AGENDA

MEETING OF THE
FOUNDATION TRUST GOVERNORS

CONFERENCE HALL,
ST PANCROWS HOSPITAL
4 ST PANCRAS WAY
LONDON, NW1 0PE

Tuesday 12 May 2015 at 5.00pm

Membership of the Foundation Trust Council of Governors

Chair:
Ms Leisha Fullick, Trust Chair

Public Governors:
Camden: Dr Zaheer Afridi; Mr Shahnewaz Ahmed; Ms Ruth Appleton; Ms Kathryn Southworth; Ms Mala Wijeweera
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:
Mr Richard Fletcher; Mr Alasdair Macdougall; Mr Roger Searle, Dr Catherine Steven, Ms Brenda Williams

Staff Governors:
Ms Diana Brown; Ms Nadia Du Plessis; Ms Lucy McLean; Mr Jonathan Purnell

Nominated Governors:
Ms Maureen Brewster (Voluntary Action Camden); Cllr Sally Gimson (London Borough of Camden); Dr Angela Hassiotis (University College London); Cllr Jean Kaseki (Councillor, London Borough of Islington); Mr Andy Murphy (Voluntary Action Islington)

Enquiries to the Trust Secretary
Telephone 0203 317 3184
E-mail trust.secretary@candi.nhs.uk

Issue date: 1 May 2015
**Ground Rules**

a) Apologies for non-attendance or lateness should be sent before the meeting. The Chair will request that such apologies are recorded 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 Governors’ interests is available for viewing by the public. The register can be seen by contacting the Board Secretary, 4th Floor, East Wing, St. Pancras Hospital, 4 St. Pancras Way, London NW1 OPE or e-mail trust.secretary@candi.nhs.uk. It is also published on the Trust’s public website and is presented within this pack of papers.
AGENDA

1. GENERAL BUSINESS, INCLUDING STATUTORY ITEMS

1.1 Welcome, Apologies & Meeting Behaviour
Time: 5:00-5:10pm
Page No: Verbal

1.2 Declarations of Interest
Page No: 7

1.3 Minutes of Previous Meetings

1.3.1 To agree the minutes of the Council of Governors’ meeting held on 10 February 2015
Page No: 11

1.3.2 To agree the notes from the joint Board / Council of Governors’ meeting held on 26 March 2015
Page No: 23

1.4 Matters Arising
The matters arising from the Council of Governors meeting held on 10 February 2015
Page No: 29

1.5 Council of Governors’ Statutory Duties relating to the business of the Council of Governors’ Nomination and Remuneration Committee
Time: 5:10-5:40pm
Page No: 31

Introduced by Prof Wendy Savage

- Re-appointment of Dr Sue Goss as a Non-Executive Director *(For APPROVAL)*
- Appointment of a Deputy Trust Chair *(For APPROVAL)*
- Chair & NED Remuneration *(For APPROVAL)*
- Board Composition and Diversity *(For APPROVAL)*
- NED appointment and related documents *(For APPROVAL)*

1.6 Chair’s Appraisal Summary 2014/15 *(For RATIFICATION)*
Time: 5:40-6:00pm
Page No: 49

Introduced by Ms Sarah Charles, Senior Independent Director

2. LEAD GOVERNOR’S REPORT
(followed by questions and discussion)

A report from Mr Barry on activities relating to the role of the Lead Governor and the Council.
Time: 6:00-6:10pm
Page No: 61

3. CHAIRS’ REPORT
(followed by questions and discussion)

A brief verbal report from the Trust’s Chair
Time: 6:10-6:15pm
Page No: Verbal
### 4. CHIEF EXECUTIVES’ REPORT
*(followed by questions and discussion)*

A report from Ms Wendy Wallace updating the council on developments in the Trust, and her activities, since the Council’s last meeting for information. Where relevant, this report is supported by background papers listed in section 9 of this agenda.

**6:15-6:25pm**

### 5. BIG TOPIC

#### 5.1 Reports from Council Working Groups

The Council’s working groups have now been in operation for a full year. An update on activity and future aims will be presented by the Chair of each group:

- **Membership Working Group**
  - Chair: Prof Wendy Savage
  - **6:25-6:35pm**

- **Service User/Staff Experience & Quality Working Group**
  - Chair: Ms Nadia Du Plessis
  - **6:35-6:45pm**

- **St Pancras Site Development Working Group**
  - Chair: Ms Martha Wiseman
  - **6:45-6:55pm**

### 6. ITEMS FOR INFORMATION

#### 6.1 Steering Committee Minutes

Approved minutes from the Committee’s meeting on 14 January 2015

*Committee Chair: Mr David Barry*

**6:55pm**

#### 6.2 Trust Board Minutes

Approved minutes from the C&I Board’s public meetings on:
- 29 January 2015; and
- 26 March 2015

**93**

**107**

### 7. MOTIONS AND QUESTIONS

#### 7.1 No motions or questions have been submitted for consideration at this meeting.

**-**

### 8. URGENT MOTIONS AND QUESTIONS

#### 8.1 No urgent motions or questions have been received.

**-**

### 9. BACKGROUND PAPERS (For further information)

*None*

### 10. CLOSE
10.1 Date of Next Regular Council Meeting: 8 September 2015
This meeting will take place at 5pm in the Conference Hall, St Pancras Hospital.

Other 2015 Meeting Dates for All Governors:
- 8 September, 5pm – Council Meeting
- 24 September, 5:30pm – Joint Board/Council Meeting
- 8 October (time to be confirmed) – Annual Members Meeting
- 8 December, 5pm - Council Meeting

Governor Committee / Working Group 2015 Dates
(Members only)

Steering Committee:
- 22 July, 5pm – Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 21 October, 5pm – Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital

Nominations & Remuneration Committee:
- 13 May, 2pm - Meeting Room 3, 4th Floor, East Wing St Pancras Hospital
- 22 July, 2:30pm – Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 21 October, 2:30pm – Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital

Membership Working Group:
- 29 June, 5:30pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 28 September, 5:30pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 14 December, 5:30pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital

Service User/Staff Experience & Quality Working Group
- 30 June, 5pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 29 September, 5pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 15 December, 5pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
St Pancras Site Development Working Group

- 7 July, 5pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 6 October, 5pm - Meeting Room 2, 3rd Floor, East Wing St Pancras Hospital
- 15 December, 5pm - Meeting Room 1, 3rd Floor, East Wing St Pancras Hospital
## Register of Governors’ Interests

### London Borough of Camden Public Constituency

<table>
<thead>
<tr>
<th>Governor Name</th>
<th>Declared Interests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Ruth Appleton</td>
<td>Founder and Co-ordinator (voluntary) of Santé Refugee Mental Health Access Project; Governor of Gospel Oak School, London NW3; and Branch Secretary of Camden Unison Retired Members.</td>
</tr>
<tr>
<td>Dr Zaheer Afridi</td>
<td>None.</td>
</tr>
<tr>
<td>Mr Shahnewaz Ahmed</td>
<td>None.</td>
</tr>
<tr>
<td>Ms Kathryn Southworth</td>
<td>None.</td>
</tr>
<tr>
<td>Ms Gunanganie Samanmala Wijeweera</td>
<td>Quality of Life Panel Member, Camden.</td>
</tr>
</tbody>
</table>

### London Borough of Islington Public Constituency

<table>
<thead>
<tr>
<th>Governor Name</th>
<th>Declared Interests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr David Barry</td>
<td>Board Member of London Travel Watch; Chair of Governors at Ashmount School; Chair of Crouch Hill Park Strategic Board; Member of Islington School Forum; and Associate at ‘If:Book’.</td>
</tr>
<tr>
<td>Mr Henry Okerefor</td>
<td>None.</td>
</tr>
<tr>
<td>Ms Monika Schwartz</td>
<td>CEO Women's Therapy Centre; Director at Better Practice Advisers; and Trustee at RAISE.</td>
</tr>
<tr>
<td>Prof Wendy Savage</td>
<td>Chair, WG Edwards Charitable Trust; President, Keep Our NHS Public; and Press Officer, Doctors for a Woman’s Choice on Abortion.</td>
</tr>
<tr>
<td>Ms Martha Wiseman</td>
<td>Employee of BT plc. who are providers of ICT services to NHS, including the RIO application used by the C&amp;I; and Elected Trustee of Charity Carers UK.</td>
</tr>
</tbody>
</table>
### Stockport Council

**Governor Name:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Declared Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Saira Nawaz</td>
<td>None.</td>
</tr>
<tr>
<td>Mr Richard Fletcher</td>
<td>None.</td>
</tr>
<tr>
<td>Mr Alasdair Macdougall</td>
<td>None.</td>
</tr>
<tr>
<td>Mr Roger Searle</td>
<td>Member of the Liberal Democrats Party.</td>
</tr>
<tr>
<td>Dr Catherine Steven</td>
<td>GP in Haringey.</td>
</tr>
<tr>
<td>Ms Brenda Williams</td>
<td>None.</td>
</tr>
<tr>
<td>Ms Diana Brown</td>
<td>The Equality Officer for UNISON;</td>
</tr>
<tr>
<td></td>
<td>An independent social worker for the purposes of undertaking ‘Form F’ assessments under the name of Inspiring Consultancy Services;</td>
</tr>
<tr>
<td></td>
<td>A Parent Governor for Highgate Wood School; and</td>
</tr>
<tr>
<td></td>
<td>My own home based business within the health, nutrition and wellbeing business (Forever Services).</td>
</tr>
<tr>
<td>Ms Nadia Du Plessis</td>
<td>None.</td>
</tr>
<tr>
<td>Ms Lucy Mclean</td>
<td>Elected UNISON Branch Secretary; and Staffside Chair.</td>
</tr>
<tr>
<td>Mr Jonathan Purnell</td>
<td>UNISON member.</td>
</tr>
<tr>
<td>Governor Name</td>
<td>Nominated by</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Ms Maureen Brewster</td>
<td>Voluntary Action Camden</td>
</tr>
<tr>
<td>Cllr Sally Gimson</td>
<td>London Borough of Camden</td>
</tr>
<tr>
<td>Prof Angela Hassiotis</td>
<td>University College London – Medical School</td>
</tr>
<tr>
<td>Cllr Jean Kaseki</td>
<td>London Borough of Islington</td>
</tr>
<tr>
<td>Mr Andy Murphy</td>
<td>Islington Voluntary Action Council</td>
</tr>
</tbody>
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Minutes of the Foundation Trust Governors’ Meeting
Held in the Conference Hall, St Pancras Hospital, 4 St Pancras Way,
London, NW1 OPE
Tuesday 10 February 2015 at 5:00pm

Present:
Mr Leisha Fullick (Chair)  Trust and Council of Governors Chair

Public Governors – Camden:
Ms Ruth Appleton
Ms Kathryn Southworth

Public Governors – Islington:
Mr David Barry  Lead Governor
Mr Henri Okereafor
Prof Wendy Savage
Ms Monika Schwartz
Ms Martha Wiseman

Public Governors – Rest of North Central London
Ms Saira Nawaz

Service User Governors:
Mr Roger Searle
Ms Brenda Williams

Staff Governor:
Ms Diana Brown
Ms Nadia Du Plessis
Ms Lucy McLean

Nominated Governors:
Ms Maureen Brewster  Appointed by Voluntary Action Camden
Clr Sally Gimson  Appointed by London Borough of Camden
Prof Angela Hassiotis  Appointed by UCL Medical College
Clr Jean Kaseki  Appointed by the London Borough of Islington
Mr Andy Murphy  Appointed Voluntary Action Islington

Required Attendee:
Ms Wendy Wallace  Chief Executive

In Attendance:
Mr Richard Brooman  Non-Executive Director
Mr Paul Calaminus  Chief Operating Officer
Ms Sarah Charles  Senior Independent Director (Items C15.001 – C15.007 only)
Ms Abi Herbert  Clinical Psychologist
Ms Claire Johnston  Director of Nursing & People
Mr Kevin Monteith  Associate Director, Strategy and Corporate Development
Dr Jonathan O’Sullivan  Deputy Director, Public Health Camden and Islington (Item C15.014 Only)
Dr Tom Pennybacker  Consultant Psychiatrist (Item C15.014 Only)
Ms Francesca Russo  Executive PA
Mr Martin Zielinski  Board Secretary (Minutes)

Apologies Received on Behalf of:
Dr Zaheer Afridi  Public Governor, Camden
Mr Shahnewaz Ahmed  Public Governor, Camden
Mr Alasdair Macdougall  Service User Governor
Ms Mala Wijeweer  Public Governor, Camden

Absent Without Apologies:
Mr Richard Fletcher  Staff Governor
Mr Mohamed Ismail Ibrahim  Service User Governor
Mr Jonathan Purnell  Staff Governor
Dr Catherine Steven  Service User Governor

This meeting was held in public.
A service visit to the Jules Thorn Recovery Centre was available ahead of this meeting. This was attended by Ms Maureen Brewster; Ms Kathryn Southworth; and Prof Wendy Savage.

GENERAL BUSINESS, INCLUDING STATUTORY ITEMS

C15.001 Welcome, Apologies and Meeting Behaviour

Ms Fullick welcomed everyone to the meeting. She especially welcomed appointed Governor Cllr Sally Gimson who was attending her first meeting.

Apologies had been received from Dr Zaheer Afridi; Mr Shahnawaz Ahmed; Mr Alasdair Macdougall; and Ms Mala Wijeweera.

Ms Charles apologised that she would have to leave the meeting early and the Chair agreed to move her item on the Chair’s appraisal process to an earlier point in the agenda.

The meeting was quorate.

C15.002 Declaration of Interest

A copy of the register detailing Governors’ declared interests had been issued with the meeting papers and no changes had been requested.

No declared interest was considered to conflict with any item on this meeting’s agenda.

C15.003 Minutes of the Previous Meetings

The Council received and reviewed the draft minutes from its previous meeting on 2 September 2014. A small number of typographical corrections were requested.

The minutes from the Council’s 2 September 2014 minutes, having been informally agreed at its previous inquorate meeting on 2 December 2014, were submitted for formal ratification.

The Council of Governors AGREED the minutes of its previous meeting on 2 December 2014 as complete and accurate record of that meeting.

The Council of Governors RATIFIED the minutes from its meeting on 2 December 2014.

C15.004 Matters Arising

The Council reviewed the matters arising from its last meeting on 2 December 2014. All the required actions were considered to have been completed.

C15.005 In addition to the presented schedule of matters arising, Ms Schwartz commented that the slides presented at the Council’s December meeting had not been circulated to Governors as requested. (Mr Zielinski subsequently looked into this matter and forwarded the slides to Ms Schwartz advising her that they had been circulated to all Governors with their regular e-mail on 12
C15.006 Minutes for the Annual Members Meeting
Ms Fullick advised that the minutes from the Trust’s Annual Members Meeting held on 16 October 2014 were being provided here for the Council’s review and agreement. These would be presented at the 2015 Annual Members Meeting for formal approval.

Ms McLean requested one change to the minute related to a question she asked at the meeting, making special reference to the use of food banks and welfare payments.

Mr Barry welcomed the opportunity for the Council to review these minutes as it was more difficult to remember what had been said when these were not available for review until the next year’s meeting.

The Council of Governors AGREED that the minutes of the Annual Members Meeting on 16 December 2014 were a fair and accurate record of that meeting, subject to the one amendment requested.

C15.007 Chairs Annual Appraisal Process
Ms Charles advised the Council that it was time to commence the annual appraisal of the Trust Chair. She advised that the process adopted would be the same as that used in the previous year and would commence in March 2015, allowing feedback to be provided to the Council at their meeting on 12 May 2015. It was noted that one Governor had contacted Ms Charles supporting this process and that there had been no negative feedback on how previous appraisals had been conducted.

Ms Charles advised the Council that she also fulfilled the role of Service User Champion. In this role she had attended a number of service user forums and had provided a small number of feedback papers to the Trust’s Quality Committee. She looked forward to sharing some of her findings in this role with the Governors in the future.

Ms Fullick thanked Ms Charles for providing these updates and stated that the Council looked forward to hearing some of her findings as Service User Champion.

The Council of Governors RECEIVED and ACCEPTED Mr Charles' provided updates.

C15.008 Non-Executive Director Appointment
Prof Savage addressed the Council as Chair of the Nominations and Remuneration Committee. She advised on the process undertaken to appoint the Trust’s next Non-Executive Director. The Committee had engaged the assistance of an expert external recruitment consultants; a requirement set out in the Trust’s Constitution. After an appropriate tendering process the consultants Odgers Berndtson were appointed.
The Consultants were advised to source candidates with expertise in property development and management; and ideally seek a male from a BME background to improve the ethnic and gender mix of the Trust Board.

18 candidates had applied for the vacancy. This was subsequently reduced to a long list of 9 and a short list of 5 candidates; who took part in a stakeholder event and were interviewed.

The Committee considered that all of the interviewed candidates potentially appointable but its unanimous decision was to recommend Ms Phillipa Aitken to the Council as the Trust's next Non-Executive Director. Ms Aitken, whilst white and female, most closely met the skill set currently required of the next Board member.

The Trust Chair had advised the appointment panel that she did not wish to preside over a fully white Board and that the Trust Secretary was investigating the possibility of co-opting a BME male on to the Trust Board. An update on this proposal would be provided the Council’s Nominations and Remunerations Committee at its next meeting, and the full Council in due course.

Mr Okereafor supported this appointment but hoped that a more racially balanced Board, that reflected the local community, would be achieved in the not too distant future. He fully supported the use of focused BME recruitment to the Board.

Ms Brewster commented that there was an on-going issue with encouraging those from the local BME community to apply for Non-Executive Director roles within the Trust. She suggested that the Trust instigate a rolling programme of open events to educate the local community on the role of a Non-Executive Director and encourage applications. Ms Wallace supported this initiative and proposed that the Council’s Nominations and Remuneration Committee took this suggesting forward. Prof Savage, as the Committee’s Chair, agreed and advised she would report back to the Council in May 2015.

Cllr Kaseki queried why, if all the shortlisted candidates were appointable, the role had not been given to a BME applicant. He was advised that all candidates had been evaluated and scored on the same basis, in line with agreed recruitment processes. In this instance Ms Aitken was most in line with the Trust’s need for an individual with property development knowledge and had the most positive local connections to pursue the best possible outcomes in the development of the St Pancras site. Mr Barry, as a member of the Nominations and Recruitment Committee, confirmed that there was a very specific skill requirement attached to this appointment and that the outcome may well have been different had a Non-Executive Director with more generalist skills been sought.

The Council of Governors unanimously APPROVED the appointment of Ms Philippa Aitken as the Trust’s next Non-Executive Director for a three year period 1 May 2015 to 30 April 2018.
C15.009 **Review of the Trust’s Constitution**

Mr Barry presented this proposal to update the Trust’s Constitution. He acknowledged the amount of work undertaken by Mr Monteith in preparing these updates and thanked him on behalf of the Council. He advised that the proposed changes fell into three broad categories:

- A range of amendments to tidy up the existing Constitution and bring it in line with Monitor’s core constitutional document;
- A number of changes and additional powers to better facilitate the work of the Council, of which he highlighted quoracy changes and the new provision for electronic voting and for Governors to take a leave of absence; and
- A safeguarding issue which introduced a new clause allowing the Chief Executive to suspend a Governor should they present a significant risk to patient safety.

Mr Barry considered the changes in the first two categories to be uncontroversial and he fully supported these. On the safeguarding matter, he was not satisfied that enough thought had been given to this change and proposed that this clause be removed and further reviewed in comparison to any similar clauses in constitutions of other trusts. He concluded by recommending that the Council approve the proposed updated Constitution, with the removal of the proposed new safeguarding clause.

The Governors discussed the proposed new safeguarding clause in some detail. It was acknowledged that there was no such clause in Monitor’s core constitution document, although it was common for trusts with Service User Governors to have such a clause. The general consensus was to support the removal of this clause.

Cllr Kaseki queried the expansion of the Trust’s public constituency. Mr Barry advised that this action allowed people from across London to become members of the Trust. He added that this reflected the Trust’s aim to provide services in other boroughs and allowed a wider pool for potential Non-Executive Directors and Governors, as applicants for such posts had to be members of the Trust.

The Council of Governors unanimously APPROVED the proposed updated Trust Constitution, with the exception of new clause no 1.1.14 in annex 6 related safeguarding which would be removed.

C15.010 **External Audit Appointment**

Mr Wragg addressed the Council. He advised that in 2012 the Council had supported the recommendation of the Director of Finance and Audit & Risk Committee to appoint Deloitte as the Trust’s External Auditors. This appointment was for three years, with an optional two year extension that would be granted unless there were material reasons not to do so.
It was advised that the Audit & Risk Committee had reviewed Deloitte's performance in detail and they had been pleased to receive two sets of well prepared and timely annual accounts to date. The Committee felt that granting of an extension would also negate the need for the Trust to enter the resource intensive and costly processes of tendering for a new auditor this year.

Mr Brooman, Audit & Risk Committee Chair, addressed the Committee to support the two year extension to Deloitte's existing contract.

The Council of Governors unanimously AGREED to grant the two year extension to Deloitte retaining them as the Trust's External Auditors until 2017, as allowed under their original contract.

LEAD GOVERNOR’S REPORT

C15.011 Mr Barry provided a verbal update focusing on the development of a proposed new e-mail contact system for Governors. He advised that he was contact with the Trust's new Associate Director of ICT regarding this matter and that he hoped to be able to share a solution to the on-going issue of Governor Communication in the near future.

The Council of Governors RECEIVED and ACCEPTED the verbal update provided by the Lead Governor.

CHAIR’S REPORT

C15.012 Ms Fullick presented her regular update report to the Council taking the content as read, whilst highlighting a small number of items. She commended the Trust ‘Improving Equalities Outcomes’ statement, published on its public website, to the Council. She encouraged Governors to take part in the Trust’s 2015 PLACE assessments and attend a short training session that would be provided after this meeting. She also encouraged attendance at finance and business planning training sessions being provided in conjunction with the Governors from University College London Hospitals NHS Foundation Trust in March 2015.

In response to a question from Cllr Kaseki, Ms Fullick advised that the Trust was in the process of developing a full Equality Strategy to support its ‘Improving Equalities Outcomes’ statement.

Ms Fullick re-proposed that Service User Governor Mr Mohamed Ismail Ibrahim be stood down from the Council as had been discussed at its previous meeting where such a decision could not be made due to lack of quoracy. Mr Ibrahim had not attended a meeting since his election and attempts to establish contact with him have indicated that he has not been in the UK for some time and it is not known when, or if, he will return.
The Council of Governors RECEIVED and ACCEPTED the Chair’s update report.
The Council of Governors AGREED that Mr Mohamed Ismail Ibrahim be removed from the Council.

CHIEF EXECUTIVE’S REPORT

C15.013 Ms Wallace introduced her regular report advising that as the country heads toward a general election the NHS is receiving significant attention, especially mental health. She added that waiting list targets would be applied to mental health services for the first time next year. In light of this increased attention, and increased demand for services, the Trust was seeking additional resources. It was also of note that in recent times senior NHS leaders were paying increased attention to mental health services.

Ms Wallace highlighted that there had been significant press attention on the need for those with mental health problems to be taken to a place of safety, not held in a police station cell. She advised that the number of police cell detentions, where the individual concerned had mental health issues, had dropped in London from 87 to 22 over the last year. There had been no such detentions in Camden or Islington in the last year.

The Council were advised that new services provided by the ‘Older Peoples Crisis and Home Treatment Team’ for elderly service users had successfully commenced on 19 January 2015.

It was noted that bed pressures, as discussed in detail at the Council’s last meeting, remained a concern.

An update was provided on the Trust’s progress to become ‘smoke free’. It was advised that gaps between inpatient smoke breaks had been increased to 4 hours, leaving significantly more time for staff to provide therapeutic treatments. The Council were reminded that the materiality of the link between smoking and early morbidity should not be under estimated.

Cllr Kaseki asked how the top-down re-organisation of health service by the current coalition government had impacted on the Trust. Ms Wallace responded that the Kings Fund had recently released a report on that very issue. This report considered that during the last 2-3 years the central focus has been on re-organising the NHS, rather than moving services forward. Issues had been identified with the dispersement of leadership resulting in over 200 new CCGs (Clinical Commissioning Groups) all commissioning services with varying degrees of success. It was explained that all aspects of the NHS had been subject to change, including training arrangements for doctors and nurses, and that all these changed elements had to be re-connected to support the coherent provision of the care services required.

Prof Hassiotis noted how the press had focused on a number of stories related to bed availability. She asked how the Trust was engaging with this issue. Ms Wallace advised that she was the responsible officer for leading a recently commissioned piece of work by NHS London to examine bed pressure across London. The Trust had been instrumental in requesting this review. A similar, but separate, national exercise had also recently been
announced.

Mr Murphy made reference to the erosion of foundation trust ‘freedoms’ in the report and queried what impact this was having on the Trust. Ms Wallace responded that there had been an increase in the level of bureaucracy within the NHS affecting foundation trusts. Three years’ previously Monitor sent out an annual planning template that each Trust had to complete by the May of each year. There was little further action on this submission unless Monitor identified an evident issue they wished to discuss with a trust. This year a draft submission is required in February significantly increasing the pressure on staff to produce plans. In addition Monitor would be reviewing and cross checking these plans in a much more detailed way; in effect reducing their apparent confidence in Trusts to manage their own affairs.

Ms Schwartz stated that she understood that Central and North West London NHS Foundation Trust (CNWL) were facing financial difficulties and asked how this was impacting on services available within Islington. Ms Wallace advised that she was unaware of any negative impact on services.

Cllr Gimson noted the planned anti-ligature work and queried progress. Ms Wallace advised that work at the Huntley Centre on the St Pancras site had been completed on time and that a year-long project to upgrade facilities at Highgate had recently commenced as planned.

Ms Appleton stated that she would like to hear more about Tile House and the transfer of NHS funds to housing associations. Ms Wallace advised her that both organisations benefited from such joint workings and that the Trust had not incurred any capital costs in providing services at that location. Ms Fullick added that joint projects, such as Tile House, were increasing the way forward in providing cost efficient and effective services.

The Council of Governors RECEIVED and ACCEPTED the Chief Executive’s report.

C15.014 BIG TOPIC – WORKING WITH THE RISK AND THOUGHTS OF SUICIDE

Ms Fullick stated that the Council had previously indicated its concern over the reported increase in suicides within Camden and Islington. In response to this interest a number of clinical experts were in attendance to provide a presentation and assist the Council in understanding this matter. Ms Fullick introduced the presenters to the Council.

Dr O’Sullivan, Deputy Director Public Health Camden and Islington Council, gave a presentation which detailed the rates of death by suicide in both Camden and Islington, in comparison to the rest of London and the whole of England. He highlighted that a disproportionate increase in middle aged men committing suicide had resulted in an increase in the number of suicides in the Trust’s local boroughs, against a background trend of reduced suicide incidents among other social groups. He concluded by presenting details from a recent thematic review covering a number of local suicides which highlighted that, whilst there were a number of resultant recommendations, there was no
evidence of any consistent causal factors behind those incidents reviewed. It was also highlighted that the majority of the individuals concerned were previously unknown to the Trust and had not accessed any of its services. Ms Johnston advised the Council that the Trust would be acting on the valuable learning obtained from this review.

Ms Wiseman queried the definition of ‘middle aged’. Dr O’Sullivan advised that this was taken to be between mid-40s and early-60s.

Ms Brewster commented that men were more likely than woman to turn to alcohol and drugs when they had mental health issues and suicide may be more likely whilst under such influences. Dr O’Sullivan acknowledged that two thirds of cases in that social group were found to have had alcohol in their system but highlighted that the effect of other social and economic factors should not be under estimated. In response to a question from Cllr Kaseki, he stated that men were less likely to seek help for mental health problems than women and tended to have more psychical strength which may make their suicide attempts more likely to result in death. Ms Appleton commented that women tended to have more family and friend support networks than men.

Ms Wiseman noted the comment that transport hubs were an evident destination for those attempting suicide. Dr O’Sullivan advised that efforts were being made in conjunction with London Underground, the British Transport Police and Transport for London to make these areas less attractive to those aiming to attempt suicide but there were limits to the extent access could be controlled to public transport systems.

Dr O’Sullivan confirmed to Cllr Gimson that the statistics provided related to residents of Camden and Islington, regardless of where their suicide event took place. Discussion went on to consider the influence of ethnicity and economic factors and their potential relationship to attempted suicide.

Dr Pennybacker, Consultant Psychiatrist, and Ms Herbert, Clinical Psychologist, from the Personality Disorder Service then gave a presentation. Dr Pennybacker explained how the service engaged with those in emotional states who had difficulties in interacting with others. It was outlined how staff in that service constantly dealt with individuals who had suicidal thoughts. In such cases medication was not always a suitable treatment and care provision involved significant one on one relationships. It therefore hit service staff very hard where their work with a service user was unsuccessful in dissuading them from attempting suicide. Dr Pennybacker and Ms Herbert went on to further explain how care was provided within their service.

Prof Savage stated that she had seen a recent statistic that 50% of those with Personality Disorder would attempt to commit suicide and queried whether this was true. Dr Pennybacker advised her that a figure of lower than 10% was a truer representation.

In response to a number of Governor queries, Dr Pennybacker advised that he could not comment on specific recently reported cases as he did not have full details of the background to those cases or on any care provided to the individuals concerned.
Ms Appleton commented that local seminars used to be provided to raise awareness on personality disorder issues and asked if these would re-commence. Dr Pennybacker advised that the Anna Freud Centre was considering the provision of such sessions and would be keen for the Trust to become involved. Ms Brewster added that, in a previous voluntary sector role, she used to work with the Personality Disorder Team who regularly provided informative sessions for voluntary organisations. She was keen to see these restarted. Ms Herbert stated that the Trust had its own trainer who could provide such sessions and Ms Wallace suggested that Ms Brewster contact the Board Secretary to obtain contact details for the Personality Disorder Teams contact details if she wanted to pursue this matter.

In response to a question for Ms Du Plessis, Ms Wallace assured her that the Trust provided appropriate support for staff members affected by service user suicides.

Ms Schwartz asked about Archway Bridge and a local consultation on how the number of suicide attempts from that bridge could be reduced. Dr O’Sullivan was aware of the consultation.

Ms Fullick closed discussion on this topic by thanking the presenters and the Council for engaging with this important issue which impacted on service users and staff of the Trust, along with the wider local community.

**ITEMS FOR INFORMATION**

**C15.015 Feedback on the BME and Refugee MH Partnership Summit**

The planned verbal updated from appointed Governor Ms Maureen Brewster was deferred to the next meeting, allowing more time for its future discussion.

**C15.016 Council of Governors’ Working Group Feedback**

*(No items – the next round of meeting was planned for March 2015)*

**C15.017 Steering Committee Minutes**

The Council received the approve minutes from its Steering Committee’s meeting on 22 October 2014.

The Council of Governors RECEIVED and ACCEPTED the approved minutes for the Steering Committee meeting on 22 October 2014.

**C15.018 Trust Board Minutes**

The Council received the approved minutes from the public Trust Board meeting on 27 November 2014.

The Council of Governors RECEIVED and ACCEPTED the approved minutes for the Trust’s Public Board meeting on 27 November 2014.
MOTIONS AND QUESTIONS
C15.019 No motions or questions had been lodged for this meeting.

URGENT MOTIONS AND QUESTIONS
C15.020 No urgent motions or questions had been submitted for this meeting.

BACKGROUND PAPERS
C15.021 Additional papers provided for Governors’ information were:

- Trust financial performance summary as at December 2014;
- Trust’s public Improving Equalities Outcomes statement; and
- Details of Medicine for Members Expert Talk ‘Caring for Carers’ on 23 February 2015.

DATE OF NEXT MEETING
C15.022 Date of next meeting: 12 May 2015.
It was advised that there would be a joint Board/Council of Governors meeting on 26 March 2015.

CLOSE
C15.023 Ms Fullick thanked everyone for their attendance and contributions.

Prof Savage invited other Governors to speak to her after the meeting to discuss a potential date for the next informal meeting of Governors. Ms McLean raised an objection that Staff Governors felt excluded from these off-site meetings. Ms Fullick noted her concerns but, as Chair, she had no formal role in managing such meetings and Staff Governors were equally able to call similar informal meetings on Trust premises.

The meeting was closed at 7:15pm

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

.......................................................... ..........................................................
(Council of Governors Chair) (Date)

This meeting was followed by an optional training sessions for those Governors interested in taking part in the Trust’s 2015 PLACE (Patient Led Assessments of the Care Environment) visits. This short session was led by Ms Helen Flynn, Head of Facilities Management, and was attended by Ms Ruth Appleton; Mr Andy Murphy; Ms Saira Nawaz; Mr Roger Searle; Ms Monika Schwartz; and Prof Wendy Savage.
Notes from the Joint Board/Council of Governor Session on
The Trust’s Forward Plans and its Nicotine Management Strategy 2014-16: Year One
Outcomes
Held in the Conference Hall, St Pancras Hospital,
4 St Pancras Way, London, NW1 OPE
on Thursday 26 March 2015 at 5:30pm

Present:
Mr Leisha Fullick      Trust Chair (Chair)

Public Governors – Camden:
Dr Zaheer Afridi
Ms Ruth Appleton
Ms Mala Wijeweera
Ms Kathryn Southworth

Public Governors – Islington:
Mr David Barry
Prof Wendy Savage
Ms Monika Schwartz

Public Governor – Rest of North Central London
Ms Saira Nawaz

Service User Governors:
Mr Roger Searle
Ms Brenda Williams

Staff Governors:
-

Appointed Governors:
Cllr Jean Kaseki      London Borough of Islington
Mr Andy Murphy       VAI

Trust Board Members
Ms Wendy Wallace      Chief Executive
Mr Paul Calaminus    Chief Operating Officer
Ms Sarah Charles      Senior Independent Director
Dr Sue Goss           Non-Executive Director
Ms Angela Harvey      Non-Executive Director
Ms Claire Johnston   Director of Nursing & People
Ms Cha Patel          Deputy Trust Chair
Mr Colin Plant        Director of Integrated Care (Non-voting Board member)
Mr David Wragg        Director of Finance

In attendance:
Mr Kevin Monteith  Associate Director, Strategy and Corporate Development
Mr Simon Bristow    Matron for Smoking Cessation
Mr Martin Zielinski Board Secretary (Minutes)
## Apologies had been received from:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Mr Richard Brooman</td>
<td>Non-Executive Director</td>
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<tr>
<td>Mr Vincent Kirchner</td>
<td>Interim Medical Director</td>
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</table>

## Absent without apologies:

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<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Mr Shahnewaz Ahmed</td>
<td>Public Governor, Camden</td>
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<tr>
<td>Ms Maureen Brewster</td>
<td>Appointed Governor – Voluntary Action Camden</td>
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<tr>
<td>Ms Diana Brown</td>
<td>Staff Governor</td>
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<tr>
<td>Ms Nadia Du Plessis</td>
<td>Staff Governor</td>
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<tr>
<td>Ms Richard Fletcher</td>
<td>Service User Governor</td>
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<tr>
<td>Cllr Sally Gimson</td>
<td>Appointed Governor - London Borough of Camden</td>
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<tr>
<td>Dr Angela Hassiotis</td>
<td>Appointed Governor – UCL Medical College</td>
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<td>Ms Lucy McLean</td>
<td>Staff Governor</td>
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<td>Mr Alasdair Macdougall</td>
<td>Service User Governor</td>
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<td>Mr Henri Okereafor</td>
<td>Public Governor, Islington</td>
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<td>Mr Jonathan Purnell</td>
<td>Staff Governor</td>
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<td>Dr Catherine Steven</td>
<td>Service User Governor</td>
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<tr>
<td>Ms Martha Wiseman</td>
<td>Public Governor, Islington</td>
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</table>
1. Welcome

Ms Fullick welcomed everyone to the meeting, and outlined the format of the evening’s session.

Before the presentations Mr Barry addressed those Governors in attendance and encouraged those who had not already done so to take part in the annual appraisal of the Trust Chair, an important Governor duty. He advised that only nine Governors had responded to date and that responses should be submitted electronically by the 2 April 2015 deadline. He particularly encouraged Appointed Governors to take part as the level of response from that group had been particularly poor in previous years.

2. Trust Forward Plans

Ms Wallace advised that NHS England had recently announced a 5 year plan for mental health services across England, including increased funding for children and adolescents with mental health issues. This was the first time mental health had been given such a prime focus and it would undoubtedly increase visibility, demand and accountability for all mental health service providers. The barriers between acute services, primary care and mental health were being broken down as the development of integrated services progressed. There was potential to reflect this in the development of the St Pancras Hospital site. Governors are engaged in this development via their Council of Governors’ St Pancras Site Development Working Group.

Ms Wallace moved on to providing a presentation on developments within the Trust over the last year and plans for the year ahead. A number of aims were highlighted:

- Making it easier for people to access Trust services through the extension of operating hours and the implementation of 7 day working across some services;
- Developing ambitious aims for the St Pancras Hospital site;
- Being more transparent on the Trust’s performance by improving the range and quality of information published, including the launch of a more user-friendly website;
- Increasing service provision in acute hospital A&E departments to provide more integrated and holistic care;
- Reducing waiting times;
- Improving the facilitation of feedback, which would be used to improve the service users’ and carers’ experience whilst using Trust services;
- Improving physical health care; and
- Working with commissioners to develop new models of care to support GPs and primary care in improving the treatment and management of mental illness within those sectors.

Ms Fullick thanked Ms Wallace for her presentation and invited questions and comments from those in attendance.
Ms Appleton asked for clarity on the stated achievement of an ‘IAPT 15% population target’. Ms Wallace advised that each borough maintained estimates of the percentage of its residents likely to have common mental health problems, although they may not all actively seek treatment. Public Health England set their treatment targets based on such local data. In response to a further question from Ms Appleton, Ms Wallace advised that the discussed model for primary care within Camden had rapidly expanded to cover all GP practices in the borough. Mr Calaminus added that the outlined model of care was not a counselling services but a process to support those over 18 years of age with mental health issues within the local community.

Cllr Kaseki queried the provision of mental health services within A&E at the Whittington Hospital. Ms Wallace advised that the Trust had always provided mental health support to that hospital and had a designated interview room on site. A future aim was to build on and expand services provided within the acute sector. Ms Fullick added that the Trust provided support services in all three acute A&E departments within it boroughs.

Prof Savage noted the focus on physical health and queried whether this included any services specifically related to women’s health. Ms Johnston advised that the Trust had a women’s lead, who took their role very seriously, and that any female specific health issues would be included as part of a physical health assessment.

Ms Schwartz requested an update on bed pressures. Ms Wallace advised that work had been undertaken to establish why the demand for beds continued to increase and that no specific causal factors had been identified. The Trust had established a dedicated Older Peoples Crisis Team in January 2015, allowing more care to be provided in the community and freeing up inpatient beds to provide more bed availability for adult care and those with dementia. The Trust continued to explore it options for expanding and funding additional beds, where required. Ms Williams asked if the Trust had considered the old West Hampstead Day Hospital as a potential site for additional inpatient accommodation. Ms Wallace advised that the stated site had been sold some time ago and now operated as a nursery.

Dr Afridi welcomed the long term aim to reduce waiting lists but commented that significant waiting times still existed in some services. Ms Wallace acknowledged that there could be a wait in accessing services for those referred through assessment teams. This was not ideal but reflected the increased demand for services. She gave assurance that all those accessing services via that route were appropriately risk assessed so that those with the greatest need were prioritised.
3. **Nicotine Management Strategy 2014-16; Year One Outcomes**

Ms Fullick introduced Mr Bristow, Matron for Smoking Cessation, and highlighted the importance of the topic given that the Trust only became a smoke free site earlier that month. She acknowledged that such a change was bound to raise issues.

Mr Bristow gave a presentation which outlined how smoking cessation was being taken forward within the Trust. He referred to relevant national NICE guidance and highlighted the level of engagement that had taken place throughout the Trust prior to the phased implementation of a smoke free site. Staff had been provided with training on assisting service users with nicotine dependency to stop smoking with support from nicotine replacement therapies. He advised on the next steps being taken to embed smoking cessation and that a related policy covering staff smoking was in the final stages of agreement.

Ms Fullick thanked Mr Bristow for his presentation and invited questions and comments.

Dr Afridi commented that making on-site outdoor areas smoke free would make them more pleasant for non-smokers. Mr Bristow agreed, advising that there was an evident reduction in carbon monoxide readings in gardens etc. where smoking was no longer permitted.

Ms Appleton stated that smoking was an addiction and asked how nursing staff working with patients struggling to stop smoking were coping with this change to their role. Mr Bristow assured her that assisting smoking cessation did not constitute any change in role as mental health nursing staff dealt issues of addiction on a regular basis. He also referred to the additional staff training outlined in his presentation.

Ms Williams detailed her personal experience of an individual with mental health issues who was only calm enough for her to talk to when they were smoking. Mr Bristow advised that research had shown that stopping smoking improved an individual’s mood. He added that smoking was an activity and that the addiction was to nicotine. Nicotine replacement therapies were available, although it was understood that there was no evidence to suggest that nicotine had any calming effect on mental health. Ms Wallace added that those that smoked tended to require higher levels of medications and therefore suffered more related side effects. Mr Bristow agreed stating that smoking was known to speed up an individual’s metabolism. Ms Fullick queried whether e-cigarettes retained the perceived calming effect of smoking. Mr Bristow stated that, anecdotally, this may be the case but there was still little research on that relatively new product. He added that e-cigarettes were not discouraged as, whilst they still contained nicotine, they did not have the other harmful ingredients present in regular cigarettes.

Ms Charles queried the level of compliance since the introduction of the smoke free site. Mr Bristow responded that staff had fed back that service users were responding reasonably well to this recently introduced change.
Prof Savage thanked Mr Bristow for a fascinating presentation and, noting that he was about to leave the post of Matron for Smoking Cessation, asked how smoking cessation would be championed in the future. Mr Bristow advised that he was moving to another role within the Trust and that, whilst this dedicated role had been time limited, the Deputy Director of Nursing retained a direct responsibility for smoking cessation.

4. Closing Remarks

Ms Fullick thanked everyone present for attending and engaging with the discussed topics. She advised the Governors present that this would be their last meeting attended by Ms Cha Patel, prior to her term of office as Deputy Trust Chair and Non-Executive Director coming to an end. She commended Ms Patel on being a great asset to the Trust over the last six years.

Ms Patel addressed those present stating that she would be sad to leave the Trust and that it had been an honour to work here. She had personally learned a lot, and developed personally, from her participation in the activities of the Trust. She was confident that the Trust had made significant improvement during her period of office, especially in relation to the engagement and involvement of its Council of Governors. In relation to her role as Chair of the Resources Committee, Ms Patel reflected on the significant work that had gone into acquiring the St Pancras Hospital site for the Trust and she looked forward to seeing how it developed in the future. She thanked the Board and the Governors for their inspirational support in her role as Deputy Trust Chair and Non-Executive Director.

5. CLOSE

The Chair closed the meeting at 7:05pm.

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

.................................................. ........................................
(Council of Governors Chair) (Date)
# Matters Arising from Council of Governors Meeting

On 10 February 2015

<table>
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<tr>
<th>No</th>
<th>Minute Ref.</th>
<th>Matters Arising:</th>
<th>Action Owner:</th>
<th>By When:</th>
<th>Update/Status:</th>
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| 1  | C15.008     | **Non-Executive Director Appointment**  
An update on the proposal to co-opt a BME male to the Board would be provided the Council’s Nominations and Remunerations Committee. | Ms Fullick  
(Mr Monteith) | 30/04/15 | **Completed.** This was discussed at the Committee’s meeting on 8 April 2015, as evident from the report from that meeting on this agenda. |
| 2  | C15.008     | **Non-Executive Director Appointment**  
The Council’s Nominations and Remuneration Committee should give further consideration to the suggestion that the Trust instigate a rolling programme of open events to educate the local community on the role of a Non-Executive Director and encourage applications. | Prof Savage  
(Mr Monteith) | 30/04/15 | **Completed.** This was discussed at the Committee’s meeting on 8 April 2015 and is relevant to the development of a Board NED Apprentice Programme, which is being considered by the Committee. |

**Code:**  
- Green: Completed / Not yet due.  
- Yellow: Review / action required at meeting.
Executive Summary

The Council of Governor’s Nominations and Remuneration Committee met on 8 April 2015 to consider a number of important proposals regarding Non-Executive Director (NED) roles, responsibilities, and composition (including diversity). The Committee considered the following:

- A proposal to re-appoint Ms Sue Goss for a second 3 year term of office from 1 June 2015 to 31 May 2018;
- A proposal to appoint Mr Richard Brooman as Deputy Trust Chair to replace Ms Cha Patel who has now left the Trust;
- The remuneration of the Chair and other NEDs for 2015/16;
- A strategic options paper in relation to board composition and diversity;
- A draft person specification for the next NED appointment; and
- Revised terms and conditions of service for NEDs.

The Committee considered all of the above in detail and unanimously agreed to make a number of important recommendations to the Council for approval:

Recommendation to the Council

The Council of Governors are requested to:

- approve a number of recommendations relating to the above, which are addressed in turn in the attached supporting paper.
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, and hence its Nominations and Remuneration Committee, has a vital role to play in achieving the right balance of skills and composition of Non-Executive Directors.

Risk Implications
There are no specific risks identified in this paper.

Legal and Compliance Implications
The Committee and governing bodies must act in accordance with the Trust Constitution.

Finance Implications
There are no financial implications highlighted by this report.

Single Equalities Impact Assessment
Not completed for this report. The Council should take into consideration the composition and diversity of the current Board. Any recruitment that follows as a result of decisions taken by the Committee will strictly follow relevant equal opportunity guidance and legislation.

Requirement of External Assessor/Regulator
The Council of Governors are expected to comply with provisions of the Monitor Code of Governance.
Introduction
The Council of Governor’s Nominations and Remuneration Committee met on 8 April 2015 to consider a number of important proposals regarding Non-Executive Director (NED) roles, responsibilities, and composition (including diversity).

Each matter considered by the Committee is summarised below with the recommendation of the Committee for the Council’s consideration and approval.

1. Re-appointment of Ms Sue Goss as a Non-Executive Director
Ms Goss was appointed as a Non-Executive Director in May 2012 and commenced her first 3 year term of office from June 2012. During this term of office her experience and contribution to the Board of Directors has been very important. In particular, Ms Goss has made a positive impact as Chair of the Quality Committee and has paid particular attention to scrutinising the quality and performance data presented to the Committee and to the Board.

Performance Appraisal and Commitment to the Role
The Trust Chair has completed the annual performance appraisals and review of objectives for the three preceding years and can confirm that Ms Goss has consistently performed to a fully satisfactory level during this period, and has made an important contribution to the work and achievements of the Trust.

Feedback on Ms Goss has been sought from the other members of the Board. The comments received included the following:

“Sue is a real asset to the board as she brings in perspectives from the wider health economy and the strategic thinking of other organisations”

“I think the board would be considerably weakened if Sue were not appointed and I strongly support her reappointment”

“Sue brings a wide knowledge of the public sector and organisations to C&I which she shares with all board members”

“Sue is an excellent board member bringing a fine intellect to bear upon the complexities of this organisation and to find solutions. I fully support her re-appointment”

“Sue brings a very different perspective to the Board, which I think is very useful. She is also very busy, which can limit the time she can commit to the role, I think”.

Ms Goss has played a key role in the following:
- Chairing the Quality Committee;
- Championing the service user voice and experience;
- Moving forward the work on Equality and Diversity; and
- Providing the Board with a wider public sector perspective and insights into effective partnership working, which will be vital for the Trust in the next 2 years.
Ms Goss has demonstrated the full range of skills and qualities required for the role and she has taken every opportunity to engage with staff, service users, governors and members of the Trust to increase her knowledge of day to day service provision, concerns and challenges.

Ms Goss has a good attendance record at Board meetings, Board Sub-Committees and Governor Meetings. Additionally she has participated fully in Board development and learning opportunities.

**Non-Executive Director Composition and Board Refreshment**

Ms Goss has particular experience in local authorities, social services, customer service industries, strategic decision making and change management in large and complex organisations.

In terms of Board refreshment, the composition of the Board should achieve a balance between continuity and renewal. This is Ms Goss' first re-appointment.

**Re-appointment for a second term of office is considered to be best practice in achieving Board Maturity and effectiveness.**

**Supporting Statement of Ms Goss**

Ms Goss' term of office is scheduled to expire at the end of May 2015. She has indicated that she would like to be considered for a further term. She has confirmed that she remains independent and that she has sufficient time to discharge her duties. Ms Goss provided a supporting statement for the Committee.

**RECOMMENDATION 1**

The Council of Governors is requested to APPROVE the re-appointment of Ms Sue Goss for a further 3 year term of office (1 June 2015 - 31 May 2018).

### 2. Appointment of a Deputy Trust Chair

**Introduction**

Cha Patel, the previous Deputy Chair of the Trust left office at the end of April 2015. This report outlines the process followed by the Trust Chair to identify a suitable replacement for the role of Deputy Chair, and makes a proposal for approval by the Council.

**What the Constitution requires:**

The Trust's constitution states:

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Text</th>
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<tr>
<td>29.1</td>
<td>The Council of Governors at a general meeting of the Council of Governors shall appoint one (1) of the non-executive Directors as a Deputy Chair.</td>
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<td>29.2</td>
<td>If the Chair is unable to discharge his/her office as Chair of the Trust, the Deputy Chair of the Board of Directors shall be acting Chair of the Trust.</td>
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<td>29.3</td>
<td>The Council of Governors at a meeting of the Council of Governors shall appoint one (1) of the non-executive Directors (who may be the same person as appointed in paragraph 29.1 as Senior Independent Director.</td>
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Process followed by the Trust Chair

The process previously agreed by the Council of Governors to appoint the Deputy Chair was again followed as below:

The Trust Chair sought expressions of interest from all NEDs. Only one NED expressed an interest in the role at this time, Mr Richard Brooman.

As only one NED expressed an interest, there is no need for a selection process to be followed. The Trust Chair has considered the requirements of the role and time commitment with Mr Brooman, and is satisfied that Mr Brooman has the necessary skills and experience to fulfil the role. Mr Brooman is in his third term of office and will leave the Trust when his current term expires in March 2017. His appointment as Deputy Chair will ensure continuity and stability for the Trust during what is expected to be a challenging time for the organisation and the healthcare sector as a whole.

Views of the Board of Directors

The Board of Directors give their full support to Mr Brooman being appointed as Deputy Chair. The Board would like to emphasise that the Deputy Chair needs to hold the confidence of the Board as well as the Council, and as such, governors should have regard to the views of the Board.

RECOMMENDATION 2

The Council of Governors is requested to APPROVE the appointment of Mr Richard Brooman as Deputy Trust Chair with immediate effect until the end of his term of office in March 2017.

3. Remuneration Review 2015/16

The Committee has the responsibility of carrying out an annual review of the remuneration for the Trust Chair and other NEDs each year and to make a recommendation to the Council. The Committee considered this in the context of the external independent review carried out in 2014 as recommended by the Code of Governance, as well the wider NHS pay agreement for 2015 and considered that an increase in remuneration for 2015/16 would not be recommended.

RECOMMENDATION 3

The Council of Governors is requested to AGREE that there should be no increase in remuneration for the Chair and other NEDs in 2015/16.
4. **Board Composition and Diversity**

The Committee considered a detailed report on Board composition and building board diversity, specifically increasing black and minority ethnic (BAME) representation on the Board of Directors in order to make progress towards achieving the stated Trust objective of having 3 BAME board members within the next 4 years. Making progress against the new Workforce Race Equality Standard (WRES) is also a priority and requires the Trust to take steps to ensure the Board of Directors is representative of the community it serves. This places responsibility for this with the governing bodies and their sub-committees.

In considering the range of options to increase BAME representation on the Board, the Committee unanimously agreed to recommend to the Council that the number of NEDs should be increased by one, and that recruitment should commence immediately with a view to having a further NED appointment recommendation for approval by the Council in September 2015. The Committee noted that Ms Sarah Charles would be leaving the Trust in March 2016, which would be an opportunity to review the overall number of NEDs.

**RECOMMENDATION 4**

The Council of Governors is requested to APPROVE an increase in the number of NEDs by one, as permitted by the Constitution.

The Committee also considered the option of ‘co-opting’ a NED to the Board of Directors. The Trust Secretary had prepared a legal briefing which highlighted a range of governance restrictions with this option and the Committee were satisfied that this was not an option to explore further.

The Committee also considered a proposal to further investigate the development of a ‘Board Apprentice Programme’ based on a model used in some other parts of the country. The Committee agreed to investigate this option further and report back to the Council.

Finally, the Committee considered options in relation to provisions within the Equality Act 2010 in relation to the advertisement and the specific wording used for the next role and use of ‘Positive Action’ under the Act. The Committee will receive specialist HR advice on this.

5. **Recruitment of a further NED – Person Specification**

The Committee considered the job description and a draft person specification for the next appointment and agreed a final specification, which is attached at appendix 1 for approval by the Council. It is proposed that he job specification of the next NED role to be particularly focused on having a track record relating to issues of diversity and a demonstrable high level of commitment to service users, carers or the community.

**RECOMMENDATION 5**

The Council of Governors is requested to APPROVE the person specification for the next NED appointment (appendix 1).
6. **NED Terms and Conditions of Service**

The Committee were advised by the Trust Secretary that the NED terms and conditions (T&Cs) of service needed to be reviewed to incorporate new regulations relating to directors as ‘Fit and Proper Persons’. Additionally, based on previous committee discussion, the revised T&Cs proposed an increase in the time commitment from 2.5 days per month to “about 4 days” per month. The revised T&Cs of service is attached at appendix 2.

**RECOMMENDATION 6**

The Council of Governors is requested to APPROVE the revised NED T&Cs of service (appendix 2).
### NED PERSON SPECIFICATION – ESSENTIAL CRITERIA

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<thead>
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<th>Service user and community focus</th>
<th>A proven high level of commitment to service users, carers or the community</th>
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<tr>
<td></td>
<td>High level of understanding and interest in health and social care issues</td>
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<td>Understanding of the NHS Quality Agenda</td>
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<td>Commitment to NHS values and principles</td>
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<td>Experience and commitment to championing the rights of service users and carers</td>
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<td>Diversity Track Record</td>
<td>Track record and commitment to Equality, Diversity and Human Rights</td>
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<td>Understanding of the Public Sector Equality Duty and the legislation relating to it</td>
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<td>Strategic direction</td>
<td>The ability to think and plan ahead, balancing needs and constraints</td>
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<td>Proven leadership skills</td>
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<td>Ability to understand complex strategic issues and analyse and resolve difficult problems</td>
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<tr>
<td>Holding to account</td>
<td>The ability to accept accountability and probe and challenge constructively, holding the executive to account</td>
</tr>
<tr>
<td></td>
<td>Clear understanding, and acceptance of the legal duties, liabilities and responsibilities of Non-Executive Directors</td>
</tr>
<tr>
<td>Effective influencing and communication</td>
<td>Highly developed interpersonal and communication skills</td>
</tr>
<tr>
<td></td>
<td>Practical experience of Board or Committee work</td>
</tr>
<tr>
<td></td>
<td>Commitment to transparency and an understanding of the Statutory Duty of Candour in the NHS</td>
</tr>
<tr>
<td></td>
<td>Evident capability to operate in a Board level role</td>
</tr>
<tr>
<td>Team working</td>
<td>Proven commitment to working as a team member</td>
</tr>
<tr>
<td></td>
<td>Ability to engage and work with a diverse range of people and groups</td>
</tr>
<tr>
<td>Self-belief and drive</td>
<td>The motivation to improve NHS performance and confidence to take on challenges</td>
</tr>
<tr>
<td></td>
<td>Sufficient time and commitment to fulfil the role</td>
</tr>
<tr>
<td></td>
<td>An openness to constructive criticism</td>
</tr>
<tr>
<td>Intellectual flexibility</td>
<td>The ability to think clearly and creatively</td>
</tr>
<tr>
<td></td>
<td>Ability to understand financial and performance related information and reports</td>
</tr>
<tr>
<td></td>
<td>Ability to lead and quickly adapt to change in a complex organisation and NHS environment</td>
</tr>
<tr>
<td></td>
<td>Strong knowledge of corporate governance and an evident ability to deal with arising issues</td>
</tr>
</tbody>
</table>

Revised following CoG Nom/Rem Committee Meeting on 8 April 2015
This Agreement is made the day of 20 between:

[Insert name]; and

Camden & Islington NHS Foundation Trust, which has its Head Office at St Pancras Hospital, 4 St Pancras Way, London NW1 OPE.

1. INTERPRETATION

1.1 Within this Agreement, unless the context otherwise requires, the following words and expressions shall have the following meanings:

“The 2006 Act” means the National Health Service Act 2006;

“The Board” means the board of directors of the Trust, as referred to in schedule 7, paragraph 15(1) of the 2006 Act, constituted in accordance with the Trust’s constitution;

“The Chair” means the person appointed by the council of governors under schedule 7 paragraph 17(1) of the 2006 Act to be the Chairman of the Trust;

“The Chief Executive” means the person appointed by the non-executive directors under schedule 7, paragraph 17(3) of the 2006 Act to be the Chief Executive and Accounting Officer of the Trust and whose appointment is approved by the council of governors at a general meeting under schedule 7, paragraph 17(5) of the 2006 Act;

“The Council of Governors” means the council of governors of the Trust, as referred to in schedule 7, paragraph 7(1) of the 2006 Act, constituted in accordance with the Trust’s constitution;

“The Trust” means Camden & Islington NHS Foundation Trust;

“Agreement” means this agreement;

“Constitution” means the Trust’s constitution, as amended from time to time;
“Intellectual Property Rights” means patents, utility models, rights to Inventions, copyright and neighbouring and related rights, moral rights, trademarks and service marks, business names and domain names, rights in get-up and trade dress, goodwill and the right to sue for passing off or unfair competition, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, confidential information (including know-how and trade secrets) and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world;

“Invention” any invention, idea, discovery, development, improvement or innovation, whether or not patentable or capable of registration, and whether or not recorded in any medium.

“Party” means either the Non-Executive Director or the Trust and “Parties” means both of them;

“Provider Licence” means the licence issued to the Trust by Monitor under s.87 Health and Social Care Act 2012;

“Regulated Activities Regulations” means The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;

“You” or “your” means [insert name] of [insert address].

1.2 Headings are used for convenience only and shall not affect the construction of this Agreement.

1.3 The appendices to this Agreement form part of (and are incorporated into) this Agreement.

1.4 A reference to a particular law is a reference to it as it is in force for the time being, taking account of any amendment, extension, or re-enactment and includes any subordinate legislation for the time being in force made under it.

1.5 A reference to any document such as the Trust’s Constitution and the Trust’s policies are references to those documents as they may be amended from time to time.
2. STATUTORY BASIS FOR APPOINTMENT

2.1 Non-Executive Directors hold a statutory office under the 2006 Act. Your appointment is made by the Council of Governors using its powers under schedule 7, paragraph 17(1) of the 2006 Act and the Constitution. This appointment does not create any contract of service or contract for services between you and the Trust.

3. EMPLOYMENT LAW

3.1 As an office-holder, you are neither an employee nor a worker. This appointment does not fall within the jurisdiction of Employment Tribunals, nor is there any entitlement for compensation for loss of office.

4. THIS AGREEMENT

4.1 This Agreement constitutes the whole agreement between you and the Trust and supersedes any prior written or oral agreements, representations or understandings between the Parties. The Parties confirm that they have not entered into this Agreement on the basis of any representation that is not expressly incorporated into this Agreement. Nothing in this Agreement excludes liability for fraud.

4.2 No failure or delay by either Party in exercising any right, power or privilege under this Agreement shall impair the same or operate as a waiver of the same nor shall any single or partial exercise of any right, power or privilege preclude any further exercise of the same or the exercise of any other right, power or privilege.

4.3 Any amendments to this Agreement can only be made by the Council of Governors following, if necessary, appropriate consultation with you.

5. POST TITLE AND REPORTING ARRANGEMENTS

5.1 Your appointment is to the position of Non-Executive Director, with full voting rights as a member of the Board.

5.2 You shall perform such statutory and other duties and exercise such powers in relation to the Trust as are set out in the role description previously provided to you and as the Trust or the Board may from time to time require. You shall serve the Trust to the best of your ability and use your best endeavours to promote the interests and welfare of the Trust.

5.3 You shall report to the Chair. Additionally, Schedule 7, paragraph 10A of the 2006 Act places a duty on the Council of Governors to hold the non-executive directors individually and collectively to account for the performance of the Board.
6. TERM AND TERMINATION

6.1 This Agreement shall commence on [insert date] and, unless terminated earlier, shall expire [insert length of term] after that date.

6.2 You may be eligible for reappointment at the end of your term of office in accordance with the Constitution, but there is no absolute right to reappointment. Decisions on reappointments are taken by the Council of Governors on the recommendation of the Nominations Committee. The Nomination Committee’s recommendation will be informed, *inter alia*, by appraisal of your performance.

6.3 You may terminate this Agreement at any time by giving notice in writing to the Chair. You are required to give a minimum of three months’ notice. Your resignation will be effective on the earlier of the date specified in the notice or the date three months from when the notice is given.

6.4 Your appointment may be terminated by the passing of a resolution by three-quarters of the members at a general meeting of the Council of Governors in accordance with the process set out at paragraph 28.2 of the Constitution.

6.5 Upon termination of this Agreement, howsoever caused, you agree to:

6.5.1 immediately deliver to the Trust all Trust property which is in your possession or under your control;

6.5.2 irretrievably delete any information relating to the business of the Trust stored on any magnetic or optical disk or memory card and all matter derived from such sources which is in your possession or under your control outside of the Trust’s premises; and

6.5.3 if requested, provide a signed statement that you have complied with the obligations under this clause.

7. REMUNERATION AND ALLOWANCES

7.1 As a consequence of your appointment, you are entitled to be remunerated by the Trust for so long as you continue to hold office as a Non-Executive Director.

7.2 The current rate of remuneration payable to a Non-Executive Director is £11,700 per annum. The rate of remuneration will be reviewed at regular intervals by the Council of Governors, with any increases to your remuneration effective from 1 April. The Council of Governors shall not be obliged to increase your salary in connection with any review. Any changes to remuneration will be notified to you in writing.

7.3 Additional remuneration may also be payable if you are appointed to one of the following positions:

7.3.1 Senior Independent Director

7.3.2 Audit & Risk Committee Chair
7.4 You will be paid monthly in arrears on the 28th of each month, unless the 28th falls on a weekend, in which case payment will be made on the Friday before, by credit transfer into a bank or building society account of your choice. The Trust reserves the right to pay you earlier if reasonably appropriate, for example at Christmas or as a result of Bank Holidays.

7.5 Remuneration is taxable and subject to Class 1 National Insurance contributions, which will be deducted at source. Any queries relating to these arrangements should be taken up with HM Revenue and Customs. This appointment does not fall within the remit of the NHS Pension Scheme.

7.6 You shall be refunded all reasonable out of pocket expenses necessarily incurred by you on Trust business. These expenses shall be approved by the Chair or in such other manner as the Trust may reasonably require and shall be subject to the production of such vouchers, receipts or other evidence of actual payment of the expenses as are required by policies or regulations of the Trust from time to time.

7.7 On termination of your appointment, you shall only be entitled to such fees as may have accrued to the date of termination, together with reimbursement in accordance with clause 7.6 of expenses properly incurred before that date.

8. TIME COMMITMENT

8.1 You agree to devote whatever time is reasonably necessary for the proper performance of your duties and as is appropriate to the role of a Non-Executive Director. It is anticipated that this will be about 4 days per month, to be worked flexibly including some evenings.

8.2 You are expected to attend all meetings of the Board, except where illness or occasional holiday commitments genuinely preclude this.

8.3 By accepting this appointment, you confirm that you are able to allocate sufficient time to meet the expectations of your role within the Trust. The written agreement of the Chair must be obtained before you accept any additional commitment that might affect the time that you are able to devote to your role as a Non-Executive Director of the Trust.

9. CONFLICT OF INTERESTS

9.1 You shall not, without the written consent of the Chair, engage in any outside employment or accept any commitments that may give rise to a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

9.2 It is acknowledged that you have declared any conflicts of interest that are apparent at present. If you become aware of any (further) actual or potential conflicts of interest, these must be disclosed in accordance with the requirements of the Trust’s Constitution. Failure to disclose such interest may be considered by the Trust to be gross misconduct and/or may constitute grounds for your removal from office.
10. OTHER CONDITIONS OF APPOINTMENT

10.1 It is a condition of your appointment that you abide by:

10.1.1 the Trust’s Constitution, as amended from time to time;

10.1.2 the Trust’s Code of Conduct for Directors as amended from time to time;

10.1.3 the Trust’s Standing Orders, Standing Financial Instructions and Scheme of Delegation, as amended from time to time;

10.1.4 the Trust’s Provider Licence, as amended from time to time; and

10.1.5 the policies and procedures that are adopted by the Trust, as amended from time to time insofar as they are applicable to your role

It is your responsibility to familiarise yourself with these documents and to keep abreast of any amendments. Copies are available on request from the Trust Secretary.

10.2 It is a condition of your appointment that you agree to the public disclosure of information by the Trust in relation to your appointment in accordance with the 2006 Act, the NHS Foundation Trust Annual Reporting Manual (Monitor, 2014, and any later version of such guidance) and/or any other legal or regulatory requirements that may be imposed on the Trust from time to time.

10.3 You are required to confirm in writing in such form as may be prescribed by the Trust, on appointment and thereafter on demand, that:

10.3.1 you are not subject to any restrictions which would prevent you from holding the office of director of the Trust;

10.3.2 you do not fall within the definition of an “unfit person” as specified in the Trust’s Provider Licence;

10.3.3 you satisfy the requirements of Regulation 5(3) of the Regulated Activities Regulations; and

10.3.4 you do not meet any of the criteria for disqualification as a director outlined within the Trust’s constitution.

10.4 Failure to provide the confirmation or notification described in clause 10.3 above and/or clause 10.5 below without good reason within 14 days of such confirmation or notification being demanded or required (as applicable) shall be referred to the Council of Governors and is likely to be considered a disciplinary matter.
10.5 If you are disqualified from continuing as a Director on any of the grounds set out in clause 10.3 above, you shall immediately give notice in writing to the Chair. Receipt of such notice shall be taken as your resignation as Non-Executive Director.

10.6 You are required to declare immediately to the Chair in writing if you are ever arrested, have any pending prosecutions or convictions (including driving offences) or if you have accepted any police cautions. Failure to disclose this information may result in the termination of your appointment and this Agreement by the Council of Governors.

10.7 You warrant that you are entitled to work in the United Kingdom without any additional approvals and you will notify the Trust immediately if you cease to be so entitled during your appointment.

10.8 You agree that you will not make any political speeches or engage in other political activities on matters affecting the work of the Trust during the term of your appointment.

11. CONFIDENTIALITY

11.1 You agree that at all times, both during and after termination of your appointment for whatever reason:

11.1.1 all matters relating to any patient’s diagnosis and treatment which come to your attention will be kept strictly confidential and under no circumstances will such information be divulged or passed on by yourself to any unauthorised person(s).

11.1.2 you will keep secret and not use (except to the extent that disclosure and/or use is expressly authorised by the Trust and/or is required for the proper performance of your responsibilities under this Agreement) any information belonging to the Trust which is of a secret or confidential nature and/or of value to the Trust.

11.2 Examples of information that the Trust regards as confidential include, but are not limited to:

11.2.1 information about the Trust’s future plans, including proposals under consideration, which have not been published

11.2.2 copies of minutes of, and reports presented to, meetings which are not held in public

11.2.3 information about the Trust’s financial affairs (including costings, budgets, turnover and other financial information);

11.2.4 information about the Trust’s commercial models or market share

11.2.5 any documents relating to capital investments or tender processes involving the Trust.
11.3 For the avoidance of doubt, the obligation referred to in clause 11.1 above applies whether or not the information is marked as confidential.

11.4 The obligation of confidentiality contained in clause 11.1 does not apply to:

11.4.1 any use or disclosure required by law;

11.4.2 any information which is already in, or comes into, the public domain otherwise than through your unauthorised disclosure; or

11.4.3 any information which is provided to you without restriction or disclosure by a third party, who did not breach any confidentiality obligations by making such a disclosure.

11.5 The agreement referred to in clause 11.1 above does not remove your right to refer to the Trust’s Raising Concerns at Work Policy which enables you to raise concerns about malpractice at an early stage and in the right way where you consider the interests of others or the organisation is at risk (“whistleblowing”).

12. INFORMATION GOVERNANCE

12.1 In the course of your duties you are required to observe and follow the requirements set out by information governance rules, policies, standards and procedures. You must ensure you are aware of the handling requirements, take personal responsibility for the quality of data recorded, protect information at all times and that you do not attempt to breach information security in any way. Further information can be obtained from the Trust’s Information Governance department, Senior Information Risk Owner or Caldicott Guardian.

13. DATA PROCESSING

13.1 In discharging your responsibilities under this Agreement you may be required to hold, disclose, use or otherwise process personal data (having the meaning given to it under the Data Protection Act 1998). You shall ensure that all personal data is held, disclosed, used or otherwise processed only under instructions from the Trust for lawful purposes and in accordance with the Data Protection Act 1998.

13.2 You consent to the Trust processing data relating to you for legal, personnel and administrative purposes and in particular to the processing of any sensitive personal data (as defined in the Data Protection Act 1998) relating to you including, as appropriate:

13.2.1 information about your physical or mental health or condition in order to monitor sick leave and take decisions as to your fitness to work;

13.2.2 your racial or ethnic origin or religious or similar information in order to monitor compliance with equal opportunities legislation;

13.2.3 in order to comply with legal requirements and obligations to third parties.
14. **USE OF IT EQUIPMENT**

14.1 The Trust may monitor the use of its IT equipment and systems, including internet usage and websites visited. The Trust reserves the right to monitor the content of emails to ensure compliance with its policies.

14.2 You shall comply with any acceptable use policy that the Trust may publish from time to time. You shall report any unacceptable use of the Trust’s IT systems to the Chief Executive immediately.

15. **GENERAL**

15.1 If any provision of this Agreement is prohibited by law or judged by a court to be unlawful, void or unenforceable, the provision shall, to the extent required, be severed from this Agreement and rendered ineffective as far as possible without modifying the remaining provisions of this Agreement, and shall not in any way affect any other circumstances of or the validity or enforcement of this Agreement.

15.2 The validity, construction and performance of this Agreement shall be governed by English law and shall be subject to the exclusive jurisdiction of the English courts to which the Parties submit.

15.3 For the purposes of the Contracts (Rights of Third Parties) Act 1999, this Agreement is not intended to, and does not, give any person who is not a party to it any right to enforce any of its provisions.

15.4 Provided you act honestly and in good faith, you will not have to meet out of your personal resources any personal civil liability which is incurred in the execution or purported execution of your functions, unless you have acted recklessly. Any costs arising in this way will be met by the Trust.

15.5 No liability can be accepted for the loss of or damage to personal belongings on the Trust’s premises. You are therefore advised to insure any belongings against all such risks.

15.6 In some circumstances, you may consider that you need independent professional advice in order to discharge your responsibilities as a Non-Executive Director and it may be appropriate for you to seek advice from independent advisers at the Trust’s expense. The Trust Secretary is responsible for arranging access for directors to independent advice.

15.7 By signing this contract, you irrevocably waive all moral rights in all works embodying Intellectual Property Rights made wholly or partially by you in the provision of your services to the Trust, to which you are now or may at any future time be entitled under the Copyright, Designs and Patents Act 1988 (and all similar rights in other jurisdictions), and all similar rights relating to any copyright which forms part of the Intellectual Property Rights and you agree not to support, maintain or permit any claim for infringement of moral rights such as copyright works.
This Agreement has been entered into on the date stated at the beginning of it.

_____________________________________
Leisha Fullick
Trust Chair

For and on behalf of the Trust

__________________________________
[NED Name]
Executive Summary

A summary of the appraisal undertaken with the Trust Chair is attached. The appraisal was done in keeping with the procedure advised to the Council’s Nomination and Remuneration Committee and at its last full Council meeting on 10 February 2015.

As the procedure makes clear, the appraisal reviewed the Chair’s progress against five objectives that had been previously set; it also assessed the Chair’s performance against eight attributes/behaviours. Ratings were obtained from Governors (via an online questionnaire that was processed for the Trust by the Electoral Reform Services Group) and both Executive and Non-Executive Directors as well as a self-assessment by the Chair. The appraisal was discussed with the Chair and her response is noted in the document.

Overall, the Chair obtained a rating of 3.5 (out of a possible rating of 4) which, although not a perfect score, represents an ‘outstanding performance, making a critically important contribution to the work of the Board’.

Recommendation to the Council

The Council of Governors is requested to:

- Ratify this appraisal.

Trust Strategic Priorities Supported by this Paper

The appraisal of the Chair has relevance to all the Trust’s strategic priorities of excellence, innovation and growth.
Risk Implications
There are no risks associated with this report.

Legal and Compliance Implications
This appraisal complies with the requirements of a Foundation Trust to appraise the Chair annually.

Finance Implications
None.

Single Equalities Impact Assessment
N/A

Requirement of External Assessor
This report has been produced in line with requirements of Monitor for an annual appraisal of the Chair.
Chair’s Appraisal Summary 2014/15

Name of appraisee: Leisha Fullick
- Date appointed: 1 September 2013
- Date/period of re-appointment: 3 year term
- Period of assessment: 1 April 2014 - 31 March 2015

Review Date: 28 April 2015

Process managed by: Senior Independent Director
Results analysed by: Electoral Reform Society; C&I Learning and Development

Participation in Appraisal

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Number of responses from Foundation Trust Governors</td>
<td>11/24 = 46%</td>
<td>15/25 = 60%</td>
</tr>
<tr>
<td>- Public</td>
<td>8/11 = 72%</td>
<td>10/11 = 91%</td>
</tr>
<tr>
<td>- Appointed</td>
<td>1/5 = 20%</td>
<td>2/5 = 40%</td>
</tr>
<tr>
<td>- Staff</td>
<td>1/4 = 25%</td>
<td>1/4 = 25%</td>
</tr>
<tr>
<td>- Service User</td>
<td>1/4 = 25%</td>
<td>2/5 = 40%</td>
</tr>
<tr>
<td>Number of responses from Board</td>
<td>10/10 = 100%</td>
<td>10/10 = 100%</td>
</tr>
<tr>
<td>Number of external stakeholders</td>
<td>N/A</td>
<td>5/5 = 100%</td>
</tr>
</tbody>
</table>

Results

<table>
<thead>
<tr>
<th>Section</th>
<th>2015 Performance: (average score) Leisha Fullick</th>
<th>Significant additional comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average overall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Performance against objectives</td>
<td>3.5 / 4 (88% achievement)</td>
<td></td>
</tr>
<tr>
<td>- Performance against attributes/behaviours</td>
<td>3.3 / 4 (83% achievement)</td>
<td>There is virtually unanimous agreement that Leisha is doing an excellent job as Chair of C&amp;I. Governors have praised her focus on transparency and improving engagement in meetings. Both Executives and NEDs rate her performance highly with areas of focus for next year primarily in moving the site development forward, continuing her efforts to simplify the Board agenda and papers and also to maintain quality in Trust services. External stakeholders were very complimentary with a few comments about increasing engagement and broadening her role in the next year. It is interesting to note that Leisha rated her own performance against her objectives lower than either the Board or Governors, clearly assessing herself against a very high standard. Although she should guard against complacency, Leisha should also recognise her extremely positive impact.</td>
</tr>
<tr>
<td></td>
<td>3.7 / 4 (93% achievement)</td>
<td></td>
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</tbody>
</table>
# Attendance Record

<table>
<thead>
<tr>
<th>Attendance Record</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Board meetings attendance</td>
<td>Attended 8 out of 8</td>
</tr>
<tr>
<td>Council of Governors attendance</td>
<td>Attended 4 out of 4</td>
</tr>
<tr>
<td>Joint Board / Council attendance</td>
<td>Attended 2 out of 2</td>
</tr>
<tr>
<td>Board of Directors Committee membership</td>
<td></td>
</tr>
<tr>
<td>Resources*; Strategic Development**; Nominations; Remuneration</td>
<td>Member; Member; Member; Member</td>
</tr>
<tr>
<td>Council of Governor Committee Membership</td>
<td></td>
</tr>
<tr>
<td>Steering Group Remuneration &amp; Nominations Committee***</td>
<td>Member</td>
</tr>
</tbody>
</table>

*Resources Committee was the Finance & Estates Committee until December 2014

**Strategic Development Committee established during 2014

***Separate Remuneration and Nominations Committees prior to January 2015

<table>
<thead>
<tr>
<th>Board Committee Attendance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources*</td>
<td>Attended 6 out of 6</td>
</tr>
<tr>
<td>Strategic Development**</td>
<td>Attended 2 out of 2</td>
</tr>
<tr>
<td>Remuneration</td>
<td>Attended 4 out of 4</td>
</tr>
<tr>
<td>Nominations</td>
<td>Attended 1 out of 1</td>
</tr>
<tr>
<td>Council Committee Attendance</td>
<td></td>
</tr>
<tr>
<td>Steering Committee</td>
<td>Attended 5 out of 5</td>
</tr>
<tr>
<td>Remuneration &amp; Nominations Committee***</td>
<td>Attended 6 out of 6</td>
</tr>
</tbody>
</table>

*Resources Committee was the Finance & Estates Committee until December 2014

**Strategic Development Committee established during 2014

***Separate Remuneration and Nominations Committees prior to January 2015
PROCESS
The Senior Independent Director will manage the process for the appraisal of the Chair, taking soundings from the Chief Executive, Executive Directors with voting rights, external stakeholders (every other year) and members of the Council of Governors through the Council of Governors (NARC).

The appraisal will consist of four essential elements:
1. A self-assessment form completed by the Chair
2. An assessment of the Chair’s achievement of his objectives as well as an assessment of his attributes and behaviours completed by the Governors; only Governors who have been in position for the full appraising year are eligible to participate.
3. The Chair and SID will discuss the performance and professional/personal development following which the appraisal proforma will be completed
4. Agreed objectives and personal development plan for the coming year

Appraisal Framework for the Chair

Objective Setting:
Objectives will be framed each year around the Foundation Trusts Annual Plan in line with the following framework:

- Strategic Vision and Development.
- Performance Delivery.
- Quality and Risk Management.
- Impact as a Foundation Trust.
- Other Contributions.

The Senior Independent Director will set the Chair’s objectives annually. The objectives will be set based on feedback received from the Council of Governors, Board members and key stakeholders (every other year) and will be in line with the key objectives for the Trust going forward.

Self-Assessment
The Chair will undertake a written self-assessment of his/her performance based against his/her annual objectives.

Governors Assessment
The Chair will be appraised against the following standards of attitude/behaviour:

1. Corporate understanding and strategic awareness;
2. Commitment;
3. Holding to account;
4. Independence and objectivity;
5. Self-development;
6. Impact;
7. Chairing meetings of the Board of Directors and the Council of Governors; and
8. Leadership style.

Additionally, the Chair is appraised against:

9. Objectives of the year just completed.
**Validation**

The designated Senior Independent Director will validate the Chair’s self-assessment taking soundings as appropriate from other Board Directors, the Council of Governors and external stakeholders (every other year) and taking into consideration the results of the Governors’ assessment of the Chair’s achievement of his objectives as well as their assessment of his attributes and behaviours.

**Overall Assessment Rating**

A rating will be agreed between the Chair and the Senior Independent Director to describe the overall contribution of the individual as set out below:

4. Outstanding performance; making a critically important contribution to the work of the Board.

3. A fully satisfactory performance; demonstrating the range of skills and qualities required.

2. A generally satisfactory performance but with some room for Improvement.

1. A performance giving cause for concern across a significant number of areas requiring prompt improvement.

Should any disagreement arise between the Chair and the Senior Independent Director on the rating, the Chair and the Senior Independent Director will provide a written summary of the difference which will be presented to the Nomination and Remuneration Committee and reported to the Council of Governors for noting.

**Approval**

The Nominations Committee will validate that the process has taken place and a report will be presented to the Council of Governors for ratification.
EXTERNAL STAKEHOLDER FEEDBACK

Feedback on the Chair’s overall performance was sought this year from the following four external stakeholders:

- Cllr Patricia Callaghan, London Borough of Camden;
- Dr Caz Sayer, Chair, Camden Clinical Commissioning Group;
- Sean McLaughlin, Corporate Director - Housing and Adult Social Services, London Borough of Islington;
- George Howard, Associate Director Joint Commissioning, Islington Clinical Commissioning Group and Council; and
- Dr Gillian Greenhough, Chair, Islington Clinical Commissioning Group.

There comments were sought in respect to three questions. Responses are broadly summarised below.

1. What is your relationship with the Chair?

- While Leisha is known to the Trust’s stakeholders – particularly in light of her connection to London Borough of Islington – feedback suggests that the relationship between the Chair and some key players could usefully be developed over the coming 12 months, particularly in light of the challenges faced by both health and social care.
- It is noted that Leisha is “getting herself seen” externally, but the request would appear to be for the Chair to strengthen her connections in the area as well as improving visibility.

2. What do you see as the Chair’s strengths?

- Leisha’s track record at senior levels across the patch is seen to have stood her in exceptionally good stead – and this experience is obvious in her understanding of the locality and her approach to partnership working.
- A significant quality of the Chair is an ability to be passionately engaged while maintaining analytical objectivity. This is usefully coupled with a mastery of her brief and a developed understanding of her subject.
- Leisha is also seen to be living her values, evidenced by her advocacy of the service user voice. Her connections with this constituency are seen to equip her to be an exceptionally strong scrutineer of the work of the Trust.
- Leisha is seen as being ambitious for the Trust as seen in plans for St Pancras.
- It is noted that she is a ‘straight talker’, articulate and forward thinking.

3. What would you like to see the Chair do better/differently in the coming year?

- Leisha is seen to well-placed to help address the imperative around integration of health and social care in the locality by assuming a greater systems leadership role.
- The Chair is seen to be pivotal in building strong and more collaborative partnership working.
- Leisha is seen to be working hard to develop the Trust’s connections across Camden and this effort needs to be focused upon and followed through – but she is urged to not lose sight of the need to invest time and effort in the relationships with the boroughs, both of which feel slightly disadvantaged relative to the other.
ACHIEVEMENT AGAINST OBJECTIVES:
(1=performance giving cause for concern; 2 generally satisfactory; 3=fully satisfactory; 4=outstanding performance; 5 cannot say – responses of 5 not included in averages)

<table>
<thead>
<tr>
<th>Governors’ Assessment</th>
<th>Board Assessment</th>
<th>Average Assessment</th>
<th>Chair Self-assessment</th>
<th>Chair’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>3.6</td>
<td>3.4</td>
<td>2</td>
<td>It is gratifying to see such generous assessments from Board and governors but as chair I am very aware of how much there is still to do which is reflected in the ratings I have given myself.</td>
</tr>
<tr>
<td>3.0</td>
<td>2.7</td>
<td>2.9</td>
<td>2.5</td>
<td>This is the area where there ratings across all three are more in line – which is worth some reflection</td>
</tr>
<tr>
<td>3.1</td>
<td>3.9</td>
<td>3.5</td>
<td>2.5</td>
<td>My comments are the same as for objective 1</td>
</tr>
<tr>
<td>2.9</td>
<td>3.8</td>
<td>3.4</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
### PERFORMANCE AGAINST ATTRIBUTES/BEHAVIOURS:
(1= strongly disagree; 2=disagree; 3=agree; 4=strongly agree; 5=cannot say – responses of 5 not included in averages)

<table>
<thead>
<tr>
<th></th>
<th>Governors’ Assessment:</th>
<th>Board Assessment:</th>
<th>Average Assessment:</th>
<th>Chair’s Self-Assessment:</th>
<th>Chair’s Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Corporate Understanding &amp; Strategic Awareness</strong></td>
<td>3.5</td>
<td>3.9</td>
<td>3.7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>2. Commitment</strong></td>
<td>3.5</td>
<td>4</td>
<td>3.8</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>3. Holding to Account</strong></td>
<td>3.1</td>
<td>3.8</td>
<td>3.5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>4. Independence &amp; Objectivity</strong></td>
<td>3.4</td>
<td>3.8</td>
<td>3.6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>5. Self-Development</strong></td>
<td>3.0</td>
<td>3.8</td>
<td>3.4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>6. Impact</strong></td>
<td>3.4</td>
<td>3.9</td>
<td>3.7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>7. Chairing Meetings of Council of Governors</strong></td>
<td>3.6</td>
<td>4</td>
<td>3.8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>8. Leadership Style</strong></td>
<td>3.5</td>
<td>4</td>
<td>3.8</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

The average score and my score are more or less in line. I think I’ve improved my skills over a very long time.
THEMES FROM THE FEEDBACK

1. ACHIEVEMENT AGAINST OBJECTIVES

To establish and lead an appropriate governance structure for the St Pancras development which will define and deliver strategic outcomes for the development of the site in 2014/15 in line with the Trust’s values and strategic direction.

(Rating = 3.4)

- Leisha is seen as the key catalyst in respect to this large and complex development and is broadly acknowledged to be doing a good job in terms of ensuring involvement of all, including our external stakeholders.
- There is a recognition that a good start has been made in this regard – a sound provisional governance structure is seen as an achievement in this area – but that much remains to be done, including making sure that the governance is robust enough to sustain this work.
- Overall, work in this area will require a high level of political adeptness on the part of the chair. Leisha notes that she is establishing an external stakeholders group for the development, which will be a crucial testing ground for these aptitudes.

To ensure the Trust Board learns from the CQC full inspection and its findings and that the Board leads a response to the inspection based on that learning.

(Rating = 2.9)

- There is an acknowledgement that Leisha has worked hard to ensure that the Board took a lead in terms of the Trust’s CQC inspection, although feedback from the Board overall suggests that full engagement has dipped
- This is the lowest rated of the objectives by the Board and Governors and reflects the difficulty in maintaining the level of openness and transparency gained during the preparation for the inspection.

To develop the Board’s ability to plan and act in a more strategic manner so that it has a clear sense of the future direction of the Trust by summer 2015.

(Rating = 3.5)

- Leisha’s performance against this objective is seen to be highly effective by all constituencies. The Board is felt to be better focused in this area – and her leadership in respect to supporting the Board’s development in this area is acknowledged.

To develop and improve engagement with Governors, service users and the wider stakeholder community.

(Rating = 3.4)

- Leisha is seen to have been very active in respect to this area of work. While it is recognised as a work in progress, the progress is seen to be encouraging. Her relationship with Governors is seen to be especially strong.
- She is recognised for the effort she has made to reach out to service users and to local authorities, although it is suggested that she might usefully concentrate now on fostering her connections with our CCGs and local MPs – and, by her own admission, some of our NHS interlocutors.
- External stakeholders are overwhelmingly positive about Leisha and her ability to draw on her broadly based experience as well as demonstrating an ability to be both passionately involved and analytically attuned.
To champion equalities and service user voice across the Trust.
(Rating = 3.3)
- Leisha’s pivotal role in kick-starting Trust-wide work on equalities is recognised and the progress there is noted, although it is also the case that there remains some distance to travel for the organisation. Governors are both positive about her commitment to equalities whilst some are also dissatisfied with the progress made to-date. She is referred to as a champion of equalities and of the service user voice and has worked hard to ensure that there is a consistent service user focussed presentation at each Board.

2. PERFORMANCE AGAINST ATTRIBUTES/BEHAVIOURS:

Corporate understanding & strategic awareness
(Rating = 3.7)
- Leisha has developed her understanding of the NHS and this enhanced knowledge has been apparent in a number of settings, such as the way in which she has picked up the Five Year Forward View agenda.

Commitment
(Rating = 3.8)
- Leisha is seen to be diligent in her approach, working hard to ensure that meetings run smoothly and effectively by ensuring that she is fully and properly prepared in advance.

Holding to Account
(Rating = 3.5)
- Linked to the observations above about Leisha’s preparedness, she is also seen to do two crucial things in terms of accountability: first, she manages NEDs effectively to ensure that their scrutiny is properly focused; and, second, she is seen to be visibly holding Executive Director’s to account through her actions as an extremely strong chair of meetings.

Independence and objectivity
(Rating = 3.6)
- Leisha is seen to be objective and impartial. It is noted that she persists when she identifies the need to offer robust challenge and thereby ensures that her questions or concerns are properly addressed.

Self-development
(Rating = 3.4)
- The Chair is recognised as being impressively self-aware – and as someone who actively seeks feedback on her performance. The work she has done to improve her knowledge of the NHS context is clear evidence of her commitment in this area.

Impact
(Rating = 3.7)
- Leisha is seen as a force for change and improvement who has made significant progress over the past 12 months. She is seen to add value through her work as chair.
Chairing Meetings of Council of Governors  
(Rating = 3.8)

- Leisha received very positive responses from governors in regard to this, which is testimony to her abilities in this area and the progress she has made to enhance the way in which Governors work – and their relationships across the Trust.
- There is a perception that there has been a step change in the relationship with Governors under Leisha’s stewardship – and that governors are better engaged than ever.

Leadership Style  
(Rating = 3.8)

- The chair’s leadership style is seen to be suitability adaptive and situational, responding to the needs of the circumstances in which she finds herself. She has a vision of how the Trust should work in terms of its governance and has introduced practical things – such as the open space in the Private Board as well as the standing item to identify key points to communicate to the organisation – to realise that vision.
- The setting of the agenda is seen to be rather opaque and timing/number of items is still perceived to be unsatisfactory and Leisha could usefully continue her efforts to make meetings more focused and manageable.
- Externally, the potential for Leisha to emerge as a “systems leader” across health and social care in our two boroughs is highlighted – and the goodwill she has garnered among external stakeholders suggest that she would be well placed to assume that role.

CHAIR’S RESPONSE TO REPORT:
I am really appreciative of the fact that the Board and Governors do recognise my commitment to the Trust and what I am trying to do. The feedback commentary from stakeholders and Board has been really helpful in getting me to think through where I could change or improve what I am doing in the coming year. I now feel really settled into the job and my understanding of mental health is growing all the time. I feel it is a great privilege to be working in the mental health sector and to be working with the community, Governors and staff.

Mark Cole  
Head of Learning & Development  
22 April 2015
Executive Summary
This Lead Governor’s report has been produced to update the Council on the relevant activities of the Lead Governor and on other issues that are of interest to Governors of the Trust.

Recommendations to the Council
The Council of Governors is requested to:

- receive and accept the contents of this report.

Trust Strategic Priorities Supported by this Paper
Innovation

- Rapidly adopt best practice and maintain a culture of innovation in service development.
Risk Implications
None.

Legal and Compliance Implications
None.

Finance Implications
None.

Single Equalities Impact Assessment
N/A

Requirement of External Assessor/Regulator
None.
Lead Governor’s Report to the Council of Governors – 12 May 2015

1. Introduction

There are several important points that I wish to draw to the attention of Governors so I have decided to submit a written report on this occasion rather than reporting verbally, as usual.

2. Appearance Before Islington Health Scrutiny Committee

Camden and Islington NHS Trust were on the Agenda for the 17 March 2015 meeting of the Islington Borough Council Health and Care Scrutiny Committee. The Committee wished to hear about progress relating to the Trust’s response to the CQC meeting. The team for the Trust were Colin Plant, Claire Johnston and Aco sia Nyanin. So far, nothing unusual about this. However, in what counts as an innovation, the Chair of the Committee, Councillor Martin Klute, requested that the Lead Governor of the Trust also attend. I very much welcome this initiative as I think it reflects a growing understanding of the role and importance of Governors. It gave me an opportunity to explain a bit more about what Governors do in general and, in particular, explain what our relationship to the CQC inspection and follow-up actions was.

The papers relating to this meeting, and a set of draft minutes for it can be found on this link:

http://democracy.islington.gov.uk/ieListDocuments.aspx?CId=263&MId=2457&Ver=4

3. Governors’ Improvement Fund

Governors should recall that we have a fund of £20,000 to be used for improvements by way of projects proposed, and bid for, by Governors. So far no bids have been received. I would strongly recommend that all Governor working groups put bids for this fund as an item on the agenda for their next meeting. It would obviously be very disappointing if this initiative were allowed to lapse due to inactivity. I do understand the temptation to hang back and wait for someone else to put forward an idea, which may be related to a lack of confidence on the part of some of us, as to how good our ideas actually are. So, courage! I look forward to each working group coming up with spending proposals for submission to the Steering Committee for consideration.
4. **Lead Governors’ Seminar at Deloitte, 9 April 2015**

Deloitte, you will recall are the Trust’s auditors. This seminar was held at their offices in Holborn and was attended by a number of lead Governors, all the others being from Acute Trusts, and focused on the developing area of Tele-medicine.

There is great interest in being able to remotely monitor people’s state of health. So for example, someone with a known heart condition might carry a monitor which would automatically call medical assistance in the event of a problem requiring it.

For Mental Health Trusts the interest lies in the use of internet based discussion systems such as:


*This really does feel like an area we need to keep an eye on.*

5. **Governors’ E-mail System**

This continues to take vastly longer to arrive than any of us could have expected, for reasons I do not fully understand. I am assured that new Trust based e-mail addresses will soon be available to be rolled out for trial, initially by members of the Steering Committee. The indefatigable Martin Zielinski is looking into this for me, as I write, and if there is more news by the meeting we shall let you know.

David Barry

Lead Governor

29 April 2015
Executive Summary
The Chief Executive has a duty to keep the Council of Governors informed on all matters relating to the health of the organisation, key strategic developments and significant events since the last meeting of the Council of Governors. This report includes updates supplied by members of the Foundation Trust Executive and the Trust Secretary.

Recommendations to the Council
The Council of Governors is requested to:

- receive and accept the contents of this report.

Trust Strategic Priorities Supported by this Paper

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

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

**Growth**
- Pursue organic and inorganic growth opportunities through strategic partnerships and research and development.
Risk Implications
The paper covers developments in areas already identified within the risk register.

Legal and Compliance Implications
None.

Finance Implications
None

Single Equalities Impact Assessment
As this report summarised the external environment and internal issues it does not of itself require a SEIA, although elements within the report may and would be conducted as part of their separate governance processes.

Requirement of External Assessor/Regulator
Monitor is responsible for ensuring that foundation trusts are well governed. Best practice guidance concerning board governance includes an expectation that the board is kept fully appraised about the external environment, the strategic implications for the trust and internal matters. This report contributes to this requirement.
CHIEF EXECUTIVE’S REPORT

1. NATIONAL AND LOCAL STRATEGIC ENVIRONMENT

   1.1 Development of new Mental Health Strategy for England

   The Five Year Forward View published in October 2014 proposed that NHS England would develop a 5 year mental health strategy. In late March 2015 it was announced that a Mental Health Taskforce had been formed. Its principle task is to develop a new five year national strategy for England, covering all ages spanning the health and care system, for publication in autumn 2015.

   The taskforce will explore variation in access to and quality of mental health services across England; look at outcomes for people who are and aren’t able to access services and also consider ways to tackle the prevention of mental health problems. The taskforce will ensure that people with personal experience of mental ill health are engaged consistently in the delivery, monitoring and governance of the plan alongside other stakeholders.

   The taskforce is chaired by Paul Farmer, Chief Executive of Mind. It includes members from arm’s length bodies who are responsible for delivery and planning of care. It also includes representatives from the third sector, think tanks and professional bodies.

   1.2 Five Year Forward View – Vanguards and Manchester

   The Five Year Forward View proposed a number of alternative models of care. NHS England called for proposals to come forward from Trusts and local communities to be Vanguards to pilot the implementation of these new care models. There were approximately 200 applications and 60 went forward to the final process. 29 applications were successful, only two of these were in London. These were a multi-speciality community provider model in Tower Hamlets, led by Dr Sam Etherington and a Care Home model in Sutton. C&I were part of two applications, an application for a PACs model in Islington and Haringey and a revised model for CAMHs services led by the Tavistock & Portman. The Islington Vanguard application was shortlisted, it has however led to significant work within the borough which will be built upon over the forthcoming months. Monitor are considering new payment mechanisms for Vanguard or similar arrangements.

   As Board members will be aware a collaboration between the Greater Manchester CCGs and nine local authorities has been approved. This involves the devolution of £2bn of NHS money to the collaborative. ‘Devo Manc’, as it has been called, potentially has profound implications for the future of the NHS. It is highly likely that such regional arrangements will develop further after the general election. The Mayor for London already has responsibility for some aspects of Health and there is already a strategy through the London Health Commission report.
LONDON / LOCAL DEVELOPMENTS

1.3 Healthy Minds, Healthy Lives – Widening the focus on mental health

Camden and Islington Annual Public Health Report for 2015 has recently been published. This report focuses on improving the psychological health and wellbeing of the population and helping to prevent mental ill health. The report acknowledges that mental ill health has broad determinants and consequences. The determinants at a population level are largely social and economic, and align closely with the strategic plans of both councils. The report acknowledges that the prevalence of mental ill health is high in Camden and Islington boroughs.

The report takes a life course approach focusing on resilience, protective and preventative factors. It considers the interlinked nature of physical and mental health. There are also chapters on the physical environment and wellbeing, timely access and suicide. It sets out four areas for further action; these are:

- giving every child the best start in life;
- addressing economic conditions;
- improving mental health in the community; and
- addressing physical health conditions more holistically to improve life expectancy and quality of life.

It is very pleasing to see considered as an issue across the community and something which is a key element in local authority strategies.

1.4 Carnell/Farrar NCL Review

The 5 CCGs in north central London have commissioned Carnell/Farrar to undertake a review to provide a detailed financial baseline which sets out the scale and nature of the financial challenges from a commissioner and provider perspective. They will also work with the CCGs to create a ‘plan for a plan’ to achieve clinical and financially sustainable services across the strategic planning unit (NCL), this includes the creation of governance arrangements to oversee transformation. They have also been commissioned to undertake a finance, data and transformation readiness assessment of BEH MHT, considering how to create a viable future for mental health services in NCL. This work is due to be completed by mid-July 2015.

1.5 London-wide leadership

Since the Lansley changes came into being in 2012 and the London SHA disappeared a number of London-wide fora have been created in Mental Health (MH), but also in other areas of healthcare. There are now a significant number London wide groups focusing on different areas. The London Health Commission reported in autumn of 2014 and a number of workstreams and groups have been set up to follow through on the agreed 10 aims and the recommendations. NHS England and the Office of CCGs are working with the Mayor’s office to rationalise these. A new London Transformation Board is being formed co-led by NHS England (London) and the London CCGs. Reporting to this will be a series of Transformation Boards including a MH Transformation Board.

At a meeting of senior leaders in mental health, from CCGs, local authorities, NHSE and MH providers on 13 March it was agreed that we would join the MH Board which oversees the London three projects from the Mayor’s office with the work of the MH Joint leadership group, which I co–chair and this would then become the new MH Transformation Board. The projects which it would oversee are:
• Stolen Years (Reducing mortality by 10% in 10 years for people with a serious and enduring mental illness) – London Health Commission aim;
• Crisis Care – crisis concordat (national) and acute demand project (from CEOs);
• Access targets – EIS, perinatal MH (national);
• Primary Care mental health provision;
• MH Tariff (national);
• Care Act implementation and readiness self-assessment (from LAs);
• Improving S75 arrangements and relationships (from MH CEOs and LAs);
• Digital MH for London (Mayor’s report);
• Increasing resilience in children and young people (Mayor’s report); and
• Employment (Mayor’s Report).

The London Mental Health clinical network will continue and advise on aspects of this work and will lead on some projects. The MH Partnership Board with the Police will continue and retain its tight focus on S136, AWO’s, etc.

1.6 Launch of the Cavendish Square Group

I joined the Cavendish Square Group, a new collaboration between London’s ten NHS mental health Trusts, which outlined its aspirations for the mental health of citizens living and working in the capital at its official launch on 25 February.

The Cavendish Square Group has been established to offer a collective voice to the ten London NHS mental health Trusts and the broader mental health community in the capital including service users and clinicians.

The Chief Executives of the ten Trusts have been meeting at 20 Cavendish Square for over a decade to discuss issues of common interest. More recently, this pan-London collaboration has been extended to include regular meetings between the ten Trust Medical Directors, and the Heads of Communications.

The discussion forums proved to be a valuable space in which to consider the complex challenges facing the mental health community in London, and we decided to formalise our commitment to tackling those challenges together as the Cavendish Square Group. The Group will also provide a united voice for mental health issues across the capital to Government, other important organisations, and to the press.

2. SERVICE DEVELOPMENTS & OPERATIONS

2.1 New Website launched on 7 April
C&I has now launched its new website. Our old website was not fit for purpose and after consultation with staff, service users and our stakeholders we have now developed a site rich with content and new functionality.

Our new website will ensure that the people who use our services and the local community are able to find out more about C&I and the services we provide. With more than 70 services based across 40 locations, our website hosts a new directory providing up to date information about our services, with an easy to use search engine. There is also dedicated areas for service users, carers and members, as well as plenty of information for other health professionals including GPs.

2.2 C&I went smoke free on 11 March

After many months of preparation, all C&I sites went fully smoke free on 11 March 2015, to coincide with national no smoking day. In accordance with the nicotine management policy, all gardens across the sites will become no-smoking areas, all inpatients will be offered nicotine replacement therapies to support their nicotine dependence, and all services will ensure they have staff trained to support service users to quit.

This is the beginning of a process that evidence suggests will start to reduce the terrible burden of disease that smoking causes in our service users. I would like to say a huge thank you to everyone for their hard work and dedication in getting us this far.

Staff and service users at Highgate Mental Health Centre celebrated the launch of the nicotine management policy, with karaoke, health food and drink, and dancing in what used to be the ‘smoking garden’. Partners at Key Changes will be supporting C&I during the changes by providing activities in the garden on select days over the next few months, and staff and patients across the HMHC are invited to get involved.

The smoke free policy has also been the subject of debate at the Camden Mental Health Forum in March and April. There remain a number of service users and carers who do not agree with the policy and have asked us to reverse the decision, which we have agreed to. The implementation of this policy is being closely monitored.

2.3 Enhanced Code of Conduct for Nurses

The NMC’s updated Code of Conduct has fundamental changes with the expectation that all nurses take seriously their professional duty of candour to raise concerns and speak out about any concerns they are aware of which might cause patient or staff harm.

The changes it introduces reflect the changed expectations of nurses by the public for clearer standards of conduct and accountability. There are also revised sections on Social Media and Fundamentals of care, including nutrition and hydration. New requirements in the code on medicines management and end-of-life care have also been included.

It is the duty of every nurse across the trust to familiarise themselves with the Code so that they can be confident at all times that their current practice meets its expectations. The code is the first step in another wider change in professional nursing practice revalidation. While the first nurses to undergo the process of revalidation will not do so until April 2016, the Nursing Directorate is already working closely with service managers and HR to prepare for this.
2.4 Tredgold Ward, Huntley Centre

Tredgold Ward closed on 10 April 2015, this ward was a very long stay rehabilitation ward, many of the people who used this and similar services were first admitted to Friern Hospital, which closed in the 1990s. The numbers of people in this group have been reducing year on year for the past 20 years. Some have moved into older people’s accommodation and others have benefited from more active rehabilitation and moved to more independent settings.

Tredgold Ward will re-open again in May 2015 as an acute admission ward. This will support the plan to reduce acute placements in the private sector. The ward will be opening two months ahead of plan.

2.5 Acute ward refurbishment and Pressure on acute beds

Towards the end of February Coral ward was closed for the planned refurbishment, this means that all our PICU beds are being purchased externally for this period.

Unfortunately, during the week beginning 2 March there were no female PICU beds in London and we were forced to send a patient to Yorkshire as it was the nearest available bed.

The pressure on acute beds has continued throughout February and March. The older peoples’ home treatment team began at the end of January, this development is part of our plan to manage this situation, as is the conversion of Tredgold into an acute treatment ward.

2.6 Nurse Technology Fund

The Department of Health have developed a nursing technology fund. The Trust has successfully bid for resources from the fund. To date the Trust has received £192k. This will be used for mobile technology for community members of staff.

3. Regulation & Legislation

3.1 Care Act came into force on 1 April

The Care Act replaces 60 years of other now very out of date legislation, the Chronically Sick and Disabled Persons Act, The National Assistance Act and The Community Care Act. The whole approach to Health and Social Care is based on looking at the person’s wellbeing and working with service-users about what they can do themselves, taking an ‘assets based approach’, rather than looking at all the things they can’t do, a ‘deficit model’.

The Care Act focuses on:

- what we can offer to prevent a person’s needs from escalating, information and advice to be offered to all service-users and carers;
- offering advocacy to all service-users and carers;
- Safeguarding Boards are a statutory requirement for all local authorities;
- three new categories for Safeguarding: Self Neglect, Modern Slavery and Domestic Violence;
- all health and social care practitioners have duty to assess Carers’ needs, including Young Carers;
- eligibility criteria are the same in all Local Authorities, and those not eligible need this to be recorded, informed in writing and signposted to other services;
- self- funders need to be given information, advice; and
• from 2016 there will be a cap on care costs and all service-users and carers eligible for services will have a care account.

3.2 Care Quality Commission: Displaying CQC ratings

The Government has introduced a requirement for providers to display CQC ratings which are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings will tell the public whether a service is outstanding, good, requires improvement or inadequate. These ratings must also be published on the Trust website as well as at individual Trust premises and services that have been rated by the CQC.

4. EXTERNAL PROFILE

4.1 HSJ coverage for mental health trust staff pilot assessments at GP Practices

An article has been published in the Health Service Journal about C&I’s GP pilot project covering Islington, Camden and South Barnet. The article details how patients visiting GP practices can access C&I doctors, nurses and psychologists for mental health assessments and advice, which is providing them with services much closer to home.

Trust staff are also giving advice and training to GP practice staff on helping patients with mental health problems.

4.2 St Pancras Art Gallery on French TV

Karl Heidel, our Head of Communications and Engagement, has been speaking to French national TV about the benefits of art and C&I’s art gallery to patients as well as the community.

Karl, along with a French artist who is taking part in the latest ‘Loudest Whispers’ event at the St Pancras site, discussed why C&I is committed to the arts and the value this brings to patients, colleagues and artists in our local community and across London.

The show is due for transmission during May or June 2015.

4.3 C&I Nurse in Health Education England Film

C&I Clinical Nurse Specialist Taryn Paten (Peckwater Centre) has taken part in a Health Education England Come Back To Nursing campaign.

The ‘Come Back’ campaign is part of the Growing Nursing Numbers work, with the activity encouraging ex-nurses to return to practice across the country. Phase 1 saw over 1,000 people apply for placements to complete the RTP course.

Taryn took part in a promotional film with other nurses with Taryn demonstrating some of the work which she does in the community.

Here you can view the HEE film.
4.4 Time to Talk Day
The South Islington iCope team encouraging people to talk about mental health issues.
A letter from C&I Chair Leisha Fullick and Cllr Janet Burgess, which encouraged Islington residents to talk about mental health, was printed in the Islington Gazette to coincide with Time to Talk Day, the national mental health awareness campaign run by Time To Change.
The Trust also ran a campaign via our website, intranet, bulletin and social media channels.

4.5 C&I Academics receive wide coverage for their dementia study
Gill Livingston, Claudia Cooper and Andrew Sommerlad from C&I received a high profile from their study on the link between depression, diabetes and an increased risk of dementia.
There was an article in The Times [here](#).

4.6 Tile House, run by C&I and One Housing, has helped save the NHS nearly £900,000
There was wide coverage of this story following the publication of a report, “Integration That Works”, by C&I and One Housing Group.
Mental Health Today published an article on their website [here](#) and tweeted it to their 30k followers and a number of blogs also picked it up.

4.7 C&I joins MPs and Simon Stevens at the launch of the NHS statement on tobacco control
C&I joins MPs and Simon Stevens at the launch of the NHS statement on tobacco control

C&I’s Matron for Smoking Cessation, Simon Bristow, and Sandra Chakara, ASCOT team manager, joined around 100 nurses, doctors and members of parliament from around the country at an event in February held in the House of Commons, chaired by Paul Burstow, MP, and Simon Stevens, Chief Executive of NHS England, to take a stand against the harm caused by tobacco at the launch of the NHS Statement of Support for Tobacco Control. The NHS Statement, which is
endorsed by NHS England, the Public Health Minister, Public Health England and the BMA amongst other leading health organisations, is a set of commitments made by local NHS organisations to tackle the harm caused by smoking. Tobacco remains an enduring public health challenge and the leading cause of premature death and health inequalities in England. People with mental health problems are two to four times more likely to smoke than the general population, which is the primary reason our service users die up to 25 years younger than the general population. The average smoking prevalence across the UK is down to 18.5%, but in Camden and Islington rates are higher, at around 20%. This costs our local NHS services approximately £13 million per year to treat the diseases caused by smoking, and causes a death rate of around 320 deaths per 100,000 people.

5. **INTERNAL EVENTS**

5.1 **C&I’s Medicine for Members’ expert talk on Carers**

The Trust had an excellent turn out and has received some very positive feedback from our Medicine for Members expert talk event in February, entitled “Caring for Carers”.

The talk featured presentations from Chloe Wright, Carers UK and Dr Juanita Hoe, Division of Psychiatry at UCL, with an introduction from C&I’s Associate Director of Services for Ageing and Mental Health about the issues facing carers.

A more recent expert talk on “Getting a Good Night’s Sleep” took place on 27 April.

5.2 **Celebrating Recovery in Camden**

This year's Discover Recovery, an event that celebrates the many routes to recovery from drugs and alcohol in Camden, was held on Wednesday 25 March 2015. The event was opened by Mitch Winehouse, Amy Winehouse’s father, who gave a speech at the Arlington Conference Centre. C&I staff from iCope, substance misuse services and the recovery college had stalls at the event and were on hand to provide information and advice.

Service users, commissioners, as well as recovered drug and alcohol users all attended the event which was an opportunity for recovery peers, volunteers and staff to tell people about the range of support available.
5.3 Harmful practices event

Around 30 staff attended the seminar held at Drayton Park Women's Crisis House and heard about the AR-DSA Programme from Jennifer Holly from AVA and Shirley McNicholas, Trust women's lead and team manager at Drayton Park. Staff represented teams across the Trust such as crisis teams, perinatal services, EIS, assessment and advice team.

This was followed by presentations from Afruca (Africans united against child abuse) Hopscotch (south Asian women's service based in Camden) and IKWRO (Iranian and Kurdish women's rights organisations).

All three services talked about their work on issues such as FGM, forced marriage and honour based violence. All these services have a base locally and details of their organisations can be found on line.

5.4 Malachite Ward has been awarded an AIMS Reaccreditation for excellent organisation and patient care

Malachite Ward has been awarded an AIMS (Accreditation for Inpatient Mental Health Services) re-accreditation following a successful peer review visit last year. AIMS is a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards. Through a comprehensive process of review, high standards of organisation and patient care are identified.

Accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided.

AIMS accredits acute and assessment/triage wards for working-age adults, wards for older people, psychiatric intensive care units, inpatient learning disability services, inpatient rehabilitation units, adult inpatient eating disorder units and care for young people on adult wards. AIMS is an initiative of the Royal Colleges Centre for Quality Improvement.

This is a re-accreditation which means that the standards achieved through the last rigorous process that took place over 3 years ago on Malachite have been maintained.

5.5 Launch of the Occupational Therapy Strategy

I had the pleasure of supporting the event to launch the Occupational Therapy strategy on the 8 April 2015, which the Board will recall receiving at a meeting in late 2014.

The strategy is aligned to the recovery care model and informed by a ten year guiding strategy developed by the College of Occupational Therapists.

The overall objective is to ensure service users are able to remain well, and self-sufficient, enough to remain within the community.

5.6 C&I has been successful in two education bids

C&I, led by Ruth Allen (Director of Medical Education) and Dr Sathanandan, has been successful in two education bids. We will be awarded funds for a Simulation Fellow and to build a Simulation Suite. This generous investment from UCL Partners is worth around £130k and is aimed at building our capacity to use simulation in our education and learning.

The Simulation Suite is expected to be a room that be used to simulate a clinical bedroom, treatment room or home living room. It will be equipped with a viewing window and interactive CCTV and clinical mannequin. It will allow the Trust to develop its observed and simulated learning.
6. BOARD OF DIRECTORS

6.1 January and March Board Meetings

The Board of Directors has met twice times since the Governor meeting on 10 February 2015. In January we received an interesting service user presentation on ‘Interventions With Carers of People with Dementia’ provided by Services for Ageing and Mental Health; and in March a service user presentation on the use of service user designed audit surveys within the Acute Care Division. Both were excellent presentations that were well received and fully appreciated by the Board.

In addition to the receipt of regular papers and required statutory reports and declaration, in January the Board received a paper on Improving Equalities Outcomes and an updated Board Sub-committee Handbook 2015. Additional items received in March were the Board Assurance Framework (BAF) 2015/16, the ‘Directors’ Responsibilities and Code of Conduct’, a paper on the corporate governance framework, CQC guidance: A Summary of the Amendments to Regulations, and a review of the Voluntary Services Department after its first year of operation.

There has also been a joint meeting of the Board with the Council of Governors on 26 March 2016 where we considered the Trust’s one year annual plan 2015/16 and the introduction of the Trust becoming smoke free, with Mr Simon Bristow, Matron for Smoking Cessation providing an informative and well received presentation on the latter.

7. STAFF APPOINTMENTS AND CHANGES

7.1 Vincent Kirchner appointed new Medical Director

As the Board is aware, I am delighted to announce that Dr Vincent Kirchner has been appointed as our new Medical Director. He has been acting as the interim Medical Director since Dr Sylvia Tang left the Trust at the end of September 2014 and has formally taken up the role from 1 April 2015.

Dr Kirchner started with C&I in 2000 as a Consultant Psychiatrist and since then has worked in various roles including Lead Consultant for Mental Health Care of Older People, and as C&I’s Deputy Medical Director. Dr Kirchner was appointed after a tough external appointment process involving many key stakeholders including service users.

7.2 Colin Plant announces retirement

Colin Plant, Director of Integrated Care will be retiring and leaving the Trust in early July, after 13 years of dedicated service to the Trust.

Before joining C&I he was a locality manager in Camden Social Services, he became Director of Camden services in 2002, when the Trust became a Care Trust and has been a member of the Executive since that time.

I have worked with Colin for over a decade as a colleague and line manager, he is always positive and has a good thing to say about everybody. He is passionate about good mental health services and has strongly advocated equalities. We will miss him and wish him well in his future endeavours.
8. SERVICE VISITS

8.1 Since my last report at in February 2015, I have visited the following services:

- Westminster Drug Service;
- Westminster Drug Service – Structure and Intervention Centre;
- Netherwood Day Centre; and
- Grip Clinic, Margarete Centre.
- Rosewood Ward;
- Laffan Ward;
- Caledonian Road;
- As part of the Patient council’s visits Montague Ward and Sutherland Ward;
- Camden Intensive support Team;
- Camden Reablement Team; and
- North Camden R&R Team.
Executive Summary
The Chair of each working group has prepared a report to update the full Council on the activities of each of its working groups since they were established in March 2014. Each Chair will present their report at the meeting.

Recommendations to the Council
The Council of Governors is requested to:

- receive and accept the contents of these reports.

Trust Strategic Priorities Supported by this Paper

Innovation

- Rapidly adopt best practice and maintain a culture of innovation in service development.
Risk Implications
None.

Legal and Compliance Implications
None.

Finance Implications
None.

Single Equalities Impact Assessment
N/A

Requirement of External Assessor/Regulator
None.
The Group was established in March 2014 with five Governor members and two NED members: Leisha Fullick and Angela Harvey. At its first meeting I (Prof Savage, Islington Public Governor) was appointed as Chair and the groups agreed three goals:

1. Growing the membership of the Trust, both growth & retention of members;
2. Using Governors as existing links in the community; and
3. Different ways of engaging with the membership.

The group has continued to meet regularly every quarter and has been ably supported by Jonathan Fisher, Membership Manager & Paulina Wolan, Administration Assistant (notes).

A membership strategy was agreed and the target for new public members, 4200 was almost achieved but that for service user members, 700, had a shortfall of 142 in March. Various strategies to increase membership were agreed and implemented. Changes to the membership strategy will be presented to the September COG after agreement by the Board of Directors meeting.

A programme of talks, Medicine for Members, with a bi-monthly programme has been implemented, overseen by the communications department. These have been well received although attendance by members has been modest.

We reviewed the Fun Day held on Sunday 13 September 2014 in St Pancras Gardens where 250 attended despite it being a rather cold dull day. This was deemed a successful way of engaging with the public. We discussed the idea of also holding such an event in Highgate but it was not thought to be possible in 2015.

Membership materials for use in events have been agreed and a few external meetings have been attended by governors to explain our role and try to recruit more members.

We discussed ways of boosting the turnout for the 2015 Governors elections and decided to change the timing to avoid the holiday period.

We learnt about the volunteering programme from Joanne Scott and received their 2013/14 review.

So far we have not come up with any good ideas for using the money allocated to the Governors, although the possibility of commissioning a survey of patient experience has been floated but no decision has been made as yet.

Group attendance levels (For information):

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Number of Attendees</th>
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<tbody>
<tr>
<td></td>
<td>Governors:</td>
</tr>
<tr>
<td>13 March 2014</td>
<td>3</td>
</tr>
<tr>
<td>10 July 2014</td>
<td>2</td>
</tr>
<tr>
<td>2 October 2014</td>
<td>2</td>
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<tr>
<td>9 March 2015</td>
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Wendy Savage
Public Governor, Islington/Working Group Chair.
The Group was established in March 2014 with seven Governor members and two NED members: Sarah Charles and Sue Goss. Its first meeting that month did not have the best attendance but it was able to appoint Staff Governor Nadia Du Plessis as its Chair and agreed its three goals to be:

- Supporting staff;
- Care planning – knowing who is in charge of my care; and
- Improvement to Highgate Mental Health bath and shower facilities.

The Group next met in July 2014 where its main focus was on its care planning objective. The Group decided that the main principle it would like to advance was that there should always be an identifiable and contactable accountable person for each service user in the Trust. It was considered that site visits would be its best means of establishing whether this was the case, and also to gather an understanding on service users’ comprehension of whether they had a care plan. The Group were also provided with an update from Mr Phil Wisson, Associate Director Estates & Facilities, advising that bathroom facilities at Highgate would be upgraded as part of a planned larger refurbishment programme of works.

The Group’s October 2014 meeting was unfortunately, for a number of members’ personal reasons, not well attended. The Group did note that there had been little progress in taking forward its aim to undertake service visits. Those present agreed that the Group needed to be more detailed in what it aimed to achieve from undertaking service visits and to develop a set of questions to ask during visits. It was agreed that a meeting should be held with Paul Calaminus, Chief Operating Officer, to gain an understanding of the Trust’s position and expectations around care plans and agree the most appropriate sites to visit. The Board Secretary arranged for this meeting to take place on 31 October 2015, which was attended by 3 Governor members and Ms Charles. Mr Calaminus’ PA then made efforts to agree visit dates for Governors but difficulties were found in agreeing suitable dates.

The Group met most recently in March 2015 which was its most successful meeting to date with nearly all members in attendance. Mr Calaminus’ attendance and input added greatly to the discussions at this meeting. It was noted that Ms Appleton had been on one service visit since the last meeting and the group set a firm plan to establish a set of questions that could be uses on service visits to understand the actual knowledge service users and staff around care plans. Mr Macdougall agreed to lead on question development and to share his initial ideas with the other group members. It was also agreed that once these questions were signed off by the group Chair a service visit would be arranged to Assessment & Advise Team in Greenland Road to gauge how effective they were in evaluating the existence of, and service users’ and staff understanding, of care plans. The Group will consider the effectiveness of their first visit and to take their aims forward at their next meeting in June 2015.
The Group were received notified at this meeting from Mr Wisson that bathroom facilities upgrades at Highgate would be completed during 2015 as part of general works underway to refurbish accommodation and address identified ligature risks. The Group were satisfied that the issues they had raised on this matter were being addressed.

Group attendance levels (For information):

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<tr>
<th>Meeting Date</th>
<th>Number of Attendees:</th>
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<tr>
<td></td>
<td>Governors:</td>
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<tr>
<td>20 March 2014</td>
<td>1</td>
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<tr>
<td>15 July 2014</td>
<td>3</td>
</tr>
<tr>
<td>7 October 2014</td>
<td>3</td>
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<td>10 March 2015</td>
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In Conclusion I would like to report that this Group may have got off to a slow start but I now feel that it has found its feet and has established an achievable goal in relation to service user care plans, with which it is now moving forward.

Nadia Du Plessis
Staff Governor/Working Group Chair.
The Group was established in March 2014 with six Governor members and one NED member: Ms Cha Patel. This increased to 7 Governor members after the 2014 Governor bi-elections. At its first meeting I was appointed as Chair and the group agreed three goals:

1. Ensuring that Governor views about the design of the site are fully represented, such as the retention of high quality outside space;
2. Ensuring that the site plan has a facility that encourages people to get back to work, such as a social enterprise or recovery college; and
3. Ensuring that site plans adequately provide opportunities for users of the site to have physical exercise through a range of facilities.

The St Pancras working group most recently met on 17 March 2015 with all members present, the session was joined by Wendy Wallace and Terence Dourado (Trust Secretariat). This was Cha Patel’s last working group meeting & we expressed our appreciation of Cha’s significant overall contribution to the Trust and specific drive in getting the St Pancras working group off the ground.

Robert Stewart, St Pancras Redevelopment Project Manager, introduced himself and gave a presentation to update the working group on the St Pancras Hospital Redevelopment work. Robert walked through us through an overview of the St P Strategic Outline Case which covered seven potential development scenarios. The scenarios range from ‘maximum healthcare’ (e.g. developing shared services with Trust partners on site) through to a “Do Nothing” option at the lowest end of the re-development scale.

Robert’s presentation sparked some lively debate and enquiry – developing the St Pancras site is coming to life and key stages in the overall project are getting closer.

The following points were considered in relation to the principle topics of the presentation, namely:

- That the Certificate of Immunity from Listing application had been applied for – members queried whether pressure should be placed on the Secretary of State in order to ensure the site can be mobilised;
- The Trust Board’s ‘vision’ in the immediate and long term future – the document had since been updated and now more focused on Mental Health;
- What working collaboratively with partner organisations might look like;
- Maximum Healthcare scenario would be very strong on joint services and could reduce costs for partner participants by 10% or more;
- The Group were keen to align mental health services with physical health services and that patients should receive the same quality with both; and
- Timescales of the project may be delayed by the forthcoming general election; however it was important to make the right decision without acting in haste.

A clearer view of the St Pancras Strategic Outline Case will be possible after July 2015.
Group attendance levels (For information):

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<tr>
<th>Meeting Date</th>
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<td></td>
<td>Governors:</td>
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<tr>
<td>17 March 2014</td>
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<tr>
<td>14 July 2014</td>
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<tr>
<td>27 October 2014</td>
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<td>17 March 2015</td>
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Martha Wiseman
Public Governor, Islington/Working Group Chair.
Council of Governors’ Steering Committee
Minutes of the Meeting
14 January 2015 at 5pm

Executive Meeting Room 2, 3rd Floor East Wing, St Pancras Hospital,
4 St Pancras Way, London, NW1 0PE

Members present: Mr David Barry Lead Governor (Chair) (from item 4)
Ms Sarah Charles Senior Independent Director
Prof Wendy Savage Public Governor, Islington
Ms Wendy Wallace Chief Executive
Mr Kevin Monteith Associate Director, Strategy & Corporate Development

In attendance: Mr Martin Zielinski Trust Secretary (Minutes)

<table>
<thead>
<tr>
<th>1.</th>
<th>Welcome, Apologies &amp; Quoracy</th>
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<tr>
<td></td>
<td>Prof Savage welcomed those in attendance to the meeting. Mr Barry took over the chair when he arrived during item 4, apologising for his lateness. His arrival made the meeting quorate and he confirmed his agreement of the minutes that had already been discussed. Apologies had been received from members Leisha Fullick, Trust Chair, and Mr Alasdair Macdougall, Service User Governor. Ms Diana Brown, Staff Governor, was absent without apologies.</td>
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<tr>
<th>2.</th>
<th>Minutes of Previous Meeting</th>
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<tbody>
<tr>
<td></td>
<td>The Committee reviewed the minutes from its last meeting on 22 October 2014 and were satisfied that these accurately reflected that meeting, with only two minor typing corrections requested.</td>
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<tr>
<td></td>
<td>The Steering Committee AGREED the minutes of its previous meeting held on 22 October 2014, subject to the requested minor amendments.</td>
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<th>3.</th>
<th>Matters Arising</th>
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<tr>
<td>3.1</td>
<td>The actions listed in the schedule of matters arising from the previous meeting on 22 October 2014 were consider to have been completed, with the exception of the following outstanding actions or additional comments:</td>
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<tr>
<td>3.2</td>
<td><strong>MA2: Carers UK Presentation</strong></td>
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<td></td>
<td>It was noted that next in the Trust’s series of ‘medicine for members’ talks on 23 February 2015 would be on carers. Mr Zielinski passed on feedback from the Communications Team that they had faced difficulties in contacting Governor Ms Martha Wiseman, who had originally proposed this topic with input from Carers UK. It was advised that Communications had advised that they would move forward with a Trust focus to this event.</td>
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</table>
3.3 **MA3: Governor Skills & Knowledge Audit**
In the continued absence of Mr Macdougall, due to health issues, the Committee requested that the original skills and knowledge questionnaire, that was previously distributed to Governors, be circulated to Committee members for review. Once reviewed it was agreed that an updated questionnaire should be given to all Governors at the next Council meeting for completion during that meeting.

No additional matters arising were raised that had not been listed on the presented schedule.

4. **Review of last Council meeting on Tuesday 2 December 2014 and the draft minutes of that meeting.**

4.1 The draft minutes from the Council’s last meeting were reviewed and one minor amendment was requested.

The Council of Governors’ Steering Committee RECEIVED the draft minutes of the Council meeting on 2 December 2014 and AGREED one minor amendment.

5. **Review of the Minutes from the Annual Members Meeting held on 16 October 2014.**

5.1 The Committee reviewed the minutes from the latest Annual Members Meeting and a small number of minor corrections were requested.

It was acknowledged that both the Board and the Council would be asked to agree that these minutes were an accurate and fair reflection of the meeting. Final approval would still be required at 2015’s Annual Member Meeting.

The Council of Governors’ Steering Committee AGREED that the draft minutes from 2014’s Annual Members Meeting were an accurate and fair record of that meeting, subject to a small number of minor amendments. It was also AGREED that the amended version be submitted at the next Council meeting for agreements.
<table>
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<th>6.</th>
<th>Consideration of Agenda items for the Council of Governors meeting to be held on Tuesday 2 December 2014</th>
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<tr>
<td>6.1</td>
<td>The Committee considered the proposed agenda for the February 2015 Council meeting.</td>
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<tr>
<td></td>
<td>The Lead Governor advised that his <strong>update would include details of the proposed new Governor e-mail system</strong> that he had been discussing with the Trust’s Associate Director, ICT. If the new system was ready to be rolled out the offer of the ICT Team to <strong>provide a demonstration</strong> at the meeting would be accepted. Depending on the time required for the demonstration it may be given after the Lead Governor update or at the end of the meeting.</td>
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<td>It was noted that the name of the proposed next Trust Non-Executive Director would be advised to the Council for their approval. This item would be presented by Prof Savage as Chair of the Council’s Nominations and Remuneration Committee, which lead the related recruitment process.</td>
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<td>The main topic for the February meeting was agreed as ‘suicide’. Ms Wallace added that the exact content of the item was to be finalised but it would include suicide prevention strategies; national reporting and trend analysis; input from an individual with frontline experience of working with suicidal individuals; and the Trust’s incident reporting processes. The expected format of the item would be a presentation followed by a question and answer session. It was acknowledged that care would have to be given as to how this item was presented, given that suicide was a very emotive issue.</td>
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<td>Mr Monteith advised that Ms Fullick had asked him to propose smoking cessation / a smoke free environment as a future big topic. Ms Wallace supported this suggestion advising that there was a current focus on this topic given that the Trust had recently engaged a smoking cessation specialist and would be going smoke free from 1 April 2015. It was agreed that this would be the big topic for the May 2015 meeting. It was also agreed that the September 2015 meeting would have a focus on the achievements of the Recovery College in its first year of operation. Other potential topics of ‘talking therapies’; Mental Capacity Act; and Mental Health Crisis Concordat would continue to be carried forward as potential future big topics.</td>
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<td>Ms Charles acknowledged that there was no feedback due from the Council’s working groups at its next meeting but raised a concern over the lack of any co-ordinated activity to move the planned work of the Service User/Staff Experience &amp; Quality Working Group forward. It was noted that this group had met with Mr Calaminus, Chief Operation Officer, as requested but that agreed service visits after that meeting had not materialised. Mr Zielinski stated that he understood that Mr Calaminus’ PA had been given the role of arranging the requested service visits. Mr Monteith agreed to <strong>follow up on this matter and give consideration to the possibility of appointing an additional individual able to lead this work programme forward</strong>. Appointed Governor Prof Angela Hassiotis may be an appropriate person to approach on this matter.</td>
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<td>Committee members discussed possible options for how to increase the number of members with the ability to, and interest in, engaging with the Trust and who may stand as future Governors.</td>
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<td></td>
<td><strong>The Council of Governors’ Steering Committee AGREED the agenda for the full Council meeting on 10 February 2015.</strong></td>
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Mr Barry

Mr Monteith
## Amendments to the Trust’s Constitution

### 7.1 Mr Monteith recapped the process undertaken to update the Trust’s Constitution and presented an updated draft version for the Committee to consider.

The Committee noted that there were three main aims behind the update and these were:

- to align the Trust’s Constitution with Monitor’s model version;
- to consolidate and improve the clarity of the document’s content; and
- to introduce a small number of substantive changes.

The Committee agreed that the most material amendments were the substantive changes, which were the focus of further discussion. These were:

- **constituency changes**
  
  Mr Monteith proposed that the public constituency be expanded to include all 32 London boroughs. It was confirmed to Mr Barry that this was an expansion to the Trust’s current potential membership base. It was noted that the City of London had been removed on the basis that it was not governed by a Council and had no related commissioners. The Committee agreed that the City of London, including Inner and Middle Temple, should be retained as allowable addresses for Trust membership.

- **Model Election Rules**
  
  Mr Monteith advised that NHS Providers had adopted and published a new version of the Model Election Rules and were encouraging Foundation Trusts to adopt them also. One of the key changes included the option of using electronic voting in Council of Governors elections. This would save significant costs in undertaking elections and could easily be used for the staff constituency elections. The revised constitution includes the new Model Election Rules. The Committee supported this change.

- **DBS (Disclosure Barring Checks)**
  
  Mr Monteith advised that the declaration in relation to DBS checking had been expanded to include the request for individuals to declare any convictions they had received in any EU country, as well as in the UK. The Committee noted that the actual DBS check could only physically check for any convictions received within the UK. On this basis it was agreed that all those required to undertake a DBS check should be requested by the Trust to declare any convictions received anywhere in the world, not just within the EU.

- **Disqualification/removal of a Governor**
  
  It was noted that there was a new clause (1.1.15) allowing the Chief Executive to exclude any Governor that was considered to be a ‘danger to the safety of service users’. The Committee agreed to this addition but asked that it be expanded to include that any such situations were discussed with the Trust Chair and Lead Governor. Clauses 1.1.16 and 1.1.17 related to disqualification were also new and their addition supported by the Committee.
- **Council of Governors quoracy changes**

  It was proposed that the quoracy for Council meeting, stated in Annex 7 (Standing Orders for the practice and procedure of the Council of Governors), be changed to 10 elected Governors. This should reduce the frequency of inquorate meetings which had occurred under the current requirement for a specific number of attendees from each constituency. The Committee agreed with, and supported such a change but requested that **the requirement should be 50% of elected and current serving Governors** rather than a stated number. The Committee further considered that the number of elected Governors should not include vacancies or any Governor taking a leave of absence from their role for personal reasons. It was agreed **an additional clause should be added to cover leave of absence**.

  Ms Charles raised an additional point proposing further clarification in relation to the Governors role in ‘significant transactions’. Mr Monteith advised that the existing wording had previously been approved by the Board and Council and was consistent with the Monitor definition and the requirements of the Health & Social Care Act and had been reviewed by the Trust’s legal advisors.

  The Committee discussed how it would present the updated Constitution to the full Council of Governors and Mr Barry agreed that he would lead on this item.

  The Council of Governors’ Steering Committee AGREED to support the proposed updated Trust Constitution, subject to the amendments discussed.

### 8. Items for Discussion from the Last Council Meeting

#### 8.1 Governor Skills Review

This matter had already been discussed under matters arising. (See item 3.3 above.)

#### 8.2 Governor Communications Update

Mr Barry had covered this matter as part of discussions on the agenda for the Council’s meeting on 10 February 2015. (See item 6.1 above.)

#### 8.3 Governors Working Groups

Ms Fullick was leading on working group discussions so, in her absence, this item was **deferred** to the next meeting.

#### 9. Other Issues Notified by Governors

(No additional items had been submitted for discussion by the Trust’s Governors.)

#### 10. Any Other Business

##### 10.1 Service Visits ahead of Council Meetings

Mr Zielinski advised that no Governors had attended the service visit made available ahead of the last Council meeting. The Committee decided that such visits should continue to be made available, with as much notice given to Governors as possible.
### 10.2 Governor Improvement Fund

It was noted that none of the funds set aside for Governors to direct towards small projects to improve the patient environment had been used. Mr Barry advised that he would **cover this matter in his Lead Governor’s report** and, if there was still no uptake, this Committee would consider suitable projects to allocate these funds to at its next meeting.

Mr Barry

<table>
<thead>
<tr>
<th>10.3</th>
<th>Governors Annual Report</th>
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<tbody>
<tr>
<td>Discussion on how the Governors’ 2015 Annual Report would be led and co-ordinated was <strong>deferred</strong> until the next meeting.</td>
<td>Mr Zielinski</td>
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</table>

| 10.4 | |
| Ms Charles raised an additional item for discussion. A number of Staff Governors had advised her that they were unhappy to attend Governor meetings that were being held at a Governor’s home. They wanted all Governor related meeting to be held on Trust premises. Mr Barry advised that such meeting were not held in any official capacity, they were an informal means of allowing Governors to engage with each other. Staff Governors were equally welcome to attend such meetings or to arrange similar meeting on Trust premises, to which they could invite all Governors to attend. He stressed that it was a requirement that any such meetings remained informal and, whilst views could be exchanges and shared, no formal business of the Council could be conducted. He was happy to discuss any concerns related to this issue with individual Governors. | |

### 11. Date of Next Meeting

| 11.1 | 8 April 2015, 5pm  
Executive Meeting Room 2  
3rd Floor, East Wing, St Pancras Hospital | |

### 12. Close

| 12.1 | The Chair closed the meeting a 7.25pm |
MINUTES OF A MEETING OF THE
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST
BOARD OF DIRECTORS HELD IN PUBLIC
IN THE CONFERENCE HALL, ST PANCRAS HOSPITAL,
ST PANCRAS WAY, LONDON, NW1 0PE.
ON THURSDAY 29 JANUARY 2015 AT 2:00PM

Board Members Present:
Ms Leisha Fullick Chair
Mr Richard Brooman Non-Executive Director
Mr Paul Calaminus Chief Operating Officer
Ms Sarah Charles Senior Independent Director
Ms Angela Harvey Non-Executive Director
Ms Claire Johnston Director of Nursing and People
Dr Vincent Kirchner Interim Medical Director (Non-voting member)
Ms Cha Patel Deputy Chair / Non-Executive Director
Mr Colin Plant Director of Integrated Care (Non-voting member)
Ms Wendy Wallace Chief Executive
Mr David Wragg Director of Finance

In Attendance:
Mr Kevin Monteith Associate Director of Strategy and Corporate Development / Trust Secretary
Ms Alison Milton Lead Psychologist, Services for Ageing and Mental Health (Items 1.1 – 1.3 only)
Mr Peter Isebor Assistant Lead Psychologist, Services for Ageing and Mental Health (Items 1.1 – 1.3 only)
Ms Deborah Wright Head of Social Care and Social Work (Item 2.4 only)
Ms Francesca Russo Executive PA
Mr Martin Zielinski Board Secretary (Minutes)

This meeting was open to the public
GENERAL BUSINESS

15.01.001 Welcome, Apologies & Quoracy

Ms Fullick welcomed all those present. Apologies had been received from Dr Sue Goss, Non-Executive Director.

The meeting was quorate.

15.01.002 Declarations of Interest

A copy of the register detailing all Board members' declared interests was received as part of the papers. Mr Brooman requested one amendment advising that he was now ‘Senior Independent Director’ at Acal PLC.

The Board were satisfied that there was no conflict between those interests declared and any item on the agenda.

15.01.003 Service User Presentation – Interventions With Carers of People with Dementia

Ms Fullick introduced Ms Milton and Mr Isebor from Islington Memory Service who had attended to provide a presentation on ‘Interventions With Carers of People with Dementia’. It was noted that, despite the service’s best efforts, they had been unable to bring along a service user or carer to provide the Board with their personal experiences of the services provided.

Ms Milton and Mr Isebor gave a short slide based presentation that outlined the importance of working with those that cared for people with dementia and explained the ‘START’ intervention process, which had been implemented in Islington to assist such carers. They concluded by providing the Board with examples of feedback from carers supported by the ‘START’ intervention process.

Questions were invited from the Board.

Ms Patel noted the positive development of the ‘START’ process within Islington’s Memory Service and queried whether a similar service was provided within Camden. Ms Milton advised that Islington was one of the first boroughs to provide this service in a clinical context; having been heavily involved in trialling this process. She stated that funding had not been agreed to provide dedicated interventions of this nature within Camden but that a small amount of resource had been allocated to support such interventions Trust-wide as part of the IAPT (Improving Access to Psychological Therapies) service. She added that efforts were being made nationally to roll out this service.

Ms Charles asked whether a similar intervention service was available for other carers looking after those with non-dementia related needs. Ms Milton advised that the service being piloted had been developed specifically for carers looking after people with dementia. She added that other services did have their own carer intervention processes.
Ms Harvey queried whether the interventions described were cost effective and provided value for money. Ms Milton responded that the service was provided on the basis of extensive research but that she did not have the financial data to hand to answer that question. Ms Harvey added that, on the basis of being an innovative and successful service, the Trust could benefit from leading on its role out to other organisations and services.

Mr Brooman, noting that those with dementia often have multiple health issues, asked whether this service only related to carers of those where dementia is their main diagnosis. Ms Milton confirmed that this was currently the case, adding that support tended to be focussed on informal carers such as relatives and neighbours, rather than professional carers such as those working in a nursing home environment.

Ms Wallace commented that this process was an excellent example of the type of research and development undertaken within the Trust which had a direct and positive impact on its service users. She added that Dementia Navigators were now in post within Islington and asked how these services interacted.

Ms Milton advised that the Memory Service tended to offer post diagnosis care; whilst Dementia Navigator had a more preventative role. She added that the services were located next to each other and that cases were frequently referred between the two.

Ms Fullick thanked Ms Milton and Mr Isebor for attending and providing an excellent presentation.

15.01.004 Minutes of the Meeting of the Board of Directors held in Public on 27 November 2014

The Board considered the minutes from its previous meeting. Ms Harvey requested an amendment to one comment which had been attributed to her, and one minor typing error was noted.

The Board of Directors AGREED the minutes of its previous publicly held meeting on 27 November 2014 as a fair and accurate record of that meeting, subject to the minor amendments requested.

15.01.005 Matters Arising

The Board reviewed the Matters arising from its previous public meeting on 27 November 2014. The required actions were considered to have been appropriately completed with the exception of:

15.01.006 MA 2: Policy Development

Ms Harvey noted that it was recorded that a policy relating to political activity taking place on the Trust’s sites had been completed and would be presented to the Audit & Risk Committee in March 2015. She considered that this should have been presented earlier, given that electioneering had already commenced for this year’s general election.
Ms Wallace confirmed that a relevant policy had been created and apologised that it had been missed off more recent meeting agendas. It was agreed that this policy should be approved by Chair's action rather than wait until a further formal meeting.

15.01.007 **MAs 6 & 7: Human Resources Workforce & Performance Report**
Ms Harvey stated that these actions should be classified as ‘on-going rather than ‘complete’ as the report demonstrating completion of the required actions had still to be received.

15.01.008 **MA's 9 & 10 Occupational Therapy Strategy**
It was noted that work remained on-going to review this strategy in line with C&I's values and the Trust's focus on recovery, reflected in the recent establishment of the Recovery College.

The Board discussed whether it was clear that the Trust had enough Occupational Therapists in post. Ms Johnston advised that this was not a question that could be easily answered at this time given that the occupational service was being fully reviewed and re-modelled, which may affect staffing requirements. She proposed that an updated strategy be brought to the Board in six months' time, when the current review had been completed. The Board agreed to this proposal.

15.01.009 No further matters arising were raised in addition to those detailed on the presented schedule.

15.01.010 **Annual Members Meeting Minutes**
The Board considered the draft minutes from the Trust's Annual Members meeting that was held at the British Library on 16 October 2014. A small number of typing errors were highlighted for correction. It was advised that these minutes would also be presented to the Council of Governors for their agreement on 10 February 2015, but would require formal approval at the 2015 Annual Members Meeting on 8 October 2015.

Ms Fullick asked that these minutes be subject to a further review to ensure that they did not contain any unresolved actions.

The Board of Directors AGREED that the minutes of the Annual Members Meeting on 16 October 2014 were a fair and accurate record of that meeting, subject to the minor corrections requested above.
STATUTORY / REGULATORY

15.01.011


Mr Wragg recommended that the Board approve the proposed Q3 finance declaration which stated that the Trust would retain a continuity of service risk rating of 3 or above over the next 12 months.

As at Month 9, December 2014, Mr Wragg advised that the Trust had continued to retain the highest continuity of service rating of 4 but was at risk of failing to achieve its planned surplus of £2m. He did expect to end the year within £500k of that target. The Trust still faced issues of overspending in relation to the placement of inpatients with external providers and the usage of temporary staff. He added that the last month had seen some reduction in temporary staff overspending and that C&I’s costs in this area remained lower than those incurred by other similar mental health trusts. Overall the Trust was in a relatively strong financial position compared to others, with approximately 70% of providers not expected to achieve breakeven this year. He cautioned that demand and associated costs were likely to become recurring pressures going forward and, whilst existing contingency levels would be retained for 2015/16, the next year’s planned surplus was more likely to be £1m.

Mr Wragg went on to say that there had been slippage against the Capital Programme but that he was confident this would be within Monitor’s 15% tolerance limit at year end. He added that the Trust’s cash position remained strong, although balances had reduced reflecting early payments having been made ahead of the Christmas break.

Ms Fullick thanked Mr Wragg for his presentation and invited comments from other Board members.

Ms Patel, as Chair of the Resources Committee, stated that she was comfortable with the Trust’s reported financial position. She was however troubled by the increasing costs charged to the CQC’s 2014 inspection visit as such costs should have been finalised some time ago. Any on-going costs charged to the budget should be reviewed and re-classified as necessary.

Ms Charles made reference to the cost of funding the use of consultants ‘Meridian’ to review productivity and queried whether the saving achieved would cover the cost of undertaking these reviews. Mr Wragg advised that once all the identified saving schemes resulting from these reviews had been implemented they would provide savings that more than exceeded the cost of engaging ‘Meridian’. He added that these savings would be recurring, leading to on-going savings over future years. Mr Calaminus quantified indicative savings for the next year as £1-2m. He provided a specific example where a monthly overspend in the SMS service of £40k had been turned around to realise a £50k monthly underspend. Ms Charles was pleased to note this example, as reduced SMS service costs allowed the Trust to be more competitive in marketing these services to other organisations.
Mr Brooman cautioned that management should continue to carefully manage the financial performance of the Trust through the year end. He proposed that the possibility of being 25% below the planned year end surplus could be considered material and that the Board should assure itself that it was satisfied with this potential outcome. He also advised that management act promptly to ensure that the capital programme ended the year within Monitor’s tolerance limit. He also noted that cost savings in central services were offsetting direct service overspends. Mr Wragg advised that funding would be transferred from corporate reserves into those budgets where a virement was appropriate and approved by Finance and/or the Foundation Trust Executive.

Ms Patel stated that she would be unhappy to see any short fall against the planned £2m year-end surplus in excess of £250k. She felt that a larger variance would give the wrong impression on the Trust’s ability to effectively manage its finances. Ms Fullick concurred stating the smaller any shortfall the better. She hoped that this was not an indication that the Trust’s financial position and reputation was starting to deteriorate as strong financial performance supported the Trust in contract negotiations and tendering. She added that the Board should have one more look at expenditure to ensure that the maximum effort was being made to reduce and negate potential overspends across all the Trust’s services.

Ms Wallace stated that it was important to obtain the best possible agreements from its commissioners during the 2015/16 commissioning round. She advised the Board that the Executive had set aside a weekly meeting in a few weeks’ time to focus on financial planning and cost pressures. She hoped funding expectations would be clearer by that meeting.

The Board of Directors APPROVED the Monitor Finance Declaration for Q3, 2014/15 and RECEIVED and ACCEPTED the provided update on the Trust’s financial position.

**15.01.012 Monitor Governance Declaration - Quarter Three 2014/15 (1 October – 31 December 2014)**

Ms Wallace recommended that the Board approve the proposed governance declaration for Q3, 2014/15. She took the relevant paperwork as read, adding that there were no new ‘exceptions’ to report.

The Board of Directors APPROVED the Monitor Finance Declaration for Q3, 2014/15

**15.01.013 Annual Planning Requirements for 2015/16**

Ms Wallace presented this document which set out Monitor’s 2015/16 planning timetable and expectations. She commented on the increasingly reduced timeframe allowed for these processes and that planning requirements were becoming increasing similar to those required of non-foundation Trusts. She notified that the Trust had to deliver a simple outline submission to Monitor at the end of February, which will have
been reviewed by the Resources Committee at its 24 February meeting.

Mr Brooman referred to Monitor’s publication of plans cautioning the need for careful preparation given that such documents would be in the public arena.

Ms Charles queried how the Trust’s Governors could become involved in this year’s planning processes when the timeframe was so short. Mr Monteith advised that a fuller version of the plan was due to be submitted to Monitor in April and, before that, it would be discussed fully at a joint Board/Council of Governors meeting to be held on 26 March 2015. He added that this year would only require a refresh of the previously submitted planning data as no material changes were required. It was advised that details on the planning process would be included in the Chair’s Update report to the Council of Governors at their February 2015 meeting.

The Board of Directors RECEIVED and ACCEPTED the provided update date on Monitor’s annual planning requirements for 2015/16.

15.01.014 Improving Equalities Outcomes  
Ms Johnston introduced this item detailing that the Trust had commissioned Islington’s Strategy, Equality and Performance Service to assist in the development of its Equality Strategy. She highlighted the significant expectation placed on the Board to oversee equality within the Trust. She advised that, whilst this wider strategy was currently out for consultation, the presented statement required the Board’s approval prior to being placed on the Trust’s public website by 31 January 2015.

Ms Wright, Head of Social Care and Social Work, was introduced to the Board. She advised that the Trust had two focal areas in relation to equalities: the treatment of service users; and the management of the workforce.

In relation to equality for service users, Ms Wright advised that current objectives were to improve: data collection, access for the physically disabled and the support provided to young people transferring into the Trust’s services.

In relation to the workforce, it was aimed to increase the proportion of BME staff in higher banded grades, and to encourage staff to positively declare their sexual orientation and/or disability status. She also advised that preparatory work was underway with community groups to provide translators for the Recovery College.

It was noted that achievement of these objectives would be evaluated via analysis of feedback and performance data.

Ms Fullick thanked Ms Wright for attending and presenting. She commented that it was unfortunate that Dr Goss was absent as the Quality Committee, which she chaired, had maintained a strong focus on issues related to equality.

Ms Charles welcomed receipt of this item and looked forward to seeing the related strategy in March 2015. She commented that the objectives set out today were high level aims and that the
Board should not expect full implementation in the short term.

Ms Wright concurred, advising that she was working to a four year timetable.

A number of amendments to the proposed statement for publication were made by Board members.

Ms Patel highlighted the significant work undertaken on equalities by the Trust’s local councils and suggested that consideration be given to linking their work with the Trust’s strategy.

The Board of Directors APPROVED the proposed statement of intent to improve equalities outcomes for publication on the Trust’s website, subject to discussed amendments.

**STRATEGIC / GOVERNANCE**

15.01.015  
Board Sub-Committee Handbook 2015 and Forward Schedule of Reports to be Received by Board in 2015.

Ms Wallace presented this handbook which set out a new Governance structure for the Board and its sub-committees for 2015. It also included Terms of Reference for these Board level committees; membership details; and general governing principles.

Ms Charles commented that she had taken on the role of Chair for the Mental Health Law Committee and she would have liked that Committee to have been included in the handbook. It was acknowledged that this Committee was a second tier, and not Board level, committee despite having a Non-Executive Chair.

Ms Fullick advised that Mr Monteith was working on a similar document to cover these second tier committees, which reported up to those at Board level. The creation of these second tier committees, from what were previously working groups, highlighted the importance of work undertaken at that level and improved overall governance arrangements. Ms Charles supported these changes and was hopeful that they would address issues around the prompt and consistent receipt of 2nd tier committee minutes at the Quality Committee.

Mr Monteith drew the Board’s attention to the attached meeting plan proposing that partnership reports, previously taken at Board meetings, would all be taken together in a specific Board seminar session. This would allow more time for consideration and discussion of these important reports. Ms Wallace added that this change was subject to the agreement of the reporting partners.

Ms Harvey requested that oversight of workforce be given higher prominence in the role of the Resources Committee and one other committee name correction was requested.

The Board of Directors APPROVED the Board Sub-committee Handbook 2015 and forward schedule of reports to be received by Board in 2015, subject to the minor amendments requested.
OPERATIONAL

15.01.016 Chief Executive's Report

Ms Wallace presented her regular update, highlighting a number of key points to the Board. She drew attention to the increased focus on NHS services, particularly those related to mental health, as the country moved towards a general election. She was pleased with the level of attention being given to mental health but cautious about the potential that it may have to further increase service pressures within the Trust.

The Board were advised that a new ‘Older Peoples Crisis and Home Treatment Team’ had been established on 19 January 2015. The team had proved to be an immediate success and had already reduced the number of older people requiring admittance to an inpatient bed.

Ms Wallace advised that the proposed strike action detailed in her paper had been suspended following a new pay offer being made by the Department of Health (DoH).

Ms Wallace was pleased to highlight a successful bid made for technology funds. These monies would support the Trust’s Electronic Patient Record programme and she commended the staff involved in preparing that bid.

A number of visits and events were highlighted to the Board which Ms Wallace felt had positively enhanced the Trust’s external profile.

It was noted that Ms Johnston had been successful in obtaining a leadership scholarship from the Florence Nightingale Foundation.

Ms Wallace concluded by advising on the recruitment of the Trust's next Non-Executive Director and on recent staff changes; before presenting details of one use of the Trust Seal for ratification.

Ms Harvey congratulated Ms Wallace on behalf of the Board for being shortlisted in the nominations for NHS Inspirational Leader of the Year.

The Board of Directors RECEIVED and ACCEPTED the Chief Executive’s update and RATIFIED the reported use of the Trust Seal.

15.01.017 Board Performance Report - Q3, 2014/15

Ms Fullick welcomed this regular report, thanking all the staff involved in improving the format of its summary section. She proposed that the Board use this as a key source of items for communication to the Trust; both positive and those of concern. She invited Ms Johnston to take the Board through the report on a section by section basis.

Ms Johnston was pleased to note the positive feedback on the re-formatted document summary. She took the detail of the report as read and went on to highlight key points.
It was highlighted that the Trust had met all of Monitor’s targets; whilst divisional targets highlighting pressures facing the Trust’s services.

In relation to the Monitor target on the number of service users with known employment status, Ms Patel instigated a brief discussion on the importance of encouraging people back into work and the processes in place to support such action.

In relation to divisional performance, Mr Calaminus was pleased to highlight the hard work of the Substance Misuse Service (SMS) team in achieving their recovery target for the first time in recent years. He also acknowledged that on-going issues with the provision of SMS in Kingston were holding the overall service back from being RAG rated ‘green’ in other areas.

Mr Brooman was disappointed to note that the percentage of staff receiving appraisals had slipped. Mr Kirchner assured him that the Trust was on track to ensure 100% of medical staff had received their required appraisals. Ms Wallace added that changes had been required to the staff appraisal process to realign individuals’ appraisals with their incremental dates. She confirmed that staff at the top of their bands were still required to have an annual appraisal. Ms Johnston provided assurance that a material failure to undertake due appraisals would be a disciplinary matter.

The updates on the ligature risk programme and falls management were highlighted to the Board.

Ms Fullick raised a concern over the number of Serious Untoward Incident (SUI) investigations that had not been completed within the required timeframe and stated her expectation to see some improvement over the next quarter. Ms Johnston acknowledged this concern stating that undertaking such investigations was an additional pressure on staff and that clinical staff workshops had been introduced to discuss draft SUI reports, which should improve report quality and reduce the need to amend prepared reports.

Ms Charles queried why the normally good performance in completing risk assessments within the Services for Ageing and Mental Health (SAMH) community team had reduced. Dr Kirchner advised that such teams had relatively small numbers of staff and one absence or vacancy could materially affect reported performance. Ms Johnston assured the Board that service management had noted, and were addressing, this issue. Mr Calaminus reminded the Board that reported performance in different services was not directly comparable as there may be variance in how each service self-reported their data. Ms Fullick appreciated these helpful comments and suggested that the Board revisit this aspect of SAMH performance next quarter.

In relation to complaints, it was noted that there had been some slippage in meeting required response times. Ms Johnston advised that a number of received complaints were complex, covering many issues, but improvement in managing responses was required. She added that complaint performance was regularly reviewed by the Performance Group. Mr Calaminus highlighted the positive news that the Advice and Complaints Service had finally achieved their internal response target.
It was advised that 20% of staff had still to undertake required information governance training by the end of the financial year. Ms Johnston was satisfied that, with Mr Umar Sabat in post as Interim Information Governance Manager, this target would be achieved. Management would have to achieve a monthly target and ensure compliance as any failure in this area would negatively affect the CQC’s rating of the Trust.

The Trust had met 7 out of 9 CQUIN targets; achievement of these was essential to obtain the full 2.5% of associated income. Areas of weakness were the prevention of domestic violence and communication with GPs. Ms Johnston advised that an action plan was already in place to improve GP communication but that additional training was required to allow those staff not in receipt of level 2 safeguarding training to address the domestic violence issue. She added that the Executive recently had a paper from Learning & Development on the difficulties in freeing up staff time and resources to achieve training targets.

Ms Fullick noted the DoH indicator related to follow-up within 7 days of discharge and was concerned as to whether this was achievable. Mr Calaminus advised that this target was specifically related to those on the ‘Care Programme Approach’ (CPA) system. Ms Wallace stated that the Trust had its own more stringent internal target for this of 48 hours. Ms Johnston added that the Trust performed well against this DoH target.

Ms Charles queried whether there was an issue with the reported re-admission rates. Mr Calaminus advised that the Trust had established a working group with consultants representing each service to review all instances of re-admission. He added that the Trust had managed to reduce a cohort of eleven regular re-admissions down to one over the last year. He assured the Board that there was no link between re-admission and the timing of patient discharge. Dr Kirchner added that, with recent bed pressures, all inpatients care plans had been reviewed and that he was confident no one had been discharged prematurely.

In reference to the risk register extract in this report, Mr Brooman was assured that the risks reported reflected those in the Trust risk registers already reported at the Audit & Risk Committee. It was noted that this Committee had given robust challenge to the risk register earlier that week.

Ms Patel queried whether the reported increase in falls was of concern, given the CQC’s specific focus on this issue. Ms Johnston advised that the main challenges in relation to falls were that the CQC had requested that the Trust address the issue of falls in a shorter timeframe than had been initially proposed, and that there had been a change in leadership of the falls programme. She was satisfied that the increase reflected improved reporting of falls and did not indicate any reduction in patient safety. Ms Charles assured the Board that the Quality Committee retained an effective overview on falls reporting.

MS Fullick thanked Ms Johnston for this report and reminded all Board members that their feedback was welcomed as part of the on-going review of how best to consider this lengthy and detailed report within the constraint of Board meetings.
The Board of Directors RECEIVED and ACCEPTED the Trust performance Report for Q3, 2014/15.

15.01.018 Crisis Concordat

Mr Calaminus presented the local action plan that set out how the Trust would implement the national crisis concordat. The concordat set standards for how a service user should expect to be treated; with a specific standard for emergency referrals. He advised that a main concern nationally related to people being detained under Section 136 in police cells, rather than a more appropriate place of safety. It was noted that there had been 22 such cases in London over the last year, although none of these had been within Camden or Islington. He concluded by advising that a Crisis Concordat Working Group had been established to oversee implementation of the presented action plan.

The Board noted that it had no formal role in relation to this concordat but they were satisfied that the provided action was appropriate. It was agreed that it would review this action plan annually as it reflected important joint working arrangements between the Trust and its partners.

The Board of Directors RECEIVED and ACCEPTED the presented item on the crisis concordat.

15.01.019 6 Monthly Nursing Establishment Review - January 2015

Ms Johnston provided this more detailed update on the nurse staffing position which was last reported in July 2014. She added that Mr Calaminus had chaired the Trust’s Establishment Working Group since September 2014 which had increased management’s focus on this issue. The Trust had drawn on establishment guidance from a number of sources, given the lack on any national guidance for mental health providers. She advised that establishment requirements had been evaluated using a 20 day ward-based assessment and that it was aimed to repeat this exercise ahead of the next six-monthly report. The Board were asked to note a correction to the provided figures with the overall vacancy rate at 12 January 2015 being 12.6%, not 9.9%; and the rate for registered nurses being 16.4%, not 13.2%. It was highlighted that, like other London Trusts, difficulties were being faced in recruiting appropriately skilled staff and obtaining appropriate specialist staff via NHS Professionals. A potential solution would be to establish a ‘floating’ team to cover staff temporary staff shortfalls across the Trust rather than the continued use of agency staff.

Ms Fullick thanked Ms Johnston for this important report which had provided a view into the working life of the Trust and requested that it be taken earlier in the agenda at future meetings. She also highlighted the importance of monitoring the issues raised in this paper.
Mr Wragg commented that staffing was clearly above planned levels during night shifts. This needed to be addressed to reduce night shift agency usage, with the required establishment for night shifts amended if necessary.

Ms Patel drew attention to the reported weaknesses where managers were failing to follow rostering guidance and the need for all new managers to be adequately trained and supported when planning rotas. Ms Johnston was hopeful that the planned introduction of e-rostering would reduce concerns in this area; whilst acknowledging the introduction of this system would be a cultural change for managers. She also highlighted that there were currently five ward manager vacancies, which may have negatively impacted on ensuring effective rostering control. Ms Charles said that she was shocked to hear of this number of vacancies at ward manager level but that she found this report to be helpful in adding to the Board’s understanding of some of the issues raised in the performance report considered earlier (item 15.01.017 above).

This item was concluded with a reminder of the requirement for the Board to review nurse staffing levels on a six-monthly basis.

The Board of Director RECEIVED and ACCEPTED the Nursing Establishment Review covering the six month period up until January 2015. The Board also AGREED to support the development of solutions to address staff shortfalls set out in the paper.

SUB-COMMITTEES

Quality Committee

15.01.020 Briefing note from the meeting held on 20 January 2015

The Board of Directors RECEIVED and ACCEPTED the provided Briefing note from the Quality Committee’s meeting on 20 January 2015.

15.01.021 Approved minutes from meeting on 25 November 2014

The Board of Directors RECEIVED and ACCEPTED the approved minutes from the Quality Committee’s meeting on 25 November 2014.

OTHER BUSINESS

15.01.022 Any Other Business that the Chair Considered Urgent

No urgent items of business were raised.
15.01.023 **Risks Identified During the Meeting or Referred from Sub-Committees**

No new risks were identified at this meeting. There were no risks referred to this meeting by any Sub-Committee of the Board.

15.01.024 **Items for Communication to the Trust**

The following items should be communicated throughout the Trust:

- The Board’s pleasure in hearing of the positive improvements within SMS and the Advice and Liaison Service in reaching their performance targets;
- The Board’s concern in the reported weakness in all SUI investigations, and complaints being responded to, within required timelines; and
- The Board’s appreciation of the hard work and effort made by staff across the Trust to maintain service quality while work goes on to address the current level of vacancies and the associated need to rely on agency staff.

15.01.025 **Date of Next Meeting**

26 March 2015

CLOSE

15.01.026 The Chair declared the meeting closed at 4:45pm

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

…………………………………  ………………………
(Trust Board Chair)  (Date)

*Note: Board minutes are numbered sequentially throughout the calendar year.*
MINUTES OF A MEETING OF THE
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST
BOARD OF DIRECTORS HELD IN PUBLIC
IN THE CONFERENCE HALL, ST PANCRAS HOSPITAL,
ST PANCRAS WAY, LONDON, NW1 0PE.
ON THURSDAY 26 MARCH 2015 AT 2:00PM

Board Members Present:
Ms Leisha Fullick Chair
Mr Richard Brooman Non-Executive Director
Mr Paul Calaminus Chief Operating Officer
Ms Sarah Charles Senior Independent Director
Ms Angela Harvey Non-Executive Director
Dr Sue Goss Non-Executive Director
Ms Claire Johnston Director of Nursing and People
Ms Cha Patel Deputy Chair / Non-Executive Director
Mr Colin Plant Director of Integrated Care (Non-voting member)
Ms Wendy Wallace Chief Executive
Mr David Wragg Director of Finance

In Attendance:
Mr Kevin Monteith Associate Director of Strategy and Corporate Development / Trust Secretary
Ms Katie Clayton Service Manager, Camden Acute Services (accompanied by two service users) (Items 15.01.027 to 15.01.029 only)
Ms Zoe Fyffe Patient Experience Lead (Items 15.01.027 to 15.01.029 only)
Ms Joanne Shand Interim Associate Director, Human Resources and Organisational Development (Item 15.01.038 only)
Mr Terence Dourado Deputy Board Secretary
Mr Martin Zielinski Board Secretary (Minutes)

This meeting was open to the public
GENERAL BUSINESS

15.01.027 Welcome, Apologies & Quoracy

Ms Fullick welcomed all those present. Apologies had been received from Dr Vincent Kirchner, Interim Medical Director (Non-voting member). Mr Brooman advised that he may have to leave before the end of the meeting to travel to another appointment.

The meeting was quorate.

15.01.028 Declarations of Interest

A copy of the register detailing all Board members' declared interests was received as part of the papers. Ms Charles advised that she was no longer Chair of Croydon Care Solutions Ltd, and had not been for some time.

The Board were satisfied that there was no conflict between those interests declared and any item on the agenda.

Mr Zielinski

15.01.029 Service User Presentation – Service User Designed Audit in Acute Care Division

Ms Clayton, along with two service users, attended and provided a short slide based presentation on a service user survey undertaken by volunteers within the Trust’s Acute Services. The presentation included feedback, both positive and negative, and highlighted the speed at which they allowed small localised concerns to be address. The need for more volunteers to assist in undertaking surveys was highlighted, as was the potential to roll out this process across the Trust’s other services.

Ms Fullick thanked those presenting for attending and invited comments from the Board. She queried whether the two service users present were currently the only volunteers in this programme. Ms Clayton advised that there were six volunteers and that Ms Joanne Scott, Voluntary Services Manager, was trying to build this up to a pool of 20 to allow surveys to be rolled out Trust-wide.

In response to a question from Ms Patel, one of the service users advised that there was no specific training on undertaking these surveys as most related learning had been achieved through the development of questionnaires and undertaking pilot surveys. The introduction of iPad held questionnaires, supported by Ms Scott, had made the process of gathering and processing data significantly easier. This also assisted service users as they could now point to their chosen response on a screen.

Ms Charles asked whether it was intended to undertaken the surveys within Acute Services on a monthly bases. She was advised that surveys were currently being undertaken on a weekly basis, and it was aimed to maintain that frequency.

Ms Patel asked if any service changes had resulted from the survey feedback to date. She was advised that this presentation was the first time feedback has been collated in this manner and it was too early to answer that question. Ms Clayton added that not all of the survey questions had been included in the
presentation but small improvements, such as a request for additional newspapers, had been implemented immediately. This was a vast improvement on the normal lengthy wait for survey results to be received and analysed before any action could be taken.

It was confirmed to Ms Charles that patient food had been covered within the surveys. It was acknowledged that, once a greater period of data had been gathered, the Board may find it useful to have feedback on any 'hot spots' or trends identified for surveys.

Ms Clayton concluded by advising that the use of volunteers had encouraged excellent peer support and service users had appreciated the opportunity to talk to individuals familiar with their situation.

15.01.030 Minutes of the Meeting of the Board of Directors held in Public on 29 January 2015

The Board considered the minutes from its previous meeting. Mr Brooman and Ms Patel had identified a small number of minor amendments, advising that they would pass these onto Mr Zielinski after the meeting.

The Board of Directors AGREED the minutes of its previous publicly held meeting on 29 January 2015 as a fair and accurate record of that meeting, subject to the minor amendments to be notified.

15.01.031 Matters Arising

The Board reviewed the matters arising from its previous public meeting on 29 January 2015. All of the required actions were considered to have been appropriately completed.

No further matters arising were raised in addition to those detailed on the presented schedule.

STATUTORY / REGULATORY

15.01.032 Board Assurance Framework (BAF) 2015/16

Ms Wallace introduced an updated BAF highlighting that the document had been driven by the Trust’s principal objectives and reflected the risks identified and discussed by the Board at its annual risk seminar, which was held during February 2015. She asked the Board to confirm that the Trust would retain the seven principal objectives that were agreed for 2014/15 and approve the BAF.

Ms Charles queried whether there should be a risk associated to objective ‘2’ which considered the potential failure to recruit the volume of staff required, with the necessary skills, to fill all the Trust’s vacancies. The Board discussed this matter and agreed to amend the last high level risk under that objective to include the stated concern related to the number of staff required.

Ms Wallace / Mr Monteith
Mr Brooman, referring to the forthcoming CQC inspection, did not feel that it was a clearly stated that the Trust had complied with all necessary laws and regulations. This was discussed and it was agreed that such compliance was adequately covered, on a high level, within the BAF.

It was noted that the Audit & Risk Committee regularly reviewed the Trust’s high level risks at part of its regular business.

The Board of Directors APPROVED the presented seven annual objectives for 2015/16, and the APPROVED the presented BAF, subject to one agreed change.

STRATEGIC / GOVERNANCE

15.01.033 Amendments to the Trust’s Constitution

Ms Wallace presented an updated Trust Constitution for approval. She thanked Mr Monteith for his work in refreshing this document and explained how it had been updated with input from the Council of Governors’ Steering Committee and the Audit & Risk Committee. The Council of Governors had approved this updated version, with one requested amendment, at their meeting on 10 February 2015. Board approval was the final step prior to the formal adoption of the updated Constitution.

Ms Wallace advised that changes made to this draft aligned the document with Monitor’s model constitution, whilst undertaking some consolidation and clarifications to make the document more user friendly. She highlighted a number of key changes, making specific reference to:

- amendment of the composition and quoracy requirement for Council of Governors’ meetings;
- amendment to the Trust’s public membership constituency;
- amendment to Annex 6, related to the ‘disqualification and removal’ of Governors;
- strengthening of the section relation to DBS (Disclosure & Barring Service) checking requirements; and
- the introduction of the option to undertake electronic voting, as set out in NHS Providers’ model election rules.

The Board members were satisfied that the proposed updates had been subject to appropriate review and approval processes.

The Board of Directors APPROVED the presented updated version of the Trust’s Constitution.

15.01.034 Directors’ Responsibilities and Code of Conduct

Ms Wallace introduced this revised document, updated to reflect the increasing legal and regulatory responsibilities placed on Directors, and the enhanced public focus on how NHS trusts are managed. Directors are required to abide by this code, in conjunction with their contract of employment and the Trust’s Constitution. She highlighted the introduction of a new annual declaration which addressed a recent internal audit recommendation for each Director to annually confirm their entry...
in the register of interest; the completeness of their gift and hospitality declarations; and that their Disclosure & Barring Service (DBS) status remained unchanged. In response to a question from Ms Fullick, it was advised that this new declaration would be introduced during April 2014, assuming that the Board approved this document.

Ms Patel advised that she had noted one typing error, which she would notify to Mr Monteith. She also proposed that section 8.10 on the disclosure of confidential information should include the clause “where reasonably practicable”.

Ms Harvey made reference to the list (item 9, annex1) of protected characteristics under the Equality Act advising that it was incomplete as it did not include the required category of ‘gender re-assignment’. It was agreed that Mr Monteith will review this section and ensure that it contained all protected characteristics.

Mr Brooman asked whether new ‘fit and proper person’ criteria were now in force. Mr Monteith confirmed that this was the case. These requirements had been implemented for new Board appointments since the recruitment and appointment of Ms Pippa Aitken as a Non-Executive Director by the Council of Governors in February 2015

The Board of Directors APPROVED the updated ‘Directors’ Responsibilities and Code of Conduct’, subject to the agreed review points and amendments.

15.01.035 Corporate Governance Framework

Ms Wallace explained how this document had pulled together all the elements of corporate governance and that, once approved, it would be published on the Trust’s public website. It was not a requirement to have such a framework but its publication represented best practice and would assist in a broader understanding throughout the organisation of how corporate governance, and the Board, operated.

Mr Brooman made reference to the stated ‘role of the Trust Secretary’ and advised that it should be clearly stated that this officer, whilst reporting to the Chief Executive, was accountable to the Board. Ms Fullick felt that a number of the statements in this section could be worded more strongly and Mr Brooman agreed to discuss the wording used with Mr Monteith outside of the meeting. Mr Monteith also advised the Board that he would refer to appropriate ‘company secretary’ guidance on this matter.

The Board of Directors APPROVED the presented Corporate Governance Framework, subject to the agreed review points and amendments.
OPERATIONAL

15.01.036 Chief Executive's Report

Ms Wallace presented her regular update, highlighting a number of key points to the Board. She advised the Board that, since writing her report, further details on funding uplifts for mental health trusts for 2015/16 had been made available. CCGs had been expected to pass on to mental health trusts the full value of any received funding increase related to population demographic changes. Islington CCG was the only group coming close to passing on that full amount. Mr Calaminus advised that Camden CCG had mandated to pass on their full increase to mental health services but had not specified that this would be to services provided by the Trust. In response to a question from Ms Harvey, Mr Wragg advised that the value of the increase given to the Trust's local CCGs was approximately 1.9%.

Ms Wallace made reference to ‘Devo Manc’, the devolution of £2b of NHS funding, including primary care monies, to a collaboration of CCGs in the Manchester area. She advised that the Mayor of London had already put together a similar strategy for London so the Board should not be surprised if a similar funding arrangement for London was put into place in the future.

The Board were advised that Mr Simon Stevens, Chief Executive of NHS England, had recently announced the development of a 5 year mental health strategy encompassing nine national priorities.

Ms Wallace highlighted the establishment of a new London Transitional Board, which would include a Mental Health Transitional Board. She was hopeful that she would play a key role in the latter, given that she had chaired the preceding London Mental Health Joint Leadership Group. Mr Brooman noted that this Board would consider how S.75 arrangements and relationships could be improved and asked if there was an issue in that area, and whether this had the potential to lead to increased funding. Ms Wallace responded that this review would not affect funding but would seek to address poor relationships, where these existed, between service providers and their local authorities in the management of their pooled budgets. It would aim to strengthen joint working arrangements and support the roll-out of pilot work already undertaken in this area by the Trust.

Ms Wallace advised that she had joined the Cavendish Square Group, a new collaboration between London’s ten mental health trusts which aimed to represent the mental health needs of the capital’s citizens and provide a united voice on related matters to government.

Ms Wallace also highlighted a planned review of the configuration of provider organisations within North Central London which aimed to ensure clinical and financial stability across the sector.

The planned soft launch of the Trust’s new website on 7 April 2015 was also noted, along with the appointments of Ms Joanne Shand as Interim Associate Director of Human Resources & Organisation Development and Ms Caroline Harris-Birtles as Deputy Director of Nursing.
The Trust’s seal had not been used since the preceding Board meeting on 29 January 2015.

The Board of Directors RECEIVED and ACCEPTED the Chief Executive’s update report.

15.01.037 **Month 11, 2014/15 - Financial Position**

Mr Wragg presented an update on the Trust’s financial position advising that the Trust may have been overly conservative in its funding assumptions at the start of the financial year. He was pleased to advise that additional training monies had been made available to the Trust and that there was a marginal improvement in the Trust’s financial position since his last report, although the year end surplus remained £113k behind plan. He added that there had been some improvements with reduced overspending in two areas of concern, namely outplaced patients and temporary staffing.

Ms Patel queried the Trust’s latest capital position. Mr Wragg advised that the capital programme was currently 19% behind plan. This exceeded Monitor’s 15% tolerance limit, although by a much smaller margin than that posted by many other Trusts. The main reasons behind this underspend were the slower start of major refurbishment works at Highgate and the cheaper than expected electronic patient record system replacement cost. He expected to get within 1-2% of the tolerance limit by year-end and assured Ms Fullick that no penalties or sanctions were applied to trusts exceeding the tolerance limit. Ms Harvey added that capital investment was monitored by the Trust’s Estates Group and Mr Wragg highlighted that the Trust’s external auditors would also review capital expenditure as part of their annual accounts work.

The Board of Directors RECEIVED and ACCEPTED the provided update on the Trust’s financial position.


Ms Johnston introduced Ms Shand, Interim Associate Director Human Resources & Organisation Development, to present her report.

Ms Shand outlined the report’s performance dashboard; the ‘hot topic’ of staff turnover; and the Trust’s safer staffing returns for December 2014, January and February 2015. She highlighted that an evident trend was an increasing staff vacancy rate, which was not assisted by problems in recruiting new staff. This was also reflected in required use of bank and agency staff. Dr Goss asked whether staff were leaving the Trust quicker than new staff were recruited. Ms Strand stated that this was currently the case. Ms Johnston added that this was particularity an issue for Acute Services and that this service was leading on a piece of work to establish whether any causal factors lay behind that situation. Ms Strand added the need to
address vacancy rates was tied into the Trust’s agreed Care Quality Commission (CQC) action plan, with rectifying action required by the June 2015 deadline that had been agreed with the CQC. It was also noted that the vacancy rate, and findings from the acute services’ review, would be closely monitored on a monthly basis by the Quality Governance Committee.

Ms Patel, referring to staff turnover, noted that the Trust was only interviewing approximately 10% of leavers to ascertain their reasons for leaving. Ms Shand acknowledged this was a lost opportunity to understanding why people were leaving the Trust and to address identified concerns. She had made it a priority to improve this statistic and would encourage managers to promptly undertaking an exit questionnaire prior to an individual actually leaving the Trust. In addition, staff benefits provided by neighbouring trusts were being reviewed to establish whether the Trust was in a position to offer similar incentives that may reduce staff turnover. Ms Johnston advised that this was the first time the Board had received data on staff leavers. It was aimed to develop a key performance indicator (KPI) from this data which would be monitored by the Resources Committee. She also highlighted that not all of the reported leavers had actually left the Trust as the presented statistics included staff on rotation, such as junior doctors.

Ms Shand went on to explain that staff vacancy rates within medical, ICT and estates were particularly high. She advised that strong competition existed for the limited number of relevantly skilled staff within London and that the Trust faced difficulties in competing with the salaries on offer in the private sector.

Pharmacy was a specific area showing high agency costs as NHS Professionals had been unable to provide suitably skilled temporary staff. The Trust had been required to use more expensive private agency staff providers. Ms Shand added that this would be addressed by the end of the next quarter as a key vacant pharmacy post had been recruited to on a permanent basis.

Ms Harvey drew attention to the acute services’ vacancy projection rate, noting that it projected a consistent vacancy rate until December 2015. She was concerned that this indicated a lack of efforts to address on-going vacancies. Ms Wallace shared her concern but advised that the presented graph did not take account of the action detailed in the chart’s footnote which advised on two planned recruitment drives to take place over the next two months. These should support a reduction in the vacancy rate over time.

The Board considered and discussed the presented quarter’s employee relations data in some detail.

Dr Goss commented that staff retention appeared just as problematic as recruitment, with Ms Charles suggesting that both issues should be added to the Trust’s risk register. Ms Wallace stated that it was not evident that retention was an issue in all services and Ms Johnston agreed to review the need to log any related risks.

Mr Wragg stated that the Trust had increased the number of full time staff in post by approximated 60 people over the last year
and that any similar increase during 2015/16 would significantly reduce the future vacancy rate and related temporary staffing costs. Mr Calaminus added that the resilience funding within acute services would cease in 2015 and any associated posts, and related vacancies, would be removed for the staffing structure. He added that a significant amount of temporary staff were engaged to cover staff suspensions, sickness and to undertake observations on an unexpectedly high number of patients. Not all temporary staff were filling vacant posts. Ms Wallace stated that it would useful if future reports were able to split vacancy reporting between permanent and short-term posts.

Ms Wallace advised the Board that moving to London could be a frightening and expensive prospect for potential recruits from outside of the capital. She was please to advise that initial discussions were taking place with One Housing Group regarding the potential provision of short term nursing accommodation and key working housing at below market rate rents to support new staff relocating to work at C&I.

Ms Fullick summed up by stating it was only right that the Board had considered this matter in depth as staffing problems caused anxiety throughout the Trust. She encouraged Non-Executives to maintain a focus on this issue. She also suggested that the cover sheets for future performance reports should highlight the issues of most concern to the Director of Nursing & People. She thanked Ms Strand for attending and looked forward to seeing the improvements she would bring to the Trust.

The Board of Directors RECEIVED and ACCEPTED the Human Resources & Workforce Performance Report Quarter 3, 2014/15; which included the Trust’s safe staffing returns December 2014 – February 2015.

15.01.039 CQC Guidance: A Summary of the Amendments to Regulations

Ms Wallace presented this item outlining three new regulatory standards related to the Health & Social Care Act. The Board had already been fully briefed on the new regulations on ‘fit and proper persons: directors’ and ‘duty of candor’ and she assured them that the Trust was compliant. These two regulations were introduced in November 2014. A third new regulation requiring trusts to display their CQC performance assessment would take effect from 1 April 2015. As C&I had been visited by the CQC to undertake a pilot assessment there was no need to display their initial rating. The Trust would not be required to publish its rating until it has been re-assessed. It was expected that such a visit would take place later that year as all trusts were required to have a published rating during 2016. Ms Johnston added that internal shadow inspections would resume throughout the Trust that week to ensure that it was fully prepared for its next inspection.
The Board’s attention was drawn to a list that set out all of the fundamental standards which the public had a right to expect the Trust to comply with. These standards had resulted from the Francis Inquiry. They did not place any new requirements on the Trust, but did replace 28 previous outcome measures.

Ms Wallace highlighted the CQC’s enforcement powers set out in the paper which detailed the CQC’s increased ability to resort to legal action via the criminal courts without any need to provide prior notice. She stressed that the whole Board should take note of these changes.

**The Board of Directors RECEIVED and ACCEPTED the provided update on CQC guidance and regulatory amendments.**

**15.01.040 Voluntary Services Department – Year 1 Review**

Ms Johnston presented this paper apologising that Ms Joanne Scott, the Trust’s Voluntary Services Manager, was unable to attend due to ill health. She was pleased to present this review to the Board and highlighted that it demonstrated the Trust’s success in building a pool of volunteers who had all been cleared through appropriate recruitment checks. Undertaking such checks may slow down volunteer recruitment but enhanced patient safety. It was highlighted that 30 new people had been registered as volunteers out of 192 enquires received between September 2013 and August 2014. Ms Johnston welcomed any suggestions that the Board may have for increasing the number, and diversity, of volunteers. She used the earlier presentation on the Acute Services surveys as an example of the important contribution volunteers could make to the Trust.

Dr Goss praised the work done by volunteers and queried if it was normal to add only 30 new volunteers from 192 enquires, of which 68 had been actually interviewed. Ms Patel advised that she had significant experience in that area and considered this rate of recruitment to be normal as many people may apply without fully understanding the role or the need to possess skills that were matched to the needs of the Trust. She also suggested the use of the Trust’s Governors to identify and encourage potential volunteers.

Ms Charles stated that she knew of an individual who had previously applied to the Trust to volunteer counselling services and that their offer had not been taken up. Mr Calaminus advised that any offer to volunteer counselling services would have to be agreed with Dr Jeff Halperin, Head of Camden and Islington Psychology / Psychotherapy Service, as such services could easily be confused with the provision of care by the Trust.

In conclusion, it was acknowledged that volunteers could enhance the experience of service users and continued efforts would be made to encourage more volunteers and ensure all services were aware of volunteer associated benefits.

Ms Fullick stated the Board’s best wishes for Ms Scott’s speedy recovery and suggested that an update report be brought to the Board in six months’ time.

Ms Johnston
The Board of Directors RECEIVED and ACCEPTED the provided review outlining the activities of voluntary services in the first year of activity.

SUB-COMMITTEES
Quality Committee

15.01.041 Briefing note from the meeting held on 17 March 2015

Dr Goss presented this briefing advising that it gave a fairly neutral account of the items discussed at the stated meeting. She stated that she would work on ensuring future briefings were more focused on material issues. She highlighted how the Committee had been focused on the Trust’s ability to complete its agreed CQC action plan by the June 2015 deadline, and ahead of any further inspection. There were a number of areas that needed additional work. Ms Wallace stressed the importance of clarity on those areas requiring improvement, allowing resources to be focused on improving those areas. Ms Charles added that the Non-Executive Directors were happy to assist where they could to support required improvements. Ms Johnston advised that progress against the CQC action plan was being closely monitored by the Quality Governance Committee, which reported to Quality Committee, and that any material issues would be promptly escalated to the Board. Dr Goss concurred, stating that the Quality Committee would lead on ensuring that the Trust was appropriately prepared for the next CQC inspection and she welcomed the full support of the Board.

Mr Calaminus commented on the importance of making the inspection process pro-active and a positive experience for staff. He also highlighted the need to remember all that had been achieved to date. Ms Wallace added that the role of the Trust in improving the quality of care provided to its service users was paramount and that this focus should never be lost whilst preparing for, or under-going, any inspection.

Ms Fullick stating the importance of successfully passing the CQC’s next inspection as any identified weaknesses could materially damage the Trust’s reputation. She acknowledged the hard work undertaken throughout the Trust ahead of, and during, last year’s pilot CQC inspection and the positive aspects from the resultant feedback. She advised that the Board should maintain a clear focus on ensuring the Trust’s performance is even better when next inspected. She would discuss how best to support key staff prepare for the next CQC inspection with Ms Wallace outside of this meeting.

The Board of Directors RECEIVED and ACCEPTED the provided briefing note from the Quality Committee’s meeting on 17 March 2015.

Ms Fullick / Ms Wallace
15.01.042 **Approved minutes from meeting on 20 January 2014**

The Board of Directors RECEIVED and ACCEPTED the approved minutes from the Quality Committee’s meeting on 20 January 2015.

**OTHER BUSINESS**

15.01.043 **Any Other Business that the Chair Considered Urgent**

No other urgent items of business were raised.

15.01.044 **Risks Identified During the Meeting or Referred from Sub-Committees**

No new risks were identified at this meeting.
There were no risks referred to this meeting by any Sub-Committee of the Board.

15.01.045 **Items for Communication to the Trust**

The following items should be communicated throughout the Trust:

- The positive message in the provided service user presentation: Service User Designed Audit in Acute Care Division; and
- The positive messages provided in the ‘Voluntary Services Department – Year 1 Review’ item above.

15.01.046 **Date of Next Meeting**

30 April 2015

15.01.047 **CLOSE**

The Chair declared the meeting closed at 4:28pm

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

............................................................................................................
(Trust Board Chair) (Date)

*Note: Board minutes are numbered sequentially throughout the calendar year.*