

**2GETHER NHS FOUNDATION TRUST
BOARD MEETING**

**WEDNESDAY 30 JANUARY 2019 AT 11.00AM
BUSINESS CONTINUITY ROOM, RIKENEL**

AGENDA

11.00	1	Apologies	
	2	Declaration of Members Interests	
11.05	3	Minutes of the Board meeting held on 29 November 2018	PAPER A
	4	Action Points and Matters Arising	
	5	Questions from the Public	
IMPROVING QUALITY			
11.10	6	Patient Story Presentation	VERBAL
11.40	7	Performance Dashboard Report – November 2018	PAPER B
IMPROVING ENGAGEMENT			
11.50	8	Chief Executive's Report	PAPER C
IMPROVING SUSTAINABILITY			
12.00	9	Summary Financial Report	PAPER D
12.10	10	Changes to the Trust Constitution	PAPER E
12.15	11	Board Committee Summaries <ul style="list-style-type: none"> • Delivery Committee – 28 November & 29 January (V) • Development Committee – 12 December • Governance Committee – 21 December • MHLS Committee – 14 November & 16 January (V) 	PAPER F1 PAPER F2 PAPER F3 PAPER F4
INFORMATION SHARING (TO NOTE ONLY)			
12.25	12	Chair's Activity Report	PAPER G
	13	Council of Governor Minutes – November 2018	PAPER H
	14	Use of the Trust Seal – Quarter 3 2018/19	PAPER I
	15	Any Other Business	
12.30	16	Date of Next Meeting	
		Wednesday 27 March 2019 at Rikenel, Gloucester	

PUBLIC QUESTIONS PROTOCOL

Written questions for the Board Meeting

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

A question under this protocol may be asked in writing to the Trust Secretary by 10am, 4 clear working days before the date of the Board meeting.

A written answer will be provided to a written question and will also be read out at the meeting by the Chair or other Trust Board member to whom it was addressed.

If the questioner is unable to attend the meeting in person, the question and response will still be read out and a formal written response will be sent following the meeting.

A record of all questions asked, and the Trust's response, will be included in the minutes from the Board meeting for public record.

Oral Questions without Notice

A member of the public who has put a written question may, with the consent of the Chair, ask an additional oral question on the same subject.

Public Board meetings also have time allocated at the start of each agenda for the receipt of oral questions from members of the public present, 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.

Exclusions

Written questions may be rejected and oral questions need not be answered when the Chair 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 Trust Secretary/Assistant Trust Secretary on 0300 4217112. Public questions can be submitted for Trust Board meetings by emailing: anna.hilditch@nhs.net

²GETHER NHS FOUNDATION TRUST

BOARD MEETING

THE KINDLE CENTRE, HEREFORD

29 NOVEMBER 2018

PRESENT

Ingrid Barker, Joint Trust Chair
Maria Bond, Non-Executive Director
John Campbell, Director of Service Delivery
John Trevains, Director of Quality
Marcia Gallagher, Non-Executive Director
Andrew Lee, Director of Finance
Jane Melton, Director of Engagement and Integration
Colin Merker, Deputy Chief Executive
Nikki Richardson, Non-Executive Director
Paul Roberts, Joint Chief Executive
Neil Savage, Joint Director of Organisational Development
Dr Amjad Uppal, Medical Director
Jonathan Vickers, Non-Executive Director

IN ATTENDANCE

Jenny Bartlett, Trust Governor
Hilary Bowen, Trust Governor
Said Hansdot, Trust Governor
Anna Hilditch, Assistant Trust Secretary
John McIlveen, Trust Secretary
Kate Nelmes, Head of Communications
Cherry Newton, Trust Governor
Fiona Reid, Member of the Public (from Item 11)
Ian Stead, Healthwatch Herefordshire

1. WELCOMES, APOLOGIES AND INTRODUCTIONS

- 1.1 Apologies were received from Duncan Sutherland and Dominique Thompson

2. DECLARATIONS OF INTERESTS

- 2.1 No new interests were declared.

3. MINUTES OF THE PREVIOUS MEETING HELD ON 26 SEPTEMBER 2018

- 3.1 The minutes of the meeting held on 26 September were agreed as a correct record.

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. PATIENT EXPERIENCE PRESENTATION

- 5.1 The Board welcomed Ree Jefferies (LD Lead, Herefordshire) and Sharon Colley (Physio Technician) to the meeting who were in attendance to talk about the recent Herefordshire Community Games held on 26 September. 130 Participants with learning disabilities registered for the event and 18 different sports were offered throughout the day including Trampolining, Boxing, Badminton, Tennis, Boccia, Archery, Racket Ball, Dancercise, Football, Rugby, Athletics, Adaptive bikes and Laser Shooting. The Learning Disability Community team facilitated a health market place encouraging people to think about healthy eating, providing advice and support.

- 5.2 The Board noted that the first games were held in 2012 as part of the London Olympic Legacy and 2012 Community Games fund. Since then, the event has grown and is now larger than ever, with a large number of Herefordshire providers requesting to be involved in the event. Sharon advised that the games had been held every 2 years, but it was hoped that it could become an annual event building on the positive feedback from participants and the increased engagement with Herefordshire providers.
- 5.3 The Director of Engagement and Integration had attended the Games in September and she said that the excitement and energy was tangible, and it was fantastic to see the passion for this from both service users and members of staff in attendance.
- 5.4 Ree Jefferies informed the Board that “Tracey” had been planning to attend the meeting to talk to the Board about the Community Games, but also about the dance classes that she had set up and runs in Herefordshire. Unfortunately, Tracey was unable to come to the meeting in person but Ree kindly presented Tracey’s story in her absence.
- 5.5 Tracey has been supported and has worked with the community LD team for many years. Tracey has always expressed an interest in helping and supporting others and she is an active member of Health Watch, the Learning Disability Partnership Board and a dementia friends champion. Tracey wanted to support other people with LD to access exercise in a non-judgmental/relaxed/informal way and came up with the idea of a dance class. The class is open to all. Tracey was supported by Sharon Colley to create a group and devise a programme. Tracey’s classes are now run twice monthly in Ross and there are up to 8 participants at each class (+ support staff). Tracey devises and alters the exercise programme with little support from Sharon, so Sharon can spend her time supporting individuals with their exercise and adapt exercises where required. Ree said that Tracey was really valuing her role and she was one of the main attractions at the Community Games having over 35 people participate in the classes she ran throughout the day.
- 5.6 The Director of Quality said that this was an excellent, positive story and it fit perfectly alongside the national agenda of physical health for people with learning disabilities. It was suggested that this could be raised at the Herefordshire Health and Wellbeing Board to see whether there could be any future involvement and promotion by the local authority.
- 5.7 Jonathan Vickers said that Tracey’s story was an excellent demonstration of how service users can encourage other service users to get engaged and active, and the positive message that this gave out. He asked how the Trust could encourage more people to do this. Sharon Colley said that the Trust did hold other groups and more people were now coming along to these as volunteers rather than participants.
- 5.8 Nikki Richardson said that she had carried out a visit to the Herefordshire LD Team recently and despite this being a small team, she said that there was some great work taking place with an extremely enthusiastic workforce.
- 5.9 The Board thanked Ree and Sharon for coming along to the meeting and asked that their thanks be passed on to Tracey for sharing her story.

6. QUESTIONS FROM THE PUBLIC

- 6.1 Hilary Bowen made reference to a press story in the Herefordshire Times and she asked whether the Trust had made any provisions to ensure that services and medication supplies would continue uninterrupted in light of Brexit. The Director of Service Delivery advised that the government had started issuing guidance and advice for Trusts on planning for a No

Deal Brexit and offered assurance that 2gether had already commenced its planning to ensure that there were contingencies and cover in place.

- 6.2 The Board had received 2 questions in advance of the meeting under the Public Questions Protocol from a member of the public. One had related to the handling of a complaint and the second to plans for Miller Court in Herefordshire. The Chair noted that the member of the public who had submitted the questions was not currently present at the meeting; however, the questions and the Trust's responses were read out in full for information. It was noted that the responses would also be emailed to the submitter following the meeting, and would be included in full in the minutes of this meeting as an appendix.

7. PERFORMANCE DASHBOARD

- 7.1 The Board received the performance dashboard outturn report which set out the performance of the Trust's Clinical Services for the period to the end of September 2018, against our NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.
- 7.2 The Board noted that of the 194 performance indicators, 125 were reportable in September with 112 being compliant and 13 non-compliant at the end of the reporting period. Where performance was not compliant, Service Directors were taking the lead to address issues with a particular focus continuing to be on IAPT service measures.
- 7.3 At the last meeting in September, the Board had noted that some new indicators had been included in the dashboard for the first time, and one of these related to Patients with Dementia having weight assessments. It was noted that in July, only 55% of patients with dementia were recorded as being weighed on admission, against a target of 85%. Issues around nutrition and hydration were key for this group of patients and this was therefore concerning. The Board was assured that this concern had been raised and discussed at the subsequent Delivery Committee and it was confirmed that this was a data quality glitch relating to a newly reported KPI, not a gap in practice.
- 7.4 The Board noted the dashboard report for Month 6 of 2018/19, and the assurance that this provided.

8. LEARNING FROM DEATHS REPORT – QUARTER 2 2018/19

- 8.1 In March 2017, the National Quality Board published its National Guidance on Learning from Deaths: a Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. This guidance sets out mandatory standards for organisations in the collecting of data, review and investigation, and publication of information relating to the deaths of patients under their care.
- 8.2 This report included data for the period July - September 2018 (Q2 2018/19). It was noted that 121 deaths had been closed without further review due to being referred into services, assessed and either not offered a service following assessment, or declined the service offered. The Board was asked to note that no deaths had raised a cause for concern either within 2gether or with partner organisations during Q2 2018/19.
- 8.3 The Board noted that there remained some concern around the administrative resourcing for the Learning from Deaths process, noting that the dedicated admin resource had left and a back log of reviews had started. It was agreed that this was a wider system issue, with all NHS organisations required to carry out these reviews. Discussions had already taken

place with partner Trusts, with the potential that the Learning from Deaths reviewer role could be shared. This would continue to be raised to seek a solution.

9. GUARDIAN OF SAFE WORKING REPORT – QUARTER 2 2018/19

- 9.1 The Board received a report from the Guardian of Safe Working Hours covering the period February - April 2018. All new Psychiatry Trainees, Foundation Trainees and GP Trainees rotating into a Psychiatry placement are now on the new 2016 Terms and Conditions of Service with occasional exceptions. There are currently 36 junior doctors working in the Trust, all on the new Terms and Conditions of Service on different sites.
- 9.2 The 'exception' reporting process, which is part of the new Junior Doctors Contract enables them to raise and resolve issues with their working hours and training. The trainees can raise 'exception reports' for excessive hours worked, missed breaks, or missed educational opportunities and this system is well established in the Trust. These 'exception reports' where possible have been resolved by the preferred option of time off in lieu (TOIL); those where TOIL will impact on colleagues' workload or educational opportunities have received payments. Exception reports may also trigger work schedule reviews and if necessary fines can be imposed on the Trust by the Guardian of Safe Working if issues remain unresolved. Exception reporting rates are variable between different sites.
- 9.3 This Quarterly Board report from the Guardian summarises all exception reports, work schedule reviews and rota gaps, and provides assurance on compliance with safe working hours by both the employer and doctors in approved training programs.
- 9.4 The Board noted that since the beginning of February to the end of April, 16 exception reports had been generated. Of the 16 reports, 12 related to hours, 1 related to service support and 2 related to educational opportunities. 14 reports had been resolved and 2 were still open at the time of reporting. The Board noted that there were some historical reports that remained open from previous periods and related to reports that had not been closed down by trainees who have left the Trust. Discussions are underway with the software provider Allocate to find a way to solve this problem in future.
- 9.5 At this stage no fines had been levied against Trust.
- 9.6 The Director of OD informed the Board of the importance of getting the Trust's medical staffing pipeline right, to support recruitment through continuing to build relationships with both new and established medical schools, and the partnership work with the University of Worcestershire on the development of a new Three Counties Medical School.
- 9.7 The Board noted this report from the Guardian of Safe Working and noted the remedial action in place to address the challenges in Herefordshire around the long standing shortage of trainees in the region and non-adequate time allocated to on calls.

10. QUALITY REPORT – QUARTER 2 2018/19

- 10.1 The Director of Quality presented the quarter 2 review of the Quality Report priorities for 2018/19. The report showed progress made towards achieving targets, objectives and initiatives identified in the Annual Quality Report. The Board noted that there were 2 targets which were consistently not being met and there continued to be a sustained focus on these:
- 1.2 – Personalised discharge care planning
 - 2.1 – Numbers of service users being involved in their care

- 10.2 In terms of the local patient Quality Survey (2.1), whilst the target for being involved in care had not been met this quarter, the result was currently on trajectory for being met by year end (currently 75% against a target of 84%). The Board noted that this target related to the Trust's local patient survey conducted internally. Nationally, 2gether was in the Top 20% of all Trust's for this target.
- 10.3 Nikki Richardson informed the Board that the Governance Committee and the QCR Sub-committee had carried out a lot of work on CPA compliance over the past year and she therefore offered good assurance on the work taking place to address this target.
- 10.4 The Director of Finance drew the Board's attention to the annual PLACE results, noting that 2gether's performance was at or above national average in nearly all results which was an excellent achievement.
- 10.5 The Board noted the progress made to date and the actions in place to improve/sustain performance where possible. This was a positive picture, with much improved performance being seen from this point last year against the key quality indicators.

BREAK

11. SERVICE EXPERIENCE REPORT - QUARTER 2 2018/19

- 11.1 The Board received the Service Experience report for Quarter 2 of 2018/19.
- 11.2 The Director of Engagement and Integration provided assurance that service experience information about Trust activity in Quarter 2 2018/19 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 in October.
- 11.3 The report offered Significant assurance that the organisation has listened to, heard and understood Service User and carer experience of 2gether's services. This assurance is offered from a triangulation of information gathered across all domains of feedback including complaints, concerns, comments and compliments.
- 11.4 There was Significant assurance that service users valued the service being offered and would recommend it to others. During Quarter 2, 79% of people who completed the Friends and Family Test said that they would recommend 2gether's services. Response rates have continued to increase this quarter meaning that more feedback was received and this may have had an impact on the overall FFT score.
- 11.5 The Board noted that Limited assurance was received that people were participating in the local survey of quality in sufficient numbers. The new How did we do? survey was launched during Quarter 1 2017/18. Whilst feedback given by respondents has generally been positive, response rates remain lower than hoped for. Quarter 2 2018/19 has seen a consistency in the numbers of responses received. The SED are working to implement a new system to receive, collate and analyse feedback to encourage more responses to our surveys. This system is hoped to be implemented by Q4 2018/19.
- 11.6 There was Significant assurance that services are consistently reporting details of compliments they have received. Compliments continue to be reported to the Service Experience Department and numbers have increased again during Quarter 2.

- 11.7 There was Full Assurance that complaints have been acknowledged in required timescales. During Quarter 2 100% of complaints received were acknowledged within 3 days. There was Significant assurance that all people who complain have their complaint dealt with by the initially agreed timescale. 92% of complaints were closed within timescales agreed with the complainant. This is an increase from previous Quarters (90%). The SED are working hard with Trust colleagues to ensure that future complaints are closed in a timely way.
- 11.8 The Trust continues to seek feedback about service experience from multiple sources on a continuous basis. This quarter concerns and complaint themes continue to focus on communication issues by our services with service users and/or their carers. Colleagues across the Trust are working hard to develop practice in this area. Other themes which have been identified following triangulation of all types of service experience information includes the following learning:
- We must explain who is doing what in a person's care.
 - We must think carefully about the words that we use when talking with people.
- 11.9 The Director of Engagement and Integration informed the Board that Locality Governance Leads had been invited to attend and present at each Governance Committee on how they are implementing the learning from complaints and concerns. This process was due to commence in the new year and would hopefully provide evidence of the embedding of learning throughout the organisation.
- 11.10 Nikki Richardson said that the Governance Committee had monitored the development of this report on a quarterly basis throughout the year, and had been pleased to see improvements taking place. She said that this was an excellent informative report that offered good levels of assurance.
- 11.11 The Board noted the Quarter 2 Service experience report and expressed their thanks to the Team for their continued efforts.

12. NON-EXECUTIVE DIRECTOR AUDIT OF COMPLAINTS – QUARTER 2 2018/19

- 12.1 A Non-Executive Director Audit of Complaints was conducted covering three complaints that had been closed between 1 July and 30 September 2018.
- 12.2 Marcia Gallagher had carried out the audit and she reported that overall, it was noticeable that the quality and timeliness of our handling of complaints has continued to improve, as has the tone of our response letters and additional information being supplied. There was a delay with one case which was at a period of change in the senior leadership within the Trust.
- 12.3 Marcia added that the identification of learning points was also more systematic, and it seems that the learning is now being taken seriously and widely disseminated, though this was not something that the audit process covers. The benefits of RiO in supporting one of the investigations was pleasing to note.
- 12.4 The Director of Engagement and Integration informed the Board that the Service Experience Team really valued the NED audit of complaints process and had systems in place to take all recommendations and learning on board.

13. CQC NATIONAL PATIENT SURVEY RESULTS

- 13.1 Quality Health was commissioned by 2gether to undertake the 2018 national Community Mental Health Survey, which is a requirement of the Care Quality Commission. This paper outlined the CQC's published results of the data analysis of the survey sample of people who use 2gether's services and makes comparison with all other English mental health Trust results of the same survey.
- 13.2 The Director of Engagement and Integration advised that the results were published on 22nd November on the CQC website and the sample of participants was drawn randomly from Herefordshire and Gloucestershire using a prescribed national formula.
- 13.3 Service users from 56 mental health Trusts in England that took part in the survey. Four Trusts were classed as 'better than expected' across the entire survey - 2gether was named as one of these 4 Trusts. 2gether was the only Trust in England to achieve a 'better than expected' rating for the survey results in both 2017 and 2018.
- 13.4 2gether's results are 'better' than most Trusts for 10 of the 28 questions (36%) and 'about the same' as other Trusts for the remaining 18 questions (64%) These results represent a further improvement when compared with our results from last years' service user feedback in the same survey (Better = 25%, about the same = 75%).
- 13.5 2gether is categorised as performing 'better' than the majority of other mental health Trusts in 5 of the 11 domains and performing 'about the same' as the majority of other mental health Trusts in the remaining 6 domains. 2gether is not categorised as performing 'worse' than the majority of other mental health Trusts for any of the domains or any of the specific questions.
- 13.6 The Board noted that these survey results offered significant assurance that the Trust's strategic focus and dedicated activity to deliver best service experience is having a positive effect over time. However, as always there was no room for complacency and an action plan to address any areas for improvement would be produced in liaison with Service Directors by January 2019. Some of the key areas for development included:
- Helping people to find support for their physical health needs
 - Giving people information about getting support from people with experience of the same mental health needs as them
 - Supporting people to join a group or take part in an activity
 - Providing help and advice with finding support with finances or benefits
 - Involving family members or someone close, as much as the person would like

14. CHIEF EXECUTIVE'S REPORT

- 14.1 The Chief Executive presented his report to the Board which provided an update on key national communications and a summary of progress against local developments and initiatives. The key headings included:
- Progress on the strategic intent to merge with Gloucestershire Care Services NHS Trust (GCS)
 - "One Gloucestershire" Integrated Care System
 - NHS70 Awards – Gloucestershire
- 14.2 The Board also noted the extensive engagement activities that had taken place during the past month by both the CEO and the Executive Team, 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. The report offered the Board significant assurance that the Executive Team was undertaking wide engagement.

- 14.3 The CEO informed the Board that the national “NHS Long Term Plan” was due for publication during December/early January and it was agreed that the key highlights on how this plan would impact both locally and nationally would be presented at the next meeting.
- 14.4 The Board was asked to note that Dr Mike Roberts, GCS Medical Director would be retiring from his role at the end of January and returning to Practice.

15. SUMMARY FINANCIAL REPORT

- 15.1 The Board received the summary Finance Report that provided information up to the end of October 2018. The month 7 position was a surplus of £533k which was £11k above the planned surplus. The month 7 forecast outturn was an £834k surplus in line with the Trust’s control total. The Trust had an Oversight Framework segment of 2 and a Finance and Use of Resources metric of 2. The Trust has identified £866k of recurring savings up to October 2018, which is £137k behind plan. The Trust’s current year end cash projection is £15.2m which is £5.4m greater than plan.
- 15.2 The agency cost forecast is £4.455m, an increase of £0.182m on last month’s projection and £1.321m above the Agency Control Total. This is due to increased IAPT agency spend (£130k in October) to reduce waiting lists and is matched by additional income from Gloucestershire CCG.
- 15.3 The Director of Finance informed the Board that the Trust had completed a mid-year review of its financial position. Revenue budgets, capital expenditure, savings schemes, cash, balance sheet provisions and potential risks and opportunities have all been reviewed. There are a number of cost pressures the Trust is managing and the review has identified the mitigations and deliverables required to ensure the Trust meets its control total at year end. The Board would receive a more detailed review of this position later in the meeting.

16. BOARD ASSURANCE FRAMEWORK

- 16.1 The Board received the assurance map for its biannual review. It was noted that the assurance map was last reviewed by the Board in April 2018 and the Audit Committee had reviewed this iteration on 7 November 2018.
- 16.2 The Board noted that this iteration of the assurance map contained 10 risks, compared to 11 risks at the time of the Board’s last review in April. While the overall number of risks on the assurance map has decreased by 1, a number of risks have been added or removed from the assurance map in the interim, as existing risk scores change as a result of mitigation, or new risks are identified. In addition, some risks have been reworded in order more accurately to reflect the risk posed, and a number of presentational changes have been made to improve clarity.
- 16.3 The Trust Secretary advised that the Audit Committee had noted several changes to the content of the assurance map compared to its previous review which took place in August. One risk (AM18 – delivery of 2018/19 cost improvement plan) had been reinstated to the assurance map for this iteration, and has also been reinstated as one of the Trust’s top 5 risks. At its meeting on 7 November the Audit Committee asked that the Executive Committee inform Non-Executive Directors promptly of any changes to the top 5 risks,

rather than wait until a formal Board and Committee meeting which, given current scheduling, might not take place for some time. The Board agreed that this was a sensible way forward.

- 16.4 Jonathan Vickers made reference to the Red Negative assurance rating allocated to Risk AM20 which related to workforce and staffing risks in Herefordshire. The Board noted that this risk had been discussed widely at the Executive Committee and a forward plan of works had been agreed to help mitigate this risk. It was agreed that further discussion would take place at the next Executive Committee meeting as it was felt that this risk should be changed to “limited assurance” rather than negative, as currently reported.
- 16.5 The Board noted that this report offered significant assurance regarding the process of identification, mitigation and regular review of risks which may affect the quality or safety of services provided by the Trust.

17. APPOINTMENTS AND TERMS OF SERVICE ANNUAL SUMMARY REPORT

- 17.1 The Director of OD presented the annual summary of the Appointments and Terms of Service Committee's meetings and work in the 12 months following its last Board summary report.
- 17.2 The Committee's prime purpose is to determine and decide on appointments, appropriate remuneration, terms and conditions of service for the Chief Executive and Executive Directors. This includes deciding all aspects of salary and the provision of any other benefits and contractual terms. It is also responsible for overseeing and approving the award of Consultant Clinical Excellence awards.
- 17.3 The Committee met on eleven occasions over this period between September 2017 and August 2018. Each meeting has been quorate with the participation of not less than four Non-Executive Directors plus the Trust Chair. The Chief Executive (and/or Deputy Chief Executive) and the Director of Organisational Development were either in attendance or available for each meeting.
- 17.4 The Board received and noted the annual ATOS Committee summary report.

18. BOARD COMMITTEE REPORTS – DELIVERY COMMITTEE

- 18.1 The Board received the summary reports from the Delivery Committee meetings held on 27 September and 24 October. These reports and the assurances provided were noted. Maria Bond said that she felt that the Committee had made good progress and there was real clarity in the papers received and the issues discussed.

19. BOARD COMMITTEE REPORTS – DEVELOPMENT COMMITTEE

- 19.1 The Board received the summary report from the Development Committee meeting held on 17 October.
- 19.2 The Committee received an update on the progress regarding appropriate longer term accommodation for Working Well, alongside a progress update on the Occupational Health contracts for clients of 2gether's Working Well service.

- 19.3 The Board was asked to note that the Research Team had been shortlisted for a Nursing Times Award. This was an excellent achievement for such a small team and Ingrid Barker agreed to write to the Team and congratulate them.

20. BOARD COMMITTEE REPORTS – GOVERNANCE COMMITTEE

- 20.1 The Board received the summary report from the Governance Committee meeting that had taken place on 26 October. The Board noted the summary report and the assurances provided. As previously agreed at the Board, the summary report had included a separate section for dedicated reporting on progress with the CQC inspection action plan.

21. BOARD COMMITTEE REPORTS – AUDIT COMMITTEE

- 21.1 The Board received the summary report from the Audit Committee meeting that had taken place on 7 November.
- 21.2 Marcia Gallagher advised that the Committee had received a verbal report on transaction governance in relation to the merger process. The review had received an overall classification of medium risk. There were two medium risk findings, relating to resource availability and the potential impact of additional workload on business as usual, and the process in place to manage benefits. Two low risk findings related to potential enhancement of the Transaction Governance & Programme Management Plan, and conflict of interest declarations processes. The Committee was clear that business as usual must be safeguarded during the merger process, and asked that the Audit Report be shared with the Strategic Intent Leadership Group for consideration at its next meeting.
- 21.3 The Audit Committee received a report setting out the results of its annual self-assessment of its performance and effectiveness. The outcome of the self-assessment was very positive, with a clear majority of respondents agreeing or strongly agreeing with 30 of the 31 assessment statements. The Committee had welcomed the assessment result, and noted that the free text comments accompanying the assessment gave useful context and assurance regarding the Committee's effectiveness. Marcia Gallagher added to this, noting that the Audit Committee had been well attended by NEDs at each meeting through the year and there was excellent triangulation with the other Board Committees being seen.

22. INFORMATION SHARING REPORTS

- 22.1 The Board received and noted the following reports for information:
- Chair's Report
 - Council of Governors Minutes – September 2018
 - Use of the Trust Seal – Quarter 2
- 22.2 The Board noted the assurance regarding engagement activities by both the Trust Chair and NEDs, provided by the Chair's report.

23. ANY OTHER BUSINESS

- 23.1 There was no other business.

24. DATE OF THE NEXT MEETING

- 24.1 The next Board meeting would take place on Wednesday 30 January 2019 at 10.30am at Rikenel, Montpellier, Gloucester, GL1 1LY

Signed:
Ingrid Barker, Chair

Date:

Appendix A

Questions from the public

1. ***Why hasn't 2gether used Miller Court in Herefordshire which is purpose built for psychiatric patients?***

Trust Response

We have tried to gain an interest in Miller Court over a considerable period but have not been able to reach an agreement with Herefordshire MiND and its Board of Trustees.

The Trust (2g) and Commissioners (Herefordshire CCG) originally tried to negotiate a partnership development of the Miller Court site with Herefordshire MiND before the development was built in 2012/13. This was unsuccessful.

We subsequently tried to negotiate further interests after it was built and MiND weren't able to operate it as they proposed, 2014/15, but again were unsuccessful.

In early 2017 we committed some significant resources after reaching agreement with Herefordshire MiND and Herefordshire CCG on a possible partnership development proposal we thought offered sustainability for Herefordshire MiND, alongside an innovative development which would have supported the development of our Community Rehabilitation Services.

Unfortunately, while this proposal offered many options for how we could work together, from us buying Miller Court to leasing a service from Herefordshire MiND, we were not able to reach an agreement.

Our final attempt to acquire an interest in Miller Court was early this year when it was advertised for freehold sale by Herefordshire MiND. Unfortunately we were not able to achieve a purchase and we believe the property has now been sold/leased to an alternative 3rd party.

As Miller Court appears to have been leased rather than sold, we are continuing to 'watch' this opportunity, but believe we need to accept that it probably is not an interest we can acquire.

2. ***Do you think that complaints from May 2017 should be unresolved; that doctors were investigated by a nurse; that the issues were only partly addressed; that my complaints were not read by the investigator; and that I have been treated differently because I complained?***

Trust Response

We take matters of complaint very seriously and welcome questions about the way in which we work with people to resolve complaints. It would not be appropriate to discuss matters of individual complaint in a public meeting as we would not wish to compromise confidentiality. As such this response offers a general answer with reference to our Trust policy. We also offer a commitment to follow up with individuals where appropriate.

Our Policy on Handling and Resolving Complaints and Concerns was reviewed and updated in February 2018. It is freely accessible on our Trust website at the following link.

The main aim of our policy is to ensure that we use a robust process for investigating and enabling resolution of concerns or complaints, as quickly, sensitively and supportively as possible. The Trust's approach is to investigate and feedback matters locally, wherever possible, with the aim of

providing reassurance to people that their issues have been heard, every effort has been undertaken to resolve and that appropriate action is taken in a timely way.

Investigators are allocated to each complaint on a case by case basis, dependant on the content and context of the complaint. Care is taken to ensure that the appointed internal investigator is impartial and has the appropriate skills and knowledge relevant to the issue of complaint.

The Trust is committed to ensuring that people are not treated differently or negatively as a result of making a complaint. As such, the format for complaint investigations is standardised across the Trust and complies with expected national standards. Documentation regarding a complaint will be held separately from the clinical record. If there was evidence that someone had been treated inappropriately by staff as a result of making a complaint, this would be discussed with Human Resources and action would be taken, as appropriate.

Our Service Experience Department along with complaint investigators and operational colleagues are required to make every reasonable effort to liaise with the complainant to inform the investigation and to support resolution. Where a complainant has voiced dissatisfied with the process or outcome of an investigation the Service Experience department can facilitate further conversations and review of the investigation with the complainant and / or their advocate through our Service Experience department. In addition, every person who complains is provided with information about the advocacy support they can access. Furthermore, people are always offered information about how they can approach the Parliamentary Health Services Ombudsman. The Ombudsman offers an independent referral service to the public when they feel that an NHS body has not investigated a complaint properly or fairly or have provided a poor service.

www.ombudsman.org.uk

Similarly the Local Government Ombudsman (LGO) can be contacted about complaints that relate to aspects of social care. If the complaint issues concern any aspect of the use of the Mental Health Act 1983, complainants will be advised that they should instead contact the Care Quality Commission (CQC) for further guidance.

An additional source of rigour to the review of the Trust's complaint investigations is provided in the Non-Executive Director quarterly audits of complaints which are reported to the Trust Board.

With regard to individual matters, we would be pleased to follow up any issues raised using our usual process.

For more information about 2gether's Complaint policy please see the following link:

<https://www.2gether.nhs.uk/wp-content/uploads/Policy-and-Procedure-on-Handling-and-Resolving-Complaints-and-Concerns.pdf>

Agenda item 7

PAPER B

Report to: 2gether Board Meeting – 30 January 2019
Author: Chris Woon, Head of Information Management and Clinical Systems
Presented by: John Campbell, Director of Service Delivery

SUBJECT: Performance Dashboard Report for the period to the end of November 2018 (month 8)

This Report is provided for:

Decision	Endorsement	Assurance	To Note
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EXECUTIVE SUMMARY:

Overview

This month's report sets out the performance of the Trust's Clinical Services for the period to the end of November 2018 (month 8) of the 2018/19 contract period, against our NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.

Of the 194 performance indicators, 69 are reportable in November with 64 being compliant and 5 non-compliant at the end of the reporting period.

Where performance is not compliant, Service Directors are taking the lead to address issues and work is ongoing in accordance with our agreed Service Delivery Improvement Plans to address the underlying issues affecting this performance.

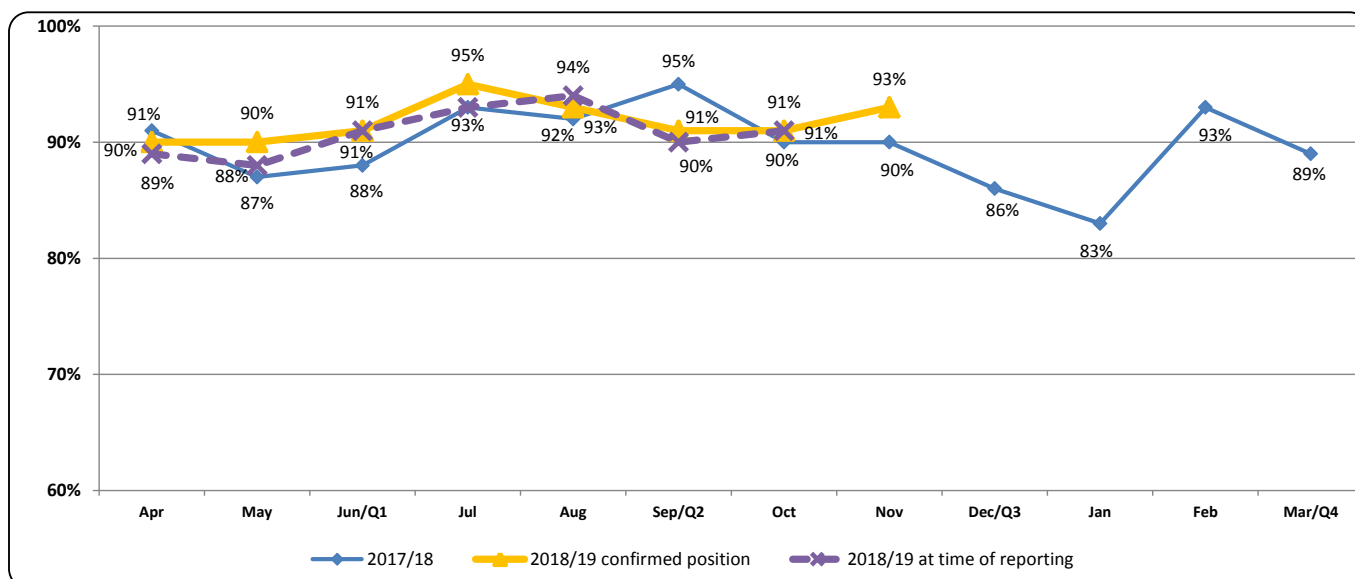
A red flag  continues to be placed next to indicators where further analysis and work is required or ongoing to fully scope potential data quality or performance issues.

The following table summarises our performance position as at the end of November 2018 for each of the KPIs within each of the reporting categories.

Indicators Reported in Month and Levels of Compliance

Indicator Type	Total Measures	Reported in Month	Compliant	Non Compliant	% non-compliance	Not Yet Required or N/A	NYA
NHSi Requirements	14	13	13	0	0	1	0
Never Events	17	0	0	0	0	0	17
Department of Health	10	4	4	0	0	4	2
Gloucestershire CCG Contract	89	23	20	3	13	64	2
Social Care	15	13	12	1	8	2	0
Herefordshire CCG Contract	24	16	15	1	6	8	0
CQUINS	25	0	0	0	0	25	0
Overall	194	69	64	5	7	104	21

The following graph shows our percentage compliance by month and the previous year's compliance for comparison. The "2018/19 confirmed position" line shows the position of our performance reported a month in arrears to enable late data entry and late data validation to be taken into account.



The confirmed position for October has remained as reported at 91%.

Although performance isn't necessarily of current concern, the following key performance areas remain a priority for the Trust as they have the potential to carry contractual, financial, reputational or quality risk;

- Under 18 admissions to Adult Inpatient Wards (2.21)
- Improving Access to Psychological Therapies (IAPT)
 - Recovery (3.17, 5.08), Access (3.18, 5.09a) & Waiting times (1.09 & 1.10)
- CYPS/ CAMHS Level 2 and 3 Referral to Treatment waiting times (3.26 & 3.27)
- Eating Disorders (ED) Waiting times (3.63, 3.64, 3.65, 3.67 & 3.68)

Summary Exception Reporting

The following 5 key performance thresholds were not met for the Trust for November 2018:

Gloucestershire CCG Contract Measures

- 3.63 – Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks
- 3.67 – Adult Eating Disorders: Wait time for assessments will be 4 weeks
- 3.68 – Adult Eating Disorders: Wait time for psychological interventions will be 16 weeks

Gloucestershire Social Care Measures

- 4.10 – Percentage of services users with a Personal Budget receiving Direct payments

Herefordshire CCG Contract Measures

- 5.19 – CYPs Access: Percentage of CYP entering treatment

RECOMMENDATIONS

The Board is asked to:

- Note the Performance Dashboard Report for November 2018.
- Accept the report as a significant level of assurance that our contract and regulatory performance measures are being met or that appropriate action plans are in place to address areas requiring improvement.
- 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

<i>Quality implications:</i>	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.
<i>Resource implications:</i>	The Information Team provides the support to operational services to ensure the robust review of performance data and co-ordination of the Dashboard
<i>Equalities implications:</i>	Equality information is included as part of performance reporting
<i>Risk implications:</i>	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:		
John Campbell	Date	December 2018

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

What consultation has there been?		
Not applicable.	Date	

Explanation of acronyms used:	AKI	Acute kidney injury
	ARFID	Avoidant restrictive food intake disorder
	ASCOF	Adult Social Care Outcomes Framework
	CAMHS	Child and Adolescent Mental health Services
	C-Diff	Clostridium difficile
	CLDT	Community Learning Disability Teams
	CPA	Care Programme Approach
	CQUIN	Commissioning for Quality and Innovation
	CRHT	Crisis Home Treatment
	CSM	Community Services Manager
	CYPS	Children and Young People's Services
	DNA	Did not Attend
	ED	Emergency Department
	EI	Early Intervention
	EWS	Early warning score
	GARAS	Gloucestershire Action for Refugees and Asylum Seekers
	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
	NHSI	NHS Improvement
	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 November 2018, month 8 of the 2018/19 contract period.

1.1 The following sections of the report include:

- 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.
 - NHSI 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 November 2018. 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 Performance indicators include all relevant Trust activity allocated between Gloucestershire and Herefordshire based on locality of the service.
- 2.3 Where stated, 'Cumulative Compliance' refers to compliance recorded from the start of this contractual year April 2018 to the current reporting month, as a whole.



= **Target not met**



= **Target met**

NYA

= **Not yet available**



NYR

= **Not yet required**

N/A

= **Not applicable: No data to report or baseline data to inform 2018/19**

DASHBOARD CATEGORY - NHSI REQUIREMENTS

NHS Improvement Requirements				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	14	14	14	14
	0	0	0	0
	13	13	13	13
NYA	0	0	0	0
NYR	0	0	0	0
N/A	1	1	1	1

Performance Thresholds not being achieved in Month

None

Cumulative Performance Thresholds Not being Met

1.10: IAPT Waiting times: Referral to treatment within 18 weeks (Herefordshire)

This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.












Changes to Previously Reported Figures

None










Early Warnings / Notes

None






NHS Improvement Requirements

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
1								
1.01	Number of MRSA Bacteraemias	PM	0	0	0	0	0	0
		Gloucestershire	0	0	0	0	0	
		Herefordshire	0	0	0	0	0	
		Combined Actual	0	0	0	0	0	
1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	<3	0
		Gloucestershire	0	0	0	0	0	
		Herefordshire	0	0	0	0	0	
		Combined Actual	0	0	0	0	0	
1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	99%	100%	97%	98%	98%	
		Herefordshire	99%	100%	100%	100%	99%	
		Combined Actual	99%	100%	98%	99%	98%	
1.04	Care Programme Approach - formal review within 12 months	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	98%	98%	98%	99%	98%	
		Herefordshire	98%	98%	96%	98%	98%	
		Combined Actual	98%	98%	98%	98%	98%	
1.05	Nationally reported - Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Gloucestershire	3.2%	3.7%	6.6%	4.5%	3.0%	
		Herefordshire	2.4%	0.5%	1.6%	2.5%	1.5%	
		Combined Actual	3.0%	2.9%	5.4%	4.1%	2.7%	
1.05b	- Delayed Discharges - Outliers	PM						
		Gloucestershire	10.1%	9.9%	7.8%	7.6%	7.7%	
		Herefordshire	12.5%	3.2%	3.4%	3.4%	2.9%	
		Combined Actual	10.7%	8.2%	6.7%	6.6%	6.6%	
1.06	Admissions to Adult inpatient services had access to Crisis Resolution Home Treatment Teams	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	99%	100%	98%	97%	99%	
		Herefordshire	100%	100%	100%	100%	100%	
		Combined Actual	99%	100%	99%	98%	99%	
1.07	New psychosis (EI) cases as per contract	PM	72	36	42	48	48	72
		Gloucestershire	80	45	51	60	60	
		PM	24	12	14	16	16	24
		Herefordshire	31	12	16	19	19	
		PM	96	48	56	64	64	96
		Combined Actual	111	57	67	79	79	
1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	53%	53%	53%	53%	53%
		Gloucestershire	71%	70%	67%	56%	67%	
		Herefordshire	68%	N/A	75%	100%	84%	
		Combined Actual	70%	70%	70%	67%	71%	



NHS Improvement Requirements

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Gloucestershire	69%	99%	98%	99%	96%	
		Herefordshire	59%	96%	95%	99%	91%	
		Combined Actual	67%	98%	98%	99%	95%	
1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	88%	99%	99%	99%	98%	
		Herefordshire	75%	96%	96%	99%	93%	
		Combined Actual	85%	99%	99%	99%	97%	
1.11	MENTAL HEALTH SERVICES DATA SET PART 1 DATA COMPLETENESS: OVERALL	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11a	Mental Health Services Data Set Part 1 Data completeness: DOB	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Herefordshire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Combined Actual	100.0%	100.0%	100.0%	100.0%	100.0%	
1.11b	Mental Health Services Data Set Part 1 Data completeness: Gender	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11c	Mental Health Services Data Set Part 1 Data completeness: NHS Number	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	100.0%	100.0%	100.0%	99.9%	
		Herefordshire	99.9%	100.0%	100.0%	99.9%	99.9%	
		Combined Actual	99.9%	100.0%	100.0%	99.9%	99.9%	
1.11d	Mental Health Services Data Set Part 1 Data completeness: Organisation code of commissioner	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Herefordshire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Combined Actual	100.0%	100.0%	100.0%	100.0%	100.0%	
1.11e	Mental Health Services Data Set Part 1 Data completeness: Postcode	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.8%	99.8%	99.8%	99.8%	99.8%	
		Herefordshire	99.9%	99.9%	99.8%	99.8%	99.9%	
		Combined Actual	99.8%	99.8%	99.8%	99.8%	99.8%	
1.11f	Mental Health Services Data Set Part 1 Data completeness: GP Practice	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.6%	99.6%	99.6%	99.6%	99.6%	
		Herefordshire	99.7%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.7%	99.7%	99.7%	99.7%	99.7%	

NHS Improvement Requirements

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
1.12	MENTAL HEALTH SERVICES DATA SET PART 2 DATA COMPLETENESS : OVERALL	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	94.7%	96.4%	96.7%	96.7%	96.5%	
		Herefordshire	90.9%	87.7%	88.9%	89.0%	88.3%	
		Combined Actual	94.1%	95.0%	95.5%	95.5%	95.3%	
1.12a	Mental Health Services Data Set Part 2 Data completeness: CPA Employment status last 12 months	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	89.4%	93.9%	94.9%	94.8%	94.5%	
		Herefordshire	86.4%	80.9%	82.3%	83.0%	81.7%	
		Combined Actual	88.9%	91.9%	93.0%	92.9%	92.5%	
1.12b	Mental Health Services Data Set Part 2 Data completeness: CPA Accommodation Status in last 12 months	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	96.6%	96.7%	96.6%	96.5%	96.6%	
		Herefordshire	87.1%	83.9%	85.8%	86.1%	84.4%	
		Combined Actual	94.9%	94.7%	95.0%	94.9%	94.8%	
1.12c	Mental Health Services Data Set Part 2 Data completeness: CPA HoNOS assessment in last 12 months	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	98.2%	98.5%	98.6%	98.9%	98.5%	
		Herefordshire	99.2%	98.3%	98.7%	97.8%	98.6%	
		Combined Actual	98.4%	98.4%	98.6%	98.7%	98.5%	
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	6
		Gloucestershire	6	6	6	6	6	
		Herefordshire	6	6	6	6	6	
		Combined Actual	6	6	6	6	6	

DASHBOARD CATEGORY – DEPARTMENT OF HEALTH PERFORMANCE

DoH Performance				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	27	27	27	27
	0	1	0	1
	23	24	4	25
NYA	0	1	19	0
NYR	0	0	0	0
N/A	4	1	4	1

Performance Thresholds not being achieved in Month

None

Cumulative Performance Thresholds Not being Met

2.21: No children under 18 admitted to adult inpatient wards

To date there have been 3 admissions of under 18s to adult wards in Herefordshire.

Changes to Previously Reported Figures

None

Early Warnings


















None

Note in relation to year end compliance predictions (forecast outturn)

2.21: No children under 18 admitted to adult inpatient wards

Unfortunately the annual performance threshold is zero and it has not been met therefore the performance for the year will be non-compliant. Historic performance indicates that without changes in the tier 4 services arrangements - outside of the remit of ²gether - we will not be able to meet this indicator.









DOH Never Events

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
2								
2.01	Wrongly prepared high risk injectable medications	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.02	Maladministration of potassium containing solutions	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.03	Wrong route administration of oral/enteral treatment	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.04	Intravenous administration of epidural medication	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.05	Maladministration of insulin	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.06	Overdose of midazolam during conscious sedation	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.07	Opioid overdose in opioid naive patient	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.08	Inappropriate administration of daily oral methotrexate	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.09	Suicide using non collapsible rails	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.10	Falls from unrestricted windows	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.11	Entrapment in bedrails	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.12	Misplaced naso - or oro-gastric tubes	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.13	Wrong gas administered	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.14	Failure to monitor and respond to oxygen saturation - conscious sedation	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.15	Air embolism	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.16	Severe scalding from water for washing/bathing	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	
2.17	Mis-identification of patients	PM	0	0	0	0	0	0
		Actual	0	0	0	NYA	0	



DOH Requirements

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
2.18	Mixed Sex Accommodation - Sleeping Accommodation Breaches	PM	0	0	0	0	0	0
		Gloucestershire	0	0	0	0	0	
		Herefordshire	0	0	0	0	0	
		Combined	0	0	0	0	0	
2.19	Mixed Sex Accommodation - Bathrooms	Gloucestershire	Yes	Yes	Yes	Yes	Yes	
		Herefordshire	Yes	Yes	Yes	Yes	Yes	
		Combined	Yes	Yes	Yes	Yes	Yes	
2.20	Mixed Sex Accommodation - Women Only Day areas	Gloucestershire	Yes	Yes	Yes	Yes	Yes	
		Herefordshire	Yes	Yes	Yes	Yes	Yes	
		Combined	Yes	Yes	Yes	Yes	Yes	
2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Gloucestershire	6	0	0	0	0	
		Herefordshire	5	0	1	0	3	
		Combined	11	0	1	0	3	
2.22	Failure to publish Declaration of Compliance or Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes	NYA	Yes	
		Herefordshire	Yes	Yes	Yes	NYA	Yes	
		Combined	Yes	Yes	Yes	NYA	Yes	
2.23	Publishing a Declaration of Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes	NYA	Yes	
		Herefordshire	Yes	Yes	Yes	NYA	Yes	

DOH Requirements

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
2.24	Serious Incident Reporting (SI)	Glos	33	0	3	NYA	13	
		Hereford	18	0	2	NYA	6	
2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	N/A	100%	NYA	100%	
		Herefordshire	100%	N/A	100%	NYA	100%	
2.26	Interim report for all SIs received within 5 working days of identification (unless extension granted by CCG)	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	N/A	100%	NYA	100%	
		Herefordshire	100%	N/A	100%	NYA	100%	
2.27	SI Report Levels 1 & 2 to CCG within 60 working days	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	N/A	NYR	NYA	100%	
		Herefordshire	100%	N/A	NYR	NYA	100%	
2.28	SI Report Level 3 - Independent investigations - 6 months from investigation commissioned date	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	N/A	N/A	N/A	NYA	N/A	
		Herefordshire	N/A	N/A	N/A	NYA	N/A	
2.29	SI Final Reports outstanding but not due	Gloucestershire	5	0	3	NYA	3	
		Herefordshire	2	0	2	NYA	2	

DASHBOARD CATEGORY – GLOUCESTERSHIRE CCG CONTRACTUAL REQUIREMENTS

Gloucestershire Contract				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	89	89	89	89
	12	5	3	13
	35	19	20	36
NYA	19	2	2	16
NYR	14	59	59	16
N/A	9	4	5	8

Definition Note

3.64: Adolescent Eating Disorders: Routine referral to Non-NICE treatment within 4 weeks

3.66: Adolescent Eating Disorders: Urgent referral to Non-NICE treatment within 1 week

“Non-NICE treatment” is a locally defined term used to transparently present all intervention activity within our Eating Disorder (ED) services such as Avoidant/ Restrictive Food Intake Disorder (ARFID). Due to the lack of NICE treatment codes for certain interventions this activity would otherwise be lost or incorrectly impact our NICE performance indicators. There are low incidences of non-NICE treatments (hence the common recording of Not Applicable).

Performance Thresholds not being achieved in Month

3.63: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks

There was 1 non-compliant case in November. The client was offered an appointment within 28 days but this was cancelled by the parent a few days before. The client was seen within 30 days of referral, 2 days outside of the required 4 weeks.

 **3.67: Adult Eating Disorders: Wait time for assessments will be 4 weeks and**

 **3.68: Adult Eating Disorders: Wait time for psychological interventions will be 16 weeks**

Work has been carried out to remodel the Adult pathway and understand the increase in demand on the service.

Based on our current trajectory model, we anticipate that these indicators will be compliant before the end of this financial year.

Cumulative Performance Thresholds Not being Met

3.21: To send Inpatient discharge summaries electronically within 24 hours to GP

Quarter 2 is reported at 84% and has fallen from 97% reported for Quarter 1

Quarterly compliance will continue to be monitored and where necessary appropriate action will be taken. The results of this audit will be shared with Matrons to ensure that there is ongoing communication regarding the importance of sending the discharge summaries electronically and in a timely manner. Discussions have begun to consider an automated approach which would further streamline the process and reduce manual intervention.

3.26 & 3.27: CYPS: Referral to treatment within 8 & 10 weeks

We are non-compliant for Quarter 2 of this financial year. Work is ongoing to identify capacity and demand issues and produce a trajectory to assist with future planning.

3.36: CYPS Transition to Adult (Recovery) Service

There is 1 non-compliant case reported for Quarter 2. The methodology behind this indicator has been investigated regarding the reporting of an agreed diagnosis. The outcome of the investigation has shown that the clinical system must be updated with a confirmed diagnosis date. The service has now been asked to complete this on RiO.

3.53 - 3.55: Patients with Dementia have weight assessments on admission, at weekly intervals and near discharge.

Weight recording is embedded into clinical practice but further methodology improvements are being introduced to better represent clinical service delivery. The new methodology will exclude patients on leave and the clinical systems team are working with the service to capture the instances within the clinical system when it has not been clinically appropriate to weigh a patient.

3.63: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks

3.64: Adolescent Eating Disorders: Routine referral to Non-NICE treatment within 4 weeks

3.65: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week

A responsive implementation plan has been developed to improve wait times. The recruitment element of this is complete and waiting times have begun to reduce as more patients will be assessed and treated. Priority is being given to CYP to ensure they are assessed and treated in line with national expectation.

Based on our current trajectory model, we anticipate that these indicators will be compliant before the end of this financial year.

3.67: Adult Eating Disorders: Wait time for assessments will be 4 weeks

3.68: Adult Eating Disorders: Wait time for psychological interventions will be 16 weeks

As above

3.80: Perinatal Preconception advice: Referral to assessment within 8 weeks

Due to shortage of staff a client was not seen within the required 8 weeks. The client is under the care of the Recovery service and so was not at risk. They were seen within 9 weeks.

Changes to Previously Reported Figure

None

Early Warnings/Notes

3.36: CYPS Transition to Adult (Recovery) Service

An error has been found in the methodology behind this indicator which has resulted in cases not yet being reported. There are 4 cases for previous months that are currently showing as non-compliant. The service is in the process of validating these cases and will ensure that RiO is up-to-date before performance is due to be reported at the end Quarter 3.

Note in relation to year end compliance predictions (forecast outturn)

3.18 IAPT Access rate:

Following discussions with Gloucestershire Commissioners, the expected access rate for 2018/19 has been lowered from 19% to 17%. As we are cumulatively compliant against this threshold we are forecasting that we will be compliant at the end of 2018/19.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Access Target	1.25%	1.29%	1.33%	1.40%	1.42%	1.42%	1.42%	1.42%	1.42%	1.42%	1.42%	1.42%
Actual	1.29%	1.33%	1.30%	1.41%	1.44%	1.45%	1.62%	1.53%				
Access Target year	15.00%	15.50%	16.00%	16.80%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%
Actual	15.48%	15.96%	15.60%	16.92%	17.28%	17.40%	19.44%	18.36%				

3.21: To send Inpatient discharge summaries electronically within 24 hours to GP

The performance threshold is 100% and as not met in Quarters 1 and 2; performance for 2018/19 will be non-compliant.

3.26 & 3.27 CYPS: Referral to treatment within 8 & 10 weeks

We were below the performance threshold for 2017/18 and although work is ongoing and issues being addressed, it is too early in the period to determine whether we will be compliant by the end of the financial year.

3.53 - 3.55: Patients with Dementia have weight assessments on admission, at weekly intervals and near discharge.

This is the first time this indicator has been reported, therefore, although we are optimistic, it is too early to predict whether we will be compliant at the end of the Financial Year.

3.63 – 3.65: Adolescent Eating Disorders: Waiting Times

Based on our current trajectory model we anticipate that these indicators will be compliant before the end of this financial year. We would like to test this model against actual performance over the next few months before we update the forecast to compliant.

3.67 – 3.68: Adult Eating Disorders: Waiting times

As above













Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn	
B. NATIONAL QUALITY REQUIREMENTS									
3.01	Zero tolerance MRSA	PM	0	0	0	0	0	0	
		Unavoidable	0	0	0	0	0		
3.02	Minimise rates of Clostridium difficile	PM	0	0	0	0	<3	<3	
		Unavoidable	0	0	0	0	1		
3.03	Duty of candour	PM	Report	Report	Report	Report	Report	Report	
		Actual	Compliant	Compliant	Compliant	Compliant	Compliant		
3.04	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS,	PM	99%	99%	99%	99%	99%	99%	
		Actual	100%	100%	100%	100%	99%		
3.05	Completion of Mental Health Services Data Set ethnicity coding for all detained and informal Service Users	PM	90%	90%	90%	90%	90%	90%	
		Actual	99%	98%	99%	97%	99%		
3.06	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users	PM	90%	90%	90%	90%	90%	90%	
		Actual	99%	100%	99%	99%	99%		
C. Local Quality Requirements									
Domain 1: Preventing People dying prematurely									
3.07	Increased focus on suicide prevention and reduction in the number of reported suicides in the community and inpatient units	PM	Report				Annual	Report	
		Actual	28				NYR		
3.08	To reduce the numbers of detained patients absconding from inpatient units where leave has not been granted	PM	< 144	< 36				<72	< 144
		Actual	122	23				58	
3.09	Compliance with NICE Technology appraisals within 90 days of their publication and ability to demonstrate compliance through completion of implementation plans and costing templates.	PM	Report				Annual	Annual	
		Actual	N/A				NYR		
Domain 2: Enhancing the quality of life of people with long-term conditions									
3.10	2G bed occupancy for Gloucestershire CCG patients	PM	> 91%	> 91%	> 91%	> 91%	> 91%	> 91%	
		Actual	93%	93%	96%	95%	95%		
3.11	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%	95%	
		Actual	100%	100%	100%	100%	100%		
3.12	CPA Review - 95% of those on CPA to be reviewed within 1 month (Review within 13 months)	PM	95%	95%	95%	95%	95%	95%	
		Actual	99%	99%	99%	99%	99%		
3.13	Assessment of risk: % of those 2g service users on CPA to have a documented risk assessment	PM	95%	95%			95%	95%	
		Actual	99%	99%			99%		
3.14	Assessment of risk: All 2g service users (excluding those on CPA) to have a documented risk assessment	PM	85%	85%			85%	85%	
		Actual	97%	96%			96%		














Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
3.15	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%	85%
		Actual	93%	94%	97%	98%	94%	
3.16	AKI (previous CQUIN 1516) 95% of pts to have EWS score within 12 hours	PM	95%	95%			95%	95%
		Actual	98%	100%			98%	
Domain 3: Helping people to recover from episodes of ill-health or following injury								
3.17	IAPT recovery rate: Access to psychological therapies for adults should be improved	PM	50%	50%	50%	50%	50%	50%
		Actual	51%	51%	53%	50%	52%	
3.18	IAPT access rate: Access to psychological therapies for adults should be improved	PM	15.00%	1.42%	1.42%	1.42%	17.00%	17.00%
		Actual	13.32%	1.45%	1.62%	1.53%	18.36%	
3.19	IAPT reliable improvement rate: Access to psychological therapies for adults should be improved	PM	50%	50%	50%	50%	50%	50%
		Actual	70%	66%	69%	67%	67%	
3.20	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%	95%
		Actual	100%	NA	NA	NA	NA	
3.21	To send :Inpatient and day case discharge summaries electronically, within 24 hours to GP	PM	Report	100%			100%	Report
		Actual	93%	84%			91%	
Domain 4: Ensuring that people have a positive experience of care								
3.22	To demonstrate improvements in staff experience following any national and local surveys	PM	Report				Annual	Annual
		Actual	Compliant				NYR	
3.23	Number of children in crisis urgently referred that receive support within 24 hours of referral by CYPS	PM	95%	95%			95%	95%
		Actual	100%	100%			100%	
3.24	Children and young people who enter a treatment programme to have a care coordinator - (Level 3 Services) (CYPS)	PM	98%	98%	98%	98%	98%	98%
		Actual	99%	99%	99%	98%	99%	
3.25	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%	95%
		Actual	98%	94.9%			96%	
3.26	Level 2 and 3 – Referral to treatment within 8 weeks , excludes LD, YOS, inpatient and crisis/home treatment) (CYPS)	PM	80%	80%			80%	80%
		Actual	78%	43%			45%	
3.27	Level 2 and 3 – Referral to treatment within 10 weeks (excludes LD, YOS, inpatient and crisis/home treatment) (CYPS)	PM	95%	95%			95%	95%
		Actual	86%	57%			51%	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018		(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn			
3.28	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%	85%			
		Actual	90%	94%	97%	99%		93%				
Vocational Services (Individual Placement and Support)												
3.29	100% of Service Users in vocational services will be supported to formulate their vocational goals through individual plans (IPS)	PM	98%	98%				98%	98%			
		Actual	100%	100%				100%				
3.30	The number of people on the caseload during the year 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%	50%			
		Actual	NYA					NYR				
3.31	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%				50%	50%			
		Actual	NYA	NYA				NYA				
3.32	The number of people supported to retain employment at 3/6/9/12+ months	PM	50%	50%				50%	50%			
		Actual	NYA	NYA				NYA				
3.33	Fidelity to the IPS model	PM	90%					90%	90%			
		Actual	100%					NYR				
General Quality Requirements												
3.34	GP practices will have an individual annual (MH) ICT service meeting to review delivery and identify priorities for future.	PM	Annual					Annual	Annual			
		Actual	NYA					NYR				
3.35	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	Qtr 4				75%	75%	75%			
		Actual	82%				NYA	NYA				
3.36	Transition- Joint discharge/CPA review meeting within 4 weeks of adult MH services accepting :working diagnosis to be agreed, adult MH care coordinator allocated and care cluster and risk levels agreed as well as CYPS discharge date.	PM	100%				100%	100%	100%			
		Actual	0%				0%	50%				
3.37	Number and % of crisis assessments undertaken by the MHARS team on CYP age 16-25 within agreed timescales of 4 hours	PM	90%				90%	90%	90%	90%	90%	
		Actual	NYR				NYA	NYA	NYA			
3.38	MHARS Wait time to Assessment: Triage wait time 1 hour (Emergency assessments within 1 hour of triage)	PM					TBC	TBC	TBC	TBC	TBC	
		Actual					NYA	100%	50%	67%		
3.39	MHARS Wait time to Assessment: Full Assessment 4 hours (Urgent assessments within 4 hours of triage)	PM	90%				TBC	TBC	TBC	TBC	TBC	
		Actual	NYR				NYA	63%	62%	62%		











Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn		
New KPIs for 2017/18										
3.40	LD: To deliver specialist support to people with learning disabilities in accordance with specifically developed pathways	PM	95%	33%			33%	95%		
		Actual	100%	45%			45%			
3.41	LD: To demonstrate a reduction in an individual's health inequalities thanks to the clinical intervention provided by 2gether learning disability services.	PM	Report	TBC			TBC	TBC		
		Actual	Compliant	Compliant			Compliant			
3.42	LD: People with learning disabilities and their families report high levels of satisfaction with specialist learning disability services	PM	75%	75%			75%	75%		
		Actual	Compliant	100%			100%			
3.43	LD: To ensure all published clinical pathways accessed by people with learning disabilities are available in easy read versions	PM	95%				95%	95%		
		Actual	100%				NYR			
3.44	LD: The CLDT, IHOT & LDISS will take a proactive and supportive role in ensuring the % uptake of Annual Health Checks for people with learning disabilities on their caseload is high	PM	75%				75%	75%		
		Actual	80%				NYR			
3.45	Of those supported by 2g to access AHC 100% are then further supported with their Health Action Plans & screening	PM					100%	75%		
		Actual					NYR			
3.46	IAPT DNA rate	PM	<16%	<16%	<16%	<16%	<16%	<16%		
		Actual	13%	13%	14%	15.8%	14%			
3.47	IAPT Equity of Access for Service Users: aged 65 and over on the caseload			TBC			TBC	TBC		
		Actual		6%			8%			
3.48	IAPT Equity of Access for Service Users: Numbers of BAME on the caseload			TBC			TBC	TBC		
		Actual		143			284			
3.49	IAPT Clinical productivity by Groups and 1:1 sessions for: Hi Intensity			> 18 per week			> 18 per week	> 18 per week		
		Actual		N/A			N/A			
3.50	IAPT Clinical productivity by Groups and 1:1 sessions for: Lo Intensity			> 18 per week			> 18 per week	> 18 per week		
		Actual		N/A			N/A			
3.51	IAPT treatment outcomes: Women in the Perinatal period showing reliable improvement in outcomes between pre and post treatment	PM	50%	50%	50%	50%	50%	85%		
		Actual	75%	64%	84%	76%	74%			
3.52	% of CYP entering partnership in CYPS have pre and post treatment outcomes and measures recorded			TBC			TBC	TBC		
		Actual		NYA			NYA			












Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
3.53	Patients with Dementia have weight assessments on admission	PM		85%			85%	85%
		Actual		88%			68%	
3.54	Patients with Dementia have weight assessments at weekly intervals	PM		85%			85%	85%
		Actual		67%			68%	
3.55	Patients with Dementia have weight assessments near discharge	PM		85%			85%	85%
		Actual		30%			55%	
3.56	Patients with Dementia have delirium screening on admission	PM		85%			85%	85%
		Actual		NYA			NYA	
3.57	Patients with Dementia have delirium screening at weekly intervals	PM		85%			85%	85%
		Actual		NYA			NYA	
3.58	Patients with Dementia have delirium screening near discharge	PM		85%			85%	85%
		Actual		NYA			NYA	
3.59	CPI: Referral to Assessment within 4 weeks	PM	85%	85%	85%	85%	85%	85%
		Actual	91%	91%	100%	97%	95%	
3.60	CPI: Assessment to Treatment within 16 weeks	PM	85%	85%	85%	85%	85%	85%
		Actual	99%	100%	100%	98%	97%	
3.61	Comprehensive audit in relation to timeliness and quality of discharge communication (non-medical)			Report			Report	
		Actual		NYA			NYA	
3.62	Daily submission of information to inform the daily escalation level	PM		Report	Report	Report	Report	Report
		Actual		NYA	NYA	NYA	NYA	
3.63	Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks	PM	95%	95%	95%	95%	95%	95%
		Actual	29%	10%	60%	91%	44%	
3.64	Adolescent Eating Disorders - Routine referral to non-NICE treatment start within 4 weeks	PM	95%	95%	95%	95%	95%	95%
		Actual	9%	N/A	0%	N/A	0%	
3.65	Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week	PM	95%	95%	95%	95%	95%	95%
		Actual	64%	86%	83%	100%	71%	
3.66	Adolescent Eating Disorders - Urgent referral to non-NICE treatment start within 1 week	PM	95%	95%	95%	95%	95%	95%
		Actual	N/A	N/A	N/A	N/A	N/A	
3.67	Eating Disorders - Wait time for adult assessments will be 4 weeks	PM	95%	95%	95%	95%	95%	95%
		Actual	36%	71%	86%	85%	69%	
3.68	Eating Disorders - Wait time for adult psychological interventions will be 16 weeks	PM		95%	95%	95%	95%	95%
		Actual		NYA	47%	52%	49%	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Oct) Cumulative Compliance	Forecast 18/19 Outturn
3.69	LD Health facilitation - awareness and support for all stakeholders including reasonable adjustments support to reduce health inequalities	Actual					Annual NYR	
3.70	LD: Patients on the LD challenging behaviour pathway have a single positive behaviour support plan (containing primary, secondary and reactive interventions) completed within 30 days of allocation to clinician (CLDTs: 60 days)	PM		33%			33%	95%
		Actual		33%			33%	
3.71	LD: Active involvement in Care and Treatment Reviews & Blue Light protocol meetings to prevent admission and actively support and plan for integration/discharge in the community: 100% completion of the CTR Provider Checklist prior to CTR meetings	PM		100%			100%	100%
		Actual		NYA			NYA	
3.72	LD: Active involvement in Care and Treatment Reviews & Blue Light protocol meetings to prevent admission and actively support and plan for integration/discharge in the community: 75% CTRs being completed within 10 days of admission to Berkeley House	PM		75%			75%	75%
		Actual		NYA			NYA	
3.73	CYP report being satisfied or more than satisfied with service experience	PM					Report	Report
		Actual					NYR	
3.74	CYP report being satisfied or more than satisfied following Transition to Adult services	PM					Report	Report
		Actual					NYR	
3.75	CYP report being satisfied or more than satisfied with Transition to Adult Services: 95% of CYP asked to complete Service Questionnaire	PM					95%	95%
		Actual					NYR	
3.76	Perinatal: Urgent Referral to Assessment within 4 - 6 hours - During working hours (unless otherwise negotiated with referrer or patient) in conjunction with Crisis Team	PM		95%			95%	95%
		Actual		NYA			NYA	
3.77	Perinatal: Out of hours emergencies assessed by MHARS to be discussed with the Specialist Perinatal Service the next working day	PM					95%	95%
		Actual					NYR	
3.78	Perinatal: Urgent referrals with High risk indicators (following telephone screening) will be seen with 48 working hours	PM		95%			95%	95%
		Actual		N/A			100%	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn			
3.79	Perinatal: Preconception advice - Referral to assessment within 6 weeks	PM		50%			50%	95%			
		Actual		71%			78%				
3.80	Perinatal: Preconception advice - Referral to assessment within 8 weeks	PM		90%			90%	90%			
		Actual		86%			89%				
3.81	Perinatal: Routine referral to assessment within 2 weeks	PM		50%			50%	95%			
		Actual		76%			75%				
3.82	Perinatal: Routine referral to assessment within 6 weeks	PM		95%			95%	95%			
		Actual		98%			98%				
3.83	Perinatal: Number of women asked if they have a carer	PM		80%			80%	80%			
		Actual		82%			85%				
3.84	Perinatal: Number of women with a carer offered carer's assessment	PM		90%			90%	90%			
		Actual		90%			92%				
3.85	Perinatal: Women and families views inform the development of the service via a service user forum	PM				Report	Annual				
		Actual				NYR					
3.86	Perinatal: all perinatal care plans to be reviewed within 3 months	PM				95%	95%	95%			
		Actual				NYA	NYA				
3.87	Perinatal: Reduction in number of episodes of Crisis	PM							Report	Report	
		Actual							NYR		
3.88	GARAS: Accepted referrals receive an initial assessment appointment within 6 weeks	PM							95%	95%	95%
		Actual							NYA	NYA	
3.89	GARAS: percentage of referrals completing the course of therapy	PM							90%	90%	90%
		Actual							NYA	NYA	

Schedule 4 Specific Measures that are reported Nationally

Performance Thresholds not being achieved in Month

None

Changes to Previously Reported Figures

None

Early Warnings / Notes














None

Note in relation to year end compliance predictions (forecast outturn)



2.21: No children under 18 admitted to adult inpatient wards

Although there have been no admissions to date in Gloucestershire, based on previous annual activity it is too early to predict there won't be some within 2018/19.

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures - National Indicators

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
NHSI 1.01	Number of MRSA Bacteraemias avoidable	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
NHSI 1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	<3	0
		Actual	0	0	0	0	0	
NHSI 1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	97%	98%	98%	
NHSI 1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Actual	3.2%	3.7%	6.6%	4.5%	3.0%	
NHSI 1.06	Admissions to Adult inpatient services had access to Crisis Resolution Home Treatment Teams	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	98%	97%	99%	
NHSI 1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	53%	53%	53%	53%	53%
		Actual	71%	70%	67%	56%	67%	
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	69%	99%	98%	99%	96%	
NHSI 1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	88%	99%	99%	99%	98%	
DoH 2.18	Mixed Sex Accommodation Breach	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
DoH 2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Actual	6	0	0	0	0	
DoH 2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%	100%
		Actual	100%	N/A	100%	NYA	100%	
DoH 2.26	Interim report for all SIs received within 5 working days of identification (unless extension granted by CCG)	PM	100%	100%	100%	NYA	100%	100%
		Actual	100%	N/A	100%	NYA	100%	
DoH 2.27	SI Report Levels 1 & 2 to CCG within 60 working days	PM	100%	N/A	100%	NYA	100%	100%
		Actual	100%	N/A	NYR	NYA	100%	

DASHBOARD CATEGORY – GLOUCESTERSHIRE SOCIAL CARE

Gloucestershire Social Care				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	15	15	15	15
	0	1	1	1
	13	12	12	12
NYA	0	0	0	0
NYR	0	0	0	0
N/A	2	2	2	2

Performance Thresholds not being achieved in Month

4.10: Percentage of services users with a Personal Budget receiving Direct payments

The service has been reviewing their processes to check that they are interpreting the direct payment methodology appropriately – and have identified that the arrangements for some service users do not meet the threshold. Our new personalisation project will aim to increase both direct payments and personal health budgets.

Cumulative Performance Thresholds Not being Met

As above











Changes to Previously Reported Figures

None






Early Warnings/Notes

None



Gloucestershire Social Care

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
4.01	The percentage of people who have a Cluster recorded on their record	PM	95%	90%	90%	90%	95%	95%
		Actual	98%	99%	99%	99%	99%	
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%	95%
		Actual	97%	97%	97%	96%	96%	
4.03	Ensure that reviews of new packages take place within 12 weeks of commencement	PM	80%	80%	80%	80%	80%	80%
		Actual	74%	80%	100%	100%	98%	
4.04	Current placements aged 18-64 to residential and nursing care homes per 100,000 population	PM	13	13	13	13	13	13
		Actual	9.44	8.85	9.36	9.10	9.10	
4.05	Current placements aged 65+ to residential and nursing care homes per 100,000 population	PM	22	22	22	22	22	22
		Actual	16.54	21.01	21.01	21.79	19.45	
4.06	% of WA & OP service users on caseload asked if they have a carer	PM	80%	80%	80%	80%	80%	80%
			88%	86%	86%	85%	85%	
4.07	% of WA & OP service users on the caseload who have a carer, who have been offered a carer's assessment	PM	90%	90%	90%	90%	90%	90%
		Actual	91%	92%	90%	93%	93%	
4.08a	% of WA & OP service users/carers on caseload who accepted a carers assessment	PM	TBC	TBC	TBC	TBC	TBC	TBC
		Actual	43%	41%	40%	38%	38%	
4.08b	Number of WA & OP service users/carers on caseload who accepted a carers assessment	PM	TBC	TBC	TBC	TBC	TBC	TBC
		Actual	521	584	595	584	584	
4.09	% of eligible service users with Personal budgets	PM	80%	80%	80%	80%	80%	80%
		Actual	95%	98%	98%	99%	99%	

Gloucestershire Social Care

ID	Performance Measure		2017/18 outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
4.10	% of eligible service users with Personal Budget receiving Direct Payments (ASCOF 1C pt2)	PM	15%	15%	15%	15%	15%	15%
		Actual	19%	15%	14%	13%	13%	
4.11	Adults subject to CPA in contact with secondary mental health services in settled accommodation (ASCOF 1H)	PM	80%	80%	80%	80%	80%	80%
		Actual	87%	87%	87%	87%	87%	
4.12	Adults not subject to CPA in contact with secondary mental health service in settled accommodation	PM	90%	90%	90%	90%	90%	90%
		Actual	96%	93%	96%	97%	97%	
4.13	Adults subject to CPA receiving secondary mental health service in employment (ASCOF 1F)	PM	13%	13%	13%	13%	13%	13%
		Actual	18%	16%	16%	17%	17%	
4.14	Adults not subject to CPA receiving secondary mental health service in employment	PM	20%	20%	20%	20%	20%	20%
		Actual	21%	21%	21%	23%	23%	

DASHBOARD CATEGORY – HEREFORDSHIRE CCG CONTRACTUAL REQUIREMENTS

Herefordshire Contract				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	24	24	24	24
	1	1	1	2
	14	16	15	16
NYA	0	0	0	0
NYR	0	0	0	0
N/A	9	7	8	6

Performance Thresholds not being achieved in Month

5.19: CYP Access: percentage of CYP in treatment against prevalence

We are 8 below the projected number of young people accessing treatment in November that was suggested by our Commissioners. Although 2018/19 activity to this point is comparable to 2017/18 figures, based on the required trajectory to meet the end of year target of 30%, 103 less young people have accessed treatment than would be required at this point. The service is evaluating this position with our commissioners.

Cumulative Performance Thresholds Not being

5.15: CYP Eating Disorders: Routine referral to NICE treatment within 4 weeks

There were 2 cases in April and both started treatment outside of the required 4 weeks.

One case was due to the initial appointment, which was within 4 weeks, being cancelled by the family. The second case was as a result of unprecedented caseload activity and the need to manage deteriorating presentations in existing cases.

5.19: CYP Access: percentage of CYP in treatment against prevalence

The performance threshold for 2018/19 is 30% of prevalence, which equates to 973 young people having accessed treatment during 2018/19. We are currently 103 below the anticipated number required to achieve this at the end of November.

Changes to Previously Reported Figures

5.09a: IAPT achieve 15% of patients entering the service against prevalence

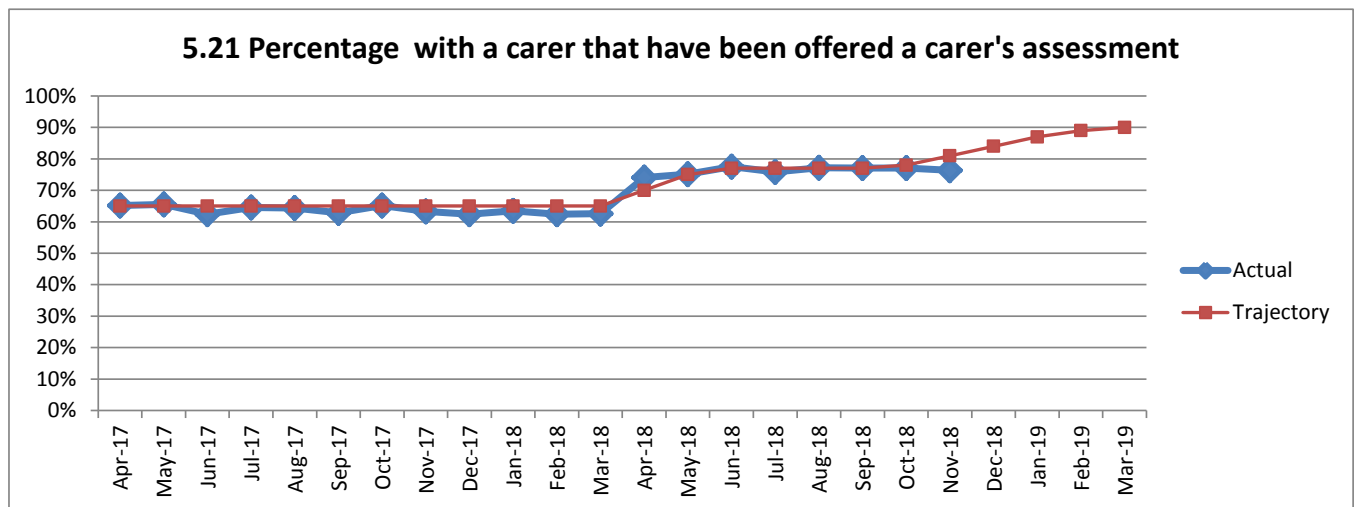
Cumulative performance was previously reported as non-compliant against a performance threshold of 19%. This indicator is now reported as cumulatively compliant against a revised threshold of 17%.

Although the national target is an access rate of 19% at the end of quarter 4, it has been agreed, at the Contract Management Board, that the performance requirement for Herefordshire will be 17%. This will enable the service to focus fully on reducing the in-stage waiting times.

Early Warnings / Notes

5.21: Percentage with a carer that have been offered a carer's assessment

The following chart monitors progress against a trajectory to reach 90% by March 2019.



Note in relation to year end compliance predictions (forecast outturn)

5.15: CYP Eating Disorders: Treatment waiting time for patient referrals within 4 weeks:

Discussions with Commissioners around whether the service has resources to meet this target need to be resolved before the year end forecast can be confirmed.













5.17: CYP Eating Disorders: Treatment waiting time for patient referrals within 1 week:

Discussions with Commissioners around whether the service has resources to meet this target need to be resolved before the year end forecast can be confirmed.











5.19: CYP Access: Percentage of CYP in treatment against prevalence

This is the first year this indicator has been reported and it is currently too early in the period to say whether we will be compliant at the end of the Financial Year.

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
5.01	Duty of Candour	Plan	Report	Report	Report	Report	Report	Report
		Actual	Compliant	Compliant	Compliant	Compliant	Compliant	
5.02	Completion of a valid NHS number field in mental health and acute commissioning data sets submitted via SUS.	Plan	99%	99%	99%	99%	99%	99%
		Actual	100%	100%	100%	100%	100%	
5.03	Completion of Mental Health Services Data Set ethnicity coding for all service users	Plan	90%	90%	90%	90%	90%	90%
		Actual	100%	100%	97%	100%	99%	
5.04	Completion of IAPT Minimum Data Set outcome data for all appropriate service users	Plan	90%	90%	90%	90%	90%	90%
		Actual	100%	100%	100%	99%	100%	
5.05	Zero tolerance MRSA	Plan	0	0	0	0	0	0
		Unavoidable	0	0	0	0	0	
5.06	Minimise rates of Clostridium difficile	Plan	0	0	0	0	0	0
		Unavoidable	0	0	0	0	0	
5.07	VTE risk assessment: all inpatient service users to undergo risk assessment for VTE	Plan	95%	95%	95%	95%	95%	95%
		Actual	98%	96%	97%	100%	99%	
5.08	IAPT Recovery Rate: The number of people who are below the caseness threshold at treatment end	Plan	50%	50%	50%	50%	50%	50%
		Actual	49%	54%	50%	52%	52%	
5.09a	IAPT Roll-out (Access Rate) - IAPT maintain 15% of patient entering the service against prevalence	Plan		1.25%	1.25%	1.25%	15.00%	15.00%
		Actual		1.29%	1.45%	1.43%	17.16%	
5.09b	IAPT Roll-out (Access Rate) - Number accessing service	Plan	2,178					
		Actual	1,977	1,043	1,253	1,460	1,460	
5.10a	Dementia Service - number of new patients aged 65 years and over receiving an assessment	Plan	540	45	45	45	360	540
		Actual	667	75	72	56	511	
5.10b	Dementia Service - total number of new patients receiving an assessment	Plan						
		Actual	711	79	73	61	546	

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
5.11	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%	80%
		Actual	100%	100%	89%	90%	90%	
5.12	All admitted patients aged 65 years of age and over must have a completed MUST assessment	Plan	95%	95%	95%	95%	95%	95%
		Actual	100%	100%	100%	100%	98%	
5.13	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	80%	80%	80%	80%	80%	80%
		Actual	89%	92%	94%	100%	90%	
5.14	Attendances at ED, wards and clinics for self-harm receive a mental health assessment (Mental Health Liaison Service)	Plan	85%	85%	85%	85%	85%	85%
		Actual	96%	97%	97%	100%	97%	
5.15	CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks - NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	96%	N/A	100%	N/A	83%	
5.16	CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks - non-NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	N/A	N/A	N/A	N/A	N/A	
5.17	CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week - NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	80%	N/A	100%	100%	100%	
5.18	CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week - non-NICE treatments	Plan	95%	95%	95%	95%	95%	95%
		Actual	N/A	N/A	N/A	N/A	100%	
5.19	CYP Access: Number and percentage of CYP entering treatment (30% of prevalence)	Plan - %		8.5%	8.5%	8.5%	71.5%	100%
		Actual %		5.0%	7.1%	7.7%	61.8%	
		Plan - numbers		83	83	83	779	973
		Actual - numbers		49	69	75	676	

Herefordshire Carers Information

ID	Performance Measure		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
5.20	Working Age and Older People service users on the caseload asked if they have a carer. (Only includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	67%	85%	88%	88%	88%	○
5.21	Working Age and Older People service users on the caseload who have a carer who have been offered a carer's assessment. (Includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	63%	77%	77%	76%	75%	○
5.22	Working Age and Older People service users/carers who have accepted a carers assessment. (Only includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	28%	24%	25%	25%	26%	○

Schedule 4 Specific Measures that are reported Nationally

Performance Thresholds not being achieved in Month











None

Note in relation to year end compliance predictions (forecast outturn)



2.21: No children under 18 admitted to adult inpatient wards

See earlier note on Page 10.

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures - National Indicators

ID	Performance Measure (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
NHSI 1.01	Number of MRSA Bacteraemias avoidable	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
NHSI 1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	<3	0
		Actual	0	0	0	0	0	
NHSI 1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	100%	100%	99%	
NHSI 1.04	Care Programme Approach - formal review within 12 months	PM	95%	95%	95%	95%	95%	95%
		Actual	98%	98%	96%	98%	98%	
NHSI 1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Actual	2.4%	0.5%	1.6%	2.5%	1.5%	
NHSI 1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	53%	53%	53%	53%	53%
		Actual	68%	N/A	75%	100%	84%	
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	59%	96%	95%	99%	91%	
NHSI 1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	75%	96%	96%	99%	93%	
DoH 2.18	Mixed Sex Accommodation Breach	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
DoH 2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Actual	5	0	1	0	3	

DASHBOARD CATEGORY – GLOUCESTERSHIRE CQUINS

Gloucestershire CQUINS				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	12	12	12	12
	0	0	0	0
	8	0	0	9
NYA	0	0	0	0
NYR	4	12	12	3
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 (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
	CQUIN 1							
7.01a	Improvement of health and wellbeing of NHS Staff	PM	Qtr 4	Report			Report	Report
		Actual	Awarded	NYR			NYR	
7.01b	Healthy food for NHS staff, visitors and patients	PM	Qtr 4	Report			Report	Report
		Actual	Awarded	NYR			NYR	
7.01c	Improving the update of flu vaccinations for frontline clinical staff	PM	Qtr 4	Report			Report	Report
		Actual	Awarded	NYR			NYR	
	CQUIN 2							
7.02a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with psychoses	PM	Qtr 4	Report			Qtr 1	Report
		Actual	Awarded	NYR			Awarded	
7.02b	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaboration with primary care clinicians	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	
	CQUIN 3							
7.03	Improving services for people with mental health needs who present to A&E	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	
	CQUIN 4							
7.04	Transition from Young People's Service to Adult Mental Health Services	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	
	CQUIN 5							
7.05a	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	
7.05b	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	
7.05c	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	
7.05d	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	
7.05e	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	

DASHBOARD CATEGORY – LOW SECURE CQUINS

Low Secure CQUINS				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	1	1	1	1
	0	0	0	0
	1	0	0	1
NYA	0	0	0	0
NYR	0	1	1	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 (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn
	CQUIN 1							
8.01	Reducing the length of stay in specialised MH services	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Awarded	Compliant			Compliant	

DASHBOARD CATEGORY – HEREFORDSHIRE CQUINS

Herefordshire CQUINS				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	12	12	12	12
	0	0	0	0
	8	0	0	9
NYA	0	0	0	0
NYR	4	12	12	3
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 (PM)		2017/18 Outturn	September-2018	October-2018	November-2018	(Apr-Nov) Cumulative Compliance	Forecast 18/19 Outturn		
7										
	CQUIN 1									
9.01a	Improvement of health and wellbeing of NHS Staff	PM	Qtr 4	Report			Report	Report		
		Actual	Awarded	NYR			NYR			
9.01b	Healthy food for NHS Staff, Visitors and Patients	PM	Qtr 4	Report			Report	Report		
		Actual	Awarded	NYR			NYR			
9.01c	Improving the uptake of Flu vaccinations for Front Line Clinical Staff	PM	Qtr 4	Report			Report	Report		
		Actual	Awarded	NYR			NYR			
	CQUIN 2									
9.02a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with psychoses	PM	Qtr 4	Report			Qtr 1	Report		
		Actual	Awarded	NYR			Awarded			
9.02b	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaborating with primary care clinicians	PM	Qtr 4	Report			Qtr 1	Report		
		Actual	Awarded	Compliant			Compliant			
	CQUIN 3									
9.03	Improving services for people with mental health needs who present to A&E	PM	Qtr 4	Report					Qtr 2	Report
		Actual	Awarded	Compliant	Compliant					
	CQUIN 4									
9.04	Transition from Young People's Service to Adult Mental Health Services	PM	Qtr 4	Report			Qtr 2	Report		
		Actual	Awarded	Compliant			Compliant			
	CQUIN 5									
9.05a	Tobacco screening	PM	Qtr 4	Report			Qtr 2	Report		
		Actual	Awarded	Compliant			Compliant			
9.05b	Tobacco brief advice	PM	Qtr 4	Report			Qtr 2	Report		
		Actual	Awarded	Compliant			Compliant			
9.05c	Tobacco referral and medication offer	PM	Qtr 4	Report			Qtr 2	Report		
		Actual	Awarded	Compliant			Compliant			
9.05d	Alcohol screening	PM	Qtr 4	Report			Qtr 2	Report		
		Actual	Awarded	Compliant			Compliant			
9.05e	Alcohol brief advice or referral	PM	Qtr 4	Report			Qtr 2	Report		
		Actual	Awarded	Compliant			Compliant			

Agenda item 8

Enclosure Paper C

Report to: 2gether NHS Foundation Trust Board – 30 January 2019
Author: Paul Roberts, Joint Chief Executive
Presented by: Paul Roberts, Joint Chief Executive

SUBJECT: Chief Executive's Report

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

This Report is provided for:			
Decision	Endorsement	Assurance	To Note

EXECUTIVE SUMMARY

Recognising the Strategic Intent work and my role as both Chief Executive of 2gether and Gloucestershire Care Services, this report reflects the breadth of my activity across both Trusts. I remain accountable separately for the performance of each of these roles.

RECOMMENDATIONS

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

Corporate Considerations

<i>Quality implications:</i>	As Noted
<i>Resource implications:</i>	As Noted
<i>Equalities implications:</i>	As Noted
<i>Risk implications:</i>	As Noted

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:		
Chief Executive	Date	January 2019

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
N/A	Date	

Explanation of acronyms used:	
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1. CHIEF EXECUTIVE ENGAGEMENT

I remain committed to spending a significant proportion of my time visiting front-line services in both organisations and continue to be impressed and heartened by the professionalism and commitment of colleagues across the organisations and in the pride that they take in the delivery of, in many cases, outstanding services.

Services I have visited in recent weeks include:

Gloucestershire Care Services

- Community Dental Services Annual Study Day – it was great to meet the team and get an understanding of the challenges they are considering and planned improvements to better meet the needs of service users.
- I visited South Gate Moorings to visit the Community Dental facility and to see how colleagues were settling in to the office base on the upper floor.
- Sexual Health – I was able to have a walk round as well as a discussion with staff – I was impressed by their warmth and professionalism as they support individuals using the service.

²gether Services

- South Locality Community Services Team Away Day – their enthusiasm for looking at how we can work differently was inspiring.
- Eating Disorders Team – the team gave me a real insight on their approach to this important and sadly growing concern.

As the strategic intent progresses it becomes increasingly difficult to separate into the services of each Trust – with colleagues from both trusts now regularly engaging together. A recent example of this was the Research into Action Workshop which I was able to open – I am keen that as Trusts we are engaged with looking at how we

can be part of leading edge developments and I was delighted to see that other colleagues are as committed to this as ambition as I am.

I have continued a range of meetings with other colleagues including:

- Team Talk – Charlton Lane – it is great to find that increasingly Team Talks contain a mix of colleagues from the two Trusts – an ongoing opportunity to build relationships to start improving what we do now.
- Freedom to Speak Up Guardian – a regular session to help take the temperature of the Trusts, whilst maintaining the confidentiality as necessary.
- Medical Staffing Committee - these sessions enable me to understand the concerns and aspirations of this group, and to consider, jointly, future plans.
- Better Care together Programme Board – a key part of our transformation work.

I have also enjoyed taking part in a number of leadership/development events. I continue to be impressed by the strength of leadership at both Trusts and their clear passion for quality improvement with service users central to all we do. The Senior Leadership Network – a monthly two way session which updates Senior Leaders on key issues and gains their input on how to move forward is an important element of this. The December session helped to decide a way forward for the next stage of our values development work and also heard from Deborah Lee, Chief Executive, Gloucestershire Hospitals NHS Foundation Trust – hearing first hand from system partners helps to ensure we work effectively as a system.

I also welcomed the opportunity to take part in some seasonal festivities such as the Tewkesbury Carol Service at the Abbey.

2 PROGRESS ON THE STRATEGIC INTENT TO MERGE ²GETHER NHS FOUNDATION TRUST WITH GLOUCESTERSHIRE CARE SERVICES NHS TRUST (GCS)

I am pleased to advise that following their review of our Strategic Case NHSI Improvement have formally advised their support for the planned merger and work is now ongoing to further develop the Strategic Case into a Full Business case. Plans for further engagement with our stakeholders are being developed, ensuring that engagement and co-production are key building blocks to the new organisation we are developing.

The appointment processes for the shadow Board have been taken forward with the Non-Executive and Executive and a formal communication will be put in place once this process is finalised. I am delighted that we have had such a talented team to draw on, and look forward to continue to work with the existing teams as we work to blend the best of both organisations. These processes have been a significant time commitment to all involved, and I would like to formally recognise this, and the professionalism of all involved.

Trust Name

An update on this was provided to ²gether's Council of Governors, at its meeting on 15th January, highlighting work with colleagues, members and stakeholders and planned next steps, we are planning to formally discuss this again with the Council of Governors in March.

3. PARTNERSHIP WORKING

3.1 “One Gloucestershire” Integrated Care System (ICS)

I continue to be engaged with both the development work in this area and the ongoing activity.

3.2 Herefordshire Integrated Working Developments

With Colin Merker, Deputy Chief Executive, 2gether I am engaged in working with colleagues in Herefordshire and Worcestershire to develop partnership working.

3.3 Children’s Services

I was pleased to have an introductory meeting with Chris Spencer, the Director of Children’s Services at Gloucestershire County Council. We both share a commitment to services that embed the needs of children and ensuring the appropriate processes to safeguard are in place and working effectively.

3.4 Local Medical Council

These are a regular, valuable meeting which help to bring together key concerns across the county.

4. SOUTH WEST CHIEF EXECUTIVE OFFICER (CEO) FORUM AND HHSE CEO BRIEFING SESSION

I attended useful update sessions which outlined issues which will be key to future planning, along with the Ten Year Plan. Getting and giving feedback provided valuable thoughts to consider further. It is clear that there are challenging times ahead.

5. A CLEAR COMMITMENT TO RESEARCH AND INNOVATION

We hosted a joint GCS/2getherNHSFT Research and Innovation Workshop at the National Star College on Thursday 24 January 2019 to shape the vision and strategy for research and development going forward in the newly merged Trust.

We are offering the opportunity for patients, public and staff to take part in health research studies more so than ever, which will ultimately contribute to improving healthcare services for local people.

The Trusts have Research and Innovation Forums consisting of key clinical colleagues, leaders and managers with support and attendance from the Gloucestershire Research Support Service and colleagues from the Clinical Research Network. There is considerable enthusiasm from colleagues who are leading on or are involved in these studies. The forum has also become an effective way to overview activity while also seeking new research opportunities. Research meetings are planned to be joint with 2gether NHS Foundation Trust from December 2018, with the intention of having a joint research strategy by 2019.

6. 2GETHER HELPS SECURE £5M TO IMPROVE MENTAL HEALTH SUPPORT FOR SCHOOL CHILDREN IN GLOUCESTERSHIRE

2gether NHS Foundation Trust has been working with partners NHS Gloucestershire Clinical Commissioning Group, Gloucestershire County Council and local charity TIC+ to submit the county’s bid to secure funding. The funding will be used to set up four Mental Health Support Teams in a number of schools across the county,

including primary, secondary, special schools and other settings. Gloucestershire is one of only a handful of areas in the country to be successful.

The teams will be staffed by a combination of experienced, qualified counsellors working alongside NHS staff; the balance of skills, experience and training within the teams will be flexible in order to meet the specific needs of the children in each type of school.

The teams will focus on improving the resilience of students in schools, providing early support to prevent issues from escalating. They will also identify children and young people who need more specialist help and ensure they receive the support they need.

Some funds will also be put towards reducing the length of time young people wait for treatment, following a referral to specialist mental health services.

Making things better for children and young people with mental health problems is one of the top priorities. We have talked to young people a lot over the past few years, and it is really important that young people can find the support they need to help them cope when things are tough. The new teams will work within schools to identify children who need emotional support and ensure that they receive this. They will also work with staff and parents to give them the skills they need to deal with mental health issues.

Obtaining Trailblazer status is fantastic news for children, young people and families across Gloucestershire. We know that two thirds of mental health issues can be identified by age 14 and therefore early intervention and prevention is vital. This funding will help further develop multi-agency approaches with schools to provide this support and to further improve access to treatment when needed.

Schools will be selected over the coming months, and recruitment to the Mental Health Support Teams will take place over the next year. The teams will be fully operational by December 2019.

7. NEW SUICIDE PREVENTION INITIATIVE FOR GLOUCESTERSHIRE

A 'letter of hope' is to be given to anyone arriving at Gloucestershire's hospitals who has attempted suicide or is experiencing suicidal feelings.

The letter has been written by people who have also made attempts to take their own life, or who have supported family members who have made such an attempt. From their unique, personal perspective they are offering words of encouragement and sources of support.

The initiative is being introduced by 2gether, as well as Gloucestershire Hospitals Trust and Gloucestershire Care Services, who run the county's acute and community hospitals.

The Letter of Hope is a very personal letter that only people who have been through these experiences can really write. It is hoped that the people reading it will take comfort and see things in a different light than perhaps they would after speaking with a health professional. The letter has been launched at a time of year when

things can be particularly difficult and we hope it will have a real and lasting impact on saving people's lives.

2gether's Mental Health Liaison Service works in partnership with Gloucestershire Hospitals NHS Foundation Trust in providing mental health care to people who attend the A&E departments after deliberate self-harm, attempting suicide or who feel overwhelmed by suicidal thoughts. This letter represents a genuine offer of compassionate support from people who truly understand how painful and isolated a mental health crisis can feel. The hope that recovery can happen is a vitally important factor in the most desperate times.

8. 2GETHER'S LIAISON SERVICE

Following a competitive tender exercise during August 2018, we have recently been advised by NHS England that we have been successful in retaining our Gloucestershire Liaison and Diversion Service, with Nelson Trust and Prospects sub-contracting with us. This is a three year contract, starting in April 2019 and ensures that our Liaison and Diversion team can continue the great work they are doing on behalf of the Trust.

9. NHS LONG TERM PLAN

The Board formally acknowledges the publication of the NHS Long Term Plan (*a summary of which is attached as Appendix A*). The Board will be considering the implications of the plan in a development session in the near future.

10. EU EXIT (BREXIT)

2gether has identified Andrew Lee, Director of Finance, as its Executive Lead for preparedness for the EU Exit. He will be working with the Gloucestershire Business Continuity teams and NHSE to ensure appropriate preparations are in place across the county. The Trust is putting in place a working group to support this process.

11. EXECUTIVE DIRECTOR ENGAGEMENT ACTIVITY

Since the last Board, our Executive Team have attended a huge range of meetings and events. This activity is listed below for information:

Internal Board Engagement

01.11.18 The Deputy Chief Executive and Medical Director attended a Medical Staffing Committee meeting

The Director of Quality attended the NPAC Committee

02.11.18 The Director of Quality visited Berkeley House

The Director of Engagement and Integration hosted an Engagement and Integration Directorate meeting

05.11.18 The Director of Service Delivery attended a Social care meeting

The Director of Organisational Development chaired a teleconference on the South West Regional Social Partnership Forum.

- 06.11.18 Members of the Executive Team attended a Senior Leadership Networks meeting
- The Director of Service Delivery conducted a site visit to the Contact Centre and Urgent Response Team
- The Director of Organisational Development chaired a joint GCS / 2G Staff Recognition Awards working group
- 07.11.18 The Director of Finance and the Director of Engagement and Integration attended Audit Committee
- 08.11.18 The Deputy Chief Executive presented an update at a Council of Governors meeting
- The Director of Quality and the Director of Finance attended the Council of Governors meeting
- The Director of Engagement and Integration met with senior colleagues from the Engagement and Integration Directorate
- 09.11.18 The Deputy Chief Executive attended the Joint JNCC/JNCF meeting
- The Director of Service Delivery conducted a visit to the Community Mental Health Team at Pullman Place
- The Director of Quality and Medical Director attended the Annual Medical Education Away Day
- The Director of Organisational Development chaired the Joint JNCC/JNCF meeting.
- 12.11.18 Members of the Executive Team conducted Team Talk at various Trust sites
- The Director of Service Delivery participated in Corporate Induction
- 14.11.18 The Director of Service Delivery and Medical Director attended the Trusts Mental Health Legislation Scrutiny Committee meeting
- The Director of Service Delivery conducted a patient safety visit at Abbey Ward
- The Director of Organisational Development chaired a joint 2g / GCS Health and Well-being group
- 15.11.18 The Director of Service Delivery carried out a site visit to the Crisis Team at Lexham Lodge
- The Executive Directors attended a 2gether and Joint 2g/GCS Executive Committee meeting

- The Deputy Chief Executive attended a Strategic Intent Leadership Group meeting
- 16.11.18 The Director of Quality chaired, and the Director of Engagement and Integration attended, the Quality and Clinical Risk sub-committee
- The Director of Engagement and Integration chaired the Research Overview sub-committee
- 19.11.18 The Deputy Chief Executive participated in Consultant interviews.
- Members of the Executive Team attended an Executive Committee meeting
- 20.11.18 The Director of Service Delivery carried out a site visit to the teams at Colliers Court
- The Director of Engagement and Integration met with colleagues from Price Waterhouse-Coopers about the Communications Review
- 21.11.18 The Deputy Chief Executive and Director of Service Delivery attended a meeting regarding Dementia Pathways
- The Director of Organisational Development attended a Workforce, Education & Development Group
- 23.11.18 The Director of Service Delivery conducted a site visit to the Criminal Justice Liaison Team.
- 26.11.18 The Director of Engagement and Integration lead the corporate induction presentation for new members of staff
- The Directors of Quality, Finance, Engagement and Integration, and the Medical Director participated in the Non-Executive recruitment discussion groups in Cheltenham
- The Director of Organisational Development attended the briefing and debriefs for the Non-Executive discussion groups in Cheltenham.
- 27.11.18 The Director of Organisational Development chaired the JNCC meeting.
- The Director of Finance chaired the Capital Review Group meeting
- 28.11.18 The Director of Service Delivery attended the Trust Delivery Committee meeting
- The Director of Finance conducted a Patient Safety Visit with the Herefordshire Crisis Team

- 29.11.18 The Executive Team attended the Trust Board meeting in Hereford
- 30.11.18 The Deputy Chief Executive attended a meeting regarding Consultant posts in Hereford
- The Director of Engagement and Integration hosted an update meeting about support for Veterans
- 04.12.18 Members of the Executive Team attended a Senior Leadership Networks meeting
- 05.12.18 The Director of Quality attended patient safety visits at Greyfriars and Montpellier at Wotton Lawn Hospital
- 06.12.18 The Executive Directors attended 2gether and Joint 2g/GCS Executive Committee meetings
- 07.12.18 The Deputy Chief Executive and Medical Director attended a Medical staffing Committee meeting
- 10.12.18 The Deputy Chief Executive participated in Corporate Induction
- Members of the Executive team conducted Team Talk sessions across the Trust sites
- Members of the Executive team attending a 2gether Executive committee meeting
- 11.12.18 The Director of Organisational Development attended the Nominations and Remuneration Committee
- 12.12.18 The Director of Quality chaired the Transformation CIP board
- The Director of Finance attended the Transformation CIP Project Board
- The Director of Finance and the Director of Engagement and Integration attended Development Committee
- The Director of Finance attended the Charitable Funds and New Highways Committee
- 13.12.18 Members of the Executive Team attended a Joint Board Seminar
- The Deputy Chief Executive attended a Strategic Intent Leadership Group meeting
- The Director of Quality chaired the 2gether Safeguarding sub-committee

The Director of Organisational Development attended the 2g Council of Governors meeting.

The Director of Engagement and Integration met with the Director of Transition at GCS re: Vision and Values Development

14.12.18 The Director of Engagement and Integration attended the Quality and Clinical Risk sub-committee

The Director of Engagement and Integration met with senior colleagues from the Engagement and Integration Directorate

17.12.18 The Director of Service Delivery attended a Joint IM&T Framework meeting

The Director of Service Delivery and Director of Engagement and Integration attended a Transformation Programme Board meeting

18.12.18 The Director of Service Delivery attended the Capital Review Group

The Director of Quality chaired the Temporary Staffing Project Board

20.12.18 Members of the Executive team attended a 2gether and Joint 2g/GCS Executive Committee meeting

20.12.18 The Medical Director visited GCS medical staff at Hope House

The Director of Engagement and Integration and the Director of Finance and Commerce met with colleagues from Montpellier Ward

21.12.18 The Director of Engagement and Integration attended Trust Governance Committee

Board Stakeholder Engagement

01.11.18 The Deputy Chief Executive attended the New Models of Care Board with colleges from Gloucestershire CCG

05.11.18 The Deputy Chief Executive attended a Gloucestershire Strategic Forum Workshop

The Deputy Chief Executive attended the Cheltenham Integrated Locality Board meeting

The Director of Finance participated in NHSI Interviews.

06.11.18 The Deputy Chief Executive attended a Gloucestershire ICS approach to population health meeting with Gloucestershire Clinical Commission Group

The Director of Engagement and Integration met with colleagues from various Gloucestershire Organisations to discuss the Time To Change (TTC) Bid

The Director of Finance attended the ICS finance workshop with Gloucestershire CCG.

The Director of Finance attended the Shared Services Partnership Board.

07.11.18 The Director of Service Delivery attended an IRIS Project Board with GCCG

The Director of Service Delivery and the Director of Finance attended the Trust Contract Management Board. With colleagues from GCCG

The Medical Director held a relatives meeting following the death of a patient

The Director of Engagement and Integration co-presented with the Mental Health Communities at Gloucestershire County Council's Health and Care Overview and Scrutiny Committee Workshop

08.11.18 The Director of Service Delivery attended a More than ACEs Gloucestershire conference

The Deputy Chief Executive attended a meeting to review report from Qualitative Dementia Audit

The Deputy Chief Executive attended the Gloucestershire Local Medical Committee

09.11.18 The Deputy Chief Executive attended a STP Delivery Board meeting with GCCG colleagues

The Director of Engagement and Integration hosted a One Gloucestershire co-production Steering Group for the AHP Conference

13.11.18 The Deputy Chief Executive attended an ICA Programme Board with colleagues from Herefordshire CCG

The Deputy Chief Executive attended a Programme Development Group meeting with GCCG

The Director of Engagement and Integration attended a Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC)

The Director of Engagement and Integration Chaired the One Gloucestershire Tackling Mental Health Stigma Group

- 15.11.18 The Deputy Chief Executive attended a Provider Alliances – next steps meeting with Worcestershire Health and Care NHS
- 16.11.18 The Deputy Chief Executive attended a LDR Refresh meeting
- The Deputy Chief Executive attended a Joining up your information meeting
- The Director of Organisational Development chaired the ICS Workforce Steering Group meeting
- The Director of Engagement and Integration hosted a One Gloucestershire co-production Steering Group for the AHP Conference
- 20.11.18 The Deputy Chief Executive attended a Gloucester City Place Based Pilot Board Meeting
- The Director of Service Delivery participated in a tour of Cirencester Hospital
- 21.11.18 The Director of Service Delivery attended a Contract Management Board meeting with colleagues from Herefordshire CCG
- The Director of Service Delivery and Director of Finance attended a meeting regarding Herefordshire CLDT with HCCG
- The Deputy Chief Executive attended a Programme Development Group / Consultation Institute Workshop
- 23.11.18 The Director of Service Delivery met with the Manager of The Nelson Trust at Gloucester Woman's Centre
- The Director of Engagement and Integration hosted a One Gloucestershire co-production Steering Group for the AHP Conference
- 26.11.18 The Director of Service Delivery attended a Children's Services Improvement Board meeting
- 27.11.18 The Deputy Chief Executive attended a Gloucestershire Strategic Forum meeting with Gloucestershire CCG
- The Director of Engagement and Integration attended a Herefordshire Health and Care Overview and Scrutiny Committee (HCOSC)
- 28.11.18 The Deputy Chief Executive attended a Joining Up Your Information contract meeting with GCCG colleagues
- The Deputy Chief Executive attended the Cheltenham Integrated Locality Board data sub-group meeting

- The Director of Quality attended the South of England Collaborative – Learning Session 17
- The Director of Organisational Development attended the GCS Board of Directors meeting.
- 30.11.18 The Director of Quality attended a Winter Media Briefing in Tewkesbury
- The Director of Engagement and Integration hosted a One Gloucestershire co-production Steering Group for the AHP Conference
- 03.12.18 The Director of Service Delivery chaired the panel of an appeal hearing
- The Director of Finance attended the DoF and DoS meeting with South Worcestershire CCG
- The Director of Quality was part of the panel of an appeal hearing
- The Deputy Chief Executive attended a H&W STP Directors of Finance and Strategy meeting
- The Deputy Chief Executive attended a H and W Clinical Sustainability Meeting with NHSE and NHSI
- The Director of Engagement and Integration met with colleagues from Herefordshire and Gloucestershire Healthwatch
- 04.12.18 The Deputy Chief Executive attended a Gloucester Countywide IM&T Steering Group
- The Deputy Chief Executive attended a meeting regarding Dementia with colleagues from Gloucestershire CCG
- The Director of Engagement and Integration attended an MH Partnership Board
- 05.12.18 The Deputy Chief Executive attended a ILP/PCN Working Group
- The Director of Service Delivery attended Trust Contract Management Board with Gloucestershire Clinical Commissioning Group
- 06.12.18 The Deputy Chief Executive attended a STP Delivery Board
- The Director of Service Delivery attended a Learning Disability Inpatient Service Development Project Board meeting
- 07.12.18 The Chief Executive and Medical Director attended a Mental Health Clinical Programme Group and a Mental Health Commissioning meeting with Gloucestershire CCG

- The Director of Engagement and Integration co-hosted a One Gloucestershire AHP Event, with Suzanne Rastrick, Chief AHP Officer at NHS England as the keynote speaker
- 11.12.18 The Deputy Chief Executive attended a ICA Programme Board meeting
- The Director of Service Delivery conducted a visit to the Recovery College
- The Deputy Chief Executive attended a Joining Up Your Information Project Board and Clinical Information Sharing Projects Group Meeting
- The Director of Organisational Development chaired the ICS Workforce Steering Group
- 12.12.18 The Director of Service Delivery conducted a visit to Kingfisher Treasure Seekers
- 14.12.18 The Director of Service Delivery chaired the panel of an appeal hearing
- The Director of Quality participated in the panel of an appeal hearing
- The Deputy Chief Executive attended a Social Care meeting with Colleagues from GCCG
- 17.12.18 The Deputy Chief Executive attended a meeting regarding IT Convergence with colleagues from GCCG and GHFT
- The Deputy Chief Executive attended a Gloucestershire ICS approach to population health meeting with Gloucestershire Clinical Commission Group
- The Deputy Chief Executive attended an Integrated Locality Board Structure meeting with Gloucestershire Clinical Commission Group
- The Director of Organisational Development attended the Gloucestershire LWAB meeting
- 18.12.18 The Deputy Chief Executive attended a Dementia CPG Board meeting with Gloucestershire CCG
- The Director of Finance and the Deputy Chief Executive attended a STP Partnership Board Finance Deep Dive meeting in Worcester
- 19.12.18 The Deputy Chief Executive attended an ILP/PCN Working Group
- The Deputy Chief Executive attended a RHQ Cluster meeting at Rosebank Surgery
- The Director of Quality met with a patient's family

The Director of Engagement and Integration and the Medical Director met with Chief Executive of Cobalt

20.12.18 The Deputy Chief Executive attended a meeting regarding 2019/2020 plans with colleagues from GCCG and GHFT

National Engagement

01.11.18 The Director of Finance attended the NHS Provider Finance Directors event.

05.11.18 The Director of Quality attended the West Midland Police Counter Terrorism and Threat Briefing for Health

08.11.18 The Director of Organisational Development chaired the South West Human Resources Director Network meeting.

13.11.18 The Director of Service Delivery attended a NHS Providers Networking event in London

The Director of Organisational Development chaired the South West Workforce Effectiveness Event

15.11.18 The Director of Engagement and Integration took part in the Clinical Research Network Interview Panel in Bristol

16.11.18 The Medical Director attended the Royal College of Psychiatry Biannual meeting

21.11.18 The Director of Quality attended a Allocate Leadership Network at The Kings Fund in London

22.11.18 The Deputy Chief Executive and Director of Finance attended a Building Capabilities for Providers to Deliver Integrated Care Conference in Birmingham

04.12.18 The Director of Finance attended the Mental Health Collaborative Board Meeting

05.12.18 The Director of Finance attended the annual HFMA Conference in London

06.12.18 The Director of Finance attended the annual HFMA Conference in London

The Director of Engagement and Integration met with Suzanne Rastrick, Chief AHP Officer at NHS England

07.12.18 The Director of Finance attended the annual HFMA Conference in London

- 13.12.18 The Director of Organisational Development attended the HEE South of England Local Education and Training Board
- 17.12.18 The Director of Quality attended a Sepsis workshop in London
- The Director of Quality attended a Learning into Action meeting in London

Section 2

Long Term Plan Overview

How the Long-Term Plan was developed

200

distinct engagement events, 150 of which were over August and September

500

direct submissions by letter or email

2000+

submissions via the online form

3.5M

Individual or organisational members represented through submissions

5427

readers of blogs about the [long term plan](#)

21,788

views of the online discussion guide webpage

- Working groups – made up of [local and national NHS and local government leaders](#), [clinical experts and representatives from patient groups and charities](#) – were formed to focus on specific areas where the NHS could improve over the next ten years.
- They then engaged extensively with stakeholders to come up with and test practical ideas which could be included in a plan.
- Over Autumn, working group members organised or attended over [200 events](#) to hear a wide range of different views, and received over [2,500 submissions](#) from individuals and groups representing the opinions and interests of [3.5 million people](#).

Key Messages

The working groups have developed a range of specific ideas and ambitions for how the NHS can improve over the next decade, covering all three life stages:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

Making sure everyone gets the best start in life...

...including:

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems...

...including:

- preventing 100,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

CASE STUDY:

Gloucestershire Hospital

Gloucestershire Hospitals NHS Foundation Trust faced significant challenges, with poor A&E performance and high numbers of cancellations and delays to planned operations. The Getting it Right First Time (GIRFT) programme supported the trust to split its 'hot' emergency work and 'cold' planned trauma and orthopaedics work onto two separate sites. Senior clinical decision makers were introduced at the A&E 'front door' to help ensure patients were managed more effectively. During the first six months the trust was able to achieve its 4-hour A&E target for the first time since 2010 and had halved the number of cancelled operations. There was a reduction in waiting times for surgeries, including for hip or knee replacements, and an 8% increase in the amount of elective surgery performed.

Supporting people to age well...

...including:

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

Delivering the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan also sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. Doing things differently
2. Preventing illness and tackling health inequalities
3. Backing our workforce
4. Making better use of data and digital technology
5. Getting the most out of taxpayers' investment in the NHS

1. Doing things differently

The NHS will:

- give people more control over their own health and the care they receive,
- encourage more collaboration between GPs and their teams and community services, as 'primary care networks', to increase the services they can provide jointly;
- place an increasing focus on NHS organisations working with each other and their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities

The NHS will:

- increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce

The NHS will:

- continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships.
- take steps to make the NHS a better place to work, so fewer staff leave and more feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology

The NHS will:

- provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door';
- provide better access to digital tools and patient records for staff, and;
- improve the planning and delivery of services through the greater use of analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS

The NHS will:

- continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered;
- make better use of the NHS' combined buying power to get commonly-used products for cheaper, and;
- reduce spend on administration.

Next steps

- Public engagement on what the Long Term plan means for One Gloucestershire
- Begin to draw together the system response involving Integrated Locality Partnerships, Integrated Care System programme areas and our wider strategic stakeholders
- Timeline for a refreshed 5 year system strategy is Autumn 2019
- Provider Boards and CCG Governing Body will be regularly updated on progress

Find out more: www.longtermplan.nhs.uk | **Join the conversation:** #NHSLongTermPlan

Agenda item 9

Enclosure

Paper D

Report to: 2gether Board meeting - 30 January 2019
Author: Stephen Andrews, Deputy Director of Finance
Presented by: Andrew Lee, Director of Finance and Commerce

SUBJECT: Summary Finance report for period ending 31st December 2018

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 9 position is a surplus of £650k which is in line with the planned surplus.
- The month 9 forecast outturn is an £834k surplus in line with the Trust's control total.
- In December the Trust had its Single Oversight Framework segment improved from 2 to 1. This means the Trust has moved to 'maximum autonomy' and is an indication that the Trust is now deemed to require the lowest level of oversight and support from NHS Improvement due to strong and sustained performance. The Trust has a Finance and Use of Resources metric of 2.
- The agency cost forecast is £4.394m, a decrease of £0.020m on last month's projection and £1.260m above the Agency Control Total. This reduction is due to lower than anticipated IAPT agency spend in December.
- National planning guidance for 2019/20 has been released and the Financial Control Total (FCT) for 2019/20 has been reduced to an £803k surplus. An initial assessment of the new FCT indicates it is achievable and that the Trust should accept the FCT proposed.
- The Trust is progressing well with budget setting for next year and will be presenting a report to the Executive Committee in February.
- The Trust has identified £1.0m of recurring savings up to December 2018.
- The Trust has a year end cash projection of £14.8m which is £5.0m greater than the plan.

RECOMMENDATIONS

It is recommended that the Board:

- note the month 9 position
- note the risks inherent in the financial projections

Corporate Considerations	
<i>Quality implications:</i>	None identified
<i>Resource implications:</i>	Identified in the report
<i>Equalities implications:</i>	None
<i>Risk implications:</i>	Identified in the report

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

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

Reviewed by: Andrew Lee, Director of Finance and Commerce		
	Date	21 st January 2019

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
	Date	





Explanation of acronyms used:	IAPT – Improving Access to Psychological Therapies
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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.

<u>Indicator</u>	<u>Measure</u>		<u>Comments</u>
NHS I Oversight	Single Oversight Framework Segment	1.0	as at Dec 2018
Use of Resources	Financial Risk rating	2.0	as at Nov 2018
Income	FOT vs FT Plan	103.1%	
Operating Expenditure	FOT vs FT Plan	103.3%	
Year end Cash position	£m	14.8	
PSPP	%age of invoices paid within 30 days	96.0%	90% paid in 10 days
Capital Income	Monthly vs FT Plan	182.7%	sale of Fieldview, Coleford House & London Rd
Capital Expenditure	Monthly vs FT Plan	71.6%	£1,281k expenditure.
The parameters for the traffic light dashboard are as follows;			
<u>Indicator</u>			
NHS I FOT segment score	>3	2.5 - 3	<2.5
Use of Resources Score	>3	2.5 - 3	<2.5
INCOME FOT vs FT Plan	<99%	99% - <100%	=>100%
Expenditure FOT vs FT Plan	>101%	>100% - 101%	=<100%
CASH	<£8m	£8-£10m	>£10m
Public Sector Payment Policy - YTD	<=80%	>80% - <95%	>=95%
Capital Income - Monthly vs FT Plan	<90%	90% - 100%	>100%
Capital Spend - Monthly vs FT Plan	>115% or <85%	110% - 115% or 85% to 90%	>90% to <110%

- The financial position of the Trust at month 9 is a surplus of £650k which is in line with the planned surplus (see appendices 1 & 8).
- Income is £1,952k over recovered against budget and operational expenditure is £2,021k over spent, and non-operational items are £73k under 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	(5,306)	(3,966)	(3,825)	141	(5,176)	130
Stroud & S Cots Locality	(6,119)	(4,561)	(4,456)	105	(6,022)	97
Gloucester & Forest Locality	(4,510)	(3,361)	(3,350)	12	(4,555)	(45)
Social Care Management	(5,033)	(3,783)	(4,679)	(896)	(6,284)	(1,251)
Entry Level	(6,245)	(4,697)	(4,501)	196	(6,472)	(227)
Countywide	(32,188)	(24,159)	(24,490)	(330)	(32,484)	(296)
Children & Young People's Service	(6,823)	(5,123)	(4,696)	427	(6,349)	474
Herefordshire Services	(13,652)	(10,208)	(10,151)	57	(13,839)	(187)
Medical	(15,368)	(11,464)	(12,176)	(713)	(16,139)	(771)
Board	(1,423)	(1,067)	(2,210)	(1,143)	(3,038)	(1,615)
Internal Customer Services	(1,864)	(1,398)	(1,360)	38	(1,872)	(9)
Finance & Commerce	(6,388)	(4,845)	(5,218)	(373)	(6,702)	(314)
HR & Organisational Development	(3,493)	(2,620)	(2,443)	176	(3,364)	129
Quality & Performance	(3,171)	(2,378)	(2,350)	28	(3,347)	(175)
Engagement & Integration	(1,502)	(1,122)	(1,141)	(19)	(1,527)	(25)
Operations Directorate	(1,046)	(784)	(868)	(84)	(1,200)	(154)
Other (incl. provisional / savings / dep'r	(5,193)	(3,795)	(3,590)	205	(4,921)	272
Income	120,157	89,977	92,154	2,176	124,126	3,969
TOTAL	834	646	650	4	834	1

The key points are summarised below;

In month

- The Social Care Management over spend relates to Community Care and is offset by additional income
- The Childrens Services under spend relates to vacancies and project expenditure not yet fully committed
- The Medical over spend has been caused by agency expenditure - £1.389m year-to-date
- The over spend on Board relates to Improving Patient Safety spend, merger costs and STP OD project spend for which there is some income to cover all three issues
- Finance and Commerce is over spent on telephony and COIN although some is offset by income
- Other expenditure is overspent due to increased depreciation costs
- Income is over recovered due to additional income for activity related Community Care work and additional development funds which weren't budgeted

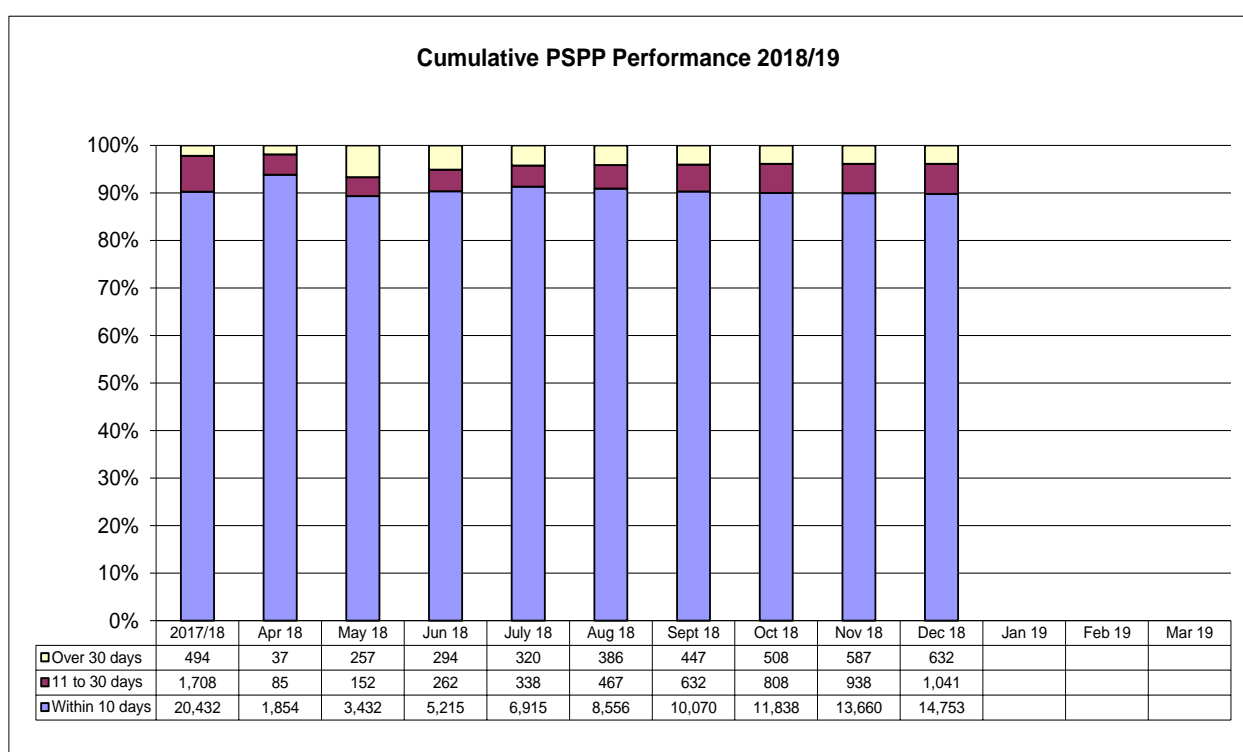
Forecast

- The Social Care Management forecast over spend relates to Community Care and is offset by additional income

- The Herefordshire services forecast over spend is due to specialising costs and cost pressures caused by difficulties in recruiting to the wards. The specialising costs are matched with additional income of £180k
- The Medical forecast over spend is due to anticipated continuing usage of agency during 2018/19
- The forecast over spend on Board is linked to expenditure on STP OD projects for which there is some budget in reserves.

PUBLIC SECTOR PAYMENT POLICY (PSPP)

The cumulative Public Sector Payment Policy (PSPP) performance for month 9 is 90% of invoices paid in 10 days and 96% paid in 30 days. The cumulative performance to date is depicted in the chart below and compared with last year's position:



	10 days		30 days	
	In month	YTD	In month	YTD
Number paid	1,108	14,753	1,208	15,794
Total Paid	1,241	16,426	1,241	16,426
%age performance	89%	90%	97%	96%
Value paid (£000)	4,707	49,397	4,819	51,007
Total value (£000)	4,864	52,961	4,864	52,961
%age performance	97%	93%	99%	96%

Agenda Item 10

Paper E

Report to: Trust Board, 30 January 2019
Author: John McIlveen, Trust Secretary
Presented by: John McIlveen, Trust Secretary

SUBJECT: **Changes to the Trust Constitution**

This Report is provided for:			
Decision	Endorsement	Assurance	Information

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

EXECUTIVE SUMMARY

This report sets out proposed changes to the Trust constitution. These changes fall into two main categories:

1. those which put in place provisions connected with the merger of 2gether and Gloucestershire Care Services NHS Trust (GCS); and
2. those included as part of a general update of the document, or to provide additional clarity to existing provisions/process.

In summary, the main changes to the constitution are:

- Extension of the current Greater England public constituency to include Wales
- Provision for an additional 3 staff Governors, one in each of the three staff classes and initially reserved to GCS employees
- Expansion of the Medical and Nursing staff class to include dental professionals
- Provisions to ensure that within the expanded Medical, Dental and Nursing staff class, two Governor seats are reserved for nurses, one is reserved for a doctor, and the final one is reserved for either a doctor or a nurse. This provision will ensure that the number of Governors in this staff class remains representative of staff numbers in these professions
- Renaming of the former Health and Social Care and Support staff class to become the Health and Care Professions staff class. This new name is more commensurate with the professional role that these colleagues play in delivering care, and recognises changes in the regulatory bodies for professionals in this staff group
- Change of the Trust's corporate address to Edward Jenner Court
- Updating of provisions regarding the acceptance of benefits, in line with Trust policy
- Enabling an extension of non-Shadow Board Non-Executive Director (NED)

terms of office beyond the current 6 year maximum, to provide resilience and capacity until the merger takes effect

- Reference to a revision of Standing Orders which enables voting in absence under certain circumstances. The relevant Standing Order has already been amended by the Council of Governors. The Board's agreement is required only in respect of this reference in the constitution.

These changes are set out where possible in red text on the attached copy of the constitution. Changes are also indicated by footnotes which provide further explanation where required.

The changes relating to the composition of the Council of Governors, and to public constituencies and staff classes, will have no effect on any sitting Governor.

Elections for the additional staff Governors provided for by these changes will take place as soon as possible after the merger takes effect, when GCS colleagues become members of the staff constituency and therefore eligible to participate in elections.

Formatting changes and updating of the contents page and numbering will take place once the content of the document is formally approved.

Changes to the Trust constitution must be agreed both by the Board and the Council of Governors. The Council of Governors approved these changes at its meeting on 15th January 2019. Therefore, if approved by the Board today, these changes will take immediate effect.

RECOMMENDATION

The Board is asked to:

- Agree the proposed changes to the Trust Constitution which is highlighted in the document below.

Corporate Considerations

<i>Quality implications:</i>	Proposed changes enable wider representation on the Council and include measures to facilitate the merger between 2gether and GCS
<i>Resource implications:</i>	None other than those identified in this report
<i>Equalities implications:</i>	No impact on protected characteristics
<i>Risk implications:</i>	Out of date provisions within the constitution may result in a lower standards of corporate governance.

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		Can do	
Valuing and respectful		Efficient	

Reviewed by:			
John McIlveen		Date	16 January 2019

Where in the Trust has this been discussed before?			
Council of Governors		Date	15 January 2019

What consultation has there been?			
Trust Chair, CEO, Lead Governor		Date	January 2019 November 2018

Explanation of acronyms used:	Explained within the report
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2gether NHS FOUNDATION TRUST

Constitution

January 2019

2gether NHS Foundation Trust Constitution

TABLE OF CONTENTS

<i>Paragraph</i>		<i>Page</i>
1	Introduction	4
2	Principal purpose	4
3	Powers	5
4	Membership and constituencies	5
5	Application for membership	5
6	Public constituency	5
7	Staff constituency	6
8	Restriction on membership	7
9	Annual General Meeting	7
10	Council of Governors – composition	7
11	Council of Governors – election of governors	8
12	Council of Governors – tenure	8
13	Council of Governors – disqualification and removal	8
14	Council of Governors - termination of tenure	10
15	Council of Governors - vacancies	11
16	Council of Governors – duties and responsibilities	11
17	Council of Governors – meeting of governors	13
18	Council of Governors – committees and sub-committees	13
19	Council of Governors – referral to the Panel	13
20	Council of Governors - standards of business conduct	14
21	Council of Governors – declarations and register of interest	14
22	Council of Governors – travel expenses	16
23	Council of Governors – remuneration	16
24	Council of Governors - Code of Conduct for Governors	16
25	Council of Governors – standing orders	16
26	Board of Directors – composition	17
27	Board of Directors – general duty	17
28	Board of Directors – qualification for appointment as non-executive director	17
29	Board of Directors – appointment and removal: chair and NEDs	18
30	Board of Directors – appointment and powers of deputy chair	18
31	Board of Directors – appointment and removal: CEO and executives	18
32	Board of Directors – disqualification	19
33	Board of Directors - meetings	20
34	Board of Directors – standing orders	20
35	Board of Directors – declarations and register of interest	20
36	Interest of officers in contracts	23
37	Canvassing of directors	23
38	Relatives of directors or officers	24
39	Board of Directors – remuneration and terms of office	24
40	Registers	24
41	Registers – inspection and copies	25
42	Documents available for public inspection	25
43	Auditor	26

44	Audit committee	26
45	Accounts	26
46	Annual report and forward plans and non-NHS work	27
47	Presentation of annual accounts and report to governors and members	28
48	Instruments	28
49	Amendment of the constitution	28
50	Mergers etc, and significant transactions	29
51	Dispute resolution procedures	29
52	Indemnity	29
53	Dissolution of the Trust	30
54	Relationship with the County Council	30
55	Interpretation and definitions	30

ANNEX 1 – THE PUBLIC CONSTITUENCY

ANNEX 2 – THE STAFF CONSTITUENCY

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

1. Introduction

- 1.1 The name of the foundation trust is 2gether NHS Foundation Trust (the Trust). The Trust is a public benefit corporation authorised under the NHS Act 2006, with effect from 1 July 2007. The functions of the Trust are conferred by this legislation.
- 1.2 The headquarters of the Trust is **Edward Jenner Court, 1010 Pioneer Avenue, Brockworth, Gloucester GL3 4AW.**¹
- 1.3 As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable.

2. Principal purpose

- 2.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.
- 2.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 2.3 The Trust may provide goods and services for any purposes related to:
 - (a) the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 - (b) the promotion and protection of public health

2.4. Other purposes

- 2.4.1 The Trust may fulfil the social care functions of Gloucestershire County Council as specified by an agreement under Section 75 of the 2006 Act.
- 2.4.2 The purpose of the Trust is to provide goods and services, including education, training and research and other facilities for purposes related to the provision of health care, in accordance with its statutory duties and the terms of its Authorisation
- 2.4.3 The Trust may carry out research in connection with the provision of health care and make facilities and staff available for the purposes of education, training or research carried on by others.
- 2.4.4 The Trust may also carry on activities other than those mentioned above subject to any restrictions in the terms of authorisation. These activities

¹ Updated following Executive Team co-location with GCS at Edward Jenner Court

must be for the purpose of making additional income available in order to carry on the Trust's principal purpose.

3. Powers

- 3.1 The powers of the Trust are set out in the 2006 Act.
- 3.2 The powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.
- 3.3 Any of these powers may be delegated to a committee of directors, or to an executive director who may delegate to another officer as set out in the Trust's scheme of delegation.

4. Membership and constituencies

- 4.1 The Trust shall have members, each of whom shall be a member of one of the following constituencies:
 - (a) a public constituency or
 - (b) a staff constituency

5. Application for membership

- 5.1 An individual who is eligible to become a member of the Trust by virtue of living in the Public Constituency may do so on application to the Trust.
- 5.2 It is the responsibility of members to ensure their eligibility and not the Trust, but if the Trust is on notice that a member may be disqualified from membership, they shall carry out all reasonable enquiries to establish if this is the case.

6. Public Constituency

- 6.1 An individual who lives in the area specified in Annex 1 as the area for a Public Constituency may become or continue as a member of the Trust.
- 6.2 Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency.
- 6.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.
- 6.4 An eligible individual shall become a member upon entry to the membership register pursuant to an application by them.

- 6.5 On receipt of an application for membership and subject to being satisfied that the applicant is eligible the Trust shall cause the applicant's name to be entered in the Trust's register of members

Termination of membership

- 6.6 A member shall cease to be a member of the Public Constituency if he/she –
- (a) submits his/her resignation in writing to the Trust
 - (b) ceases to live in the area specified as the Public Constituency
- 6.7 At the discretion of the Trust, where a member consistently fails to respond to requests to confirm interest in continuing membership the Trust may remove the member's name from the register of members

7. Staff Constituency

- 7.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:
- (a) He/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
 - (b) He/she has been continuously employed by the Trust under a contract of employment for at least 12 months.
- 7.2 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.
- 7.3 The Staff Constituency shall be divided into 3 descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency.
- 7.4 The minimum number of members in each class of the Staff Constituency is specified in Annex 2.

Automatic membership by default – staff

- 7.5 An individual who is eligible to become a member of the Staff Constituency shall become a member of the Trust as a member of the Staff Constituency and appropriate class within the Staff Constituency without an application being made, unless he/she informs the Trust that he/she does not wish to do so.
- 7.6 On being satisfied that the applicant is eligible the Trust shall cause the applicant's name to be entered in the Trust's register of members

Termination of membership

- 7.7 A member shall cease to be a member of the Staff Constituency if he/she –
- (a) submits his/her resignation from membership in writing to the Trust
 - (b) leaves the Trust's employment
- 7.8 Members who are no longer eligible to be members of the Staff Constituency by virtue of having left the employment of the Trust may apply to become members of the appropriate Public Constituency.

8. Restriction on membership

- 8.1 An individual member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.
- 8.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.
- 8.3 An individual must be at least 11 years old to apply to become a public member of the Trust

9. Annual General Meeting

- 9.1 The Trust shall hold an annual meeting of its members (Annual General Meeting). The Annual General Meeting shall be open to members of the public.

10. Council of Governors – composition

- 10.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed governors.
- 10.2 The composition of the Council of Governors is specified in Annex 3.
- 10.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 3.

Local Authority Governors

- 10.4 Gloucestershire County Council may appoint an elected member of the Council as a Local Authority Governor by nomination in writing.²

² [Removed requirement to have local authority nominations signed by the Leader of the Council](#)

- 10.5 Herefordshire Council may appoint an elected member of the Council as a Local Authority Governor by nomination in writing.²

Clinical Commissioning Group Governors

- 10.6 The Accountable Officer of the Gloucestershire Clinical Commissioning Group may appoint a representative of that group as a Clinical Commissioning Group Governor by nomination in writing.
- 10.7 The Accountable Officer of the Herefordshire Clinical Commissioning Group may appoint a representative of that group as a Clinical Commissioning Group Governor by nomination in writing.

11. Council of Governors – election of governors

- 11.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Rules for Elections.
- 11.2 The Model Rules for Elections, as published by the Department of Health, shall be deemed part of this constitution.
- 11.3 A variation of the Model Rules by the Department of Health shall not constitute a variation of the terms of this constitution for the purposes of paragraph 46 of the constitution (Amendment of the Constitution). For the avoidance of doubt, the Trust cannot amend the Model Rules.
- 11.4 An election, if contested, shall be by secret ballot.

12. Council of Governors – tenure

- 12.1 An elected governor may hold office for an initial period of up to 3 years.
- 12.2 An elected governor shall be eligible for re-election at the end of his/her term for one further period of up to 3 years. He/she may not hold office for longer than 2 consecutive terms, regardless of the length of each term.
- 12.3 An elected governor who has completed two consecutive terms of office at 2gether NHS Foundation Trust shall be eligible to stand again for election following a break of at least 3 years.
- 12.4 An elected governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he was elected.
- 12.5 An appointed governor may hold office until they are replaced by the organisation which nominated them, **or until the appointing organisation withdraws its sponsorship, whichever is the sooner.**³

³ Second part added to provide consistency with 13.1.13

13. Council of Governors – disqualification and removal

13.1 The following may not become or continue as a member of the Council of Governors:

- 13.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
- 13.1.2 a person who has made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;
- 13.1.3 a person who within the preceding five years has been convicted in the British Isles of any offence where a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.
- 13.1.4 a person who has within the preceding two years been dismissed, other than for reasons of redundancy or sickness, from any paid employment with a health service body.
- 13.1.5 a person whose tenure of office as the chairman or as a member or director of a health service body has been terminated on the grounds that his/her appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest
- 13.1.6 a person who is an executive or non-executive director of the Trust.
- 13.1.7 a person who is a governor, executive director or non-executive director of another health service body.
- 13.1.8 a person who is the spouse, partner or close relative of a member of the Trust's Board of Directors
- 13.1.9 a person who is undergoing a period of disqualification from a statutory health or social care register. This provision shall not apply where a person's registration lapses or their name has been removed at their own request, for example following retirement.
- 13.1.10 a person subject to a director's disqualification order made under the Company Directors Disqualification Act 1986
- 13.1.11 a person who has been disqualified from being a member of a relevant authority under the provisions of the Local Government Act 2000
- 13.1.12 a person who has not attained the age of 16 at the date they are nominated for election or appointment.
- 13.1.13 in the case of an appointed governor, a person whose appointing body withdraws its sponsorship of the governor.

- 13.1.14 in the case of an elected governor, a person who ceases to be a member of the constituency or class of constituency that he/she represents.
- 13.1.15 a governor who has failed to abide by the Trust's Code of Conduct for Governors, and any relevant Code of Values that the Trust may publish from time to time. ⁴
- 13.1.16 a person who is the subject of an Order under the Sexual Offences Act 2003, or any subsequent legislation.
- 13.1.17 a person who is included in any barred list maintained by the Disclosure and Barring Service (or any successor body) or any equivalent list maintained under the laws of Scotland or Northern Ireland
- 13.1.18 a person who is a vexatious complainant as determined in accordance with the Trust's complaints procedure
- 13.2 Following election or appointment, and henceforth on an annual basis, governors shall be required to confirm that they are not disqualified from the office of Governor under any provision within section 13 of this Constitution.
- 13.3 Where a person has been elected or appointed to be a governor and subsequently becomes disqualified for appointment he/she shall notify the Trust Secretary in writing of such disqualification at the earliest opportunity.

14. Termination of tenure

- 14.1 If it comes to the notice of the Trust Secretary (either at the time of the governor's appointment or later) that the governor is disqualified under the provisions of paragraph 13 of this constitution, he shall immediately declare that the person in question is disqualified and notify him in writing to that effect. Upon receipt of any such notification, that person's tenure of office, if any, shall be terminated and he/she shall cease to act as a governor.
- 14.1 A governor may resign from office at any time during the term of that office by giving notice in writing to the Trust Secretary.
- 14.2 If a governor fails to attend three consecutive general meetings of the Council of Governors his/her tenure of office is to be terminated at the next meeting unless the other governors (by a simple majority) are satisfied that:-
 - (a) the absence was due to a reasonable cause; and
 - (b) he/she will be able to start attending meetings of the Council of Governors again within such a period as they consider reasonable.

⁴ This disqualification criterion was repeated in section 14.3, and has been deleted from that location

- 14.3 The Council of Governors may terminate the tenure of a governor (regardless of his/her record of attendance), by a three quarters majority of the Council of Governors voting, if it is satisfied that he/she:
- 14.3.1 has failed to sign and deliver to the Trust Secretary a statement in the form required confirming acceptance of the Code of Conduct for Governors
 - 14.3.2 has expressed opinions which are incompatible with the values of the Trust
 - 14.3.3 has acted or persists in acting in a manner prejudicial to the best interests of the Trust.
- 14.4 Standing Orders shall provide for the procedure to be adopted in connection with motions to terminate the tenure of governors.

15. Vacancies

- 15.1 Where membership of the Council of Governors ceases within 12 months of election, public and staff governors shall be replaced by the candidate in the same constituency and class with the next highest number of votes at the last election. If the vacancy cannot be filled by this method the governor will be replaced by holding a by-election, in accordance with the Election Rules.
- 15.2 Appointed governors are to be replaced in accordance with the processes set out in the relevant paragraphs of this constitution.

16. Council of Governors – duties and responsibilities

- 16.1 The general duties and responsibilities of the Council of Governors are –
- (a) to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, and
 - (b) to represent the interests of the members of the trust as a whole and the interests of the public
- 16.2 The trust will take steps to ensure that governors are equipped with the skills and knowledge they require in their capacity as such.
- 16.3 The specific powers and duties of the Council of Governors are:
- 16.3.1 in a general meeting to:
 - (a) appoint or remove the Chair of the Trust and the other non-executive directors. The removal of the Chair or a non-executive director shall require the approval of three quarters of the total number of governors;

- (b) approve the appointment of the Chief Executive of the Trust by the non-executive directors;
 - (c) decide the remuneration and allowances and the other terms and conditions of office of the non-executive directors;
 - (d) appoint or remove the Trust's auditor;
 - (e) receive and consider the Trust's annual accounts, any auditor's reports on those annual accounts, and the annual report of the Board of Directors no later than September each year;
 - (f) appoint one of the non-executive directors to be the deputy Chair of the Trust, **following a recommendation by the Trust Chair** ⁵
- 16.3.2 to be consulted by the Board of Directors regarding the information to be included in the Trust's annual plan;
- 16.3.3 to respond as appropriate when consulted by the Board of Directors;
- 16.3.4 to require one or more directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or the directors' performance);
- 16.3.5 to approve the entering into of any significant transaction;
- 16.3.6 to authorise an application for a merger, acquisition, separation or dissolution of the Trust;
- 16.3.7 to exercise such powers and to discharge such other duties as may be conferred on the Council of Governors under this constitution.
- 16.4 Where the Council of Governors believes it to be necessary it may appoint co-opted advisors. It may seek nominations for co-opted advisors from voluntary and community sector organisations **working in any field connected to the work of the Trust.** ⁶
- 16.5 Co-opted advisors may speak at meetings of the Council of Governors but may not vote and will not count towards any quorum.

⁵ Amended to reflect existing process whereby the Deputy Chair is appointed by the Council of Governors on the Trust Chair's recommendation

⁶ List of named special interest groups deleted so as not to restrict the Council's options regarding co-opted advisors. Provision included for co-opted advisors to be drawn from any field connected to the work of the Trust.

- 16.6 The co-opted advisors are to be appointed by the Council for such period and in accordance with such process as may be approved by the Council of Governors at a general meeting.

17. Council of Governors – meetings of governors

- 17.1 The Trust Chair (i.e. the Chair of the Board of Directors, appointed in accordance with the appropriate provisions of this constitution) or, in his/her absence the Deputy Chair (appointed in accordance with the appropriate provisions of this constitution), shall preside at meetings of the Council of Governors. In the absence of the Trust Chair and Deputy Chair a non-executive director nominated by the Trust Chair shall preside at meetings of the Council of Governors.
- 17.2 An absent governor may not vote at a meeting of the Council of Governors, **save in exceptional circumstances where alternative arrangements have been agreed in advance with the Trust Chair on advice of the Trust Secretary as provided for in the Standing Orders. Absence is defined as being not present (either physically or via teleconference, video conference or other electronic means) at the time of the vote.⁷**
- 17.3 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.
- 17.4 The Council of Governors is to hold up to 6 scheduled meetings per year.

18. Council of Governors – committees and sub-committees

- 18.1 The Council of Governors may appoint committees consisting of its own members to assist in carrying out the functions of the Council of Governors. A committee appointed under this paragraph may appoint a sub-committee where permitted by that committee's terms of reference.

19. Council of Governors – referral to the Panel

- 19.1 In this paragraph, 'the Panel' means a panel of persons appointed by NHS Improvement to which a governor of an NHS foundation trust may refer a question as to whether the Trust has failed or is failing –
- (a) to act in accordance with its own constitution
 - (b) to act in accordance with the provision made by or under Chapter 5 of the 2006 Act

⁷ Previous specific restriction on proxy voting amended to refer to a revision to Standing Orders which enables absent Governors to vote on a significant transaction, with prior agreement and in specific circumstances. The Council of Governors is solely responsible for approving its Standing Orders, and approved this amendment at its meeting on 15/01/2019.

- 19.2 A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

20. Standards of business conduct

Canvassing of, and recommendations by, governors in relation to appointments

- 20.1 Canvassing of governors directly or indirectly for any appointment with the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the constitution shall be included in application forms or otherwise brought to the attention of candidates.
- 20.2 A governor shall not solicit for any person any appointment with the Trust or recommend any person for such appointment: but this paragraph of this Constitution shall not preclude a governor from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.
- 20.3 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, and which are not part of the recruitment process must be declared to the panel or committee.⁸

Relatives of Governors

- 20.4 Candidates for any staff appointment shall, when making application, disclose in writing to the Trust whether they are related to any governor. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to dismissal.
- 20.5 Every governor shall disclose to the Trust Secretary any relationship between himself/herself and a candidate of whose candidature that governor is aware.
- 20.6 On election or appointment, governors should disclose to the Trust whether they are related to any other governor or holder of any office in the Trust.

21. Declarations of Governors' interests and register of interests

- 21.1 Each governor has a duty to avoid a situation in which the governor has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
- 21.2 Each governor has a duty not to accept any benefit from a third party by reason of being a governor (save for low value gifts and hospitality as permitted by the Trust's policy on Managing Conflicts of Interest), for doing (or not doing)

⁸ Amended to recognise discussion groups are part of an interview process, and to require disclosure of any other informal contact

anything in that capacity. **Where such a benefit is offered to a governor, the governor must decline that offer and report the matter to the Trust Secretary.**⁹

21.3 If a governor has a pecuniary, personal, family, loyalty or other interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor must declare such interests in accordance with policies agreed from time to time by the Trust in respect of conflicts of interest.

21.4 Examples of interests which should be declared include, but are not limited to:

- (a) directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
- (b) ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- (c) majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
- (d) an office or position of authority in another organisation in the field of health and social care.
- (e) any connection with a voluntary or other organisation contracting for NHS services.
- (f) research funding/grants that may be received by an individual or their department.
- (g) interests in pooled funds that are under separate management.
- (h) any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the 2gether NHS Foundation Trust, including but not limited to, lenders or banks.
- (i) membership of clubs, societies or organisations whose purpose may include furthering the business or personal interests of their members by undeclared or informal means. Such organisations include Masonic lodges and societies whose membership consists of professional and business people.
- (j) any other commercial interest in a matter under discussion at a meeting of the Council of Governors.

⁹ **Second sentence added to require reporting transparency regarding any offer of benefit, and refusal of such benefit. Added reference to Trust conflict of interest policy to define where acceptance is acceptable.**

- (k) any other employment or business or other relationship of his/hers, or of a member of his/her family or of someone with whom he/she has a close personal relationship, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- 21.5 At the time any interest is declared, it should be recorded in the Council of Governors minutes as appropriate. Any changes in interests should be declared at the next Council of Governors meeting following the change occurring. Governors must inform the Trust Secretary in writing within 7 days of becoming aware of the existence of any relevant or material interest.
- 21.6 Governors' directorships of companies or ownerships/directorships in companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in subsequent annual reports.
- 21.7 The Chair may exclude a Governor from a meeting (or part thereof) of the Council of Governors, or any committee of the Council of Governors, where any contract, proposed contract or other matter in which he/she is determined by the Chair to have an interest, is under consideration.
- 21.8 In the case of family or close personal relationships the interest of one party shall, if known to the other, be deemed for the purposes of this paragraph 21 to be also an interest of the other.
- 21.9 If Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or Trust Secretary. Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

Register of governors' interests

- 21.10 The Trust Secretary will ensure that a register of interests is established to record formally declarations of interests of governors. In particular the register will include details of all directorships and other relevant and material interests which have been declared, as defined in the relevant Trust policy on conflicts of interests.
- 21.11 The details of governors' interests recorded in the register will be kept up to date by the Trust Secretary who will ensure any changes to interests declared are incorporated promptly.
- 21.12 The Register will be available to the public and the Chair will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.

22. Council of Governors – travel expenses

- 22.1 The Trust may pay travelling and other reasonable expenses to members of the Council of Governors at rates determined by the Trust.

23. Council of Governors – remuneration

- 23.1 Governors are not permitted to receive remuneration.

24. Code of Conduct for Governors

- 24.1 The Council of Governors will adopt its own Code of Conduct for Governors.

25. Council of Governors – Standing Orders

- 25.1 The Council of Governors will adopt Standing Orders for the practice and procedure of the Council of Governors. Such Standing Orders will NOT form part of this constitution and any amendments to Standing Orders shall not constitute a variation of the terms of this constitution for the purposes of the paragraph relating to amendment of the constitution.

26. Board of Directors – composition

- 26.1 The Trust is to have a Board of Directors, which shall comprise both executive and non-executive directors.

- 26.2 The Board of Directors is to comprise:

- (a) a non-executive chair; and,
- (b) no fewer than 5 but no more than 7 other non-executive directors; and
- (c) no fewer than 5 but no more than 7 executive directors.

- 26.3 One of the executive directors shall be the Chief Executive.

- 26.4 The Chief Executive shall be the Accounting Officer.

- 26.5 One of the executive directors shall be the finance director.

- 26.6 One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

- 26.7 One of the executive directors is to be a registered nurse or a registered midwife.

- 26.8 The aggregate number of non-executive directors (including the Trust Chair) is to be more than half of the Board of Directors.

27. Board of Directors – general duty

27.1 The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

28. Board of Directors – qualification for appointment as a non-executive director

28.1 A person may be appointed as a non-executive director only if –

- (a) he/she is a member of the Public Constituency, and
- (b) he/she is not disqualified by virtue of any other provision set out in the constitution.

29. Board of Directors – appointment and removal of the Trust Chair and other non-executive directors

29.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Trust Chair and the other non-executive directors.

29.2 The Trust Chair and other non-executive directors are to be appointed by the Council of Governors following a process of open competition.

29.3 Non-executive directors (including the Trust Chair) shall be appointed for an initial term of up to three years, and may be reappointed at the end of that term for further terms of up to three years, subject to a maximum of six consecutive years save where paragraph 29.4 of this constitution applies.

29.4 Where an existing non-executive director of the Trust is appointed to the Shadow Board he/she may, following completion of six consecutive years of office (calculated from the date of first appointment to the Trust Board of Directors), serve for a further period of up to three years, subject to annual review and reappointment by the Council of Governors.

29.5 A non-executive director (including the Trust Chair) who has completed six consecutive years of office in accordance with paragraph 29.3 or such other consecutive period in accordance with paragraph 29.4 of this constitution, as applicable, shall be eligible to apply again for appointment following a break of at least 3 years.

29.6 An existing non-executive director who is not appointed to the Shadow Board and who has served the maximum of six consecutive years as set out in paragraph 29.3 may be reappointed by the Council of Governors for a further term of office, where such a reappointment is for the purposes of retention of capacity and resilience pending any merger transaction taking effect. Such reappointments are limited to an additional period of one year over and above

the normal maximum term of six consecutive years as set out, and will in any case cease on the effective transaction date.¹⁰

29.7 Removal of the Trust Chair or another non-executive director shall require the approval of three-quarters of the members of the Council of Governors.

29.8 For the purposes of this paragraph 29, "Shadow Board" shall mean the directors appointed to the Board of Directors in anticipation of the Trust's acquisition of Gloucestershire Care Service NHS Trust under section 56A of the National Health Service Act 2006.

30. Board of Directors – appointment and powers of Deputy Chair

30.1 The Council of Governors at a general meeting of the Council of Governors shall appoint one of the current non-executive directors as Deputy Chair, on recommendation of the Trust Chair.¹¹

30.2 Any director so appointed may at any time resign from the office of Deputy Chair by giving notice in writing to the Chair. The Council of Governors may thereupon appoint another non-executive director as Deputy Chair in accordance with the provisions of this Constitution.

30.3 Where the Chair has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Deputy Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes his/her duties, as the case may be; and references to the Chair in this constitution shall, so long as there is no Chair able to perform those duties, be taken to include references to the Deputy Chair.

31. Board of Directors - appointment and removal of the Chief Executive and other executive directors

31.1 The non-executive directors shall appoint or remove the Chief Executive.

31.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.

31.3 A committee consisting of the Trust Chair, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors.

32. Board of Directors – disqualification

32.1 The following may not become or continue as a member of the Board of Directors:

¹⁰ This provision enables a non-Shadow Board NED to be reappointed for up to one year over the current maximum , to provide resilience, continuity and capacity until the merger transaction takes effect

¹¹ Amended to reflect existing process whereby the Deputy Chair is appointed by the Council of Governors on the Trust Chair's recommendation

- 32.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
- 32.1.2 a person who has made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it.
- 32.1.3 a person who within the preceding five years has been convicted in the British Isles of any offence where a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.
- 32.1.4 in the case of a non-executive director, a person who is no longer a member of the public constituency.
- 32.1.5 a person whose tenure of office as a chairman or as a member or director of a health service body has been terminated on the grounds that his/her appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- 32.1.6 a person who is undergoing a period of disqualification from a statutory health or social care register. This provision shall not apply where a person's registration lapses or their name has been removed at their own request, for example following retirement.
- 32.1.7 a person who has within the preceding two years been dismissed, otherwise than by reason of redundancy or ill health from any paid employment with a health service body.
- 32.1.8 a person who has been disqualified from being a member of a relevant authority under the provisions of the Local Government Act 2000
- 32.1.9 a person subject to a director's disqualification order made under the Company Directors Disqualification Act 1986
- 32.1.10 a person who is the subject of an Order pursuant to the Sexual Offences Act 2003.
- 32.1.11 a person who is included in any barred list maintained by the Disclosure and Barring Service (or any successor body) or any equivalent list maintained under the laws of Scotland or Northern Ireland
- 32.1.12 a person who does not meet, either upon appointment or subsequently, the Fit and Proper Person Requirements for directors
- 32.1.13 a person who is a governor of this or another NHS foundation trust.
- 32.1.14 a person who is a director of an NHS trust or another NHS foundation trust. This exclusion shall not apply in the context of any joint

appointments in contemplation of a merger or acquisition in accordance with section 56/section 56A of the 2006 Act or in the context of a joint local health system-wide appointment.¹²

33. Board of Directors – meetings

- 33.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.
- 33.2 Before holding a meeting in public, the Board of Directors must send a copy of the agenda to the Council of Governors. As soon as practicable after holding a meeting, the Board must send a copy of the minutes to the Council of Governors.

34. Board of Directors – standing orders

- 34.1 The Board will adopt Standing Orders for the practice and procedure of the Board of Directors. Such Standing Orders will NOT form part of this constitution and any amendments to Standing Orders shall not constitute a variation of the terms of this constitution for the purposes of the paragraph relating to amendment of the constitution.

35. Declarations of directors' interests and register of interests

- 35.1 The duties that a director of the Trust has by virtue of being a director include in particular –
- 35.1.1 A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
- 35.1.2 A duty not to accept a benefit from a third party by reason of being a director, (save for low value gifts and hospitality as permitted by the Trust's policy on Managing Conflicts of Interest) for doing (or not doing) anything in that capacity. Where such a benefit is offered to a director, the director must decline that offer and report the matter to the Trust Secretary.¹³
- 35.1.3 If a director has a pecuniary, personal, family, loyalty or other interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board, the director must declare such interests to the Trust Secretary and to the Board in accordance with policies agreed from time to time by the Trust in respect of conflicts of interest.

¹² Provision regarding joint director appointments amended to reflect the more likely scenario for any future joint appointment. Previous wording referred to such appointments being allowed only in the context of 'the establishment of a chain of healthcare organisations'

¹³ Second sentence added to require reporting transparency regarding any offer of benefit, and refusal of such benefit. Added reference to Trust Managing Conflicts of Interest policy

35.2 Examples of interests which should be declared include, but are not limited to:

- (a) directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
- (b) ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- (c) majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
- (d) an office or position of authority in another organisation in the field of health and social care.
- (e) any connection with a voluntary or other organisation contracting for NHS services.
- (f) research funding/grants that may be received by an individual or their department.
- (g) interests in pooled funds that are under separate management.
- (h) any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.
- (i) membership of clubs, societies or organisations whose purpose may include furthering the business or personal interests of their members by undeclared or informal means. Such organisations include Masonic lodges and societies whose membership consists of professional and business people.
- (j) any other commercial interest in a matter under discussion at a meeting of the Board.
- (k) any other employment or business or other relationship of his/hers, or of a member of his/her family or of someone with whom he/she has a close personal relationship, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

35.3 At the time any interest is declared, it should be recorded in the Board minutes as appropriate. Any changes in interests should be declared at the next Board meeting following the change occurring. Directors must inform the Trust Secretary in writing within 7 days of becoming aware of the existence of any relevant or material interest.

35.4 Directors' directorships of companies or ownership/directorship of companies likely or possibly seeking to do business with the NHS should be published in

the Board's annual report. The information should be kept up to date for inclusion in subsequent annual reports.

- 35.5 Where the Trust Chair or chair of a Board committee determines that a director has an interest in any contract, proposed contract or other matter under consideration, the director may be excluded from that meeting or part thereof.
- 35.6 The Trust Board may exclude the Chair or a director of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has an interest is under consideration.
- 35.7 In the case of family or close personal relationships the interest of one party shall, if known to the other, be deemed for the purposes of this paragraph 35 to be also an interest of the other.
- 35.8 If directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or Trust Secretary. Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.
- 35.9 The duty to avoid a conflict of interest is not infringed if the matter has been authorised in advance by the Trust Board.
- 35.10 In relation to the duty not to accept a benefit from a third party, 'third party' means a person other than:
- (a) the Trust, or
 - (b) a person acting on its behalf.
- 35.11 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 35.12 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.
- 35.13 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.
- 35.14 A director need not declare an interest –
- 35.14.1 If, or to the extent that, the directors are already aware of it;
 - 35.14.2 If, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered –
 - (a) by a meeting of the Board of Directors, or
 - (b) by a committee of the directors appointed for the purpose under the constitution.

- 35.15 Any remuneration, compensation or allowance payable by the Trust to the Chair or a director shall not be treated as a pecuniary interest for the purpose of the provisions of this constitution.

Register of directors' interests

- 35.16 The Trust Secretary will ensure that a register of interests is established to record formally declarations of interests of directors. In particular the register will include details of all directorships and other relevant and material interests which have been declared, as defined in the relevant Trust policy on conflicts of interests.
- 35.17 The details of directors' interests recorded in the register will be kept up to date by the Trust Secretary who will ensure any changes to interests declared are incorporated promptly.
- 35.18 The register will be available to the public and the Chair will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.
- 35.19 The register of directors' interests will be reviewed by the Audit Committee at least annually.

36. Interest of officers in contracts

- 36.1 Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her has any pecuniary interest, direct or indirect, shall declare their interest by giving notice in writing of such fact to the Trust Secretary as soon as practicable.
- 36.2 An officer should also declare to the Trust Secretary any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- 36.3 The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

37. Canvassing of and recommendations by directors in relation to appointments

- 37.1 Canvassing of directors of the Trust Board or of any committee of the Trust directly or indirectly for any appointment with the Trust shall disqualify the candidate for such appointment. The contents of this paragraph 37 shall be included in application forms or otherwise brought to the attention of candidates.
- 37.2 Directors of the Trust Board shall not solicit for any person any appointment with the Trust or recommend any person for such appointment; but this

paragraph 37 shall not preclude a director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

- 37.3 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, and which are not part of the formal recruitment process (other than genuine requests for information about the organisation by a prospective employee, or participation in discussion groups) must be declared to the panel or committee.¹⁴

38. Relatives of directors or officers

- 38.1 Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.
- 38.2 The Chair and every director and officer of the Trust shall disclose to the Trust Board any relationship between himself and a candidate of whose candidature that director or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.
- 38.3 On appointment, directors (and prior to acceptance of an appointment in the case of executive directors) should disclose to the Trust whether they are related to any other director or holder of any office in the Trust.

39. Board of Directors – remuneration and terms of office

- 39.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Trust Chair and the other non-executive directors.
- 39.2 The Trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors.
- 39.3 The remuneration and allowances for non-executive directors, as set by the Council of Governors, are to be published in the annual report.

40. Registers

- 40.1 The Trust shall have:

¹⁴ Amended to recognise discussion groups are part of an interview process, and to require disclosure of any other informal contact save for genuine enquiry about the organisation by a prospective employee. This is a new provision in relation to directors, included to mirror an existing provision applicable to canvassing of governors

- (a) a register of members showing, in respect of each member, the constituency to which he/she belongs and, where there are classes within it, the class to which he/she belongs;
- (b) a register of members of the Council of Governors;
- (c) a register of interests of governors;
- (d) a register of directors; and
- (e) a register of interests of the directors.

41. Registers – inspection and copies

- 41.1 The Trust shall make available for inspection by members of the public the registers specified in paragraph 35, except in the circumstances set out below or as otherwise prescribed by regulations.
- 41.2 The Trust shall not make available for inspection by members of the public any part of its registers which shows details of any member of the Trust (other than a governor or a director), ¹⁵ if the member so requests.
- 41.3 So far as the registers are required to be made available:
- (a) they are to be available for inspection free of charge at all reasonable times; and
 - (b) a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 41.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

42. Documents available for public inspection

- 42.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
- (a) a copy of the current constitution;
 - (b) a copy of the latest annual accounts and of any report of the auditor on them, and
 - (c) a copy of the latest annual report;
- 42.2 The Trust shall also make the following documents relating to a special administration of the Trust available on the Trust website ¹⁶ for inspection by members of the public free of charge at all reasonable times:

¹⁵ Exclusion added regarding a governor or director (who are members of the Trust) to promote openness and transparency avoid potential conflict with clause 41.1

- (a) a copy of any order made under Section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report, 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act.
- (b) a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act.
- (c) a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.
- (d) a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.
- (e) a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.
- (f) a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's decision), 65KB Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (secretary of State's response to re-submitted final report) of the 2006 Act.
- (g) a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.
- (h) a copy of any final report published under section 65I (administrator's final report) of the 2006 Act.
- (i) a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act
- (j) a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

42.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

42.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

43. Auditor

43.1 The Trust shall have an auditor.

¹⁶ Wording added to clarify that any such documents will be available via the Trust website

43.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

44. Audit committee

44.1 The Trust shall establish a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

45. Accounts

45.1 The Trust must keep proper accounts and proper records in relation to the accounts.

45.2 NHS Improvement (or any successor body) may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts

45.3 The accounts are to be audited by the Trust's auditor.

45.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement may, with the approval of the Secretary of State, direct.

45.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

46. Annual report, forward plans and non-NHS work

46.1 The Trust shall prepare an Annual Report and send it to NHS Improvement.

46.2 The Trust shall give information as to its forward planning in respect of each financial year to NHS Improvement.

46.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.

46.4 In preparing the document, the directors shall have regard to the views of the Council of Governors.

46.5 Each forward plan must include information about:

- (a) the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
- (b) the income it expects to receive from doing so

- 46.6 Where a forward plan contains a proposal to conduct activities other than the provision of goods and services for the purposes of the health service in England the Council of Governors must:
- (a) determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of other functions, and
 - (b) notify the directors of the Trust of its determination
- 46.7 A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half the members of the Council of Governors of the Trust voting approve its implementation.

47. Presentation of the annual accounts and reports to the governors and members

- 47.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
- (a) the annual accounts
 - (b) any report of the auditor on them
 - (c) the annual report.
- 47.2 The Trust may combine a meeting of the Council of Governors convened for this purpose with the Annual General Meeting.
- 47.3 The documents shall also be presented to members of the Trust at the Annual General Meeting by at least one member of the Board of Directors in attendance.

48. Instruments

- 48.1 The Trust shall have a seal.
- 48.2 The seal shall not be affixed except under the authority of the Board of Directors.

49. Amendment of the constitution

- 49.1 the Trust may make amendments to the constitution only if –
- (a) More than half the members of the Council of Governors of the Trust voting approve the amendments, and

- (b) More than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 49.2 Amendments made under paragraph 49.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act.
- 49.3 Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust) –
 - (a) At least one member of the Council of Governors must attend the next Annual General Meeting and present the amendment, and
 - (b) The Trust must give the members an opportunity to vote on whether they approve the amendment.
- 49.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.
- 49.5 Amendments by the Trust of its constitution are to be notified to NHS Improvement. For the avoidance of doubt, NHS Improvement's functions do not include a power to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

50. Mergers etc. and significant transactions

- 50.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.
- 50.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.
- 50.3 'Significant transaction' means any transaction with a value equal to or greater than 20% of the Trust's income, assets or capital.

51. Dispute Resolution Procedures

- 51.1 In the event of dispute between the Council of Governors and the Board of Directors:
 - (a) In the first instance the Trust Chair on advice of the Trust Secretary, and such other advice as the Trust Chair may see fit to obtain, shall seek to resolve the dispute.

- (b) If the Trust Chair is unable to resolve the dispute he/she shall appoint a special committee comprising equal numbers of directors and governors to consider the circumstances and to make recommendations to the Council of Governors and the Board of Directors with a view to resolving the dispute.
- (c) If the recommendations (if any) of the special committee are unsuccessful in resolving the dispute, the Trust Chair may refer the dispute to an external mediator appointed by the Centre for Dispute Resolution or such other organisation as he/she considers appropriate

52. Indemnity

- 52.1 Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Council or Board functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust.

53. Dissolution of the Trust

- 53.1 The Trust may not be dissolved except order of NHS Improvement, in accordance with section 57A of the 2006 Act, following authorisation of a relevant application by the Council of Governors in accordance with the relevant paragraph of this constitution, or by order of NHS Improvement under section 65LA of the 2006 Act.

54. Relationship with the County Council

- 54.1 Where the Trust has entered into a partnership agreement pursuant to the Health Act 1999 with a County Council:
 - (a) it will be contractually accountable to the County Council for the performance of County Council functions under such agreement
 - (b) it may establish a joint committee pursuant to regulation 10 of the partnership regulations, or such other board or officer group with delegated authority from the Board of Directors to oversee the arrangements as the Board of Directors see fit.
- 54.2 Subject to any delegation of functions to any group established under the paragraphs above, the function of supervising the management of the County Council functions shall vest in the Board of Directors or a single director nominated by the Board.
- 54.3 In the event that any such partnership agreement establishes a pooled fund within the meaning of the partnership regulations, then subject to the terms of the agreement and the provisions of the Partnership regulations regarding the

role of the Pooled Fund Manager. The responsibility for any pooled fund hosted by the Trust shall be vested in the Board of Directors.

55. Interpretation and definitions

55.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

55.2 Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.

55.3 References in this constitution to legislation include all amendments, replacements or re-enactments made.

55.4 In this constitution:

the 2006 Act is the National Health Service Act 2006

the 2012 Act is the Health and Social Care Act 2012

NHS Improvement is the organisation (or any successor body) responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

voluntary organisation is a body, other than a public or local authority, the activities of which are not carried on for profit.

the **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act. The Chief Executive is the Accounting Officer.

Director means executive or non-executive director of the Board as the context permits. For the avoidance of doubt, the Chair is a non-executive director.

Executive director means a director who is an officer of the Trust.

ANNEX 1 – THE PUBLIC CONSTITUENCY

<u>Name of constituency</u>	<u>Area</u>	<u>Minimum no. of members</u>	<u>Number of governors</u>
Cheltenham	The electoral area of Cheltenham Borough Council	100	2
Cotswold	The electoral area of Cotswold District Council	100	2
Forest	The electoral area of Forest of Dean District Council	100	2
Gloucester	The electoral area of Gloucester City Council	100	2
Stroud	The electoral area of Stroud District Council	100	2
Tewkesbury	The electoral area of Tewkesbury Borough Council	100	2
Herefordshire	The electoral area of Herefordshire Council	100	2
Greater England and Wales ¹⁷	All other electoral wards in England and Wales save those electoral wards that fall within the Cheltenham, Cotswold, Forest, Gloucestershire, Stroud, Tewkesbury and Herefordshire constituencies.	100	1

¹⁷ Constituency expanded to include Wales to which GCS provides services

ANNEX 2 – THE STAFF CONSTITUENCY

<u>Name of Staff Class</u>	<u>Description</u>	<u>Minimum no. of members</u>	<u>Number of governors</u>
the medical dental and nursing staff class ¹⁸	<p>Staff who are registered with the General Medical Council; or</p> <p>Staff who are registered with the General Dental Council; or</p> <p>Staff who are registered with the Nursing and Midwifery Council</p>	100	4
the health and social care professions ¹⁹ staff class	<p>Staff who are either:</p> <p>allied health professionals who are registered with the Health and Care Professions Council or any successor body; or</p> <p>social workers registered with, Social Work England, or any successor body; or</p> <p>individuals who are employed wholly or mainly in direct clinical and care roles but not eligible for membership of those classes described above</p>	100	3
the management, administrative and other staff class.	individuals who are management or administrative staff or others entitled to be members of the staff constituency who do not come within those classes described above	100	3²⁰

¹⁸ Former medical and nursing staff class (3 governor positions) now includes dentists. Additional one position created and reserved initially for a GCS nurse

¹⁹ Formerly the ‘health & social care and support’ staff class. Renamed to ‘health and care professions’ class. Names of relevant regulatory bodies updated. Additional post created and reserved initially to GCS

²⁰ Additional post created, reserved initially to GCS

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

1.1 The Trust will have a Council of Governors consisting of public, staff, local authority and Clinical Commissioning Group governors.

1.2 The Council of Governors is to comprise:

Elected Governors:

<u>Category of Governor</u>	<u>Number of Governors</u>
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Public governors:

• Cheltenham	2
• Cotswold	2
• Forest	2
• Gloucester	2
• Stroud	2
• Tewkesbury	2
• Herefordshire	2
• Greater England <u>and Wales</u>	1

Staff governors:

• Medical Dental and Nursing staff class	4
• Health and Social Care Professions staff class	3
• Management, administrative and other staff class	3

Appointed governors:

• Gloucestershire County Council	1
• Herefordshire Council	1
• Gloucestershire Clinical Commissioning Group	1
• Herefordshire Clinical Commissioning Group	1

Total	29
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1.3 Subject to paragraph 1.4 below, **of the four (4) Staff Governors in the Medical Dental and Nursing class:**

1.3.1 **two (2) seats shall be reserved for a nurse;**

1.3.2 **one (1) seat shall be reserved for a doctor; and**

1.3.3 **one (1) seat shall be reserved for either a doctor or a dental professional.²¹**

²¹ Wording of previous electoral constraint amended to reserve posts within the medical dental and nursing class – 2 for nurses, at least 1 for a doctor, and 1 which may be either a doctor or a dental professional.

- 1.4 Subject to paragraph 1.5 below, the electoral constraints set out in will apply to all Staff Governor seats in the Medical Dental and Nursing staff class, regardless of the number of Staff Governors being elected from that staff class at any particular time.
- 1.5 In respect solely of the first election (whether such first election is a general or by-election) for each of the Staff Governor classes following the Trust's acquisition of Gloucestershire Care Services NHS Trust under section 56A of the National Health Service Act 2006, where a vacancy or vacancies exist, one such vacancy in each staff class shall be reserved for qualifying staff employed by Gloucestershire Care Services NHS Trust immediately prior to the acquisition.²²

²² New electoral constraint applies only to the first elections following the transaction to provide that the vacancy created for 1 governor in each of staff classes is reserved initially to former GCS staff. Following the completion of staff elections immediately after the transaction, elections will be open to all qualifying staff regardless of their former employing trust.

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Delivery Committee

DATE OF COMMITTEE MEETING: 28 November 2018

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PERFORMANCE DASHBOARD

The Committee received the Performance Dashboard setting out the performance of the Trust for the period to the end of October 2018. Of the 194 performance indicators, 92 were reportable in October with 84 being compliant and 8 non-compliant at the end of the reporting period. Where performance was not compliant, Service Directors were taking the lead to address issues and work was ongoing in accordance with agreed Service Delivery Improvement Plans to address the underlying issues affecting performance.

PERINATAL MENTAL HEALTH PROVISION

The Committee received a positive update report on the Trust's Perinatal Mental Health Care Provision. The work of the service involved close multi agency working with partners including midwives, infant mental health and health visitors. The team focussed on the mum and baby relationship and considered the whole family unit. The service had met all NHSE targets and standards, Wave 2 funding had been achieved and the team was now fully recruited to. The Committee noted that Experts by Experience had been involved in the production of the Perinatal Service strategy and the work carried out to reduce the stigma around perinatal mental health.

ADMISSIONS OF U18s TO ADULT INPATIENT WARDS

The Committee received a report on the recorded number of children and young people who were admitted during Q1 and Q2 2018/19 to:

- Local adult mental health wards (Gloucestershire - 2, Herefordshire - 0)
- Out of county age appropriate mental health wards (Gloucestershire - 13, Herefordshire – 2)
- Paediatric wards with mental health issues identified (Gloucestershire - 15, Herefordshire – 5)

The report profiled the reason for an admission, length of stay and the onward inpatient journey.

The Committee was assured that with 2 stays on adult wards over the last 6 months this was a much improved picture. A report on U18 admissions to adult wards would be received at the Delivery Committee annually and any urgent issues would be raised in the Locality Exception report.

HR INDICATORS REPORT – Q2

Compliance for statutory and mandatory training had reached an average of 91% for quarter 2 2018/19, therefore achieving the KPI for S&M training. Appraisal compliance had achieved an average of 84% for the second quarter of 2018/19 and this was below the target of 90%. However, compliance in September 2018 was 4% higher than compliance achieved in September 2017 and it was important that managers and their staff continued to work on this. At this stage only limited assurance could be given that the 90% target will be met.

The overall sickness absence percentage had fallen when compared with the same period in 2017/18 and the proportion of long term to short term sickness absence was in line with other Trusts. Work continued to help reduce sickness further over time. However, at this stage only limited assurance could be given that the sickness absence target would be met in 2018/19.

The Trust monitored turnover on a monthly basis and although there was no KPI for turnover it was important to ensure that turnover was maintained within reasonable levels. The average turnover for quarter 2 2018/19 was 9.30%.

HR POLICIES AND PROCEDURES

The Committee noted the following HR policies and procedures considered and approved by JNCC on 24th July 2018:

- Sickness Absence Policy
- Study Policy
- Unfitness to Practice Policy
- Secondment Policy
- Dress Code Policy
- Disciplinary Policy

The Recruitment & Selection Policy and Joint Management of Change Policy were considered by JNCC in November 2018 and the Control of Substances Hazardous to Health (COSHH) Policy was considered at Safety Health and Environment Committee on 30th October 2018.

IT DELIVERY PLAN 2017/18 - 2020/21

The Committee noted the objectives provided in the report for the 2018/19 IT Delivery Plan and was assured that all areas of the plan were progressing however, the challenges and issues around delivery of certain aspects of the plan such as the new Gloucestershire Health Community Wide Area Network were noted. The key areas reported as RED were:

- New Gloucestershire WAN Network
- Transition from N3 to HSCN

The key projects progressing currently included Windows 10 rollout, Cyber systems and Video Conferencing. A future strategy for IM&T was being produced via the merger project and it was proposed that an update be brought to Delivery Committee in April 2019.

IT AND TELEPHONY ANNUAL ASSURANCE STATEMENT

The Committee received a summary of assurance statements for the IT technical systems and software and noted the key areas where the trust only had Limited Assurance at present, including:

- Wide Area Network (WAN). This was due to delays, reliability issues and extended dual running costs of this project
- System Backup; recent backup issues had shown that resilience in the platform needed a review.
- Cyber Security; a number of network issues had been highlighted recently via a CITS report.
- Disaster Recovery and Business Continuity Services; problems encountered during a recent DR test need to be addressed.
- User Support – I.T. Services. The Committee noted that extended wait times for support were generating a large number of complaints.

There were some challenges around the merger and agreement on what would happen to the service going forward. IT had been discussed at a recent joint Executives Committee and concerns were raised around CITS performance and the impact of that on the services. It was agreed that the Trust needed to highlight the impact of CITS poor performance on Trust services and assurance was needed that the service would meet 2gether's needs and that it will be delivered.

OTHER ITEMS

- The Committee received a demand and capacity update from the Herefordshire Recovery services
- The Committee received the Locality exception reports from the Gloucestershire Localities and Gloucestershire Countywide localities
- An update report on the IRIS Project (CYP Service provision) was received and the progress since this was last reported to the Committee was significant. A positive relationship had been built with the CCG and pressure was being put on the Local Authority to move forward. An implementation report would be brought to the January Delivery Committee meeting.
- The Committee received the Working Well Annual Assurance Statement and was assured that the objectives set in the annual Working Well Service Plan were being progressed or met, with an Action Plan in place to address those objectives which had not yet been met.
- The Committee received the Estates Annual Report, which was an amalgamated report covering sustainability, Facilities and Estates. It also incorporated the data from the Premises Assurance Model Report. The Committee agreed that there was good assurance across the estates service and good benchmarking was noted.

ACTIONS REQUIRED BY THE BOARD

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

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Development Committee

DATE OF COMMITTEE MEETING: 12 December 2018

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

REVIEW OF THE CAPITAL PROGRAMME

The Committee received a review of the Capital Programme at month 7 of the financial year 2018/19. At month 7 capital expenditure was £1,080k; an under spend of £361k against the NHS Improvement Plan of £1,441k and an under spend of £234k against the Trust's Revised Budget Plan of £1,314k. Following an Executive review of the major capital schemes the M12 forecast capital expenditure was £3,828k with £1,771k of forecast spend being re-profiled to 2019/20.

The Committee received an update on current and proposed estate disposals.

A challenge was raised around the timing of the Trusts capital spending; with much due to take place in the final quarter of the year. The finance team had had conversations with scheme leads and there was a good level of assurance that these items would take place.

RESEARCH OVERVIEW COMMITTEE

The Committee noted the summary report from the Research Overview Sub-Committee Meeting held on 16th November. Key areas of discussion included the research engagement event plan, Trust Research Policy and standard operating procedures, research updates from the clinical areas/ operational services, overview of new studies and alignment with GCS.

The Committee noted that there had been a discussion about the principle of paying investigators for their time when involved in commercial research. It had now been agreed that going forward Principle Investigators would be paid for their time or backfill would be financed. This was usual practice in other organisations and had been agreed at the Executive Committee. Cobalt had agreed to offer a £40k per annum contribution to facilitate this.

ACTIONS REQUIRED BY THE BOARD

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

BOARD COMMITTEE SUMMARY SHEET**NAME OF COMMITTEE: Governance Committee****DATE OF COMMITTEE MEETING: 21 December 2018****KEY POINTS TO DRAW TO THE BOARD'S ATTENTION****PATIENT SAFETY AND SERIOUS INCIDENT REPORT**

The Committee received an overview and analysis of serious incident reporting to commissioners and high level monthly trend analysis, including Never Events. 6 new SIs were reported during November; 4 serious incidents reported for Gloucestershire and 2 serious incidents were reported for Herefordshire. No Never Events had occurred within Trust Services and the Committee was significantly assured that the Trust had robust processes in place to report and learn from serious incidents.

The gently increasing trend in reporting of detained absconders in Gloucestershire was acknowledged but the Committee noted that there was no harm associated with these incidents. It was currently not possible to benchmark AWOL reporting with similar organisations; however, NHS MH Benchmarking for 2017/18 had requested AWOL data for the first time. It may, therefore, be possible in future to establish how the Trust compared with similar providers.

Increases and peaks in reporting from clinical areas had been queried with Matrons and Managers and largely correlated with increased patient acuity in those clinical areas. Ward based dashboards continued to be developed within DATIX which would enable the clinical teams to review their own incident reporting trends in real time.

A high number of incidents had been reported at Berkeley House. Good information was being received and there was assurance that reporting and interventions were appropriate. A focused report on Berkeley House was to be brought to the Governance Committee in February.

LIGATURE AUDITS

The Committee received an overview of the results of the annual ligature audits of inpatient areas. The complete ligature audits for both Herefordshire & Gloucestershire had been presented and discussed within each locality Governance Committee.

The Committee was significantly assured that the new ligature audit tool was being used; however, there was limited assurance that these audits were being completed in line with policy. The same template was being used for all incidents but there were currently some inconsistencies in how this was being completed.

All identified actions had been collated onto a single 'Action Tracker' for each county and these would be progressed and maintained via Estates & Facilities. These audits covered critical points of risk and it was agreed that energy must be put into this area of work, with Ligature Audits being monitored robustly at quarterly meetings.

HEALTH, SAFETY AND ENVIRONMENT COMMITTEE REPORT

The Committee received a breakdown of the Health & Safety related incidents reported on the Datix Risk Management System for Quarters 1 & 2, 2018/19 that had been "closed" by the handlers/line managers.

In quarter 1, there were 45 Health and Safety incidents recorded of which 11 were wrongly categorised.

Of the remaining 34 incidents, 21 had been closed. These were incidents to staff; visitors contractors etc. There were 13 Health & Safety incidents that had occurred during the quarter that had not been closed by handlers. There were 6 RIDDOR reportable incidents in quarter 1. 2 were closed and the remaining 4 were either being reviewed or awaiting final approval by the handler.

In quarter 2, there were 34 Health and Safety incidents recorded of which 29 have been closed. There were 5 Health & Safety incidents that had occurred during the quarter that had not been closed by handlers. There were 7 RIDDOR reportable incidents in Quarter 2. 5 were reported late to the HSE as a result of late reporting to the H&S team and 3 remained under review by the handler. An increase in the number of incidents of sharps and splash contamination was noted and it was agreed that this would be investigated further.

Gloucestershire Countywide Services had the greatest overall proportion of incidents reported across all types of Health and Safety incidents however this reflected the nature of the services provided.

The Committee was significantly assured around the accuracy of the 'grade of harm' or 'level of seriousness' as assessed by handlers. The new system had now been in place for 2 years, handlers had received training, and the system was embedded.

VOLUNTEER STRATEGY

The *Policy for the appointment and support of members of 2gether's Volunteer Programme* underwent a planned review and update during 2017, and was ratified in January 2018. The significant amendments to the policy had resulted in clearer processes, improved governance arrangements, and strengthened support for prospective and current members of the Volunteer Programme as well as the 2gether colleagues that host volunteers within their services.

There was high-level assurance that robust governance arrangements were in place for the Volunteer Programme within 2gether. The Committee was significantly assured that robust pre-employment checks were undertaken for all volunteers, that adequate training and supervision was provided to volunteers and that recruitment and registration processes were being followed. Significant assurance was also received that a mechanism was in place to validate and celebrate the contribution of 2gether's volunteers and that there were mechanisms in place to measure the quality of experience and impact of volunteer roles within 2gether.

OTHER ITEMS

- The Committee received the Safe Staffing data for October and November 2018 and significant assurance was received regarding the levels of staffing on all wards during this time.
- The Committee received the CQC Patient Survey report which provided the 2018 results of the CQC Survey of People who use Community Mental Services. This report had been received at the November meeting of the Board. The Committee agreed that the survey results offered significant assurance that the Trusts strategic focus and dedicated activity to deliver best service experience was having a positive effect over time.
- The Committee received and noted the Medical Education Annual Report 2017/18. A number of challenges were identified within the report, including a drop in training satisfaction ratings from the GMC Survey, high levels of consultant vacancies at Wotton Lawn and the under-recruitment to CT1 posts. However, a number of achievements were also noted including the growth of the education faculty with more consultants directly involved with education. The Trust's medical education away day continued to be popular, well attended and received good feedback. There was a robust local system of training and supervision to ensure that Appraisers were up to date with their training and that trainees were supported to attend training opportunities.

ACTIONS REQUIRED BY THE BOARD

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

BOARD COMMITTEE SUMMARY SHEET**NAME OF COMMITTEE:** MH Legislation Scrutiny Committee**DATE OF COMMITTEE MEETING:** 14 November 2018**KEY POINTS TO DRAW TO THE BOARD'S ATTENTION****MENTAL HEALTH LEGISLATION SCRUTINY COMMITTEE DEVELOPMENT PROPOSALS**

A short development session was held on the 12 September when a small group met to consider how the Committee currently functioned and how assurance was sought and provided.

A number of considerations and decisions to support changes to the effectiveness of the Committee were outlined, to ensure both the Committee's time and that of its members was used most effectively. This included changes to the membership of the Committee and the Committee's Key Performance Indicators. The focus of this Committee was of protecting patient's rights and autonomy, and assurance should be provided here that any risks were being mitigated.

CQC MONITORING VISITS – QUARTER 2 ASSURANCE REPORT

The Committee noted that the Trust received 12 visits per year and was fully assured around the processes and structures in place for the receipt, scrutiny, investigation, reporting and where necessary escalation of issues associated with CQC Monitoring Visit Reports.

A set of Key Performance Indicators had recently been added which monitored CQC action statement returns and the percentage of actions that breached their original target dates. Those key themes which were being monitored by the Mental Health Operational Group included; Advanced Decision and Advanced Statements (wishes and preferences) and the personalisation of care plans.

There had been some slippage in a number of actions that were set out to address observations made by the CQC. It was reported that a review and discussion around specific actions had been undertaken and assurances had been provided to ensure the timely completion of outstanding actions.

REVIEW OF ISSUES ARISING AT MHA REVIEWS

In 2018/19 to date, there had been 5 MHA Managers Issue forms received which was two less than in 2017/18 as at the end of October. Issue themes included; reports (quality of content/ timeliness of service user receiving reports prior to a hearing), attendance (report author available to present their report) and under other issues arising from the availability of social care and linked to discharge planning. The Committee was significantly assured that processes, systems and procedures were in place to receive, assess and respond to issues raised by Mental Health Act Managers.

ROLLING AUDIT OF DETAINED PATIENTS AND THE REMINDER OF THEIR RIGHTS

An audit of the recording of the provision of rights to patients subject to the Mental Health Act had been carried out and in September 2018, 75% of detained patients had been informed of their rights within Trust policy timescales, this rose to 80% when progress notes were checked. 48% of CTO patients had been informed of their rights since starting on their current CTO within Trust policy timescales. The Committee noted that some patients were already exercising their rights by going to tribunal and if those patients were included compliance rose to 83%.

Operational colleagues were following up this issue with inpatient wards and community teams in order to increase compliance rates and would continue to monitor this issue. The Committee welcomed this piece of work and was pleased that the Operational Group were now taking this forward.

UPDATE ON AMHP COVER

The Gloucestershire AMHP Hub went live on 23rd July 2018 and provided an AMHP service between the hours of 9am and 11pm from Monday to Friday (excluding Bank Holidays). AMHP cover in Gloucestershire outside of these hours was provided by EDT and the Trust was working in partnership with GCC to finalise a model to provide and deliver a 24/7 AMHP Hub service.

There had been a reduction in the number of referrals for MHA assessments between midnight and 8am since the AMHP hub became fully functional on 23rd July 2018. As anticipated, the majority of referrals were received during 9 to 5 daytime hours and this had increased from 74% of referrals in May 2018 to 82 % in October 2018. Further work was planned to understand the data over a longer period.

In Herefordshire the Local Authority provided a 24/7 AMHP service across the County. The S136 suite had recently been refurbished and had now been re-opened as the Hatton Suite, this was not currently staffed but discussions were to take place at Executives Committee the following week.

S136 AGE PROFILES

The Committee received a detailed breakdown of the age profile of people accessing the S136 Health Based Place of Safety (HBPS). The profile breakdown was specifically for 2018 across a 10 month period. This demonstrated the greatest number of people (70%) detained to the S136 suite were of working age between the ages of 19 and 45yrs. This was similar to the previous year's profile showing no significant variance. When comparing the same time frames between 2017 & 2018 there had been a significant reduction of 100 S136 detentions reported.

DOLS UPDATE

The Committee received an update on changes to the Deprivation of Liberty Safeguard (DoLS). These changes would mean that responsibility for carrying out assessments would rest with Care Home Managers rather than the Local Authority. The Local Authority in Gloucestershire had not been able to carry out the number of assessments required and there were over 1,000 applications waiting to be processed. The Bill was going through parliament and was expected to receive ascent in 2019 and would come into force in 2020. The Trust would need to ensure that there was a process in place and appropriate training for staff.

EXTRA CARE AREAS AND SECLUSION

The Committee received an update on a change in the Code of Practice for Extra Care Areas and Seclusion. A full report would be provided at the next meeting for assurance. This report had been requested following the CQC monitoring visit to Montpellier in June where an issue was identified with the Trust's use of seclusion. The Trust did still deviate from the current code of practice but this had been discussed with the CQC and they had endorsed the Trust's position.

OTHER ITEMS

The Committee also:

- Carried out a review of the Risk Register, with particular focus on the risk around Section 12 Approved Doctors – Mental Health Act Assessments. This had a risk score of 12 and limited assurance. It was agreed that the oversight responsibility of this risk would be transferred from the Delivery Committee to the MHLSC.
- Received a review of the January 2018 CQC report on the MHA and rise in detentions against data and trends on the use of the MHA in Gloucestershire with a view to local recommendations to improve practice.

ACTIONS REQUIRED BY THE BOARD

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

Agenda item 12

Enclosure

Paper G

Report to: Trust Board, 30 January 2019
Author: Ingrid Barker, Trust Chair
Presented by: Ingrid Barker, Trust Chair

SUBJECT: JOINT 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

INTRODUCTION AND PURPOSE

Recognising the Strategic Intent work and my role as both Chair of 2gether and Gloucestershire Care Services this report format has been revised to reflect the breadth of my activities across both Trusts. The production of a joint report does not impact on my existing accountability as the appointed Chair of each Trust.

The Report also provides an overview of 2gether Non-Executive Director (NED) activity.

RECOMMENDATIONS

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

1. INTRODUCTION AND PURPOSE

This report seeks to provide an update to both Boards on Chair and Non-Executive Director activities in the following areas:

- Strategic Intent
- Board Development
- Working with our partners
- Working with our colleagues
- National and Regional Meetings attended and any issues highlighted

1.1 Strategic Intent Update – Moving Towards Developing an integrated Physical and Mental Health Care Offer with ²gether NHS Foundation Trust

The work in the two Trusts to move forward the Strategic Intent continues, with progress and overall monitoring being maintained through the agreed governance processes.

Following the submission of the Strategic Case to NHS Improvement on 30th September 2018 the Board has now received formal confirmation to proceed to the next stage, and work continues to take this forward.

Shadow Board

The appointment process for the shadow Board Non-Executive Directors was taken forward in December and for Executive Directors in January 2019. Formal announcements have been issued regarding NED appointments and will be for Executive appointments once these processes are complete. I would like to thank stakeholders who took part in these processes. There has been a substantial time commitment for all those taking part in the process – whether as interviewer or interviewee.

I am very grateful to all our Non-Executive Directors and Executive Director colleagues who put themselves forward for this thorough and searching process. I recognise that all Directors make, and will continue to make, a significant contribution to both Trusts as we balance business as usual and the work of the merger. At the point when we agreed to set off down the path to merger, members of both Boards showed great courage in agreeing to put themselves at some risk in order to create a new future. I would like to pay warm tribute to everyone who has gone into the process, eyes wide open.

1.2 Board Development

A Joint Board Development session took place on 13th December considering aspects of joint working with partners which was an interesting and informative session. We focussed particularly on developments in Place Based working.

In future sessions we look forward to considering recent publications such as:

- The NHS Long term plan
- GP Partnership Review

1.3 GCS Medical Director – Dr Mike Roberts

I would like to record our thanks to Dr Mike Roberts who is stepping down as the GCS Medical Director on 31st January 2019. Mike joined the Trust in July 2014, initially deputising during the secondment of the previous Medical Director. He was appointed Medical Director in May 2015. Mike has made a significant contribution, both to GCS and the wider health system during his time with us and also during the previous era of the Primary Care Trust. Mike has played a key role in reminding us that patients need to be at the centre of all we do – and that we need to ensure that the system facilitates this. I am pleased that he plans to maintain his role as a GP and am sure we will continue to benefit from his experience to help build ever closer relationships with primary care.

1.4 Working with our Partners

Maintaining **business as usual** remains a priority across both organisations. As part of this I have continued my regular meetings with key stakeholders and partners including:

As members of the **Gloucestershire Integrated Care System**, the Joint Chief Executive and I have attended a number of Gloucestershire Strategic Forum sessions to help develop its strategy and approach and we look forward to this work continuing in 2019. I have been particularly active in chairing the process of recruitment for a new independent chair for the ICS since the current chair, Chris Creswick, is to step down at the end of January. I am grateful for the support given to the ICS chairs group in this task by Trust executives.

I attended the annual strategy review session and **NHS Providers' Board** meeting in January. The main business of the session was to review the next three year strategy for NHS Providers, prior to taking it out for consultation with the wider NHS Providers' membership. The Board also considered the NHS long term plan, the financial envelope, and risks and opportunities to improve care. It was, as always, an informative session which considered the very real challenges faced by Trusts working to improve the health of their communities. In addition, Board members received a fascinating presentation from Andy Wilkins and Richard Gold called 'Healthcare Beyond the Fog', an inspiring and provocative proposition regarding a radical future for health provision. This report has been shared with our own board colleagues.

Regular meetings with the **Gloucestershire ICS Partner Chairs** and the **Hereford and Worcestershire STP Chairs** continue to take place. I attended the Gloucestershire meeting on 15th January and was represented at the Hereford and Worcestershire meeting by Duncan Sutherland on 8th January. These meetings help support understanding of system issues and ensure partners are working together as effectively as possible to resolve them.

A regular meeting of the **Gloucestershire Health and Care Overview and Scrutiny Committee** (HCOSC) took place on 15th January. I attended the meeting with the Joint Chief Executive. The meeting considered the important public health agenda, a petition from North Cotswolds relating to x-ray services – GCS is working closely with Gloucestershire Hospitals NHS Foundation Trust to respond to concerns highlighted, a regular update from the Integrated Care System, which is also provided for this meeting's consideration and an excellent briefing on Mental Health Crisis Response in the County. My thanks to 2gether Executive colleagues and our CCG Commissioner for their very clear and well received presentation.

At the **Gloucestershire Health and Wellbeing Board development session** on 22nd January I was represented by Graham Russell, GCS Non-Executive Director and Marcia Gallagher, 2gether Non-Executive Director. This was a development meeting considering current strategy and the forward plans.

1.5 Working with the Communities and People We Serve

In December I visited the **Gloucestershire Domestic Abuse Support Service**, which is designed to reduce the level of domestic abuse and improve the safety of

victims and their families. This highlighted the work that is being done to eliminate the myths that surround domestic abuse and encourage individuals to seek the support that is available. My report on the visit, in support of the national campaign, has been published in GCS's 'Insider' magazine.

I also visited the **Gloucestershire Action for Refugees and Asylum Seekers**. Both Trusts have close links with this important charity as people supported by its services have significant mental and physical health needs.

In January I spent an afternoon with **King Fisher Treasure Seekers**, visiting the shop, the Cavern, the Lighthouse and seeing other emerging services, all of which are providing vital support for people with challenges in their lives, often associated with mental health and learning disabilities. Treasure Seekers works to help people achieve their potential and become the best version of themselves they can be. Again, both Trusts have close and developing links to this fast developing organisation.

I was pleased to attend the **Age UK** Christmas Carol Service at Gloucester Cathedral and the Joint Chief Executive joined me at the **Police and Fire and Rescue Services'** Carol Service – two festive events which brought together the communities we serve with those who serve them in an enjoyable and heart-warming way.

1.6 Engaging with our Trust Colleagues

I continue to meet regularly with Trust colleagues at ²gether and GCS and visit services at both Trusts to inform my triangulation of information.

I was impressed by my visit to the **Perinatal Mental Health Team** in December. The team allowed me to sit in on one of their team meetings when I learned just how complex is this team's case load and how much they are engaged in multi-agency partnerships to support mothers and babies, including with GCS's health visitors.

I chaired the **2g Council of Governors** meeting on 15th January, as always a helpful meeting focusing on matters of key concern for our community, which included an update on the Strategic Intent. I would like to thank the lead governor and other governors who have supported the shadow board appointment process. Their care and diligence is a key factor in providing assurance to our community.

I attended the **Mental Health Managers Forum** at Charlton Lane Hospital on 12th December. It was good to be able to meet the Mental Health Act Managers who are a very dedicated and thoughtful group, taking very seriously their responsibilities under the Act. We benefitted from a training session on ECT.

Also on the 12th December, I attended the **Cirencester Hospital Volunteers** Christmas Party – a great opportunity to thank these individuals who give their time unstintingly and make a real difference to colleagues and service users and their families.

On 17th January I was pleased to have the opportunity to visit **Southgate Moorings**, along with two GCS NEDs, and see our new facilities housing a number

of GCS services. The service users and colleagues I spoke to seem to be settling in and it's great to have a facility in the heart of Gloucester.

I continue to have a range of 1:1 sessions with Executive and Non-Executive colleagues as part of my regular activities.

2. NED ACTIVITY

Activities undertaken by the 2gether NEDs are listed below.

NED'S KEY ACTIVITIES (December 2018 and January 2019)
--

Jonathan Vickers (Chair of Development Committee)

Since his last report Jonathan has;

- Prepared for and attended a board meeting
- Held conversations with executive and non-executive colleagues on trust matters
- Prepared for and chaired a meeting of the development committee
- Prepared for and attended two SILG meetings
- Prepared for and attended a joint board development session
- Participated in discussion groups for the executive director selection process

Nikki Richardson (Deputy Trust Chair/SID/Chair of Governance Committee)

A verbal update will be provided at the meeting.

Marcia Gallagher (Chair of Audit Committee)

Since her last report Marcia has;

December

- Prepared for and attended a NED Interview at the Jury's Inn Cheltenham
- Attended Gloucestershire Audit Chairs meeting with Chair of STP
- Attended Joint Board Seminar

January

- Prepared for and attended the Gloucestershire Health and Wellbeing Board meeting at Shire Hall Gloucester.
- Participated in the Director of Finance Interviews at the Chase Hotel Brockworth.
- Attended the ICS Non-Executive Directors and Lay Members Network meeting at Sanger House.
- Prepared for and attended a joint ATOS/GCS Remuneration Committee.
- Prepared for and attended the Delivery Committee.
- Prepared for and attended a Shadow Board meeting.
- Prepared for and attended the January 2G Board meeting.

Duncan Sutherland (Chair of MH Legislation Scrutiny Committee/Charitable Funds)

A verbal update will be provided at the meeting.

Maria Bond (Chair of Delivery Committee)

Since her last report, Maria has:

December

- Prepared for and attended MHAM Forum at Charlton Lane
- Prepared for and attended an SI Review at Wotton Lawn
- Prepared for and attended a joint board seminar at EJC
- Emails and discussions in regard to not holding Delivery Committee in December
- Prepared for and attended NED discussion groups and interview panel

January

- Call with Executive Director in preparation for their interview
- ACC Panel meeting at Rikenel
- Prepared for and attended executive discussion groups
- Prepared for and attended HR interview panel
- 1:1 Meeting with Chair
- Prepared for and attended joint ATOS/RemCom meeting
- Prepared for and Chaired Delivery Committee
- Prepared for and attended Shadow Board meeting
- Prepared for and attended the 2g Board meeting

Dominique Thompson

Since her last report, Dominique has;

- Prepared for and attended a Joint Board session
- Attended the Executive Director interview panels, taking part in discussion groups with candidates
- Prepared for and attended a Delivery Committee
- Prepared for and attended the January 2g Board Meeting

2GETHER NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

THURSDAY 8 NOVEMBER 2018

BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT:

Ingrid Barker (Chair)	Rob Blagden	Vic Godding
Jan Furniaux	Alison Feher	Bren McInerney
Anneka Rose	Cherry Newton	Miles Goodwin
Hilary Bowen	Carole Allaway-Martin	Nic Matthews
Said Hansdot	Katie Clark	Jo Smith
Mervyn Dawe	Kate Atkinson	

IN ATTENDANCE: Anna Hilditch, Assistant Trust Secretary
Andrew Lee, Director of Finance
John McIlveen, Trust Secretary
Kate Nelmes, Head of Communication
Nikki Richardson, Non-Executive Director
Paul Roberts, Joint Chief Executive
Neil Savage, Joint Director of HR and Organisational Development
John Trevains, Director of Quality
Jonathan Vickers, Non-Executive Director

1. WELCOMES AND APOLOGIES

- 1.1 Apologies for the meeting had been received from Stephen McDonnell, Graham Adams, Xin Zhao, Ann Elias, Mike Scott, Faisal Khan, Lawrence Fielder and Jenny Bartlett.

2. DECLARATION OF INTERESTS

- 2.1 There were no new declarations of interest.

3. COUNCIL OF GOVERNOR MINUTES

- 3.1 The minutes of the Council meeting held on 11 September 2018 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 these were now complete or progressing to plan.
- 4.2 Bren McInerney had volunteered to take on the vacant Governor Observer role at the Trust's Development Committee. It was agreed that further information about time commitments, the observer role and future meeting dates for the Development Committee would be shared with Bren following the meeting.

ACTION: Further information about time commitments, the Governor observer role and future meeting dates for the Development Committee would be shared with Bren McInerney

- 4.3 The Council noted that a collated meeting evaluation form had not been included in the papers for this meeting. Only one completed feedback form had been received following the last meeting. All Governors were encouraged to complete the feedback forms at the end of each meeting and return these to Anna Hilditch.

ACTION: All Governors were encouraged to complete the evaluation feedback forms at the end of each Council meeting and return these to Anna Hilditch.

- 4.4 The one piece of feedback that had been received following the September meeting was from Cherry Newton and had related to the limited time allocated on the agenda for discussions about Herefordshire developments. Anna Hilditch advised that this feedback had been taken on board and all future Council agendas would now include an allocated and timed slot for Herefordshire discussions.

5. CHIEF EXECUTIVE'S REPORT

- 5.1 Paul Roberts presented his report to the Council, highlighting a number of key areas for the Governors to note.

Strategic Case update

- 5.2 The Boards of both 2gether and GCS met at the end of September to review and endorse the Strategic Case, which has now been submitted to NHS Improvement. NHS Improvement will examine the Strategic Case in some detail and we hope that by November will have given us their views on the strength of the case, which will then lead us into the next stage of the programme – preparation and submission of the Full Business Case.

Values Programme

- 5.3 We successfully held our 'Values Week' workshops during the week of the 22nd to 26th October where we welcomed over 1700 colleagues and over 40 people who use our services. These sessions were a crucial part of hearing from our colleagues about the things that enable them to do their best work and how these should be reflected in our shared values and behaviours going forward. By the same token, colleagues were able to describe those things which get in the way of them doing their best work and we need take note of these and ensure these are 'designed out' of the merged organisation. All of the feedback given within these sessions is being collated and will be fed back to us later in the month. We are also seeking post event feedback from colleagues and from those who use our services. It is envisaged that it will take longer than planned to analyse all of the data received and we therefore propose to delay any further sessions until February 2019.
- 5.4 Paul Roberts informed the Council that this had been and continues to be a hugely ambitious piece of work but it is built on the recognition that getting the culture right for the new organisation is absolutely critical in setting the solid foundation for transforming services. Governors would continue to be kept updated with progress.

- 5.5 Bren McInerney agreed that the focus on values was key and he was therefore very pleased to see how much work and effort had gone in to recognising this and the need to get the culture of the new organisation right from the off set.

Naming the New Organisation

- 5.6 Going into Values Week, we also made a commitment to colleagues that we would engage with them on the subject of choosing a name for our new merged Trust. All colleagues have been invited to participate, including Governors. Whilst we recognise that there are limitations determining the choice of a name we believe that engaging colleagues in that choice is important and we will carefully consider all suggestions before returning with some recommendations.

Tea Party Celebrates Trust Volunteers

- 5.7 Paul Roberts reported that he had attended the sixth annual tea party recognising the enormous contribution of 2gether volunteers and experts by experience. The event included the presentation of certificates to many volunteers, as well as the Trust's experts by experience – people who use their own personal experience of mental illness or learning disability to act as advisors.
- 5.8 The tea party was a fantastic celebration and an opportunity for us to pay tribute to everything our volunteers and experts by experience do for our Trust and the communities we serve. They bring so much expertise, energy and knowledge to us and richly enhance the life of our Trust and our services.

2gether Rated Above National Average in PLACE Assessment

- 5.9 Our latest Patient Led Assessment of the Care Environment (PLACE) results put us above the national average for mental health and learning disability settings in all of the six domains for the first time since PLACE began in 2013. The 2018 assessments took place between April and May this year. PLACE are self-assessments carried out by local volunteers who go into hospitals as part of a team. The teams assess how well the environment supports a number of non-clinical aspects of the premises identified as important by patients and the public. These aspects are known as domains: privacy and dignity, food, cleanliness, general building maintenance, and how well the needs of patients with dementia and disabilities are met.
- 5.10 Paul Roberts said that 2gether was really proud of these results as they demonstrate the great care and attention we pay to providing high quality, therapeutic facilities for our service users. We cannot underestimate the impact this has on the experience people receive while being cared for by our Trust.
- 5.11 A query was raised as to how Governors could get involved with future PLACE assessments. It was noted that Healthwatch Gloucestershire and Healthwatch Herefordshire were the lead partners in undertaking the PLACE assessments for 2gether this year. Healthwatch provided "patient assessors" who made up a minimum of 50% of the inspection team with a minimum of two patient assessors on each inspection. Further information for Governors on how to get involved or interested in becoming a patient assessor is available via the following link.
<https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place>

6. KPMG EXTERNAL AUDIT – REVIEW OF THE YEAR 2017/18

- 6.1 The Council welcomed Duncan Laird and Chantelle Cheney to the meeting who were in attendance to present the KPMG External Audit Review of the Year 2017/18. This review was broken down into the following sections:
- Headlines from our work
 - Financial Statements
 - Use of Resources
 - Quality Report
- 6.2 Duncan Laird reported that the Trust had received unqualified/clean results for all audits undertaken which was excellent.
- 6.3 Cherry Newton made reference to the audit of the Quality Account, in particular to the Governor selected Local Indicator: Personalised discharge planning. The report noted that “there were some inconsistencies” and it was queried what these inconsistencies related to. Duncan Laird advised that some people calculated data daily, some people weekly and some monthly. The end point was the same; however, it was agreed that this process could work better and this had therefore been picked up as a recommendation for action for next year.
- 6.4 Rob Blagden said it was important for Governors to get assurance that the Trust’s NEDs were assured by the audit report and results. Those NEDs present at the meeting all agreed that the Trust Board, including the NEDs received very good oversight of the Trust’s finances, with bi-monthly detailed reports received at Board meetings, and verbal briefings received at the Delivery Committee.
- 6.5 Rob Blagden asked whether the 2g Board would also receive the GCS finance reports. Andrew Lee informed the Council that 2gether had received and reviewed the GCS report and accounts as part of the financial due diligence work taking place as part of the merger. This includes accounts for the previous 5 years.
- 6.6 The Council thanked Duncan and Chantelle for attending the meeting, and the positive outcome of this years’ audits was noted.

7. OVERSEAS VISITORS - PRESENTATION

- 7.1 The Council welcomed Nikki Taylor to the meeting who had been invited to attend and provide a more detailed presentation to the Council on the process of charging for overseas visitors/patients.
- 7.2 From 23 October 2017 all Trusts are required to put in place a cost recovery process to identify and recover costs incurred by overseas patients and to appoint an Overseas Visitors Manager (OVM). Regardless of age, sex, gender, religion or race the Trust is duty-bound to ask everyone where they have been resident in the last six months.
- 7.3 What this means for ²gether:
- ALL Overseas patients need to be recorded regardless of whether they are charged

- It is a legal obligation of the NHS to determine whether a person is an overseas visitor or whether they are exempt
- Using documents provided by the patient we can reclaim costs of care from other European countries
- If a patient has paid the Health Surcharge, no funds are reclaimable and patients are treated at our expense (annual fee of £200 per adult, £150 per child)

7.4 Overseas Visitors at 2gether to date:

- Since the guidelines were put in place, we have identified approximately 65 patients who are from Overseas
- More patients are being flagged as systems of identifying them are being established, and as staff are becoming more aware
- The care those patients received since this time is approx. £230,000 and increasing
- Not all patients are chargeable, for example those that have paid the Health Surcharge or Asylum Seekers – however, we do still need to report on them

7.5 Refugees and Asylum Seekers:

- In Gloucestershire and Herefordshire we have a high number of Asylum Seekers and Refugees
- A small number of these have overstayed their visas and no longer have a 'Valid Right to Remain'
- Overseas Visitors Guidelines advise that these patients are chargeable for their treatment
- Although we know that these patients are unable to pay for their treatment, we are still obliged to raise an invoice for their care

7.6 Nikki Taylor informed the Council that the Trust always considered clinical presentation of patients before charging/issuing an invoice. There had been one recent case of a patient seen by the perinatal MH service and it had been agreed that the issuing of an invoice would be detrimental to their health. The current NHSE Guidance on Overseas Visitors was produced initially for Acute Trusts. 2g is part of a forum run by NHSI, tasked with refreshing the guidance for Mental Health and we have started to submit case studies to this forum. The recent perinatal service case was submitted as one of these case studies to make it clear how the charging process would work in mental health services.

7.7 The Governors thanked Nikki for attending and providing this briefing. Nikki assured the Governors that this was still a relatively new process; however, no patient had been denied treatment at any point, and this was very important to be aware of.

8. MEMBERSHIP DATA REPORT AND MEMBERSHIP DRIVE UPDATE

8.1 A short-life working group has been formed and will first meet on 14 November, specifically to focus on increasing membership among people who use the services of Gloucestershire Care Services NHS Trust. When our two Trusts join in the summer of 2019, it will be important to ensure that our membership is representative of people with an interest in the work of both Trusts. Therefore, this will become the focus of increasing attention in the coming months and a specific recruitment plan will be actioned.

- 8.2 Some work has already been taking place, including social media activity and membership materials being made available at GCS events and in waiting areas. We are also working with Healthwatch Gloucestershire, Healthwatch Herefordshire and other stakeholders such as Carers Gloucestershire, Gloucestershire Young Carers and the VCS Alliance to promote membership more widely to their networks. This has resulted in some new members joining, including colleagues from GCS. When our two Trusts combine, those GCS colleagues will need to be removed from the public membership database as they will then be automatically counted within the staff constituency.
- 8.3 In line with our membership priorities, agreed at the Council of Governors and Board in May, in general we are focussing on increasing membership in Herefordshire and the Cotswolds, and among men, younger people (under 21s) and members of the Black and Minority Ethnic Community. Bren McInerney noted the importance of engaging more with younger people around membership. He added that Gloucester FM radio focussed on specific topics and he suggested that he could speak to his contacts there to ask them to consider a focus on mental health and membership.

ACTION: Bren McInerney to speak to his contacts at Gloucester FM radio to ask them to consider a focus on mental health and membership.

- 8.4 The Trust continues to promote membership at events, via social media and through the Trust website. Governors have supported a range of membership and engagement events in recent months. These include the Barton and Tredworth Cultural Fayre and the Gloucestershire Police Open Day. These two events attracted more than 80 new Trust members. Our Social Inclusion Team continues to promote membership at the wide range of events they attend with our partners and stakeholders and we have also recently recruited a membership volunteer to assist with membership promotion.
- 8.5 A query was raised as to when the next Membership Advisory Group meeting would be taking place. Kate Nelmes agreed to circulate any future planned dates for this Group to Governors to enable them to attend.

ACTION: Kate Nelmes to circulate future planned dates for the Membership Advisory Group to Governors to enable them to attend

9. FEEDBACK FROM GOVERNOR OBSERVATION AT BOARD COMMITTEES

- 9.1 A number of Board and Board Committee meetings had taken place since the Council of Governors last met in September 2018 and Governors had been present in an observation capacity at some of these meetings.
- Delivery Committee – 27 September and 24 October
Kate Atkinson had attended the September Committee meeting. She said that she had written up and submitted some questions that she wanted a response to following this meeting. It was agreed that this would be chased up.

- Development Committee – 17 October
Said Hansdot had attended this Committee meeting and said that it had been a good, well run meeting.
- Governance Committee – 26 October
Vic Godding and Jo Smith had attended this Committee meeting. Both agreed that the meeting was well chaired, but that time was always a struggle as there was so much business to get through in the 2 hours allocated. Anna Hilditch advised that this had been considered and Governance Committee meetings for 2019 had been re-scheduled for 3 hours to accommodate this going forward.
- Audit Committee – 7 November
Mike Scott had attended this meeting and said that he felt very assured by the business conducted. The chairing had been effective and challenging and there had been clear monitoring of previously agreed actions.

10. GOVERNOR ACTIVITY

- 10.1 Vic Godding said that he attended the Trust's Stakeholder Committee, along with Miles Goodwin. He suggested that it would be useful to share a briefing on the role of the Stakeholder Committee, and any presentations received at the meeting with all Governors for information.

ACTION: Governors to receive a briefing on the role of the Stakeholder Committee, and any presentations received at the meeting would be shared with all Governors for information.

- 10.2 Cherry Newton and Miles Goodwin had attended a recent Healthwatch Herefordshire meeting where the Letter of Hope was discussed. Cherry had also attended one of the values week sessions.
- 10.3 Jo Smith said that she had attended the Police Open Day in September to help man a membership information stand. She advised that this was a great event and was also a great way for Governors to meet members of the public. She said that she would encourage all Governors to consider attending such events when they are set up during the year.
- 10.4 The Governors noted that Healthwatch Herefordshire would be setting up a new MH Forum.

11. ANY OTHER BUSINESS

- 11.1 There was no other business.

12. DATE OF NEXT MEETING

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2019		
Tuesday 15 January	1.30 – 2.30pm	3.00 – 5.00pm
Thursday 14 March	9.00 – 10.00am	10.30 – 12.30pm
Tuesday 14 May	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 11 July	1.30 – 2.30pm	3.00 – 5.00pm
Tuesday 10 September	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 14 November	9.00 – 10.00am	10.30 – 12.30pm

Council of Governors Action Points

Item	Action	Lead	Progress
8 November 2018			
4.2	Further information about time commitments, the Governor observer role and future meeting dates for the Development Committee would be shared with Bren McInerney	Anna Hilditch	Complete
4.3	All Governors were encouraged to complete the evaluation feedback forms at the end of each Council meeting and return these to Anna Hilditch.	ALL GOVERNORS	Complete
8.3	Bren McInerney to speak to his contacts at Gloucester FM radio to ask them to consider a focus on mental health and membership.	Bren McInerney	
8.5	Kate Nelmes to circulate future planned dates for the Membership Advisory Group to Governors to enable them to attend	Kate Nelmes	Complete Wednesday 6 March 2019 at 11.00 – 1.00 in the Resource Room, Stonebow Unit, Hereford (Any Governors wishing to attend should advise Kate Nelmes in advance)
10.1	Governors to receive a briefing on the role of the Stakeholder Committee, and any presentations received at the meeting would be shared with all Governors for information.	Kate Nelmes / Lauren Edwards	

Agenda item 14

Enclosure

Paper I

Report to: Trust Board, 30 January 2019
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 October – December (Q3 2018/19).

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 Quarter 3 2018/19, the Seal was not used.

RECOMMENDATIONS

The Board is asked to note the use of the Trust seal for the reporting period.