2GETHER NHS FOUNDATION TRUST

BOARD MEETING

THURSDAY 28 JULY 2016 AT 10.00AM

TRUST HQ, RIKENEL

AGENDA

10.00	1	**Apologies**	
	2	**Declaration of Members Interests**	
10.05	3	**Minutes of the Board meeting held on 26 May 2016**	**PAPER A**
	4	**Action Points and Matters Arising**	
10.10	5	**Questions from the Public**	
IMPROVING QUALITY			
10.15	6	**Patient Story Item**	**PRESENTATION**
10.45	7	**Performance Dashboard Report**	**PAPER B**
IMPROVING ENGAGEMENT			
10.55	8	**Chief Executive's Report**	**PAPER C**
IMPROVING SUSTAINABILITY			
11.05	9	**Summary Financial Report**	**PAPER D**
11.15	10	**Improving Access To Psychological Therapies (IAPT) Update**	**VERBAL**
11.25	11	**Quarterly Reporting to Monitor – Qtr 1**	**PAPER E**
11.35	12	**Board Committee Summaries** • MHLS Committee – July • Delivery Committee – June and July (Verbal) • Governance Committee – June and July (Verbal)	 **PAPER F1** **PAPER F2** **PAPER F3**
INFORMATION SHARING (TO NOTE ONLY)			
11.50	13	**Chair's Report**	**PAPER G**
	14	**Council of Governor Minutes – March and May 2016**	**PAPER H**
	15	**Use of the Trust Seal**	**PAPER I**
11.55	16	**Any Other Business**	
12.00	17	**Date of Next Meeting** Thursday 29 September 2016 at Trust HQ, Rikenel, Gloucester	

QUESTIONS FROM THE PUBLIC

Written questions for the Board Meeting

People who live or work in the county or are affected by the work of the Trust may ask:

- the Chairperson of the Trust Board;
- the Chief Executive of the Trust;
- a Director of the Trust with responsibility; or
- a chairperson of any other Trust Board committee, whose remit covers the subject matter in question;

a question on any matter which is within the powers and duties of the Trust.

Notice of questions

A question under this procedural standing order may be asked in writing to the Chief Executive by 10 a.m. 4 clear working days before the date of the meeting.

Response

A written answer will be provided to a written question and will be given to the questioner and to members of the Trust Board before being read out at the meeting by the Chairperson or other Trust Board member to whom it was addressed.

Additional Questions or Oral Questions without Notice

A member of the public who has put a written question may, with the consent of the Chairperson, ask an additional oral question on the same subject. The Chairperson may also permit an oral question to be asked at a meeting of the Trust Board without notice having been given.

An answer to an oral question under this procedural standing order will take the form of either:

- a direct oral answer; or
- if the information required is not easily available a written answer will be sent to the questioner and circulated to all members of the Trust Board.

Unless the Chairperson decides otherwise there will not be discussion on any public question.

Written questions may be rejected and oral questions need not be answered when the Chairperson considers that they:

- are not on any matter that is within the powers and duties of the Trust;
- are defamatory, frivolous or offensive;
- are substantially the same as a question that has been put to a meeting of the Trust Board in the past six months; or
- would require the disclosure of confidential or exempt information.

For further information, please contact the Assistant Trust Secretary on 01452 894165

[2]GETHER NHS FOUNDATION TRUST

BOARD MEETING
THE KINDLE CENTRE, HEREFORD
26 MAY 2016

PRESENT

Ruth FitzJohn, Trust Chair
Shaun Clee, Chief Executive
Marie Crofts, Director of Quality
Dr Chris Fear, Medical Director
Martin Freeman, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Charlotte Hitchings, Non-Executive Director
Andrew Lee, Director of Finance and Commerce
Jane Melton, Director of Engagement and Integration
Colin Merker, Director of Service Delivery
Nikki Richardson, Non-Executive Director
Carol Sparks, Director of Organisational Development
Duncan Sutherland, Non-Executive Director
Jonathan Vickers, Non-Executive Director

IN ATTENDANCE

Ron Allen, Tewkesbury Borough Council
Rob Blagden, Trust Governor
Hilary Bowen, Member of the Public (until item 7)
Dr Sarah Greef, SpR (Shadowing the Medical Director)
Anna Hilditch, Assistant Trust Secretary
Dawn Lewis, Trust Governor
John McIlveen, Trust Secretary
Ian Stead, Herefordshire Healthwatch

1. WELCOMES, APOLOGIES AND INTRODUCTIONS

1.1 Apologies were received from David Farnsworth.

2. DECLARATIONS OF INTERESTS

2.1 There were no changes to Board Members' declarations of interests.

2.2 In relation to business to be conducted at the meeting, Marcia Gallagher restated that she was the interim part-time Director of Delivery for Herefordshire CCG.

3. MINUTES OF THE MEETING HELD ON 31 MARCH 2016

3.1 The minutes of the meeting held on 31 March were agreed as a correct record, subject to a few minor typos.

4. MATTERS ARISING AND ACTION POINTS

4.1 The Board reviewed the action points, noting that these were now complete or progressing to plan. There were no matters arising.

5. QUESTIONS FROM THE PUBLIC

5.1 There were no questions from the Public.

6. PATIENT STORY PRESENTATION

6.1 The Board welcomed Jane to the meeting who gave a very honest and reflective account of her experience of receiving an early diagnosis of dementia. A good, open discussion took place around the key issues raised.

6.2 Jane had appointments with the Community Dementia Service every 6 months at her local GP surgery; however, she was confident that she could get in touch with the service at any time to get advice and support.

6.3 Jane said that she had been required to report her diagnosis of dementia with the DVLA; however, she said that there did not seem to be any differentiation with them between mild and severe dementia. The Board agreed that providing a mental health diagnosis to the DVLA was a difficult area and the DVLA were very rigid in their recommendations. There was a need to review the risk assessments carried out and the Chief Executive suggested that the Trust could use its national connections with Age UK and the Alzheimer's Society to lobby the DVLA.

6.4 The Medical Director noted that Jane had been involved with local dementia research studies and he asked her for her views on taking part in research of this nature. Jane said that she had been very happy to get involved, as the more people know about these conditions the more people that can be helped.

6.5 Ruth FitzJohn asked about Jane's experience of being referred to the service and whether there had been any gap in moving from primary into secondary care. Jane said that she was unable to speak for all service users; however, her experience had been seamless. The Director of Service Delivery said that the Dementia Service had been running for 2 years in Herefordshire and there had been significant investment in this so it was fantastic to know that it appeared to be running smoothly. He said that work was underway to look at building further community capacity for the service.

6.6 Some of the key actions and learning points included:

- Encouraging patients to bring someone with them to appointments were a diagnosis may be given
- The need for a strategic approach to patient leaflets and ensuring that information given out is aimed at the individual
- The importance of partnership working
- Support for patients and guidance in relation to the DVLA
- Offering volunteering opportunities and support engagement in meaningful activities outside the dementia service

6.7 The Board thanked Jane for coming and talking so openly about her diagnosis and experiences. Jane said that she had welcomed the opportunity.

7. PERFORMANCE DASHBOARD

7.1 The Board received the performance dashboard outturn report which set out the performance of the Trust for the full 2015/16 contract period against our Monitor, Department of Health, and Contractual and CQUINS key performance indicators. This report had been received and scrutinised in detail at the Delivery Committee meeting.

7.2 Of the 127 reportable indicators, 109 were compliant, 14 non-compliant and 4 were either not yet available or under review at the end of the reporting period. The Director of Service Delivery advised that those indicators that were non-compliant at the end of the year represented those areas that had been discussed and reviewed throughout the year at the Delivery Committee.

7.3 The Board noted that a discussion had taken place at the May Delivery Committee around the process and practice of recording 7 day and 48 hour follow up after discharge, as

requested at the April Board. The Policy for 48 hour follow up was being amended and a Practice Notice would be produced for circulation to staff advising that the policy was being reviewed.

7.4 Nikki Richardson, Vice Chair of the Delivery Committee said that she had been very pleased to see the continuous improvement in performance throughout the year. The 'early warning' process was working well and the year-end outturn report included no surprises. She added that it was good to see that open discussion with commissioners was taking place around the indicators which demonstrated good partnership working.

7.5 The Director of Service Delivery asked the Board to note that the IAPT National IST Team had visited the Trust and had challenged the clinical model that was in place in Gloucestershire. He said that IAPT was a key area of focus nationally and would be prominent on the Trust's agenda during 2016/17.

7.6 The Board formally recorded their thanks for the incredible amount of work carried out by operational, front line and support staff over the past year to achieve the performance targets.

8. SERVICE EXPERIENCE REPORT – QUARTER 4

8.1 The Director of Engagement and Integration provided assurance that service experience information about Trust activity in Quarter 4 2015/16 had been reviewed in depth, scrutinised for themes and considered for both individual team and general learning across the organisation. The full report had been discussed in detail at the Governance Committee and the increased ownership of the report from the services had been welcomed.

8.2 The Board received significant assurance that the organisation had listened to, heard and understood patient and carer experience of 2gether's services. This assurance was provided across all domains of feedback including complaints, concerns, comments and compliments. The Board also received significant assurance that service users valued the service being offered by 2gether and would recommend it to others. Over the year 2015/2016, 91% of people who responded to the invitation to complete the Friends and Family Test said that they would recommend 2gether's services. However, the Board was asked to note the limited assurance in relation to the number of people taking part in local survey activity. The Board noted that a new system of gathering feedback had been introduced to operational services and the PALS officer responsible was offering a weekly update on progress to the Director of Engagement and Integration. The aim was to ensure that surveys are appropriately accessible to service users and to encourage more people to participate in the survey thus gain greater reliability of results.

8.3 The Board noted that a number of broad themes and learning had been identified for countywide learning and dissemination. They were defined from the triangulation of all types of service experience information received. This learning included:

- Informing and involving service users when information is shared about them.
- People value bespoke, clear, jargon-free communication to share information and advice (both written and verbal).

8.4 The Director of Engagement and Integration said that a lot of work had been carried out to make the service experience report sharper, without losing any of the valuable content. The Director of Quality advised that the report was shared with commissioning colleagues at the Gloucestershire Clinical Quality Review Group and they had praised the report. Ian Stead

from Herefordshire Healthwatch agreed that this was a valuable report and he also added that Healthwatch had developed good links with 2gether which was excellent.

9. QUALITY REPORT 2015/16

9.1 The Board received the final draft of the Annual Quality Report which summarised the progress made in achieving targets, objectives and initiatives identified; and had been collated following an extensive review of all associated information received from a variety of sources throughout the year.

9.2 The Board noted that the priorities for improvement during 2016/17 had been agreed in consultation with both internal and external stakeholders. These priorities were categorised under the three key dimensions of effectiveness; user experience and safety.

9.3 The Board noted that this report had been received at the Audit Committee meeting the previous day which had been held to approve and sign off the annual accounts. It was noted that 2gether had received an 'unmodified' opinion and limited assurance report from the External Auditors on the Quality Report. Marcia Gallagher, Chair of the Audit Committee said that the Quality Report had been approved by the Committee and had been well received. By way of additional assurance, Martin Freeman informed the Board that representatives from the 2 CCGs attended the Governance Committee meetings and the Trust was able to liaise with them to ensure that the improvements from the previous year had been made.

9.4 The Chief Executive expressed his thanks to those people involved in the production of the Quality Report and to commissioning colleagues and Healthwatch for their comments and input into the report. The Board agreed to sign off the Quality Report 2015/16.

10. COMPLAINTS ANNUAL REPORT 2015/16

10.1 The Board received the Complaints Annual Report 2015/16. This report provided Significant Assurance that the Trust had made significant effort to listen to, understand and resolve complaints over the past year. The themes of complaints received during the period had been reviewed and comparisons made with information from previous years. Systems have been refined and analysed in an effort to understand and ensure that complaints and concerns from individuals are responded to promptly and effectively. Methods of disseminating learning across the Trust continued to be refined and developed.

10.2 The Director of E&I reported that the number of complaints received during 2015/16 was lower than the previous year (n=131). Whilst the numbers of formal complaints had reduced there was Significant Assurance that individuals were increasingly prepared to share concerns. This can be evidenced by the increased number of 'concerns' resolved without the formality of the NHS complaints process.

10.3 In their Comprehensive Inspection of the Trust in October 2015, the Care Quality Commission reviewed complaints information and interviewed key staff involved in complaint resolution. They noted that the Trust detailed the nature of complaints and a summary of actions taken in response. They found that complaints had been appropriately investigated by the Trust and included recommendations for learning, offering further independent scrutiny as evidence of significant assurance.

10.4 A number of developments were planned for the coming year including:

- Ensuring there is reasonable adjustment to the complaint process to raise awareness and ensure it is accessible to everyone using our services particularly older people, children and people with a learning disability.
- Continue to embed learning from complaints in practice and seek assurance that this is disseminated across the Organisation.
- Reviewing and updating the Trust's Complaint Policy to reflect changes in practice and national guidance.
- Working with colleagues across the Trust to review and improve dissemination of learning from complaints to ensure service user feedback is considered and embedded in practice.
- Providing training and support to investigators to ensure they are confident in applying national and local best practice for complaint investigation.
- Continuing to triangulate complaints with concerns, comments and compliments and survey information received to gain rich information to inform practice and service development.
- Embedding the new Datix web data collection system in practice and utilise the additional functionality to develop and share information with Locality Boards and Clinical Teams.

10.5 The Board noted that work was underway to implement and evaluate the revised Non-Executive Director Audit to enable review of national best practice in investigation and complaint management in line with recent PHSO national recommendations. Martin Freeman and Nikki Richardson had volunteered to trial the new audit template, covering Q4 of 2015/16 and Q1 of 2016/17. The Director of E&I was pleased to advise that no complaints referred to the HSO during the year were upheld. This offered a good level of assurance to the Board, and the revised NED Audit of Complaints process would assist in providing additional internal assurance on complaints management throughout the year.

10.6 The Board thanked the Director of E&I and her team for the report, and its contents were noted.

11. SMOKE FREE IMPLEMENTATION INTERIM REPORT

11.1 The purpose of this paper was to update the Board on the implementation of the National Institute for Clinical Excellence guidance - NICE (2013) PH 48 - Smoking cessation in secondary care: acute, maternity and mental health services.

11.2 The Director of Quality advised that this guidance was a game-changing approach to improving the physical health needs and ultimately extending life expectancy of our service users and the Trust was committed to delivery of this guidance. It does require significant practice and cultural change within inpatient mental health services which needs a timescale for implementation proportionate to the cultural shift needed.

11.3 The Board noted that the target date for full implementation was set at October 2016. However, whilst the Trust is committed to implementation of this guidance there needed to be strong clinical leadership and a clinical lead was only appointed in April 2016 which had created a short time delay in fully commencing the work. The Director of Quality advised that the Clinical Lead was an existing member of staff and it was agreed that the 6 month delay in implementation would cause less harm than moving that member of staff out of her existing post earlier, hence the delay in the commencement of the appointment.

11.4 The Board noted that a Programme Board had been established, chaired by the Director of Quality to monitor and oversee the implementation of Smokefree. Significant assurance was received on current progress and developments towards implementation of the guidance; however, the programme board was recommending a delay in full implementation of a Smokefree environment within inpatient services from October 2016 to April 2017. This was owing to the delay in the clinical lead start time and the 12 month timeframe needed to implement the guidance.

11.5 As part of the "Engagement" workstream, a survey had been conducted to identify levels of support and opposition to the implementation. The Director of Quality advised that there had been a very low response rate and the responses were mixed in their views. It was acknowledged that more engagement with staff was needed. Nikki Richardson asked whether any support was being offered to staff to assist them to stop smoking. The Director of OD said that work was taking place with Working Well to offer this support to staff.

11.6 The Board noted the current progress and assurance, and supported the delay in full implementation to April 2017.

12. CHIEF EXECUTIVE'S REPORT

12.1 The Chief Executive presented his report to the Board which provided an update on key national communications via the NHS England NHS News and a summary of key progress against organisational major projects.

12.2 The Board noted the extensive engagement activities that had taken place during the past month, and the importance of these activities in order to inform strategic thinking, raise awareness of mental health, build relationships and influence the strategic thinking of others.

12.3 The Chief Executive highlighted 2 national updates to the Board:

- *NHS commits to major transformation of mental health care with help for a million more people* - The Mental Health Taskforce has published its Five Year Forward View with recommendations for changing and developing mental health care across the NHS. It calls for £1 billion investment to help over a million more people to access the services they need.

- *New training to support mental health professionals to tackle stigma and discrimination within services* - A new training pack has been launched to help reduce the stigma and discrimination sometimes experienced by people when using mental health services. Insight from research, focus groups and individual interviews, demonstrated that a high number of people using mental health services felt they experienced stigma and discrimination. This helped Time to Change to work with mental health professionals and service users to identify examples of good practice as well as the barriers which can sometimes stand in the way of positive interactions. The resulting training pack focuses on the positive changes which can improve both team culture and working practices. The Chief Executive informed the Board that 2gether had been one of the pilot sites for this work.

13. ANNUAL MEMBERSHIP REPORT

13.1 The Director of E&I presented this report to the Board which provided a full analysis of the 2015/16 financial year membership data for 2gether, providing a year-on-year comparison.

13.2 There were 7473 members of the Trust at the end of the 2015/16 financial year. This represented an increase of 404 new members during the year. Further work was underway to review the format of membership events for recruiting members, new ways to reach potential members and enhance engagement with our existing membership base. The Director of E&I advised that the Trust was continuing to focus on improving its engagement with existing members to make membership more meaningful.

13.3 The Director of E&I advised that this report had also been presented at the May Council of Governors meeting and a number of helpful suggestions had been offered on potential ways of collecting membership data in future.

13.4 The Board noted that the Communications Team would be pulling together a membership information pack for staff to use when attending external meetings and events to help engage and recruit new members.

13.5 The Board endorsed the Membership Data Report for 2015/16.

14. WORKFORCE STRATEGY AND TRAINING STRATEGY

14.1 The Director of OD reported that the Organisational Development Strategy was developed in 2015 and endorsed by the Board in July 2015. The strategy was underpinned by two equally important strategies which help frame the workforce of the future. These were the Workforce Strategy and the Training Strategy.

14.2 The Board noted that both strategies had been aligned to the Trust's three strategic objectives and the Monitor 'Strategy Development Toolkit' had been used to ensure both strategies met Monitor's expectations. Both strategies were underpinned by implementation plans which would last a period of five years but would be revised annually to ensure they remained appropriate to need. The Board noted that the Training Strategy was also informed and underpinned by the Training and Education annual plan.

14.3 The Strategies had been presented at the Development Committee on 2 previous occasions and it was noted that since then, the Workforce Strategy had been expanded to include an additional appendix setting out Professional Training Duration.

14.4 Charlotte Hitchings said that workforce planning needed to be across the STP areas and she asked how this would work. The Director of OD advised that 2gether's Head of Workforce was in regular attendance at the STP Workforce Committee and could therefore ensure that everything fed in together.

14.5 Nikki Richardson asked how the Trust planned to make these strategies "real" for staff. The Director of OD advised that HR Managers were in place to provide support to managers in rolling out these strategies. The Board also noted that 2gether had good links with Health Education South West and West Midlands, and a tool for workforce planning was currently being developed.

14.6 The Chief Executive assured the Board that 2gether was well networked in relation to the STPs. However, it was proving difficult to recruit to vacancies nationally and new ways of resolving this were needed. He added that understanding about workforce planning across the system as a whole was limited as there was a need to be able to forecast 3 – 5 years ahead.

14.7 The Medical Director informed the Board that there was a limited number of training placements available in the South West which did not assist with the ability to recruit.

14.8 Marcia Gallagher asked about the impact of new technologies, and how the Workforce Strategy was geared up to address this. The Director of OD said that the Trust had introduced an IT Self-assessment tool to help assess people's competencies and training needs. The new e-learning system would be rolled out in June and there was a high level of confidence in the functionality of this. The Delivery Committee would be closely monitoring the roll out and would report back to the Board in due course.

14.9 Duncan Sutherland noted that the Workforce Strategy was very internally, health focused; however, he suggested that 2gether needed to look at itself as a business and therefore look at links into the broader context with local enterprise organisations and look to "sell" the county as a place to work to aid in recruitment.

14.10 The Board approved the Workforce Strategy and the Training Strategy. It was agreed that the "Strategy on a page" summaries would be made much clearer and punchier, with the key points clearly highlighted.

ACTION: "Strategy on a page" summaries for the Workforce Strategy and the Training Strategy to be made much clearer and punchier, with the key points clearly highlighted.

15. ALLIED HEALTH AND PSYCHOLOGICAL PROFESSIONS STRATEGY

15.1 The Board received the Allied Health and Psychological Professions Strategy, noting that this had also been presented at the Development Committee.

15.2 The Director of E&I presented a short film to the Board, which had been produced to coincide with the launch of the Strategy.

15.3 The Board agreed that this was an excellent strategy and welcomed having a joint strategy for all AHPPs, noting that this was a very unique staff group.

15.4 The Strategy was approved and it was agreed that this, along with a link to the video should be posted on the Trust's website and new recruitment microsite.

ACTION: AHPP Strategy with a link to the video to be posted on the Trust's website and new recruitment microsite.

16. SUMMARY FINANCE REPORT

16.1 The Board received the Finance Report that provided information up to the end of April 2016. The month 1 position was a deficit of £22k compared to the planned deficit of £52k. The month 1 forecast outturn is a £4k surplus in line with the Trust's control total. The Trust has a Continuity of Service Risk Rating of 3.

16.2 The Director of Finance and Commerce asked the Board to note that the 2016/17 contracts with Gloucestershire CCG, Herefordshire CCG, NHS England and Worcestershire Joint Commissioning Unit had been signed and budgets were approved by the Board in March for 2016/17. The Trust submitted its one year Operational Plan to Monitor by the 11th April 2016.

16.3 The Board noted that the Audit Committee had met the previous day and the annual accounts had received a clean Audit Opinion.

16.4 An error within the report was noted, with the Operating Expenditure RAG rating on page 3 being at 100% and therefore Green, not Amber. The Director of Finance agreed to rectify this for the next report.

16.5 The Board noted the summary Finance Report for the period ending April 2016.

17. MONITOR PROVIDER LICENCE DECLARATIONS

17.1 The Board is required to make a number of declarations to Monitor each year regarding compliance with the terms of the Trust's provider licence. This report set out those declarations, along with the evidence to support the declaration of compliance.

17.2 It is a requirement of the governance condition of the Trust's licence that the Trust submits a Corporate Governance Statement to Monitor within three months of the end of each financial year. The submission date for this declaration was 30 June 2016. The Corporate Governance Statement requires the Trust Board to confirm:

- Compliance with the governance condition at the date of the statement; and
- Forward compliance with the governance condition for the current financial year, specifying (i) and risks to compliance and (ii) any actions proposed to manage such risks

17.3 The Chief Executive noted that Monitor had raised a query with 2gether around future compliance with IAPT services and it was therefore agreed that a supporting note should be included in relation to risk to future compliance, as follows:

"We would want to raise awareness around issues we are working through in respect of our IAPT services. We have been working with our local commissioners and the National IAPT IST to address issues of data quality which we are confident we have resolved. As part of our work we have recently asked the IST to undertake a "deep dive" review of our services which has provided us with a set of recommendations which against which we have a comprehensive action plan which is monitored via Executive and Delivery Committees".

17.4 Monitor also required the Board to make declarations regarding:

a) governance systems and processes in place where the Trust is a member of, or considering taking part in a major joint venture or Academic Health Science Centre (AHSC). The Trust was not a member of an AHSC, and was not currently considering becoming part of a major joint venture. The Board therefore approved a declaration of 'Not Applicable'.
b) the provision of necessary training to Governors, pursuant to Section 151(5) of the Health and Social Care Act 2012. The joint Board/Governor engagement work undertaken during the year has produced a number of outputs intended to support Governors to undertake their role. The Board therefore made a declaration of 'Confirmed' in respect of the provision of Governor training while recognising that these initiatives had only just been introduced and therefore were as yet untested.

17.5 Foundation Trusts are required to make an annual declaration to Monitor regarding their systems for compliance with provider licence conditions (General Condition G6). The Board agreed a declaration of 'Confirmed' in respect of both parts of this declaration.

17.6 All declarations must be made having regard to the views of Governors. The Board was therefore asked to note that as agreed by the Council of Governors last year, Governors had received a separate summary report intended to provide assurance regarding the process for making these declarations. Governors were invited to submit comments to the Trust Secretary, who had incorporated feedback received from Governors into the Board's report in order to inform the Board's decision. This was noted.

17.7 The Board approved the recommendations set out in this comprehensive report, noting the agreed addition to support the Trust's Corporate Governance Statement.

18. MENTAL HEALTH LEGISLATION SCRUTINY COMMITTEE ANNUAL REPORT 2015/16

18.1 This Mental Health Legislation Scrutiny Committee Annual Board Report outlined the activities of the Committee between April 2015 and March 2016.

18.2 Section 2 of the report provided comments on a range of internal and external monitoring information including; Care Quality Commission (CQC) Comprehensive Inspection, CQC Inpatient Monitoring visits, Key Performance Indicators and audits.

18.3 The Board noted that the MHLS Committee continued to monitor and request detailed action plans for those areas of the Mental Health Act (MHA), Mental Capacity Act (MCA), Human Rights Act and associated codes of practice, highlighted by either the CQC or by internal audit that are deemed not to be meeting the required standards. Martin Freeman advised that there was still a lack of clarity in some instances around the application of the MCA and Deprivation of Liberty Safeguards (DoLS) however work was evolving.

18.4 The Committee was able to provide significant assurance on the controls it has in place for ensuring the Trust monitors and sustains compliance with the MHA, MCA, HRA (and their associated codes of practice) and where necessary takes action to address non-conformities. The Board felt assured that this key area was being well monitored and thanked the Committee for its work over the past year.

19. BOARD COMMITTEE REPORT – AUDIT COMMITTEE

19.1 The Board received the summary report from the Audit Committee meeting held on 13 April 2016 and noted the key points raised during the meeting and the assurance received by the Committee.

19.2 Marcia Gallagher provided a verbal report from the Audit Committee meeting held on 25 May which had taken place primarily to receive and sign off the annual report and accounts 2015/16. A full written report would be presented at the next Board meeting. Key items received and discussed at the meeting included:

- The Committee received and approved the annual accounts, noting that these had received an unqualified opinion
- There had been no post balance sheet events to note
- The Annual Governance Statement and Statement of CEO responsibilities were approved.
- The Annual Report was approved subject to some minor typos
- The Counter Fraud Annual Report and action plan was received and the Committee noted that 2gether had been RAG rated as Green for Prevent and Deter work in the self-reporting tool

20. BOARD COMMITTEE REPORT – MH LEGISLATION SCRUTINY COMMITTEE

20.1 The Board received the summary report from the MH Legislation Scrutiny Committee meeting held on 11 May 2016 and noted the key points raised during the meeting and the assurance received by the Committee.

21. BOARD COMMITTEE REPORTS – DELIVERY COMMITTEE

21.1 Nikki Richardson provided a verbal report from the Delivery Committee meeting held on 25 May. A full written report would be presented at the next Board meeting. Key items received and discussed at the meeting included:

- The Committee received the performance outturn report for 2015/16 and the full month 1 report for 2016/17. There had been an increase in the number of indicators this year to 160, and included a number of learning disability indicators.
- A Physical Intervention training report was received and the Committee noted that there was good level of confidence in the number of staff trained.
- Problems recruiting to posts in Herefordshire were noted and more detail to include retention rates was requested for the next meeting.
- The CQUIN target report was received and it was noted that there were no key risks identified for this year.
- The Committee approved the annual heatwave plan for 2016
- The CLDT Action plan was received and the Committee agreed to receive quarterly updates on progress with this.

22. BOARD COMMITTEE REPORTS – GOVERNANCE COMMITTEE

22.1 Martin Freeman presented the summary report from the Governance Committee meeting that had taken place on 22 April 2016. This report was noted.

22.2 A verbal report was given from the meeting held on 20 May. A full written report would be presented at the next Board meeting. Key items received and discussed at the meeting included:

- There had been 7 new SIs reported during April, 6 in Gloucestershire and 1 in Herefordshire. There were no obvious trends being identified.
- The 46 actions identified as part of the Homicide action plan were all now complete. All had been appropriately challenged and the Committee was happy that these be closed. The Director of Quality expressed her thanks to everyone who had been involved in progressing this work.

23. BOARD COMMITTEE REPORT – DEVELOPMENT COMMITTEE

23.1 Jonathan Vickers presented the summary report from the Development Committee meeting held on 18 May 2016. The Board noted the key points raised during the meeting and the assurance received by the Committee.

24. INFORMATION SHARING REPORTS

24.1 The Board received the following reports for information:

- Chair's Report
- Use of the Trust Seal – Quarter 4 2015/16

24.2 Ruth FitzJohn was pleased to announce the appointment of Quinton Quayle as a new Non-Executive Director from 1 June. The interviews had taken place on 23 May, and the

recommendation had been presented to the Nominations and Remuneration Committee, and subsequently to the Council of Governors for approval on 24th May.

24.3 Ruth FitzJohn advised that the recent Non-Executive recruitment process had identified 2 excellent candidates, and the Council of Governors had given their approval for the appointment of a NED designate from 1 January 2017, taking up a full post from 1 March 2017.

24.4 Ruth FitzJohn expressed her huge thanks to her NED colleagues for taking on extra work over the past year, noting that people had gone above and beyond to ensure appropriate cover arrangements were in place during what had been a complicated time.

25. ANY OTHER BUSINESS

25.1 There was no other business.

26. DATE OF THE NEXT MEETING

26.1 The next Board meeting would take place on Thursday 28 July 2016 at Trust HQ, Rikenel, Gloucester.

Signed: …….. **Date: …….**
Ruth FitzJohn, Chair

BOARD MEETING
ACTION POINTS

Date of Mtg	Item ref	Action	Lead	Date due	Status/Progress
28 Jan 2016	5.7	Director of Quality to carry out work to look at the transition of patients from PICU back to open acute wards to see if there was something that could be done to improve their experience in line the with EAP initiative.	Marie Crofts	September	**Ongoing.** Actions underway with a progress report back to the Board in September 2016
26 May 2016	14.10	"Strategy on a page" summaries for the Workforce Strategy and the Training Strategy to be made much clearer and punchier, with the key points clearly highlighted.	Carol Sparks	June	**Complete**
	15.4	AHPP Strategy with a link to the video to be posted on the Trust's website and new recruitment microsite.	Jane Melton	June	**Complete**

Agenda item 7 **Enclosure Paper B**

Report to: 2gether Trust Board Meeting – 28th July 2016
Authors: Steve Moore, Interim Head of Information Management and Clinical Systems
Lyn Sansom, Information Manager
Presented by: Colin Merker, Director of Service Delivery

SUBJECT: Performance Dashboard Report for the period to the end of May 2016

This Report is provided for:			
Decision	Endorsement	**Assurance**	**To Note**

EXECUTIVE SUMMARY:

Overview

This month's report sets out the performance of the Trust for the period to the end of May 2016 against our Monitor, Department of Health, Contractual and CQUIN key performance indicators.

The new Key Performance Indicators for 2016/17 within this report are highlighted with a darker shaded ID Number for both the Gloucestershire and Herefordshire reporting areas for ease of reference.

Of the 162 contractual measures, 98 are reportable for May with 77 being compliant and 18 non-compliant at the end of the reporting period. 3 are Not Yet Available or Under Review. The information team are currently working with operational colleagues to build and implement reporting solutions to report on these 3 indicators which will be included in future reporting.

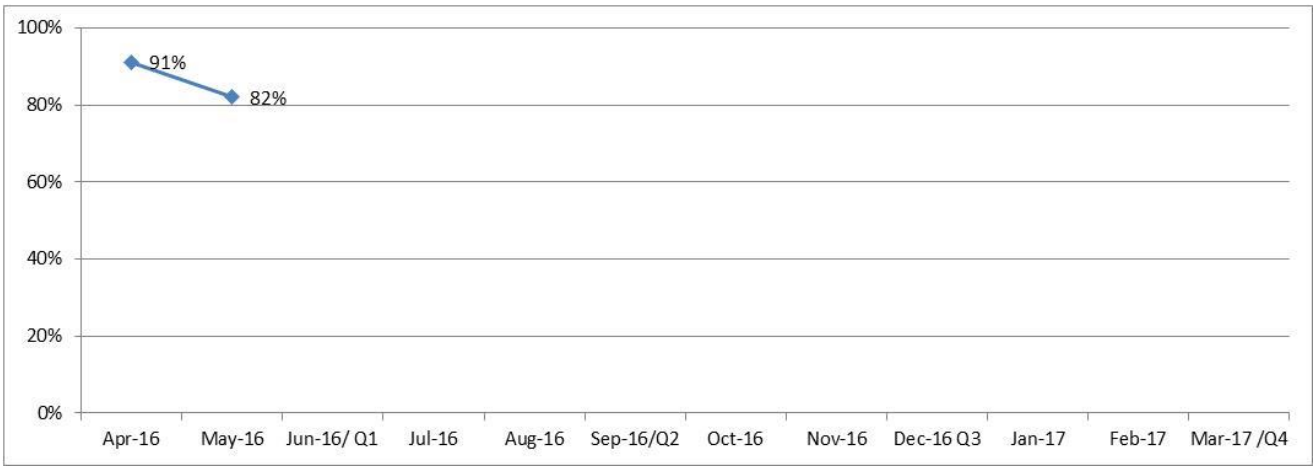
Where performance is not compliant, Service Directors are taking the lead to address issues with a particular focus continuing to be on IAPT services which account for 6 of the 18 non-compliant indicators (3.24, 3.25, 3.38, 5.13, 5.14 and 5.16). Work is ongoing to further understand the Service issues and plans which need to be put in place to improve these indicators.

A red flag '  ' continues to be placed next to indicators where further analysis and work is required or ongoing to fully scope potential data quality or performance issues.

The following table summarises the performance position as at the end of May 2016 for each of the KPIs within each of the reporting categories.

Indicators Reported in Month and Levels of Compliance							
Indicator Type	Total Measures	Reportable	Not Yet Required	Compliant	Non Compliant	NYA / UR	% non-compliance
Monitor Requirements	13	13	0	12	1	0	8
Never Events	17	17	0	17	0	0	0
Department of Health	10	8	2	6	2	0	25
Gloucestershire CCG Contract	67	23	44	18	5	0	22
Social Care	14	13	1	8	2	3	15
Herefordshire CCG Contract	30	24	6	16	8	0	33
CQUINS	11	0	11	0	0	0	0
Overall	162	98	64	77	18	3	18

The following graph shows the percentage compliance by month at the time of reporting.



Summary Exception Reporting

The following 18 key performance thresholds were not being met at the end of May 2016:

Monitor Requirements

- 1.07 – New psychosis(EI) cases as per contract

DoH Requirements

- 2.21 – No children under 18 admitted to adult in-patient wards
- 2.26 – Interim report for all SIs received within 5 working days of identification

Gloucestershire CCG Contract Measures

- 3.24 – IAPT Recovery rate : Access to psychological therapies should be improved
- 3.25 – IAPT Access rate : Access to psychological therapies should be improved
- 3.36 – No children under 18 admitted to adult in-patient wards
- 3.38 – IAPT Integrated service: 14 days from referral to screening assessment.
- 3.40 – Interim report for all SIs received within 5 working days of identification

Social Care –Gloucestershire CCG Contract Measures

- 4.02 –Percentage of people receiving long term services reviewed/assessed in last year
- 4.04 –Current placements aged 18-64 to residential/nursing care per 100,000 population

Herefordshire CCG Contract Measures

- 5.02 – Care Programme Approach – follow-up within 7 days of discharge
- 5.13 – IAPT Recovery rate – those who have completed treatment and have "caseness"
- 5.14 – IAPT maintain 15% of patients entering the service against prevalence
- 5.16 – IAPT High Intensity – number of patients that received Step 3 treatment
- 5.17 – Emergency referrals to CRHTT seen within 4 hours of referral
- 5.18a – Dementia Service – number of new patients, 65+ receiving an assessment
- 5.22 – No children under 18 admitted to adult in-patient wards
- 5.24 – Care Programme Approach - formal review within 12 months

RECOMMENDATIONS

The Board is asked to:

- Note the Performance Dashboard Report for May 2016.
- Be assured that there is ongoing work to review all of the indicators not meeting the required performance threshold. This includes a review of the measurement and data quality processes as well as clinical delivery and clinical practice issues.

Corporate Considerations	
Quality implications:	The information provided in this report is an indicator into the quality of care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service / care we provide.
Resource implications:	The Information Team provides the support to operational services to ensure the robust review of performance data and co-ordination of the Dashboard
Equalities implications:	Equality information is included as part of performance reporting
Risk implications:	There is an assessment of risk on areas where performance is not at the required level.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?	
Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
	Date	

Where in the Trust has this been discussed before?		
Not applicable.	Date	

What consultation has there been?		
Not applicable.	Date	

Explanation of acronyms used:	
	AOT Assertive Outreach Team AKI Acute kidney injury ASCOF Adult Social Care Outcomes Framework CAMHS Child and Adolescent Mental health Services C-Diff Clostridium difficile CIRG Clinical Information Reference Group CPA Care Programme Approach CPDG Contract Performance and Development Group CQUIN Commissioning for Quality and Innovation CRHT Crisis Home Treatment CYPS Children and Young People's Services DASH Drug and Alcohol Service Herefordshire ED Emergency Department EI Early Intervention EWS Early warning score HoNoS Health of the Nation Outcome Scale IAPT Improving Access to Psychological Therapies IST Intensive Support Team (National IAPT Team) KPI Key Performance Indicator LD Learning Disabilities MHL Mental Health Liaison MRSA Methicillin-resistant Staphylococcus aureus MUST Malnutrition Universal Screening Tool NICE National Institute for Health and Care Excellence SI Serious Incident SUS Secondary Uses Service VTE Venous thromboembolism YOS Youth Offender's Service

1. CONTEXT

This report sets out the performance Dashboard for the Trust for the period to the end of May 2016, month two of the new contract period 2016/17.

1.1 The following section of the report includes:

- An aggregated overview of all indicators in each section with exception reports for non-compliant indicators supported by the relevant Scorecard containing detailed information on all performance measures. These appear in the following sequence.
    - Monitor Requirements
    - Never Events
    - Department of Health requirements
    - NHS Gloucestershire Contract – Schedule 4 Specific Performance Measures
    - Social Care Indicators
    - NHS Herefordshire Contract – Schedule 4 Specific Performance Measures
    - NHS Gloucestershire CQUINS
    - Low Secure CQUINS
    - NHS Herefordshire CQUINS

2. AGGREGATED OVERVIEW OF ALL INDICATORS WITH EXCEPTION REPORTS ON NON-COMPLIANT INDICATORS

2.1 The following tables outline the performance in each of the performance categories within the Dashboard as at the end of May 2016. Where indicators have not been met during the reporting period, an explanation is provided relating to the non-achievement of the Performance Threshold and the action being taken to rectify the position.

2.2 Where stated, 'Cumulative Compliance' refers to compliance recorded from the start of this contractual year April 2016 to the current reporting month, as a whole.

2.3 Indicator IDs has been colour coded in the tables to indicate whether a performance measure is a national or local requirement. Blue indicates the performance measure is national, while lilac means the measure is local.

	=	**Target not met**
	=	**Target met**
NYA	=	**Not Yet Available from Systems**
NYR	=	**Not Yet Required by Contract**
UR	=	**Under Review**
N/A	=	**Not Applicable**
Baseline	=	**2016/17 data reporting to inform 2017/18**

DASHBOARD CATEGORY - MONITOR REQUIREMENTS

Monitor Requirements				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	13	13	13	13
🔴	0	2	1	1
🟢	13	11	12	12
NYA	0	0	0	0
NYR	0	0	0	0
UR	0	0	0	0
N/A	0	0	0	0

Performance Thresholds not being achieved in Month

(Reference number relates to the number of the indicator within the scorecard):

1.07: New psychosis (EI) cases

To date, Gloucestershire have reported 8 new cases against an expected threshold of 12 new cases and Herefordshire have reported 1 case against an expected threshold of 4 new cases.

As cases do not present evenly across the months, it means compliance fluctuates between months. Work continues to understand what an accurate threshold looks like for both the Gloucestershire and Herefordshire counties. The Committee will be updated once work in this area has been completed.

Services that the Trust can offer are continuing to be promoted with external agencies.

New cases are identified as new referrals that have started treatment. To be considered as "in treatment" a client must have an EI care-coordinator. This has not always been the case especially in respect of young people and work is ongoing between the information department to ensure that all new cases are captured and recorded with an EI care-coordinator.

This indicator has been red flagged as it requires further analysis to fully understand the issues and identify the actions required.

Cumulative Performance Thresholds Not being Met

1.07: New psychosis (EI) cases
As above

Changes to Previously Reported Figures

1.03: Care Programme Approach – follow-up within 7 days of discharge
Gloucestershire previously reported as non-compliant in April is now compliant at 95%. A recording error which resulted in 1 case being reported as non-compliant has now been corrected.

This has increased the Trust overall performance and for April is now reported as compliant at 95%

1.07: New psychosis (EI) cases - Herefordshire
The number of new cases in Herefordshire in April was previously reported at 3. Due to updated national guidance, a client can only be considered as "in treatment" if they have an EI care-coordinator. This has not always been the case especially in respect of young people on the CAMHs caseload and has resulted in no new cases currently being reported for April. Work is ongoing with the information department to ensure that all new cases are captured and reported.

Early Warnings / Notes

1.03: Care Programme Approach – follow-up within 7 days of discharge
We report to Monitor on a Trust basis every Quarter. Although the Trust is currently compliant overall for May at 98%, Herefordshire is non-compliant at 90%. This relates to 2 cases which the service is investigating.

1.04: Care Programme Approach - formal review within 12 months
As above, we report to Monitor on a Trust basis every Quarter. Although the Trust is compliant overall at 96%, Herefordshire is non-compliant at 93%. At the end of May there were 17 clients on the caseload recorded as not having a review during the previous 12 months. The information department are in the process of extending the early warning indicator from 8 weeks to 12 weeks to allow services more time to schedule review appointments and the service are currently reviewing all of these cases.

Monitor Requirements

ID	Performance Measure (PM)		2015/16 Outturn	April-2016	May-2016	June-2016	Cumulative Compliance
1							
1.01	Number of MRSA Bacteraemias	PM	0	0	0	0	0
		Gloucestershire	0	0	0		0
		Herefordshire	0	0	0		0
		Combined Actual	0	0	0		0
1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs)	PM	0	0	0	0	0
		Gloucestershire	0	0	0		0
		Herefordshire	0	0	0		0
		Combined Actual	0	0	0		0
1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%
		Gloucestershire	95%	95%	100%		98%
		Herefordshire	96%	94%	90%		92%
		Combined Actual	96%	95%	98%		97%
1.04	Care Programme Approach - formal review within12 months	PM	95%	99%	95%	95%	95%
		Gloucestershire	99%	98%	97%		98%
		Herefordshire	98%	97%	93%		94%
		Combined Actual	99%	99%	96%		97%
1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%
		Gloucestershire	1.0%	1.2%	1.2%		1.2%
		Herefordshire	1.2%	2.6%	2.4%		2.5%
		Combined Actual	1.0%	1.5%	1.5%		1.5%
1.06	Admissions to Adult inpatient services had access to Crisis Resolution Home Treatment Teams	PM	95%	95%	95%	95%	95%
		Gloucestershire	99%	98%	100%		99%
		Herefordshire	100%	100%	100%		100%
		Combined Actual	99%	98%	100%		99%
1.07	New psychosis (EI) cases as per contract	PM	72	6	6	6	12
		Gloucestershire	76	5	3		8
		PM	24	2	2	2	4
		Herefordshire	41	0	1		1
		PM	92	8	8	8	16
		Combined Actual	117	5	4	0	9
1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	50%	50%	50%	50%
		Gloucestershire	66%	20%	100%		50%
		Herefordshire	61%	n/a	100%		100%
		Combined Actual	64%	20%	100%		56%

Monitor Requirements

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016	Cumulative Compliance
1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%
		Gloucestershire	87%	78%	78%		78%
		Herefordshire	95%	94%	94%		94%
		Combined Actual	89%	82%	81%		82%
1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%
		Gloucestershire	99%	97%	98%		98%
		Herefordshire	99%	100%	100%		100%
		Combined Actual	99%	98%	99%		98%
1.11	**MENTAL HEALTH MINIMUM DATA SET PART 1 DATA COMPLETENESS: OVERALL**	PM	97%	97%	97%	97%	97%
		Gloucestershire	99.6%	99.8%	99.8%		99.8%
		Herefordshire	99.9%	99.9%	99.9%		99.9%
		Combined Actual	99.6%	99.8%	99.8%		99.8%
1.11a	Mental Health Minimum Data Set Part 1 Data completeness: DOB	PM	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%		100.0%
		Herefordshire	100.0%	100.0%	100.0%		100.0%
		Combined Actual	100.0%	100.0%	100.0%		100.0%
1.11b	Mental Health Minimum Data Set Part 1 Data completeness: Gender	PM	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%		99.9%
		Herefordshire	100.0%	100.0%	100.0%		100.0%
		Combined Actual	99.9%	99.9%	99.9%		99.9%
1.11c	Mental Health Minimum Data Set Part 1 Data completeness: NHS Number	PM	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%		99.9%
		Herefordshire	99.9%	99.9%	99.9%		99.9%
		Combined Actual	99.9%	99.9%	99.9%		99.9%
1.11d	Mental Health Minimum Data Set Part 1 Data completeness: Organisation code of commissioner	PM	97%	97%	97%	97%	97%
		Gloucestershire	98.8%	100.0%	100.0%		100.0%
		Herefordshire	99.9%	100.0%	100.0%		100.0%
		Combined Actual	99.1%	100.0%	100.0%		100.0%
1.11e	Mental Health Minimum Data Set Part 1 Data completeness: Postcode	PM	97%	97%	97%	97%	97%
		Gloucestershire	99.5%	99.8%	99.8%		99.8%
		Herefordshire	99.6%	99.8%	99.7%		99.8%
		Combined Actual	99.5%	99.8%	99.8%		99.8%
1.11f	Mental Health Minimum Data Set Part 1 Data completeness: GP Practice	PM	97%	97%	97%	97%	97%
		Gloucestershire	99.1%	99.2%	99.2%		99.2%
		Herefordshire	99.5%	99.6%	99.6%		99.6%
		Combined Actual	99.2%	99.3%	99.3%		99.3%

Monitor Requirements

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016	Cumulative Compliance
1.12	**MENTAL HEALTH MINIMUM DATA SET PART 2 DATA COMPLETENESS : OVERALL**	PM	50%	50%	50%	50%	50%
		Gloucestershire	97.9%	97.4%	97.4%		97.4%
		Herefordshire	95.3%	94.8%	94.4%		94.6%
		Combined Actual	97.4%	96.9%	96.9%		96.9%
1.12a	Mental Health Minimum Data Set Part 2 Data completeness: CPA Employment status last 12 months	PM	50%	50%	50%	50%	50%
		Gloucestershire	97.2%	96.2%	96.2%		96.2%
		Herefordshire	93.7%	92.8%	92.6%		92.7%
		Combined Actual	96.4%	95.6%	95.6%		95.6%
1.12b	Mental Health Minimum Data Set Part 2 Data completeness: CPA Accommodation Status in last 12 months	PM	50%	50%	50%	50%	50%
		Gloucestershire	97.1%	96.7%	96.7%		96.7%
		Herefordshire	93.8%	93.2%	92.9%		93.0%
		Combined Actual	96.5%	96.1%	96.0%		96.1%
1.12c	Mental Health Minimum Data Set Part 2 Data completeness: CPA HoNOS assessment in last 12 months	PM	50%	50%	50%	50%	50%
		Gloucestershire	99.6%	99.2%	99.2%		99.2%
		Herefordshire	98.5%	98.3%	97.9%		98.1%
		Combined Actual	99.4%	99.0%	98.9%		99.0%
1.13	Learning Disability Services: 6 indicators: identification of people with a LD, provision of information, support to family carers, training for staff, representation of people with LD; audit of practice and publication of findings	PM	6	6	6	6	6
		Gloucestershire	6	6	6		6
		Herefordshire	6	6	6		6
		Combined Actual	6	6	6		6

DASHBOARD CATEGORY – DEPARTMENT OF HEALTH PERFORMANCE

DoH Performance				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	27	27	27	27
🔴	0	1	2	2
🟢	26	24	23	23
NYA	0	0	0	0
NYR	1	1	1	1
UR	0	0	0	0
N/A	0	1	1	1

Performance Thresholds not being achieved in Month

2.21: No children under 18 admitted to adult inpatient wards
During May there were 2 under 18 admissions, 1 in Gloucestershire and 1 in Herefordshire.

In Gloucestershire the patient was admitted under Section 2 due to a psychotic episode. After being reviewed, they were transferred to a Child and Adolescent Mental Health inpatient unit in Devon.

In Herefordshire the patient was admitted under Section 2 due to a high risk of self-harm. The patient was reviewed the following day, taken off their section and discharged to independent accommodation with support from the Social Care Team

2.26: Interim report for all SIs received within 5 working days of identification
2 initial reports were submitted late in May. The processes surrounding these have been investigated and amendments made to ensure future compliance.

Cumulative Performance Thresholds Not being Met

2.21: No children under 18 admitted to adult inpatient wards
As above

2.26: Interim report for all SIs received within 5 working days of identification
As above

Changes to Previously Reported Figures

None

Early Warnings

None

DOH Never Events

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016		Cumulative Compliance
2								
2.01	Wrongly prepared high risk injectable medications	PM	0	0	0	0		0
		Actual	0	0	0			0
2.02	Maladministration of potassium containing solutions	PM	0	0	0	0		0
		Actual	0	0	0			0
2.03	Wrong route administration of oral/enteral treatment	PM	0	0	0	0		0
		Actual	0	0	0			0
2.04	Intravenous administration of epidural medication	PM	0	0	0	0		0
		Actual	0	0	0			0
2.05	Maladministration of insulin	PM	0	0	0	0		0
		Actual	0	0	0			0
2.06	Overdose of midazolam during conscious sedation	PM	0	0	0	0		0
		Actual	0	0	0			0
2.07	Opioid overdose in opioid naive patient	PM	0	0	0	0		0
		Actual	0	0	0			0
2.08	Inappropriate administration of daily oral methotrexate	PM	0	0	0	0		0
		Actual	0	0	0			0
2.09	Suicide using non collapsible rails	PM	0	0	0	0		0
		Actual	0	0	0			0
2.10	Falls from unrestricted windows	PM	0	0	0	0		0
		Actual	0	0	0			0
2.11	Entrapment in bedrails	PM	0	0	0	0		0
		Actual	0	0	0			0
2.12	Misplaced naso - or oro-gastric tubes	PM	0	0	0	0		0
		Actual	0	0	0			0
2.13	Wrong gas administered	PM	0	0	0	0		0
		Actual	0	0	0			0
2.14	Failure to monitor and respond to oxygen saturation - conscious sedation	PM	0	0	0	0		0
		Actual	0	0	0			0
2.15	Air embolism	PM	0	0	0	0		0
		Actual	0	0	0			0
2.16	Severe scalding from water for washing/bathing	PM	0	0	0	0		0
		Actual	0	0	0			0
2.17	Mis-identification of patients	PM	0	0	0	0		0
		Actual	0	0	0			0

DOH Requirements

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016		Cumulative Compliance
2.18	Mixed Sex Accommodation - Sleeping Accommodation Breaches	PM	0	0	0	0		0
		Gloucestershire	0	0	0			0
		Herefordshire	0	0	0			0
		Combined	0	0	0			0
2.19	Mixed Sex Accommodation - Bathrooms	Gloucestershire	Yes	Yes	Yes			Yes
		Herefordshire	Yes	Yes	Yes			Yes
		Combined	Yes	Yes	Yes			Yes
2.20	Mixed Sex Accommodation - Women Only Day areas	Gloucestershire	Yes	Yes	Yes			Yes
		Herefordshire	Yes	Yes	Yes			Yes
		Combined	Yes	Yes	Yes			Yes
2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0		0
		Gloucestershire	11	0	1			1
		Herefordshire	4	2	1			3
		Combined	15	2	2			4
2.22	Failure to publish Declaration of Compliance or Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes			Yes
		Herefordshire	Yes	Yes	Yes			Yes
		Combined	Yes	Yes	Yes			Yes
2.23	Publishing a Declaration of Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes			Yes
		Herefordshire	Yes	Yes	Yes			Yes

DOH Requirements

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016	Cumulative Compliance
2.24	Serious Incident Reporting (SI)	Glos	32	6	3		9
		Hereford	11	1	1		2
2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%
		Gloucestershire	100%	100%	100%		100%
		Herefordshire	100%	100%	100%		100%
2.26	Interim report for all SIs received within 5 working days of indentification (unless extention granted by CCG)	PM	100%	100%	100%	100%	100%
		Gloucestershire		100%	33%		78%
		Herefordshire		100%	100%		100%
2.27	SI Report Levels 1 & 2 to CCG within 60 working days	PM	100%	100%	100%	100%	100%
		Gloucestershire		NYR	NYR		NYR
		Herefordshire		NYR	NYR		NYR
2.28	SI Report Level 3 - Independent investigations - 6 months from investigation commissioned date	PM	100%	100%	100%	100%	100%
		Gloucestershire		N/A	N/A		N/A
		Herefordshire		N/A	N/A		N/A
2.29	SI Final Reports outstanding but not due	Gloucestershire	3	6	6		6
		Herefordshire	0	1	1		1

DASHBOARD CATEGORY – GLOUCESTERSHIRE CCG CONTRACTUAL REQUIREMENTS

Gloucestershire Contract				
	In month compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	41	67	67	67
	5	2	5	4
	20	21	18	19
NYA	3	0	0	0
NYR	0	43	43	43
UR	1	0	0	0
N/A	0	1	1	1

Performance Thresholds not being achieved in Month

 **3.24**: **IAPT Recovery rate: Access to psychological therapies should be improved**
May is recorded at 48% against a threshold of 50%, but is cumulatively compliant at 51%.

Due to the on-going work within IAPT, this indicator remains red flagged as it requires further analysis to fully understand the issues and identify the actions required.

Expected compliance: Compiance will fluctuate between months but it is likely the service will be consistent around the 50% threshold.

 **3.25: IAPT Access rate: Access to psychological therapies should be improved**
Following on from the recommendations of the IST review report, we are now only reporting on the Therapist Arm of the MHICT service. The figures in this report therefore exclude the Nursing element which has led to a decrease in the Access Rate for the service. The cumulative access rate to the end of May was 1.69% against an expected 2.50% cumulative access rate for the period. Further work is currently underway jointly with the Commissioners to review this service and its pathways.

This indicator has been red flagged as it requires further analysis to fully understand the issues and identify the actions required.

Expected compliance: Unknown until further work has been completed, but likely to be non-compliant throughout the year.

3.36: No children under 18 admitted to adult in-patient wards
There was 1 admission in May in Gloucestershire: The patient was admitted under Section 2 due to a psychotic episode. After being reviewed, they were transferred to a Child and Adolescent Mental Health inpatient unit in Devon.

Expected compliance: Compliance will fluctuate throughout the year. Occasionally under 18s are admitted to adult inpatient wards due to the lack of suitable facilities available. Every effort is made to ensure the appropriateness and safety of the patient is taken into account when taking the decision to admit an under 18 year old.

3.38: Adult Mental Health Intermediate Care Teams (New Integrated Service): Wait times from referral to screening assessment within 14 days of receiving referral
This indicator relates to one of the performance thresholds within the IAPT care pathway. This has been reviewed as part of the National IST review and a detailed report and action plan will be provided to the delivery committee as part of the outcomes coming out of the review.

This indicator has been red flagged as it requires further analysis to fully understand the issues and identify the actions required.

Expected compliance: It's likely this indicator will either be removed or amended following the IST review. It is unlikely to be compliant until that piece of work is complete.

3.40: Interim report for all SIs received within 5 working days of identification
2 initial reports were submitted late in May. The processes surrounding these have been investigated and amendments made to ensure future compliance.

Expected compliance: June 2016

Cumulative Performance Thresholds Not being Met

3.25: IAPT Access rate: Access to psychological therapies should be improved
As above

3.36: No children under 18 admitted to adult in-patient wards
As above

3.38: Adults Mental Health Intermediate Care Teams (New Integrated Service): Wait times from referral to screening assessment within 14 days of receiving referral
As above

3.40: Interim report for all SIs received within 5 working days of identification
As above

Changes to Previously Reported Figure
None

Early Warnings
None

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
	A.OPERATIONAL STANDARDS						
	Mixed Sex Accommodation Breaches						
3.01	Mixed Sex Accommodation Breach	PM	0	0	0	0	0
		Actual	0	0	0		0
	Mental health						
3.02	Care Programme Approach (CPA): Percentage of service users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	PM	95%			95%	95%
		Actual	95%				NYR
	B. NATIONAL QUALITY REQUIREMENT						
3.03	Zero tolerance MRSA	PM	0	0	0	0	0
		Actual	0	0	0		0
		Unavoidable	0	0	0		0
3.04	Minimise rates of Clostridium difficile	PM	0	0	0	0	0
		Actual	0	0	0		0
		Unavoidable	0	0	0		0
3.05	Duty of candour	PM	Report	Report	Report	Report	Report
		Actual	Compliant	Compliant	Compliant		NYA
3.06	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS,	PM	99%	99%	99%	99%	99%
		Actual	100%	100%	100%		100%
3.07	Completion of Mental Health Minimum Data Set ethnicity coding for all detained and informal Service Users	PM	90%	90%	90%	90%	90%
		Actual	97%	100%	93%		97%
3.08	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users	PM	90%	90%	90%	90%	90%
		Actual	85%	99%	98%		99%
3.09	Early Intervention in Psychosis programmes: percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	PM	50%			50%	50%
		Actual	66%				NYR
3.10	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	PM	75%	75%	75%	75%	75%
		Actual	87%	78%	78%		78%
3.11	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	PM	95%	95%	95%	95%	95%
		Actual	99%	97%	98%		98%

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
	C. Local Quality Requirements						
	Domain 1: Preventing People dying prematurely						
3.12	Increased focus on suicide prevention and reduction in the number of reported suicides in the community and inpatient units	PM	Report				Annual
		Actual	Complete				NYR
3.13	To reduce the numbers of detained patients absconding from inpatient units where leave has not been granted	PM	N/A			<36	<36
		Actual	55				NYR
3.14	Compliance with NICE Technology appraisals within 90 days of there publication and ability to demonstrate compliance through completion of implementation plans and costing templates.	PM					
		Actual					
3.15	Minimum of 5% increase in uptake of flu vaccination (15/16 55.3%)	PM					Annual
		Actual					NYR
	Domain 2: Enhancing the quality of life of people with long-term conditions						
3.16	2G bed occupancy for Gloucestershire CCG patients	PM	N/A	>91%	>91%	>91%	>91%
		Actual	92%	93%	93%		93%
3.17	Care Programme Approach: 95% of CPAs should have a record of the mental health worker who is responsible for their care	PM	95%	95%	95%	95%	95%
		Actual	100%	100%	100%		100%
3.18	CPA Review - 95% of those on CPA to be reviewed within 1 month (Review within 13 months)	PM	95%	95%	95%	95%	95%
		Actual	99%	99%	98%		99%
3.19	Assessment of risk: % of those 2g service users on CPA to have a documented risk assessment	PM	85%			95%	95%
		Actual	99%				NYR
3.20	Assessment of risk: All 2g service users (excluding those on CPA) to have a documented risk assessment	PM				85%	85%
		Actual					NYR
3.21	Dementia should be diagnosed as early in the illness as possible: People within the memory assessment service with a working diagnosis of dementia to have a care plan within 4 weeks of diagnosis	PM	85%	85%	85%	85%	85%
		Actual	89%	94%	98%		96%
3.22	AKI (previous CQUIN 1516) 95% of pts to have EWS score within 12 hours	PM				95%	95%
							NYR

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1		Cumulative Compliance
	Domain 3: Helping people to recover from episodes of ill-health or following injury							
3.23	Percentage of inpatient admissions that have been gatekept by crisis resolution/ home treatment team	PM	95%			95%		95%
		Actual	99%					NYR
3.24	IAPT recovery rate: Access to psychological therapies for adults should be improved	PM	50%	50%	50%	50%		50%
		Actual	35%	53%	48%			51%
3.25	IAPT access rate: Access to psychological therapies for adults should be improved	PM		1.25%	2.50%	3.75%		2.50%
		Actual		0.92%	1.69%			1.32%
3.26	IAPT reliable improvement rate: Access to psychological therapies for adults should be improved	PM	N/A	50%	50%	50%		50%
		Actual	55%	65%	61%			63%
3.27	Care Programme Approach (CPA): The percentage of people with learning disabilities in inpatient care on CPA who were followed up within 7 days of discharge	PM	95%	95%	95%	95%		95%
		Actual	100%	N/A	N/A			N/A
3.28	To send :Inpatient and day case discharge summaries electronically, within 24 hours to GP	PM				Report		Report
		Actual						NYR
	Domain 4: Ensuring that people have a positive experience of care							
3.29	To demonstrate improvements in staff experience following any national and local surveys	PM	Annual					Annual
		Actual	Compliant					NYR
3.30	Delayed transfers of care to be maintained at a minimal level	PM	<7.5%	<7.5%	<7.5%	<7.5%		<7.5%
		Actual	1.0%	1.2%	1.2%			1.2%

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1		Cumulative Compliance
	CYPS							
3.31	Number of children that received support within 24 hours of referral, for crisis home treatment (CYPS)	PM	95%			95%		95%
		Actual	97%					NYR
3.32	Children and young people who enter a treatment programme to have a care coordinator - (Level 3 Services) (CYPS)	PM	98%	98%	98%	98%		98%
		Actual	99%	99%	99%			99%
3.33	95% accepted referrals receiving initial appointment within 4 weeks (excludes YOS, substance misuse, inpatient and crisis/home treatment and complex engagement) (CYPS)	PM	95%			95%		95%
		Actual	98%					NYR
3.34a	Level 2 and 3 – Referral to treatment within 8 weeks , excludes LD, YOS, inpatient and crisis/home treatment) (CYPS)	PM	80%			80%		80%
		Actual	65%					NYR
3.35a	Level 2 and 3 – Referral to treatment within 10 weeks (excludes LD, YOS, inpatient and crisis/home treatment) (CYPS)	PM	95%			90%		90%
		Actual	78%					NYR
3.36	Young people admitted to adult wards (linked to DOH Dashboard measure 2.21)	PM		0	0	0		0
		Actual		0	1			1
3.37	Adults of working age - 100% of MDT assessments to have been completed within 4 weeks (or in the case of a comprehensive assessment commenced within 4 weeks)	PM	85%	85%	85%	85%		85%
		Actual	94%	94%	94%			94%
3.38	Adults Mental Health Intermediate Care Teams (New Integrated service) Wait times from referral to screening assessment within 14 days of receiving referral	PM	85%	85%	85%	85%		85%
		Actual	70%	60%	69%			65%
3.39	All SI's reported within 2 working days of identification	PM		100%	100%	100%		100%
		Actual		100%	100%			100%
3.40	Interim report for all SIs received within 5 working days of identification of the incident, unless an extension has been granted by GCCG	PM		100%	100%	100%		100%
		Actual		100%	33%			78%
3.41	Final report for all SIs received within 60 working days of identification of the incident, unless an extension has been granted by GCCG, or unless an external investigation has commenced	PM		100%	100%	100%		100%
		Actual		NYR	NYR			NYR

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
	Vocational Service (Individual Placement and Support)						
3.42	100% of Service Users in vocational services will be supported to formulate their vocational goals through individual plans (IPS)	PM	98%			98%	98%
		Actual	100%				NYR
3.43	The number of people finding paid employment or self-employment (measured as a percentage against accepted referrals into the (IPS) Excluding those in employment at time of referral - Annual	PM	50%				50%
		Actual	45%				NYR
3.44	The number of people retaining employment at 3/6/9/12+ months (measured as a percentage of individuals placed into employment retaining employment) (IPS)	PM	50%				50%
		Actual	65%				NYR
3.45	The number of people supported to retain employment at 3/6/9/12+ months	PM	50%				50%
		Actual	73%				NYR
3.46	Fidelity to the IPS model	PM	Annual				90%
		Actual	NYA				NYR
	General Quality Requirements						
3.47	GP practices will have an individual annual (MH) ICT service meeting to review delivery and identify priorities for future.	PM	Annual				100%
		Actual	NYA				NYR
3.48	Care plan audit to show : All dependent Children and YP <18 living with adults know to Recovery, MAHRS, Eating Disorder and Assertive Outreach Services. Recorded evidence in care plans of impact of the mental health disorder on those under 18s plus steps put in place to support.(Think family)	PM				TBC	TBC
		Actual					NYR
	New KPIs for 2016/17						
3.49	Transition- Joint discharge/CPA review meeting to be held within 4 weeks of acceptance into adult MH services during which a working diagnosis to be agreed, adult MH care coordinator allocated and care cluster and risk levels agreed as well as CYPS discharge date. The meeting will be recorded on RIO.	PM					100%
		Actual					NYR
3.50	Number and % of crisis assessments undertaken by the MHARS team on CYP age 16-25 within agreed timescales of 4 hours	PM					90%
		Actual					NYR
3.51	MHARS wait time to assessment (4 hours)	PM					
		Actual					NYR

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
	New KPIs for 2016/17 LD						
3.52	To define LD clearly and the route into specialist LD service	PM					Annual
		Actual					NYR
3.53	LD: To implement Pathways for work within specialist service with easy read supporting information	PM					Annual
		Actual					NYR
3.54	The CLDT will ask when a annual health check is due and will notify GP where one is needed, and offer support regarding reasonable adjustments.	PM					80%
		Actual					NYR
3.55	LD: All clients referred will have a risk assessment completed when core assessment is completed	PM					80%
		Actual					NYR
3.56	All clients referred for difficulties they are expressing through their behaviour will have an assessment and formulation completed within 56 days of case being opened by the relevant clinician	PM					80%
		Actual					NYR
3.57	LD: All clients referred for difficulties they are expressing through their behaviour will have single support plan, containing (as appropriate) changes within the person, changes external to the person (systems), and reactive interventions completed within 56 days of case being opened by the relevant clinician	PM					80%
		Actual					NYR
3.58	LD: All new patients have a risk assessment completed within 48 hours of admission	PM					80%
		Actual					NYR
3.59	LD: All new patients have a psychological assessment and formulation of behaviours and emotions completed within 28 days of admission.	PM					80%
		Actual					NYR
3.60	LD: All new patients have a single support plan to support their behavioural and emotional presentation completed within 28 days of admission. This will contain, as appropriate, goals targeting changes within the person, changes external to the person, and reactive interventions.	PM					80%
		Actual					NYR
3.61	LD: All new patients receive a health check within 48 hours of admission.	PM					95%
		Actual					NYR
3.62	LD: All new patients have a Health Action Plan completed within 3 days of admission	PM					95%
		Actual					NYR

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
3.63	LD: All new patients requiring a health screening are supported to access screenings where appropriate.	PM					95%
		Actual					NYR
3.64	LD: All clients referred for challenging behaviour will have a risk assessment completed within five days of case being allocated to clinician	PM					80%
		Actual					NYR
3.65	LD: All clients have a functional assessment / formulation of behaviours completed within 28 days on completion of assessment	PM					80%
		Actual					NYR
3.66	LD: All clients referred for challenging behaviours will have a single plan describing how their behaviour will be supported positively. It will contain primary, secondary and reactive interventions. Goals for the person and the wider system will be clear. The plan will be completed within 30 days of case being opened by the clinician.	PM					80%
		Actual					NYR
3.67	LD: All clients being admitted for challenging behaviour to Learning Disability Assessment and Treatment services will have a blue light meeting where feasible. This will be notified to Commissioners for Commissioners or their designee to Chair	PM					80%
		Actual					NYR

DASHBOARD CATEGORY – GLOUCESTERSHIRE SOCIAL CARE

Gloucestershire Social Care				
	In month compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	15	14	14	14
	0	0	2	1
	5	10	8	9
NYA	4	3	3	3
NYR	0	1	1	1
UR	0	0	0	0
N/A	6	0	0	0

Performance Thresholds not being achieved in Month

4.02 – Percentage of people receiving long term services reviewed/assessed in last year
Performance is 94% against a threshold of 95%. Services are reviewing each case and an 'early warning' process is being put in place to assist the team in ensuring compliance going forward.

Expected compliance: June 2016

4.04 – Current placements aged 18-64 to residential/nursing care per 100,000 population
The threshold of 13 is based on the current population figures and means we should see no more than 51 placements. Currently there are 52 placements.

Expected compliance: Unknown. The service is currently reviewing these cases.

Cumulative Performance Thresholds Not being Met
4.02 – Percentage of people receiving long term services reviewed/assessed in last year
As above

Changes to Previously Reported Figures

4.12 –Adults not subject to CPA in settled accommodation
Previously reported at 88%. This was due to a change in how data is entered into RiO and had not filtered through to the reporting structure. This has now been corrected and is reported for April at 95%

Early Warnings
None

Gloucestershire Social Services

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
4.01	The percentage of people who have a Cluster recorded on their record	PM	TBC	90%	90%	90%	90%
		Actual	96%	97%	97%		97%
4.02	Percentage of people getting long term services, in a residential or community care reviewed/re-assessed in last year	PM	95%	95%	95%	95%	95%
		Actual	96%	95%	94%		94%
4.03	Ensure that reviews of new packages take place within 12 weeks of commencement	PM	95%				95%
		Actual	96%				NYR
4.04	Current placements aged 18-64 to residential and nursing care homes per 100,000 population	PM	TBC	13	13	13	13
		Actual	13.01	11.89	13.15		12.52
4.05	Current placements aged 65+ to residential and nursing care homes per 100,000 population	PM	TBC	22	22	22	22
		Actual	21.21	19.45	15.56		17.51
4.06	% of service users asked if they have a carer	PM		100%	100%	100%	100%
				NYA	NYA		NYA
4.07	% of service users who have a carer who have been offered a carer's assessment	PM		100%	100%	100%	100%
		Actual		NYA	NYA		NYA
4.08	Number and % of service users/carers accepting carers assessment	PM	TBC				
		Actual	NYA	NYA	NYA		NYA
4.09	% of eligible service users with Personal budgets	PM	80%	80%	80%	80%	80%
		Actual	97%	100%	100%		100%

Gloucestershire Social Services

ID	Performance Measure		2015/16 outturn	April-2016	May-2016	June-2016 / Quarter 1		Cumulative Compliance
4.10	% of eligible service users with Personal Budget receiving Direct Payments (ASCOF 1C pt2)	PM	15%	15%	15%	15%		15%
		Actual	19%	19%	19%			12%
4.11	Adults subject to CPA in contact with secondary mental health services in settled accommodation (ASCOF 1H)	PM	80%	80%	80%	80%		80%
		Actual	86%	87%	87%			87%
4.12	Adults not subject to CPA in contact with secondary mental health service in settled accommodation	PM	TBC	90%	90%	90%		90%
		Actual	91%	95%	95%			95%
4.13	Adults subject to CPA receiving secondary mental health service in employment (ASCOF 1F)	PM	13%	13%	13%	13%		13%
		Actual	14%	13%	13%			13%
4.14	Adults not subject to CPA receiving secondary mental health service in employment	PM	TBC	20%	20%	20%		20%
		Actual	23%	23%	23%			23%

DASHBOARD CATEGORY – HEREFORDSHIRE CCG CONTRACTUAL REQUIREMENTS

Herefordshire Contract				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	29	30	30	30
🔴	3	6	8	7
🟢	26	18	16	17
NYA	0	0	0	0
NYR	0	4	4	4
UR	0	0	0	0
N/A	0	2	2	2

Performance Thresholds not being achieved in Month

5.02: Care Programme Approach – follow-up within 7 days of discharge
Herefordshire is non-compliant at 90%. This relates to 2 cases. The first is a genuine case after the person left contact details of a partner as they had no access to a phone. Attempts were made to contact the person but it transpired that they were no longer together. The second case appears to be a data entry error with RiO being updated and updated figures shown next month. Once the Clinical System is updated, this indicator will become compliant at 95%.

Expected compliance: June 2016

🚩 **5.13: IAPT Recovery rate – those who have completed treatment and have "caseness"**

There is ongoing joint work with the Commissioners reviewing the Service in light of the IST review report. A full action plan is being developed aimed at improving the Recovery Rate for patients who use the service. This work will be shared with the Committee once it has been finalised.

This indicator has been red flagged as it requires further analysis to fully understand the issues and identify the actions required.

Expected compliance: Unknown until further work has been completed.

5.14: IAPT achieve 15% of patients entering the service against prevalence

155 people entered treatment in May which is 26 lower than the expected threshold.

There is ongoing joint work with the Commissioners reviewing the Service informed by the IST review report. A full action plan is being developed aimed at improving the Access Rate for patients who use the service. This work will be shared with the Committee once it has been finalised.

This indicator has been red flagged as it requires further analysis to fully understand the issues and identify the actions required.

Expected compliance: Unknown until further work has been completed.

5.16 – IAPT High Intensity – number of patients that received Step 3 treatment
This indicator has an annual threshold of 350 per year which averages out to 29 per month. Of the people discharged during May, 24 received Step 3 treatment which is 5 short of the expected monthly average of 29.

Expected compliance: The compliance for this indicator will fluctuate throughout the year but it is expected to achieve 350 by March 2017.

5.17 – Emergency referrals to CRHTT seen within 4 hours of referral
At 92% against a threshold of 95%, there was 1 case where the referral was received and accepted but the patient was not fit for assessment within 4 hours. This case was discussed at the Clinical Information Reference Group and updated guidance is being developed to help advise staff on how to record cases like these on the Clinical System. Either the referral is not accepted until the person is fit for assessment, or the conclusion of the assessment is outcome as not being fit for an assessment and a further assessment takes place within 4 hours of being notified of being fit for further assessment. This case will be amended on the Clinical System to reflect the above and will see the next report updated and showing this indicator as compliant.

Expected compliance June 2016

5.18a – Dementia Service – number of new patients, 65+ receiving an assessment
The number of clients receiving an assessment during May was 37 which is 8 short of the expected 45 clients per month. This indicator will fluctuate

An extra line – 5.18b has been included to show the total number of assessments not just those for clients aged 65 and above.

Expected compliance: Compliance for this indicator will fluctuate throughout the year but is expected to achieve the annual threshold of 540 of over 65's receivings an assessment.

5.22: No children under 18 admitted to adult inpatient wards
In Herefordshire there was 1 patient who was admitted under Section 2 due to a high risk of self-harm. The patient was reviewed the following day, taken off their section and discharged to independent accommodation with support from the Social Care Team

Expected compliance: Complaince will fluctuate throughout the year. Occasionally under 18s are admitted to adult inpatient wards due to the lack of suitable facilities available. Every effort is made to ensure the appropriateness and safety of the patient is taken into account when taking the decision to admit an under 18 year old.

5.24: Care Programme Approach - formal review within 12 months
Performance is 93% against a threshold of 95%. At the end of May there were 17 clients on the caseload that are recorded as not having a review during the previous 12 months. The information department are in the process of extending the early warning indicator from 8 weeks to 12 weeks to allow the services more time to schedule reviews.

Expected compliance: June 2016

Cumulative Performance Thresholds Not being

5.02: Care Programme Approach – follow-up within 7 days of discharge
As above

5.13: IAPT Recovery rate – those who have completed treatment and have "caseness"
As above

5.14: IAPT achieve 15% of patients entering the service against prevalence
As above

5.16 – IAPT High Intensity – number of patients that received Step 3 treatment
As above

5.17 – Emergency referrals to CRHTT seen within 4 hours of referral
As above

5.18a – Dementia Service – number of new patients, 65+ receiving an assessment
As above

5.22: No children under 18 admitted to adult inpatient wards
As above

Changes to Previously Reported Figures
None

Early Warnings
None

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
5.01	Sleeping Accommodation Breach	Plan	0	0	0	0	0
		Actual	0	0	0		0
5.02	Care Programme Approach: Percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric inpatient care	Plan	95%	95%	95%	95%	95%
		Actual	96%	94%	90%		92%
5.03	Duty of candour	Plan	Report	Report	Report	Report	Report
		Actual	Compliant	Compliant	Compliant		Compliant
5.04	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	Plan	99%	99%	99%	99%	99%
		Actual	100%	99.97%	99.97%		99.97%
5.05	Completion of Mental Health Minimum Data Set ethnicity coding for all detained and informal Service Users	Plan	90%	90%	90%	90%	90%
		Actual	100%	100%	100%		100%
5.06	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users	Plan	90%	90%	90%	90%	90%
		Actual	96%	99%	99%		99%
5.07	Early Intervention in Psychosis programmes: the % of service users experiencing a first episode of psychosis who commenced a NICE-concordant pakage of care within two weeks of referral	Plan	50%	50%	50%	50%	50%
		Actual	61%	n/a	100%		100%
5.08	IAPT programmes: % of service users referred to an IAPT programme who were treated within 6 weeks of referral	Plan	75%	75%	50%	50%	75%
		Actual	95%	94%	94%		94%

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016 / Quarter 1		Cumulative Compliance
5.09	IAPT programmes: % of service users referred to an IAPT programme who were treated within 18 weeks of referral	Plan	95%	95%	95%	95%		95%
		Actual	99%	100%	100%			100%
5.10	Zero tolerance MRSA	Plan	0	0	0	0		0
		Actual	0	0	0			0
		Unavoidable	0	0	0			0
5.11	Minimise rates of Clostridium difficile	Plan	0	0	0	0		0
		Actual	0	0	0			0
		Unavoidable	0	0	0			0
5.12	VTE risk assessment: all inpatient service users to undergo risk assessment for VTE	Plan	95%	95%	95%	95%		95%
		Actual	99%	100%	100%			100%
5.13	IAPT Recovery Rate - The number of people who are "moving to recovery" (those who have completed IAPT treatment and have "caseness" at the final session did not)	Plan	50%	50%	50%	50%		50%
		Actual	33%	39%	33%			37%
5.14	IAPT Roll-out (Access Rate) - IAPT maintain 15% of patient entering the service against prevalence	Plan	2,178	182	363	545		363
		Actual	2,005	170	325			325
5.15	IAPT waiting times and completed treatments - Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals that received a single treatment appt	Plan	N/A	TBC	TBC	TBC		TBC
		Actual		52%	58%			54%
5.16	IAPT High Intensity - Number of discharged patients that received step 3 treatment	Plan	350	29	29	29		58
		Actual	356	23	24			47

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016 / Quarter 1		Cumulative Compliance
5.17	Emergency referrals to Crisis Resolution Home Treatment Team seen within 4 hours of referral (8am-6pm)	Plan	98%	95%	95%	95%		95%
		Actual	99%	100%	92%			94%
5.18a	Dementia Service - number of new patients aged 65 years and over receiving an assessment	Plan		45	45	45		90
		Actual		47	37			84
5.18b	Dementia Service - total number of new patients receiving an assessment	Plan						
		Actual		52	37			89
5.19	Waiting times - Specialist Memory Service: All patients are offered a first appointment within 4 weeks of referral	Plan	100%	95%	95%	95%		95%
		Actual	97%	100%	100%			100%
5.20	Delayed transfers of care to be maintained at a minimum level	Plan	7.5%	7.5%	7.5%	7.5%		7.5%
		Actual	1.2%	2.6%	2.4%			2.5%
5.21	Reduce those people readmitted to inpatient care within 30 days following discharge.	Plan	<8%	<8%	<8%	<8%		<8%
		Actual	6%	0%	6%			3%
5.22	People aged under 18 admitted to adult inpatient wards	Plan	0	0	0	0		0
		Actual	4	2	1			3
5.23	Number of service users on the caseload who have been seen (face to face) within the previous 90 days (Recovery Service). Excludes service users with a medic as Lead HCP.	Plan	100%	98%	98%	98%		98%
		Actual		97%	98%			98%
5.24	CPA Review - % of people having had a formal review within 12 months	Plan	95%	95%	95%	95%		95%
		Actual	99%	97%	93%			95%

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2015/16 Outturn	April-2016	May-2016	June-2016 / Quarter 1	Cumulative Compliance
5.25	Patients are to be discharged from local rehab within 2 years of admission (Oak House). Based on patients on ward at end of month.	Plan	80%	80%	80%	80%	80%
		Actual	86%	100%	100%		100%
5.26	CYPS IAPTOutcomes - Consistent with the data specification for CYP-IAPT CAMHS V2 (Dec 2012)	Plan		20%	20%	20%	
		Actual					NYR
5.27	All admitted patients over 65 years of age must have a completed MUST assessment	Plan		95%	95%	95%	95%
		Actual					NYR
5.28	Any attendances at ED with mental health needs should have rapid access to mental health assessment within 2 hours of the MHL team being notified	Plan		30%	30%	30%	
		Actual					NYR
5.29	Attendances at ED for self-harm receive a mental health assessment	Plan		35%	35%	35%	
		Actual					NYR

DASHBOARD CATEGORY – GLOUCESTERSHIRE CQUINS

Gloucestershire CQUINS				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	7	4	4	4
	0	0	0	0
	6	0	0	0
NYA	1	0	0	0
NYR	0	4	4	4
UR	0	0	0	0
N/A	0	0	0	0

Performance Thresholds not being achieved in Month
None

Cumulative Performance Thresholds Not being Met
None

Changes to Previously Reported Figures
None

Early Warnings
None

Gloucestershire CQUINS

ID	Performance Measure		2015/16 Outturn		Quarter 1		Cumulative Compliance
	National CQUINs						
	CQUIN 1						
7.01a	Improving physical healthcare: Cardio Metabolic Assessment for patients with schizophrenia	PM	Qtr 4		Report		Report
		Actual	Compliant		NYR		NYR
7.01b	Improving physical healthcare: Communication with GPs	PM	Qtr 2		Report		Report
		Actual	Awarded		NYR		NYR
	Local CQUINs						
	CQUIN 2						
7.02	Transition from Young People's Service to Adult Mental Health Services	PM	Qtr 4		Report		Report
		Actual	Compliant		NYR		NYR
	CQUIN 3						
7.03	Perinatal Mental Health	PM	Qtr 4		Report		Report
		Actual	Compliant		NYR		NYR

DASHBOARD CATEGORY – LOW SECURE CQUINS

Low Secure CQUINS				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	4	2	2	2
	0	0	0	0
	4	0	0	0
NYA	0	0	0	0
NYR	0	2	2	2
UR	0	0	0	0
N/A	0	0	0	0

Performance Thresholds not being achieved in Month
None

Cumulative Performance Thresholds Not being Met
None

Changes to Previously Reported Figures
None

Early Warnings
None

Low Secure CQUINS

ID	Performance Measure		2015/16 Outturn		Quarter 1		Cumulative Compliance
	National CQUINs						
	CQUIN 1						
8.01	Improving physical healthcare: Cardio Metabolic Assessment for patients with schizophrenia	PM	Qtr 4		Report		Report
		Actual	Compliant		NYR		NYR
	Local CQUINs						
	CQUIN 2						
8.02	Reducing the length of stay in specialised MH services	PM			Report		Report
		Actual			NYR		NYR

DASHBOARD CATEGORY – HEREFORDSHIRE CQUINS

Herefordshire CQUINS				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	6	5	5	5
	0	0	0	0
	5	0	0	0
NYA	1	0	0	0
NYR	0	5	5	5
UR	0	0	0	0
N/A	0	0	0	0

Performance Thresholds not being achieved in Month
None

Cumulative Performance Thresholds Not being Met
None

Changes to Previously Reported Figures
None

Early Warnings
None

Herefordshire CQUINS

ID	Performance Measure		2015/16 Outturn		Quarter 1	Cumulative Compliance
	National CQUINs					
	CQUIN 1					
9.01a	Improving physical healthcare: Cardio Metabolic Assessment for patients withpsychoses	PM	Qtr 4		Report	Report
		Actual	Compliant		NYR	NYR
9.01b	Improving physical healthcare: Communication with GPs	PM	Qtr 2		Report	Report
		Actual	Awarded		NYR	NYR
	Local CQUINs					
	CQUIN 2					
9.02	Urgent and Emergency Care: Development of an adult personalised discharge care plan	PM	Qtr 4		Report	Report
		Actual	Compliant		NYR	NYR
	CQUIN 3					
9.03	Personalised relapse prevention plans for children and young people accessing and using MH services				Report	Report
					NYR	NYR
	CQUIN 4					
9.04	Appropriate care and management for frequent attenders to WVT A&E dept				Report	Report
					NYR	NYR

Agenda item 8 **Enclosure Paper C**

Report to: 2gether NHS Foundation Trust Board - 28th July 2016
Author: Shaun Clee – Chief Executive
Presented by: Shaun Clee – Chief Executive

SUBJECT: **Chief Executives Report**

Can this report be discussed at a public Board meeting?	***Yes***
If not, explain why	

This Report is provided for:			
Decision	Endorsement	Assurance	**To Note**

EXECUTIVE SUMMARY
This paper provides the Board with:

1. An update on key national communications via the NHS England NHS News
2. A summary of key progress against organisational major projects

RECOMMENDATIONS

The Board is asked to note the contents of this report

Corporate Considerations	
Quality implications:	
Resource implications:	
Equalities implications:	
Risk implications:	

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?	
Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			
Excelling and improving	P	Inclusive open and honest	P
Responsive		Can do	C
Valuing and respectful	P	Efficient	C

Reviewed by:		
Executive Team	Date	

Where in the Trust has this been discussed before?		
CEO	Date	*20.07.16*

What consultation has there been?		
N/A	Date	

Explanation of acronyms used:	

1. CONTEXT

1.1 National Context

1.1.1 Children and Young People's Mental Health Research Campaign

As part of Children's Mental Health Week (8 - 14 February 2016), the National Institute for Health Research (NIHR) has launched a Children and Young People's Mental Health Research Campaign to highlight that children and young people have the right to take part in research. Mental health research offers children and young people the opportunity to access cutting-edge treatments and to have a say in how new treatments are developed.

1.1.2 One year on from Future in Mind - Vision to Implementation, 16 March 2016

In March 2016 it will be a year since the publication of Future in Mind, setting the direction of travel for children and young people's mental health. The focus of this event will be how to move forward from the vision of a joined up system to implementation. It is aimed at all partners helping to improve children and young people's mental health, whether within the NHS, a local authority, education or the third sector.

1.1.3 NHS commits to major transformation of mental health care with help for a million more people

The Mental Health Taskforce has published its Five Year Forward View with recommendations for changing and developing mental health care across the NHS. It calls for £1 billion investment to help over a million more people to access the services they need.

1.1.4 New training to support mental health professionals to tackle stigma and discrimination within services

A new training pack has been launched to help reduce the stigma and discrimination sometimes experienced by people when using mental health services. Insight from research, focus groups and individual interviews, demonstrated that a high number of people using mental health services felt they experienced stigma and discrimination. This helped Time To Change to work with mental health professionals and service users to identify examples of good practice as well as the barriers which can sometimes stand in the way of positive interactions. The resulting training pack focuses on the positive changes which can improve both team culture and working practices.

1.1.5 Inspiring leaders in learning disability services

Health Education England has launched a new campaign, to encourage leadership in learning disability services across health and social care. Strong leadership is vital for the delivery of change needed to achieve the aims of the Transforming Care Programme. Be inspired by Daniel Marsden's story and take a look at the leadership training courses available to you. You can also join the conversation on Twitter using #inspiringleadersinLD and say thank you to great leaders who've influenced your practice

1.2 Delivering our Three Strategic Priorities

1.2.1 Continuously Improving Quality

1.2.2 Building Engagement

Internal Board engagement

04.04.16	The Director of Organisational Development attended Corporate Induction to welcome new colleagues.
04.04.16	The Director of Organisational Development attended the Senior Leadership Forum
04.04.16	The Director of Quality attended Corporate Induction to welcome new colleagues
04.04.16	The Director of Quality attended the 2gether Senior Leadership Forum
05.04.16	The Director of Quality chaired the Smoking Cessation Project Board
06.04.16	The Director of Quality carried out a clinical visit to the Recovery Team
06.04.16	The Director of Quality attended the Serious Incident Action Plan Meeting
06.05.16	The Medical Director attended the Medical Staffing Committee.
07.04.16	The Director of Organisational Development attended T 4 2 Carers Café at Managing Memory, Charlton Lane Hospital

08.04.16	The Director of Quality carried out a patient safety visit to Honeybourne Centre
12.04.16	The Director of Organisational Development attended Team Talk in Herefordshire
13.04.16	The Director of Organisational Development chaired the Workforce & Organisational Development Sub Committee
13.04.16	The Director of Quality attended the 2gether Audit Committee Meeting
14.04.16	The Director of Quality attached the 2gether Safeguarding Meeting
14.04.16	The Director of Quality took part in filming for the Smoke Free project
18.04.16	The Director of Organisational Development attended Health & Safety Training for Managers
18.04.16	The Director of Quality attended Health and Safety Training
19.04.16	The Director of Quality chaired a Serious Incident Review
20.04.16	The Director of Quality attended the Social Care Professionals Development Meeting
22.04.16	The Director of Quality attended the 2gether Governance Committee Meeting
26.04.16	The Director of Quality carried out a clinical shift at Charlton Lane Hospital
27.04.16	The Director of Quality chaired the Temporary Staffing Demand Project Board Meeting
28.04.16	The Director of Quality attended the 2gether Main Board Meeting
03.05.16	The Director of Quality attended Corporate Induction to welcome new employees.
04.05.16	The Director of Quality hosted a Glimpse of Brilliance Workshop at Kingsholm Rugby Stadium
06.05.16	The Chief Executive Chaired the Dementia Task and Finish Group
06.05.16	The Chief Executive attended MSC
06.05.16	The Director of Quality carried out a Board Visit to Laurel House
06.05.16	The Director of Service Delivery attended a Patient Safety visit at Greyfriars
09.05.16	The Director of Finance and Commerce attended DD/AT and Mobile Working meeting
09.05.16	The Director of Service Delivery attended the Executive Committee Business meeting
10.05.16	The Chief Executive hosted Team Talk
10.05.16	The Director of Finance and Commerce attended an Introduction meeting with new NED Marcia Gallagher

10.05.16	The Director of Finance and Commerce attended Herefordshire Team Talk as Executive Lead
11.05.16	The Director of Service Delivery attended a Mental Health Legislation Scrutiny Committee meeting
12.05.16	The Chief Executive visited the Autism Spectrum Centre and Team
12.05.16	The Director of Quality attended a 2gether Safeguarding Committee meeting
12.05.16	The Director of Quality chaired a CQC Project Board Meeting
12.05.16	The Director of Service Delivery attended a meeting regarding the Development of Perinatal Services in Gloucestershire
16.05.16	The Director of Organisational Development attended Corporate Induction to welcome new colleagues.
16.05.16	The Director of Quality dialled in to the Monitor Q1 conference call
16.05.16	The Director of Service Delivery attended Corporate Induction
16.05.16	The Director of Service Delivery attended the Executive Committee Development meeting
17.05.16	The Director of Quality attended an inquest
17.05.16	The Director of Finance and Commerce held an internal Team Brief session with the Finance and Commerce Directorate, IT and Estates and Facilities
18.05.16	The Director of Organisational Development visited the Assertive Outreach Team in Hereford
18.05.16	The Director of Service Delivery attended an IT Partnership Review Board meeting
18.05.16	The Director of Service Delivery attended a Network Transformation Project Board meeting
19.05.16	The Director of Organisational Development participated in the selection process for the recruitment of a new Non-Executive Director
20.05.16	The Director of Quality attended the 2gether Governance Meeting
23.05.16	The Director of Quality attended a Patient Safety discussion on Willow Ward, Charlton Lane
23.05.16	The Director of Finance and Commerce met with Pawel Abramik (NHS Leadership Academy) to introduce himself as his Mentor
23.05.16	The Director of Service Delivery participated in the recruitment of a Non-Executive Director
24.05.16	The Director of Service Delivery attended the Council of Governors meeting
24.05.16	The Director of Finance and Commerce attended a meeting with Marcia Gallagher to discuss the Final Accounts and the Audit Committee Meeting
24.05.16	The Director of Quality chaired the Temporary Staffing Demand Project Board

24.05.16	The Director of Quality attended the Council of Governors Meeting
25.05.16	The Chief Executive attended the Trust Audit Committee
25.05.16	The Director of Service Delivery attended a Delivery Committee meeting
26.05.16	The Chief Executive attended the Trust Board meeting
26.05.16	The Director of Service Delivery attended the Trust Board meeting at Hereford
26.05.16	The Director of Organisational Development attended the Trust Board meeting
26.05.16	The Director of Quality attended the 2gether Board meeting
27.05.16	The Director of Service Delivery conducted a Board visit to Fieldview ward, CLDT and Later Life Team
01.06.16	The Medical Director attended a Patient Safety Visit at the Crisis Team, Stonebow Unit, Herefordshire.
02.06.16	The Director of Quality attended the Patient Safety Improvement Meeting.
02.06.16	The Director of Quality attended the Nursing and Professionals Advisory Committee.
02.06.16	The Director of Engagement and Integration co-facilitated a Time to Change Mental Health Practitioners workshop at the Nursing Professional Advisor Group.
03.06.16	The Chief Executive met with colleagues from the Herefordshire Crisis Team
03.06.16	Medical Director attended MSC
03.06.16	The Director of Quality met with the Clinical Director, Herefordshire as part of his induction
06.06.16	The Director of Quality attended the Senor Leadership forum
06.06.16	The Director of Service Delivery attended an Executive Committee meeting
06.06.16	The Director of Service Delivery attended a Senior Leadership forum meeting
08.06.16	The Director of Service Delivery attended a Children and Mental Health Service Team meeting in Hereford
08.06.16	The Director of Engagement and Integration met for an induction meeting with Duncan Sutherland, Non-Executive Director
09.06.16	The Director of Engagement and Integration held an AHPP meeting with Senior Managers in the Directorate at Rikenel
09.06.16	The Director of Engagement and Integration hosted a meeting for and with members of her Directorate
09.06.16	The Director of Finance and Commerce attended an Aston OD ATPI Development session with his Senior Management Team and Julie Wootton of EDC

10.06.16 The Director of Engagement and Integration met with Marcia Gallagher, Non-Executive Director for an induction meeting

13.06.16 The Director of Service Delivery attended the Corporate Induction

13.06.16 The Director of Service Delivery attended a Digital Dictation and Transcription meeting

13.06.16 The Director of Engagement and Integration attended Corporate Induction at Collingwood House to greet her new Personal Assistant.

14.06.16 The Chief Executive attended the Care and Compassion Conference

16.06.16 The Director of Quality met with NED for Governance review

17.06.16 The Director of Quality attended Governance Committee

20.06.16 The Chief Executive chaired the Dementia Task and Finish Group

21.06.16 The Chief Executive undertook a Board visit to the North Cotswolds Recovery Team

21.06.16 The Director of Engagement and Integration was a guest speaker at the Finance and Commerce Team Brief

22.06.16 The Director of Finance and Commerce attended Development Committee

27.06.16 The Chief Executive attended The Board Strategy Away Day

27.0616 The Medical Director attended the Board Strategy Away Day.

27.06.16 The Director of Engagement and Integration attended the Board Strategy Away Day

28.06.16 The Director of Quality chaired the Temporary staffing project Board

29.06.16 The Chief Executive attended the opening of Weavers Croft

29.06.16 The Director of Service Delivery attended a Delivery Committee

30.06.16 The Chief Executive attended Trust Board

30.06.16 The Director of Quality attended Trust Board

30.06.16 The Director of Service Delivery attended a Board meeting

30.06.16 The Director of Finance and Commerce attended Board

30.06.16 The Director of Engagement and Integration attended Board

Board Stakeholder engagement

05.04.16 The Director of Organisational Development attended HSCOSC (Health & Social Care Overview Scrutiny Committee) at Shire Hall, Gloucester

05.04.16 The Director of Quality attended the 2gether/CCG Contract Negotiation Meeting

11.04.16 The Director of Quality chaired the STP Working Group Meeting

14.04.16	The Director of Quality attended the Strategic Workforce Development and Partnership Board
20.04.16	The Director of Quality chaired an STP Core Group Planning Meeting
24.04.16	The Director of Quality presented at the LD Partnership Board Meeting
27.04.16	The Director of Quality attended the CCG Safeguarding Adults Board CPD Development Session
03.05.16	The Director of Finance and Commerce attended a Board Visit to the South Later Life Team, Weavers Croft, Stroud and met with Tony Warne and the team
03.05.16	The Director of Quality attended a meeting with Gloucester University to design a new curriculum
03.05.16	The Director of Service Delivery attended a Berkshire patient planning Group meeting at Shire Hall
04.05.16	The Chief Executive attended the Herefordshire System Oversight Board
04.05.16	The Director of Service Delivery attended a Sustainability and Transformation Planning meeting regarding Learning Disabilities in Malvern
04.05.16	The Director of Quality attended an STP Workforce Workshop
04.05.16	The Director of Quality attended an STP Planning Meeting
04.05.16	The Director of Finance and Commerce attended a H&W STP Finance Meeting at Malvern Community Hospital
05.05.16	The Director of Service Delivery attended a Primary Mental Health Care Services meeting in Hereford
06.05.16	The Chief Executive chaired the Directors of HR and OD workstream meeting
06.05.16	The Director of Service Delivery attended the Stroud and Berkeley Vale Pilot meeting in Stroud
	The Chief Executive attended a meeting with Taurus Healthcare
09.05.16	The Director of Finance and Commerce met with Claire Edge of Deloitte LLP to discuss the 2g External Audit
09.05.16	The Director of Organisational Development attended the Gloucestershire meeting for parents of Gay & Transgender Youth
09.05.16	The Director of Service Delivery attended a meeting with Taurus Healthcare in Hereford
09.05.16	The Chief Executive attended the Herefordshire Workforce Workstream meeting
10.05.16	The Director of Service Delivery attended a System Resilience Group meeting
10.05.16	The Director of Service Delivery attended a meeting with the Accountable Officer of Gloucestershire Clinical Commissioning Group regarding a Crisis Cafe Proposal

10.05.16	The Director of Organisational Development participated in the STP Workforce Workstream Meeting
10.05.16	The Director of Finance and Commerce attended a Resources Steering Group meeting with NHS Gloucestershire CCG
11.05.16	The Chief Executive Chaired the Directors of HR and OD Workstream meeting
11.05.16	The Director of Organisational Development attended the STP Workforce Workstream meeting for directors of organisational development
11.05.16	The Director of Service Delivery attended a Trust Contract Board Meeting with Gloucestershire Clinical Commissioning Group
11.05.16	The Director of Service Delivery attended a Joint Integration Reference Panel with Gloucestershire Clinical Commissioning Group
12.05.16	The Chief Executive attended the Gloucestershire CEO's STP meeting
12.05.16	The Director of Service Delivery attended a Sustainability and Transformation Planning Working Group meeting with Gloucestershire Clinical Commissioning Group
13.05.16	The Chief Executive attended the Gloucestershire STP Footprint meeting
13.05.16	The Director of Service Delivery attended a meeting NHS Improvement regarding the Gloucestershire IST Report
13.05.16	The Director of Finance and Commerce participated in a Pre Monitor Q1 conference call
13.05.16	The Medical Director attended the Royal College of Psychiatrists Spring Bi-annual meeting & Annual Business Meeting
13.05.16	The Director of Quality attended a National Workshop on 'Agency: how does your trust compare?' at Southmead Hospital, Bristol
16.05.16	The Chief Executive attended the Worcestershire STP Programme Board Workshop
16.05.16	The Director of Finance and Commerce chaired a 'Virtual' Programme Board
16.05.16	The Director of Finance and Commerce participated in a Monitor Q1 conference call
16.05.16	The Director of Service Delivery attended a Taurus Healthcare meeting in Hereford
17.05.16	The Chief Executive attended Gloucestershire HSCOSC
17.05.16	The Chief Executive chaired the Director of HR and OD workstream meeting
17.05.16	The Director of Finance and Commerce attended a H&W STP Finance Meeting at Isaac Maddox House
17.05.16	The Director of Organisational Development attended the STP Workforce Workstream meeting for directors of organisational development

17.05.16	The Director of Service Delivery attended a conference call on Joining Up Your Information Contract discussion
18.05.16	The Director of Quality dialled in to the Launch of new Nursing, Midwifery and Care Givers Strategy
18.05.16	The Director of Finance and Commerce attended Development Committee
18.05.16	The Director of Finance and Commerce participated in an Audit Close conference call with Deloitte
18.05.16	The Director of Quality chaired an STP Care and Quality Meeting
18.05.16	The Director of Quality attended a STP Planning Meeting
19.05.16	The Chief Executive attended the Big White Wall Launch
19.05.16	The Chief Executive attended the Gloucestershire STP Oversight Board
19.05.16	The Director of Quality attended the Herefordshire CCG/2gether Clinical Quality Review Group Meeting
19.05.16	The Director of Organisational Development attended the Gloucestershire STP Engagement Event
19.05.16	The Medical Director attended the Healthwatch Gloucestershire Quarterly Partnership Meeting
19.05.16	The Medical Director attended the Gloucestershire STP Engagement Event
19.05.16	The Director of Service Delivery attended a meeting with the Director of Operations at Worcestershire Health and Care NHS Trust regarding the Sustainability and Transformation Planning Mental Health Work Plan
19.05.16	The Director of Service Delivery attended a Stroud & Berkeley Vale Pilot Board meeting in Stroud
23.05.16	The Director of Quality attended the Gloucestershire CCG/2gether Clinical Quality Review Group Meeting
24.05.16	The Director of Finance and Commerce attended an Interim Resources Steering Group meeting with NHS Gloucestershire CCG
24.05.16	The Director of Organisational Development attended the STP Workforce Workstream meeting for directors of organisational development
24.05.16	The Director of Finance and Commerce attended the Council of Governors meeting
24.05.16	The Director of Service Delivery attended the Gloucestershire Strategic Forum/Sustainability and Transformation Planning Board meeting with Gloucestershire Clinical Commissioning Group
24.05.16	The Chief Executive attended the Herefordshire CEO's summit
25.05.16	The Director of Quality attended the Gloucestershire Safeguarding Adults Board meeting
25.05.16	The Director of Quality attached the Gloucestershire Safeguarding Childrens Board Meeting

25.05.16	The Director of Finance and Commerce attended Audit Committee
25.05.16	The Director of Finance and Commerce had a quarterly review meeting with Lynn Pamment and Natalie Tarr of PwC
26.05.16	The Director of Finance and Commerce attended Board
27.05.16	The Chief Executive attended the Integrated Urgent Care Workshop
31.05.16	The Director of Finance and Commerce attended Countywide IM&T LDR / STP workshop
31.05.16	The Director of Service Delivery attended a Countywide IM&T Steering Group / Local Digital Roadmap Workshop with Gloucestershire Clinical Commissioning Group
01 .06.16	The Director of Service Delivery attended a meeting with the Accountable Officer at Gloucestershire Clinical Commissioning Group
01.06.16	The Director of Engagement and Integration presented at ^{2}gether's Research Interest Forum to present at the Gloucester Deaf Association
02.06.16	The Director of Engagement and Integration met with the Senior Democratic Services Adviser for Gloucestershire County Council
02.06.16	The Director of Quality attended the Nursing and Professionals Advisory Committee.
02.06.16	The Chief Executive attended the Launch of 'We are Gloucestershire'
03.06.16	The Director of Quality attended an Induction meeting with the new Non-Executive Director
06.06.16	The Director of Engagement and Integration represented ^{2}gether at the Forest of Dean Community Services Review Steering Group meeting at NHS Gloucestershire Clinical Commissioning Group, Sanger House.
07.06.16	The Director of Engagement and Integration attended the Mental Health and Wellbeing Partnership Board at NHS Gloucestershire Clinical Commissioning Group, Sanger House
07.06.16	The Director of Service Delivery attended an IAPT Improvement Service Team meeting
07.06.16	The Director of Quality attended a Board visit at Leckhampton Lodge
08.06.16	The Director of Quality attended a STP Planning meeting in Malvern
08.06.16	The Director of Quality attended a 'Restorative Practice' strategic workshop on behalf of 2g
08.06.16	The Director of Service Delivery attended a CEO's meeting in Hereford
08.06.16	The Director of Service Delivery attended an STP Clinical Workstream for Learning Disabilities
08.06.16	The Director of Finance and Commerce attended 2gether / Glos CCG Contract Board meeting at Sanger House

08.06.16	The Director of Engagement and Integration met with the CEO of Carers Gloucestershire.
08.06.16	The Director of Engagement and Integration chaired the Triangle of Care Project Board meeting at Rikenel
08.06.16	The Director of Engagement and Integration attended a 'Research 4 Gloucestershire' Seminar at Gloucestershire University
09.06.16	The Director of Quality attended the Safeguarding Committee
09.06.16	The Director of Service Delivery attended an STP CEO meeting with the Gloucestershire Clinical Commissioning Group
09.06.16	The Director of Service Delivery attended an Interface meeting with the Gloucestershire Clinical Commissioning Group
09.06.16	The Director of Service Delivery attended a meeting regarding prescribed medication with the Gloucestershire Clinical Commissioning Group
13.06.16	The Chief Executive attended the Worcestershire STP Programme Board
14.06.16	The Director of Service Delivery attended the System Resilience Group meeting with Gloucestershire Clinical Commissioning Group
14.06.16	The Director of Service Delivery attended a meeting with an external stakeholder, BigHand
14.06.16	The Director of Service Delivery attended a Board visit to Westridge facility
14.06.16	The Director of Engagement and Integration hosted a Team Talk session in Herefordshire
15.06.16	The Director of Finance and Commerce attended IT Partnership Board Meeting
16.06.16	The Director of Finance and Commerce attended 2gether / Herefordshire CCG Contract Management Board Meeting
16.06.16	The Director of Service Delivery attended a Stroud and Berkeley Vale meeting
20.06.16	The Director of Service Delivery attended an STP Mental Health information event for Herefordshire and Worcestershire
21.06.16	The Chief Executive attended the Worcestershire STP Programme Board
21.06.16	The Director of Service Delivery attended a meeting at Westridge facility with the Gloucestershire Clinical Commissioning Group
21.06.16	The Director of Finance and Commerce attended a meeting with Herefordshire CGG to discuss Placements
21.06.16	The Director of Finance and Commerce attended a STP Finance Meeting in Malvern
21.06.16	The Director of Quality attended the Infection Control Committee at Wotton Lawn Hospital

21.06.16	The Director of Quality chaired the Trust wide QI Board
21.06.16	The Director of Engagement and Integration chaired an Involving People in their Care Planning Steering Group at Rikenel
22.06.16	The Chief Executive attended the Herefordshire AO's meeting
22.06.16	The Chief Executive Chaired the Community Collaborative Board
22.06.16	The Director of Engagement and Integration attended Gloucestershire's Research and Development Consortium at Gloucestershire Royal Hospital
22.06.16	The Director of Engagement and Integration met with a representative from the Pied Piper Appeal at Rikenel
23.06.16	The Chief Executive attended the Gloucestershire STP Delivery Board
23.06.16	The Chief Executive Chaired the Gloucestershire HR and OD workstream meeting
23.06.16	The Director of Finance and Commerce attended a Board Visit with Kevin Farrington at the Early Intervention Team at Widemarsh Street, Hereford
23.06.16	The Director of Finance and Commerce attended a Board Visit with Eleri Jones at the Older Peoples Community Health team in Herefordshire
23.06.16	The Director of Finance and Commerce attended an IAPT Funding Meeting with Herefordshire CCG
23.06.16	The Director of Service Delivery attended an IAPT Funding meeting with Herefordshire Clinical Commissioning Group
23.06.16	The Director of Engagement and Integration attended the 'Swearing In' Ceremony for Police and Crime Commissioner at Blackfriars, Gloucester.
24.06.16	The Director of Engagement and Integration met with the CEO pf Cart Shed, Herefordshire.
24.06.16	The Director of Quality attended the Magnet meeting in Birmingham
27.06.16	The Chief Executive attended the Urgent Care Strategy Meeting
27.06.16	The Director of Quality attended a Board Strategic Away Day
27.06.06	The Director of Finance and Commerce attended a Board Strategic Away Day
27.06.16	The Director of Service Delivery attended a Board Strategy Away Day
28.06.16	The Chief Executive chaired the Gloucestershire HR and OD Workstream meeting
28.06.16	The Chief Executive attended the Herefordshire AO's Summit
28.06.16	The Director of Quality attended a meeting with representatives from The University of Gloucester
28.06.16	The Director of Service Delivery attended a meeting with Action for Children

29.06.16 The Chief Executive attended the Gloucestershire STP CEO's meeting

Board National Engagement

04.05.16 The Director of Quality hosted a Glimpse of Brilliance Workshop at Kingsholm Rugby Stadium

05.05.16 The Chief Executive attended the West Midlands STP Workshop

11.05.16 The Director of Finance and Commerce met with Tim Peters regarding a DH Provider Engagement Programme - Surplus Land

13.05.16 The Director of Finance and Commerce attended a NHS Improvement Event 'Agency: how does your Trust compare' in Bristol

19.05.16 The Director of Finance and Commerce attended HFMA Annual Mental Health Finance Conference in London

20.05.16 The Chief Executive chaired the SW Mental Health CEO's Forum

23.05.16 The Chief Executive sat on the panel for interviews for the Chair of the NHS Confederation

03.06.16 The Director of Quality attended a meeting with NHS England Staff Experience national lead to discuss Staff Experience and Compassion

07.06.16 The Director of Finance and Commerce hosted a joint HFMA / Mental Health Operating Board Game workshop

08.06.16 The Director of Engagement and Integration represented 2gether at the Clinical Research Network Partnership Meeting at the University of the West of England

09.06.16 The Director of Finance and Commerce met with Jonathan Hale and Clare Stephenson on GE Healthcare to discuss STP and Financial Modelling

15.06.16 The Chief Executive attended the NHS Confederation Annual Conference

15.06.16 The Director of Service Delivery attended an STP Mental Health Programme Board in Birmingham

22.06.16 The Director of Finance and Commerce attended a Strategic Partnership Meeting with Swindon Mind

29.06.16 The Director of Quality attended a regional SW DON workshop in Reading

22.06.16 The Director of Engagement and Integration chaired a Strategic Partnership Meeting with senior members of Swindon Mind

28.06.16 The Director of Engagement and Integration attended the College of Occupational Therapists National Conference in Harrogate

1.2.3 Ensuring Sustainable Services

Major Project Update – May 2016

Trust-wide Quality Improvement (CQC actions) quality

At the project launch on 14/04/2016, the project board agreed the ToR, PID and the overall project structure, and initiated a Risk & Issue log. The next project board meeting is scheduled for 12/05/2016.

The project plan is being developed and currently:

- The accountable directors have all confirmed the actions required and are nominating staff responsible for delivery of the actions.
- Conversations are underway with responsible staff to clarify deliverables and establish realistic timescales – to be completed by the end of May.

Temporary Staffing Demand quality/sustainability

The Executive Team now receives a weekly appraisal of the temporary staffing demand and the NHSI weekly return (which comprises the numbers of times agencies that are not on framework or are above price caps).This has enabled the Executive to identify a number of short-term actions to aid the reduction in agency spend whilst maintaining or improving quality.

Recruitment support is being delivered through a range of job fairs, providing training to HCAs who are considering becoming qualified nurses, and investigating a range of marketing options – the recruitment microsite has recently been launched. A proposal on the implementation of an e-rostering scheme is to be made at the end of May 2016.

CIP 2016/17 sustainability

The CIP programme (2015/16) has recently been subject to an external audit (PwC) which concluded that the programme was a 'low' risk – a significant improvement from the judgement of a 'high' risk for 2013/14. Three recommendations were made:

- There should always be a representative of the Quality Directorate at each CIP Project Board
- Quality Impact Assessments should be authorised in a timely manner
- A small understatement of savings in a Monitor return was noted

Actions have already been taken to address all three recommendations.

The CIP saving target for 2016/17 is £4.116m, and 18 savings work-streams have been identified to deliver this saving. Work continues to identify additional saving streams to support the delivery of current and future years' savings.

Digital Transcription and Speech Recognition (DTSR) sustainability

Mobiles have been successfully deployed to the Stroud CLDT service, and training on BigHand has been delivered. To date over 500 dictations have been received from

approximately 42 MAS and CLDT staff members as part of the pre-learning phase. MAS and CLDT will be going fully live over the next 6 weeks when those services will start using BigHand for clinical information. All staff members have a laptop to enable them to use BigHand on the go.

Deployment is behind schedule due to technical issues. However these were resolved in December and the beginning of January. Since January a few more technical issues have been uncovered after our local dictionaries were loaded into the Speech Recognition servers - BigHand located the issue and provided the Trust with a patch which has now resolved the issue. These issues are being found due to the fact that as a Trust we have a bespoke setup setup being implemented, to meet the needs of our staff. Both pilot services are now scheduled to go live in May with the first tranche 16 May, and second tranche 30 May.

There is an issue of Trust mobiles not being compatible with the new Trust Corporate Wi-Fi, but a work-around has been deployed to staff utilising the Trust's Guest Wi-Fi solution. However, the issue remains as staff are finding it hard to stay connected as they need to reconnect each time they get back to site.

Major Project Update – June 2016

Gloucester Hub sustainability

Following the identification of a building for the Gloucester Hub and an agreed purchase, a formal project has been established. Although at a very early stage, staff engagement meetings have commenced which seek the views and establish the needs of those who will move there. Each team will also be visited to gather more details before the detailed design work commences. Further engagement and consultations events will be held when the detailed design has been developed.

Whilst it is likely that the building works will not be completed until mid-2017, some teams may move at an earlier time to vacate leased buildings.

Trust-wide Quality Improvement (CQC actions) quality

There are a total of 72 CQC Observations being addressed, split between "must do" (15) and "should do" (54). For each of observation there are one or more tasks that need to be completed to meet the CQC's requirements.

Of the 15 "must do" observations,

- 6 are completed
- 7 are all scheduled to be completed by end October
- 1 is due to complete by end December
- Refurbishment work at Stonebow will continue into 2018

Of the 54 "should do" observations

- 13 are completed
- 37 are due to complete by end September
- 4 are due to complete by end December

Temporary Staffing Demand **quality/sustainability**

The Executive Team receives a weekly appraisal of the temporary staffing demand and the NHSI weekly return (which comprises the numbers of times agencies that are not on framework or are above price caps). This has enabled the Executive Team to identify a number of short-term actions to aid the reduction in agency spend. A projection on agency spend based on April and May outturns suggests that the 2016/17 agency spend could be lower than 2015/16, but will not achieve the ceiling spend set by the NHSI.

However, work to achieve the ceiling spend is ongoing. The Trust continues to attend job fairs; is developing further links with student nurses (and already a number of student nurses qualifying this summer have been taken on by the Trust and will start in September); is advertising for a floating consultant (to reduce agency cover); and has also put in train a specific set of events in Herefordshire to increase the number of bank staff available (substantive staff as well as bank only staff). In the longer term e-rostering will reduce the demand for temporary staff, but in the short-term, the policies that guide use of temporary staff are being revised to become clear and consistent, and will include the decisions recently taken on tightening the criteria for use of agency staff.

Digital Transcription and Speech Recognition (DTSR) **sustainability**

Over 750 pre-learning dictations have been received from 50 clinical staff in the Gloucestershire Memory Assessment Service (MAS) and Community Learning Disability Team (CLDT) South. These teams are now fully live with BigHand and are using Digital Dictation in their day to day work, dictating progress notes, initial assessments and other documentation. The Go Live was phased, half of the staff started on 16 May and the remainder followed on 31 May. So far 186 'Live' dictations have been sent through the system which equates to almost 15 hours' worth of dictation.

MAS staff are finding BigHand particularly useful when completing their initial assessments. This would normally take staff at least two hours to complete but using BigHand the time to record has reduced by around 50% (taking approximately one hour). Staff are generally finding the solution valuable, but feel it would greatly help them to have some protected learning time to practice using the system without interruptions.

Over the next month the BigHand servers & BigHand Client will be upgraded to improve performance, and prepare the Trust for implementing and testing the Disaster Recovery solution. BigHand is starting to be delivered to the Recovery team in Cirencester, and a mass roll out to all Community Teams is being planned in Herefordshire. This is being planned in conjunction with IT so that laptops and phones will be delivered to staff at the same time.

There is an issue with Trust mobile phones not being compatible with the new Trust Corporate Wi-Fi. A work-around has been deployed to staff utilising the Trust's Guest Wi-Fi solution. This entails staff reconnecting each time they return to site and they are reporting it is hard to stay connected.

IAPT Services quality

This project has been established to support the major redesign and re-structure of the Improved Access to Psychological Therapies Service (IAPT). Spanning both Gloucestershire and Herefordshire, the review will focus on increasing the numbers of people using the service; reduce the waiting lists and time people have to wait; review the workforce profile and size; and seek more ways of delivering therapy. The project, which is scheduled to complete in March 2017, is working closely with commissioners and NHS England to ensure the new service delivery model meets their needs and the needs of those using the service.

Major Project Update – July 2016

Gloucester Hub sustainability

Pullman Place has now been purchased by the Trust. Feasibility work is underway to establish how the works can be phased to enable two leased buildings to be vacated by December, with the main conversion works being completed by mid to late 2017.

Engagement meetings to identify the needs of staff and the individual services are ongoing, and will inform the work of the design consultants. Every opportunity will be taken to consult with staff during the design process to ensure the maximum service benefits are achieved from this building.

CIP 2016/17 sustainability

The CIP saving target for 2016/17 is £4.116m (comprising 18 savings work-streams), and the forecast is that the saving will be delivered, and 25% of the savings were removed from budgets by the end of the first quarter.

The external audit of the CIP programme resulted in a 'low' risk rating, with just three minor recommendations, and an acknowledgement of several areas of best practice. All recommendations have been addressed and the evidence has been submitted to support this.

In order to assure that the quality of the services involved in delivering the savings is not compromised, every active work-stream must have an authorised Quality Impact Assessment (QIA). Four Executive Directors authorise each QIA – the Medical Director, and the Directors of Finance, Quality, and Engagement & Integration. The QIAs were all authorised by the end of the first quarter (the 2-3 shift system proposal for inpatient wards is to be the subject of a specific future Board discussion after which a QIA can be considered, if appropriate).

IAPT Services quality

Good progress is being made on the major redesign and re-structure of the Improved Access to Psychological Therapies Service (IAPT) and action plans have been developed. Full workforce modelling has been completed and the numbers of staff have been agreed. Recruitment is in progress in both Gloucestershire and Herefordshire although the pool of qualified practitioners is restricted.

The service user waiting lists have been significantly reduced, and the on-going methodologies for eliminating them are being discussed and tested with NHS England.

Increasing the numbers of people accessing the service remains challenging, but caution is being exercised to ensure staff are recruited before the growth in access is addressed.

Datix **quality**:

The installation of the main modules of the upgraded Datix software has been completed successfully. These systems, which support the reporting and management of accidents and incidents, the management of complaints, the Patient Advice and Liaison Service (PALS), and hold risk registers and claims, will enable easier analysis and reporting. Opportunities are also being taken to re-train staff, and change some of the ways the functions are supported and managed. Other smaller modules concerning safety alerts and the responses to CQC visits will be developed and rolled out later in the year.

Improving Care Through Technology **sustainability**

The project Business Case was approved by Board on 26th May and the project was formally initiated on 15th June. Since then staff have been working hard to get the pieces in place for the Herefordshire IT integration work. Infrastructure work for this element of the project is continuing, but we now have a working link between the Plough Lane Data Centre and GRH Data Centre, which is the major dependency for the rest of the Herefordshire work.

Starting the first week in July, docking stations are being rolled-out to sites in Herefordshire in preparation for the laptop deployment and Digital Transcription training that will commence on 1st August. Laptops will continue to be deployed on a piecemeal basis in Gloucestershire - 500 laptops have now been rolled out. Work will be suspended in Gloucestershire during August and September in order to concentrate on Herefordshire. The project is on target to deliver according to the Senior User's (Colin Merker) time constraint - to have deployed to all community based staff by the end of December 2016.

Agenda item 9 **Enclosure No** **Paper D**

Report to:	2gether NHS Foundation Trust Board 28th July 2016
Author:	Stephen Andrews, Deputy Director of Finance
Presented by:	Stephen Andrews, Deputy Director of Finance
SUBJECT:	**Finance report for period ending 30th June 2016**

Can this report be discussed at a public Board meeting?	Yes
If not, explain why	

This Report is provided for:

Decision Endorsement **Assurance** **Information**

EXECUTIVE SUMMARY

- The month 3 position is a surplus of £70k compared to the planned surplus of £6k. The budgets have been revised to include the £650k Sustainability and Transformation Fund monies that have been allocated to the Trust. One quarter of this fund has been included in the month 3 position.
- The Trust was allocated £650k from the Sustainability and Transformation Fund (STF) by NHS Improvement. The Trust also had its 2016/17 control total of a surplus of £4k adjusted upward by £650k to a revised 2016/17 revenue control total of £654k surplus.
- The month 3 forecast outturn is a £654k surplus, excluding impairments, as per the revised revenue control total and Trust budgets. The Trust is anticipating it will receive the full allocation from the STF.
- The Trust has a Financial Sustainability Risk Rating of 4, the highest rating achievable.
- The Trust has a straight line forecast agency spend of £5.04m at month 3, significantly above the £3.404m control total. A number of initiatives have commenced that are anticipated to reduce this forecast in the coming months.
- NHS Improvement has issued a new consultation document on changes to the Foundation Trust performance regime for next year which the Trust has responded to.

RECOMMENDATIONS

It is recommended that the Board:

- note the month 3 position
- note the reasons for variances from budget
- confirms to NHS Improvement that the Trust will maintain a Financial Sustainability Risk Rating of at least 3 over the next 12 months.
- confirms to NHS I that capital expenditure will not materially differ from the revised forecast in this report.

Corporate Considerations	
Quality implications:	None identified
Resource implications:	Identified in the report
Equalities implications:	None
Risk implications:	Identified in the report

WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Quality and Safety		Skilled workforce	
Getting the basics right	P	Using better information	P
Social inclusion		Growth and financial efficiency	P
Seeking involvement		Legislation and governance	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			
Excelling and improving		Inclusive open and honest	
Responsive		Can do	
Valuing and respectful		Efficient	P

Reviewed by: Andrew Lee, Director of Finance and Commerce		
	Date	19th July 2016

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
	Date	

Explanation of acronyms used:	See footnotes

1. CONTEXT

The Board has a responsibility to monitor and manage the performance of the Trust. This report presents the financial position and forecasts for consideration by the Board.

2. EXECUTIVE SUMMARY

The following table details headline financial performance indicators for the Trust in a traffic light format driven by the parameters detailed below. Red indicates that significant variance from plan, amber that performance is close to plan and green that performance is in line with plan or better.

Indicator	**Measure**		
Year End I&E	Financial Sustainability Risk Rating	4	FS Risk rating of at least 3
Income	FOT vs FT Plan	102.4%	
Operating Expenditure	FOT vs FT Plan	102.2%	
Cash	Number of creditor days	44	Balance of £19.1m (including investments) which equates to 44 creditor days. £3.0m of this cash is committed to fund the Trust's capital programme to improve facilities for patients over the next 2 years.
PSPP	%age of invoices paid within 30 days	98.0%	88% paid in 10 days
Capital Income	Monthly vs FT Plan	93.6%	
Capital Expenditure	Monthly vs FT Plan	244.2%	£5,336k expenditure.

The parameters for the traffic light dashboard are detailed below:

INDICATOR	RED 	AMBER 	GREEN 
Monitor FOT Financial Risk Rating	<2.5	2.5 - 3	>3
INCOME FOT vs FT Plan	<99%	99% - 100%	>100%
Expenditure FOT vs FT Plan	>100%	99% - 100%	<99%
CASH	<=50 days	51-60	>60 days
Public Sector Payment Policy - YTD	<80%	80% - 95%	>95%
Capital Income - Monthly vs FT Plan	<99%	99% - 100%	>100%
Capital Expenditure - Monthly vs FT Plan	>115% or <85%	110% - 115% or 85% to 89%	90% to 109%

- The financial position of the Trust at month 3 is a surplus of £70k which is £64k better than the plan.
- Income is £227k over recovered against budget and operational expenditure is £86k over spent, and non-operational items are £77k over spent.

The table below highlights the performance against expenditure budgets for all localities and directorates for the year to date, plus the total income position.

Trust Summary	Annual Budget £000	Budget to Date £000	Actuals to Date £000	Variance to Date £000	Year End Forecast £000	Year End Variance £000
Cheltenham & N Cots Locality	(4,968)	(1,240)	(1,216)	24	(4,932)	36
Stroud & S Cots Locality	(4,052)	(1,013)	(1,076)	(63)	(4,392)	(340)
Gloucester & Forest Locality	(4,433)	(1,108)	(1,087)	22	(4,361)	72
Social Care Management	(3,497)	(874)	(1,170)	(296)	(4,723)	(1,227)
Entry Level	(5,221)	(1,305)	(1,301)	4	(5,220)	1
Countywide	(29,403)	(7,351)	(7,451)	(100)	(29,820)	(417)
Children & Young People's Service	(5,007)	(1,252)	(1,092)	160	(4,943)	64
Herefordshire Services	(12,766)	(3,195)	(3,299)	(105)	(12,971)	(205)
Medical	(14,936)	(3,734)	(3,876)	(142)	(15,562)	(626)
Board	(1,375)	(344)	(374)	(30)	(1,668)	(294)
Internal Customer Services	(1,649)	(412)	(385)	27	(1,609)	40
Finance & Commerce	(6,652)	(1,653)	(1,490)	163	(6,390)	263
HR & Organisational Development	(3,139)	(785)	(792)	(7)	(3,142)	(3)
Quality & Performance	(2,572)	(643)	(672)	(29)	(2,614)	(42)
Engagement & Integration	(1,382)	(346)	(314)	32	(1,362)	20
Operations Directorate	(1,155)	(289)	(292)	(4)	(1,245)	(89)
Other (incl. provisional / savings / dep'n / PDC)	(5,493)	(1,442)	(1,259)	184	(5,337)	156
Income	108,354	26,991	27,213	222	110,946	2,592
TOTAL	**654**	**6**	**70**	**64**	**654**	**0**

The key points are summarised below;

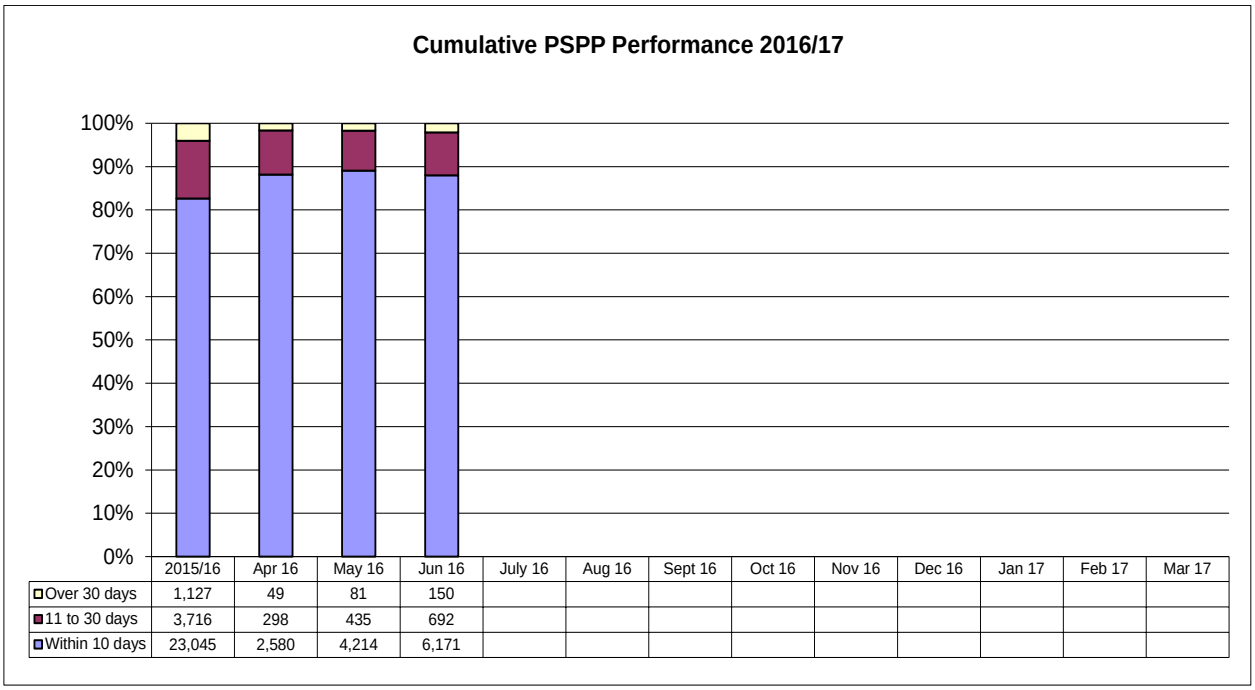
In month

- Stroud locality is over spent due to higher than budgeted Supporting People costs. This is matched by additional income.
- Social Care Management was over spent due to over performance against the funded level for Community Care, which is offset by additional income.
- Herefordshire was over spent due to agency costs to cover specialling costs on Mortimer ward and vacancies across all wards.
- Medical budgets over spent due to agency usage in Countywide, Children and Young People, Herefordshire, Localities and Learning Disabilities to cover vacancies, sickness, maternity leave and a HR issue.
- Countywide was over spent due to complex care costs from new high cost placements and additional inpatient costs covering vacancies and clinical need.
- Other expenditure was under spent as a number of developments have not yet commenced.
- Income is over recovered due to additional funds from Supporting People, Community Care and development income.

Forecast Outturn

- The Trusts forecast is £650k higher than the original plan to reflect the funding from NHS Improvement out of the Sustainability and Transformation Fund.
- Stroud locality is forecast to be over spent due to higher than budgeted Supporting People costs. This is matched by additional income.
- Social Care Management is forecast to be over spent due to over performance against the funded level for Community Care, which is offset by additional income.
- Countywide is forecast to be over spent due to complex care costs from new high cost placements (£200k) and additional inpatient costs covering vacancies and clinical need.
- Herefordshire is forecast to be over spent due to agency costs to cover specialling and vacancies across all wards.
- Medical costs are forecast to be over spent due to agency usage across many areas.
- Board is forecast to be over spent due to expenditure on the Improving Patient Safety programme for which there is £290k of income to match the spend.
- Income will over recover to additional funds for Supporting People, Community Care, Improving Patient Safety and development income.

The cumulative Public Sector Payment Policy (PSPP) performance up to month 3 is 88% of invoices paid in 10 days and 98% paid in 30 days. The cumulative performance to date is depicted in the chart below and compared with last year's position:



	2015/16	Apr 16	May 16	Jun 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Over 30 days	1,127	49	81	150									
11 to 30 days	3,716	298	435	692									
Within 10 days	23,045	2,580	4,214	6,171									

Agenda item **11** **Enclosure** **Paper E**

Report to: [2]gether NHS Foundation Trust Board – 28 July 2016
Author: Nikki Taylor, Strategic Performance Manager
Presented by: Andrew Lee, Director of Finance & Commerce

SUBJECT: **MONITOR QUARTER 1 MONITORING SUBMISSION - April to June 2016**

Can this report be discussed at a public Board meeting?	**Yes**
If not, explain why	

This Report is provided for:
Decision Endorsement Assurance Information

EXECUTIVE SUMMARY
This quarterly Monitor Board report outlines the:

- Monitor key developments and requirements
- Latest published Monitor risk ratings for the Trust
- Quarter 1 compliance report in line with the Risk Assessment Framework

Please note that Monitor and the Trust Development Authority have merged to form NHS Improvement. Future quarterly reports will be titled NHS Improvement Quarterly Monitoring Submission.

Monitor Key Developments and Requirements
The first section of the report outlines the significant Monitor developments, consultations and key publications which include this quarter:

- NHS National Tariff Payment System 2016/17
- Monitor: Corporate Credit Card Transactions, September 2013 to present
- NHS Foundation Trust Directory and Register of Licensed Healthcare Providers
- Helping NHS Foundation Trusts adopt best financial practice
- NHS Foundation Trusts: Financial Accounting Guidance
- NHS Foundation Trusts: Annual Reporting Manual 2015/16
- Monitor expenditure data, January 2014 – Present
- Peninsula Community Health: Investigation Closed

Monitor current risk rating
The latest Monitor risk ratings (6 June 2016) for the Trust are:

Financial Sustainability Risk Rating:	3	**Governance:**	Green

Quarter 1 Monitor Submission
This section of the report outlines the proposed Quarter 1 submission for the governance submission reflecting the Risk Assessment Framework that came into force during March 2015 and was finalized in August 2015.

It details three areas relating to compliance:

a) **Financial Performance**, which is outlined in the separate Finance Board paper including the Finance statement required by Monitor.

b) **Governance**:

- Performance against selected national access and outcomes standards: A detailed breakdown of outcomes is outlined in Appendices 1a and 1b. This provides assurance to the Board that the Trust is compliant in relation to this element of governance performance.

- CQC judgements on the quality of care provided: The Trust has no compliance actions from CQC that are outstanding

- Relevant information from third parties: Although the Trust has received a Letter of Contravention from the HSE with regard to procedure breaches they have observed to date during their investigation, all areas identified in the letter had already been picked up as part of our internal investigation and have a full and robust action plan against them (which has been shared with Monitor). As the HSE letter is not an improvement notice, but does allow them to financially charge for elements of their investigation, we can continue to report that there is no information from third parties which would raise governance concerns

- Organisational health indicators: The Risk Assessment Framework requires the Trust to provide quarterly information on quality metrics. Information on the required indicators as the Trust currently collects them is outlined in Appendix 2

- Following a review of our IAPT Services in both Gloucestershire and Herefordshire by the National Intensive Support Team (IST) at our request, the outcome of this review revealed that our Gloucestershire service was non-compliant with the national model, as activity carried out by the Primary Care Mental Health Team should not be counted against IAPT as the team were not formally IAPT qualified. This resulted in our missing the access target; this was also the case in Herefordshire, but for the different reason of a lack of investment. The IST visit also led to visibility of significant over 18 week waiters for our IAPT services. We have developed a comprehensive recovery plan and suite of reports, which have been well received (particularly by the IST). Monitor had indicated that for Quarter 4, when this issue surfaced, they may downgrade our governance rating from green, but following assurance and much additional work, they were content not to do so. As the recovery plan has been well received and is in place, we anticipate that we will continue to remain green for

governance as long as we deliver this plan to the identified timescales

Although some of the metrics are not meeting our internal performance targets or our aspirations, it is recommended that there are no significant governance concerns.

c) Exception reporting

NHS Foundation Trusts must provide reports on risk to comply with its License.

A full list of the exception reports reflecting the Compliance Framework and the Risk Assessment Framework is outlined in Appendix 3. There are no issues to escalate which have not already been raised with Monitor and we will also submit the table below outlining the exception reporting required to our Monitor Relationship Manager.

	April 2016	May 2016	June 2016	Total Q1
*Absconding detained	0	0	0	**0**
**Suicide	6	3	3	**12**
~Mental Health Homicide	0	0	0	**0**
Never Event	0	0	0	**0**

* Absconsion (in accordance with CQC reporting requirements, so only low secure)
**Suicide includes those suspected to be suicide – confirmed / unconfirmed
~ Alleged Mental Health Homicide

All the Quarter 1 Board and Governor changes have been reported in accordance with Monitor's requirements.

It is therefore recommended that the following Governance statement to Monitor can be made:

'The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards'.

RECOMMENDATIONS

It is recommended that the Board:

Agrees the financial compliance statement as recommended following consideration of the Board Finance report.

Confirms to Monitor that for Quarter 1 there is compliance with the governance requirements as outlined in this report and can confirm that :

'The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards'.

Note that the Quarter 1 reporting on suicides, homicides, absconsions and never events will be submitted to our Monitor Relationship Manager as outlined in this report.

Corporate Considerations	
Quality implications	The Monitor Quality Governance Framework was reviewed by the Board in May 2014 to assess Trust processes against it. The Monitor targets focus upon the delivery of quality care to patients
Resource implications:	The compliance with Monitor Financial requirements is reported as part of the Finance Report to the Board
Equalities implications:	Equalities data is collected as part of the MHMDS and compliance with this data collection is reported to Monitor
Risk implications:	As outlined in previous Performance Dashboard reports, CPA compliance continues to be monitored carefully.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?	
Continuously Improving Quality	P
Increasing Engagement	
Ensuring Sustainability	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	
Valuing and respectful		Efficient	P

Reviewed by:		
Director of Finance & Commerce	Date	14 July 2016

Where in the Trust has this been discussed before?		
Performance is discussed at monthly Delivery Committee	Date	

What consultation has there been?		
None	Date	N/A

Explanation of acronyms used:		
	APR	Annual Planning review
	ARM	Annual Reporting Manual
	CMA	Competition and Markets Authority
	CNST	Clinical Negligence Scheme for Trusts
	COO	Chief Operating Officer
	CoS	Continuity of Service

	CoSRR Continuity of Service Risk Rating CQC Care Quality Commission EI Early Intervention HSE Health and Safety Executive IAPT Improving Access to Psychological Therapies IST Intensive Support Team I&E Income and Expenditure PbR Payment by Results RAF Risk Assessment Framework TDA Trust Development Authority STP Sustainability and Transformation Plan

1. INTRODUCTION

1.1 The Board considers compliance with Monitor's requirements formally each quarter in order to make the required declarations and submissions to Monitor. This Quarter 1 report reflects the requirements of Monitor's Risk Assessment Framework which came in force during March 2015.

1.2 NHS Foundation Trusts are required to review ongoing compliance with their License and the Corporate Governance Statement in line with the Risk Assessment Framework.

1.3 This report outlines the:

- Monitor developments and publications
- Latest published Monitor risk ratings for the Trust
- Quarter 1 compliance report in line with the new Risk Assessment Framework

2. UPDATE ON MONITOR DEVELOPMENTS AND PUBLICATIONS

2.1 This section of this report outlines the key developments that are taking place with Monitor and associated publications.

2.2 **New publications**

	Date	Document	Type of Document
a)	**14 June 2016**	**NHS National Tariff Payment System 2016/17**	**Statutory Guidance**

Monitor and NHS England's 2016/17 National Tariff Payment System will come into effect from 1 April 2016.

This year's national tariff aims to give providers of NHS services the space to restore financial balance and support providers and commissioners to make ambitious longer term plans for their local health economies.

We believe the tariff will help providers and commissioners to work together to manage demand and deliver services more efficiently.

b)	**8 June 2016**	**Monitor: Corporate Credit Card Transactions, September 2013 to present**	**Transparency Data**

Corporate credit card transactions over £500.

c)	**8 June 2016**	**Monitor Expenditure Data, January 2014 to present**	**Transparency Data**

The data includes invoices, grant payments, expenses and other such payments, but excluding pay bill expenditure, for costs over £25,000.

d)	**7 June 2016**	**NHS Foundation Trust: Financial Accounting Guidance**	**Statutory Guidance**

Financial accounting updates, including year-end accounts, the NHS foundation trust consolidation (FTC) process and the agreement of balances process.

e)	**3 June 2016**	**NHS Foundation Trust Directory and Register of Licensed Healthcare Providers**	**Transparency Data**

The foundation trust directory has links to foundation trust publications. Providers licensed by Monitor include foundation trusts and healthcare providers.

	Date	Document	Type of Document
f)	**2 June 2016**	**Helping NHS Foundation Trusts adopt best financial practice**	**Guidance**

Monitor has identified 4 main initiatives to help address the challenges faced by the NHS to simultaneously improve quality, meet access targets and drive up productivity.

When buying consultancy services you can find out more information using the links below including identifying the right procurement route and the regulatory context within which to work:

- the current procurement regulations which govern public sector procurement
- the government recommended process for delivering procurement projects: the 'Lean sourcing process' and a procurement route decision tree
- the current expenditure thresholds
- the government's procurement policy notes providing guidance on best practice for public sector procurement

Trusts may wish to seek legal advice where appropriate.

g)	**26 May 2016**	**Case: Investigation into the commissioning of elective services in North East London**	**Notice**

We have decided to accept the commissioners undertakings instead of continuing our investigation into the commissioning of elective care services from the North East London Treatment Centre.

These undertakings prevent, remedy or mitigate any failures to comply with the Procurement, patient choice and competition regulations that we might have identified as a result of our investigation.

h)	**17 May 2016**	**NHS Foundation Trusts: Financial Accounting Guidance**	**Statutory Guidance**

Financial accounting updates, including year-end accounts, the NHS foundation trust consolidation (FTC) process and the agreement of balances process.

i)	**17 May 2016**	**NHS Foundation Trusts: Annual Reporting Manual 2015/16**	**Statutory Guidance**

All NHS foundation trusts must publish annual reports and accounts to allow scrutiny of the year's operations and outcomes.

This guidance outlines the process foundation trusts should follow when producing and submitting these documents.

j)	**13 April 2016**	**Monitor expenditure data, January 2014 – Present**	**Transparency Data**

The tables break down the data into:

- expense type
- supplier
- transaction number
- amount

k)	**12 April 2016**	**Peninsula Community Health: Investigation Closed**	**Notice**

Monitor has closed the investigation into Peninsula Community Health Community Interest Company (PCH) after the transfer of essential adult community services to Cornwall Partnership NHS Foundation Trust.

In July 2015, PCH confirmed that it would not be seeking to extend its contract to provide community care (such as community hospitals, district nursing and rehabilitation services) in Cornwall and the Isles of Scilly beyond 31 March 2016.

Monitor opened investigation into the independent healthcare provider in August 2015 due to

	Date	Document	Type of Document

concerns over its financial sustainability in order to ensure that patients continued to have access to essential services.

Peninsula Community Health was able to provide services through to the end of its contract and its staff and services transferred to Cornwall Partnership NHS Foundation Trust on 1 April 2016.
NHS Improvement acknowledges the efforts of PCH management and staff in supporting the continuity of essential services during their contract term and the orderly transfer of those services to a new provider.

l)	**7 April 2016**	**Competition Act 1998 cases in the sectors regulated by UKCN members**	**Guidance**

The UKCN is a forum of the Competition and Markets Authority (CMA) and all the UK regulators that have powers to apply competition law in their sectors concurrently with the CMA.

This table provides details of public cases which are currently being undertaken in the regulated sectors by UKCN members under the Competition Act 1998.

2.3 Research, Reporting and Surveys

	Date	Document	Type of Document
a)	**23 June 2016**	**National Tariff Payment System 2015/16: A consultation notice**	**Consultation Outcome**

Monitor's analysis shows that around 13% of clinical commissioning groups, 37% of relevant providers by number, and 75% of relevant providers by share of supply, objected to the proposed method for determining national prices for NHS services.

As the share of total tariff income received by the objecting providers exceeds 51%, the National Tariff cannot be introduced in its current form at this stage and its implementation will be delayed

b)	**11 April 2016**	**Minimum software requirements for the costing of NHS services in England**	**Consultation Outcome**

Summary of consultation responses

c)	**1 April 2016**	**Freedom to Speak Up: Whistleblowing policy for the NHS**	**Consultation Outcome**

Monitor received 165 responses to the consultation. The majority were from individuals who were either current or previous NHS staff members, also received were responses from whistleblowing organisations, trade unions, trusts, foundation trusts and clinical commissioning groups.
Monitor thanks everyone who responded to the consultation.

2.4 **Bulletins –** there have been no NHS Foundation Trust bulletins for this period

3. TRUST'S LATEST RISK RATING

3.1 The Monitor Risk rating has two elements: Q1 Assessment

Organisation	Financial Sustainability Risk Rating *	Governance Rating	Notes
[2]gether NHS Foundation Trust	3	Green	No Evident Concerns

a) *New financial sustainability risk rating: Continuity of Services and financial efficiency* (see diagram below):

(i) **liquidity:** days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown; and
(ii) **capital servicing capacity:** the degree to which the organisation's generated income covers its financing obligations.
(iii) **income and expenditure (I&E) margin:** the degree to which the organisation is operating at a surplus/deficit
(iv) **variance from plan in relation to I&E margin:** variance between a foundation trust's planned I&E margin in its annual forward plan and its actual I&E margin within the year.

Calculation of the financial sustainability risk rating

Financial Criteria		Weight (%)	Metric	Rating Categories **			
				1*	2***	3	4
Continuity of Services	Balance Sheet Sustainability	25	Capital Service Capacity (times)	<1.25x	1.25 – 1.75x	1.75-2.5x	>2.5x
	Liquidity	25	Liquidity (days)	<(14) days	(14)-(7) days	(7)-0 days	>0 days
Financial Efficiency	Underlying Performance	25	I&E Margin (%)	≤(1)%	(1)-0%	0-1%	>1%
	Variance from Plan	25	Variance in I&E Margin as a % of Income	≤(2)%	(2)-(1)%	(1)-0%	≥0%

Scoring a 1 on any metric will cap the weighted rating to 2, potentially leading to investigation.
** Scores are rounded to the nearest number, i.e. if the trust scores 3.6 overall, this would be rounded to 4; if the trust scores 3.5, this will be rounded to 3
*** A 2* rating may be awarded to a trust where there is little likelihood of deterioration in its financial position

Risk Rating has a 4-point rating scale:

- 4 – no action, no Board sign-off of monthly data returns
- 3 – potentially additional information to assess certain areas, no Board sign-off of monthly data
- 2 – represents a material level of financial risk, requiring closer monitoring and/or immediate action
- 2* - a rating of 2 with a high degree of confidence in maintaining the financial position
- 1 – significant level of financial risk, resulting in close monitoring, contingency planning and review of CoS license

b) *Governance Risk Rating*

This falls into three categories:
- Green – no governance concern
- Under review - Description of the issue if Monitor identify material causes for concern
- Red – if Monitor take regulatory action

4. QUARTER 1 COMPLIANCE REPORT

4.1 This section of the report outlines the proposed submission for compliance within the Monitor Risk

Assessment Framework. It details compliance in the three required areas:

- Financial
- Governance
- Exception reporting

4.2 **Quarterly Financial Performance submission and year to date position**

The required Monitor compliance in relation to the financial position is the subject of a separate Board paper, which also outlines the compliance against the Risk Assessment Framework. The following additional response is required in the monthly reporting:

4.3 **Governance performance**

4.3.1 *Performance against selected national access and outcomes standards*

A detailed breakdown of outcomes compliance split by Herefordshire and Gloucestershire, with a combined figure is outlined in Appendices 1a and 1b. All indicators are meeting the required thresholds.

Early Intervention (EI) in Psychosis, new cases treated within two weeks of referral and New Intervention cases:

- Our reporting methodology for both measures has changed in line with national guidance. The performance for the two measures is tied together.
- EI in Psychosis, new cases treated within 2 weeks of referral indicator requires an overall compliance of 50% of cases to be treated within 2 weeks for the whole financial year to be achieved in March 2017. The combined score for Q1 is above the 50% target.
- For this indicator and the number of new EI cases, the information reported in previous returns has been revised, this is due to new guidance received which we have now put in place to calculate compliance.

7- day follow-up:

- The performance threshold target for 7-day follow up is 95%. Although compliant for the Trust – Hereford is non-compliant for Quarter 1. This relates to 4 cases.

IAPT Waiting Time:

- Although compliant in Quarter 1 for Herefordshire , Gloucestershire and the Trust as a whole are non-compliant for both the 6 week and 18 week indicators:
- Following a visit from the IST (Intensive Support Team), it has been acknowledged that the screening appointment does not constitute a therapeutic intervention and therefore this appointment no longer forms part of the methodology for KPI reporting. Work is ongoing to clear the backlog of long waiters and performance will show a deterioration as a consequence.
- Recovery plan to cover both Gloucestershire and Herefordshire has been submitted to Mental Health Improvement and accepted by them. In addition, the suite of reports to go with the plan has been very well received by the Intensive Support Team.

Data Quality

- The automated Data Quality Exceptions Report continues to be used across all RiO supported services. This real-time tool enables clinicians and managers to monitor data quality continuously and address any gaps that are identified. It is comprehensive in that it includes key targets, payment by results data as well as clinical data associated with care planning, risk management and patient demographic data such as GP Practice, CCG and ethnic background. This enables appropriate data quality for the Monitor quarterly compliance statement.
- All indicators are green for the combined score for Quarter 1 for those that are reportable

4.3.2 *CQC judgements on the quality of care provided*

The Trust has no compliance actions from CQC that are outstanding, although observations

have been made by Mental Health Act Commissioners following their visits to our services which have ward specific action plans.

4.3.3 *Relevant information from third parties*

Although the Trust has received a Letter of Contravention from the HSE with regard to procedure breaches they have observed to date during their investigation, all areas identified in the letter had already been picked up as part of our internal investigation and have a full and robust action plan against them (which has been shared with Monitor). As the HSE letter is not an improvement notice, but does allow them to financially charge for elements of their investigation, we can continue to report that there is no information from third parties which would raise governance concerns.

4.3.4 *Organisational health indicators*

The Risk Assessment Framework requires the Trust to provide quarterly information on quality metrics. Information on the required indicators as the Trust currently collects them is outlined in Appendix 2.

Although some of the metrics are not meeting our internal performance targets or our aspirations, it is recommended that there are no significant governance concerns.

4.4 Exception reporting

NHS Foundation Trusts must provide reports on risk to compliance with its License. A full list of the exception reports reflecting the Compliance Framework and the Risk Assessment Framework is outlined in Appendix 3.

There are no issues to escalate which have not already been raised with Monitor. Additional information as requested in the Monitor Bulletin in November 2013 is outlined below and will be submitted to our Monitor Relationship Manager.

	April 2016	May 2016	June 2016	Total Q1
*Absconding detained	0	0	0	**0**
**Suicide	6	3	3	**12**
~Mental Health Homicide	0	0	0	**0**
Never Event	0	0	0	**0**

* Absconsion (in accordance with CQC reporting requirements, so only low secure)
**Suicide includes those suspected to be suicide – confirmed / unconfirmed
~ Alleged Mental Health Homicide

4.5 Board and Governor changes

The following Board and Governor changes have taken place during Quarter 1.

Board (any changes are informed directly to Monitor by the Trust Secretary)

- Marcia Gallagher was **appointed** as a Non-Executive Director from 1 April
- Duncan Sutherland was **appointed** as a Non-Executive Director from 1 April
- Quinton Quayle was **appointed** as a Non-Executive Director from 1 June

Governors (any changes are reported on the Trust website)

- **Appointed:** Dr Tristan Lench - Gloucestershire CCG from 1 May
- **Retired:** Dr Helen Miller – Gloucester CCG on 31 March

5. APPENDICES

The appendices provide the following information:

Appendix 1a:	Mental Health Governance Indicators & Targets: Quarter 1 Summary Assessment of Compliance
Appendix 1b:	Mental Health Governance Indicators & Targets: Quarter 1 Detailed Assessment of Compliance
Appendix 2:	Quality Metrics
Appendix 3:	Exception Reporting for Quarter 1 reflecting the Risk Assessment Framework

Appendix 1 a

MENTAL HEALTH GOVERNANCE INDICATORS & TARGETS

QUARTER 1 - 2016/17: ASSESSMENT OF COMPLIANCE

Indicator	Combined organisational compliance
1. Clostridium Difficile	Achieved
2. MRSA (*removed for future Risk Assessment Framework reporting*)	Achieved
3. Care Programme Approach a) Follow up contact within 7 days of discharge b) Having a formal review within 12 months	Achieved
4. Delayed transfers of care	Achieved
5. Admissions to inpatient units who had access to Crisis Resolution Home Treatment Team	Achieved
6. New psychosis cases taken on by the Early Intervention Teams in Herefordshire and Gloucestershire according to contractual requirements. New EI cases within 2 weeks – target of 50% by March 2017.	Achieved
7. 7- day follow-up.	Achieved (combined score)
8. Mental Health Minimum Data Set Completeness – identifiers	Achieved
9. Data completeness outcomes for people on Care Programme Approach: a) Employment status b) Accommodation c) HoNOS assessment	Achieved
10. Six Criteria for meeting the needs of people with a learning disability	Achieved
11. IAPT Waiting times	Not Achieved (but note recovery plan accepted)

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
C-DIFF							
	Gloucestershire	0	0	0	0	**0**	**0**
	Herefordshire	0	0	0	**0**	**0**	**0**
Combined	**Total**	**0**	**0**	**0**	**0**	**0**	**0**
MRSA							
	Gloucestershire	0	0	0	0	**0**	**0**
	Herefordshire	0	0	0	0	**0**	**0**
Combined	**Total**	**0**	**0**	**0**	**0**	**0**	**0**
7 Day Follow up							
Working Age and Older Peoples Services							
Discharges	Gloucestershire		65	75	75	**215**	**215**
Discharges seen within 7 days	Gloucestershire		62	75	74	**211**	**211**
% seen	Gloucestershire	**95%**	95.38%	100.00%	98.67%	**98.14%**	**98.14%**
Discharges	Herefordshire		16	20	21	**57**	**57**
Discharges seen within 7 days	Herefordshire		15	18	20	**53**	**53**
% seen	Herefordshire	**95%**	93.75%	90.00%	95.24%	**92.98%**	**92.98%**
Combined Score		**95%**	**95.06%**	**97.89%**	**97.92%**	**97.06%**	**97.06%**
CPA Review within 12 months							
Working Age and Older Peoples Services							
Number on CPA	Gloucestershire		1026	1028	1020	**3074**	**3074**
Number with CPA review in last 12 months	Gloucestershire		1024	1018	997	**3039**	**3039**
% with CPA in last 12 months	Gloucestershire	**95%**	99.81%	99.03%	97.75%	**98.86%**	**98.86%**
CPA Review within 12 months							
Working Age and Older Peoples Services							
Number on CPA	Herefordshire		225	226	222	**673**	**673**
Number with CPA review in last 12 months	Herefordshire		222	220	214	**656**	**656**
% with CPA in last 12 months	Herefordshire	**95%**	98.67%	97.35%	96.40%	**97.47%**	**97.47%**
Combined Score		**95%**	**99.60%**	**98.72%**	**97.50%**	**98.61%**	**98.61%**

Appendix 1b

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
Delayed Transfers of Care							
Working Age and Older Peoples Services							
Occupied Beddays	Gloucestershire		3452	3589	3161	**10202**	**10202**
Delay days (Including Non Health)	Gloucestershire		40	42	27	**109**	**109**
Delayed transfers of care % (Including Non Health)	Gloucestershire	**7.5%**	1.16%	1.17%	0.85%	**1.07%**	**1.07%**
Occupied Beddays	Herefordshire		1156	1277	1235	**3668**	**3668**
Delay days (Including Non Health)	Herefordshire		30	31	60	**121**	**121**
Delayed transfers of care % (Including Non Health)	Herefordshire	**7.5%**	2.60%	2.43%	4.86%	**3.30%**	**3.30%**
Combined Score (Including Non Health)		**7.5%**	**1.52%**	**1.50%**	**1.98%**	**1.66%**	**1.66%**
Admissions Gatekept by Crisis teams							
Working Age Services (Ex PICU)							
Screened by Crisis team	Gloucestershire		43	45	52	**140**	**140**
Admissions	Gloucestershire		44	45	53	**142**	**142**
% Screened	Gloucestershire	**95%**	97.73%	100.00%	98.11%	**98.59%**	**98.59%**
Screened by Crisis team	Herefordshire		10	13	12	**35**	**35**
Admissions	Herefordshire		10	13	12	**35**	**35**
% Screened	Herefordshire	**95%**	100.00%	100.00%	100.00%	**100.00%**	**100.00%**
Combined Score		**90%**	**98.15%**	**100.00%**	**98.46%**	**98.87%**	**98.87%**

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
New Early Intervention cases							
Working Age GRIP Team	Gloucestershire	**95% of 18/Qtr**	2	6	9	**17**	**17**
	Herefordshire	**95% of 6/Qtr**	3	0	6	**9**	**9**
Early Intervention in Psychosis							
New cases treated within 2 weeks of referral	Gloucestershire	**50%**	0.00%	50.00%	66.67%	**52.94%**	**52.94%**
Numerator	Gloucestershire		0	3	6	**9**	**9**
Denominator	Gloucestershire		2	6	9	**17**	**17**
New cases treated within 2 weeks of referral	Herefordshire	**50%**	66.67%	#DIV/0!	50.00%	**55.56%**	**55.56%**
Numerator	Herefordshire		2	0	3	**5**	**5**
Denominator	Herefordshire		3	0	6	**9**	**9**
Combined Score	Combined	**50%**	**40.00%**	**50.00%**	**60.00%**	**53.85%**	**53.85%**
Numerator	Combined		2	3	9	**14**	**14**
Denominator	Combined		5	6	15	**26**	**26**

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
MHMDS Completeness							
Working Age and Older Peoples Services							
Date of Birth	Gloucestershire	**97%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**
Numerator	Gloucestershire		9,284	9,485	9,580	**28,349**	**28349**
Denominator	Gloucestershire		9284	9485	9580	**28,349**	**28349**
Gender	Gloucestershire	**97%**	**99.99%**	**99.99%**	**99.99%**	**99.99%**	**99.99%**
Numerator	Gloucestershire		9,283	9,484	9,579	**28,346**	**28346**
Denominator	Gloucestershire		9,284	9,485	9,580	**28,349**	**28349**
NHS Number	Gloucestershire	**97%**	**99.96%**	**99.97%**	**99.98%**	**99.97%**	**99.96%**
Numerator	Gloucestershire		9,280	9,482	9,578	**28,340**	**28339**
Denominator	Gloucestershire		9,284	9,485	9,580	**28,349**	**28349**
Organisation Code (GP)	Gloucestershire	**97%**	**99.25%**	**99.28%**	**99.39%**	**99.31%**	**99.31%**
Numerator	Gloucestershire		9,214	9,417	9,522	**28,153**	**28153**
Denominator	Gloucestershire		9,284	9,485	9,580	**28,349**	**28349**
Postcode	Gloucestershire	**97%**	**99.69%**	**99.70%**	**99.74%**	**99.71%**	**99.71%**
Numerator	Gloucestershire		9,255	9,457	9,555	**28,267**	**28267**
Denominator	Gloucestershire		9,284	9,485	9,580	**28,349**	**28349**
Organisation Code (Commissioner)	Gloucestershire	**97%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**
Numerator	Gloucestershire		9,284	9,485	9,580	**28,349**	**28,349**
Denominator	Gloucestershire		9,284	9,485	9,580	**28,349**	**28349**
Percentage of all complete records	**Gloucestershire**	**97%**	**99.81%**	**99.82%**	**99.85%**	**99.83%**	**99.83%**
Numerator	**Gloucestershire**		**55,600**	**56,810**	**57,394**	**169,804**	**169803**
Denominator	**Gloucestershire**		**55,704**	**56,910**	**57,480**	**170,094**	**170094**

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
Date of Birth	Herefordshire	**97%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**
Numerator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Denominator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Gender	Herefordshire	**97%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**
Numerator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Denominator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
NHS Number	Herefordshire	**97%**	**100.00%**	**99.97%**	**99.97%**	**99.98%**	**99.98%**
Numerator	Herefordshire		3,069	3,118	3,191	**9,378**	**9378**
Denominator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Organisation Code (GP)	Herefordshire	**97%**	**99.71%**	**99.71%**	**99.75%**	**99.72%**	**99.72%**
Numerator	Herefordshire		3,060	3,110	3,184	**9,354**	**9354**
Denominator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Postcode	Herefordshire	**97%**	**99.80%**	**99.78%**	**99.81%**	**99.80%**	**99.80%**
Numerator	Herefordshire		3,063	3,112	3,186	**9,361**	**9361**
Denominator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Organisation Code (Commissioner)	Herefordshire	**97%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**
Numerator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Denominator	Herefordshire		3,069	3,119	3,192	**9,380**	**9380**
Percentage of all complete records	**Herefordshire**	**97%**	**99.9%**	**99.9%**	**99.9%**	**99.9%**	**99.9%**
Numerator	**Herefordshire**		**18,399**	**18,697**	**19,137**	**56,233**	**56233**
Denominator	**Herefordshire**		**18,414**	**18,714**	**19,152**	**56,280**	**56280**

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
Combined Score							
Date of Birth	Combined	**97%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**
Numerator	Combined		12,353	12,604	12,772	**37,729**	**37729**
Denominator	Combined		12,353	12,604	12,772	**37,729**	**37729**
Gender	Combined	**97%**	**99.99%**	**99.99%**	**99.99%**	**99.99%**	**99.99%**
Numerator	Combined		12,352	12,603	12,771	**37,726**	**37726**
Denominator	Combined		12,353	12,604	12,772	**37,729**	**37729**
NHS Number	Combined	**97%**	**99.97%**	**99.97%**	**99.98%**	**99.97%**	**99.97%**
Numerator	Combined		12,349	12,600	12,769	**37,718**	**37718**
Denominator	Combined		12,353	12,604	12,772	**37,729**	**37729**
Organisation Code (GP)	Combined	**97%**	**99.36%**	**99.39%**	**99.48%**	**99.41%**	**99.41%**
Numerator	Combined		12,274	12,527	12,706	**37,507**	**37507**
Denominator	Combined		12,353	12,604	12,772	**37,729**	**37729**
Postcode	Combined	**97%**	**99.72%**	**99.72%**	**99.76%**	**99.73%**	**99.73%**
Numerator	Combined		12,318	12,569	12,741	**37,628**	**37628**
Denominator	Combined		12,353	12,604	12,772	**37,729**	**37729**
Organisation Code (Commissioner)	Combined	**97%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**
Numerator	Combined		12,353	12,604	12,772	**37,729**	**37729**
Denominator	Combined		12,353	12,604	12,772	**37,729**	**37729**
Percentage of all complete records	**Combined**	**97%**	**99.84%**	**99.85%**	**99.87%**	**99.85%**	**99.85%**
Numerator	**Combined**		**73,999**	**75,507**	**76,531**	**226,037**	**226037**
Denominator	**Combined**		**74,118**	**75,624**	**76,632**	**226,374**	**226374**

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
Social Inclusion and Outcome Indicators							
No. clients with CPA review	Gloucestershire		**1,293**	**1,292**	**1,241**	**3,826**	**3826**
Accommodation Status							
Total Reviews	Gloucestershire		1,250	1,248	1,195	**3,693**	**3,693**
%	Gloucestershire	**50%**	96.67%	96.59%	96.29%	**96.52%**	**96.52%**
Employment Status							
Total Reviews	Gloucestershire		1,245	1,244	1,192	**3,681**	**3,681**
%	Gloucestershire	**50%**	96.29%	96.28%	96.05%	**96.21%**	**96.21%**
No. clients with HoNOS	Gloucestershire		**1,293**	**1,292**	**1,241**	**3,826**	**3826**
HoNoS Score							
Total Reviews	Gloucestershire		1,287	1,285	1,234	**3,806**	**3806**
%	Gloucestershire	**50%**	99.54%	99.46%	99.44%	**99.48%**	**99.48%**
Overall	**Gloucestershire**	**50%**	**97.50%**	**97.45%**	**97.26%**	**97.40%**	**97.40%**
Caseload on CPA	Herefordshire		**282**	**283**	**286**	**851**	**851**
Accommodation Status							
Total Reviews	Herefordshire		266	267	269	**802**	**802**
%	Herefordshire	**50%**	94.33%	94.35%	94.06%	**94.24%**	**94.24%**
Employment Status							
Total Reviews	Herefordshire		265	266	268	**799**	**799**
%	Herefordshire	**50%**	93.97%	93.99%	93.71%	**93.89%**	**93.89%**
HoNoS Score							
Total Reviews	Herefordshire		277	277	279	**833**	**833**
%	Herefordshire	**50%**	98.23%	97.88%	97.55%	**97.88%**	**97.88%**
Overall	**Herefordshire**	**50%**	**95.51%**	**95.41%**	**95.10%**	**95.34%**	**95.34%**
Combined Scores							
Accommodation Status %	**Combined**	**50%**	**96.25%**	**96.19%**	**95.87%**	**96.11%**	**96.11%**
Employment Status	**Combined**	**50%**	**95.87%**	**95.87%**	**95.61%**	**95.79%**	**95.79%**
HoNoS Score	**Combined**	**50%**	**99.30%**	**99.17%**	**99.08%**	**99.19%**	**99.19%**
Overall	**Combined**	**50%**	**97.14%**	**97.08%**	**96.86%**	**97.03%**	**97.03%**
Compliance with CQC LD criteria	Gloucestershire	6	6	6	6	**6**	**6**
	Herefordshire	6	6	6	6	**6**	**6**
Combined Score	**Combined**	**6**	**6**	**6**	**6**	**6**	**6**

MONITOR QTRLY 2016/17 ASSESSMENT AGAINST INDICATORS

Indicator/Measure	Locality	Threshold/Target	Apr	May	Jun	Q1	YTD
IAPT Gloucestershire							
Waiting Times 6 wks							
Denominator - all patients treated	Gloucestershire		337	289	365	**991**	**991**
Numerator - treated within 6wks of referral	Gloucestershire		135	100	112	**347**	**347**
%	Gloucestershire	**75%**	40.06%	34.60%	30.68%	**35.02%**	**35.02%**
Waiting Times 18 wks							
Denominator - all patients treated	Gloucestershire		337	289	365	**991**	**991**
Numerator - treated within 18wks of referral	Gloucestershire		310	258	324	**892**	**892**
%	Gloucestershire	**95%**	91.99%	89.27%	88.77%	**90.01%**	**90.01%**
IAPT Herefordshire							
Waiting Times 6 wks							
Denominator - all patients treated	Herefordshire		139	60	94	**293**	**293**
Denominator - treated within 6wks of referral	Herefordshire		92	31	47	**170**	**170**
%	Herefordshire	**75%**	66.19%	51.67%	50.00%	**58.02%**	**58.02%**
Waiting Times 18 wks							
Denominator - all patients treated	Herefordshire		139	60	94	**293**	**293**
Numerator - treated within 18wks of referral	Herefordshire		139	56	85	**280**	**280**
%	Herefordshire	**95%**	100.00%	93.33%	90.43%	**95.56%**	**95.56%**
IAPT Combined Scores							
Waiting Times 6 wks							
Denominator - all patients treated	Combined		476	349	459	**1,284**	**1,284**
Denominator - treated within 6wks of referral	Combined		227	131	159	**517**	**517**
%	Combined	**75%**	**47.69%**	**37.54%**	**34.64%**	**40.26%**	**40.26%**
Waiting Times 18 wks							
Denominator - all patients treated	Combined		476	349	459	**1,284**	**1,284**
Numerator - treated within 18wks of referral	Combined		449	314	409	**1,172**	**1,172**
%	Combined	**95%**	**94.33%**	**89.97%**	**89.11%**	**91.28%**	**91.28%**

QUALITY METRICS

	Quarter 1 Comments		
Patient Satisfaction	We received 27 new complaints and 57 concerns in Quarter 1. This suggests the effectiveness of a new approach to triaging individuals' concerns at first contact with the Service Experience Department. The switch between formal complaints and concerns is attributed to the proactive and inclusive approach taken by the team.	94% of service users responding to the Friends and Family Test in Quarter 1 would recommend Trust services.	Work continues to develop the use of surveys to learn from individuals' experiences in order to inform practice and service development.
Staff Metrics Executive Team Turnover	None		
Staff Metrics Staff satisfaction	The Staff Friends and Family Test was run during Quarter 1 of the current financial year. The test showed that 70% of staff would recommend the Trust as a place to work, an increase from 68% in the previous test and the best result since the test was first implemented in April 2014. 83% of staff said they would recommend the Trust as a place to receive care or treatment, a slight decrease from 85% in the previous quarter	The Trust's Workforce and Organisational Development Committee met twice in Quarter 1. The leads for the underpinning work streams of: • Culture • Engagement • Training and Development and • Workforce Planning continue to meet and attend the Workforce OD Committee and report on activity.	
Staff Metrics Sickness Absence rate against an internal target of 4%	As at the 29 February 2016 the percentage rolling 12 months absence figure was 5.51% against the Trust target of 4%	As at 31 May 2016 the percentage rolling 12 months absence figure was 5.32% against the Trust target of 4%	
Staff Metrics Proportion of temporary staff	As at 31 March 2016 the proportion of temporary staff to substantive remained at 5%	As at 30 June 2016 the proportion of temporary staff to substantive staff remained at 5%	

Staff Metrics Staff Turnover	As at the 31 March 2016 the rolling 12 month staff turnover was 10%.	As at 30 June 2016 the rolling 12 month staff turnover was 10%	
Cost reduction plan of greater than 5 %	N/A		
Information to assess membership engagement (membership and election information)	As at 30 June 2016 there were 7,505 Trust members. Our membership figures have increased by 32 in Q1 of 2016/17	The Social Inclusion Team logged 2567 meaningful contacts for Q1. 1576 children engaged with the Crucial Crewe event in Herefordshire and 700 at Time to Change school assemblies in Gloucestershire. Other contacts were made at the Herefordshire Disability United event, via our mental health awareness campaign, art groups, and the Armed Forces Day events.	One new Governor was appointed for Gloucestershire CCG, this was to replace the Governor that retired at the end of Q4 2015/16

EXCEPTION REPORTING ISSUES TO BE REPORTED QUARTERLY

Risk Assessment Framework – July 2016

Area	Specific Exception Report	Quarter 1 Statement, including when it was reported to Monitor	Lead
Finance	Undertaking a major acquisition investment or divestment	None to report	Director of Finance
	Losing a significant contract	None to report	Director of Finance
	A significant change in capital structure	None to report	Director of Finance
	A material deterioration in financial Performance	None to report	Director of Finance
	An immediate need to spend significant sums to meet regulatory requirements (e.g. increased costs as a result of a requirement from the CQC)	None to report	Director of Finance
Continuity of Services	Unplanned significant reduction in income or significant increase in costs	None to report	Director of Finance
	Discussions with external auditors which may lead to a qualified audit report	None to report	Director of Finance
	Future transactions potentially affecting continuity of services risk rating	None to report	Director of Finance
	Risk to main registration with the CQC for Commissioner Requested Services	Most recent Intelligent Monitoring tool (Feb 2016) showed three risks. One was classed as an elevated risk, two were standard risks. The CQC have indicated that there will be no further Intelligent Monitoring Reports – they are developing a new measure "Insight"	Director of Quality
	Loss of accreditation of a Commissioner Requested Service	None to report	Director of Finance
	Proposal to vary Commissioner Requested Service provision or dispose of assets	None to report	Director of Finance
	Proposed disposals of commissioner related assets	None to report	Director of Finance
Financial Governance	Requirement for additional working capital facilities	None to report	Director of Finance
	Failure to comply with the statutory reporting guidance	None to report	Director of Finance
	Adverse report from internal auditors that these would be significant concerns and not concerns raised in standard audit programme	None to report	Director of Finance
	Significant third party investigations that suggest potential material issues with governance	None to report	Chief Executive
	CQC responsive or planned reviews and their outcomes – financial impact	None to report	Director of Finance
	Other patterns of patient safety issues which may reflect poor governance (e.g. Serious incidents, complaints)	None to report	Medical Director Director of Quality
	Performance penalties to commissioners	None to report	Director of Finance
Governance	Third party investigations that could suggest material issues with governance e.g. Fraud, CQC concerns, Royal Colleges	HSE investigation ongoing following the serious incident at Wotton Lawn, with progress as set out below.	Chief Executive
	CQC responsive or planned reviews and their outcomes – quality impact	Compliant – nothing to report	Director of Quality

	Other patient safety issues which may impact compliance with the license	Monitor was informed on 11 July 2014 of the Serious Incident in Wotton Lawn (9 July 2014). Patient pleaded guilty and was sentenced to life in prison on 9 January 2015. The internal investigation and Serious Incident Internal Review has been completed with a final report. The HSE investigation report is now awaited. A full and robust action plan regarding the internal investigation has been implemented with monitoring via Governance Committee. Significant progress and assurance has been maintained. The NHSE homicide review has yet to commence.	Medical Director Director of Quality
	Patient Suicides	12 suspected suicides during the quarter. Will be sent to Relationship Manager after the Board meeting	Medical Director Director of Quality
	Medical Health Homicides	0	
	Absconsion from in-patient units (assumed under the Mental Health Act)	0 Absconsions during the quarter, (in accordance with CQC required reporting which relates only to Secure Units)	
	Never Events	0	
Other risks	Enforcement notices or other sanctions from other bodies implying potential or actual significant breach of a license condition e.g. Office of Fair Trading	None to report	Chief Executive
	Patient Group concerns	None to report	Chief Executive
	Concerns from whistle blowers or complaints	None to report	Chief Executive

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Mental Health Legislation Scrutiny Committee

DATE OF COMMITTEE MEETING: 6 July 2016

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

REVIEW OF MHA COMMISSIONER (CQC) VISITS

Two Care Quality Commission (CQC) inpatient monitoring visit reports had been received and reviewed and an action statement was submitted to the CQC by the required deadline dates. The Trust was anticipating that the remaining inpatient monitoring visit reports would be released to the Trust over the next few months. The Committee noted that the focus of inspections to date had centred on Domain 2 – Detention in hospital.

Significant assurance was received that the systems and processes are in place for the Trust to respond to external observations of how the Trust complies with the Mental Health Act and Code of Practice. The Committee noted the proposal to introduce a 6 monthly "common themes" report to support maximising learning and action planning from these reports.

REPORTS OF ISSUES ARISING AT MHA REVIEWS

Issues raised by Mental Health Act Managers following hearings were considered by the Committee. These included:

- 2 incidents relating to availability of advocates. The Committee requested that an Advocacy Assurance report be brought to the Mental Health Legislation Scrutiny Committee at the November meeting.
- A concern regarding the time which had lapsed since the renewal of a section and before the hearing took place. The Committee noted that this was the result of staff sickness, but agreed that these hearings should be held promptly. The Committee requested a report on timings of renewal hearings to ensure that the Trust is adhering to the Code of Practice.

COMMUNITY TREATMENT ORDERS – CONCERNS OF FAMILIES

As a result of audit 2 cases were identified in which the service users only relative appeared to be an elderly and frail parent, who did not necessarily appear to have the capacity to raise a concern. It was agreed that the Trusts Head of Profession for Social Care would investigate these cases and provide assurance to the Committee that an appropriate process was in place.

The Committee noted that the outcome of this audit had been shared with the Director of Engagement and Integration and with the Consultant Occupational Therapist for Social Inclusion. It added to the work currently underway in relation to Triangle of Care, which provided evidence of ongoing support and engagement with carers.

INTERNAL AUDIT REPORTS

The Committee noted a summary reminder that had been sent by the medical lead of the Trust to Approved Clinicians as a reminder of their Mental Health Act responsibilities. This outlined recurring themes identified by the Care Quality Commission. In addition to sending this information clinicians are also given individual feedback if found to not be adhering to their responsibilities. Improvements in compliance were noted.

a) Pilot Audit of consent to medical treatment (T2/T3) Compliance section 58

The Committee noted:

- All treatment certificates were uploaded to RiO.
- 60% of certifications were fully compliant and covered all psychotropic drugs prescribed. The most common areas of non-compliance were prescribed doses higher than that allowed on the T2/T3 (43%) and the prescribed drug not being included on the T2/T3 form.
- Two main areas of concern were that the treatment authorisations were not always attached to the drug chart and that the drugs prescribed were not always compliant with the T2/T3 authorisation forms.
- That an action plan to address these issues had been developed and would be piloted at Wotton Lawn.
- If this plan had significant impact a proposal would be made to roll it out trust wide.

b) Second Opinion Appointed Doctor Related Consultations

This re-audit was carried out to monitor the level of compliance with the Code of Practice (CoP) standards relating to Second Opinion Appointed Doctor (SOAD) consultations. The Committee noted that:

- The revised CoP no longer required the consultees to make a record of their discussions with the SOAD. Therefore, the previously reported compliance had been adjusted to reflect only the requirement for the Responsible Clinician to document this.
- This audit showed an improvement against this standard since the previous audit with recording of patient discussions by the Responsible Clinicians increasing from 59% to 70%.
- That mechanisms were in place to encourage good practice and that compliance was now monitored as part of ward audits.

c) Recording of capacity and consent

This audit assessed Trust compliance with the Code of Practice (CoP) for the Mental Health Act regarding the recording of capacity and consent to treatment for patients detained under sections 3 and 37 of the Mental Health Act. Points to note include:

- Overall compliance had improved by 16% compared with the previous year (51% to 67%). In 73% of patients there was evidence of an assessment of capacity and consent at the time of first administration of medication following detention (compared with 52% last year) and 62% at the three month stage (49% last year
- The Committee noted the actions which had been agreed for both Gloucestershire and Herefordshire

REVIEW OF DEPRIVATION OF LIBERTIES (DoLs) APPLICATIONS – UPDATE REPORT

The Committee received an update on the current national debate regarding the Deprivation of Liberties. The Committee noted that the DoLS procedures were reviewed by the Law Commission in 2015 and the consultation terminated on the 2nd November 2015. The Department of Health (DoH) responded to the proposals by the Law Commission in December 2015 and the Law Commission produced interim guidance in May 2016. This guidance identified that the new scheme would not be available for use in mental health hospitals and there would not be any additions into the Mental Health Act (MHA). Existing powers of the MHA should be used for compliant incapacitated patients. In the meantime, the use of DoLS within a psychiatric setting was suggested by some of the legal advisors to be non-lawful and it was agreed that the Trust would request legal advice (Bevan Brittan).

Committee members considered the impact that these changes may have on both service users and staff. It is thought unlikely to have a direct impact regarding the care of service users although concern was expressed that this may result in more service users needing to be subject to the Mental Health Act. Staff members are understandably concerned about the changing guidelines. Significant assurance can be given to the Board that these issues are being considered within the Trust and appropriate legal advice requested.

RISK REGISTER AND DASHBOARD REVIEW

The Committee reviewed the 1 risk of the Trust Risk Register for which the Mental Health Legislation Scrutiny Committee has responsibility:

Legislation – Mental Health Act (2007) & the Mental Capacity Act 2005 (Deprivation of Liberty Safeguards. This risk was described as *'a failure to adhere to the requirements of this healthcare legislation may adversely affect the Trust's reputation as a result of Regulatory Action/ Legal action'.* The Committee noted that there was significant assurance on the adequacy of controls around this risk but agreed that re-wording should be considered to make it more appropriate and relevant to the needs of the service user.

REPORTS OF ISSUES ARISING AT MHAM FORUM

Points to note from the Mental Health Act Managers Forum:

- Bevan Brittan have been invited to attend the next meeting of the Forum for discussion with mental Health Act Managers.
- Bevan Brittan would be asked for advice on patients recording hearings.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the contents of this summary.

SUMMARY PREPARED BY: Martin Freeman ROLE: Committee Chair

DATE: 6 July 2016

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Delivery Committee

DATE OF COMMITTEE MEETING: 29 June 2016

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

Performance Dashboard Outturn Report
The Committee reviewed the Trust's performance against Monitor, Department of Health (DOH) and Contractual measures to the end of May 2016. Out of 98 indicators reportable for May, 77 were compliant and 18 non-compliant at the end of the reporting period. 3 were not yet available or under review.

The18 key performance thresholds not being met included 3 indicators counted twice, as DOH requirements and local commissioner contract indicators. The Committee agreed that future performance dashboard reports would show unique indicators, referencing where these were duplicated. Six of the non compliant indicators related to IAPT[1], now referred to as 'Let's Talk' and these were:

Gloucestershire CCG[2] Contract: (1) IAPT Recovery Rate, (2) Access Rate and (3) Integrated Service: 14 days from referral to screening assessments.

Herefordshire CCG Contract: (1) IAPT Recovery Rate – those who have completed treatment and have 'caseness', (2) Access Rate – maintain 15% of patients entering the service against prevalence and (3) High Intensity – number of patients that received Step 3 treatment.

IAPT services were the subject of a separate report to the Committee (see below). Other non compliant indicators were as follows.

Monitor

- New psychosis (EI) cases as per contract: Gloucestershire reported 8 new cases against a target of 12 and Herefordshire 1 against a target of 4. Compliance with this indicator varies by month across the year and work is underway to understand what an accurate threshold looks like for both Services.

Department of Health

- No children under 18 admitted to adult in-patient wards (Also a contract target for both CCGs): During May there were 2 under 18 admissions, 1 in Gloucestershire and 1 in Herefordshire. Both have now been discharged, one to a Child and Adolescent Mental Health inpatient unit and the other to independent accommodation with support from the Social Care team. The Committee received a pro forma produced to provide guidance to teams on dealing appropriately with such admissions to ensure the safety of the young people affected, which will become part of the Young People Accessing Services Policy.
- Interim report for all Serious Incidents (Sis) received within 5 working days of identification (also a Gloucestershire CCG Contract target): 2 initial reports were submitted late in Gloucestershire. The Committee received assurance that there were no systemic issues affecting submission and that this was not expected to re-occur.

[1] Improving Access to Psychological Therapies
[2] Clinical Commissioning Group

Gloucestershire CCG Contract (excluding IAPT and DOH indicators included above)

- Social Care: Percentage of people receiving long term services reviewed/assessed in last year: Current performance was 1% adrift of the 95% target. Services were reviewing each case and an 'early warning process was being put in place.
- Social Care: Current placements aged 18-64 to residential/nursing care per 100,000 population: Performance was very slightly adrift of target and the Service is reviewing cases to assess the likely outturn going forward.

Herefordshire CCG Contract (excluding IAPT and DOH indicators included above)

- Care Programme Approach – follow-up within 7 days of discharge: There were 2 cases causing non compliance, one due to a lack of contact details provided by the service user and the other to a data entry error. It is expected this indicator will become compliant at 95% once the Clinical System is updated.
- Emergency referrals to CRHTT[3] seen within 4 hours of referral: Compliance was affected by 1 case where the person was not fit for assessment within 4 hours despite the referral being accepted. Updated guidance on acceptance of referrals was discussed with the Clinical Reference Group and the dashboard will be amended accordingly in relation to this case.
- Dementia Service – number of new patients, 65+ receiving an assessment: Compliance in May was 8 short of the expected 45 clients per month. Numbers are expected to fluctuate monthly and the Service believed the annual target would be met. The Committee agreed a focus on this indicator was required to ensure this.
- Care Programme Approach - formal review within 12 months: In May 17 clients were recorded as not having a review in the previous 12 months. The Information Department was in the process of extending the early warning indicator from 8 to 12 weeks to allow the Service more time to schedule reviews.

RISKS: The Trust underperforms against statutory, contractual and Trust targets, posing risks to the provision of a quality service, contractual income and the Trust's reputation.
ASSURANCE: Significant as the majority of indicators are compliant, limited on specific indicators not meeting required performance thresholds, in particular IAPT indicators.

Improving Access to Psychological Therapies (IAPT)
The Delivery Committee reviewed a report on IAPT services, providing an overview of the issues raised in the diagnostic review by the NHS Improvement (NHSI) Intensive Support Team (IST) of services in Gloucestershire and Herefordshire. Services were reviewed at the Trust's request and the review identified key issues relating to access rates, recovery rates, waiting times, staff productivity, service capacity and resources and waiting list backlog clearance. A number of recommendations were made for both CCGs and the Trust to take forward.

A key finding in Gloucestershire was that the primary mental health nursing part of the service does not provide IAPT compliant interventions; therefore activity must not be counted. This recommendation has been actioned and this has impacted on access rates. Both services were suffering from under investment resulting in insufficient capacity to meet national waiting time standards introduced in 2016/17 and recommendations have been made to both CCGs to review levels of investment in their respective Services.

The Committee was assured that Service Improvement Plans had been developed with Commissioners and were now being implemented, overseen by a Project Board. The Delivery Committee requested monthly updates on progress against the action plans, in addition to the regular monitoring of performance. The Committee noted that IAPT performance was being scrutinised via the two NHS England regional teams and the Trust regulator (NHSI, formally Monitor) and was a key target for the Trust.

RISKS: The Trust continues to underperform against IAPT targets, posing risks to the Trust's Governance rating from NHSI, provision of a quality service, contractual income and the Trust's reputation.

[3] Crisis Resolution Home Treatment Team

ASSURANCE: Limited until the impact of Service Improvement Plans is clear.

Demand Management Report
The Committee received a Demand Management Report which focused on referrals, caseloads, discharges and contacts for 2015/16 to see if any trends of concern could be identified. Service Directors had been asked to consider some variations highlighted in the report, however overall it provided good assurance that the services covered by the report remained appropriately configured to manage demand and the delivery variation being experienced. The Committee discussed whether service pressures were resulting more from capacity issues than demand issues. It was noted that the report did not cover inpatient units and a Bed Management report would be presented next month which may show other data of interest e.g. acuity and demand in inpatient services.

RISKS: The Trust is not aware of or addressing service variations resulting from increased demand, with a negative impact on service quality and financial performance.
ASSURANCE: Significant for those services covered, limited for inpatient services until further information is available to the Committee.

48 Hour and 7 Day Follow Up after Discharge Update
An update report on 7 Day and 48 hour Follow Up after discharge was received. Deloitte's audit of the Quality Report had identified that the Trust needed to revise reporting to meet Monitor guidance, including ensuring that if follow up occurs before midnight on day of discharge this is not counted in the reported performance figures. The Committee was assured that in instances where this had happened there were clinical reasons and a further follow up had taken place within 7 days. The Trust has now reviewed the methodology and made changes to ensure compliance with reporting guidance. A Practice Notice was issued to staff to advise of changes to be made with immediate effect and further policy guidance will be published in July. The Committee was advised that Deloitte had not identified this error in last year's audit when they gave a green light on the Trust's approach to reporting on this indicator. The Delivery Committee have therefore referred this report to the Audit Committee for assurance and further consideration.

RISKS: The Trust inaccurately reports against this indicator and is unable to take any remedial action required to ensure compliance with regulatory or contractual targets.
ASSURANCE: Significant based on remedial action taken to ensure accurate reporting.

Emergency Planning Annual Report
The Committee received the Emergency Planning Annual Report which provided assurance on the Trust's systems and processes in place for preparing and responding to internal and external emergencies. It was noted that assurance was currently limited as further work was required to be able to provide assurance ratings on the application of, and compliance with, EPRR requirements at director/service level. However, the Committee received a comprehensive plan for the required improvements to provide this assurance and it was proposed to introduce assurance ratings at service/directorate level within 6-8 months.

RISKS: The Trust fails to develop and implement robust emergency procedures leading to poorly coordinated emergency responses and safety risks for patients and staff in the event of an emergency occurring. The Trust fails to comply with EPRR requirements resulting in regulatory and reputational damage.
ASSURANCE: Limited as further work is required to provide assurance on compliance with EPRR requirements at director/service level.

End of Year Service Plan Review
The Committee received a report on the achievement of 2015/16 Service Plan objectives. Out of 31 objectives spread across the three strategic priority areas of Quality, Sustainability and Engagement, 65% were achieved. The Committee was assured that where objectives had not been achieved in most cases this related to large scale projects that were still in progress. The Committee requested that future reports focus less on the number of objectives achieved and more on assessing overall performance and the impact of any non achievement of objectives.

Risks: The Trust fails to achieve its Strategic Plan with negative impact on one or more of the three strategic priority areas of Quality, Sustainability and Engagement.
Assurance: Significant, in that the majority of objectives have either been achieved or there has been significant progress towards achieving them.

Locality Review
The Committee received a review of Countywide Services, with a focus on inpatient units, particularly Learning Disability Units and the Criminal Justice Team. The Committee noted the plans for these services and their achievements over the past year.

HR Staff Experience Report (Equalities Report)
The HR Staff Experience Report was a new format report which pulled together the full spectrum of data providing evidence on staff experience, including equality and health and wellbeing and recognising contributions and outstanding services, using data from the staff survey, staff friends and family test and workforce information from ESR[4]. Significant assurance was received on meeting the Workforce Race Equality Standard and in the other key areas covered by the report; however the Committee requested greater clarity on areas of concern and sight of action plans in place to address these.

RISKS: The Trust fails to meet its Public Sector Equalities Duty or NHS contractual obligations and/or to provide a high quality and safe environment for staff and staff engagement is negatively affected.
ASSURANCE: Significant on past performance in meeting the Workforce Race Equality Standard, supporting the health and wellbeing of staff, improving the working environment, providing appropriate training and development, enabling staff to report incidents and accidents and responding to feedback; limited on being clear on areas of concern and the plans in place to address these.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the contents of this summary.

SUMMARY PREPARED BY: Charlotte Hitching **ROLE: Committee Chair**

DATE: 29 June 2016

[4] Electronic Staff Records

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Governance Committee

DATE OF COMMITTEE MEETING: 17 June 2016

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

Patient Safety/Serious Incident (SI) Update

3 new Serious Incidents were reported during May 2016 of which all 3 were reported within Gloucestershire. There had been zero Never Events occurring within Trust services.

Safe Staffing Report

The Committee noted the Safe Staffing data for April 2016 and agreed that this provided significant assurance regarding safe staffing levels.

The Committee received a report on the work being undertaken to reduce the need for temporary staffing. Points to note include:

- The Trust is required by NHS I to reduce its agency spend by 38% across all professionals by year end. This is approximately a £2m pound reduction.
- A project board has been established with four distinct work streams for the review of staff bank, recruitment and retention, information management and E-rostering
- All groups are progressing well and an action plan is in place. The Committee will review this work 3 monthly.

Assurance levels identified:

- Significant Assurance regarding the implementation plan towards reducing temporary staffing
- Limited Assurance to date regarding projected overall agency spend.

Fire safety Quarterly Report

The Quarter 4 report on fire related risks was reviewed by the Committee. 4 minor fires were noted during the period and no adverse consequences were reported.

Full assurance was received regarding system, equipment and building maintenance and the management of fire incidents.

Limited assurance was received regarding

- Fire Compliance Training. 65% compliance in in-patient Herefordshire and 77% in Gloucestershire. Plans to improve this compliance were reviewed by the Committee.
- False alarms. 20 recorded in Quarter 4 across the Trust. Actions with a view to reducing

this figure are in place.

Locality Governance Reports

Highlights include:

Gloucestershire and Gloucestershire Countywide Localities: The Committee was pleased to note that funding has been provided by NHS England to increase the size and the hours of the criminal justice team

Children and Young People's Services: Steph Butler, a primary mental health nurse has completed training and is now an Approved Mental Health Professional. She is the first Nurse in 2Gether to complete this training.

Herefordshire:

- A dual diagnosis pathway has been drafted between Mental Health Services and Addaction
- A bank internal recruitment event is being held in June.

Care Quality Commission Compliance (CQC) Report

Changes to Care Quality Commission inspection process - The new CQC 5 year strategy for 2016 – 2021 sets out a vision for a more collaborative approach to regulation. It describes 4 priorities:

1. Encourage improvement, innovation and sustainability in care
2. Deliver an intelligence-driven approach to regulation
3. Promote a single shared view of quality
4. Improve efficiency and effectiveness.

Changes planned include:

- CQC to make a saving of £32m over next 4 years
- Smaller, targeted inspections which will be focussing upon services with poor scores and scores which are deemed as likely to change. More visits will be unannounced
- CQC will make more use of information that has come out of the inspection process and information from other organisations.
- CQC will be giving a new rating based upon the scores for efficiency (efficiency and effective use of resources.
- As a minimum providers can expect to undergo an annual inspection covering the "well-led" domain and one other core service.

Response to CQC 2015 inspection report - The Care Quality Commission comprehensive inspection was reported on the 28th January with an overall "Good" outcome. Learning was identified and has been brought together in an action plan. The Committee was assured that a high level action plan had been submitted to the CQC to provide assurance that all issues identified had already been or would be rectified within identified timescales. The action plan was reviewed by the Governance Committee and progress was noted. Assurance levels were tested and it was agreed that a NED member of Governance Committee would attend a

meeting of the Trust Wide Quality Improvement Management Board meeting which is tasked to ensure a robust response to the CQC recommendations.

Significant assurance was given that a Project Management Board is in place to ensure implementation of the recommendations. The Committee will review progress of implementation of the plan at future meetings.

Professional regulation – Revalidation of Nursing Staff

This is the second report to the Governance Committee regarding the regulation that all nursing staff ensure that they revalidate with the Nursing and Midwifery Council every three years with effect from 1st April 2016. The Committee noted the processes in place to support nurses meet their obligation and received significant assurance that all nursing staff due to revalidate to date have successfully completed the revalidation process.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this summary report.

SUMMARY PREPARED BY: Martin Freeman ROLE: Committee Chair

DATE: 22 June 2016

Agenda item 13 **Enclosure Paper G**

Report to: Trust Board, 28th July 2016
Author: Ruth FitzJohn, Trust Chair
Presented by: Ruth FitzJohn, Trust Chair

SUBJECT: **CHAIR'S REPORT**

Can this report be discussed at a public Board meeting?	**Yes**
If not, explain why	

This Report is provided for:			
Decision	Endorsement	**Assurance**	**Information**

1. PURPOSE, ASSURANCE AND RECOMENDATION

This report sets out the key activities of the Trust Chair and Non-Executive Directors for the period 17 May 2016 – 16 July 2016.

The report offers full assurance that regular, targeted and purposeful engagement is being undertaken by the Chair and Non-Executive Directors aiming to support the strategic goals of the Trust.

This report is for information only and the Board is invited to note the report.

2. CHAIR'S KEY ACTIVITIES

- Chairing a Board meeting in Herefordshire
- Chairing a Board meeting in Gloucestershire
- Chairing a Council of Governors
- Chairing an ad-hoc Council of Governors meeting to ratify the recruitment of two Non-Executive Directors
- Chairing an Appointment and Terms of Service subcommittee
- Attending a Nomination and Remuneration Committee meeting
- Attending Audit Committee

- Attending a Board Strategy seminar at the Imjin Barracks
- Attending the Herefordshire Health and Care Overview Scrutiny Committee
- Meeting with NHS Chairs from Gloucestershire and the Cabinet Member for Social Care
- Attending two separate Gloucestershire Strategic Forum meetings at Gloucestershire Clinical Commissioning Group's offices in Brockworth
- Attending a Sustainability and Transformation Programme Engagement Event at Gloucestershire Clinical Commissioning Group's offices in Brockworth
- Meeting with the Chair of Wye Valley Trust
- Meeting with the Chairs of Gloucestershire Care Services NHS Trust and Gloucestershire Hospitals NHS Foundation Trust
- Meeting with the Head of the Transformation Board for Herefordshire in Tewkesbury
- Meeting with the Chair of Worcestershire Health and Care NHS Trust in Worcester
- Meeting with the Chair of Gloucestershire Care Services NHS Trust
- Meeting with the Chair of Herefordshire Clinical Commissioning Group in Bromyard
- Meeting with the Trust's Lead Governor
- Meeting with individual new Non-Executive Directors
- Hosting a visit for Governors to the Charlton Lane Unit
- Hosting a visit for Governors to Honeybourne, Laurel House and Brownhill Centre
- Meeting with the University of the West of England together with other NHS leaders
- Meeting with the Chief Executive Officer and Deputy Chair
- Meeting with a Clinical Psychologist in Herefordshire
- Visiting teams in Belmont
- Attending the NHS Confederation Conference in Manchester for 3 days
- Attending the Big Health Check and Special Olympics event in Gloucester
- Opening the newly refurbished Weavers Croft hub in Stroud
- Hosting an informal meeting with Non-Executive Directors
- Participating in a Bishop's Breakfast at Gloucestershire Action for Refugees and Asylum Seekers

- Meeting with the Principal of the National Star College in Cheltenham
- Attending the Pied Piper Appeal fundraising event at the Gloucestershire Motor Show in Highnam
- Meeting with the Vice Chancellor and senior colleagues from the University of Gloucestershire
- Being interviewed by a member of the University of Gloucestershire
- Attending a diocesan event at Gloucester Cathedral on behalf of ²gether NHS Foundation Trust
- Being interviewed on BBC Radio Gloucestershire
- Attending the Kingfisher Treasure Seekers Performance Arts Show at Waterwells
- Participating in an assessment day for the recruitment of the Chief Executive of Gloucestershire Care Services NHS Trust
- Participating in Non-Executive Director recruitment
- Participating in the Chief Executive Officer's appraisal
- Additional regular background activities include:
  - attending and planning for smaller ad hoc or informal meetings
  - dealing with letters and e-mails
  - reading many background papers and other documents.

3. NON-EXECUTIVE DIRECTORS' ACTIVITIES

Martin Freeman

Since his last report Martin Freeman has;

- Prepared for and attended the May and June Board meetings
- Participated in the interview panel for the appointment of Mental Health Act Managers
- Participated in the Trust's Clinical Excellence Awards panel meeting
- Met with Vic Godding, Jo Smith and Nikki Richardson to introduce Governors to the work of the Governance Committee.
- Prepared for and Chaired two Governance Committee meetings
- Met with the Trust's Quality Improvement Project Board considering the Trusts response to the Care Quality Commission Inspection report and recommendations.
- Carried out a NED audit of complaints.
- Prepared for and chaired a Mental Health Legislation Committee meeting
- Prepared for and attended a Council of Governors meeting
- Attended a meeting of the NEDs with the Chair
- Met with Director of Quality and a Non-Executive Director
- Attended a Board visit to the Trust's IT Team
- Attended the Annual General Meeting
- Attended a meeting with the 3 Clinical Directors and Nikki Richardson regarding the Governance Committee
- Prepared for and attended a Delivery Committee meeting
- Represented the Chair and NEDs at a Freedom to Speak Up Conference in London

Charlotte Hitchings
Since her last report Charlotte Hitchings has;

- Prepared for and attended the May Board meeting
- Prepared for and chaired the June Delivery Committee
- Discussed future Board Committee chairing and vice chairing with the Trust Chair and Chief Executive
- Attended a Trust Away Day
- Reviewed and commented on a paper on the Serious Incident process
- Met with new NED Marcia Gallagher as part of her induction
- Attended the NHS Confederation Conference
- Met with the Trust Secretary to discuss various governance issues
- Prepared for and attended the June Board meeting
- Prepared for and chaired the July Delivery Committee
- Participated in a Board Visit to the Complex Psychological Interventions Team at Weavers Croft in Stroud
- Prepared for and attended the July Council of Governors meeting
- Briefed the 2 Governors scheduled to attend Delivery Committee as observers
- Attended a Chair's lunch with other non-executive directors
- Reviewed the papers for the Development Committee and provided comments to the Committee Chair
- Attended the Annual General Meeting of the Trust

Jonathan Vickers
Since his last report Jonathan Vickers has;

- Prepared for and attended two Board meetings
- Attended a Board Strategy day
- Prepared for and chaired two meetings of the Development Committee
- Attended a Chair's lunchtime meeting
- Held discussions with the Finance Director on the development committee
- Held discussions with the Chief Executive and other NED's on business development

Nikki Richardson
Since her last report Nikki has;

- Prepared for and attended 2 Board meetings
- Participated in a visit to the LD Intensive Support (LDISS) Team
- Prepared for and attended a Council of Governors meeting
- Prepared for and attended 2 Governance Committee meeting
- Attended a Board Development session
- Prepared for and attended 2 Delivery Committee meetings
- Prepared for and attended a Herefordshire Community Collaborative
- Met with Marcia Gallagher, newly appointed Non-Executive Director
- Met with Governors regarding attendance at Governance Committee
- Met twice with the Governance Committee Chair
- Prepared for and attended the Finance Directorate Away Day
- Met to discuss HR input to Delivery Committee
- Carried out a Board visit to Priory Ward, Wotton Lawn
- Attended the Trust AGM
- Attended a Chair's lunch with other non-executive directors

Marcia Gallagher
Since her last report Marcia has;

- Attended an induction meeting with Director of Quality
- Spent the day with Forest of Dean Community Learning Disability Team and Dr Paul Winterbottom
- Attended an induction meeting with Director of Engagement
- Undertook a Mental Health Act Manager Training event
- Prepared for and attended a Board Strategy Away day
- Prepared for and attended the June Board meeting
- Observed a Mental Health Act Hearing at Charlton Lane
- Met with the Director of HR as part of Induction Programme
- Attended a Governor visit to Laurel House, Honeybourne and the Brownhill Centre
- Attended a Council of Governors meeting
- Attended an informal meeting with other Non-Executive Directors and Chair
- Prepared for and chaired a Governors Audit Tender Committee
- Attended the Trust's Annual General Meeting
- Attended and prepared for the July Board meeting.

Duncan Sutherland
Since his last report Duncan has;

- Prepared for and attended a Trust Board meeting
- Met with the Trust Chair to set objectives
- Attended the NHS Confederation Conference
- Met with various individuals as part of an ongoing Induction Programme
- Attended a Council of Governors meeting
- Attended an Audit Committee meeting
- Attended Mental Health Act training

Duncan has been on annual leave during July

Quinton Quayle
This is Quinton's first report since his appointment, he has;

- Met with the Assistant Trust Secretary
- Met with the Trust Chair
- Attended a Board Away Day Seminar at Imjin Barracks
- Attended an Appointment and Terms of Service Committee
- Prepared for and attended a Delivery Committee
- Met with the Director of Service Delivery
- Prepared for and attended a Board meeting
- Prepared for and attended a Mental Health Legislation Scrutiny Committee
- Met with another Non-Executive Director

4. OTHER MATTERS TO REPORT

There are no additional matters to be drawn to the attention the Board at the time of writing.

[2]GETHER NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING
THURSDAY 10 MARCH 2016
BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT:	Ruth FitzJohn *(Chair)*	Dawn Lewis	Paul Grimer
	Vic Godding	Amjad Uppal	Jo Smith
	Rob Blagden	Paul Toleman	Katie Clark
	Svetlin Vrabtchev	Jenny Bartlett	

IN ATTENDANCE: Hilary Bowen, Member of the Public
Martin Freeman, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
Charlotte Hitchings, Non-Executive Director
John McIlveen, Trust Secretary
Colin Merker, Director of Service Delivery
Carol Sparks, Director of Organisational Development

1. WELCOMES AND APOLOGIES

1.1 Apologies for the meeting were received from Pat Ayres, Alan Thomas, Roger Wilson, Gillian Hayes, Jennifer Thomson, Mandy Nelson, Helen Miller and Elaine Davies. Martin Kibblewhite and Anthony Cawthraw did not attend the meeting.

1.2 Since the last meeting of the Council of Governors in January, it was noted that resignations had been received from Richard Castle (Public Governor, Stroud) and Rod Whiteley (Public Governor, Cotswolds).

2. DECLARATION OF INTERESTS

2.1 There were no changes to the declaration of interests. Potential conflicts of interests would be addressed at the appropriate points during the meeting.

3. COUNCIL OF GOVERNOR MINUTES

3.1 The minutes of the Council meeting held on 19 January were agreed as a correct record.

3.2 The minutes from the extraordinary Council meetings held on 29 January and 10 February were also agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

4.1 The Council reviewed the actions arising from the previous meeting and noted that all actions had been completed, or were progressing to plan. The inclusion of more detail against “completed” actions was helpful by way of tracking progress and adding additional assurance of completion.

4.2 A schedule of visits for Governors for 2016 had been produced and was tabled at the meeting. This schedule would also be emailed out to all Governors inviting participation at the visits to the Trusts inpatient units, including the Brownhill Centre and the Eating Disorders Team as requested previously by Governors.

ACTION: Schedule of Governor Visits 2016 to be emailed out to all Governors

4.3 Following a request at the last meeting, it was noted that the Well Led Governance Review report had been uploaded onto the Governor portal. This was a confidential, internal report and Governors were therefore asked to treat it as such.

4.4 Paul Grimer made reference to the presentation received at the January meeting on care plans. He suggested that it would be helpful to share the Trust's Care Planning Policy with all Governors, including the Trust's Risk Policy as this would assist Governors in their understanding of how everything worked and the measures in place within the Trust to ensure that procedures were followed and monitored. This was agreed. Paul Grimer also suggested that it might be helpful for Governors to receive an anonymised example of a RiO record to familiarise them with the system. The Trust Secretariat would speak to the Clinical Systems Manager to see if this would be possible.

ACTION: Care Planning and Risk Policies to be shared with Governors for information

ACTION: Trust Secretariat to speak to the Clinical Systems Manager to see if it would be possible for Governors to receive an anonymised example of a RiO record

5. TENURE OF GOVERNORS

5.1 The Council received a tabled report setting out recommendations in relation to the tenure of 2 Public Governors.

Martin Kibblewhite, Public Governor, Herefordshire

5.2 Martin Kibblewhite was elected as a Public Governor in September 2015. This was a competitive election with 6 candidates standing. Martin last made contact with the Trust in November 2015 to advise that he was unable to attend the induction session for new Governors. Since that time no contact has been received from Martin, despite efforts by phone, post and email. The March meeting will be the third consecutive Council meeting that Martin has not attended. A formal letter setting out this position was sent to Martin on 7 March. No acknowledgement of that letter has been received; however, his wife called on Wednesday 9th March to give his apologies for the March meeting.

5.3 The Trust's Constitution allows for the second-placed candidate to be approached should the elected person leave the Council within 12 months. Were the second-placed candidate to take up any vacated seat on the Council of Governors, the Trust would avoid the cost of a further election.

5.4 The Council noted the efforts to make contact with Martin Kibblewhite which had proved unsuccessful and accepted the recommendation that, having missed three consecutive Council meetings without any substantive contact being made regarding future attendance, Martin Kibblewhite's tenure as a Public Governor be terminated with immediate effect. Ruth FitzJohn said that she would write a personal letter to Martin Kibblewhite informing him of the Council's decision.

ACTION: Ruth FitzJohn to write a personal letter to Martin Kibblewhite informing him of the Council's decision to terminate his tenure

5.5 The Council also agreed to approach the second-placed Herefordshire candidate with an offer to take up the vacated seat on the Council, as allowed by the Trust's Constitution. A query was raised as to whether this Governor appointment would commence as from the original start date of 14 September 2015 or whether if it would be seen as a "new" appointment and run for a full 3 year term. John McIlveen agreed to seek guidance on this and let the Council know the outcome.

ACTION: John McIlveen to seek guidance as to whether the 2nd placed Governor appointment, if accepted, would commence from the original start date of 14 September 2015 or whether if it would be seen as a "new" appointment

Anthony Cawthraw, Public Governor, Stroud

5.6 Anthony Cawthraw was elected unopposed as a Public Governor in December 2015. Anthony made contact with the Trust to confirm that he had received the letter of appointment; however, since that time no contact has been received from Anthony, despite efforts by phone, post and email. The March meeting will be the second consecutive Council meeting that Anthony has not attended. Two letters have been sent to Anthony Cawthraw. The first offered a meeting with the Trust Secretariat to talk about the Governor role to ensure that Anthony was fully aware of the requirements. The second formal letter followed up the offer of a meeting and asked for confirmation of Anthony's wish to continue as a Governor. No acknowledgement of these letters has been received.

5.7 The Council was asked to note the efforts to make contact with Anthony Cawthraw which had proved unsuccessful. However, the Council rejected the recommendation that Anthony Cawthraw's tenure as a Public Governor be terminated. Rob Blagden said that the Trust Constitution made it clear that a Governor could be removed if they had not attended 3 consecutive Council meetings, and it was therefore only fair that this apply to all Governors. It was acknowledged; however, that it was unlikely that the Trust would receive any contact from Anthony Cawthraw and on that basis, the Council agreed a compromise to write a further letter to Anthony Cawthraw advising that his tenure would be terminated if he did not respond within 7 working days.

ACTION: A letter would be written to Anthony Cawthraw advising that his tenure would be terminated if he did not respond within 7 working days.

6. ELECTION OF A LEAD GOVERNOR

6.1 Due to a recent resignation from the Council, the Trust had a vacancy for the position of Lead Governor. The Lead Governor is elected by the Council for a period of 1 year, and any Governor – Public, Staff or Appointed – may apply.

6.2 Nomination forms and the Lead Governor role description were sent out to all Governors via email on 17 February, with a return date of close of play on Wednesday 2 March.

6.3 Two nominations were received: Rob Blagden (Staff Governor, Management and Administration) and Dawn Lewis (Public Governor, Herefordshire) and both candidate statements were included in the report.

6.4 Vic Godding said that discussions had taken place at the Governor pre-meeting about the deputy Lead Governor role and asked for some clarification about this role and its function. John McIlveen informed the Council that the only requirement from Monitor was for the Trust to have a Lead Governor. Governors had agreed previously that they wished to have a deputy and this was intended to give someone more experience and the ability to shadow the Lead Governor to learn more about the role. The deputy Lead Governor role was not something that was recognised by Monitor. The Council was asked to note that the Lead Governor role was a statutory requirement; however, it was a very small role. Over the past few years the Lead Governor had taken on a sounding board role and had been offered regular update meetings with the Trust Chair, but this was something that had developed, rather than being prescribed by Monitor. Some Governors said that they had been unaware of how small the role of Lead Governor was and had they known they may have put themselves forward. However, it was agreed that all Governors had been given equal opportunity to nominate themselves on this occasion and were invited to put themselves forward next year.

6.5 A secret ballot took place with those Governors present at the meeting. Of the ten Governors present, 9 votes were cast and Rob Blagden was elected as the Lead Governor with immediate effect for an initial period of 1 year.

6.6 Ruth FitzJohn thanked Rob Blagden and Dawn Lewis for putting themselves forward.

7. REPORT FROM THE NOMINATION AND REMUNERATION COMMITTEE

7.1 The Council of Governors received a report from the Nominations and Remuneration Committee meeting that had taken place on 4 March.

Appointment of a New Non-Executive Director

7.2 The Committee had received a full report seeking their agreement to recommend the appointment of a Non-Executive Director. Discussion groups (Governors, Experts By Experience and Board members) met with one candidate on the afternoon of Thursday 3rd March 2016, and a formal interview took place that day. The interview panel recommended that the candidate (Marcia Gallagher) be appointed. Marcia has a range of experience as a qualified accountant and in various senior finance roles, including that of Finance Director across different NHS organisations. Many of Marcia's roles have been in Herefordshire where she has a good reputation within the NHS and for partnership working. Her roles in the NHS have been with Commissioners, Providers and latterly with a regulatory body. Marcia lives in the Forest of Dean, in Gloucestershire. This will be Marcia's first Non-Executive Director role and

she is the preferred candidate to undertake the role of Audit Committee Chair. The Council of Governors approved this appointment.

Chair and NED Annual Appraisal Process

7.3 The N&R Committee approved the documentation for the Chair's annual appraisal, including the appraisal questionnaire and the draft timeline. As in previous years, the views of external stakeholders would also be sought as part of the process. Questionnaires would be sent out to all Governors and Board members for completion on Friday 11 March. The process for the NED appraisals was also agreed.

Timeline for Future NED Appointments/Reappointments

7.4 The N&R Committee received a draft timeline for the future reappointment of NEDs and recruitment to NED vacancies which was intended to enable better planning of the process, and allow the required meetings of the Council and N&R Committee to be scheduled well in advance. A number of useful observations were made about the current recruitment process and the Director of Organisational Development would be asked to review the process with the aim of improving it to better enable Governors to fulfil their role. It was suggested that a useful improvement would be the provision of recruitment training to those Governors sitting on interview panels and a proposal for this was presented to the Council.

Nominations and Remuneration Committee Terms of Reference

7.5 The Committee received the revised draft Terms of Reference (TOR) which reverted to named members of the Committee, within the same overall 'mix' of Governors. The TOR would allow the Trust Secretariat to canvass substitutes for any single meeting of the Committee from within the same category of Governor in the event that a named member of the Committee is unavailable for that meeting. This will retain an element of flexibility should it not be possible to achieve a quorum from amongst the named members of the Committee. The TOR also propose that members be elected by the Council, serve on the Committee for an initial period of 2 years, and be eligible to stand again for a further 1 year period, subject to continued membership of the Council of Governors.

7.6 To aid in holding well attended Committee meetings, the Trust Secretariat agreed to draft a schedule of proposed meetings for the remainder of the year, to be refreshed every six months, in line with the business to be conducted and existing Council of Governor meetings. The Council asked whether it would be helpful to make reference to this "6 month forward plan of meeting dates" under the Frequency of meetings section within the TOR. This was agreed.

ACTION: N&R Committee TOR to be updated to include reference to the "6 month forward plan of meeting dates" under the Frequency of meetings section

7.7 The Council approved the revised TOR, subject to the suggested amendment above. John McIlveen said that the Trust Secretariat would seek to promote nominations from Governors wishing to sit on this Committee, with confirmation being presented at the May Council meeting. It was noted that this would enable

Governors not present at this meeting to express an interest also. This was agreed.

ACTION: Email to all Governors to be sent out inviting nominations to join the N&R Committee

8. QUALITY REPORT AUDIT PROCESS AND PRIORITIES 2016/17

8.1 At its January 2016 meeting, Governors agreed the indicators to be audited as part of the required external assurance process undertaken by Deloittes. These were:

Governor Chosen Indicator

- To improve personalised discharge care planning in:
  a. Adult inpatient wards and;
  b. Older people's wards.

Mandated Indicators

- Admissions to inpatient services had access to crisis resolution home treatment teams;
- 100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital (this will also include 48hr follow up)

8.2 Information relating to personalised discharged care planning had been provided to Deloittes for testing, and on site audit of the mandated indicators would occur week commencing 28 March 2016.

8.3 The Trust was currently considering quality priorities for inclusion in the 2016/17 Quality Report, working with colleagues within the organisation and externally, including Healthwatch and the CCGs. The draft indicators were presented to the Governors for information. Ten indicators were proposed under the key headings of Effectiveness, User Experience and Safety.

8.4 Gordon Benson advised that the specific User Experience indicators had been chosen as these were the lower performing areas from the Trust's national patient survey results. Vic Godding attended the Trust's Service Experience Committee and he said that he was very happy with the indicators that had been proposed for 2016/17. Vic also offered his proof reading services for the review of the final 2015/16 Quality Report.

8.5 The Council noted the information provided and supported the proposed Quality Priorities for 2016/17.

9. JOINT BOARD AND GOVERNOR DEVELOPMENT PROGRAMME UPDATE

9.1 At its November 2015 meeting the Council agreed a series of working groups to take forward the actions agreed as a result of the Board/Governor workshop held earlier in the year. These working groups were tasked with:

- establishing a Team Charter,
- proposing a comprehensive Governor induction programme,
- exploring further ways for the Trust Board and Governors to work together collaboratively in smaller groups, and
- clarifying in short statements the roles of Governors.

9.2 It was noted that the working groups had now met to develop and finalise proposals and the outputs of each of the working groups were attached for consideration by the Council.

Team Charter

9.3 Work was undertaken by Gillian Hayes (Governor); Nikki Richardson (Non-Executive Director) and Carol Sparks (Director of Organisational Development) and the purpose of this group was:

- To take the lead on developing action statements as to how we will conduct ourselves in our work with each other
- Develop a proposal for systems of review during and after meetings.

9.4 The group developed a draft 'Team Charter' which was based on the Trust values and the overall format of the document was consistent with the Charters already in place in the Trust, namely the Staff Charter, the Service Users Charter and the Carers Charter. The draft 'Team Charter' makes positive statements about a collective and shared approach ensuring that all parties can be clear about expectations in their work with each other. The Council welcomed the draft Charter and it was agreed that this would be uploaded onto the Trust website and included in the papers for future Council of Governor meetings for people to easily reference.

ACTION: Team Charter to be uploaded onto the Trust website and included in the papers for future Council of Governor meetings for people to easily reference.

9.5 The group discussed the differences between the roles of different types of Governors and how this might be reflected in the knowledge and experience that individuals brought to their role. The networks and support for the different classes of Governors was sketched out as a diagram which could be used either as an information / support network or for signposting others to sources of information. The Council welcomed these Signposting diagrams as a very helpful and simple visual aid. It was agreed that the diagrams would be circulated to all Governors, and included in future induction packs; however, these would be updated to include contact phone numbers and email addresses, to make it easier for Governors to use.

ACTION: Signposting diagrams to be circulated to all Governors, and included in future induction packs; once updated to include contact phone numbers and email addresses

9.6 In response to the second task 'Develop a proposal for systems of review during and after meetings' the group had developed a draft evaluation sheet which was again consistent with and based on the Trust values. The Council reviewed this and it was queried whether the current draft was too long. However, as the majority of questions were tick boxes it was not felt as though this would take too long to complete and it was agreed that the form would be trialled as it was. Copies were made available for those Governors at the meeting to complete.

ACTION: Evaluation forms to be made available at the end of each Council meeting to trial as a system of review

Induction

9.7 As part of the review of engagement with Trust Governors, a Working group was set up to review the induction offered to Trust Governors. Vic Godding (Governor); Martin Freeman (Non-Executive Director), and Jane Melton (Director for Engagement and Integration) attended the latest Governor Induction session on 4th December 2015 and met to discuss their observations following the session. Details of these observations, recommendations and resources required for development were presented to the Council for information. The report set out ideas to enhance opportunities for Governor Induction in three areas: Induction pack; Induction session; Engagement opportunities.

9.8 In terms of the induction session, having this at the start of the Governor role was felt to be an important experience, enabling new Governors to meet a range of people and providing baseline information to ground understanding of the organisation, services and patients. A number of suggestions for improvement to the current induction session were made including:

- Set up as a 'workshop' room layout and use a 'facilitator' for leading the session
- Extend the session to have an informal 'meet and greet' over light lunch or afternoon tea
- Use film as part of the session to bring the 'voice' of people who use services and staff into the session
- Introduce a feedback system of induction session appraisal

9.9 An additional suggestion was to hold a second induction workshop after 6 months which would enable Governors to have the opportunity to review / evaluate their learning and go through their induction checklist to optimise development opportunities. The Council agreed that this was a helpful suggestion and asked that a follow up session be set up during June.

ACTION: 6 month follow-up induction session to be arranged for June 2016

9.10 The working group also considered the other engagement opportunities which could be offered to enhance learning in addition to the current induction session itself. These included:

- Drop in's (Planned, informal sessions for Executives, Non-Executives and Governors).
- 'Buddy' systems for Governors with a more experienced Governor and/or Executive
- Showcase sessions – planned events to share information about particular services. For example, Children's services; Let's Talk Service etc.

Working Together Collaboratively

9.11 This working group focussed on the area of the programme associated with exploring further ways for the Trust Board and Governors to work together collaboratively in small groups.

9.12 Contact was made with other Foundation Trusts to look at current practice elsewhere and feedback was also sought from existing Governors. Following discussion a number of proposals were put forward for the Council to consider. Vic Godding welcomed the suggestions and the progress made but he asked

that the Trust be mindful of the capacity and availability of Governors to attend additional meetings. This was noted.

9.13 The Council reviewed the proposals and it was agreed that Proposal 1 would be explored further, which was: *A small group of Governors could meet with a NED prior to their Holding to Account Session, to discuss the session and identify the focus and content of the session. The group could be supported by the lead Executive Director with responsibility for that area of the Trusts work/assurance. This proposal could help ensure that the focus and content of the session better meets the Councils needs and it will also mean that 2 to 4 Council members will have a more detailed knowledge of the session and its content which would help support the debate of the Council at the session.*

Role of Governors

9.14 This working group had met to discuss and produce an outline of the Governor role, which was short, succinct and clear. The outline was presented to the Council and this was agreed.

9.15 Rob Blagden suggested that it would be helpful to upload this Role of Governors document onto the Trust website, and also to include it in future Governor Election nomination packs. As suggested earlier in the item, the Council also agreed that it would be helpful to include this in the papers for future Council of Governor meetings for people to easily reference.

ACTION: Role of Governors document to be uploaded onto the Trust website, and also included in future Governor Election nomination packs.

ACTION: Role of Governors document to be included in the papers for future Council of Governor meetings

9.16 Ruth FitzJohn thanked all those who had been involved in moving forward the joint development work and it was agreed that some excellent proposals had been suggested, which would be put into practice.

10. CHIEF EXECUTIVE'S REPORT

10.1 The Chief Executive's report to the Council of Governors is intended to draw Governors' attention to key areas for awareness, information or for exploring further if of sufficient interest.

10.2 The results of 2gether's CQC Comprehensive Inspection were published in February and the Trust was awarded a rating of GOOD overall, with two service lines 'Requiring Improvement' and two service lines awarded 'Outstanding'. On 25th February the CQC held our Quality Summit designed to enable the CQC to present our findings to commissioners, Healthwatch, and provider partners. The summit was well attended, with one Public Governor also in attendance. At the summit we learned that our Adult Inpatient wards, our Crisis Services, our PICU and our Health Based Place of Safety were the only examples of these services anywhere in the Country to be awarded Outstanding to date.

10.3 The Trust has continued to be in liaison with the Health and Safety Executive and we understand that there is further delay to being notified of the outcome of their investigation.

10.4 The Annual Staff Survey has now been published. Overall the response rate was slightly down on last year; however, the responses were slightly more positive. The results were currently being discussed with colleagues and an action plan would be produced via our Engagement Group.

10.5 Closer partnership working with Wye Valley NHS Trust continues. David Farnsworth has commenced in post as the Director of Community Services and is leading work on reconfiguring physical health care services in Herefordshire. Paul Grimer referred to the Memorandum of Understanding that 2gether had in place with Wye Valley and asked whether this would be available to be shared with Governors for information. Colin Merker agreed to seek agreement from colleagues at Wye Valley to enable this to be shared confidentially with Governors.

ACTION: Colin Merker to seek agreement from colleagues at Wye Valley to enable the Memorandum of Understanding to be shared confidentially with Governors.

10.6 Dawn Lewis asked Colin Merker whether there had been any progress with the development of a S136 suite in Herefordshire. Colin advised that Herefordshire CCG were looking to commission this service, which would be based at Stonebow with a virtual team. Discussions were continuing.

10.7 Paul Toleman asked for further information about what S136 was. It was agreed that a briefing that had previously been circulated to Governors setting out guidance on the MH Act, the Mental Capacity Act and Deprivation of Liberty Safeguards would be re-sent for information.

ACTION: Guidance document on the MH Act, the Mental Capacity Act and Deprivation of Liberty Safeguards to be re-sent to all Governors for information.

11. GOVERNOR STEERING GROUP UPDATE

11.1 There was no update from the Governor Steering Group. It was agreed that this would be taken off as a standing agenda item until further notice.

ACTION: "Governor Steering Group" to be taken off as a standing agenda item

12. MEMBERSHIP REPORT

12.1 This report provided an update for the Council of Governors about membership activity, the membership development plan and Governor Engagement Events.

12.2 Gillian Hayes and Paul Toleman, Trust Governors for Gloucester, hosted a public event at Gloucestershire College on Thursday 4th February 2016. The meeting highlighted children and young people's mental health and was held on

national Time to Talk Day - an annual event aimed at encouraging people to speak more openly about mental health. The event was attended by 59 people in total and the feedback afterwards was very positive. Stands were provided by organisations including Teens in Crisis and Healthwatch. Paul Toleman expressed his thanks to Kate Nelmes for her assistance in organising the event.

12.3 The Council noted the proposed Member engagement events planned for the remainder of the year and a flyer was circulated for the event taking place on 12 April in Cirencester, organised by Pat Ayres. Vic Godding said that there hadn't been an engagement event in Cheltenham for some time and it was agreed that he would meet with Kate Nelmes to see whether an event could be organised during the summer.

12.4 Jenny Bartlett made reference to a Herefordshire County Council members briefing on "Blue Monday" and asked whether this was something that 2gether would like to get involved with in terms of organisation. It was agreed that Jenny would speak to Kate Nelmes to share more information about this event.

13. GOVERNOR ACTIVITY

13.1 There was no additional activity other than that discussed during the meeting.

14. ANY OTHER BUSINESS

14.1 Ruth FitzJohn said that she would arrange to meet with Rob Blagden as the Lead Governor to agree a future programme for Holding to Account and service presentation sessions for the remainder of the year.

ACTION: Ruth FitzJohn to meet with Rob Blagden to agree a future programme for Holding to Account and service presentation sessions for the remainder of the year

14.2 Generic business cards had been printed for Trust Governors to use when out networking at events. Governors were asked to contact Anna Hilditch if they wished to receive a batch of cards.

ACTION: Governors to contact Anna Hilditch if they wished to receive Trust business cards

14.3 Paul Toleman raised the issue of discharging patients and asked how the Trust linked up with respective agencies around homeless people. Colin Merker said that the Trust would not discharge patients without first making the necessary arrangements around accommodation and onward support. He agreed to meet with Paul Toleman to discuss his specific concerns further.

ACTION: Colin Merker to meet with Paul Toleman to discuss his specific concerns around discharging patients and the Trust's links with respective agencies around homeless people

14.4 Paul Toleman advised that he had received a complaint from a service user and had contacted the Trust to seek guidance on how to manage this. He said that Jane Melton, Director of Engagement and Integration had responded to his

query very quickly and had picked up the concern with the service user directly. He praised Jane for this excellent and timely response.

15. DATE OF NEXT MEETING

Business Continuity Room, Trust HQ, Rikenel		
Date	**Governor Pre-meeting**	**Council Meeting**
2016		
Tuesday 24 May	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 14 July	9.30 – 10.30am	10.30 - 12.30pm
Tuesday 13 September	4.30 – 5.30pm	5.30 – 7.30pm
Thursday 10 November	2.00 – 3.00pm	3.00 – 5.00pm

Council of Governors - Action Points

Item	Action	Lead	Progress
10 March 2016			
4.2	Schedule of Governor Visits 2016 to be emailed out to all Governors	Anna Hilditch	**Complete** Emailed out on 11 March
4.4	Care Planning and Risk Policies to be shared with Governors for information	Anna Hilditch	**Complete** Emailed out on 19 May
4.4	Trust Secretariat to speak to the Clinical Systems Manager to see if it would be possible for Governors to receive an anonymised example of a RiO record	Anna Hilditch	Demonstration session on RiO arranged for 1 – 2pm after 14th July Council meeting
5.4	Ruth FitzJohn to write a personal letter to Martin Kibblewhite informing him of the Council's decision to terminate his tenure	Ruth FitzJohn	**Complete** Letter sent on 29 March
5.5	John McIlveen to seek guidance as to whether the 2nd placed Governor appointment, if accepted, would commence from the original start date of 14 September 2015 or whether if it would be seen as a "new" appointment	John McIlveen	**Complete** Guidance from Trust solicitors sought – post would commence from the original start date
5.7	A letter would be written to Anthony Cawthraw advising that his tenure would be terminated if he did not respond within 7 working days.	Anna Hilditch	**Complete** Letter sent on Monday 14 March. No response received
7.6	N&R Committee TOR to be updated to include reference to the "6 month forward plan of meeting dates" under the Frequency of meetings section	John McIlveen	**Complete**
7.7	Email to all Governors to be sent out inviting nominations to join the N&R Committee	Anna Hilditch	**Complete** Emailed invite out on 11 April
9.4	Team Charter to be uploaded onto the Trust website and included in the papers for future Council of Governor meetings for people to easily reference.	Anna Hilditch	**Complete** Uploaded on 6 April
9.5	Signposting diagrams to be circulated to all Governors, and included in future induction packs; once updated to include contact phone numbers and email addresses	Anna Hilditch	**Complete** Additional information added and emailed out to Governors on 7 April
9.6	Evaluation forms to be made available at the end of each Council meeting to trial as a system of review	Anna Hilditch	**Complete**
9.9	6 month follow-up induction session to be arranged for June 2016	Anna Hilditch	Consideration of content of the follow-up session to be discussed further once new induction process in place. Induction for new Governors to be organised for July/August 2016

9.15	Role of Governors document to be uploaded onto the Trust website, and also included in future Governor Election nomination packs.	Anna Hilditch	**Complete** Uploaded on 6 April and included in upcoming elections
9.15	Role of Governors document to be included in the papers for future Council of Governor meetings	Anna Hilditch	**Complete**
10.5	Colin Merker to seek agreement from colleagues at Wye Valley to enable the Memorandum of Understanding to be shared confidentially with Governors.	Colin Merker	
10.7	Guidance document on the MH Act, the Mental Capacity Act and Deprivation of Liberty Safeguards to be re-sent to all Governors for information.	Anna Hilditch	**Complete** Emailed out on 11 March
11.1	"Governor Steering Group" to be taken off as a standing agenda item	Anna Hilditch	**Complete**
14.1	Ruth FitzJohn to meet with Rob Blagden to agree a future programme for Holding to Account and service presentation sessions for the remainder of the year	Ruth FitzJohn/ Rob Blagden	**Complete**
14.2	Governors to contact Anna Hilditch if they wished to receive Trust business cards	ALL GOVERNORS	
14.3	Colin Merker to meet with Paul Toleman to discuss his specific concerns around discharging patients and the Trust's links with respective agencies around homeless people	Colin Merker/ Paul Toleman	**Complete** Discussion took place following CoG meeting

[2]GETHER NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING
TUESDAY 24 MAY 2016
BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT:

Ruth FitzJohn *(Chair)*	Paul Grimer	Alan Thomas
Vic Godding	Jo Smith	Jennifer Thomson
Rob Blagden	Paul Toleman	Pat Ayres
Gillian Hayes	Mandy Nelson	Cherry Newton
Svetlin Vrabtchev	Jenny Bartlett	

IN ATTENDANCE: Marie Crofts, Director of Quality
Martin Freeman, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
Charlotte Hitchings, Non-Executive Director
Andrew Lee, Director of Finance and Commerce
John McIlveen, Trust Secretary
Jane Melton, Director of Engagement and Integration
Colin Merker, Director of Service Delivery
Nikki Richardson, Non-Executive Director
Carol Sparks, Director of Organisational Development
Duncan Sutherland, Non-Executive Director

1. WELCOMES AND APOLOGIES

1.1 Apologies for the meeting were received from Katie Clark, Roger Wilson, Amjad Uppal, Simon Hairsnape, Tristan Lench and Elaine Davies. Dawn Lewis did not attend the meeting. Apologies were also received from Shaun Clee, Chief Executive.

1.2 Since the last meeting of the Council of Governors in March, a number of changes in Council membership had taken place:

- Dr Tristan Lench had been nominated as the Gloucestershire CCG appointed Governor, replacing Dr Helen Miller
- Cherry Newton had joined the Council following the removal of Martin Kibblewhite as Public Governor for Herefordshire. Cherry had received the second highest vote in the Herefordshire Governor elections held in September 2015 and was therefore eligible to be appointed, for the remainder of the original term of appointment.

2. DECLARATION OF INTERESTS

2.1 Mandy Nelson informed the Council that she was currently running a Gloucestershire CCG funded project for people with complex learning needs.

2.2 Al Thomas informed the Council that he had taken on a role as Patient Leader for NHS England South, providing assurance on CCGs.

3. COUNCIL OF GOVERNOR MINUTES

3.1 The minutes of the Council meeting held on 10 March were agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

4.1 The Council reviewed the actions arising from the previous meeting and noted that all actions had been completed, or were progressing to plan. The inclusion of more detail against "completed" actions was helpful by way of tracking progress and adding additional assurance of completion.

4.2 The Council noted the request that had been made at the last meeting for a 6 month follow up induction session for new Governors. It was noted that a full induction session would be arranged for early August for new Governors who would be joining the Trust in July; however, it was agreed that individual follow up sessions with those Governors who had been induced in December 2015 would be arranged.

ACTION: 6 Month follow up induction sessions to be arranged for Governors to meet with the Trust Chair to discuss progress and first impressions

4.3 Colin Merker updated the Council in relation to providing a copy of the Memorandum of Understanding (MOU) with Wye Valley NHS Trust. He said that he had spoken to colleagues at Wye Valley and they had agreed that the MOU could be shared; however, Colin advised that formal communication with staff about the MOU and the changes to services in Herefordshire had not yet taken place and he said that he would ensure that this was shared with Governors once staff in both Trusts had received the necessary briefing.

ACTION: Wye Valley MOU to be shared with Governors once the necessary communications with staff had been carried out

4.4 At the last meeting, Paul Grimer suggested that it would be helpful to share the Trust's Care Planning Policy with all Governors, including the Trust's Risk Policy as this would assist Governors in their understanding of how everything worked and the measures in place within the Trust to ensure that procedures were followed and monitored. It was noted that these policies had now been shared via the Governor Portal. It was also suggested that it might be helpful for Governors to receive an anonymised example of a RiO record to familiarise them with the system. The Council was informed that a session had been arranged to take place after the July Council meeting to give Governors a demonstration of the RiO system and how this worked. The session had been scheduled for 1.00 – 2.00pm on 14 July and all Governors were invited to attend.

5. SUSTAINABILITY AND TRANSFORMATION PLANS (STPs) PRESENTATION

5.1 Colin Merker provided the Governors with a presentation outlining the key details of the Trust's STPs. The STP is the process by which NHS England are requiring coordinated, collective plans from commissioners and providers to

address the health needs of the population in a sustainable way by 2020.The key points covered included:

- What is the Process and Context for Strategic Transformation Planning
- What is / are the triple aims
- What is the role of the Board in STP process
- What is the role of the Governors in STP process
- How effectively are 2gether engaged and influencing the process
- How are the Board assuring themselves that they are appropriately sighted to enable them to consider and act on strategic risks and opportunities.

5.2 A copy of the presentation would be uploaded onto the Governor Portal for future reference.

ACTION: STP Presentation to be uploaded onto the Governor Portal

5.3 Svetlin Vrabtchev noted the significant amount of work that was taking place in developing the STPs and he asked about the capacity of the Board to do this. Ruth FitzJohn advised that this work was mandatory; however, she said that there was a lot of additional work and the workload of the Executive Directors was being stretched. She provided the Council with assurance that the Board was fully aware of the capacity issues and discussions took place frequently as a Board to ensure that the necessary support was in place to continue to run quality, safe and sustainable services.

6. NATIONAL STAFF SURVEY RESULTS 2015

6.1 Carol Sparks provided a presentation setting out the results of the 2015 staff survey. The key areas highlighted included:

- 750 staff received the survey which was completed on-line
- The response rate was 40% which means 300 staff completed the survey
- Eighteen Key Findings ‘better than average’
- Thirteen Key Findings ‘average’
- One Key Finding was ‘below average’

6.2 A significant improvement had been seen in relation to the indicator of Staff experiencing physical violence from other staff. Previous reports suggested that staff had experienced violence; however, the Trust had been unable to evidence this. Any experience of this nature is a worry. However, a lot has been done to encourage staff to come forward and report incidents of violence, aggression, bullying or harassment and the Trust has introduced a web hosted anonymous reporting tool called ‘Speak in Confidence’, and additional Dignity at Work officers are being trained.

6.3 The Council noted that the Trust had decided to concentrate on three areas, plus the need to encourage more staff to respond so that we get a more comprehensive picture of staff views. The three areas were:

- The reduction in quality of communication between staff and senior managers was disappointing as this had improved year on year for some time. We need to understand who staff consider to be ‘senior managers’ and what ‘good communication’ would look like.

- We know that about 85% of staff receive an appraisal so we now need to work on the quality of that appraisal and how valuable staff find the process. This work had already started at the beginning of the year
- Bullying and harassment remains a concern and the Trust has been taking positive steps to enable staff to come forward, access support and for the Trust to take action. Numbers reported remain low and lower than numbers reported through the Staff Survey.

6.4 Mandy Nelson noted the reduction in response rate from 46% to 40% in 2015 and she asked whether the Trust had considered the possibility that staff were not responding to the survey as they didn't feel as though anything would change. Carol Sparks advised that an action plan was in place in address the key themes and the low response rate to the survey, and work would be carried out to assess the impact of these actions on future survey responses to be able to demonstrate meaningful change.

7. REPORT FROM THE NOMINATION AND REMUNERATION COMMITTEE

7.1 The Council of Governors received a report from the Nominations and Remuneration Committee meeting that had taken place earlier that day.

Appointment of a New Non-Executive Director

7.2 The Committee had received a full report seeking their agreement to recommend the appointment of a Non-Executive Director. Discussion groups met with candidates on Thursday 19th May and the formal interviews took place on Monday 23rd May. The interview panel recommended that the candidate (Quinton Quayle) be appointed. Quinton has a breadth of skills and a career background covering a range of sectors, including senior experience in the public sector - notably central government - with some commercial sector exposure. He has extensive and wide stakeholder engagement experience. Quinton is an ex-Ambassador with a wealth of diplomatic and political skills. This will be Quinton's first role in the NHS; however, he is a seasoned Board Member and brings insight into healthcare from a professional regulation perspective through his role as Council Member and Committee Chair of the Nursing and Midwifery Council. Quinton lives near Chipping Campden. The Council of Governors approved this appointment.

Appointment of a Future Non-Executive Director

7.3 A proposal was put forward to the Council of Governors for the appointment of a future Non-Executive Director.

7.4 The N&R Committee noted that Charlotte Hitching's term of office was due to end in February 2017. It was also noted that the standard approach for recruitment would be to propose a process to Governors to engage the Trust's Executive Search Agency some six months in advance and enter into a new recruitment process. This would result in commencing recruitment processes in September 2016, i.e. three months' time. The Committee were equally mindful that there was a second very appointable candidate who had been through the same recruitment and selection process that had resulted in the appointment of Quinton Quayle. The Committee explored whether the Trust should consider securing the appointment of the second candidate with a deferred start date of

March 2017. This would remove the need to enter into a further round of recruitment and selection in September 2016.

7.5 The candidate was an experienced Non-Executive Director with extensive knowledge of the health sector in Gloucestershire and the Committee considered it would be sensible to secure their appointment before they seek other roles. There was a possibility that the second candidate may wish to secure an appointment before March 2017. The Nomination and Remuneration Committee discussed the options that might be open to the Trust in these circumstances, and to nevertheless secure the candidate in good time for the benefit of the organisation.

7.6 Following detailed discussion one option was identified – which was to offer the candidate an 'Associate' Non-Executive Director role. This role would not have accountability and would be non-voting on the Board. The 'Associate' role would enable the individual to shadow and observe the work of a substantive Non-Executive Director and undertake a comprehensive induction programme in advance of the 1st March 2017.

7.7 The Council of Governors received excellent assurance from those Governors who had taken part in the recruitment process that the second candidate should be secured, and approved the recommendation to proceed with the suggestion of appointment on a deferred basis.

Chair Appraisal Process

7.8 Charlotte Hitchings, Senior Independent Director/Deputy Chair presented the outcome report from the Chair's appraisal process to the N&R Committee. Overall it had been a strong performance by the Chair, as testified to by the positive feedback she had received for her appraisal. Particular strengths that were noted included Ruth's focus on strategy, building strong external relationships and being visible and engaged with staff, service users and carers. The Committee received assurance that areas for development had been discussed and that Ruth planned to focus on making improvements in these areas during 2016/17.

7.9 Board members, Governors and external and internal stakeholders were given the opportunity to provide feedback on the Chair's performance. The Committee was pleased to note that despite the number of new Governors in post, and the number of current vacancies on the Council, eleven Governors had provided a response to the questionnaire. Discussions about providing new Governors with the opportunity to provide "first impression" feedback next year took place.

7.10 The Council of Governors noted the positive appraisal report for the Trust Chair. Thanks were expressed to those Governors who had assisted is developing a revised appraisal questionnaire and to Charlotte Hitchings for carrying out the appraisal and providing such a comprehensive report for the N&R Committee.

NED Appraisal Report

7.11 Ruth FitzJohn, Trust Chair presented the outcome report from the Non-Executive Directors' appraisal process to the N&R Committee. Appraisals were completed for Charlotte Hitchings, Martin Freeman, Jonathan Vickers and Nikki

Richardson. Ruth expressed her thanks to the Non-Executive Directors for taking on extra responsibilities and workload over the past year.

7.12 All four appraised NEDs had made valuable contributions to the Trust and were performing well at Board, as Committee Chairs and across their broader roles. It was noted that there were no performance issues to be raised with the Nomination and Remuneration Committee or with the Council of Governors. It was felt that the outcomes of all appraisals were positive and the Committee was content that any development points would be picked up and managed appropriately through the setting of annual objectives and meetings with the Trust Chair.

7.13 The Council of Governors noted the positive appraisal report for the Non-Executive Directors and received assurance from the Chair that the Trust was in competent hands.

Chair and Non-Executive Director Remuneration

7.14 It is in the remit of the Nominations and Remuneration Committee to review the remuneration and terms of service for the Chair and Non-executive Directors at least annually, taking into due account the performance of the individual and the organisation and make recommendations to the Council.

7.15 Non-Executive Directors' remuneration has historically reflected the uplift offered to staff as part of the national pay settlement. The N&R Committee was therefore invited to recommend that Non-Executive Director remuneration be subject to a 1% uplift for 2016/17, in line with the national NHS pay award. This would be a stand still payment to ensure that NED remuneration remains the same as it was in 2015/16, following the expiry of the 2015/16 increase.

7.16 It was noted that allowances for other duties such as acting as the Chair of a Committee would remain unchanged. The Committee noted that the a full benchmarking review of NED and Chair remuneration had been carried out the previous year and was therefore assured that remuneration levels remained in line with similar organisations.

7.17 The Council approved the proposed 1% uplift in NED and Chair remuneration.

8. CHIEF EXECUTIVE'S REPORT

8.1 The Chief Executive's report to the Council of Governors is intended to draw Governors' attention to key areas for awareness, information or for exploring further if of sufficient interest. Colin Merker presented this report to the Council.

8.2 The Trust has continued to make progress on the action plan arising from our Care Quality Commission Comprehensive Inspection, with our Governance Committee overseeing assurance. The Trust is creating a greater focus on the importance of engaging effectively with carers. We have received a presentation from young carers at Board and are using this to support broader communication across our Trust. The Trust has also been running a focussed piece of work on how we could make further improvements for individuals and families experiencing dementia. The Chief Executive and the Clinical Director for Older People have been co-chairing a group of clinicians with a brief to progress

thinking and develop proposals which will be presented to the Executive Committee.

8.3 In terms of providing sustainable services, the Governors were informed that the contracts for 2016/17 have been signed with all of our key commissioners, Gloucestershire CCG, Herefordshire CCG and NHS England. Work continues in Herefordshire on developing and delivering the Community Collaborative work stream of One Herefordshire. One of our Non-Executive Directors, Nikki Richardson, is a co-chair of the Community Collaborative. In Gloucestershire our Director of Service Delivery has been actively engaging with colleagues across the system within Stroud and Berkeley Vale on how services can work more closely together across organisational boundaries for the benefit of the local population. The experience from this work is informing developing plans on how such an approach could be rolled out across "neighbourhoods or communities".

8.4 Al Thomas asked whether more information could be provided for the Governors around IAPT services and the current developments taking place within the service. Colin Merker agreed to provide a briefing for Governors on the current position with IAPT services.

ACTION: Briefing for Governors on the position with IAPT services to be produced

9. JOINT BOARD AND GOVERNOR DEVELOPMENT PROGRAMME UPDATE

9.1 At its November 2015 meeting the Council agreed a series of working groups to take forward the actions agreed as a result of the Board/Governor workshop held earlier in the year. These working groups were tasked with:

- establishing a Team Charter,
- proposing a comprehensive Governor induction programme,
- exploring further ways for the Trust Board and Governors to work together collaboratively in smaller groups, and
- clarifying in short statements the roles of Governors.

9.2 The proposals from these working groups were presented to the March Council meeting and the following actions were agreed:

- The Team Charter would be uploaded to the Trust website, and be included for reference in papers for future Council of Governor meetings. This action is complete.
- ‘Signposting’ diagrams would be updated with relevant contact numbers and email addresses, and circulated to Governors. These diagrams would also form part of the induction materials for new Governors. This action is complete.
- Evaluation forms would be provided for the Council to review each meeting. This action is complete.
- A small group of Governors, supported by the relevant lead Executive, should meet with a NED prior to their Holding to Account Session, to discuss the session and ensure its focus and content better meets the Council’s needs.
- The ‘Role of the Governor’ document would be uploaded to the Trust website, included in future Governor election information, and included in future papers for Council of Governors’ meetings. This action is complete.

9.3 The induction working group had reviewed its proposals received at the last Council of Governors meeting, and had drafted some further recommendations which were presented to the Council for consideration. These proposals would be adopted for the next induction session for new Governors scheduled for August.

9.4 The Council agreed that this had been an excellent piece of collaborative working between the Board and the Governors and welcomed the changes that had been proposed.

10. GOVERNORS' CODE OF CONDUCT

10.1 A Code of Conduct is in place to set out the appropriate conduct for members of the Council of Governors. The Code of Conduct was agreed by the Council in June 2013, and was due for review. The Council received the current version of the Code of Conduct and was invited to consider whether this remained fit for purpose. John McIlveen advised that all Governors were asked to sign up to the Code of Conduct on an annual basis.

10.2 The Governors were asked whether they wished to establish a short life working group to produce a revised draft for agreement by a future Council of Governors. Rob Blagden said that Governors had a number of other commitments and had agreed at the pre-meeting that they would be happy for him, as Lead Governor, to work with John McIlveen to produce a revised draft, for presentation at the next Council. This was agreed. One key observation was the removal from the document of the role and obligations of Governors as this should sit within in a separate document.

ACTION: John McIlveen and Rob Blagden to work together to provide a revised Code of Conduct for sign off at the July Council meeting

11. GOVERNOR OBSERVATION AT BOARD COMMITTEES

11.1 Governors currently attend the Audit Committee as observers. Such observation supports Governors in their statutory duty to hold the Non-Executive Directors to account for the performance of the Board.

11.2 Following discussions with the Trust Chair, a trial has been arranged to extend the observation process. The trial will cover four additional Committees - Delivery, Development, Governance and Mental Health Legislation Scrutiny.

11.3 By observing these Committee proceedings, Governors will be able to take assurance that the Non-Executive Directors are effectively leading and controlling the Trust, and report that assurance back to the Council as part of the holding to account process.

11.4 A protocol had been developed to provide a framework for Governors to observe the process by which the Non-Executive Directors on each Committee take assurance, and to ensure that the Governor's attendance does not in any way inhibit the candour and transparency which is part of the normal working of the Committee. The protocol, including an overview of the Committee roles and duties was presented to the Governors. The document suggested that were the

Council to agree the trial, 2 Governors would be nominated as observers for each Committee. Governor observers would need to remain focussed on observing the process by which NEDs take assurance, and would provide formal feedback on that assurance process to the Council of Governors. The Committee chair would meet with their respective Governor observers prior to the trial beginning, in order to provide a briefing on the role of the Committee.

11.5 Al Thomas informed the Council that he currently attended the Audit Committee meetings and he found this a very valuable experience and welcomed the opportunity.

11.6 One concern was that the presence of "observers" could hinder the open and candid discussions that took place at the Committees. However, it was noted that the Governance Committee was now attended regularly by colleagues from the CCGs and this had not had any impact on the effective running of the meetings.

11.7 Mandy Nelson suggested that the Trust could provide an aide memoire for those Governors attending the Committees to assist them in their role and reminding them of the areas that they should be observing. This was agreed as a helpful suggestion and an outline would be developed.

ACTION: Aide memoire/template to be developed to assist Governors when observing at Board Committees

11.8 The following Governors volunteered to participate in the Committee observation trial:

- Governance Committee – Jo Smith and Vic Godding
- Development Committee – Jenny Bartlett
- Delivery Committee – Jennifer Thomson and Rob Blagden
- MH Legislation Scrutiny Committee – Al Thomas (and Richard Butt-Evans)

11.9 Martin Freeman, Chair of the Governance Committee offered to use the June Governance Committee to start this trial and he would make contact with Vic and Jo to discuss the necessary arrangements.

ACTION: Martin Freeman to contact Vic and Jo about attending and observing the June Governance Committee meeting.

12. EXTERNAL AUDIT TENDERING PROCESS

12.1 The appointment of the Trust's external auditors is the responsibility of the Council of Governors. The auditor audits the annual financial accounts. The external audit contract needs to be tendered during 2016/17, as the current contract cannot be extended beyond 31st March 2017. The purpose of this report was to initiate the tender process.

12.2 It is for the Audit Committee to run the tender process. However, the Trust's current external auditor was appointed by setting up a project group to agree a tender timeline, agree a specification, establish objective tender evaluation criteria, manage the tender process, and make a recommendation to the Council

of Governors. This process worked well, and the Council was recommended to adopt the same approach this time.

12.3 It was noted that the project group would comprise the Lead Governor, two other Governors, the Chair of the Audit Committee and the Trust Secretary. The Director of Finance & Commerce and the Financial Accountant would attend in an advisory capacity only. The project group would be supported by Gloucestershire NHS Procurement Shared Services. The Chair of the Audit Committee would chair the project group. The Council agreed this proposal, and it was agreed that Al Thomas and Roger Wilson would be invited to sit on the Project Group as they currently participated as observers at the Audit Committee.

13. HOLDING TO ACCOUNT PLAN 2016

13.1 The current process for 'holding to account' is to ask a NED to present on a subject and then for the CoG to ask questions in order to assure themselves that the NED is adequately holding the trust board to account. It was felt that this was a process which works – but doesn't give the CoG opportunity to observe the NED in operation at first hand, and also limits time available and assumes sufficient knowledge is available within the CoG to know the right areas on which to ask questions.

13.2 In order to develop the 'holding to account' function of Governors this paper proposed breaking the process down into a number of steps as follows:

- Presentations to develop understanding and knowledge at CoG
- Governor reports from any committees where NED was observed
- Holding to Account meeting with NED, Exec Director & CoG representatives.
- Assurance report for CoG
- Review at CoG and opportunity for council to ask questions.

13.3 A suggested programme for 'holding to account' during the remainder of 2016 was proposed and this programme outlined the themes for discussion, which were aligned to the Trust's strategic priorities.

13.4 The Council approved the proposals for holding to account and agreed that these looked very sensible and would offer the Council much better assurance and evidence than the current process.

14. INTRODUCTIONS FROM NEW NON-EXECUTIVE DIRECTORS

14.1 The Council formally welcomed Marcia Gallagher and Duncan Sutherland to the meeting and both new Non-Executive Directors, appointed from 1 April were invited to provide a short introduction.

14.2 Marcia said that she was very proud to be associated with 2gether. She had recently retired after working for the NHS for over 40 years, for both provider and commissioning organisation. She was a qualified accountant and had held the role of Director of Finance. Marcia currently had a temporary interim role as Director of Service Delivery at Herefordshire CCG.

14.3 Duncan informed the Council that he had a background in planning, in particular in areas of deprivation and unemployment. He currently sat on the Board of HS2 and his role was to ensure that the stations enroute were economically beneficial. Duncan said that he had worked for a number of large national organisations and he therefore welcomed the opportunity to work in the local community and for 2gether which had an excellent reputation.

15. ANNUAL MEMBERSHIP REPORT

15.1 This report provided an update for the Council of Governors about membership activity, the membership development plan and Governor Engagement Events.

15.2 At the end of 2015/16, the Trust had 7473 members which represented an increase of 404 new members during the year. Members included both staff and public members.

15.3 Jenny Bartlett referenced the number of deleted public members during 2015/16, noting that 185 of these had been deleted due to "No forwarding address". She asked whether there were any links to health issues as this percentage seemed very high. It was noted that the Trust carried out mail outs to all members throughout the year and a number of these were "returned to sender" so those members were removed from the database. It was not thought that these returns necessarily related to people's poor mental health and it was noted that the percentage of Trust members with a declared disability was significantly above the county average which demonstrated an inclusive approach to membership.

15.4 Mandy Nelson asked whether the Trust had considered a way of analysing the percentage of members who were current or past service users or carers, and if this was not currently captured, whether consideration could be given to revising the membership form to give the opportunity to include this. It was noted that the Trust had made the decision from the outset that it did not want to separate out public constituencies into patients, carers etc; however, it was agreed that consideration could be given to methods of capturing this information in future.

ACTION: Consideration to be given to revising the membership application form to include the ability for people to declare if they are/have been a service user or carer.

16. GOVERNOR ACTIVITY

16.1 There was no additional activity other than that discussed during the meeting.

17. ANY OTHER BUSINESS

17.1 Ruth FitzJohn informed the Council that this would be Gillian Hayes and Mandy Nelson's last meeting as both would be coming to the end of their terms on 8 July. Ruth thanked Gillian and Mandy on behalf of the Council for their huge contribution over the past 3 years and wished them well for the future.

17.2 Paul Toleman asked about the provision of Art and Music Therapy within the Trust. Jane Melton agreed to speak to Paul directly about this, and she

suggested that the Allied Health and Psychological Professionals Strategy be shared with all Governors for information as this would give a helpful insight into the range of services provided by this unique staff group.

ACTION: AHPP Strategy to be shared with Governors via the Governor portal

18. DATE OF NEXT MEETING

Business Continuity Room, Trust HQ, Rikenel		
Date	**Governor Pre-meeting**	**Council Meeting**
2016		
Thursday 14 July	9.00 – 10.00am	10.30 - 12.30pm
Tuesday 13 September	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 10 November	1.30 – 2.30pm	3.00 – 5.00pm

Council of Governors - Action Points

Item	Action	Lead	Progress
10 March 2016			
4.4	Trust Secretariat to speak to the Clinical Systems Manager to see if it would be possible for Governors to receive an anonymised example of a RiO record	Anna Hilditch	Interactive demonstration session on RiO arranged for 1 – 2pm after 14th July Council meeting
24 May 2016			
4.2	6 Month follow up induction sessions to be arranged for Governors to meet with the Trust Chair to discuss progress and first impressions	Ruth FitzJohn	**Complete** One to one follow up sessions arranged with Governors and Chair
4.3	MOU with Wye Valley to be shared with Governors once the necessary communications with staff in both Trusts had been carried out	Colin Merker	**Ongoing** Arrangements for staff briefings still in consultation with Wye Valley. Verbal update at the July meeting
5.2	STP Presentation to be uploaded onto the Governor Portal	Anna Hilditch	**Complete** Governor Portal updated on 7 July
8.4	Briefing for Governors on the position with IAPT services to be produced	Colin Merker	**Ongoing** Briefing on IAPT to be tabled at the July Council meeting
10.2	John McIlveen and Rob Blagden to work together to provide a revised Code of Conduct for sign off at the July Council meeting	John McIlveen / Rob Blagden	**Complete** On agenda for July meeting
11.7	Aide memoire/template to be developed to assist Governors when observing at Board Committees	John McIlveen	**Complete** Circulated to Governor observers and used at Governance Committee trial in June
11.9	Martin Freeman to contact Vic and Jo about attending and observing the June Governance Committee meeting.	Martin Freeman	**Complete** Meetings held and Vic and Jo attended and observed at the Governance Committee meeting in June
15.4	Consideration to be given to revising the membership application form to include the ability for people to declare if they are/have been a service user or carer.	Jane Melton	**Ongoing** Consideration will be given to the inclusion of a new section of the membership application form once the new Head of Comms is in post, and a full review of membership materials will be carried out
17.2	AHPP Strategy to be shared with Governors via the Governor portal	Anna Hilditch	**Complete** Governor Portal updated on 7 July

Agenda item **15** **Enclosure** **Paper I**

Report to: Trust Board, 28 July 2016
Author: John McIlveen, Trust Secretary
Presented by: John McIlveen, Trust Secretary

SUBJECT: **USE OF THE TRUST SEAL**

Can this report be discussed at a public Board meeting?	**Yes**
If not, explain why	

This Report is provided for:
Decision Endorsement Assurance **Information**

PURPOSE

To present the Board with a report on the use of the Trust Seal for the period April to June 2016 (Q1 2016/17).

SUMMARY OF KEY POINTS

Section 10.3 of the Trust's Standing Orders requires that use of the Trust Seal is reported to the Board on a quarterly basis.

"10.3 Register of Sealing - The Chief Executive shall keep a register in which he/she, or another manager of the Authority authorised by him/her, shall enter a record of the sealing of every document. Use of the seal will be reported to the Board quarterly."

During the quarter, the Seal was used once:

Hollybrook Refurbishment – Contract between 2gether and Kings Builders Gloucester Ltd
Signed: Carol Sparks, Director of OD and Andrew Lee, Director of Finance and Commerce
Date: 7 April 2016

RECOMMENDATIONS

The Board is asked to note the use of the Trust seal for the period April - June 2016

Agenda item 10 Paper J

Report to: 2gether NHS Trust Board 28th July 2016

Author: Colin Merker Director of Service Delivery

Presented by: Colin Merker Director of Service Delivery

SUBJECT: **Improving Access To Psychological Therapies (IAPT) Update**

This Report is provided for:

Decision Endorsement **Assurance** **To Note**

EXECUTIVE SUMMARY:

This paper provides Board members with a detailed overview of issues relating to the IAPT services we are commissioned to deliver in both Gloucestershire and Herefordshire and in particular, the diagnostic reviews recently undertaken by the NHS Improvement (NHSi) IAPT Intensive Support Team (IST).

The IAPT services were reviewed by NHSi IST at our request and both Gloucestershire & Herefordshire services have received a diagnostic review which has resulted in a number of recommendations for both CCG Commissioners and the Trust to take forward.

The review identified key areas of concern for both Counties relating to Recovery and Access rates, Waiting Times, Staff Productivity, Service Capacity and resources and Waiting List Back log clearance.

Gloucestershire IAPT service
In Gloucestershire the IST have advised that the primary mental health nursing part of the service does not provide IAPT compliant interventions, therefore activity data for this part of the services should not be included in the IAPT data set (this was actioned from April 2016 onwards).

Gloucestershire and Herefordshire IAPT services
The review identified that in both counties, the services had insufficient capacity to meet the revised National waiting times standards introduced in 2016/17, and recommendations have been made for both Commissioners to review their levels of investment in the respective services.

Assurance of Actions

- Service Improvement Plans including County specific actions have been developed with Commissioners and are currently in the process of being implemented.
- A ^{2}gether Project Board has been commissioned to oversee the service improvement plans.
- There is significant external interest and scrutiny of these issues from the two NHS England regional teams (one for each County) we work with and our regulator Monitor, who are now known as NHSi.
- The Board has been sighted on these issues on an ongoing basis via our Performance Dashboard and Delivery Committee reports to Board.
- The Delivery Committee has reviewed the detailed findings and will report monthly to the Board to provide assurance going forward that the actions are being progressed and performance is improving.
- A Tripartite assurance/scrunity meeting is planned for Friday 22nd July 2016 with the 2 NHSE's, NHSi, Gloucestershire CCG, Herefordshire CCG and ourselves
- The Board will receive a verbal update on the outcome of the Tripartite meeting

RECOMMENDATIONS

The Board is asked to:

- Note the detailed Overview of issues relating to our provision of IAPT services to both Gloucestershire CCG and Herefordshire CCG.
- Note the role of our Delivery Committee in providing ongoing Scrutiny and reviewing Assurance to be reported to the Board.
- Be assured that there is a range of ongoing work in place that will address the recommendations of the IST reports and move services back to meeting the National Reporting requirements/thresholds at the earliest opportunity.

Corporate Considerations	
Quality implications:	The IST Review Reports provide us with a range of re commendations which all relate to aspects of the quality of the IAPT services we provide in both Gloucestershire and Herefordshire.
Resource implications:	The resource requirements to meet the IST recommendations have been discussed and agreed in principle with both Commissioners. The Trust are proceeding with a low level of risk around the resource commitments and will need to keep this under review via the Executive Team and subsequently through Delivery Committee.
Equalities implications:	Although highlighted within the IST Review Reports, we know that we have still to develop our IAPT services so that they are more accessible to a wider age range, people from hard to reach committees and more broaderly by males as equally as feamles from within the target population.
Risk implications:	There are performance, reputational and service delivery risk associated with successfully addressing the issues highlighted in this paper.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?	
Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	C

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
Colin Merker	Date	July 2016

Where in the Trust has this been discussed before?		
Delivery Committee, Governing Body and Board across a range of meetings	Date	Ongoing

What consultation has there been?		
Not applicable.	Date	

1.0 Introduction

This paper is intended to provide the Board with an overview of issues relating to the Improving Access to Psychological Therapies (IAPT) services we provide in both Herefordshire and Gloucestershire.

Over the last 18 to 24 months we have been working with the National IAPT Intensive Support Service (IST) to address issues relating to various aspects of our IAPT services.

We have principally been working to identify and address concerns relating to:

- Our Locally reported IAPT data not matching our Nationally reported IAPT data
- The Recovery Rate being achieved in both services.

We have worked well with the IST to resolve the data/reporting issues. IST have “signed off” our work and we both now have a high confidence in our Local and National data reporting. It should be noted however, that there will be a short time lag before our work is fully visible within our National reports, as:

- Nationally they report some 2 to 3 months behind our Local reporting.
- We need to resolve a transitional issue within our nationally reported data due to implementing the recommendations of the IST deep dive reviews, which we are currently discussing with the national team.

Our current work with the IST has been focused on looking at the issues of why our Recovery Rates have changed so significantly in Gloucestershire in the last 12-18 months and are stubbornly around 35-40% in Herefordshire.

In order to support us in reviewing this fully, IST colleagues undertook an in-depth, on-site and key data review for both services. These visits were undertaken in March 2016.

Both review reports have now been accepted by our Commissioners and ourselves as factually correct. The reports are being used to support Service Improvement Planning, which is ongoing to support us to implement the recommendations for improvement highlighted from the review reports.

2.0 An overview of key terms/references used in this paper

Appendix 1 to this paper provides a brief overview of the key terms/references used within the paper to support people reading it.

3.0 IST diagnostic review findings for Gloucestershire IAPT Service

Gloucestershire's IAPT services are known as the Mental Health Intermediate Care Team and were commissioned by Gloucestershire CCG in April 2014, through the merger of our established Improving Access to Psychological Therapies (IAPT) – Let's Talk services, with our Primary Mental Health Services (PMHS) nursing teams.

Collectively, the expanded service aimed to deliver evidence-based cognitive behavioural interventions to support people with a range of common mental health problems and in particular anxiety and depression in line with NICE guidelines.

From April 2015, the nursing element of the service moved to recording all patient activity on the IAPTUS recording system (nurses had previously being using our RIO clinical recording system). This allowed all appropriate (therapy based) nursing data, as well as therapy data to be included in the IAPT data set reported to Commissioners and the Health & Social Care Information Centre (HSCIC).

The IST were invited to review the Gloucestershire IAPT services in March 2016. The terms of reference for the review were:

- To understand why the service had low recovery rates
- To understand the HSCIC and the discrepancies between National and Local reporting
- To benchmark the service against others with similar demographics and population distribution
- To seek clarity on the model and how this can be improved and in particular the impact of the screening assessment stage on the service model
- From a commissioner perspective, to understand if the investment and resources were sufficient

The IST report findings set out a number of good practice issues they identified during their visit and whilst they identified a number of significant issues that needed to be improved, their report highlights that the pattern of IAPT and Primary Care Mental Health services provided in Gloucestershire, would be a near exemplar comprehensive primary mental health care service when the recommendations were successfully addressed.

The headline findings in relation to the Gloucestershire service were that:

- The primary mental health services should not be considered as part of Gloucestershire's IAPT services, as staff were not trained through IAPT accredited training programs and were not delivering psychological therapy as defined in national standards for primary care psychological therapy (IAPT)interventions.

This finding was supported with a recommendation that the Trust needed to stop reporting the primary mental health services activity as part of the IAPT activity for Gloucestershire with immediate effect. This action has been implemented and has had two immediate significant consequences:

- The Access rates for people entering IAPT services has **significantly reduced** from the 16-17% access rates being delivered when the primary mental health services activity was included, to around the 10-11% which was previously being delivered by the IAPT Lets Talk team specific.

- The IAPT Let's Talk service Recovery Rate has **significantly increased** from the previously reported circa 20-30% to 50-55%.

  This change in the Recovery Rate is explained by other information highlighted in the diagnostic review report, which shows that a significant number of people entering the service through the primary mental health service nursing teams did not reach recovery and therefore drove up the denominator in the Recovery Rate outcomes calculation, whilst not adding successfully recovered people to the numerator.

  The increase in Recovery Rates has also been helped by the recent changes introduced in the service care pathway, which now provides a review pathway for all individuals not achieving Recovery and offers them further therapeutic intervention where appropriate to support Recovery.

- The review also identified that the introduction of the Screening Assessment stage within the care pathway, introduced a step that unnecessarily created additional waiting times and an unintentional hidden waiting list within the system, as the current system was set up to recognise Screening Assessments as someone entering treatment. In reality an individual could be screened and subsequently placed immediately on a waiting list for access to a specific treatment/intervention.

- The review also identified that whilst we had initial Access to Service waiting times, we did not have any agreed waiting times for people requiring a subsequent step up in their interventions and subsequently we did not have appropriate visibility of their waiting periods.

  Collectively these issues identified the need for **robust waiting-list management** and **patient tracking lists** (PTL) to ensure that all people waiting were visible and appropriate performance/waiting-list management could be undertaken.

- The recommendation that the primary mental health services activity needed to be excluded from the IAPT activity has not only led to a reduction in the Access Rate to the services, it also means that as the IAPT service moves to increase access back to 15% it will **need additional staffing resource** to be able to do so successfully.

- The review indicated that currently High and Low Intensity therapists within the service were not achieving effective levels of productivity in respect of their direct face-to-face patient therapeutic activity. Whilst the therapists may have been engaged in other beneficial activities, these reduced patient-facing activity has, in turn, affected the value for money from an IAPT service perspective when compared against other services operating at higher levels

of direct patient contact time.

- The review identified that the service was not particularly experiencing any significant variance to patient complexity or case mix to that being experienced nationally.

- The review established that in line with other services nationally, the service needed to consider how it could increase the proportion of older people and people from seldom heard ethnic groups.

- The review questioned the role of non-qualified PWP's (Low Intensity Workers) as they could not actively engage in individual therapeutic interventions and their value for money needed to be considered further.

4.0 IST diagnostic review findings for Herefordshire IAPT service.

The Herefordshire IAPT service is commissioned and configured differently to the Gloucestershire service and is a stand-alone "Lets Talk" team which is not integrated with Herefordshire's Primary Care Mental Health services.

The Herefordshire IAPT team was substantially established in 2014/15 and only achieved full staffing and clinical capacity from April 2015 in line with investment decisions agreed with Herefordshire CCG.

The IST review agreed terms of reference were:

- To focus on Recovery Rates to establish what maintains and what grows Recovery Rates
- To understand contributing factors to the high DNA rate being experienced and to recommend possible solutions
- To establish if there is adequate clinical capacity in place to achieve the standards required
- To understand the HSCIC uploads and the discrepancies between National and Local reporting
- To benchmark the service against other providers / CCG's with similar demographics and population distribution
- To seek clarity on the model and how this can be improved and in particular the impact of the screening assessment stage on the service model
- From a commissioner perspective, to understand if the investment and resources are sufficient

The IST diagnostic review report for Herefordshire identified similar issues to Gloucestershire in respect of:

- The screening stage within the care pathway creating unintentional hidden waits
- The need to provide clear Waiting List oversight and Patient Tracking Lists
- Issues with staff productivity
- Issues with above-average DNA rates
- That additional investment was required if the service was going to be able to meet the new waiting time standards introduced in 2016/17.

The report goes on to indicate that until the service staffing is resolved, the Recovery Rates are unlikely to achieve 50% on a consistent basis, as Recovery is predicated on a patient receiving a timely service with the most appropriate Intervention Type on the earliest occasion.

The **additional resource required** to support the further extension of the Herefordshire IAPT team would provide them with a capacity to meet an appropriate set of waiting times for first and subsequent treatments whilst also extending the service capacity, such that it could offer a broader range of Intervention Types at the earliest opportunity

5.0 Responding to the IST diagnostic reports and Governance arrangements

We have developed comprehensive Service Improvement Plans in response to the full recommendations set out for both Herefordshire and Gloucestershire within the IST diagnostic reports. These have been sign off with our Commissioners.

We have establish IAPT Specific Contract Monitoring/Management Boards in line with the IST recommendations with both Commissioners. Commissioners use our work within these Boards to brief their Governing Bodies on issues accordingly.

Within the Trust we are using both the Executive Team and the Delivery Committee to provise scrutiny and assurance to the Service Development Improvement Plans that are inplace and the Delivery Committee are formally providing assurance reporting through to the Trust Board.

Within the Service Delivery Improvement Plans, there are a number of issues that are common to both Herefordshire and Gloucestershire and a number that are specific to either Herefordshire or Gloucestershire. At a headline level the following identifies the common and specific issues that are being progressed.

5.1 Common issues and actions

- The IAPT service **overall care pathway** is being redesigned, so that the current Screening Stage is removed and replaced with an appropriate Assessment Stage, so that people are Assessed and then moved directly into treatment rather than screened and then put on an Assessment waiting list.

- We have produced a revised suite of **Patient Tracking Lists** (PTL) which are available to the clinical team through our data warehouse, which are clear and identify where and for how long people have been waiting within the care pathway.

- The waiting list development work has identified that there is a backlog of patients in both Herefordshire and Gloucestershire who are currently above the new 18 week waiting time standard introduced in 2016/17, that need to be offered access to services at the earliest opportunity.

  The services have developed **backlog waiting-list clearance plans** which show, that subject to agreement with commissioners around additional funding relating to the staffing requirements in both areas, the backlog waiting list can be cleared in both Herefordshire and Gloucestershire by October 2016. Similar to the experiences associated with addressing the waiting list issues within our CYPS services in Gloucestershire, the approach to clearing the backlog will create an increase in the number of people waiting at the start of their referral journey. The service are still developing the full dynamic waiting-list management plan and corresponding correspondence that will be sent patients referred to the service to advise

them of waiting times.

- The issues associated with **staff productivity** have been immediately actioned through a combination of staff being withdrawn from non-critical external activities and the development of individual staff productivity reports.

  There has been a marked improvement in staff productivity since the IST visit, with high-intensity staff in Herefordshire now meeting the expected productivity levels, high intensity staff in Gloucestershire at about 6% below, low intensity staff in Herefordshire at about 10% below and Gloucestershire low intensity staff at about 6% below required productivity levels.

5.2 Specific issues to Herefordshire

- The **waiting list issues** in Herefordshire in general relate to the need for additional funding by the commissioner so that the service can be developed to meet the new waiting time standards introduced in 2016/17.

  The need for additional resources to increase the capacity and change skill mix within the service had been raised with Herefordshire CCG during our 2016/17 contract negotiations. Unfortunately the CCG were not able to agree those resources at that time, so we wrote to them to advise them of our concerns and the impact on the service. We have now reached agreement in principle on the additional resources required and as highlighted in the IST report.

- The **staffing requirements** in Herefordshire are relatively modest and require the recruitment of 3 Hi intensity practitioners and training of 3 Assistant PWPs (low intensity workers).

  It is proposed that the high-intensity staff will be recruited direct from the marketplace, whilst the APWP staff are currently being considered for PWP training starting in September 2016.

- The **Access Rate** in Herefordshire has slightly dipped below the 15% achieved at the end of 2015/16 since the IST visit. It is proposed that as the additional staffing comes into place, a further targeted marketing strategy will be put in place to address this.

- At the current time, it is not expected that the **Recovery Rate** in Herefordshire will consistently achieve the 50% threshold requirement until September 2017 although we have already seen an improvement and suggested sustained upward trend from the pathway work aligned to our Service Improvement plan.
  Consistently achieving the recovery rate threshold is dependent upon the service having the appropriate quantity and skill mix of staff so that they are able to offer patients the right intervention at the earliest opportunity.

5.3 Specific Issues to Gloucestershire

- The **waiting list** issues in Gloucestershire are more significant than Herefordshire relating to the scale difference between the services. At the current time the waiting list clearance plan is predicated on the current IAPT team plus additional staffing agreed with Gloucestershire CCG to fully establish the service as per the IST recommendations, while Access Rates are maintained at the current rate of 10%.

- The capacity planning undertaken in relation to the requirements for the Gloucestershire IAPT service, shows a need for the service to increase its overall **staffing** by around 22 wte, principally requiring some 19 Hi intensity workers and 3 APWP staff to be fully trained as PWPs from September 2016. As with Herefordshire the Hi Intensity workers will be recruited from the Market place.

- Gloucestershire's current **Access Rate** is now around 10-10.5%. Experiences in growing Herefordshire's Access Rate suggests that this will require a 1-2 year programme supported by a range of marketing activities to reach the required 15%.

- With the removal of the Primary Mental Health Services (PMHS) team from the Gloucestershire IAPT service reporting, Gloucestershire's **Recovery Rate** has significantly improved as the large number of people entering the service through PMHS and not recovering, have been removed from the reporting. The current Recovery Rate, which varies between 45-55% a month with an average of 50%, is not expected to vary throughout the recovery program, as the relationship between waiting times and treatment intervention types will be maintained.

6.0 Headline Action plans for Herefordshire and Gloucestershire

While fully comprehensive Service Improvement Plans have been developed for both Herefordshire and Gloucestershire, the headline programmes for addressing the current IAPT performance issues within Gloucestershire and Herefordshire are:

6.1 Gloucestershire

- Backlog clearance to 18 weeks threshold by end of October 2016
- Recovery maintained throughout the overall plan, at an average of 50% with monthly variance between 45-55%
- Access increased from current 10-11%, to 12-13% from November to end of March 2017
- Access increased to 15% by end of December 2017
- Service at full Clinical Productivity and Staffing complement by October 2017

6.2 Herefordshire

- Backlog clearance to 18 weeks threshold by end of October 2016
- Access increased to 15% from October to end of March 2017
- Recovery consistently at 50% by September 2017
- Service at full Clinical Productivity and Staffing complement by October 2017

7.0 Management and mitigation of risks and issues

As the Service Improvement Plans are progressed, in order to oversee their successful implementation, we have convened a formal Project Board to oversee all aspects of the Plans. Representatives of Herefordshire CCG and Gloucestershire CCG are members of the Project Board.

Alongside this, the Trust and commissioners are subject to a level of scrutiny through meetings with representatives from the two NHS England regions we work within and our regulator Monitor (NHSi).

As we progress our work we are using the NHSi IST to validate our assumptions and proposals as appropriate.

APPENDIX 1: An overview of key terms/references and Acronyms used in this paper

The following provides a brief overview of the key terms/references used within the paper to support people reading it.

1 Access

IAPT Services are expected to achieve 15% 'Access'. This is based on the assumption that in any given population, of 100 people with depression and/or anxiety, only 50 will seek treatment; of those, only 25 will be diagnosed and equally distributed between anxiety and depression; and of those, 80% with anxiety and 68% with depression, or around 18 patients, will opt for psychological therapy. The figure of 15% therefore allows for a degree of local variation in performance and patient preference.

Reference: Adult Psychiatric Morbidity Survey (2000).

2 Outcome measures

2.1 GAD 7 - Anxiety test Questionnaire

This is a list of 7 questions, each with a range of four possible answers. These answers are scored as either, 0, 1, 2 or 3. The highest score is 21 with the final score determining the severity of anxiety the patient is presenting:

0-4 = None
5-10 = Mild Anxiety
11-15 = Moderate Anxiety
16-21 = Severe

2.2 PHQ 9 - Depression test Questionnaire

Like GAD 7, this is a list of 9 questions, each with a range of four possible answers. These answers are scored as either, 0, 1, 2 or 3. The highest score is 27 with the final score determining the severity of depression the patient is presenting:

0-4 = None
5-9 = Mild
10-14 = Moderate
15-19 = Moderately Severe
20-27 Severe

3. Caseness

A patient is "above clinical caseness" if their PHQ **OR** GAD scores are above a specific level on each scale. For PHQ, caseness is a score of 10 or more and for GAD, a score of 8 or more.

A Patient is "below clinical caseness" if their PHQ-9 **and** GAD-7 scores are below that level. If patient scores at end of treatment are below a defined level (caseness) the patient is defined as having achieved 'Recovery'.

4 Recovery

The number of patients completing treatment (as above) who move from 'above caseness' to 'below caseness' on GAD **AND** PHQ between the first and last scores.

5 Reliable Improvement Rate

This measure takes whatever the score is on entry and measures if a patient makes a 6 point or greater improvement on PHQ9 **AND** a 4 point or greater improvement in GAD7 by the time they are discharged.

This differs from the Recovery Rate in that the patient's 'caseness / non-caseness' is not relevant.

Recovery rate is calculated as the percentage of those entering treatment moving to recovery

Numerator: Number of patients recovered.

Denominator: Number of patients who have entered treatment.

Compliance is calculated as an individual monthly, quarterly and annual percentage. IAPT services are expected to achieve Recovery Rate as defined above of 50% of patient population entering treatment.

6 Waiting Time Standards

The Referral to Treatment (RTT) national waiting time standards for the IAPT services is as follows;

- 75% of patients accessing treatment within 6 weeks from referral
- 95% of patient accessing treatment within 18 from referral

7 Acronyms

Monitor – From 1 April, Monitor our regulator became part of NHS Improvement. NHS Improvement brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change Team and the Intensive Support Teams. NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

PWP – Psychological Wellbeing Practitioner. A worker who workers within the IAPT Team delivering Low Intensity interventions.

Hi Intensity Worker – A different type of Psychological Wellbeing Practitioner who works within the IAPT Team and who has been trained to a higher level of skills and interventions than a PWP and is termed as providing Hi Intensity Interventions.

HSCIC – Health & Social Care Information Centre, the National department who gather and report performance information for NHS Organisations

wte – Whole Time Equivalent – describes the number of staff within a service. 1 wte is a full time member of staff and works 371/2 hours per week.

IAPTus – Is the electronic healthcare records system used by the IAPT services to record and report its patient information and activity.