COUNCIL OF GOVERNORS

Tuesday 14th March 2019

9.00 – 10.00am
Governor Pre-Meeting

10.00 – 10.15am
Networking Session

10.15 – 12.30pm
Council of Governors Meeting

Business Continuity Room, Rikenel

Our Core Values

Seeing from a service user perspective
Excelling and improving
Responsive
Valuing and respectful
Inclusive, open and honest
Can do
Efficient, effective, economic and equitable

Council of Governors Meeting

Thursday 14th March 2019 at <u>10.15 – 12.30pm</u>
In the Business Continuity Room, Rikenel, Gloucester

AGENDA

Item	Time	Title and Purpose	Reference
1	10.15	**Welcome and Apologies**	**Verbal**
2		**Declaration of Interests**	**Verbal**
3		**Minutes of the Previous Meetings** • Council Meeting – 15 January 2019	**Paper A**
4	10.20	**Matters Arising, Action Points and Meeting Evaluation Form**	**Paper B**
Service Focussed Presentations and Information Sharing			
5	10.25	**Chief Executive's Report**	**Paper C**
6	10.35	**Chair's Report**	**Paper D**
Formal Business			
7	10.40	**Report from the Nominations and Remuneration Committee**	**Paper E**
8	10.45	**Change to the Trust Constitution – New Trust Name**	**Paper F**
9	10.50	**Service Planning 2019/20**	**Paper G**
10	10.55	**Quality Report Indicators 2019/20**	**Paper H**
Holding to Account			
11	11.05	**Development Committee Assurance Session (Jonathan Vickers)**	**Presentation**
12	11.20	**Feedback from Governor Observation at Board Committees*** • Delivery Committee – 29 January and 27 February • Governance Committee – 22 February • Audit Committee – 13 February (*Committee meetings that have taken place since the last Council meeting)	**Verbal**
Membership and Governor Involvement			
13	11.25	**Items for Discussion from Governor Pre-Meeting**	**Verbal**
14	11.40	**Governor Activity**	**Verbal**
Any other Business			
15	11.45	**Any other business** • July Council Meeting date – Potential time change	**Verbal**
16		**Date of Next Meetings** Please see overleaf	**Verbal**

		CLOSED SESSION MEETING	
17	11.50	**Minutes of the Previous Meetings** • Council Meeting – 15 January 2019	**Paper I (c)**
18	11.55	**Herefordshire Services Update**	**Verbal**
19	12.00	**Joint Working with Gloucestershire Care Services** • Merger Transaction Update (Timescales, Business Case update) • Transformation Update (Benefits Realisation)	**Presentation** **Presentation**
20	12.30	**Any other business**	

Meeting Dates 2019

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	**Governor Pre-meeting**	**Council Meeting**
2019		
Tuesday 14 May	4.00 – 5.00pm	**5.15 – 7.45pm**
Thursday 11 July	1.30 – 2.30pm	**2.45 – 5.15pm**
Tuesday 10 September	4.00 – 5.00pm	**5.15 – 7.45pm**
Thursday 14 November	9.00 – 10.00am	**10.15 – 12.45pm**

Public Board Meetings

2019		
Wednesday 27 March	10.00 – 1.00pm	Business Continuity Room, Rikenel
Wednesday 29 May	10.00 – 1.00pm	The Kindle Centre, Hereford
Wednesday 31 July	10.00 – 1.00pm	Business Continuity Room, Rikenel
Wednesday 25 September	10.00 – 1.00pm	Business Continuity Room, Rikenel

Nominations and Remuneration Committee Meetings *(Committee Members only)*

2019		
Tuesday 7 May	4.00 – 5.30pm	EJC
Tuesday 2 July	4.00 – 5.30pm	EJC
Tuesday 3 September	4.00 – 5.30pm	EJC
Tuesday 5 November	4.00 – 5.30pm	EJC

TEAM CHARTER

This Team Charter is collectively agreed by Governors, Non-Executive Directors and Executive Directors. Our aim is everything we do is aligned to the Trust's purpose of "Making Life Better". Our actions, attitudes and behaviours will support the Trust's vision "To be the Provider and Employer of choice delivering sustainable, high quality, cost effective, inclusive services" and will be in line with Trust values described below.

Trust Values	We will
Seeing from a service user's perspective	We will work collectively "making life better" through ensuring the views of our service users and carers are represented in improving our services.
Excelling and improving	We will all take responsibility for this organisation and for working together. We will celebrate success and maximise best practice. We will ensure that debates, conversations and decisions benefit from both an expert and non-expert perspective.
Responsive	We will accept actions and targets and deliver on them individually and collectively in a timely manner. We will learn from our experiences. We will be flexible and adaptable.
Valuing and respectful	We will value differences and show respect to all those with whom we work and have contact. We will say what we feel openly and directly, and use language that demonstrates respect for other peoples' views. We will resolve conflict with sensitivity. We will respect rules of confidentiality.
Inclusive, open and honest	We all have a responsibility to bring our views and experiences to debates, and we will demonstrate that each person's views have equal value. We will encourage others to speak, we will listen to understand and be informed. We will give praise openly and publicly. Our feedback will be honest and delivered with courtesy and sensitivity.
Can do	We will always try to problem solve. We will be proactive, positive and look for opportunities and innovations. We are open and willing to change position and compromise.
Efficient, effective, economic and equitable	We will appropriately plan and prepare for events and meetings to make best use of our time and the time of others. We will check and challenge our own and others understanding in a timely and appropriate manner to enable the work of the Council of Governors and the Trust to be effective.

The Role of Governors

NHS Foundation Trusts share all the same values, quality and safety standards as NHS Trusts, but they are 'owned' by their members who elect a Council of Governors to represent the views of members, patients, staff, partner organisations and the public.

This means that the Council of Governors is an important link between our local communities and staff, and the Trust Board, which has the responsibility of running the organisation and preparing the Trust's strategy. The Council of Governors works alongside the Trust's Board of Directors to help local communities and staff have a greater say in the strategic direction of the Trust, and how services are developed and delivered by the Trust.

The main roles of Council of Governors as set out by the Government are to:
- Represent the interests of the people within their constituency or partner organisation, report feedback on our services and, wherever possible, how they could be improved.
- Hold Non-Executive Directors to account for the Board's performance.

In ^{2}gether, the Council of Governors fulfils these roles by:
- Meeting with service users, carers, members and the public in their local community or staff group, to listen to their experiences and ideas and to provide feedback to the Trust, especially if a particular issue is seen as a trend.
- Commenting for the membership on the Board's strategic direction and annual planning, before it is finalised.
- Participating in Trust initiatives to inform local communities, partner organisations and staff about the Trust's plans, and celebrate achievements.
- Questioning the Non-Executive Directors about the performance and effectiveness of the Board and its Committees.
- Conducting formal business such as:
  - Appointing and, if appropriate, removing the Trust Chair and the Non-Executive Directors.
  - Having a say in the appointment of the Chief Executive.
  - Approving the appraisal process for the Chair and Non-Executive Directors.
  - Appointing and, if appropriate, removing the Trust's External Auditors.
  - Receiving the Trust's annual report and accounts (once these have been laid before Parliament) in order to understand the Trust's performance.
  - Approving major transactions such as acquisitions, mergers or large tenders.

²GETHER NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING
TUESDAY 15 JANUARY 2019
BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT:

Ingrid Barker (Chair)	Rob Blagden	Vic Godding
Jan Furniaux	Bren McInerney	Miles Goodwin
Anneka Rose	Faisal Khan	Jo Smith
Nic Matthews	Katie Clark	Jenny Bartlett
Kate Atkinson	Stephen McDonnell	Graham Adams
Ann Elias		

IN ATTENDANCE: Anna Hilditch, Assistant Trust Secretary
John McIlveen, Trust Secretary
Jane Melton, Director of Engagement and Integration
Colin Merker, Deputy Chief Executive
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

1.   WELCOMES AND APOLOGIES

1.1   Apologies for the meeting had been received from Mike Scott, Lawrence Fielder, Alison Feher, Cherry Newton, Mervyn Dawe, Said Hansdot, Carole Allaway-Martin, Hilary Bowen and Jade Brooks.

1.2   Ingrid Barker informed the Council that Jade Brooks had been nominated as the new Herefordshire CCG appointed Governor.

1.3   Xin Zhao, Public Governor for Gloucester had tendered her resignation. Xin had found it difficult to attend Council meetings due to work commitments and had made the decision to stand down. Xin had expressed her thanks for the opportunity to stand as a Trust Governor and wished her fellow Governors well for the future.

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 8 November 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 the majority of these were now complete or progressing to plan.

4.2   Bren McInerney had taken an action away to speak to his contacts at Gloucester FM radio to ask them to consider a focus on mental health and membership. Gloucester FM Radio Station is a well-established community radio station operating from the Barton and Tredworth ward in Gloucester. They have a radio licence for playing music of a black origin, but are very much a local community radio station that covers community topics impacting across all communities. On 17 December, Bren, Kate Nelmes (Communications lead at 2gether NHS Foundation), Anthony Dallimore (Communications Director at NHS Gloucestershire Clinical Commissioning Group) and the Directors of Gloucester FM Radio Station (Carl and Derrick Francis) met for an hour to discuss how to go forward with a health topic(s). Bren reported that this informal discussion was very positive and it was agreed that the NHS bodies would further discuss amongst themselves what was possible for this moment and any further collaborative working in the future and discuss this with GFM going forward.

5.   IMPROVING ACCESS TO PSYCHOLOGICAL THERAPY (IAPT) PRESENTATION

5.1   The Council welcomed Alex Burrage and Rosemary Neale to the meeting who were in attendance to provide an update to Governors on the work and current performance of the Trust's IAPT service (Let's Talk).

5.2   IAPT began nationally in 2008 to transform the treatment of adult anxiety disorders and depression, providing evidence-based psychological therapies. Nationally 900,000 people access support each year. Let's Talk covers Gloucestershire and Herefordshire and referral to the service is via GP, health professionals or self-referral via telephone/online. Therapy is based on Cognitive Behavioural Therapy provided by Psychological Wellbeing Practitioners (PWPs) and High Intensity Therapists. Support is also offered through Guided self-help, Educational courses, One to one and Online, i.e. Silver Cloud. The service aims to treat a range of conditions, including:
- Depression
- Generalised Anxiety Disorder
- Health anxiety
- Social anxiety
- Panic disorder
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Phobias
- Post Natal Depression

5.3   The Council received the referral, recovery and access statistics for both Gloucestershire and Herefordshire over the past 5 years, and noted that there had been a steady increase in performance, with projected recovery rates for both counties being 52%.

5.4   Rosemary Neale advised that one of the services' top priorities related to Long Term Health Conditions. It was noted that more than 15 million people in England (30% pop) have one or more long-term conditions and research consistently demonstrates that people with long-term conditions are two to three times more likely to experience mental health problems than the general population. There is a suggestion that 12-18 per cent of all NHS expenditure on long-term conditions is linked to poor mental health. By integrating IAPT services

with physical health services the NHS can provide better support to this group of people and achieve better outcomes, which was one of the main aims of the current merger process with Gloucestershire Care Services. The Council noted some of the current projects and pilots being carried out to develop services to address long term health conditions.

5.5   Bren McInerney welcomed the work that was being planned on Long term health conditions and asked about engagement with local communities around this. Alex Burrage said that a stakeholder committee was being set up in Gloucestershire, led by Commissioners, to drive forward the LTC work and this would involve wide engagement with local communities and patients.

5.6   Miles Goodwin asked whether the Let's Talk service offered smoking cessation. It was noted that it didn't; however, 2gether had multiple interventions in place with excellent signposting for those service users wishing to stop smoking. A successful smoking cessation programme had now been introduced at all inpatient units, with no smoking permitted on Trust grounds.

5.7   Vic Godding asked about the age range of people who would have access to the Let's Talk service. Alex Burrage advised that the service was for adults only (18+), however, children and young people's IAPT services were in development and if young people got in touch with Let's Talk they would be signposted to where to get appropriate support.

5.8   Kate Atkinson said that there would be a number of service users who didn't have access to the internet, or be able to use public transport, and she therefore queried how the service could adapt to ensure equal access to these people. Alex Burrage agreed that accessibility to services was key. The service would make the necessary adjustments, with treatment being offered by phone but also with local groups taking place and face to face appointments set up at the service users' GP surgery.

5.9   Rob Blagden noted that there had been an increase in referrals to the service but there had also been an increase in outcomes too which was excellent to see. He asked whether the Trust's IAPT services were fully staffed, and also about any NHSi scrutiny of the service. Rosemary Neale said that the Trust had been able to over recruit to the service and additional investment had been received from commissioners for the service to ensure that capacity could be maintained whilst still being able to meet key access targets. Jan Furniaux said that there had been an improvement in access rates, recovery and waiting lists but a huge amount of work was continuing to ensure that this performance was maintained. She said that NHSi were still monitoring the services; however, they had recently improved the Trust's segment scoring to a 1 (scale of 1-4) which meant that we now had full autonomy over our services which was excellent news.

5.10   The Governors thanked Alex and Rosemary for attending the meeting and for the huge amount of work that was taking place within the service. There was huge enthusiasm for more joint working with GCS and the bringing together of physical and mental health and this was clear from the presentation.

6.	**CHIEF EXECUTIVE'S REPORT**

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

6.2   Paul expressed his thanks to those Governors who had taken part in the discussion groups as part of the Shadow Executive Director appointments process. Lots of discussion and consultation was currently taking place around the name for the newly merged organisation. A report would be presented back to the Council at its March meeting for a decision. In terms of office moves, Paul advised that there were lots of benefits being realised from the co-location of staff at Edward Jenner Court. He acknowledged that the moves had not all gone smoothly, but any issues were now being ironed out with a firm plan in place for all future team moves.

6.3   The CQC's National Community Mental Health Patient Survey Results 2018 for 2gether's services in Herefordshire and Gloucestershire were published at the end of November. Once again, service users have rated the care provided through 2gether's services in the top 20% of mental health services in England. In 5 out of the 11 sections of the survey we score 'Better' than 80% of other Trusts who took part. These results represent a further improvement when compared to our results from last year's patient feedback in the same survey. The results are a testament to the expert and dedicated effort that colleagues are making to understand need, involve and respond well to people who use our services and their carers. Graham Adams asked about those areas where improvement was still required, noting in particular the 2 amber indicators. It was agreed that further information about these specific areas, and all areas where focus would be placed this year would be shared with Governors. A working group had taken place last year for Governors to drill down into the detail of both the Patient Survey and the National Staff Survey results. It was suggested that once the Staff survey results were published this may be a helpful way forward.

   ACTION: Short life working group of Governors to be set up to drill down into detail of Staff Survey and Patient Survey (April/May)

6.4   The Council of Governors noted the remainder of the report and thanked the Chief Executive for the update which was always welcomed.

7.	**CHAIR'S REPORT**

7.1   Ingrid Barker produced a regular report for the Trust Board which set out her activities and key developments. Following discussion with the Lead Governor, it was agreed that this report would also be shared with the Council of Governors, for information. The report also provided an overview of 2gether Non-Executive Director (NED) activity. This report was noted.

8.	**CHANGES TO THE TRUST CONSTITUTION**

8.1   The Council received this report which set out proposed changes to the Trust constitution. These changes fell into two main categories:

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

8.2   John McIlveen provided a summary of the main changes that were proposed, which included:
- 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.

8.3   The Council noted that those changes relating to the composition of the Council of Governors, and to public constituencies and staff classes, would have no effect on any sitting Governor.

8.4   It was noted that any changes to the Trust constitution must be agreed both by the Board and the Council of Governors. The Trust Board would be receiving this report for approval at its January meeting. The Council of Governors approved these changes, and if also approved by the Board, the majority of changes to the Constitution would take effect immediately, with those related directly to the merger only being actioned once the transaction had taken effect.

9.   CHANGES TO STANDING ORDERS

9.1   This report set out a proposed change to Standing Orders for the Council of Governors.

9.2   Currently, Standing Orders and the Trust Constitution prevent a Governor voting by proxy. The Council requested a change so that any Governor who was

unavoidably absent (for example by being away on a pre-arranged holiday) would be able to vote on the merger transaction. The proposed change, drafted on the advice of the Trust's legal advisers, allows a Governor who cannot attend a meeting where a vote is to take place, to cast their vote beforehand by email. The amended provision specifies the circumstances in which such voting is permissible, and the process for voting in absence.

9.3 The relevant clause from the Standing Orders was discussed, with the existing wording and proposed new wording presented.

9.4 Bren McInerney asked who would make the final decision about what would be classed as "exceptional circumstances" for a Governor who was unable to attend a meeting where a vote would be taking place. John McIlveen said that the Trust Chair would make the final decision. Bren said that he wanted it to be recorded in the minutes from this meeting that he would like this clause to be amended to state that the Trust Chair should liaise with the Lead Governor to make any final decision.

9.5 The Governors noted that there were no other changes required to the Standing Orders at this time. This proposed change was agreed and would take effect immediately. It was noted that changes to Standing Orders for the Council of Governors did not require the approval of the Board.

10. FEEDBACK FROM GOVERNOR OBSERVATION AT BOARD COMMITTEES

10.1 A number of Board and Board Committee meetings had taken place since the Council of Governors last met in November 2018 and Governors had been present in an observation capacity at some of these meetings.

- MH Legislation Scrutiny Committee – 14 November 2018
  Both Cherry Newton and Carole Allaway Martin had attended this meeting. Neither Governor was present to provide feedback.

- Delivery Committee – 28 November 2018
  Kate Atkinson had attended this meeting.

- Development Committee – 12 December 2018
  There had been no Governor attendance at this Committee meeting. The Council noted that Bren McInerney had volunteered to take up the second Governor observation post at this Committee and would be in attendance at future meetings.

- Governance Committee – 21 December 2018
  Vic Godding and Jo Smith had attended this Committee meeting. Both agreed that the meeting was well chaired, and had run to time. People presenting at the meeting did so clearly and succinctly.

11. MEMBERSHIP DATA REPORT

11.1 Our Membership Advisory Group (MAG) last met on 5 December 2018. Discussion centred on finalising the updated membership form, the content of membership packs and increasing membership – particularly among less well represented groups. The group is particularly focussed on the membership

priorities agreed in May 2018 - increasing membership across Herefordshire, the Cotswolds, young people, people from a Black, Asian and Minority Ethnic background, and men. Statistically, these are the areas where we are least well represented. The MAG will next meet on 6 March, in Hereford.

11.2   A short term working group has also been formed, at the request of the Strategic Intent Leadership Group (SILG), to focus on increasing membership among people who use the services of Gloucestershire Care Services NHS Trust in light of our forthcoming merger. The group first met on 14 November 2018 and will meet again on 16 January 2019. Our aim is to ensure that, prior to our merger, we have a membership body that more appropriately represents the interests of people served by both Trusts.

11.3   Kate Nelmes advised that the Trust continued to promote membership at events, via social media and through the Trust website. Membership was recently promoted alongside GCS at the Age Concern Christmas Carol Service, in Gloucester Cathedral. Our Social Inclusion Team continues to promote membership at the wide range of events they attend with our partners and stakeholders. We have also recently recruited a membership volunteer to assist with membership promotion.

11.4   Our most recent membership newsletter was published in December. The next edition will be published in mid-April. We may issue an e-flyer in the interim, with an update on the latest position with our merger.

11.5   Governors continue to support recruitment of new members, and engagement with people who use our services or care for those who do. This has included links being built with a local community radio station, and plans for a stand in Herefordshire for Time to Talk Day, in February.

11.6   Kate Nelmes informed the Council that not all membership targets were being met at this stage, however, she was confident that this would be the case by year end.

11.7   Bren McInerney asked about the forms of social media that the Trust was using to promote membership, and also whether the Trust was in touch with local groups around the county about how best to engage with them – and also how they could help us to promote membership. Kate Nelmes said that a number of meetings had taken place with local community groups and a recent meeting with young people had generated some excellent ideas of how to better engage with younger people, including changes to the membership welcome pack. Currently the Trust used Facebook, Twitter and Instagram as its main social media outlets and it was noted that there had been a big increase in followers over the past few months.

11.8   The Council noted the Membership activity report and acknowledged the work taking place regularly to promote Trust membership.

12.   GOVERNOR ENGAGEMENT OPPORTUNITIES

12.1   This report provided a brief overview of ways in which Governors can engage with their constituents and support the expansion of our membership body.

Effective engagement will ensure that our Council represents a robust and inclusive membership body, reflecting the views and needs of all of the communities we currently serve and will serve in the future.

12.2 Graham Adams said that as a relatively new Governor, he was struggling to understand how he could engage properly with his constituents. Kate Nelmes advised that Governors currently participated in a range of events and in the past few years, Governors have hosted specific membership events in a range of venues, including Cheltenham, Stroud, Cirencester, Gloucester and Hereford.

12.3 Different, more varied, methods of engagement were discussed, including Focus groups, 'Drop-in' opportunities to pre-existing community groups (by arrangement) and working with Communications to produce an 'e bulletin' for constituents. It was noted the Mike Scott had recently sent out a targeted email (via the Communications Team) to members of the Greater England constituency. Kate Nelmes agreed to pull some potential engagement options together and these would be shared with all Governors, inviting people to come back to her with any preferences.

ACTION: Kate Nelmes to develop a short survey for Governors, asking people to come back with preferences on how they may wish to engage with constituents going forward

13. GOVERNOR ACTIVITY

13.1 There was no further activity reported, other than that already discussed at the meeting.

14. ANY OTHER BUSINESS

14.1 The Council was asked to note that Katie Clark had been successfully reappointed as a Staff Governor representing Management and Administration Staff. A well contested election had taken place in December for this post. Katie's reappointment was for a further term of 3 years. Governors congratulated Katie on her reappointment.

14.2 Bren McInerney led Governors in expressing their thanks to all Trust staff who had worked to continue to provide safe services over the Christmas and new year period.

15. DATE OF NEXT MEETING

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2019		
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
15 January 2019			
6.3	Short life working group of Governors to be set up to drill down into detail of Staff Survey and Patient Survey (April/May)	Trust Secretariat	Governors to let Trust Secretariat know if they would wish to participate in a meeting, to be scheduled for mid-April time
12.3	Kate Nelmes to develop a short survey for Governors, asking people to come back with preferences on how they may wish to engage with constituents going forward	Kate Nelmes	**Complete** E-survey produced and emailed out on 7 March

2gether NHS Foundation Trust
EVALUATION OF COUNCIL OF GOVERNORS MEETINGS

Name… 12 Governors…….   **Date of Meeting** …15 January 2019……

	Please tick as appropriate:	Yes	No	Partial	N/A
Seeing from a service user's perspective					
1.	Did we consider relevant topics from a service user perspective? *If no, describe what we missed:*	10		2	
Excelling and improving					
2.	Did we hear both expert and non-expert perspectives in our meeting? *If no, please describe what we could have done to ensure other perspectives were heard:*	12			
Responsive					
3.	Did we deliver on any targets or actions that were due?	11		1	
Valuing and Respectful					
4.	Did the language we use demonstrate respect for others?	12			
Inclusive, open and honest					
5.	Were the conversations at the pre-meeting open, inclusive and non-judgmental about the topics on the Council's agenda? *If no, what needs to be different:*	12			
6.	Did you feel able to contribute to debate and decision making at the Council of Governors meeting? *If not please explain what prevented you from doing so:*	12			
Can do					
7.	Did we identify opportunities and innovations? *If we should have done but didn't, say what stopped us:*	9		2	1
Efficient, effective, economic and equitable					
8.	Did the agenda and papers arrive in plenty of time? (at least 4 working days before the meeting)	7	4	1	
9.	Were the agenda and papers i) Concise? ii) Informative? iii) Easy to follow? iv) At an appropriate level of detail? v) Clearly state the recommendations?	11		1	
10.	Were reports / papers presented concisely and succinctly?	12			

	Please tick as appropriate:	Yes	No	Partial	N/A
11.	Please list any reports which did not meet the above aims:				
12.	Please list any reports you found particularly helpful and say why: • **Membership Engagement Opportunities** • **CEO Report – good overview**				
13.	Were the items submitted to Council appropriate for the discussion / decision making?	12			
14.	Was the right amount of time spent debating the right issues? *If no, and too much time was spent debating a particular issue, which one?*	10		2	
15.	Were you clear about the facts, evidence, or points of view that were used to enable the Council of Governors to make decisions? *If no, how could we make this clearer:*	12			
16.	Did the Council receive clear, well-thought through advice from Trust staff or Board members? *If not please indicate any areas where you would have liked more support/ advice/clarification:*	12			

Please amplify your answers or provide any other comments/concerns/future agenda items or training/development needs or ideas to improve the Council (please continue on back if necessary).

Best Aspect of Meeting:	Worst Aspect of Meeting:
• **Lots of discussion** • **Clear papers and well delivered presentations** • **Concise and clear updates in closed session** • **Good reports and useful inclusive discussion** • **Fantastic to see staff engagement (face to face) part of a plan for a change and not an after thought** • **Good familiarization opportunity**	• **Acronyms used in papers and presentations** • **Limited NED input** • **Hard copy papers arrived late** • **Pre-meeting of limited value** • **More refreshments needed (none left when I arrived slightly late)**

Report to: Council of Governors – 14 March 2019
Author: Paul Roberts, Joint CEO
Presented by: Paul Roberts, Joint CEO

SUBJECT: **CHIEF EXECUTIVE'S REPORT**

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

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

1.   MERGER UPDATE

Merger Timetable
Colleagues may have seen my recent weekly email, in which I set out the revised timetable for our formal merger. Following discussion with NHS Improvement (NHSi), they strongly advised that we should move our 'transaction date' to 1 October, rather than 1 July. This is to give us more time to quantify the benefits of our work and to give them (NHSI) more time to consider and discuss our final business case with us prior to the merger. Governors were briefed about this proposal at our last meeting in January. Our Boards have agreed to their suggestion. Therefore, our formal merger will now take effect on 1 October. This does not, however, mean that there are any concerns about the strength of our case or that we will slow the pace of the work we are undertaking. The change of date is a formality, and our workstreams are continuing as previously. We will simply have achieved more in terms of joining up services prior to our merger date, than we would have done previously.

Shadow Board
Our Shadow Board has now been appointed – hopefully colleagues will have seen the announcement and be aware of the Executive and Non-Executive Directors for our new organisation. With the Shadow Board in place (the first meeting took place on 30 January) we will continue the process of agreeing the organisational arrangements for the new Trust and implementing them over the coming months. Both statutory Boards remain in place until the transaction date. Therefore, it is expected that existing Executive Directors and Non-Executive Directors will remain in position with oversight of their existing portfolios and service delivery until the merger is complete. I would once again like to thank all Governors who participated in the recruitment of both our Shadow Board NEDs and Executive Directors.

Our Executive Director appointments are as follows:

- **Amjad Uppal as Medical Director** – with the retirement of Mike Roberts (GCS) he becomes joint medical director for both 2g and GCS from 1st February
- **John Trevains as Director of Nursing, Therapies and Quality**
- **Sandra Betney as Director of Finance and Performance**
- **John Campbell as Chief Operating Officer**
- **Neil Savage as Director of Human Resources and Organisational Development** – Neil has been the interim director in GCS (on top of his role in 2g) for six months and his post is therefore made substantive from 1st February.
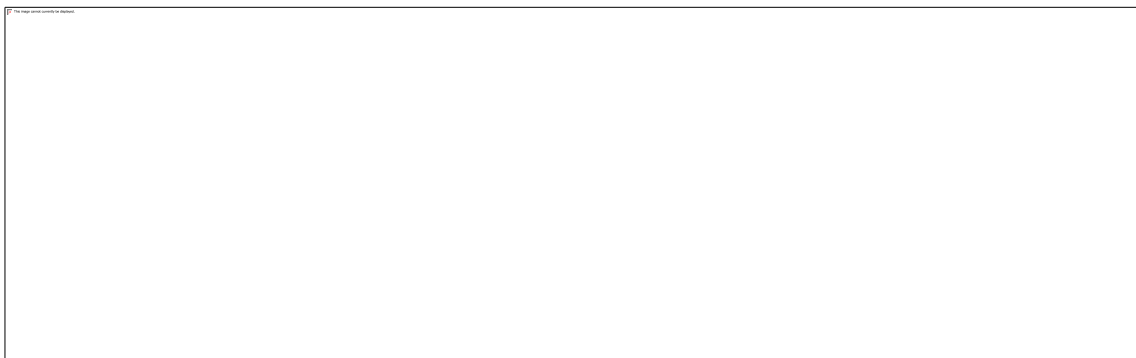
In addition, **Colin Merker**, my deputy in 2g, is going to take on the key role (on the shadow board and new board) **as Managing Director for our Herefordshire Services**. This is to ensure that Herefordshire has a senior executive (and we will also ask one of the NEDs to take a lead role for Herefordshire too) with a focus on services in this county together with the Herefordshire and Worcestershire Sustainability and Transformation Partnership, which will make the key big NHS decisions in the county in the future. Colin will continue on a fixed term basis, until March 2020. By then we expect to have completed a piece of work with Herefordshire and Worcestershire STP colleagues in relation to the future direction for the services we provide in Herefordshire and can make firmer decisions about this role. Colin and I, together with the Clinical Director and Service Director have recently carried out a series of face to face briefings with staff in Herefordshire to ensure that people are fully aware of these arrangements (see section 3 of this report).

One of the early priorities of the newly appointed shadow board executive directors will be to meet the teams that they will lead after merger from the Trust which is new to them. They can then begin to develop plans for bringing the 2g and GCS teams together. Clearly corporate services and senior management roles will be the initial focus for this work, rather than clinical services where our priority is to work with clinical colleagues through the Better Together Programme to look for opportunities for GCS and 2g services to work together – this has already started but will happen over a longer period of time.

New Trust Name
Colleagues will be keen to know that we are getting closer to confirming the name of our new organisation. We started consultation on the name during our Values Week sessions last October, when more than 1400 members of staff responded to our 'Name that Trust' survey. Since then, we have been consulting with public members, partners and stakeholders.

Herefordshire will have its own name, likely to be "Herefordshire Mental Health and Learning Disability Services" which NHS England allows us to use for distinct services operating within a larger Trust.

A formal report will be presented later in this meeting providing further information and the preferred options moving forward.

2. **National Staff Survey Results**

The results of the 2018 NHS National Staff Survey have been published. The annual survey, which is the largest of its kind in the world, helps us understand what colleagues think of the way organisations support, engage, train and develop colleagues. It enables us to build on what we are doing well and make improvements where things aren't so good.

There were a number of changes to the survey in 2018, with the results presented in 10 themes, including health and wellbeing, morale, equality and diversity, safety and staff engagement.

Over 1,800 colleagues from both 2g and GCS responded to the survey between October and December 2018 – thank you to everyone who took part.

We are delighted that the results demonstrate that at a time of uncertainty, 2g has maintained its position as one of the Mental Health Trusts with the most committed and engaged staff in the country. What is also fundamental is that colleagues feel that they would be happy for their family to receive treatment from both Trusts – in fact both organisations scored above the national average on this particular question. Both Trusts also scored well in terms of equality, diversity and inclusion, which is also vitally important.

I'm absolutely determined that our two organisations and when we merge, our new organisation are places in which we are proud to work and which help us to be fulfilled in serving our communities.

We are not complacent and whilst I am pleased with these results given their context, we need to do better. Areas of focus for both Trusts, and our new, merged Trust, in the coming year will include:

- 'Quality of appraisals'
- 'Safe environment – Bullying and harassment'
- 'Quality of care'

We will also be hoping to improve our response rates with the next survey.

The NHS Staff Survey is one of many ways we gather feedback to make sure we challenge ourselves to continually improve and do not become complacent on behalf of colleagues and those we care for. We are now exploring the results in greater detail to make sure we appropriately address those areas we know we need to improve upon.

The Boards and I are really pleased with these results, which are particularly impressive given that colleagues are working harder than ever to meet an increased demand for our services, while undertaking additional work to progress the joining of our organisations, to deliver better care together.

You can read the full results for our Trusts and look at those of other Trusts by clicking here.

We discussed and agreed at our January meeting that a short life Governor working group would be set up to drill down in more detail into the results of both this Staff Survey, and also the National Patient Survey, the results of which were published late in 2018. We will look to get this group set up to take place during April/May and would encourage any Governors wishing to participate to let us know.

3.   **Herefordshire Services**

We have completed the arrangements associated with reappointing to Mark Hemming's role as Herefordshire Service Director and I am pleased to welcome Les Trewin into his new role. I know Les is looking forward to working with such a well-established and well respected team and I know that his wealth of NHS, 2gether and Mental Health and Learning Disability services experience will help him in forming strong relationships quickly. Les has held senior management and leadership roles in CAMHS, Learning Disabilities and Adult and Older People's Mental Health Services. He is currently the Service Director for 2gether Countywide Services across Gloucestershire and he holds the leadership role for Inpatient, Hospital Liaison, Crisis and Eating Disorders. Les will now work with Mark to ensure a smooth transition before Mark's retirement date at the end of March 2019.

There is a lot happening in Herefordshire and we want to ensure that Mental Health and Learning Disability Services have a strong voice and influence in the changes that need to happen in many areas to improve services and outcomes for patients and staff with mental health, learning disability and physical health care needs. These changes may ultimately require a realignment of how our Herefordshire services are provided into the future.

I recently met with Herefordshire colleagues, and was really impressed by how many colleagues joined us for an open and honest discussion about future options for services in the county. We talked about the programme of work we are proposing to progress with Herefordshire & Worcestershire STP partners. Our work will consider the best strategic fit for how Mental Health and Learning Disability services should be delivered in Herefordshire into the future, given the NHS Long Term Plan and the aims and priorities of the 'One Herefordshire' and Herefordshire and Worcestershire STP proposals for the improvement of health and social care services across the area.

4.   **Women's Leadership Network**

The important issue of women in leadership has been identified following the appointment of an executive team for the new organisation which is, at this point when most, but not all appointments have been made, predominantly male. I want to ensure that in the future our organisation/s reflect the gender balance of our workforce better. To do this will require a carefully considered approach to personal and professional development, appointment processes and our culture. A number of colleagues have been in touch and shared their experiences and offered reflections and advice.

In the meantime, we have had a fantastic response with over 30 people interested in joining the women's leadership network. There is a good mix of clinical and non-clinical colleagues from across both organisations. Ten of these volunteers attended

a meeting on 5th March where they discussed what they want the network to deliver and how to organise it. There is also an electronic discussion forum being set up to allow everyone who wants to get involved to access the debate. I will ensure that I keep colleagues briefed on the work of this important network.

5. **Pulse Survey – key themes**

Each month we undertake a "pulse survey" amongst our staff which is focussed largely on our merger plans. This is because we recognise that merger (and change more generally) can be unsettling. The survey asks staff to let us know how they are feeling in terms of information sharing and engagement, and provides the opportunity for staff to comment on the key issues which may be affecting them at that time. Our February survey contained a lot of comments and views which are really useful – and this month three key themes were identified:

1. <u>A perceived imbalance towards 2g in the merger following the appointment of the Executive Team</u>. It is true that more of the executive team are from 2gether than GCS. On the Board as a whole there is a better balance. My assurance is that we went through a thorough and fair process to make these selections. Five 2g directors put themselves forward for these posts and only two GCS directors. All appointees are absolutely clear that they will be proud leaders of both the 2g and GCS team when we merge in October. In previous months, colleagues have suggested that the merger has been skewed towards GCS, for a number of reasons including the corporate base/HQ being Edward Jenner Court. I accept that these perceptions do swing – all I can do is assure colleagues that we are creating a new organisation based on the strengths of both.

2. <u>Uncertainty about roles and individual futures.</u> We entirely recognise the feelings of uncertainty – I have personally been in this position twice before and recognise the stress it can cause. This will be the major topic for our next Senior Leadership Network meeting.

3. <u>Information sharing (a number of concerns).</u> The key sources of information on the merger are via my weekly emails (which are also shared with Governors), our intranets, Team Talk, Joint Staff Forum, Senior Leadership Network, Up2Date, The Insider, and our weekly staff email newsletters – The Core and ByteSize. We are also currently working through our programme of Valuing Your Involvement sessions, where merger updates are being provided, and there are regular team meetings, committees and other gatherings, where I hope managers and senior leaders are briefing colleagues on the latest information available.

The February pulse survey was filled in by 330 people. This is enough to get a good sense of views and concerns but is less than 10% of the team. It is a highly valuable source of information and we continue to encourage staff to participate and contribute their views.

6. **Brexit**

As the UK's planned withdrawal from the European Union (scheduled for the 29 March 2019) draws closer, we wanted to provide Governors with assurance about the work taking place within the Trust to prepare. Andrew Lee, Director of Finance is leading on Brexit Planning for 2gether and a regular Brexit Operational Implementation Group to oversee any issues that may arise is now in place. Weekly updates are presented to our Executive Committee and I am confident that 2gether

has a good handle on the situation, also having oversight on this as one of the Trust's identified "Top 5 Risks".

7. <u>Appointment of Nick Relph to interim Integrated Care System (ICS) Chair role</u>

We are delighted to confirm that Nick Relph has been appointed as interim Chair of the 'One Gloucestershire' Integrated Care System (ICS), pending a national search for a substantive Independent ICS Chair. Nick takes up his 6 month appointment with immediate effect following the retirement of Chris Creswick at the end of January 2019.

Nick is well known within the NHS nationally and in Gloucestershire where he is currently a Non-Executive Director of Gloucestershire Care Services NHS Trust. He has extensive experience of healthcare having held a number of senior NHS roles covering community, mental health and acute services, including Director of Finance at a health authority, Chief Executive positions in three Primary Care Trusts in North London and Managing Director of the South East Commissioning Support Unit. He is a fully qualified accountant with the Chartered Institute of Public Finance and Accountancy (CIPFA). In his time within Gloucestershire, Nick has shown great passion for high quality care, patient experience and innovation, whilst championing the effective use of precious resources.

We very much look forward to working alongside Nick, health and care professionals and our valued community partners to help One Gloucestershire rise to the challenges ahead.

I would also like to pay tribute to Chris Creswick whose foresight, wisdom, experience and challenge has helped to put the county in such a strong position. A national recruitment process will now get underway to appoint to the role substantively.

THIS REPORT IS FOR INFORMATION ONLY

Agenda item   6   **Enclosure   Paper D**

Report to: Council of Governors, 14 March 2019
Author: Ingrid Barker, Trust Chair
Presented by: Ingrid Barker, Trust Chair

SUBJECT: **JOINT CHAIR'S REPORT** *(previously presented at Trust Board in January 2019)*

Can this report be discussed at a public 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 only.

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 [2]gether 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

Report to:	Council of Governors – 14ᵗʰ March 2019
Presented by:	Rob Blagden, Lead Governor
SUBJECT:	**Nominations and Remuneration Committee Report – 5 March 2019**

KEY POINTS TO DRAW TO THE COUNCIL'S ATTENTION

PRESENT Ingrid Barker (Joint Trust Chair), Nikki Richardson (Deputy Trust Chair), Mervyn Dawe (Public Governor – Stroud), Vic Godding (Public Governor – Cheltenham), Mike Scott (Public Governor – G England), Neil Savage (Director of HR & Organisational Development), John McIlveen (Trust Secretary)

CHAIR AND NON-EXECUTIVE DIRECTOR (NED) REMUNERATION

Non-Executive Directors last received a cost of living increase in April 2017 in line with the then 1% cost of living increase for NHS staff. For 2018/19, the national refresh of staff pay and conditions did not produce a single equivalent percentage figure which could be applied to NED remuneration. Additionally, there was a delay in agreeing a Very Senior Manager (VSM) uplift for Executive Directors, and Trusts were advised by NHS Improvement not to apply any NED uplift until agreement on VSM rates had been reached. From a benchmarking perspective, the NHS Providers Board remuneration survey for 2018/19 is not expected to be published until well into 2019/20.

As the VSM uplift of a flat increase of £2075pa has now been recommended by NHS I and agreed by the Trust's Appointment and Terms of Service Committee, the Nomination and Remuneration Committee was asked to endorse a pro rata increase for NEDs, based on that figure.

The Committee received assurance that in percentage terms, this uplift would be commensurate with that received by Trust staff, circa 3%. The uplift would mean that basic NED remuneration will be £13074pa, an increase of £415. For the Trust Chair the remuneration would increase by £1245 to £43446pa. These costs exclude any additional responsibility payments, for example for Committee Chair duties. The total cost of this uplift for the 2018/19 financial year will be circa £3735.

The Nomination & Remuneration Committee recommends that the Council of Governors agrees this uplift, backdated to 1 April 2018.

SHADOW NED RESPONSIBILITY ALLOWANCE

Governors appointed the Shadow Board NEDs late last year, and the Shadow Board came into being on 1 February 2019 following the appointment of Shadow Board Executives. Two of those NEDs are currently hosted by Gloucestershire Care Services. As NED remuneration for non-Foundation Trusts is dictated by NHS Improvement, and is set at a lower level (£6157pa) than that paid by 2gether to its NEDS (£13074pa), this means that were no action to be taken, these two NEDs would be faced not only with an increased workload but would receive

considerably less remuneration than their 2gether colleagues for the same work.

The Committee therefore received a recommendation to give a responsibility allowance to the two Shadow Board NEDs hosted by Gloucestershire Care Services. This increase would recognise the additional work involved in being a member of the Shadow Board, and would close the differential between NED remuneration rates in the two Trusts to ensure that GCS NEDs received the same remuneration as their Shadow Board colleagues from 2g. If the merger receives approval, these NEDs would transition to 2gether terms and conditions.

The Committee recommends that the Council of Governors agrees the award of a responsibility payment to GCS NEDs on the Shadow Board, backdated to 1 February 2019.

CHAIR APPRAISAL PROCESS 2019
Ingrid Barker, as Joint Chair of both Trusts, is subject to two appraisal processes. One of these is mandated by NHS I in respect of Ingrid's role as Chair of GCS, while the other is a 2gether process. These processes are similar, but there are differences, notably the inclusion in the 2gether process of 360° feedback.

The Committee considered a proposal to undertake a single joint appraisal process this year, in the light of both Trusts' strategic aims and in the interests of making the best use of people's time and avoiding duplication. The proposed process would see Jan Marriott, as Senior Independent Director at GCS, and Nikki Richardson, as Deputy Chair for 2gether, working together with the support of Trust Secretaries to deliver a single appraisal process. This will involve completion of the NHS I paperwork alongside the usual 360° feedback questionnaires from 2gether. Nikki and Jan would then meet to triangulate feedback before having a joint meeting with Ingrid to conclude the appraisal and agree SMART objectives for the coming year. The Council of Governors would subsequently receive an appraisal report via the Nomination & Remuneration Committee, with NHS I receiving their respective outputs separately.

The Nomination & Remuneration Committee asks the Council of Governors to agree this process for 2018/19.

The Committee will meet later in the year to consider potential changes to the appraisal process post-merger.

RECRUITMENT OF A 7TH NED with a GP BACKGROUND
The Committee received a verbal update on the recruitment of a NED with a GP background. As the Trust's contract with executive search agency Gatenby Sanderson expired in December 2018, this recruitment had been conducted by the Trust alone, using national recruitment mechanisms, mailshots to local GP practices, and personal networks where appropriate. Although some expressions of interest were received, no applications were submitted by the closing date. The Committee noted that Trusts across the region were finding it difficult to recruit NEDs with a GP background.

However, two potentially suitable candidates remain interested, but were unable to apply earlier due to existing commitments, and the wish to have an informal discussion with the Medical Director before deciding whether to apply. Those obstacles have now been overcome and the candidates remain interested. The Committee agreed that the Trust should not initiate any further recruitment exercise until the end of the month to follow up these leads and see if definite expressions of interest arise. Were no suitable applications to be received by that time, further consideration would be given regarding how to recruit to this NED position.

USE OF EXECUTIVE SEARCH AGENCIES

The Committee received a report setting out the benefits and risks of using executive search agencies for NED recruitment. The report noted that there had been significant NED recruitment over the past two years, and that in most instances that recruitment had taken place through an executive search agency. Most recently this agency has been Gatenby Sanderson, whose contract expired in December 2018. The Trust had therefore attempted to recruit to a 7th NED post seeking an experienced GP, without the use of a search agency.

The Committee heard that there are a number of risks and benefits to the use of such agencies. One risk is that it may not yield a suitable appointment and may therefore need to be repeated. This risk applies whatever process is used. One clear benefit is the networks available to search agencies, meaning that the Trust is able to reach a wider cadre of potential applicants than would otherwise have been the case. This was evidenced by the successful recruitment of Sumita Hutchison in 2018. Additionally, should no appointment be made when using an agency, there is no charge to the Trust.

A national framework is now available for executive search agencies, meaning that should the Trust wish to use such an agency, it could use the nationally procured framework, or do its own local procurement. The report proposed that for the reasons set out above, the Trust continue to use an executive search agency to assist in NED recruitment, and that the national framework should be used to get a 'best of three' quote. This would also allow the Trust the opportunity to test other search agencies.

The Committee asks that the Council of Governors supports the continued use of search agencies, and endorses the 'best of three quotes approach' using the nationally-procured framework.

ACTIONS REQUIRED BY THE COUNCIL

The Nominations and Remuneration recommend that the Council of Governors:

- **Approve** the proposed increase in basic NED remuneration, and backdate that remuneration to 1 April 2018
- **Approve** the payment of a responsibility allowance for Shadow Board NEDs currently hosted by Gloucestershire Care Services, and backdate this payment to 1 February 2019
- **Approve** the joint appraisal process for the Trust Chair
- **Note** the progress regarding recruitment of a NED with a GP background
- **Supports** the continued use of search agencies, and **endorses** the 'best of three quotes approach' using the nationally-procured framework.

Report to:	Council of Governors, 14 March 2019
Author:	Kate Nelmes, Head of Communications
Presented by:	Kate Nelmes, Head of Communications
	John McIlveen, Trust Secretary

SUBJECT: **Change to the Trust Constitution - New Trust Name**

This Report is provided for:			
Decision	Endorsement	Assurance	Information

EXECUTIVE SUMMARY

This paper provides an update on development of the name for our new, merged Trust and proposes a change to the Trust Constitution.

The new name must be determined by the end of March, to allow preparatory activity to take place, such as notifying the Care Quality Commission, updating contracts, designing new Trust branding and notifying service users, carers and stakeholders of our new name, in advance of the merger taking place.

A change to the Trust's Constitution is proposed which will incorporate the Trust's new name, once agreed, into the constitution. The revised clause makes the change of name conditional upon the merger with Gloucestershire Care Services taking effect. It is for the Boards of both Trusts to agree the name of the new Trust.

RECOMMENDATIONS
- That the Council of Governors notes the update regarding the naming process for the new Trust
- That the Council of Governors approves an amendment to the Trust's Constitution, renaming the Trust based on the final name determined by the Boards of both 2gether and Gloucestershire Care Services NHS Trust when they meet at the end of March.

Corporate Considerations	
Quality Implications:	NHS England sets out the guidelines governing Trust naming principles. Trust names are required to be clear, logical and understandable so that patients and the public can identify and locate organisations and services, and access support and treatment when required.
Resource implications:	Introducing a new Trust name will require updates to Trust branding, including across buildings, stationery, identification cards, uniforms and

	electronic platforms, such as websites, intranets and patient record systems.
Equalities implications:	A new name will be fully inclusive of the services provided by both Trusts.
Risk implications:	There are risks of marginalising certain teams and services if we do not create a new name which is representative of both Trusts.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	C
Increasing Engagement	C
Ensuring Sustainability	C

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
Paul Roberts, Joint Chief Executive	Date	7 March 2019

Where in the Trust has this been discussed before?		
Project Management Executive	Date	Various dates 2018/19
Strategic Intent Leadership Group		December 2018
Trust Boards		January 2019
Shadow Board		February 2019
Senior Leadership Network		February 2019
Team Talk		February 2019
What consultation has there been?		
Name That Trust Survey	Date	Oct/Nov 2018
Trust Membership E-flyer and survey		December 2018
NHS England Identity Team		December 2018
Stakeholders and partners		January 2019
Trust consultation on final shortlist		February/March 2019

Explanation of acronyms used:	N/A

1. **Background**

NHS England governs the principles we must adhere to when selecting a name for our new, merged Trust.

NHS England states: "The naming of NHS organisations, services and partnerships is a crucial part of the NHS Identity. It is important that names are clear, logical and understandable so that patients and the public can identify and locate the different organisations, services and partnerships which make up the NHS."

Names should:

- Be clear, logical and descriptive.
- Be written out in full, without the use of acronyms, abbreviations or symbols such as '&' – except St for 'Saint' and NHS for 'National Health Service'.
- Include the letters 'NHS' within the written version of the name.
- Contain a geographic reference, unless it is a national NHS organisation, service or partnership (e.g. NHS Improvement).
- If it is an NHS partnership, the name should end with, or contain a term that shows that this is a partnership and not an organisation (e.g. Partnership, Alliance, Collaborative).
- If it is an NHS service, start with a geographic reference, then a descriptor for the service (e.g. Mental Health) and typically end with the word 'Service', unless it is a national service (e.g. NHS 111).

The geographical reference must be either or both of the following:

- A place, geographical feature or area which is named on a map in general circulation, or which has a name in common usage locally.
- A centre of population (such as a village, town or city), an administrative area (such as a county or other local authority area) or an electoral district (whether Parliamentary or local authority).
- It may also incorporate compass references – North, East, South, West, North-East, North-West, South-East and South-West, or any of those in the 'Northern' (etc.) form.

The combined organisation will become an NHS Foundation Trust. Schedule 7 of the National Health Service Act 2006 says 'if the corporation is an NHS Foundation Trust, its name must include the words 'NHS Foundation Trust''.

1.2   Process

We are required to:

- Check with the NHS England communications team that the proposed name follows NHS naming principles.
- Check with NHS stakeholders that our proposed new name won't conflict or be confused with the names of neighbouring NHS organisations or services.
- Engage with our Foundation Trust members and wider patients and the public to check our proposed new NHS name is clear and understandable.
- As an NHS Foundation Trust, make an amendment to our constitution, which needs to be approved by our Council of Governors and our Board of Directors.
- Inform our key stakeholders as soon as possible so that they can update their records.

1.3 Process to date

- In October 2018, we began consulting with colleagues from both Trusts. During Values Week we conducted a 'Name That Trust' survey and received 1474 responses.
- In December 2018, we consulted with the public members of ^{2}gether, using the same 'Name that Trust' survey. We received 23 responses.
- In December 2018, we also sent our suggested name components to NHS England's Identity Team (South) who advised us on which components were suitable and in line with their guidance, and which were not.
- Following this, and analysis of the responses from our consultation process, we formulated a shortlist of three names:
  - Gloucestershire Health and Care NHS Foundation Trust
  - Gloucestershire Partnership NHS Foundation Trust
  - Gloucestershire Integrated Healthcare NHS Foundation Trust
- The shortlist was also shared with NHS England, who confirmed the shortlisted names met their approval.
- We also asked NHS England to advise us on the proposal to use a separate name for Herefordshire services. We received confirmation that this is permissible and that our proposed Herefordshire name (Herefordshire Mental Health and Learning Disability Services) meets their guidelines.
- In January 2019, we wrote to our stakeholders and partners, updating them on our Board appointment process. We also asked them their views on the three shortlisted names.
- In February 2019, the shortlist of three names and suggested name for Herefordshire services were shared at our joint Senior Leadership Network and with Trust Boards.
- In February 2019, the joint Shadow Board determined that the shortlist should be reduced to two names, rather than three. Gloucestershire Partnership NHS Foundation Trust was discounted as it was the name used briefly by 2gether, before it became 2gether in 2008.
- In late February/early March, colleagues were given a final opportunity to comment on the final two names shortlisted, which are.
  - Gloucestershire Health and Care NHS Foundation Trust
  - Gloucestershire Integrated Healthcare NHS Foundation Trust

2. Change to the Trust Constitution

2.1 A Trust's name is recorded in its constitution. A change will be required to the Trust Constitution to note formally the change of name. The following amendment, shown in red text, is proposed:

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.

Upon the acquisition of Gloucestershire Care Services NHS Trust under section 56A of the National Health Service Act 2006, the name of the foundation trust will be XXXXXXX

2.2 This amendment is therefore conditional upon the merger taking effect. Should the merger not take place, this new clause will become redundant and the Trust will continue to be known as 2gether. Once the merger does take effect, the new clause will take effect without the need for agreeing further amendments to the Constitution. Other references to 2gether (such as in page footers) will subsequently be amended.

2.3 If agreed by the Council today, the Board will be asked to approve the change to the Constitution at its meeting on 27th March.

3. Recommendations

3.1 The Council of Governors is asked to:
- Note the update regarding the naming process for the new Trust
- approve the above change to the constitution.

NHS

Gloucestershire Health and Care

NHS Foundation Trust

Your Name

Job Title

Your address
Address line 2
Address line 3
Address line 4
County
Postcode

Telephone: 0300 1234 567
Email: your.name@nhs.net
www.glos-hc.nhs.uk

NHS

Gloucestershire Integrated Healthcare
NHS Foundation Trust

Your Name
Job Title

Your address
Address line 2
Address line 3
Address line 4
County
Postcode

Telephone: 0300 1234 567
Email: your.name@nhs.net
www.glos-ihc.nhs.uk

NHS
Gloucestershire
Health and Care
NHS Foundation Trust

NHS
Gloucestershire Health and Care
NHS Foundation Trust

NHS
Gloucestershire
Integrated Healthcare
NHS Foundation Trust

NHS
Gloucestershire Integrated Healthcare
NHS Foundation Trust

Report to:	Council of Governors – 14 March 2019
Author:	Nikki Taylor, Commercial and Planning Manager
Presented by:	Andrew Lee, Director of Finance and Commerce

SUBJECT: **Service Planning 2019/20**

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
- Service Planning – First Draft Objectives 2019/20
- Following sign off by Execs, service objectives are being presented to the Council of Governors and the Development Committee on 14 March and will be sent to Trust Board on 27 March for sign off
- There are a total of 92 objectives:
  - o   Localities have 46 objectives
  - o   Corporate have 46 objectives
- Appendix A – Detailed Objectives for each Service Locality
- Appendix B – Detailed Objectives for each Corporate Directorate

- The timetable for completion of the process is:

Date	Action
19 November 2018	Service Planning Process Starts
19 December 2018	Draft Service Plans returned to Nikki Taylor
4 March 2019	Executive Review of Objectives
14 March 2019	Development Committee Review
14 March 2018	Feedback from Governor Review
27 March 2019	Trust Board Sign Off

RECOMMENDATIONS

Governors are asked to comment and feedback on the proposed service objectives.

Corporate Considerations	
Quality implications	None
Resource implications:	None
Equalities implications:	None
Risk implications:	Financial and Reputational

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			
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
Deputy Director of Finance	Date	24 January 2018

Where in the Trust has this been discussed before?		
Performance is discussed at monthly Delivery Committee	Date	
2g Executive Committee	Date	4 March

What consultation has there been?		
	Date	N/A

Explanation of acronyms used:	APR – Annual Planning Review E – Engagement FCT – Financial Control Total NHSI – NHS Improvement Q – Quality S – Sustainability STP – Sustainability and Transformation Plans

1. Context

1.1 Every year the trust develops service plans for the forthcoming financial year (April – March.) The service plans contain objectives to provide continuous quality of care to service users, carers, staff and volunteers within financial constraints. These service plans are an integral part of the Trusts Strategy and Operational plans.

1.2 This paper details the service planning process and timescales for 2019/20 and provides an update on completed and planned activities.

2. Service Planning Process and Update

2.1 In order to produce the planning submissions required by NHSI the trust undertakes both a service planning and budget setting process. The process, which started in January, has been simplified this year, with localities asked to provide the same information and complete the same templates as corporate departments and teams. Final presentation and sign-off will be at Trust Board in April.

2.2 The revised service planning template provided to teams asked for them to include:

- o Less objectives (minimum 3 - maximum 5)
- o Objectives to be SMART (Specific, Measurable, Achievable, Realistic and Time bound)
- o A single service plan for corporate services - each support service providing one objective

2.3 The Trust Service Plans for 2019/2020 sets out the Trust's three strategic service objectives for the year. These objectives and associated actions relate to the Trust's strategic themes:

Quality	Engagement	Sustainability
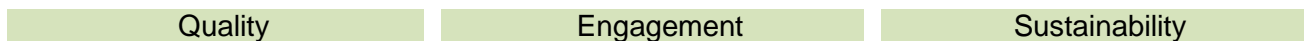
2.4 The key priorities set out in the Service Plan are drawn from:
- the Trust's NHSI Annual Plan for 2017/8
- the Trust's NHSI Strategic Plan
- priorities identified by the Council of governors during the annual service planning cycle
- priorities identified by staff across the Trust as part of the annual service planning cycle

2.5 Details of the services objectives are included in Appendix A. Final Plans to be submitted to Development Committee on 14 March 2019.

2.7 Following Development Committee, final Service Plan Objectives will be presented to Trust Board on 27 March for sign off

3. Progress

3.1 Draft locality service planning reports have been discussed and presented at CSM meetings, locality boards and locality forums.

Please take into consideration the following documents when deciding your Directorate / Localities Objectives

Right Click on the box (and open hyperlink) to open the document:

²gether's Five Year Strategic Plan	²gether's Operational Plan 2017/18 and 2018/19
Five Year Forward View	Five Year Forward View for Mental Health
Gloucestershire STP	Herefordshire and Worcestershire STP

3.2 All localities, directorates and teams have been asked to consider the following when creating their objectives - links to these documents were provided for ease during the planning process:

4. Engagement

4.1 Feedback and views on the trust objectives and service plans have been, and are being sought through:
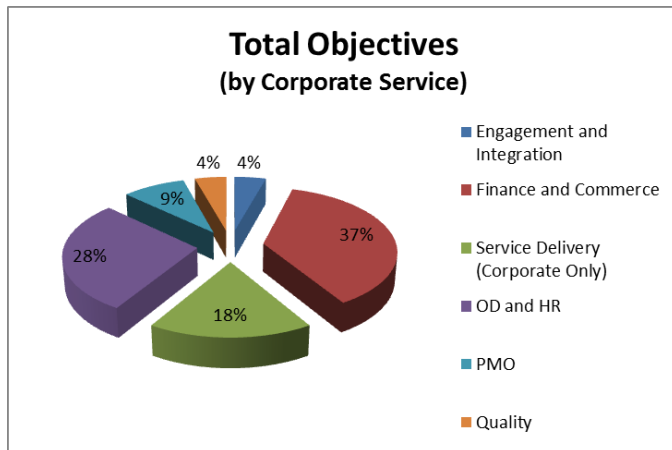
- Staff engagement in Localities
- Locality boards
- Development Committee
- Council of Governors

5. Analysis of Objectives (to be updated)

Localities

Corporate

Total Objectives
(by Corporate Service)

- Engagement and Integration
- Finance and Commerce
- Service Delivery (Corporate Only)
- OD and HR
- PMO
- Quality

4% 4%
9%
28%
18%
37%

Objectives by Theme
(by Corporate Directorate)

- Quality
- Engagement
- Sustainability

33%
36%
31%
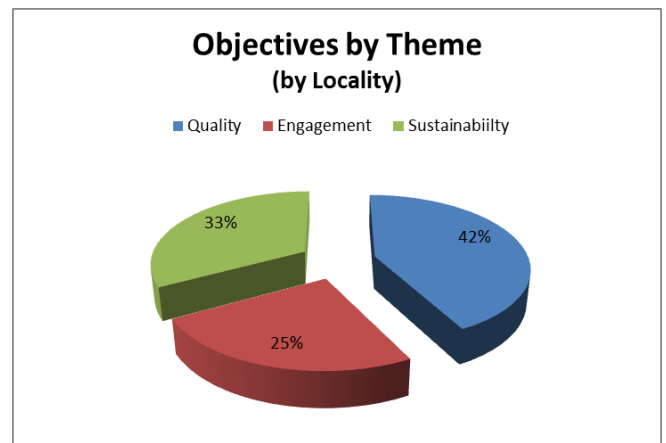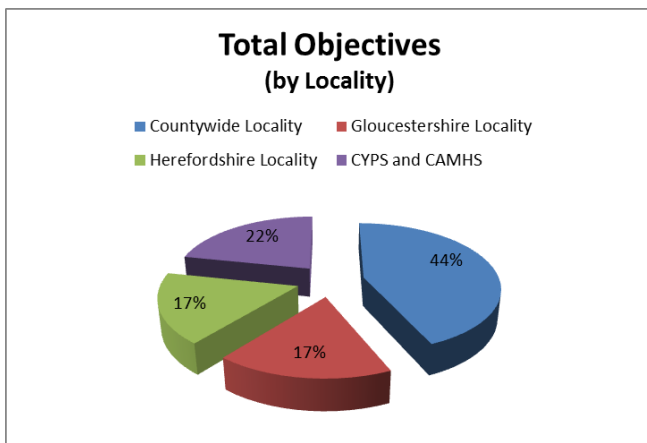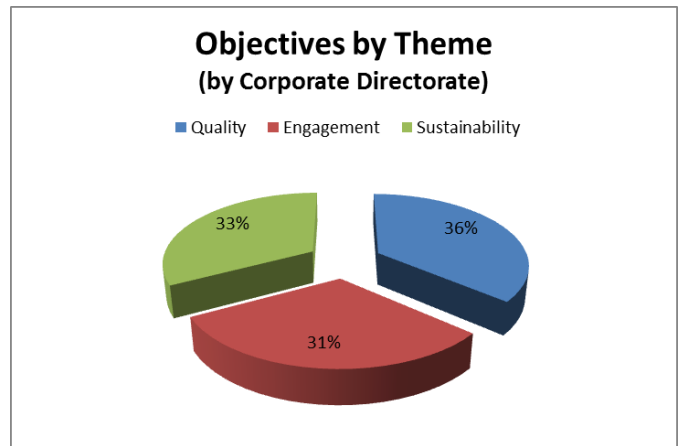
6. Timetable

The timetable for completion of the process is:

Date	Action
19 November 2018	Service Planning Process Starts
19 December 2018	Draft Service Plans returned to Nikki Taylor
4 March 2019	Executive Review of Objectives
14 March 2019	Development Committee Review
14 March 2018	Feedback from Governor Review
27 March 2019	Trust Board Sign Off

Draft Service Plans 2018/19
Localities Objectives

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
CYPS and CAMHS						
To sustain a high data quality profile and responsive action plan across all service delivery areas' to help with data quality capture						Q, S
Staff Appraisals – Maintain Trust expected targets of 90% across CYPS and CAMHS during 2019/20	Data from Sharepoint/HR reports	12 months	Compliance with KPIs. Proactive engagement with staff and staff development		Non-compliance with KPIs – monitored at Trust Delivery and CYPS Board	Q
ROMs – to achieve at least 50% compliance with paired outcomes across CAMHS and CYPS	Data from national data release	12 months	Better quality data pool. Better tracking of CYP recovery.		Non-compliance with national targets	Q, E, S
Statutory & Mandatory Training – Maintain Trust expected targets of 90% across CYPS and CAMHS during 2019/20.	Data from Learn2Gether/HR reports	12 months	Compliance with KPIs. Well trained staff.		Non-compliance with KPIs – monitored at Trust Delivery and CYPS Board	Q
Sickness absence – 3.25% sickness levels will be achieved during 2019/20.	Data from HR reports	12 months	Compliance with KPIs. Promotion of healthy, productive workforce.		Non-compliance with KPIs – monitored at Trust Delivery and CYPS Board	Q, S
CAMHS/CYPS website – to develop web pages on website that are accessible to CYP who have learning disabilities, with contributions from CYP who have LD in the design of webpages.	Successful production of accessible section on website	12 months	Increasing access. Service User involvement. Meaningful participation. Hearing CYP voice.	Support from Comms Department and cross county service involvement	Service information will not be truly accessible to all who use the service	Q, E, S
Participation in Herefordshire - Involving CYP in recruitment processes.	Successful contribution to recruitment processes via CYP interview panels	12 months	Meaningful participation. Hearing CYP voice.	Support from Social Inclusion Team	Not adhering to CYPIAPT principles of participation. Not hearing CYP voice.	Q,E,S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Participation in Herefordshire – 15 steps challenge to review new clinic space	Completion of 15 steps challenge and report into CYPS Board	12 months	Meaningful Participation. Hearing CYP voice. Independent appraisal of new clinic space.	Support from Social Inclusion Team	Not adhering to CYPIAPT principles of participation. Not hearing CYP voice.	Q,E,S
Clinical Supervision – to create a role descriptor and consider peer support systems for Clinical Supervisors	Completion of role descriptor	12 months	Improving quality of clinical service. Clear understanding of Clinical Supervisor role.		Variance in quality and style of clinical supervision	Q, S
To develop FFT service within Gloucestershire to work with a wider range of children and families using the FFT-CW model.	Funding for new FFT-CW team	September 2019	Broaden the range of families accessibility to FFT within Gloucestershire	Dependent upon GCC sufficiency plan being accepted and funding from commissioners being made available	If not achieved, FFT service provision has reduced this year (from 6 therapists to 4) thus reducing capacity	Q, E, S
Gloucestershire and Countywide Localities						
Gloucestershire						
Improving Access to Psychological Therapies (IAPT) to people with long term conditions	Identify and implement long term condition pathways in 2 identified LTCs (cardiac rehab and COPD)	April 2019 to March 2020	Improved clinical outcomes for identified patients	Care Services Commissioners Finance Information HR Estates	**Risk:** Patients Mental Health (and physical health) needs will not be addressed **Mitigation**: Pathways will be developed with support from stakeholders including the CCG Leads	Q
Engagement in 2gether NHS Foundation Trust and Gloucestershire Care Services merger	Attendance and contribution to Senior Leadership Events Participation in Transition and Transformation Work Streams	April 2019 to March 2020	Staff will report being involved and engaged in service transition and transformation	HR Estates Finance Information Transition Transformation	**Risk**: Negative impact upon staff morale **Mitigation**: Regular communication updates	E
Gloucestershire Recovery in Psychosis (Early Intervention)	Extend age range from14-35 to 36-65	April 2019 to March	Service users will receive early	NHS England NICE Guidelines	**Risk:** Service users with	Q

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Team to develop the service in line with NHS England targets	53% of referrals will receive treatment within 2 weeks	2020	identification and treatment for psychosis in line with national guidelines	RCP Audits Finance Information	psychosis will not receive a timely service **Mitigation**: Weekly performance monitoring	
Development of an Approved Mental Health Professional (AMHP) 24/7 service	Work with Commissioners to develop an AMHP 24/7 service	April 2019 to March 2020	Service users will receive a safe service 24/7	Commissioners Local Authority HR Estates Finance Emergency Duty Team	**Risk:** Gaps in service provision due to difficulties in staff recruitment **Mitigation**: Workforce recruitment strategy	Q
Continuing development of the Perinatal Team to provide a service in line with NHS England targets – alignment with the Infant Mental Health Team (IMHT)	Work with CYPS colleagues to align the IMHT function to enable the benefits of an integrated service.	April 2019 to March 2020	Mothers, children and their families will receive a specialist perinatal treatment	NHS England NICE Guidelines RCP Audits Finance Information	**Risk:** Mothers, children and their families may not receive an appropriate service **Mitigation**: Workforce recruitment strategy Weekly performance monitoring	Q
Staff Appraisals	90% of staff will have an appraisal	April 2019 to March 2020	Staff will have CPD requirements met and be aligned with Trust objectives	HR (ESR)	**Risk**: Staff not meeting professional CPD requirements or Trust objectives **Mitigation**: Management Team has access to Learn2Gether appraisal hierarchy to monitor compliance in "real time".	S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Statutory/mandatory training	90% staff will receive statutory/mandatory training	April 2019 to March 2020	Assurance of competence within the workforce. Valuing staff by investment in training compliance.	Training Department	**Risk:** To service delivery by appropriately trained staff **Mitigation:** Management Team has access to Learn2Gether system	S
Sickness levels	Up to 3.25% sickness levels will be achieved	April 2019 to March 2020	Promoting a healthy workforce and enabling safe delivery of services.	HR Finance Working Well Staff Bank Temporary Staffing	**Risk:** Impact on service delivery and usage of Bank and Agency **Mitigation:** HR and Working Well processes and use of bank	S
Countywide						
Improving Access to Psychological Therapies (IAPT) to people with long term conditions	Identify and implement long term condition pathways in 2 identified LTCs (cardiac rehab and COPD)	April 2019 to March 2020	Improved clinical outcomes for identified patients	Care Services Commissioners Finance Information HR Estates	**Risk:** Patients Mental Health (and physical health) needs will not be addressed **Mitigation**: Pathways will be developed with support from stakeholders including the CCG Leads	Q
Engagement in 2gether NHS Foundation Trust and Gloucestershire Care Services merger	Attendance and contribution to Senior Leadership Events Participation in Transition and Transformation Work Streams	April 2019 to March 2020	Staff will report being involved and engaged in service transition and transformation	HR Estates Finance Information Transition Transformation	**Risk**: Negative impact upon staff morale **Mitigation**: Regular communication updates	E

Draft Service Planning 2019-20 – Executive Committee 4 March 2019

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Gloucestershire Recovery in Psychosis (Early Intervention) Team to provide a service in line with NHS England targets	Extend age range from14-35 to 36-65 53% of referrals will receive treatment within 2 weeks	April 2019 to March 2020	Service users will receive early identification and treatment for psychosis in line with national guidelines	NHS England NICE Guidelines RCP Audits Finance Information	**Risk:** Service users with psychosis will not receive a timely service **Mitigation**: Weekly performance monitoring	Q
Development of an Approved Mental Health Professional (AMHP) 24/7 service	Work with Commissioners to develop an AMHP 24/7 service	April 2019 to March 2020	Service users will receive a safe service 24/7	Commissioners Local Authority HR Estates Finance Emergency Duty Team	**Risk:** Gaps in service provision due to difficulties in staff recruitment **Mitigation**: Workforce recruitment strategy	Q
Perinatal Team to provide a service in line with NHS England targets	Staff the Perinatal Team in line with the requirement of the NHS England bid and deliver the service to 335 patients	April 2019 to March 2020	Mothers, children and their families will receive a specialist perinatal treatment	NHS England NICE Guidelines RCP Audits Finance Information	**Risk:** Mothers, children and their families may not receive an appropriate service **Mitigation**: Workforce recruitment strategy Weekly performance monitoring	Q
Staff Appraisals	90% of staff will have an appraisal	April 2019 to March 2020	Staff will have CPD requirements met and be aligned with Trust objectives	HR (ESR)	**Risk**: Staff not meeting professional CPD requirements or Trust objectives **Mitigation**: Management Team	S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
					has access to Learn2Gether appraisal hierarchy to monitor compliance in "real time".	
Statutory/mandatory training	90% staff will receive statutory/mandatory training	April 2019 to March 2020	Assurance of competence within the workforce. Valuing staff by investment in training compliance.	Training Department	**Risk:** To service delivery by appropriately trained staff **Mitigation:** Management Team has access to Learn2Gether system	S
Sickness levels	Up to 3.25% sickness levels will be achieved	April 2019 to March 2020	Promoting a healthy workforce and enabling safe delivery of services.	HR Finance Working Well Staff Bank Temporary Staffing	**Risk:** Impact on service delivery and usage of Bank and Agency **Mitigation:** HR and Working Well processes and use of bank	S
E-rostering Service	The continued development of electronic rostering (Healthroster) to 2g services including community.	April 2019 to March 2020	Promoting cost efficient rostering and enhance workforce planning.	Finance Temporary Staffing	**Risk:** Increased use of temporary staffing and associated costs. **Mitigation:** Roster review processes with management	E
Bed Management Service	To develop integrated discharge hub	April 2019 to March 2020	To expedite safe discharge from inpatient facilities.	Commissioning Finance Medicine	**Risk:** Increased bed occupancy and increased Out of Area Placements	Q, E, S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
					Mitigation: Multiprofessional	
Personalised Health Budgets	Pilot projects for Personal Health Budgets as part of wider integration agenda NHSE.	April 2019 to March 2020	Enable opportunity to reflect legislative pathway toward self-directed support, recovery and empowerment.	NHSE Commissioning Local Authority CCC	**Risk: Labour intensive and time consuming/resource** **Mitigation:** Better associated outcomes for individual care	Q, E, S
Learning Disability Inpatient Services to provide care line with the National Transforming Care Programme	The future provision of the inpatient services in line with the National Transforming Care Programme and local Commissioner expectations	April 2019 to March 2020	Successful transfer of patients to community providers. Ability to provide Assessment and Treatment beds.	Commissioners Transforming Care Lead Community Providers HR Finance Estates	**Risk:** Lack of robust Community Providers to be able to move patients out of hospital **Mitigation:** On-going Learning Disability Inpatients working groups and Board.	Q, E, S
Learning Disability Intensive Support Service (LDISS) Development to include Autism in line with Transforming Care Programme	The future provision of LDISS to include the care of people with ASD.	April 2019 to March 2020	Upskill and up source LDISS to cover ASD and Rapid Response	Commissioners Transforming Care Lead	**Risk:** Recruitment and lack of funding. **Mitigation:** Working closely with Commissioners and Transforming Care Lead to look at the potential new model.	Q, E, S
Recovery/Rehabilitation Inpatient Service to ensure appropriate resource for local population.	The future provision offers the appropriate service for the local population in line with National Standards.	April 2019 to March 2020	Matron post to be permanent and covering a wider pathway including the Low Secure Unit .	Commissioners	**Risk:** Service Users will not receive a timely service and possible increase in lengths of stay **Mitigation:** QSIR Project looking at the needs of the current service provision.	Q, E, S
Complex Care Commissioning	Timely monitoring of OOC placements to ensure		CCCS patients are repatriated to	Commissioners Robust local	**Risk:** There is the possibility of an initial	Q, E, S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Service	quality care is being provided in line with agreements and timely repatriation. The implementation of PHB to offer alternatives to OOC placements.		Gloucestershire in a timely manner. Increase in PHB's to offer alternative care and treatment closer to home. Quarterly Contract meetings with external providers.	providers.	increase in the CCCS budget that will be time limited as more people come onto the CCCS caseload and the OOC placements already in place come to an end . **Mitigation:** The introduction of the Personal Health Budget Pilot should reduce the overall costs to CCCS budget by offering a holistic approach to care that includes no cost and supported self-care/self-managed options within the care packages being provided	
DTOC monitoring and bed management	Timely discharge of patients and flow across all inpatient units.				**Risk:** Increased length of stay, blocked beds due to DTOC's. **Mitigation:** Engagement and interface with locality services	Q, E, S
Eating Disorders Team change and data improvement	1 Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks 95% 2 Adolescent Eating Disorders - Routine referral	April 2019	Enables the Service to meet the standards that CCG have asked for. This improves the standard of care received by patients.	NICE courses re CBT-E etc. NHS England standards.	**RISK:** Impact on service delivery and the care received by the service. It will also potentially impact on	Q, E, S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
	to non-NICE treatment start within 4 weeks 95% 3 Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week 95% 4 Adolescent Eating Disorders - Urgent referral to non-NICE treatment start within 1 week 95% 5 Eating Disorders - Wait time for adult assessments will be 4 weeks 95% 6 Eating Disorders - Wait time for adult psychological interventions will be 16 weeks 95% The team has been changed and the staffing is being monitored and will be reviewed in March				the budget the Trust receives in the new financial year. **Mitigation:** Monthly monitoring by the stats department Monthly monitoring discussion between manager and lead clinicians	
HIUs team and employment of a police officer and alcohol worker	There is a new team that has been created from the ED Liaison Team which expands the role of work done with patients that are using the services in Gloucester very highly and require particular input. This may include the need to use a police officer. It also is aimed at reducing S136 detentions	12 months from April	Provides better care for patients that normally create difficulties with other service areas.	CCG SIM a National network	**RISK:** The finances may be retracted**.** **Mitigation:**	Q, E, S
Criminal Justice Team	The team has recently achieved a successful tender and will be commissioned for the next	April 2022	Provide improved care for patients who have committed criminal offences.	NHS England National Guidance	**RISK:** The Trust may lose the bid in 3 years' time.	

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
	3years plus 3 if successful. It is commissioned by NHS England and they monitor the provision on a monthly basis The 2 additional organisations are now managed by 2gether and will require monthly monitoring		The service provides for all ages.		**Mitigation:** Monthly review of the data – catching increased number of Q, E, S VA	
ED liaison Team	The team have provided a new proposal for their service. This needs to be approved and then financed. It is proposed it will increase the number of staff employed and increase the banding of staff and managers.	To start April 2019	Provide better care across the General Trust and provide to all ages.	NHS England National Guidance	**RISK:**	Q, E, S
Herefordshire Localities						
Learning Disability Internal Review & Recommendations	• Completion of review and identification of recommendations • Implement recommendations	June 2019 December 2019	• Modernisation of LD Service	• Internal Reviewer availability • CCG sign up to recommendations	• No change to service configuration • Failure to modernise service	Q, E, S
Stonebow re-configuration	• Submission of Stage 1 Mortimer entrance • Submission of Jenny Lind and Mortimer reconfiguration plan and Cantilupe side room	April 2019 May 2019	• Mortimer Communal Area • Equal size acute wards (with frailty) & Cantilupe side rooms	• Funding Agreement • Finance and Clinical Model Agreement	• Draft plans in place • Monitoring of workload	Q, E, S
Perinatal Mental Health Service Establishment	• Team fully staffed and operational	April 2019	• Interventions with identified patient cohort	• Ability to recruit	• Bank Staff Availability	Q, S
Meeting Perinatal Mental Health Targets	• Compliant with targets	March 202	• Compliant Service for Patients	• Ability to recruit	• Bank Staff Availability	Q, S
Memory Assessment Service increasing Dementia Diagnosis	• Compliance with diagnosis rates	March 2020	• Patient receives diagnosis	• Fully staffed team and adequate	• Bank Staff	Q, E, S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Rates Dementia	• Robust processes in place to ensure timely diagnosis	June 2019	• Patient received timely diagnosis	referrals • Continuity of performance in service		
Let's Talk: Meeting access trajectory & backlog waiting list clearance	• Compliance with trajectory targets	April 2019	• Increased access and reduced waits	• Dependent on staffing levels and recruitment	• Some bank, and digital solutions	Q, S
Continued engagement in "One Herefordshire"	• Involvement and key partner in service change and developments	April 2019	• Improved partnership working and streamlined patient services	• WVT, CCG, Taurus, Adult Social Care partnership working	• Overseen by One Herefordshire Board	Q, E, S
To sustain a high data quality profile and responsive action plan across all service delivery areas' to help with data quality capture						Q, S

Draft Service Plans 2018/19
Corporate Objectives

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Engagement and Integration						
Develop and deliver a fully integrated Communication plan for **practice-based research** to ensure that research is a key consideration and deliverable for **outstanding** practice.	1.Production of the plan 2.Implement the plan	June 2019 December 2019	Greater involvement in research activity for patient benefit and colleague CPD Greater recruitment to studies = commissioner investment in research Team Meeting CQC and other regulator's expectation of continuous improvement	Collaboration between Research Team and Communication Team to deliver. Capacity of clinical services to engage Continued funding stream from research commissioners and partners	Risk – research potential for patient benefit is not fully realised Mitigation – Engagement with Senior leaders to set expectation of realistic involvement / culture of learning from research enquiry	Q, E, S
Implement new SNAP survey software to gather local service experience survey results including Friends and Family Test and Quality survey	System 'go live' in April 2019 Communication to raise profile Numbers of participants and results (quantitative and qualitative) will be reported monitored on a quarterly basis via SED quarterly reports Evaluate progress and make adjustments Ensure clinical services	April 2019 July 2019 October 2019 December 2019 February 2020	An increase in engagement with the local survey by patients and carers measured by an increasing numbers of returns. Greater reliability and a fuller picture of the experience of our services to inform learning and assurance mechanisms. Alignment with GCS	Sufficient resource to set up (identified from current budget) Engagement with clinical services and Teams (robust communication in place) That NHS E requirements for FFT remain	Risk – Not having sufficient numbers of participants to gain a reliable picture of local service experience Mitigation – dedicate resource to initial stages of work to ensure robust set up for patients and reporting for teams. Engage with communication Team	Q, E, S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
	receive granular reports		process Continue to fulfil reporting requirements to NHSE			
Finance and Commerce *(incs Finance, Contracts, IT and Facilities and Estates)*						
Contracts						
Contract Overview and Merger Produce an overview of patient-facing contracts and update during the merger process	Number of contracts, value of contracts, level of risk, ownership of contracts, timescales	On-Going 2019/20	Production of a robust overview of contracts which can provide assurance to Directorate and Commissioners Reduction in risk to Trust	Close working relationships with 2g colleagues and procurement team within GCS and Glos SBS Procurement	Risk to Trust as contract deadlines are missed and savings opportunities missed Contracts register in place which updates on key dates	QES
2019/20 Contracts In liaison with Service Directors produce draft schedules to be used for 19/20 contracts with commissioners	Production of draft plan which reflects a realistic level of service delivery	Q1 2019/20	Agree to realistic reporting and appropriate measures which are achievable with commissioners	Service Directors are fully informed of capacity to deliver on all requirements Commissioners are clear on expectations of reporting and use information provided to gain assurance	Risk to Trust if measures are agreed without confirming that Trust is able to deliver on reporting Clear set of outcomes agreed at Trust-wide meetings, led by John Trevains	QES
Service Development Assurance Continue to report on delivery of service to Commissioners and provide assurance on agreed service developments and data quality requirements	Draft schedules 4 and 6 produced internally and to be shared with commissioners for agreement	Q1 2019/20	Agree to realistic reporting and appropriate measures which are achievable with commissioners	Reports are completed and provided within timescales	Risk to Trust if contractual requirements do not reflect what 2gether can realistically deliver and report on/against Ensure all plans are signed off by Service Directors prior to signing contracts	QES

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Overseas Visitors Continue to implement and the Overseas visitors process across the Trust in line with NHSE & DOH Guidelines	Staff consistently informing the OVM of new patients Views of NHSE and HHE Overseas Video Increasing	On-going	The possibility of claiming reimbursable funds for treatment provided to Overseas / Non-UK patients	Assuming that staff record the information correctly on RiO / IAPTus and / or advise the OVM	**Risk** that not all patients are captured and that staff do not engage	QE
Out of County Continue to develop and manage a system of tracking Out of county patients and update processes and SLA's where required	Out of county patient list updated on a monthly basis and used as focus of monthly update with 2gether staff	Development of an Out of county process and agreement with border commissioners by end Q1 2019	Transparency in commissioning Clear outline of cross border costs Recharges paid promptly for cross border and out of county patients	Border commissioners are in agreement to share data and agree a shared process	Increased patient treatment costs as OOA patients are treated in County and costs are not recovered Put in place a cross border agreement with neighbouring commissioners	QE
Facilities and Estates						
Westridge Unit property sale/disposal	Disposal and confirmed cash receipt	Q1 2019/20	Capital receipt gain and revenue reduction	Subject to Stroud District Council approval of planning permission late Jan 2019. The Trust and developer remain cautiously optimistic a sale will be completed before 31st March 2019, however, this has been subject to numerous previous and ongoing planning delays	Ongoing revenue cost pressure. No immediate new developer or sale on the horizon	S
Denmark Road property sale/disposal	Disposal and confirmed cash receipt	Q1 2019/20	Capital receipt gain and revenue reduction	The Trust and developer remain cautiously optimistic a sale will be	Ongoing revenue cost pressure. No immediate new developer or sale on	S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
				completed before 31st March 2019, however, progress has slowed as the developer attempts to transfer all development risk onto the Trust	the horizon	
Lorne Stewart contract expiry/TUPE	TUPE transfer of Lorne Stewart staff into new Trust employment	Q4 2019/20	Improved management and control of service quality and change. Reduced revenue cost pressure. Improved staffing ratios and skills, providing greater resilience	Exec full business case approval Feb 2019, continued 2G / GCS partnership working and harmonisation. Agreement to extend current contract end date by a further 6 months	Ongoing revenue cost pressure with contract extension to maximum of 6 months. Contract retender via OJUE with ongoing delay	Q
2G & GCS Estates and Facilities harmonisation	Successful merged of independent teams and standardisation of working practice/working base	Q4 2019/20	Reduced overhead/duplication of roles. Reduced staff bases to operate across. Improved communication within staff teams, improved communication and awareness across both trust activity. Improved resilience across admin/reception roles, and across technical/specialist estates roles	Approval of Trust merge business case and availability of budget to fund change processes & systems as required	Duplication of roles and responsibilities. Duplication of ongoing costs. Failure to deliver Model Hospital efficiency and productivity metrics or ERIC median metrics	Q
Estates maintenance budget management	Agreed, accurate and defined 2019/20 Estates &	Q2 2019/20	Budget balance at year end, revenue	Continued dialog with finance	Continued cost pressure and	S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
	Facilities budgets		cost pressure avoidance, reduced discretionary spend approval requests, delegated budget spend authority, better budget draw down for repeat spends	colleagues. Development of budget management process/systems	discretionary spend approval management	
Finance						
To complete the implementation of a new Financial Ledger system by the date of merger of 2gether NHSFT and Gloucestershire Care services	To have a single Financial Ledger system being used by the Finance departments of both 2gether NHSFT and Gloucestershire Care Services Trust by the date of merger, and have financial processes in place and communicated to the whole organisation so that on the merger date the new organisation will switch to using the financial processes that underpin the new finance ledger.	By the date of merger of the two Trusts. 1st October 2019	Whole of the new Trust will be operating on one set of financial processes and procedures and the merged Finance Department will be using one finance ledger rather than two	1. Agreement of organisational structure. 2. Cooperation of Countywide organisations to support the move to a new Finance system for 2gether NHSFT. 3. Capability and capacity of Gloucestershire Finance Shared Service to operate two finance systems. 4. Capacity and capability of preferred supplier to support implementation.	That the Trust cannot get a single finance ledger in place for the 1st October leading to a loss of financial control and an inability to report the finance position of the new Trust accurately. To ensure the project has sufficient resourced to thoroughly implement the new finance ledger system. That the Trust won't be able to get robust and thorough financial processes in place in time for the rollout of the new finance system and associated process changes. Ensure sufficient time is spent mapping out	E

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
					the future processes and testing them. Engage in a wide ranging communications and engagement exercise across the merged Trust to embed the processes before the Go Live date.	
Information Technology						
Complete Video Conferencing rollout and support increased use	Provide option of Video Conferencing for all HQ Meetings	Jan 2020	Flexible meeting engagement and reduction in travel and parking needs.	Staff have licences		Q E
Roll out Windows 10	100% of computers upgraded to Windows 10	Jan 2020	Supportable platform, improved user experience, improved cyber security.	Clinical systems supported on Windows 10 platform		Q S
Agree joint IT Strategy for 2gether and GCS for new organisation	Strategy produced and signed off by new Joint board ahead of organisations merger	July 2019				Q E S
Migrate systems to Cloud	Migrate 30 systems to Cloud	Jan 2020	Reduced support cost, improved reliability, improved cyber security.			Q S
Develop, plan and pilot Bring Your Own Device (BYOD)	Pilot completed with follow on actions and proposals	March 2020	Reduced cost and more flexible device choice for users			Q E S
Consolidate contracts	Duplicate contracts removed or have a plan for consolidation	March 2020	Less contracts to manage, potential to leverage scale to improve costs.			Q S
Information and Clinical Systems						
To progress Trust-wide operational understanding of	Data quality exception performance, profile of	Review progress each	• Better planning	Inherent organisational IT	Risk 3 – Progress has already begun through	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
business intelligence, it's benefits and its application.	agenda within locality and corporate committees, attendance at key operational performance network meetings etc. Delivery of training and education sessions.	quarter through financial year.	• Better individual, team and Trust performance • Better business decisions • Improved service outcomes, • Improved service user satisfaction • Improved workforce motivation	skills, literacy and confidence.	education sessions and PTL training workshop planning however inconsistent enthusiasm on the agenda. Low adverse impact due to established status quo	
To improve the operational use of information management tools to regularly monitor and improve Data Quality.	As 1 above.	As 1 above.	• Better individual, team and Trust performance • Better business decisions • Improved service outcomes, • Improved service user satisfaction • Improved workforce motivation	Inherent organisational IT skills, literacy and confidence.	Risk 3 – Progress has already begun, however inconsistent progress on the agenda. Low adverse impact due to established status quo	Q E S
Complete the successful transition and consolidation to an improved business intelligence platform which offers simple, illustrative and interactive dashboards and reports which meet user needs.	Deliver full portfolio of new Tableau visualisations to replace existing reports. Deliver developed visualisations to present the power of the new tool.	As 1 above.	• Reduced cost • Improved simplicity • Improved access • Dynamic information • Timely Information • Ease of analyses • Ward to Board understanding	Adequate resources.	Risk 3 – Unlikely this won't be achieved. Progress has already begun and on track to deliver within financial year.	Q E S
Review and plan for an integrated GCS and 2G business intelligence service.	Co-locate, establish a joint organisational hierarchy and establish a joint service strategy and service delivery/ action plan.	As 1 above.	• Population health management • Improved service delivery and resilience	Executive and organisational commitment to prioritise and deliver.	Risk 3 – Minor impact and possible of non-delivery. There are no firm plans of co-location however organisational elements could	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
					continue to operate independently for short/ medium term.	
Organisational Development and Human Resources						
Transition Programme for the new HR Model for 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust	Transition Programme for the new HR Model for 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust	Qs 1& 2	Transition Programme for the new HR Model for 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust	Assumes merger process proceeds	Given the size of the Transition Programme there will be a requirement to prioritise work schedules to ensure that the key milestones are achieved.	Q,E,S
Continue to develop an internal Medical Staff Bank for 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust	Continue to develop an internal Medical Staff Bank for 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust	Q1	Continue to develop an internal Medical Staff Bank for 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust	Assumes on-going and improved system wide engagement and buy in with key partners.	Risk to having the right medical staff, available at the right time with the right skill-set. There is also a risk of increased agency costs. This is mitigated against by delivering the objective.	Q, E, S
Improved Recruitment Streamlining across the ICS.	Improved Recruitment Streamlining across the ICS.	Qs 1 to 4	Improved Recruitment Streamlining across the ICS	Assumes on-going and improved system wide engagement and buy in with key partners.	If this is not achieved, there is a risk delivering improved recruitment lead times and related cost savings. This can only be mitigated by delivering the objective through ICS partnership working.	Q, E, S
Training & Development – to work in partnership with GCS training colleagues on the Transition Programme Plan to ensure that Induction and training programmes are high quality, harmonised and	A modern single & combined Corporate Induction Programme. Positive evaluations from new staff. Induction KPI compliance.	Q1	Best use of SME, Training staff and Directors time and resources. Single message.	Assumes merger proceeds.	Sub-optimal use of resources. Reduced clarity and standardisation.	Q, E, S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
aligned wherever possible.	Rationalised & harmonised suite of training programmes, improved resilience & access to trainings.	Q2				
Training & Development - Continue to develop the Trust Apprenticeship strategy; maximising the levy draw down and supporting cross ICS working and shared training activity.	Increased headcount of those staff on apprenticeships and increased percentage of total workforce (wte) on apprenticeships. Trust maintains or improves its position as 2nd in the Gloucestershire Health and Social Care apprenticeship league tables	Qs 1 to 4	The Trust will maximise the draw down on the available apprenticeship lev at the same time as increasing the opportunities for staff to work and train together. It will also provide opportunities for efficiency gains by shared administrative process and procurement.	Assumes no central government changes to apprenticeship arrangements. Assumes continued ICS approach to apprenticeship and agreement of the draft ICS Apprenticeship Strategy. Assumes identified key roles will become apprenticeships.	Amber. If this is not achieved the Trust will miss out on opportunities to develop staff and utilise the potential for improved efficiencies, as well as and loose some of its levy funding. Mitigations are via the ICS Apprenticeship Working Group with regular progress reporting.	Q,E,S
Training & Development - Further develop the Trust's Leadership and Talent Management activity in line with our strategy, including pan ICS programmes, to ensure leaders are working in line with Trust values, to support systems working and to ensure the retention of skills and staff. This will include the implementation of the HEE / ICS High Potential Scheme (HPS)		Qs 1 - 4 HPS - Q3	The Trust will be able to offer a wider range of leadership support and development, which increases leadership skills, supports leaders to work across the ICS system, develops talent, improves resilience and maximises retention.		Amber. If this is not achieved, the Trust will not be able to deliver its leadership development strategy or maximise its Leadership or Talent potential, both within the Trust and in less effective cross organisational working. Mitigation is via delivery of and action plan and regular activity reporting.	Q,E,S
Training & Development - Continue to improve the availability of pan ICS Training		Qs 1 - 4	The Trust will be a key partner in developing and delivering the ICS	Assumes on-going HEE and SWLA discretionary funding.	3. Amber. Mitigation is via successful HEE	Q,E,S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
and Development within the county. This will be done through the Education Sub-group of the ICS Workforce Steering Group and ensure (1) the embedding of the Training Passport within Gloucestershire, and (2) that the Trust maximises it discretionary funding opportunities from HEE and the Leadership Academy to support the delivery of Trust business objectives.			training and development ambitions. HEE discretionary funds will be more effectively and efficiently used to benefit identified staff groups at a scale not possible as a single organisation.		discretionary funding bids & delivery of ICS plan.	
Training & Development - Support the development of the Mental Health workforce, in line with the Trust's workforce plan, the Five Year Forward View for Mental Health and the (likely outcomes) of the Ten-Year Plan.			The Trust will be able to provide workforce opportunities and development in order to deliver the ambitions articulated in its Workforce Plan, the Five Year Forward View for Mental Health and the intentions of the Ten-Year Plan.		Amber. If this is not delivered the Trust may not be able to recruit, retain and develop the staff it needs to ensure delivery of its workforce plans (including the ambitions of the Five Year Forward View for Mental Health and anticipated requirements of the Ten-Year Plan).	Q,E,S
Working Well - Ensure all NHS contracts are agreed on a sustainable basis for 2019/20 and, if possibly longer.			Will ensure sustainability of Working Well and allow the team to benefit from appropriate premises		Red. Failure to secure GHT contract on a sustainable basis will mean 2gether continues to subsidise their occupational health costs. Amber. Given the size of the contract, it may	Q,E,S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
					take 6-9 months to replace the contract, and with a further lead in time for replacing the income creating sizeable cost pressure.	
Working Well - Use improved data collection to advise NHS Trusts on appropriate pro-active health and wellbeing strategies.			Will provide Trusts with evidence in order to support appropriate investment/attention to areas which will have a positive impact on health and wellbeing of the workforce, with potential to improve attendance/engagement as well as improved CQUIN finance (i.e. staff survey results).		Amber. Failure to do this may mean a reduced opportunity to improve health and wellbeing of staff, which may be reflected in responses to staff survey, which may impact CQUIN payments.	Q,E,S
Working Well - Make full use of e-OPAS system in order to streamline processes and improve quality of service provided to both employers and employees (implementation of portal for new employee screening/management referrals). Ensure that the move to the cloud based hosting enables improved staff efficiencies and better manager/staff/client access.			Employers and employees will be able to benefit from a more efficient process whilst at the same time reducing the resources required to provide faster outcomes. Will support wider efficient recruitment process and may also result in quicker return to work, all of which may help reduce agency/bank costs.		Failure to achieve this will mean the service is unable to support recruitment teams in more efficient processes which may increase lead in time for new starters. Staff referred to occupational health may not be seen in a timely manner which may impact moral/engagement as well as agency/bank costs.	Q,E,S
Working Well – Pilot, evaluate and roll out of Stress Management Programme for						Q,E,S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
managers and staff in prioritised areas.						
Working Well - Development of Proof of Concept and subsequent Business Case for new & expanded Mental Health Occupational Health offer for staff and managers.						Q,E,S
Programme Management Office (PMO)						
To promote the application and embedding of QI methodology throughout the organisation	• Increased use of projects recorded on LifeQI • Increased number of queries through the QI inbox • Increased number of staff being trained in QI	An increase of 10% per quarter throughout 19/20	• Using QI methodology will improve the outcomes of projects and their sustainability	• This depends on the future use of the LifeQI website		Q, E, S
To support the programmes within the merger	• Successful delivery of the merger programme	July 2019 for Day 1 and December 2019 for consolidation	• Integration of physical and mental healthcare • A smooth transition to the new organisation for staff and people who use our services	• Detailed assumptions and dependencies are held in the merger documentation		Q, E, S
To increase involvement in service developments and projects throughout the Trust & ICS/STP	• Increased number of internal and external projects managed by PMO staff	Throughout 19/20	• Improved support for operational colleagues undertaking service developments			Q, S
Through working jointly with GCS programmes team, seek opportunities for integrated projects	• Number of projects involving both 2g and GCS	Throughout 19/20	• Better integrated services	• Merger approval by NHS Improvement		Q, E, S
Resilience and Security						
To continually monitor and evaluate the prevention,	• Number of exercises conducted.	Quarterly monitoring over	Provides a mechanism to	• There is an audit/ monitoring strategy	Risk: Limited/no assurance on security	Q & E

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
planning, response, adaption and recovery capabilities of individuals, teams, departments, directorates, sites and the trust	• EPRR Core Standards compliance • Security (SRT) standards compliance • Completion of project/ action plans • H&S Audit – Lone working and Violence and Aggression Audits • Security – Bladed articles audit • Security – Search procedures checks	12 month period	ensure individuals, teams, localities and the Trust as a whole has the required capabilities for responding to incidents, while providing assurance that those capabilities are tried and tested.	in place to prioritise those aspects of emergency preparedness and security that need to be assessed and on a frequency that gives assurance.	and resilience compliance and/or capabilities. Mitigation: Progress and non-compliance monitored through the Security and Resilience Board and Delivery Committee. Improvement action plans.	
To continually improve team, service, directorate, site and Trust emergency preparedness and security.	• Security induction • Number of Incident Coordinators Training packages delivered. • Full roll out of Ward/ Dept Emergency Response Guides. • Completion of EPRR and Security workplans. • % completion of security based risk assessments (violence and aggression/ lone working)	Quarterly monitoring over 12 month period	• Evidence based and risk assessed planning priorities. • Identified, planned and practiced response to a range of hazards and threats. • Teams that have documented procedures and training to respond to a range of incidents to ensure the safety of service users and staff and the continuation of services during disruptions.	• Reliant on internal teams to contribute to planning and response capabilities (plan/ procedures, training and testing).	Risk: Individuals and teams are ill prepared to response to and manage the impacts of incidents. Mitigation: Progress and non-compliance monitored through the Security and Resilience Board and Delivery Committee. Improvement action plans.	Q,E & S
To incorporate learning and development into all aspects of emergency preparedness and security activities.	• Debrief reports from exercises and incidents. • % review of security based Datix forms • Maintenance and	Quarterly monitoring over 12 month period	• Monitoring and reviewing Datix forms to ensure completeness and accuracy and to	• There is a viable mechanism to share lessons with individuals and teams.	Risk: the Trust fails to learn lessons from incidents and emergencies resulting in delayed and/or a	E & S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
	monitoring of Corrective Actions Log		take any action to address security concerns. • Lessons identified through exercising and real incidents should help improve the Trust's capabilities in responding to similar future events.	• Individuals and Teams contribute to incident debrief/reviews. • Incident reviews/debriefs are compatible with any serious incident processes.	disjointed response leading to service user/staff harm, reputational and compliance implications. Mitigation: Progress and non-compliance monitored through the Security and Resilience Board and Delivery Committee. Improvement action plans.	
To maintain robust EPRR/Security assurance and governance systems	• % attendance of Security and Resilience Board Members • % of convened SRB meetings. • % attendance at Safety, Health and Environment Group • % attendance at LHRP and BMG (Glos and HfD) • Up-to-date risk register and risks.	Quarterly monitoring over 12 month period	• Provides a mechanism to ensure security and resilience issues and themes are being addressed at all levels of the organisation.	• Members who attend on behalf of their localities/ departments continue to attend and make a positive contribution to the Trust's Security and Resilience structures.	Risk: There is no clear delegation of responsibility for ensure the Trust has robust planning and response mechanisms in place to manage the impacts of security and other emergency events. Mitigation: Progress and non-compliance monitored through the Delivery Committee. Improvement action plans.	Q & S
Quality						
Personalised Discharge Care Planning Personalised discharge care	Q1: 1 Review reporting framework of the 8 personalised discharge criteria by the audit	Quarterly audit reporting during 2019/2020	Service users are discharged safely from inpatient wards into the community	This objective will form part of the	**Risk:** The inpatient units not achieving the quarterly	Q, E, S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
planning from inpatient units is essential to a service user's experience of inpatient care and ongoing safety on discharge to the community. All service users to be seen in a timely way (48 hour follow up) following discharge from Trust inpatient units as there is an increased risk of self-harm for service users upon discharge. Over 2019/2020 to see a sustained improvement in the compliance of the quality data criteria audits, to achieve 80% or above overall on the 8 personalised discharge care planning critera.	department and inpatient matrons. Action – improvements in reporting to be presented to QCR/ Trust Governance Committee via the quarterly Quality report.

Q2: Quarterly audits evidencing upward trend in compliance in particular for criteria 4 and 5 - update report to be presented at QCR/ Trust Governance Committee.

Q3: Ongoing delivery of improvement in quarterly audit compliance as above.

Q4: Quarterly reports evidencing sustained improvement over 2019/2020. Quarter 4 Quality report inclusive of evaluation of improvement actions and next steps for 2020/2021. | | minimising any risks to their ongoing recovery during the transition from inpatients to community. Ensuring a seamless flow of care between services for the service user. Personalised discharge care planning to ensure care planning is individualised to the service users needs. Adherence to CQC Regulation 9(3)a person-centred care which includes care or treatment is personalised including transfer between services, use of respite are or readmitted or discharged. | Quality report reporting mechanisms and will utilise quality improvement methodology informed approaches.

Improved service user experience may be evidenced in relation to personalised care planning, as part of the annual patient survey.

Patient flow between services as per contractual arrangements as meeting service KPI's, e.g. 48 hour follow ups completed reducing any breaches. | audit targets of 80% or above.

Transition of service users at risk of being discharged compromising best practice around person centred care, if all areas of discharge planning are not consistently applied to all discharges. | |
| **Embedding learning from serious incidents**.

Nationally, a recurrent theme from serious incident investigation reports is the repetition of overall themes of report recommendations. It can be critically argued that the identified "lessons learned" | Q1: Completion of narrative report exploring available data, current Trust approaches to embedding learning and exploration of improvement actions to be delivered – Report to be presented at QCR and Trust Governance Committee | Quarterly reporting as described | Improved organisational learning and improvement in service delivery in line with CQC "Review of the way NHS Trusts review and investigate the deaths of patients in | This project will work in partnership with existing patient safety initiatives, | **Risk**: Effectively Learning from deaths and serious incidents forms part of our CQC compliance in terms of "safe services", effectiveness and responsive

Failure to learn from | Q, E, S |

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
via investigations continue to be repeated; and thus it can be argued that the embedding in practice of recommendations can be strengthened. From discussion within the quality management team and also with commissioners via the Trust Governance committee, as a Trust are committed to understanding this issue better within our services and introduce actions to improve the quality of embedding learning in practice in 2019/20.	Q2: Formulation of delivery plan for improvement actions (informed by Q1 activity) and commencement of improvement actions - Narrative update report to be presented at QCR and Trust Governance Committee Q3: Ongoing delivery of improvement actions Report as above Q4: Final report inclusive of evaluation of improvement actions and next steps		England." (December 2016) Improved organisational assurance regarding lessons learned being embedded in practice	PHE led county suicide reduction plans and will utilise quality improvement methodology informed approaches. The project will be informed by existing patient safety and serious incident reporting, internal and external audit and a further focussed analysis of the matter through this project.	incidents can result in further incidents occurring.	

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Agenda Item   **10**   **Enclosure   Paper H**

Report to:	Council of Governors– 14th March 2019
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	John Trevains – Director Quality
Presented by:	John Trevains - Director of Quality

SUBJECT: **Quality Report update regarding audit process & quality priorities decisions for 2019/20**

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

This paper seeks to update and inform the Trust Council of Governors regarding progress made on achievement of quality priorities. This paper informs Governors of a decision required regarding choice of a quality audit area and seeks Governors agreement regarding choice of quality indicators for 2019/20.

Quarter 3 Quality Report progress update
Attached in **Appendix 1** is the Quarter 3 Quality Report for 2018/19. This report at completion of Quarter 4 becomes the Trust annual quality report. This report reflects the Trust progress on delivering its quality strategy and meeting its national and local quality requirements. Governors will observe that the report reflects good performance in the majority of areas. Where there are areas of challenge we have plans in place to resolve and these are showing good progress.

Effectiveness		2016 - 2017	2017 - 2018	2018- 2019
1.1	To improve the physical health of patients with a serious mental illness on CPA by a positive cardio metabolic health resource (Lester Tool).	Achieved	Achieved	Achieved
1.2	To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.	Achieved	Not achieved	Achieved
1.3	To ensure that joint Care Programme Approach reviews occur for **all** service users who make the transition from children's to adult services.	Not achieved	Not achieved	Achieved
User Experience				
2.1	Were you involved as much as you wanted to be in agreeing what care you will receive? > 84%	Achieved	Not achieved	Not achieved
2.2	Do you know who to contact out of office hours if you have a crisis? >71%	Achieved	Achieved	Achieved
2.3	Has someone given you advice about taking part in activities that are important to you? > 64%	Achieved	Achieved	Achieved
2.4	Have you had help and advice to find support to meet your physical health needs if you needed it? > 73%	Achieved	Achieved	Achieved
Safety				
3.1	Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.	Not achieved	Not achieved	Achieved
3.2	Detained service users who are absent without leave (AWOL) will not come to serious harm or death. We will report against 3 categories of AWOL as follows; harm as a consequence of: 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped)	Not measured	Achieved	Achieved
3.3	To increase the use of supine restraint as an alternative to prone restraint	Not achieved	Not achieved	On Target
3.4	To ensure that 100% of service users within Berkeley House have a bespoke restrictive intervention care plan tailored to their individual need.	Not measured	Not measured	Achieved

Improvements and developments.

- In terms of the local patient Quality Survey, whilst the target for being involved in care has not been met this quarter, results are improving, we are assured that right work is happening to deliver this and we are currently on trajectory for being met by year end.

- Action to improve performance on discharge planning measures has also improved in Quarter 3. However we will focus on further improving performance in this area and we have selected this area for an addition quality project for 2019/20

- Action to reduce prone restraint is showing considerable improvement and is anticipated to continue as there is demonstrable evidence of a practise change in moving to the use of supine restraint, supported by training and positive practice approaches.

Agreement of quality indicators for 2019/20

- Consultation with both internal and external stakeholders has been undertaken through Governance committee and quality contracting rounds to agree the quality priorities for 2019/20. In recent years the Trust has continued with consistent indicators, this gives the Trust and stakeholders a time line of comparable data.

- New indicators could be considered being selected as we have evidenced continuous achievement year on year in some areas. This is countered by the view that, as we are going through a period of change, keeping consistent indicators would be a good measure to demonstrate that quality has not been affected by merger activity as we endeavour to achieve outstanding regulatory status. Alongside the aforementioned positive aspect that continued measurement allows comparison of data on recognised important indicators. We will be mitigating this issue further by seeking to stretch targets to increase levels of achievement where we have consistently archived objectives

Audit Process 2018-19 Quality Report

Our Trust approach is that our Governors have the opportunity to select an additional quality indicator for external audit. The external audit process will commence in late March 2019 with onsite testing completed in April/May 2019.

Current agreed quality indicators are

1. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral.

2. Inappropriate out-of-area placements for adult mental health services

The Governors are asked to give consideration to which of the indicators they would like subject to audit. The potential options for auditing are as follows:

Effectiveness:
- To increase the number of service users with a LESTER tool intervention, alongside increased access to physical health treatment**;**
- To improve personalised discharge care planning in:
  a. Adult inpatient wards and;
  b. Older people's wards.

- To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services.

User Experience:
- Were you involved as much as you wanted to be in agreeing what care you will receive? **> 92%**
- Do you know who to contact out of office hours if you have a crisis? **>74%**
- Has someone given you advice about taking part in activities that are important to you? **> 69%**
- Have you had help and advice to find support to meet your physical health needs if you needed it? **> 76%**

Safety:
- Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years.
- Detained service users who are absent without leave (AWOL) will not come to serious harm or death.
- To increase the use of supine restraint as an alternative to prone restraint by 5% year on year (on all adult wards & PICU) based on 2017/18 data.

To aid Governors decision making, attention to matters relating to restraint or users of services experiencing significant harm such as suicide or injury are quite rightly subject to increased nation attention and this may be productive to explore further through external audit, in addition to our own Trust assurance.

2019-20 additional quality areas for focus and development
Through discussion in Governance structures, inclusive of stakeholders, we are adding two additional measures to further enable quality improvement key areas on the following slide. These will be delivered as Quality Priority "Focus" Projects in 2019/20.

These two areas are:

- **Personalised Discharge Care Planning**
  Focus on patient involvement, crisis planning and community transitions. To be achieved through quality improvement approaches. Target >80% compliance against 8 specific measures.

- **Embedding Learning from Serious Incidents**
  Focus on further development of quality improvement led approach to robustly embedding lessons learned following incidents, to include an evaluation of achievement

RECOMMENDATIONS

The Council of Governors is asked to:

A. Note the progress being made in the Quarter 3 Quality Report.
B. Agree the additional indicator they would like subject to audit.
C. Agree continuation of existing quality indicators and additions.

Corporate Considerations	
Resource implications:	Collating the information has resources implications regarding collation and presentation of information.
Equalities implications:	This is referenced in the report
Risk implications:	Specific initiatives that are not being achieved are highlighted in the report.

WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?

Quality and Safety	P	Skilled workforce	P
Getting the basics right	P	Using better information	P
Social inclusion	P	Growth and financial efficiency	
Seeking involvement	P	Legislation and governance	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by: J Trevains		
	Date	07/03/2019

Where in the Trust has this been discussed before?		
Governance Committee	Date	22/03/209

What consultation has there been?		
QCR, Governance Committee, Contract meetings,	Date	

Explanation of acronyms used:	

Quality Report 2018/19

Quarter 3

CONTENTS

Part 1:   Statement on Quality from the Chief Executive

Introduction

To be completed at year-end

Part 2.1:   Looking ahead to 2019/20

Quality Priorities for Improvement 2018/19

To be completed at year-end

Part 2.2:   Statements relating to the Quality of NHS Services Provided

Review of Services

The purpose of this section of the report is to ensure we have considered the quality of care across all our services which we undertake through comprehensive reports on all services to the Governance Committee (a sub-committee of the Board).

During 2018/2019, the [2]gether NHS Foundation Trust provided and/or sub-contracted the following NHS services:

Gloucestershire
Our services are delivered through multidisciplinary and specialist teams. They are:

- One stop teams providing care to adults with mental health problems and those with a learning disability;
- Intermediate Care Mental Health Services (Primary Mental Health Services & Improving Access to Psychological Therapies);
- Specialist services including Early Intervention, Mental Health Acute Response Service, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services; Eating Disorders, Intensive Health Outcome Team and the Learning Disability Intensive Support Service;
- Inpatient care.

Herefordshire
We provide a comprehensive range of integrated mental health and social care services across the county. Our services include:

- Providing care to adults with mental health problems in Primary Care Mental Health Teams, Recovery Teams and Older People's Teams;
- Children and Adolescent Mental Health care;
- Specialist services including Early Intervention, Assertive Outreach and Crisis Resolution and Home Treatment;
- Inpatient care;
- Community Learning Disability Services;
- Improving Access to Psychological Therapies.

The [2]gether NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the NHS services reviewed in 2018/19 represents (To be completed at year-end) % of the total income generated from the provision of NHS services by the [2]gether NHS Foundation Trust for 2017/18.

Participation in Clinical Audits and National Confidential Enquiries

To be completed at year-end

Participation in Clinical Research

To be completed at year-end

Use of the Commissioning for Quality & Innovation (CQUIN) framework

A proportion of [2]gether NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between [2]gether NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at *http://www.2gether.nhs.uk/cquin*

2018/19 CQUIN Goals

Gloucestershire

Gloucestershire Goal Name	Description	Goal weighting	Expected value	Quality Domain
1a (a) National CQUIN – Staff health and wellbeing	To achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on Health and Wellbeing	0.3	£75133	Effectiveness
1b National CQUIN – Staff health and wellbeing	Healthy food for NHS staff, visitors and patients		£75133	Effectiveness
1c National CQUIN - Staff health and wellbeing	Improving the uptake of flu vaccinations for front line staff		£75133	Safety
2 National CQUIN - Improving Physical Healthcare 3a	- To reduce premature mortality by demonstrating cardio metabolic assessment and treatment for patients with psychoses.	0.3	£180320	Effectiveness
2 National CQUIN - Improving Physical Healthcare 3b	- To reduce premature mortality - Improved communication with GPs		£45080	Effectiveness
3. Improving Services for people with mental health needs who present to A & E.	Care and management for frequent attenders to Accident and Emergency	0.3	£225400	Safety
4. Transitions out of Children and Young People's Mental Health Services.	To improve the experience and outcomes for young people as they transition out of (CYPMHS)	0.3	£225400	Effectiveness
5.Preventing ill health by risky behaviours – Alcohol and Tobacco	To offer advice and interventions aimed at reducing risky behaviour in admitted patients	0.3	£225400	Effectiveness

Herefordshire

Herefordshire Goal Name	Description	Goal weighting	Expected value	Quality Domain
1a (a) National CQUIN – Staff health and wellbeing	To achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on Health and Wellbeing	0.3	£19066	Effectiveness
1b National CQUIN – Staff health and wellbeing	Healthy food for NHS staff, visitors and patients		£19066	Effectiveness
1c National CQUIN - Staff health and wellbeing	Improving the uptake of flu vaccinations for front line staff		£19066	Safety
2 National CQUIN - Improving Physical Healthcare 3a	- To reduce premature mortality by demonstrating cardio metabolic assessment and treatment for patients with psychoses.	0.3	£45760	Effectiveness
2 National CQUIN - Improving Physical Healthcare 3b	- To reduce premature mortality - Improved communication with GPs		£11440	Effectiveness
3. Improving Services for people with mental health needs who present to A & E.	Care and management for frequent attenders to Accident and Emergency	0.3	£57201	Safety
4. Transitions out of Children and Young People's Mental Health Services.	To improve the experience and outcomes for young people as they transition out of (CYPMHS)	0.3	£57201	Effectiveness
5.Preventing ill health by risky behaviours – Alcohol and Tobacco	To offer advice and interventions aimed at reducing risky behaviour in admitted patients	0.3	£57201	Effectiveness

Low Secure Services

Low Secure Goal Name	Description	Goal weighting	Expected value	Quality Domain
Reduction in length of stay	Aim to reduce lengths of stay of inpatient episodes and to optimise the care pathway. Providers to plan for discharge at the point of admission and to ensure mechanisms are in place to oversee the care pathway against estimated discharge dates.	2.5	£45000	Effectiveness

The total potential value of the income conditional on reaching the targets within the CQUINs during 2018/19 is £2,390,000.

In 2017/18, the total potential value of the income conditional on reaching the targets within the CQUINs was £2,282,000 of which £2,282,000 was achieved.

2019/20 CQUIN Goals

To be completed when this information becomes available

Statements from the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. From April 2010, all NHS trusts have been legally required to register with the CQC. Registration is the licence to operate and to be registered, providers must, by law, demonstrate compliance with the requirements of the CQC (Registration) Regulations 2009.

[2]gether NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is to provide the following regulated activities:

- Assessment or medical treatment to persons detained under the Mental Health act 1983;
- Diagnostic and screening procedures;
- Treatment of disease, disorder or injury.

[2]gether NHS Foundation Trust has no conditions on its registration.

The CQC has not taken enforcement action against [2]gether NHS Foundation during 2018/19 or the previous year 2017/18.

[2]gether NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

CQC Inspections of our services

The CQC have moved away from the previous Comprehensive Inspection model to one which consists of an annual Well Led review which is announced, and unannounced inspections of specific services. The CQC undertook the following inspections during the period: 12th February to 29th March 2018.

1. Unannounced inspection of community based mental health services for older people
2. Unannounced inspection of wards for older people with mental health problems
3. Unannounced inspection of wards for people with learning disabilities or autism
4. Unannounced inspection of specialist community mental health services for children and young people
5. Well Led Review,

New Ratings from latest review.

The overall Trust rating remains at GOOD and the CQC recognised that there have been many improvements made since the last inspection in 2015.

Overall rating	Inadequate	Requires improvement	Good	Outstanding

Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

The inspection found that there were some aspects of care and treatment in some services that needed improvements to be made to ensure patients were kept safe. However, the vast majority of services were delivering effective care and treatment.The Trust has developed an action plan in response to the 11 "must do" recommendations, and the 23 "should do" recommendations identified by the inspection and is managing the actions through to their completion.

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Outstanding ☆	Good	Good	Good	Outstanding ☆	Outstanding ☆
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Requires improvement	Good
Community-based mental health services for adults of working age	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding ☆	Good	Good	Good
Wards for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

A full copy of the Comprehensive Inspection Report can be seen here.

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Quality of Data

Statement on relevance of Data Quality and actions to improve Data Quality

To be completed at year-end

Information Governance

To be completed at year-end

Clinical Coding

To be completed at year-end

Learning from Deaths

To be completed at year end.

Part 2.3:   Mandated Core Indicators 2018/19

There are a number of mandated Quality Indicators which organisations providing mental health services are required to report on, and these are detailed below. The comparisons with the national average and both the lowest and highest performing trusts are benchmarked against other mental health service providers.

1. **Percentage of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care**

	Quarter 2 2017-18	Quarter 3 2017-18	Quarter 4 2017-18	Quarter 1 2018-19	Quarter 2
²gether NHS Foundation Trust	98.5%	99.6%	98.4%	97.6%	98.4%
National Average	96.7%	95.4%	95.5%	95.8%	95.7%
Lowest Trust	87.5%	69.2%	87.2%	73.4%	88.3%
Highest Trust	100%	100%	100%	100%	100.00%

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:

- During 2015/16 we reviewed our practices and policies associated with both our 7 day and 48 hour follow up of patients discharged from our inpatient services, the changes were introduced in 2016/17. This has strengthened the patient safety aspects of our follow up contacts.

The ²gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Clearly documenting follow up arrangements from Day 1 post discharge in RiO;
- Continuing to ensure that service users are followed up within 48 hours of discharge from an inpatient unit whenever possible.

2. **Proportion of admissions to psychiatric inpatient care that were gate kept by Crisis Teams**

	Quarter 2 2017-18	Quarter 3 2017-18	Quarter 4 2017-18	Quarter 1 2018-19	Quarter 2 2018-19
²gether NHS Foundation Trust	100%	99.5%	98.6%	99.4%	99.4%
National Average	98.6%	98.5%	98.7%	98.1%	98.4%
Lowest Trust	94%	84.3%	93.7%	85.1%	81.4%
Highest Trust	100%	100%	100%	100.00%	100.00%

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:

- Staff respond to individual service user need and help to support them at home wherever possible unless admission is clearly indicated;

The ²gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Continuing to remind clinicians who input information into the clinical system (RiO) to both complete the 'Method of Admission' field with the appropriate option when admissions are made via the Crisis Team and ensure that all clinical interventions are recorded appropriately in RiO within the client diary.

3. **The percentage of patients aged 0-15 & 16 and over, readmitted to hospital, which forms part of the Trust, within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period**

	Quarter 3 2017-18	Quarter 4 2017-18	Quarter 1 2018-19	Quarter 2 2018-19	Quarter 3 2018-19
²gether NHS Foundation Trust 0-15	0%	0%	0%	0%	0%
²gether NHS Foundation Trust 16 +	10.4%	5.8%	6.2%	6.1%	7.1%
National Average	Not available	Not available	Not available	Not available	Not available
Lowest Trust	Not available	Not available	Not available	Not available	Not available
Highest Trust	Not available	Not available	Not available	Not available	Not available

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:
- The Trust does not have child and adolescent inpatient beds;
- Service users with serious mental illness are readmitted hospital to maximize their safety and promote recovery;
- Service users on Community Treatment Orders (CTOs) can recalled to hospital if there is deterioration in their presentation.

The ²gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Continuing to promote a recovery model for people in contact with services;
- Supporting people at home wherever possible by the Crisis Resolution and Home Treatment Teams.

4. **The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends**

	NHS Staff Survey 2014	NHS Staff Survey 2015	NHS Staff Survey 2016	NHS Staff Survey 2017
²gether NHS Foundation Trust Score	3.61	3.75	3.84	3.86
National Median Score	3.57	3.63	3.62	3.67
Lowest Trust Score	3.01	3.11	3.20	3.26
Highest Trust Score	4.15	4.04	3.96	4.14

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:

- For the second year running, all staff in post were invited to take part in the survey. Previously the survey had only been sent to a random sample of staff. The overall response rate in the most recent survey was **45%** (improved from 40% the previous year). This equated with **921** staff taking the time to contribute their views (up from 777 the previous year). The 2017 survey has arguably provided the richest and most accurate picture of the staff views in the Trust to date.

The ²gether NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

Taking steps to

- Improve Staff Health and Well-being;
- Improve Reporting of Incidents;
- Make more effective use of patient and service user feedback.

5. **"Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.**

	NHS Community Mental Health Survey 2014	NHS Community Mental Health Survey 2015	NHS Community Mental Health Survey 2016	NHS Community Mental Health Survey 2017
²gether NHS Foundation Trust Score	8.2	7.9	8.0	8.0
National Average Score	Not available	Not available	Not available	Not available
Lowest Score	7.3	6.8	6.9	6.4
Highest Score	8.4	8.2	8.1	8.1

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:

- ²gether is categorised as performing 'better' than the majority of other mental health Trusts in 5 of the 10 domains and 'about the same' as the majority of other mental health Trusts in the remaining 5 domains.

The ²gether NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Supporting people at times of crisis;
- Involving people in planning and reviewing their care;
- Involving family members or someone close, as much as the person would like;
- Giving people information about getting support from people with experience of the same mental health needs as them;
- Helping people with their physical health needs and to take part in an activity locally;
- Providing help and advice for finding support with finances, benefits and employment.

6. **The number and rate* of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.**

	1 April 2017 – 30 September 2017				1 October 2017-31 March 2018			
	Number	Rate*	Severe	Death	Number	Rate*	Severe	Death
²gether NHS Foundation Trust	2585	73.19	2	20	2901	83.69	2	28
National	167,477	-	532	1212	166787	-	569	1331
Lowest Trust	68	16	0	0	1	14.88	0	0
Highest Trust	6447	126.4	89	83	8134	96.72	121	138

* Rate is the number of incidents reported per 1000 bed days.

The ²gether NHS Foundation Trust considers that this data is as described for the following reasons:
- NRLS data is published 6 months in arrears; therefore data for severe harm and death will not correspond with the serious incident information shown in the Quality Report.

The ²gether NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services, by:

- Establishing a Datix User Group to improve the processes in place for the timely review, approval of, response to and learning from reported patient safety incidents;

- Creating an additional part time Datix Administrator post to enhance data quality checks and further promote timeliness of reporting. This post commenced in 2017/18.

Part 3: Looking Back: A Review of Quality during 2018/19

Introduction

The 2018/19 quality priorities were agreed in May 2018.

The quality priorities were grouped under the three areas of Effectiveness, User Experience and Safety.

The table below provides a summary of our progress against these individual priorities. Each are subsequently explained in more detail throughout Part 3.

Summary Report on Quality Measures for 2018/2019

Effectiveness			2016 - 2017	2017 - 2018	2018- 2019
1.1		To improve the physical health of patients with a serious mental illness on CPA by a positive cardio metabolic health resource (Lester Tool).	Achieved	Achieved	Achieved
1.2		To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.	Achieved	Not achieved	Achieved
1.3		To ensure that joint Care Programme Approach reviews occur for **all** service users who make the transition from children's to adult services.	Not achieved	Not achieved	Achieved
User Experience					
2.1		Were you involved as much as you wanted to be in agreeing what care you will receive? **> 84%**	Achieved	Not achieved	Not achieved
2.2		Do you know who to contact out of office hours if you have a crisis? **>71%**	Achieved	Achieved	Achieved
2.3		Has someone given you advice about taking part in activities that are important to you? **> 64%**	Achieved	Achieved	Achieved
2.4		Have you had help and advice to find support to meet your physical health needs if you needed it? **> 73%**	Achieved	Achieved	Achieved
Safety					
3.1		Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.	Not achieved	Not achieved	Achieved
3.2		Detained service users who are absent without leave (AWOL) will not come to serious harm or death. We will report against 3 categories of AWOL as follows; harm as a consequence of: 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped)	Not measured	Achieved	Achieved
3.3		To increase the use of supine restraint as an alternative to prone restraint	Not achieved	Not achieved	On Target
3.4		To ensure that 100% of service users within Berkeley House have a bespoke restrictive intervention care plan tailored to their individual need.	Not measured	Not measured	Achieved

Easy Read Report on Quality Measures for 2018/2019

Quality Report	This report looks at the quality of [2]gether's services. We agreed with our Commissioners the areas that would be looked at.	
Physical health	We increased physical health tests and treatment for people using our services. We met the target.	
Discharge Care Plans	More people had all parts of their discharge care plan completed at the end of the quarter than previously. We have met the target.	
Care (CPA) Review	All people moving from children's to adult services had a care review. We met the target.	
Care Plans	80% of people said they felt involved in their care plan. This is less than the target (84%). We have not met the target. We are doing lots of work to get better at this.	
Crisis	84% of people said they know who to contact if they have a crisis. This is more than the target (71%). We met the target.	
Activity	82% of people said they had advice about taking part in activities. This is more than the target (64%). We met the target.	
Physical Health	84% of people said they had advice about their physical health This is more than the target (73%). We met the target.	

Suicide	There were fewer suicides compared to this time last year. We met the target	
AWOL	In patients who were absent without leave did not come to serious harm or death. We met the target.	
Face down restraint	We have reduced the number of face-down restraints this year. We are doing lots of work to get better at this and may meet the target at the end of the year.	
Physical Intervention Care Plans	Everyone at Berkley House has one of these We met the target	

Effectiveness

In 2018/19 we remained committed to ensure that our services are as effective as possible for the people that we support. For the second consecutive year we set ourselves 3 targets against the goals of:

- Improving the physical health care for people with schizophrenia and other serious mental illnesses;
- Ensuring that people are discharged from hospital with personalised care plans;
- Improving transition processes for child and young people who move into adult mental health services.

Target 1.1   To increase the number of service users (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to physical health treatment

The 2018/19 Physical Health CQUIN includes all service users with an active diagnosis of psychosis (using the CQUIN specified ICD-10 codes) who are either an inpatient or who have access to community services including; Assertive Outreach Team (AOT), Recovery Teams, Community Learning Disability Teams (CLDT's), Older Age Services (OP's) and Children and Young Persons Services (CYPS). The sample group for this year will include patients from both counties.

Within quarter three, we have reviewed interoperability of data and IT systems between secondary and primary care, to facilitate flow of information on physical health issues for people with SMI. For the past 18 months, physical health information for both inpatients and community patients has been electronically recorded on a 'Health and Lifestyle form' within our electronic patient record (RiO). This information can be updated and edited as necessary and is shared with primary care on discharge from an inpatient stay or annually at CPA review for our community patients. A secure email system is used to ensure data is transferred safely and securely to the individual GP practice. This process is now embedded in practice and timescales for delivery of this information is adhered to.

Our successful physical health clinics continue to run at Pullman Place and 27a St Owen Street, providing service users in the community access to physical health checks in an environment with staff who are familiar to them. Attendance at these clinics is growing and it is hoped to provide a similar service at Leckhampton Lodge in Cheltenham this year. Staff from Cheltenham Recovery Teams have visited Pullman Place to see how the clinic is run and to observe their good practices.

It is hoped that the Trust will purchase ECG machines for the community hubs within the next financial quarter. This will provide the opportunity for routine ECG screening for possible cardiac anomalies for our patients who are at an increased cardio metabolic risk largely due to medication side effects and lifestyle factors. Training for staff to take ECG's will be provided by the Physical Health Facilitator, and refresher training for medics to interpret ECG's will be held internally by our own Medical team.

Alongside the CQUIN work, [2]gether continues to increase access to physical health treatment for service users. Following the successful secondment of a general trained nurse working within Wotton Lawn Hospital in Gloucestershire, a second general nurse has been appointed to provide a similar service for inpatients at the Stonebow Unit in Hereford. Furthermore, we now have a general nurse working within the recovery units in Cheltenham one day a week to provide physical healthcare to our patient's there.

^{2}gether has continued to work with "Equally Well" which is a national collaborative to support the physical health of people with a mental illness. We have also been approached from the RCN to collaborate with a parity of esteem/lived experience project where we hope to involve some experts by experience.

We have met this target.

Target 1.2   To improve personalised discharge care planning in:
    a) Adult inpatient wards and
    b) Older people's wards.

Discharge from inpatient units to the community can pose a time of increased risk to service users. During 2015/16 we focused on making improvements to discharge care planning to ensure that service users are actively involved in shared decision making for their discharge and the self-management care planning process. There were different criteria in use across Gloucestershire and Herefordshire due to audit criteria changing from the original set of questions which were influenced by the West Midlands Quality Review which agreed a differing set of standards within Herefordshire.

The following criteria are being used in the services across both counties as follows:

1. Has a Risk Summary been completed?
2. Has the Clustering Assessment and Allocation been completed?
3. Has HEF been completed? (LD only)
4. Has the Pre-Discharge Planning Form been completed?
5. Have the inpatient care plans been closed within 7 days of discharge?
6. Has the patient been discharged from the bed?
7. Has the Nursing Discharge Summary Letter to Client/GP been sent within 24 hours of discharge?
8. Has the 48 hour follow up been completed?

We are also including discharge care planning information from within our Recovery Units, as they too discharge people back into the community.

Results from the quarterly audit against these standards are seen below.

Gloucestershire Services

Criterion	Year End Compliance (2016/17)	Year End Compliance (2017/18)	Compliance Quarter 1 (2018/19)	Compliance Quarter 2 (2018/19)	Compliance Quarter 3 (2018-19)
Overall Average Compliance	**72%**	**73%**	**71%**	**65%**	**71%**
Chestnut Ward	85%	83%	84%	86%	84%

Mulberry Ward	79%	73%	72%	65%	71%
Willow Ward	71%	69%	69%	64%	71%
Abbey Ward	75%	78%	74%	64%	73%
Dean Ward	73%	73%	73%	63%	74%
Greyfriars PICU	62%	64%	53%	56%	60
Kingsholm Ward	72%	72%	73%	68%	74%
Priory Ward	80%	80%	73%	67%	76%
Montpellier Unit	57%	64%	71%	57%	67%
Honeybourne	70%	65%	58%	54%	67%
Laurel House	65%	81%	83%	71%	64%

*Berkeley House was not included in the audit as there were no discharges in Q3 2018-19.

Herefordshire Services

Criterion	Year End Compliance 2016/17)	Year End Compliance (2017/18)	Compliance Quarter 1 (2018/19)	Compliance Quarter 2 (2018/19)	Compliance Quarter 3 (2018/19)
Overall Average Compliance	**74%**	**71%**	**71%**	**70%**	**71%**
Cantilupe Ward	85%	82%	79%	81%	74%
Jenny Lind Ward	71%	68%	69%	63%	73%
Mortimer Ward	69%	65%	67%	65%	65%
Oak House	70%	68%	67%	**NA**	**NA**

*Oak House did not have any discharges during Q2 2018-19.

Overall compliance for the Trust (Gloucestershire and Herefordshire) for Quarter 3 was 71% compared to 68% in Quarter 2, this means there has been a 3% increase in compliance. Overall compliance for Gloucestershire only for Quarter 3 was 71% compared to 65% in Quarter 2, this means there has been a 6% increase in compliance. Overall compliance for Herefordshire only for Quarter 3 was 71% compared to 70% in Quarter 2, this means there has been a 1% increase in compliance.

During Quarter 3 of 2018/19 there were 77 discharges from Herefordshire and 199 from Gloucestershire. The total number of discharges across the Trust was 276.

Trust wide compliance for each of the individual criteria assessed is outlined in the table below. For future audits, services will focus on the criteria scoring an AMBER or RED RAG rating to promote improvement.

		Current compliance (Q3)	Direction of travel and previous compliance (Q2)
1.	Has a Risk Summary been completed?	100%	⇔100%
2.	Has the Clustering Assessment and Allocation been completed?	94%	⇧92%
3.	Has HEF been completed? (LD only)	100%	N/A
4.	Has the Pre-Discharge Planning Form been completed?	35%	⇧27%
5.	Have the inpatient care plans been closed within 7 days of discharge?	8%	⇩11%
6.	Has the patient been discharged from bed?	100%	⇧99%
7.	Has the Nursing Discharge Summary Letter to	90%	⇧87%

	Client/GP been sent within 24 hours of discharge?		
8.	Has the 48 hour follow up been completed if the Community Team are not doing it?	77%	⬆51%

Of the seven individual criteria assessed, compliance has increased for 5 criteria, remained the same for 1 criterion, and decreased for 1 criterion.

It has been noted by the data collector that more often than not, the patient care plans are not being closed within 7 days of discharge and this is often the case each quarter. Compliance is vert low at just 8%.

3. Has HEF been completed (LD only)
There was 1 patient recorded as having a Learning Disability and the HEF had been completed for them therefore this was 100% compliant.

This Target has been met.

Target 1.3   To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services.

The period of transition from children and young people's services (CYPS) to adult mental health services is often daunting for both the young person involved and their family or carers. We want to ensure that this experience is as positive as it can be by undertaking joint Care Programme Approach (CPA) reviews between children's and adult services every time a young person transitions to adult services.

Results from 2017-18 transitions are also included below so that historical comparative information is available.

2017-18 Results

Gloucestershire Services.

Criterion	Compliance Quarter 1 (2017/18)	Compliance Quarter 2 (2017/18)	Compliance Quarter 3 (2017/18)	Compliance Quarter 4 (2017/18)
Joint CPA Review	100%	100%	100%	75%

Herefordshire Services

Criterion	Compliance Quarter 1 (2017/18)	Compliance Quarter 2 (2017/18)	Compliance Quarter 3 (2017/18)	Compliance Quarter 4 (2017/18)
Joint CPA Review	100%	100%	Not applicable	Not applicable

2018-19 Results

Gloucestershire Services

Criterion	Compliance	Compliance	Compliance	Compliance

	Quarter 1 (2018/19)	Quarter 2 (2018/19)	Quarter 3 (2018/19)	Quarter 4 (2018/19)
Joint CPA Review	100%	100%	100%	

Herefordshire Services

Criterion	Compliance Quarter 1 (2018/19)	Compliance Quarter 2 (2018/19)	Compliance Quarter 3 (2018/19)	Compliance Quarter 4 (2018/19)
Joint CPA Review	100%	NA	100%	

During Quarter 3 all young people who transitioned into adult services had a joint CPA review. .

To improve our practice and documentation in relation to this target, a number of measures were developed during 2017-18 as follows:

- Transition to adult services for any young person will be included as a standard agenda item for teams, to provide the opportunity to discuss transition cases;
- Transition will be included as a standard agenda item in caseload management to identify emerging cases;
- Teams are encouraged to contact adult mental health services to discuss potential referrals;
- There is a data base which identifies cases for transition;
- SharePoint report identifies those young people who are 17.5 years open to teams. Team Managers will monitor those who are coming up to transition discuss them with care coordinators in caseload management to see whether transition is clinically indicated.

These measures will continue to be used to promote good practice and as the target was not achieved last year and we will maintain this as a quality priority in 2018/19.

We met this target.

User Experience

In this domain, we have set ourselves 1 goal of improving service user experience and carer experience with 4 associated targets.

- Improving the experience of service users in key areas. This was measured though defined survey questions for both people in community and inpatient settings.

The Trust's **How did we do?** survey combines the NHS Friends and Family Test and the Quality Survey. The Quality Survey questions encourage people to provide feedback on key aspects of their care and treatment.

The two elements of the **How did we do?** survey will continue to be reported separately as Friends and Family Test and Quality Survey responses by county. A combined total percentage for both counties is also provided to mirror the methodology used by the CQC Community Mental Health Survey.

Data for Quality Survey (Quarter 3 2018/19 – October to December 2018) results:

Target 2.1   Were you involved as much as you wanted to be in agreeing the care you will receive? < 84%

Question	County	Number of responses	Target Met?
Were you involved as much as you wanted to be in agreeing the care you receive?	Gloucestershire	135 (106 positive)	**80%** **TARGET 84%**
	Herefordshire	29 (25 positive)	
	Total	164 (131 positive)	

This target has not been met.

Target 2.2   Have you been given information about who to contact outside of office hours if you have a crisis? > 71%

Question	County	Number of responses	Target Met?
Have you been given information about who to contact outside of office hours if you have a crisis?	Gloucestershire	138 (113 positive)	**84%** **TARGET 71%**
	Herefordshire	26 (24 positive)	
	Total	164 (137 positive)	

This target has been met.

Target 2.3   Have you had help and advice about taking part in activities that are important to you? > 64%

Question	County	Number of responses	Target Met?
Have you had help and advice about taking part in activities that are important to you?	Gloucestershire	127 (101 positive)	**82%** **TARGET 64%**
	Herefordshire	26 (24 positive)	
	Total	153 (125 positive)	

This target has been met.

Target 2.4   Have you had help and advice to find support for physical health needs if you have needed it? > 73%

Question	County	Number of responses	Target Met?

Have you had help and advice to find support for physical health needs if you have needed it?	Gloucestershire	127 (105 positive)	**84%**
	Herefordshire	27 (25 positive)	**TARGET 73%**
	Total	154 (130 positive)	

This target has been met.

Feedback from the Quality survey along with the National Community Mental Health survey results helped us to identify the need to increase the involvement of people in the development of their care plans. This is the focus of our work to implement an Always Event as part of the NHS England campaign.

Although response rates for the survey have increased over time the level of response continues to be lower than we would like. The introduction of new systems in Quarter 4 2018/19 to capture survey feedback aims to increase the number of response we receive to both aspects of the How did we do? survey

Friends and Family Test (FFT)

FFT responses and scores for Quarter 3, 2018/19

The FFT involves service users being asked "*How likely are you to recommend our service to your friends and family if they needed similar care or treatment?*"

Our Trust played a key role in the development of an Easy Read version of the FFT. Roll out of this version ensures that everybody is supported to provide feedback.

The table below details the number of combined total responses received by the Trust each month in Quarter 3. The FFT score is the percentage of people who stated that they would be 'extremely likely' or 'likely' to recommend our services. These figures are submitted for national reporting.

	Number of responses	FFT Score (%)
October 2018	395 (324 positive)	82%
November 2018	374 (296 positive)	79%
December 2018	277 (219 positive)	79%
Total	**1046** (839 positive) **(last quarter = 1020)**	**80% (last quarter = 79%)**

The FFT score for our Trust this quarter has continued to decrease in line with an observed drop during previous quarters. This is disappointing when compared with our national survey results and compliments which suggest a high level of satisfaction with the services that we provide.

SED have undertaken further analysis of this quarter's FFT scores to review for any areas that are influencing decreased scores and are sharing with operational colleagues for further follow up and action.

FFT Scores for [2]gether NHS Foundation Trust for the past year. The following graph shows the FFT Scores for the past rolling year, including this quarter. The Trust generally receives mostly positive feedback.
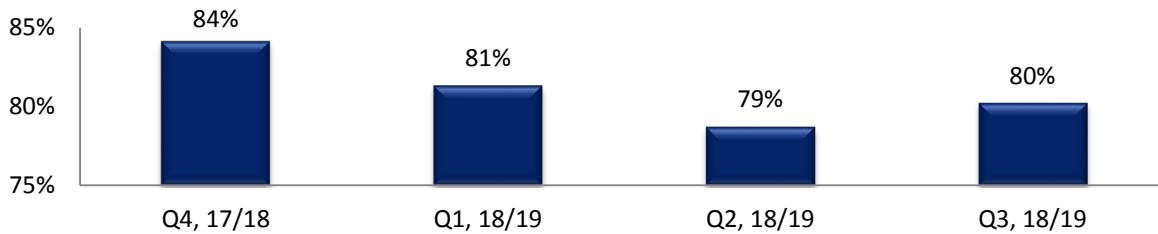
Friends and Family Test Scores – comparison between ²gether Trust and other Mental Health Trusts across England
The chart below shows the FFT scores for September, October, and November 2018 (the most recent data available) compared to other Mental Health Trusts in our region and the national average. Our Trust consistently receives a high percentage of recommendation although we have achieved lower scores than other Trusts in our region in recent quarters. This is a reversal from previous years and does not triangulate with our positive National Survey scores (December 2018 data are not yet available)
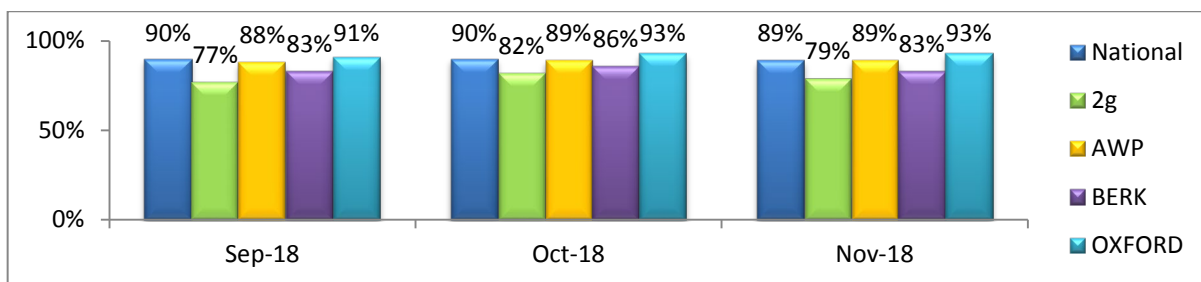
2g – 2gether NHS Foundation Trust // AWP – Avon and Wiltshire Mental Health Partnership NHS Trust
BERK – Berkshire Healthcare NHS Foundation Trust // OXFORD – Oxford Health NHS Foundation Trust

Complaints

To be completed at year-end

Safety

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure that we assess the safety of those who use our services as well as providing a safe environment for service users, staff and everyone else that comes into contact with us. In this domain, we have set ourselves 3 goals to:

- Minimise the risk of suicide of people who use our services;
- Ensure the safety of people detained under the Mental Health Act;
- Reduce the number of prone restraints used in our adult inpatient services:

There are 3 associated targets.

Target 3.1   Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.

We aim to minimise the risk of suicide amongst those with mental disorders through systematic implementation of sound risk management principles. In 2013/14, during which year we reported **22** suspected suicides, we set ourselves a specific quality target for there to be fewer deaths by suicide of patients in contact with teams and we have continued with this important target each year. Sadly the number increased and during 2016/17 we reported **26** suspected suicides and last

year the number of reported suspected suicides was **28.** By the end of Quarter 3 2018/19 we reported **22** suspected suicides. This is seen in Figure 4.
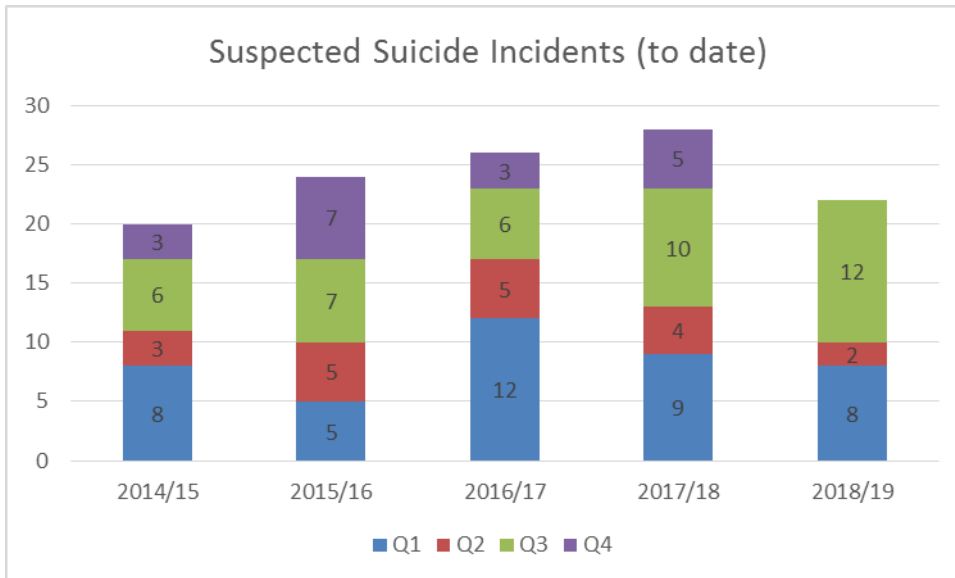
Figure 4

What we also know is that we are seeing more and more service users on our caseload year on year, so we measured this important target differently this year. This is also reported as a rate per 1000 service users on the Trust caseload. The graph in Figure 5 shows this rate from 2014/15 onwards for all Trust services covering Herefordshire and Gloucestershire, and we are aiming to see the median value (green line) get smaller. During 2015/16, 2016/17 and 2017/18 the median value was 0.09. By the end of Quarter 3 2018/19 the median value has fallen to 0.08.
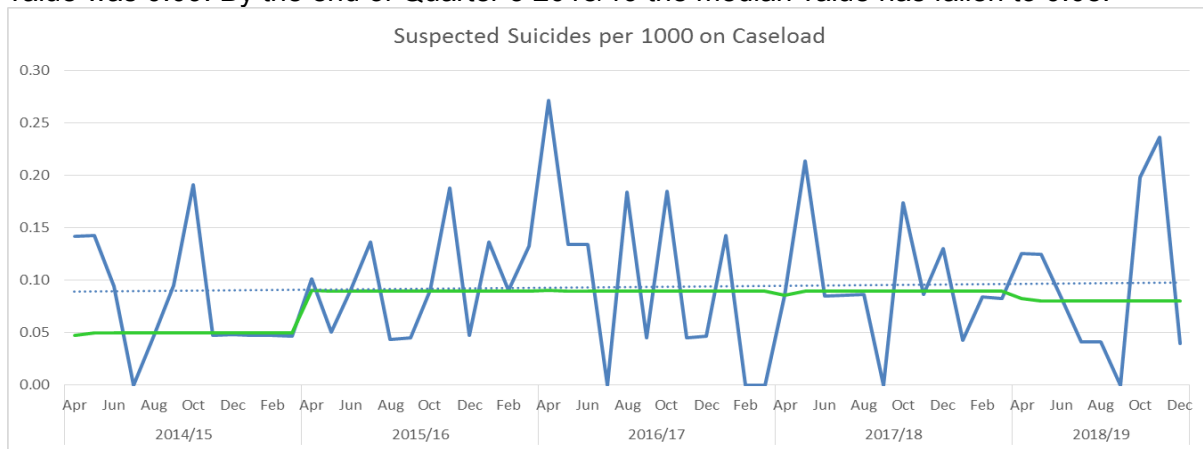
Figure 5

In terms of the inquest conclusions, these are shown in Figure 6 below. It is seen that the majority of reported suspected suicides are determined as such by the Coroner.
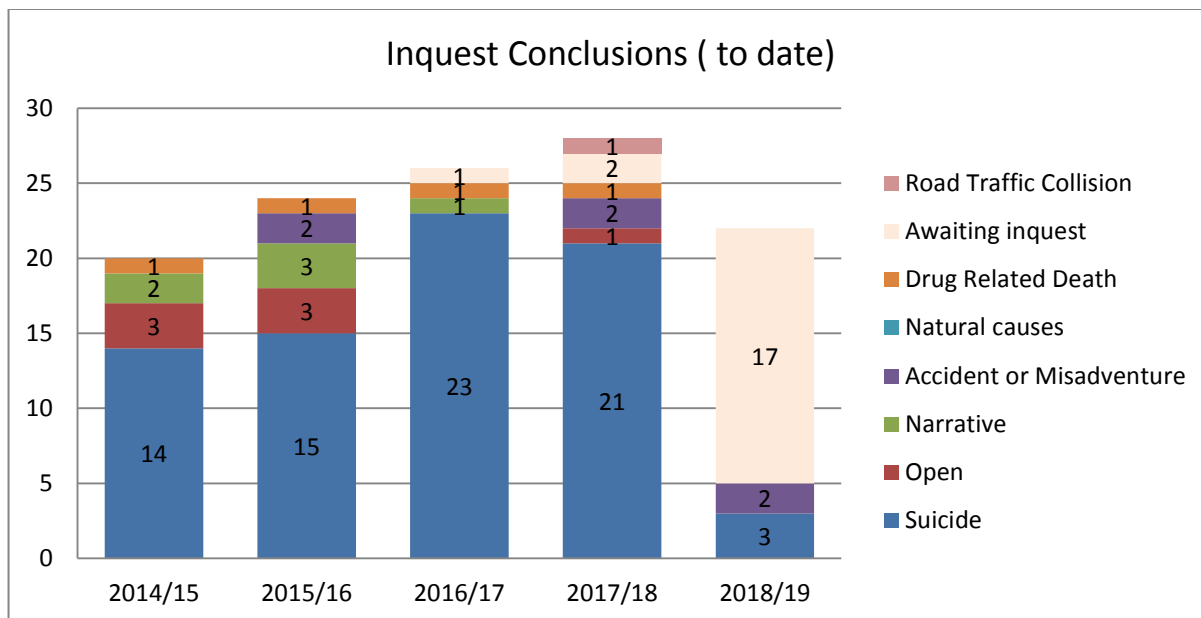
Figure 6

Information is provided below in Figures 7 & 8 for both Gloucestershire and Herefordshire services separately. It is seen that greater numbers of suspected suicides are reported in Gloucestershire services. There is no clear indication of why the difference between the two counties is so marked, but it is noted that the population of people in contact with mental health services in Gloucestershire is greater, and the overall population of Gloucestershire is a little over three times that of Herefordshire (based on mid -2015 population estimates).

Figure 7

Suspected Suicides in Herefordshire

Chart values by year:
- 2014/15: Quarter 1 = 1, Quarter 3 = 2
- 2015/16: Quarter 3 = 2, Quarter 4 = 3
- 2016/17: Quarter 1 = 1, Quarter 2 = 1, Quarter 3 = 1
- 2017/18: Quarter 1 = 3, Quarter 2 = 2, Quarter 3 = 2, Quarter 4 = 1
- 2018/19: Quarter 1 = 3, Quarter 3 = 3

Legend: Quarter 4, Quarter 3, Quarter 2, Quarter 1

Inquest Conclusions in Herefordshire

Chart values by year:
- 2014/15: Suicide = 2, Narrative = 1
- 2015/16: Suicide = 3, Open = 2
- 2016/17: Suicide = 4
- 2017/18: Suicide = 7, Open = 1
- 2018/19: Awaiting inquest = 6

Legend: Awaiting inquest, Drug Related Death, Natural causes, Accidental, Narrative, Open, Suicide

Figure 8

We will continue to work hard to identify and support those people experiencing suicidal ideation and aim to establish the interventi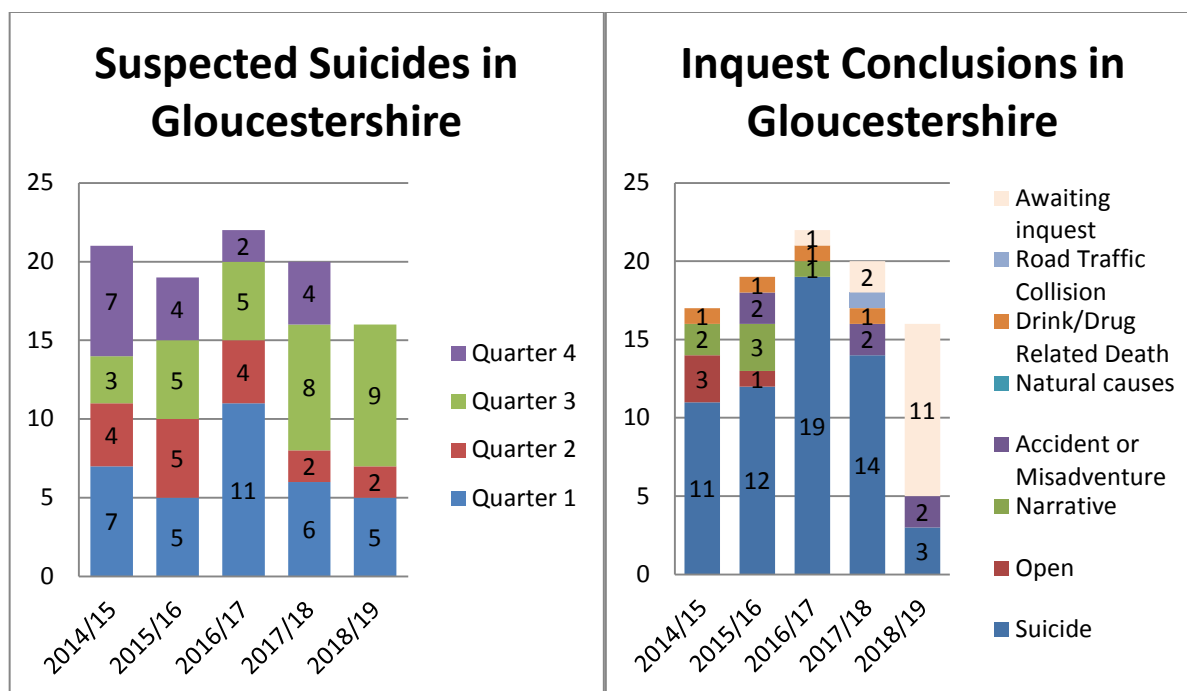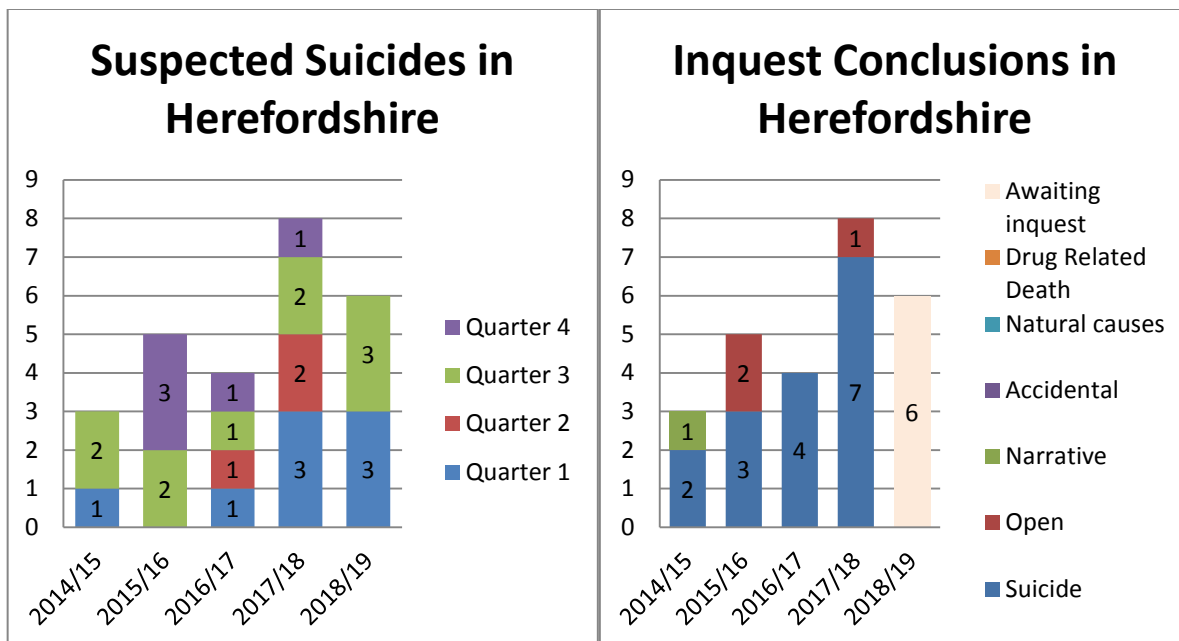ons that will make the most impact for individuals. We launched the StayAlive App during 2017/18; this is a pocket suicide prevention resource for both people who are having thoughts of suicide and those who are concerned about someone else who may be considering suicide. This is available on AppStore and Google Play.

GRASSROOTS SUICIDE PREVENTION
Thinking about suicide? #StayAlive
prevent-suicide.org.uk

²gether Making life better   ²gether NHS Foundation Trust NHS

We are currently meeting this target.

Target 3.2   Detained service users who are absent without leave (AWOL) will not come to serious harm or death.

Much work has been done to understand the context in which detained service users are absent without leave (AWOL) via the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative. AWOL reporting includes those service users who:

1. Abscond from a ward,
2. Do not return from a period of agreed leave,
3. Abscond from an escort.

What we want to ensure is that no detained service users who are AWOL come to serious harm or death, so this year we are measuring the level of harm that people come to when absent.

In **2015/16** we reported **114** occurrences of AWOL (83 in Gloucestershire and 31 in Herefordshire as seen in the table below.

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	55	19	9	**83**
Herefordshire	23	4	4	**31**
Total	**78**	**23**	**13**	**114**

None of these incidents led to serious harm or death.

In **2016/17** we reported **211** occurrences of AWOL (162 in Gloucestershire and 49 in Herefordshire detailed in the table below) so there was a considerable increase in the numbers of people who were AWOL. There are a number of factors which influence this, including open wards, increased numbers of detained patients in our inpatient units, increased acuity, and on occasion, service users who leave the hospital without permission multiple times. **170** occurrences were reported during **2017/18.**

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	95	49	18	**162**
Herefordshire	40	4	5	**49**
Total	**135**	**53**	**23**	**211**

None of these incidents led to serious harm or death.

At the end of **2017/18** the following occurrences of AWOL were reported

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	72	59	11	**142**
Herefordshire	20	3	5	**28**
Total	**92**	**62**	**16**	**170**

None of these incidents led to serious harm or death.

At the end of **Quarter 1 2018/19** the following occurrences of AWOL have been reported.

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	19	13	3	**35**
Herefordshire	10	0	0	**10**
Total	**Q1 29**	**Q1 13**	**3**	**45**

None of these incidents led to serious harm or death.

At the end of **Quarter 2 2018/19** the following occurrences of AWOL have been reported.

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	16	15	1	**32**
Herefordshire	18	0	1	**19**
Total	**Q2 34**	**Q2 15**	**2**	**51**

None of these incidents led to serious harm or death

At the end of **Quarter 3 2018/19** the following occurrences of AWOL have been reported.

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	11	20	8	**39**
Herefordshire	2	0	1	**3**
Total	**Q3 13**	**Q3 20**	**Q3 9**	**42**

None of these incidents led to serious harm or death

We are meeting this target

Target 3.3   To increase the use of supine restraint as an alternative to prone restraint (on all adult wards & PICU)

During 2015/16, the Trust developed an action plan to reduce the use of restrictive interventions, in line with the 2 year strategy – Positive & Safe: developed from the guidance Positive and Proactive Care: reducing the need for restrictive interventions. This strategy offered clarity on what models and practice need to be undertaken to support sustainable reduction in harm and restrictive approaches, with guidance and leadership by the Trust Board and a nominated lead. Overall, we wished to reduce the use of prone restraint by 5% year on year.

The Trust developed its own Positive & Safe Sub-Committee during 2015/16 which is a sub–committee of the Governance Committee. The role of this body is to:

- Support the reduction of all forms of restrictive practice;
- Promote an organisational culture that is committed to developing therapeutic environments where physical interventions are a last resort;
- Ensure organisational compliance with the revised Mental Health Act 1983 Code of Practice (2015) and NICE Guidance for Violence and Aggression;
- Oversee and assure a robust training programme and assurance system for both Prevention & Management of Violence & Aggression (PMVA) and Positive Behavior Management (PBM);
- Develop and inform incident reporting systems to improve data quality and reliability;
- Improve transparency of reporting, management and governance;
- Lead on the development and introduction of a Trust wide RiO Physical Intervention Care Plan/Positive Behavioral Support.

As use of prone restraint (face down) is sometimes necessary to manage and contain escalating violent behaviour, it is also the response most likely to cause harm to an individual. Therefore, we want to minimise the use of this wherever possible through effective engagement and occupation in the inpatient environment. All instances of prone restraint are recorded and this information was used to establish a baseline in 2015/16. Overall, there were **121** occasions when prone restraint was used in our acute adult wards and PICU.

At the end of 2016/17, **211** instances of prone restraint were used which was an overall increase and by the end of 2017/18, **229** instances of prone restraint were used so we did not see a 5% reduction by year end.

In reviewing our restraint data in detail over the past 2 years, we have, however, seen an encouraging increase in the use of supine restraint as an appropriate less risky alternative to prone restraint. In 2018/19 our aim is, therefore, be to see an increase in the use of supine restraint as an alternative to prone restraint. Our target will be to see a greater percentage of supine restraints compared to prone.

Prone vs Supine Restraints by Ward Q1-Q3 2018-19

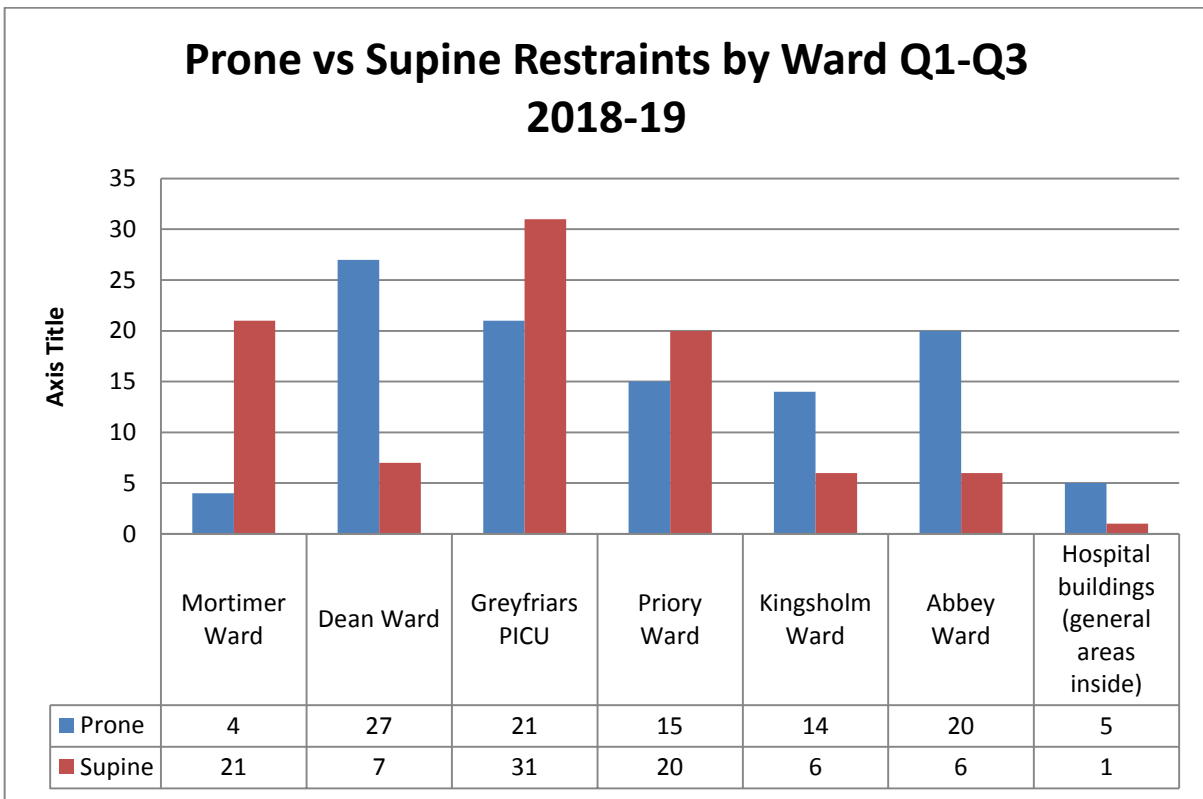|	Mortimer Ward	Dean Ward	Greyfriars PICU	Priory Ward	Kingsholm Ward	Abbey Ward	Hospital buildings (general areas inside)
Prone	4	27	21	15	14	20	5
Supine	21	7	31	20	6	6	1

Figure 9

Figure 9 shows that during Quarters 1 & 2 and 3 **106** instances of prone restraint were used compared to **92** instances of supine. Figure 10 below compares 2017/18 and 2018/19 prone restraint data and from this analysis it is clear that the use of prone restraint has reduced by greater than 5% this year.

Total Prone Restraints 2017/18 & 2018/19

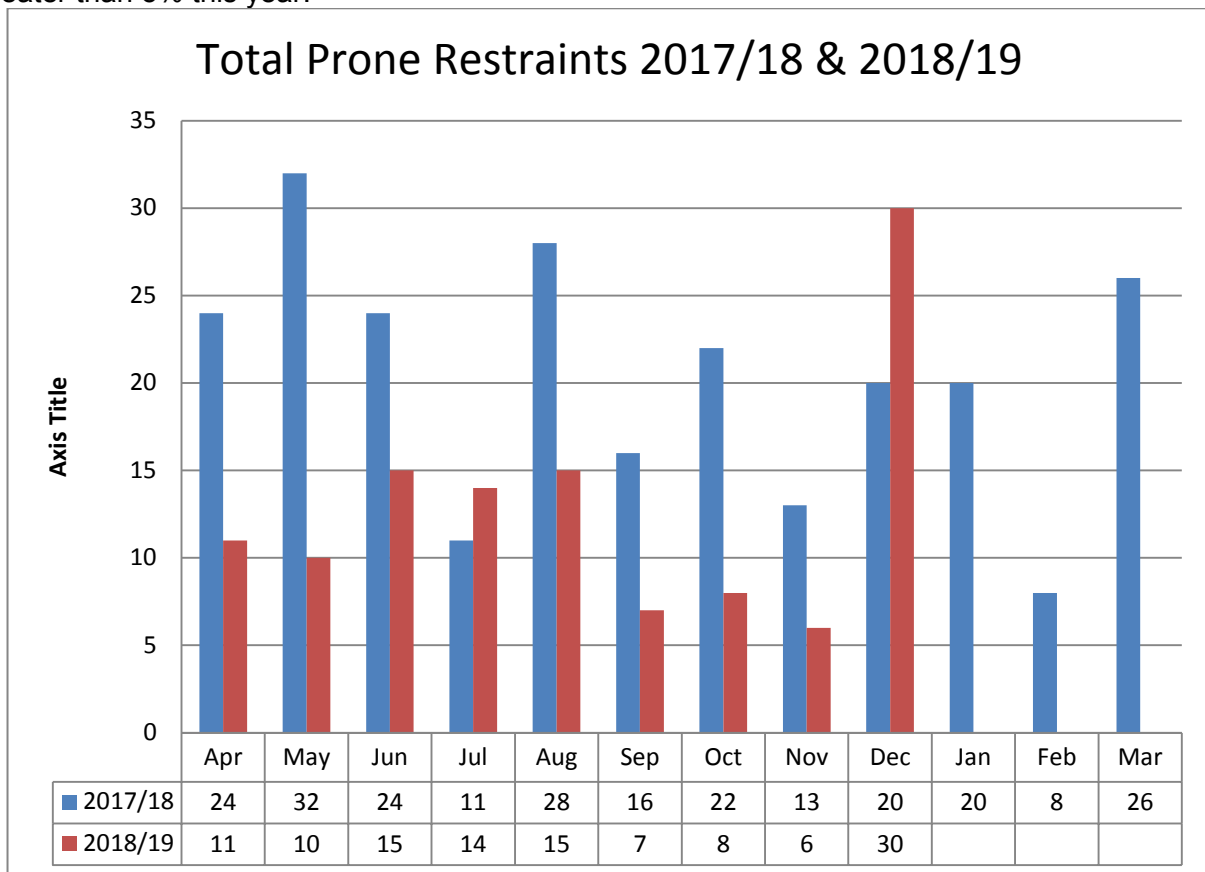|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	24	32	24	11	28	16	22	13	20	20	8	26
2018/19	11	10	15	14	15	7	8	6	30			

Figure 10

We are on trajectory to meet this target.

Target 3.4   To ensure that 100% of service users within Berkeley House have a bespoke restrictive intervention care plan tailored to their individual need.

Berkeley House currently has 7 patients all of whom have specific care plans for Positive Behaviour Management (PBM) interventions, these care plans are on RiO and a copy of an accessible care plan is available for the patient.

They also have Positive Behavioural Support (PBS) plans which contain detailed information regarding primary, secondary and tertiary strategies for each person. Within these plans are functional assessments of behaviours that individuals may display. These also include what a good day looks like and individualised strategies to manage behaviours when a patient begins to show signs of distress.

Primary prevention strategies aim to enhance the service users' quality of life and meet their unique needs thereby reducing the likelihood of behavioural disturbances.

Secondary prevention strategies focus on the recognition of early warning signs of impending behavioural disturbance and how to respond in order to encourage the patient to be calm.

Tertiary strategies guide the responses required to manage behavioural disturbance and acknowledge that the use of proportionate restrictive interventions may be required to minimise harm.

Alongside these patients have activity care plans providing information on preferred activities, likes and dislikes and implementation of activities for each individual. All patients also have a Health Action Plan and health and wellbeing care plan that gives information on health issues thus minimising possible influences pain may have an individual's behaviour.

All these plans are written following assessment and advice obtained from PBM trainers about any patient specific interventions (1 staff member at Berkeley House is also a PBM trainer). Also included in these plans are sensory interventions formulated by an occupational therapist which are implemented at associated primary and secondary phases appropriate for each individual.

All patients have a bespoke PBM assessment and care plan, this is written in conjunction with the Behaviour Support & Training Team, the PBM trainer we have within the staffing establishment at Berkeley House and the wider Multidisciplinary team. These plans include sensory interventions formulated by an occupational therapist. The PBM assessment (Individual Patient Physical Intervention Technique Checklist) clearly identifies techniques to be implemented for each individual as and when proportional to the risk to self and others.

Patients are physically monitored following all physical interventions to ensure that any concerns of physical harm or distress are acted upon within a timely manner. Where appropriate debriefs would be offered to patients post incident.

There are staff debriefs after any incidents of intervention, during which they are able to reassess and evaluate interactions and change care plans accordingly to better meet patient needs. Incidents are logged and discussed at MDT each week and interventions reviewed.

We have met this target.

Serious Incidents reported during 2018/19

By the end of Quarter 3 2018/19, **28** serious incidents were reported by the Trust; the types of these incidents reported are seen below in Figure 11.
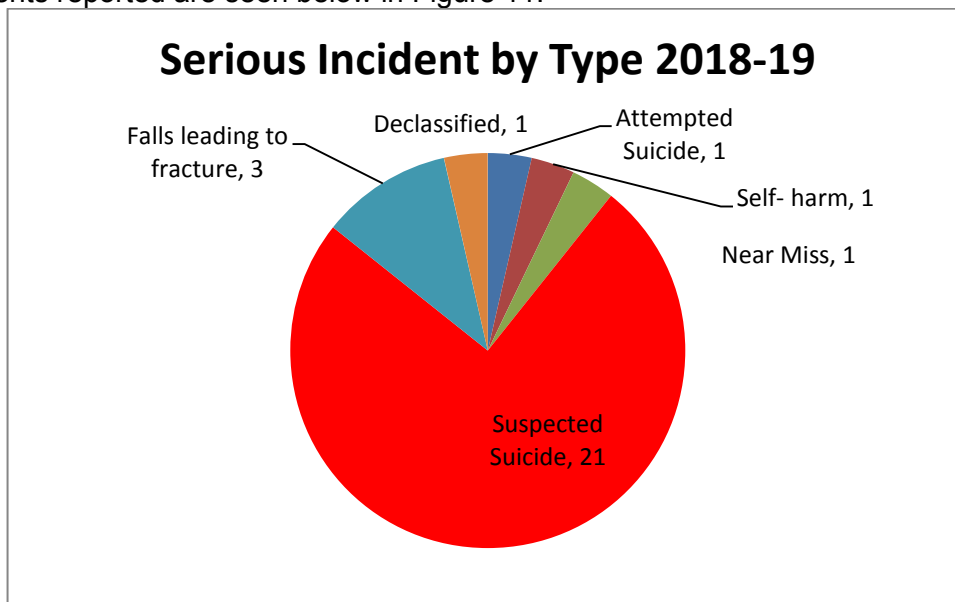

Serious Incident by Type 2018-19

Falls leading to fracture, 3
Declassified, 1
Attempted Suicide, 1
Self- harm, 1
Near Miss, 1
Suspected Suicide, 21

Figure 11

Figure 12 shows a 4 year comparison of reported serious incidents. The most frequently reported serious incidents are "suspected suicide" and attempted suicide which is why we continue to focus on suicide prevention activities in partnership with stakeholders. All serious incidents were investigated by senior members of staff, all of whom have been trained in root cause analysis techniques. To further improve consistency of our serious incident investigations we appointed a whole time equivalent Lead Investigator commenced this important work in May 2017, and 2 further dedicated Investigating Officers are now available via the Trust's Staff Bank.
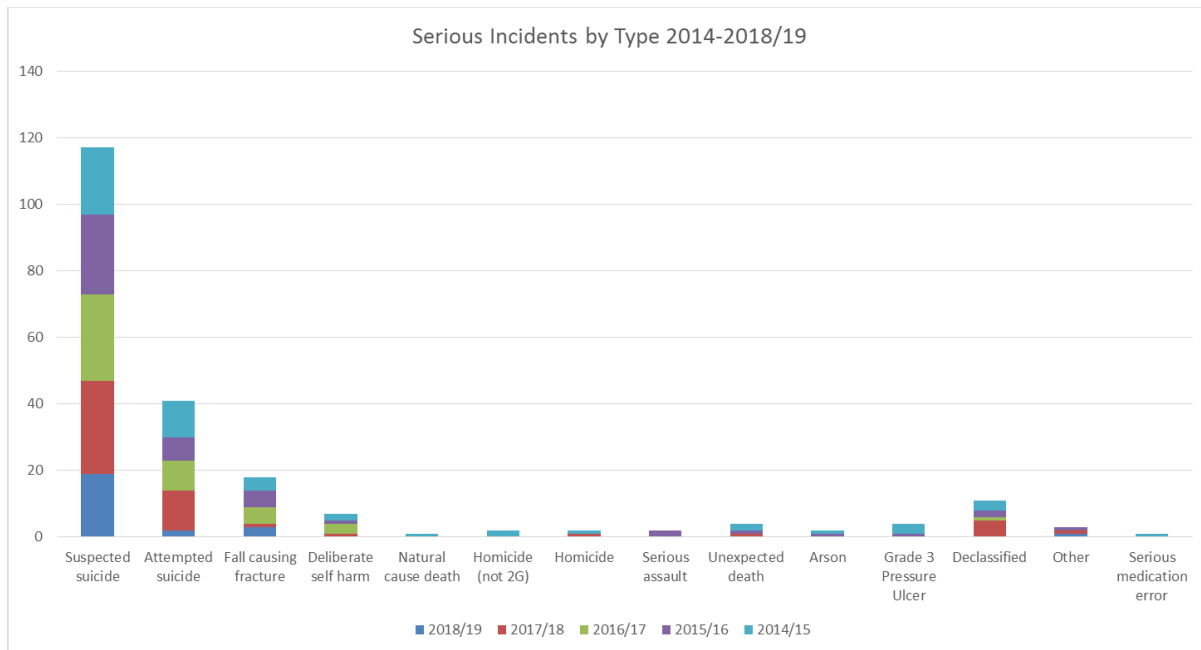
Figure 12

Wherever possible, we include service users and their families/carers to ensure that their views are central to the investigation, we then provide feedback to them on conclusion and copies of our investigation reports. During 2016/17 we engaged the Hundred Families organisation to deliver 'Making Families Count' training to 51 staff to improve our involvement of families and a further 20 staff attended an additional Hundred Families workshop regarding 'Involving Families in Serious Incidents' in November 2017. During 2018/19 we continue to develop processes to provide improved support to people bereaved by suicide and in May 2018 18 staff were trained in Postvention techniques by the charity Suicide Bereavement UK. These trained staff now act voluntarily as Family Liaison Officers (FLOs) and are allocated to support families of service users on our caseload who have died by suspected suicide.

The Trust also shares copies of our investigation reports regarding "suspected suicides" with the Coroners in both Herefordshire and Gloucestershire to assist with the Coronial investigations.

There have been no Department of Health defined "Never Events" within the Trust during 2018/19. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Duty of Candour

The Duty of Candour is a statutory regulation to ensure that providers of healthcare are open and honest with services users when things go wrong with their care and treatment. The Duty of Candour was one of the recommendations made by Robert Francis to help ensure that NHS organisations report and investigate incidents (that have led to moderate harm or death) properly and ensure that service users are told about this.

The Duty of Candour is considered in all our serious incident investigations, and as indicated in our section above regarding serious incidents, we include service users and their families/carers in this process to ensure their perspective is taken into account, and we provide feedback to them on conclusion of an investigation. Additionally, we review all reported incidents in our Datix System (incident reporting system) to ensure that any incidents of moderate harm or death are identified and appropriately investigated.

To support staff in understanding the Duty of Candour, we have historically provided training sessions through our Quality Forums and given all staff leaflets regarding this. There is also a poster regarding this on every staff notice board. During the CQC comprehensive inspection of

our services in 2015, they reviewed how the Duty of Candour was being implemented across the Trust and provided the following comments in their report dated 27 January 2016.

"Staff across the trust understood the importance of being candid when things went wrong including the need to explain errors, apologise to patients and to keep patients informed."

"We saw how duty of candour considerations had been incorporated into relevant processes such as the serious investigation framework and complaints procedures. Staff across the trust were aware of the duty of candour requirements in relation to their role."

Our upgraded Incident Reporting System (Datix) has been configured to ensure that any incidents graded moderate or above are flagged to the relevant senior manager/clinician, who in turn can investigate the incident and identify if the Duty of Candour has been triggered. Only the designated senior manager/clinician can "sign off" these incidents.

We are aware that further work is required to ensure that all incidents of moderate harm are appropriately reported and that the service user experiencing this harm is fully informed and supported. This will be a key area of further development and consolidation throughout 2018/19.

Sign up to Safety Campaign – Listen, Learn and Act (SUP2S)

[2]gether NHS Foundation Trust signed up to this campaign from the outset and was one of the first 12 organisations to do so. Within the Trust the campaign is being used as an umbrella under which to sit all patient safety initiatives such as the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative, the NHS Safety Thermometer, Safewards interventions and the Reducing Physical Interventions project. Participation in SUP2S webinars has occurred, and webinar recordings are shared with colleagues. A Safety Improvement Plan has been developed, submitted and approved. Monitoring of progress as a whole is completed every 6 months via the Trust Governance Committee, but each work stream has its own regular forum and reporting mechanisms.

NHSI Indicators 2018/2019

The following table shows the NHSI mental health metrics that were monitored by the Trust during 2018/19.

		2016-2017 Actual	National Threshold	2017-2018 Actual	2018-2019 Actual
1	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	71.3%	50%	70%	72%
2	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: -inpatient wards -early intervention in psychosis services -community mental health services (people on CPA)	- - -		95% 92% 90%	YE
3	Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database) Waiting time to begin treatment (from IAPT minimum dataset - treated within 6 weeks of referral - treated within 18 weeks of referral	- 37.8%	50% 75% 95%	50% 67% 85%	52% 96% 96%
4	Admissions to adult facilities of patients under 16 years old.	-		1	0

| 5 | Inappropriate out-of area placements for adult mental health services | - | | 24 | 33 |

Community Survey 2018

To be completed at year-end

Staff Survey 2018

To be completed at year-end

PLACE Assessment 2018

Site Name	Cleanliness	Food Overall	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Overall 2gether Trust Score: (taken from Organisation Average**)**	**99.64%**	**94.60%**	**92.43%**	**98.37%**	**93.11%**	**99.20%**	**90.18%**	**91.19%**
BERKELEY HOUSE	100.00%	94.66%	90.79%	99.45%	100.00%	99.45%	N/A	93.77%
CHARLTON LANE	100.00%	96.55%	94.51%	100.00%	94.53%	99.84%	99.02%	92.69%
WOTTON LAWN	99.94%	95.04%	92.80%	100.00%	93.75%	99.88%	N/A	89.52%
HONEYBOURNE	99.13%	94.89%	91.10%	100.00%	94.53%	99.59%	N/A	92.43%
LAUREL HOUSE	100.00%	94.34%	88.87%	100.00%	94.53%	99.64%	N/A	95.92%
STONEBOW UNIT	98.62%	91.93%	91.20%	92.93%	89.49%	97.59%	81.53%	91.77%
OAK HOUSE	100.00%	N/A	N/A	N/A	90.32%	96.88%	N/A	86.67%
National Average MH/LD	98.40%	90.60%	88.80%	92.30%	91.00%	95.40%	88.30%	87.70%
National Average	98.50%	90.20%	90.00%	90.50%	84.20%	94.30%	78.90%	84.20%
lowest	74.80%	60.70%	49.50%	48.10%	53.90%	68.80%	45.60%	50.20%
highest	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Key

At or above MH/LD National Average	
Below England MH/LD average	

These results are very positive and for the first time since PLACE began the Trust is above the national average for Mental Health and Learning Disability settings in all six domains. The overall results clearly demonstrate how as a Trust we are improving the quality of the non-clinical services provided to our patients.

Cleanliness performed really well this year and the Trust overall score was over 1% higher than the National average, with four of the seven sites assessed scoring 100%.

The Food assessment scored well this year and the Trust overall score was 4% higher than the National average. The ward 'food tasting' scored particularly well this year with four out of six sites scoring 100% for taste, texture, temperature and appearance.

In comparison with our local healthcare partners in Gloucestershire we achieved a higher average domain score than GCS and GHT in all domains.

In terms of individual site ranking Charlton Lane achieved the highest site average score of 97.14 followed closely by Berkeley House who achieved 96.87%

Annex 1: Statements from our partners on the Quality Report

To be completed at year-end

The Royal College of Psychiatrists

To be completed at year-end

Annex 2: Statement of Directors' Responsibilities in respect of the Quality Report

To be completed at year-end

Annex 3: Glossary

ADHD	Attention Deficit Hyperactivity Disorder
BMI	Body Mass Index
CAMHS	Child & Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care.
CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.

GriP	Gloucestershire Recovery in Psychosis (GriP) is [2]gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
IAPT	Improving Access to Psychological Therapies
Information Governance (IG) Toolkit	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards.
MCA	Mental Capacity Act
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
NHSI	NHSI is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament.
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
NHS	The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE	The National Institute for Health and Care Excellence (previously National Institute for Health and Clinical Excellence) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NIHR	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
PBM	Positive Behaviour Management
PHSO	Parliamentary Health Service Ombudsman

PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
RiO	This is the name of the electronic system for recording service user care notes and related information within ^{2}gether NHS Foundation Trust.
ROMs	Routine Outcome Monitoring (ROMs)
SIRI	Serious Incident Requiring Investigation, previously known as a "Serious Untoward Incident". A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Report, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

Annex 4:   How to Contact Us

About this report

If you have any questions or comments concerning the contents of this report or have any other questions about the Trust and how it operates, please write to:

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Chief Executive
^{2}gether NHS Foundation Trust
Rikenel

Montpellier
Gloucester
GL1 1LY

Or email him at: paul.roberts@glos-care.nhs.uk

Alternatively, you may telephone on 01452 894000 or fax on 01452 894001.

Other Comments, Concerns, Complaints and Compliments

Your views and suggestions are important us. They help us to improve the services we provide.

You can give us feedback about our services by:

- Speaking to a member of staff directly
- Telephoning us on 01452 894673
- Completing our Online Feedback Form at www.2gether.nhs.uk
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our Trust sites or from our website www.2gether.nhs.uk
- Using one of the feedback screens at selected Trust sites
- Contacting the Patient Advice and Liaison Service (PALS) Advisor on 01452 894072
- Writing to the appropriate service manager or the Trust's Chief Executive

Alternative Formats

If you would like a copy of this report in large print, Braille, audio cassette tape or another language, please telephone us on 01452 894000 or fax on 01452 894001.