

Innovation

I1 Rapidly adopt best practice and maintain a culture of innovation.

Risk Implications:

There are no specific risks associated with this paper.

Legal and Compliance Implications:

There are no specific legal or compliance implications.

Finance Implications:

There are no direct financial implications associated with this paper.

Single Equalities Impact Assessment:

None.

Requirement of External Assessor:

None.

COUNCIL OF GOVERNORS WORK PLAN 2013

STATUTORY DUTIES:	19/06/12	04/09/12	16/10/12	04/12/12	12/02/13	28/02/13	14/05/13	25/07/13**	03/09/13	17/10/13*	03/12/13
	Council Meeting	Council Meeting	AMM	Council Meeting	Council Meeting	Joint Board	Council Meeting	Council Meeting	Council Meeting	AMM	Council Meeting
Appointment of Trust Chair**								✓			
Appointment of Deputy Trust Chair**					✓						
Appointment / Re-appointment of Non-Executive Directors*	✓ (Dr Susan Goss)				✓			✓			
Decide Terms, Conditions & Remuneration of Chair & Non-Executive Directors*											
Appointment of the Trust Auditors**	✓ (For 3 years)										
Receive the Annual Accounts, Report & Auditor's Statement		✓							✓		
Assist in Preparing the Trust's Forward Plan**						✓					

OTHER TASKS:	01/05/12	19/06/12	04/09/12	16/10/12	04/12/12	12/02/13	28/03/13*	14/05/13	03/09/13	17/10/13*	03/12/13
Receive Chief Executive's Trust Update	✓	✓	✓		✓	✓		✓	✓		✓
Receive Trust Performance Report					✓			✓			✓
Review Council's Goals for the Next Year		✓						✓			
Review Council Sub-groups		✓						✓			
Review Trust Chair's Performance Appraisal		✓									
Elect Lead Governor (When required, if not undertaken by independently run vote)											
Elect Governors to Sub-Committees (When required, , if not undertaken by independently run vote))	✓ (Mr Richard Hutchinson)					✓					
Receive Organisation Committee Minutes	✓	✓	✓		✓	✓		✓	✓		✓
Review / Update Annual Work Plan	✓	✓	✓		✓	✓		✓	✓		✓

*The main workload associated to this duty is allocated to a sub-committee/group.

** Additional meeting to fulfil statutory duty to appoint a new Trust Chair and Non-Executive Director.