

COUNCIL OF GOVERNORS

Thursday 12th July 2018

9.00 – 10.00am
Governor Pre-Meeting

10.00 – 10.30pm
Networking Session

10.30 – 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 12th July 2018
at 10.30 – 12.30pm
In the Business Continuity Room, Rikenel, Gloucester

AGENDA

Item	Time	Title and Purpose	Reference
1	10.30	Welcome and Apologies	Verbal
2		Declaration of Interests	Verbal
3	10.35	Minutes of the Previous Meeting held on 8 May 2018	Paper A
4		Matters Arising and Action Points	Verbal
5		Review of Meeting Evaluation Sheet	Paper B
Service Focussed Presentations and Information Sharing			
6	10.40	Chief Executive's Report	Paper C
7	10.55	Joint Working with Gloucestershire Care Services <ul style="list-style-type: none"> Progress Update (Sandra Betney and David Smith) Merger – Governors' Legal Role (Bevan Brittan) 	Presentation
Formal Business			
8	11.55	Receipt of the Annual Report 2017/18	Verbal
Holding to Account			
9	12.00	Feedback from Governor Observation at Board Committees* <ul style="list-style-type: none"> Audit Committee – 25 May Development Committee – 19 June Delivery Committee – 23 May and 27 June Governance Committee – 29 June MHLS Committee – 11 July (*Committee meetings that have taken place since the last Council meeting)	Verbal
Membership and Governor Involvement			
10	12.10	Membership Activity Report	Paper D
11	12.15	Items for Discussion from Governor Pre-Meeting	Verbal
12	12.20	Governor Activity	Verbal
Any other Business			
13	12.30	Any other business	Verbal
14		Date of Next Meetings Please see overleaf	Verbal

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2018		
Tuesday 11 September	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 8 November	1.30 – 2.30pm	3.00 – 5.00pm

Public Board Meetings

2018		
Thursday 26 July	10.00 – 1.00pm	Business Continuity Room, Rikenel
Wednesday 26 September	10.00 – 1.00pm	Business Continuity Room, Rikenel
Thursday 29 November	10.00 – 1.00pm	Kindle Centre, Hereford

Governor Visits to Trust Sites

Venue	Location	Date	Time
2018			
Charlton Lane	Cheltenham	Thursday 16 August	2.00 – 4.00pm
Honeybourne and Laurel House	Cheltenham	Tuesday 4 September	2.00 – 3.00pm (H) 3.00 – 4.00pm (L)
Wotton Lawn	Gloucester	Thursday 4 October	10.00 – 12.00pm
Stonebow	Hereford	Thursday 8 November	10.30 – 12.30pm

Nomination & Remuneration Committee (*Committee members only*)

2018		
Wednesday 29 August	4.00 - 5.00pm	Rikenel
Wednesday 24 October	4.00 - 5.00pm	Rikenel

Governor Engagement Opportunities

2018		
2gether/GCS AGM	Thursday 19 th July 2018 Time: 4.00 – 7.00pm	University of Gloucester Park Campus, Cheltenham
Police Open Day	Sat 15th September Time: TBC	Waterwells, Quedgeley, Gloucester

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.

In²gether, 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 8 MAY 2018

BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT: Rob Blagden Vic Godding Ingrid Barker (Chair)
Katie Clark Xin Zhao Stephen McDonnell
Jan Furniaux Mervyn Dawe Ann Elias
Jenny Bartlett Hazel Braund Mike Scott
Jo Smith Jennifer Thomson Kate Atkinson
Svetlin Vrabtchev

IN ATTENDANCE: Marcia Gallagher, Non-Executive Director
Paul Roberts, Chief Executive
John Campbell, Interim Director of Service Delivery
Dominique Thompson, Non-Executive Director
Marie Crofts, Director of Quality
Neil Savage, Director of Organisational Development
Jane Melton, Director of Engagement & Integration
John McIlveen, Trust Secretary
Colin Merker, Deputy Chief Executive
Kate Nelmes, Head of Communications
Nikki Richardson, Non-Executive Director

1. WELCOMES AND APOLOGIES

- 1.1 Apologies for the meeting had been received from Faisal Khan, Hilary Bowen, Said Hansdot, Cherry Newton, Bren McInerney, Euan McPherson and Lawrence Fielder.
- 1.2 Ingrid Barker welcomed Dominique Thompson, Paul Roberts and John Campbell to their first meeting of the Council of Governors since taking up their posts. Ingrid informed the Council that elections for staff Governors in the 'Clinical and Social Care & Support Staff' constituency had been completed and that Nic Matthews and Susan Steer would begin their tenure as staff Governors on June 1st.

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 March 2018 were agreed as a correct record.

4. MATTERS ARISING, ACTION POINTS AND EVALUATION FORM

- 4.1 The Council reviewed the actions arising from the previous meeting and noted that these were now complete or progressing to plan.

- 4.2 Following an action from the last Council meeting in March, a briefing had been circulated to Governors describing 2gether's procedures for dealing with overseas patients. Jenny Bartlett asked whether any additional checks on eligibility for treatment were being made in light of the Windrush issue. Colin Merker informed the Council that a briefing paper had been issued to staff to identify any support needs or concerns. No concerns had been raised and there was no evidence that anyone had been denied services, and Colin gave an example of services being received by failed asylum seekers, as the Trust was morally obliged to do. Mervyn Dawe welcomed this approach. Mike Scott expressed an interest in hearing more about this topic, and the Council agreed a suggestion by Jan Furniaux that a presentation could be given to the Council in the autumn.

ACTION: Council to receive a presentation on Overseas Patients in the autumn.

- 4.3 Jane Melton tabled a briefing on the National Patient Survey results. This closed action 6.4 from the January Council meeting.
- 4.4 The Council noted that the minutes from the extraordinary Council meeting in April had not been included with the paper, and agreed to receive these at the next meeting.

ACTION: Minutes of the extraordinary meeting on 4 April 2018 to be presented to the July Council meeting.

- 4.5 The Council received and noted the Meeting Evaluation feedback from the last meeting in March.

5. INTRODUCTION FROM PAUL ROBERTS, JOINT CHIEF EXECUTIVE

- 5.1 Paul Roberts introduced himself to the Council and provided some background information about his career to date. Paul has been in the NHS all his working life, having joined the NHS straight from University. Paul had taken up his first Chief Executive position at Grantham Hospital, and subsequent appointments at Plymouth and latterly in the Welsh health service have given Paul a wealth of experience in developing and integrating services and place-based care, and thereby removing the boundary between mental and physical health services. Paul commented on the different set up in Wales, where integrated services were the model which the English NHS was looking to emulate. Paul is excited to be the Chief Executive of two good and well-rated organisations and is looking forward to integrating the services of both organisations to serve the local community even better.
- 5.2 Ingrid Barker noted that Paul had issued a weekly briefing to staff since his arrival, and the Council agreed that it would be helpful for Governors to receive those briefings.

ACTION: Chief Executive's weekly briefings would be emailed out to all Governors

- 5.3 Mervyn Dawe asked about the scope for further integration with Social Services. Paul Roberts replied that 2gether already does a lot of work with social care services, and Gloucestershire Care Services has in the past done so too. Joining up services with social care is an important part of the picture, but it was equally important to work more closely with primary care and the third sector, where value can be added for patients by developing a more integrated service model.
- 5.4 The Council of Governors welcomed Paul to the organisation.

6. UPDATE ON JOINT WORKING WITH GLOUCESTERSHIRE CARE SERVICES

- 6.1 Paul Roberts provided a verbal update to the Council about joint working with Gloucestershire Care Services (GCS). A series of engagement events had already taken place with clinical and non-clinical leaders from both organisations, as it is important that the merger makes sense to, and has the support of, services on the ground. Paul had been pleased to note that even at the first of these meetings, colleagues had engaged with their counterparts to start thinking about how service design could be improved.
- 6.2 Paul informed the Council that the merger would have three strands, referred to as the '3 Ts'. The Transaction element comprises the legal and due diligence part of the process. The Transition element is about making the necessary changes to organisational structures and governance frameworks to create a new organisation; these are important, but not necessarily for patients. Transformation is about service redesign, and identifying what we can do better for the people who use our services. Paul referred to the recently published Learning Disability Mortality Review Annual Report as an example of why improving services through integration is important.
- 6.3 Paul informed the Council that his focus was on doing as much as possible together. He currently has a Deputy Chief Executive in each organisation, and he had asked Sandra Betney in GCS to oversee the Transaction and Transition pieces of work, while Colin Merker would oversee the Transformation work. A programme manager had been appointed to support both organisations.
- 6.4 Mike Scott asked how the benefits of the merger would be identified and measured. Paul replied that one important aim of the Transformation work would be to identify benefits by service/client group, which would form the basis of a measurable 3-5 year plan. Once benefits and timings were defined these would be shared with Governors.
- 6.5 Svetlin Vrabtchev asked about timescales, and how the Council would be involved in the merger process. Paul replied that Philip Baillie, the new programme manager, had been asked to develop a detailed plan which would identify critical paths and set out timings for the process. There would be scope for a wider group of people to get involved in the transformation work, and helping to identify benefits, agree culture and values, etc. Colin Merker noted that Governors would also form part of the Transition work, as a new Council of Governors would need to be formed for the new organisation.

- 6.6 Neil Savage informed the Council that a set of Frequently Asked Questions had been published to staff to inform them about progress. The Council agreed that it would be helpful to circulate these FAQs to Governors.

ACTION: *Frequently Asked Questions about the merger to be circulated to Governors*

7. CHIEF EXECUTIVE'S REPORT

- 7.1 Colin Merker delivered the Chief Executive's report, and informed the Council that the Trust had ended the year with a financial surplus which was slightly above plan. This meant not only that 2gether ended the year in balance as planned, but would also receive an additional £1m in Sustainability & Transformation Funding, which would be added to the capital budget this year. Colin noted that the Trust's agency staff spend for the year was £4.123m. While this is above the Trust's agency control total, it is almost £1.4m lower than last year, and the agency costs for March 2018 were the lowest in three years of monitoring. If agency spend was maintained at the March level, this would mean that the Trust would meet its agency control total in 2018/19.
- 7.2 Colin referred to the relocation of Herefordshire CAMHS services to Belmont, following receipt of a notice to vacate the Linden Centre in the city centre. Governors had previously expressed concern about the potential difficulty of accessing services at Belmont. John Campbell informed the Council that an audit of service users had shown that 20% of CAMHS service users would need access to services in the city centre. Accordingly discussions had taken place with the CLD Trust in Hereford, who would be willing to make some clinical space available at their city centre premises, subject to cost. Refurbishment of Belmont to accommodate the main CAMHS service would be complete in the autumn, and communications would be issued to service users and families at the appropriate time.
- 7.3 Jenny Bartlett remained concerned about access to services from rural towns such as Bromyard, where public transport links were poor, and asked whether transport issues should have been examined earlier. John Campbell said that the Trust needed to vacate the Linden Centre quickly, and there were limited options and limited time to provide services and explore logistics. However, access to city centre services would be monitored, as would services at Belmont. Hazel Braund confirmed that outreach services at Ross and Leominster would be unaffected. John agreed to work with Sarah Batten, Service Director for the Children and Young People Service, to provide a fuller briefing to Jenny on her issues of concern.

ACTION: *Briefing to be provided to Jenny Bartlett on issues relating to the relocation of CAMHS services in Herefordshire*

- 7.4 Colin Merker informed the Council that a good funding settlement this year had enabled the Trust to plan a number of service developments for 2018/19, which were listed in the Chief Executive's report. More details of these developments would be made available to Governors as it became available. Colin drew the Council's attention in particular to new funding for perinatal services which would

see the continuation of services in Gloucestershire, and the establishment of a new core service in Herefordshire.

- 7.5 Finally, Colin drew the Council's attention to a leaving 'do' for Shaun Clee, which would be held in the Business Continuity Room at Rikenel from 12.30 on Friday 11 May. Governors were welcome to attend. Mervyn Dawe queried the use of the phrase 'stood down' in relation to Shaun's departure. Neil Savage confirmed that Shaun's post had become redundant when the new Chief Executive was appointed, and that the Trust had gone through an appropriate redundancy process in respect of Shaun. This would be reflected in the Annual Report.

8. FEEDBACK FROM NED APPRAISAL PROCESS

- 8.1 The Council of Governors received the summary report from the Trust Chair outlining the outcome of Non-Executive Director appraisals. The report provided assurance that all Non-Executive Directors have made valuable contributions to the governance of the Trust over the past year, and are performing effectively at Board, as Committee chairs, and in their broader roles.
- 8.2 Rob Blagden agreed with the conclusions in the report, and commended the hard work which the NEDs had put in over the past year. Rob raised an issue from Bren McInerney, who was unable to attend the meeting, but who had asked whether development issues were covered in the appraisal process. Ingrid Barker confirmed that development areas were discussed in 1:1 appraisal meetings as part of the objective-setting process for NEDs, but that because these issues were confidential in nature, they were not referenced in this general report which was a public document.

9. PROVIDER LICENCE DECLARATIONS

- 9.1 The Trust Secretary reported that the Trust Board is required each year to self-certify regarding compliance with the conditions of its provider licence and the systems and processes for ensuring such compliance.
- 9.2 The Council noted that it is the Board which is responsible for ensuring compliance with the Trust's licence and any constitutional, statutory and contractual obligations placed upon the Trust. It is therefore a matter for the Board scrutinise the detail of any supporting evidence of compliance ahead of making these declarations. The Board is asked to make these declarations 'having regard to the views of Governors', and Governors should receive sufficient assurance to be satisfied about the robustness of the Board's own assurance processes in coming to a decision.
- 9.3 This report sought to provide that assurance to Governors by setting out the processes in place to enable the Board to receive assurance about its corporate governance systems and any risks to compliance with its licence conditions, both through the year and at year end when these declarations must be made. Governors were invited to comment about the declaration process to allow the May Board meeting to take account of Governors' views when making these declarations.

- 9.4 Mike Scott commented that the appendix stated that 'no unmitigated risks had been identified' whereas the heading suggested that risks and mitigation should be listed. John McIlveen replied that risks were well documented and highly visible to the Trust Board and its Committees, and thus the use of this phrase helped to keep the report to a manageable size when the issue was being considered by the Board.
- 9.5 Marcia Gallagher confirmed that NEDs were well-sighted on the Trust's risks, which were reviewed regularly by each of the Board Committees. Marcia offered to speak to Mike at the next Audit Committee meeting to provide further assurance if required. Rob Blagden noted that those Governors who sit as observers of Board Committees will see major risks being presented to and reviewed by those Committees.
- 9.6 Rob Blagden raised a point made by Bren McInerney, regarding a Governor skills audit. The Council noted this would be a useful tool in the coming months to inform the development of a new Council of Governors as part of the merger transformation work.

10. HOLDING TO ACCOUNT – GOVERNANCE COMMITTEE

- 10.1 Nikki Richardson delivered a presentation to Governors which set out the work of the Governance Committee in holding the Executive Directors to account for the safe and effective delivery of services, and highlighted some of the issues which the Committee has progressed and challenged during the past year.
- 10.2 Nikki highlighted the ways in which the NEDs in general fulfil their responsibilities, by scrutinising the actions of Trust management, by requesting and receiving assurance and reporting that assurance on to the Board, and by triangulating information from a variety of sources in order to obtain that assurance. The Council noted that Maria Bond, vice Chair of the Governance Committee, also chairs the Delivery Committee, meaning that there was a good level of triangulation of information and assurance across these two Committees in particular.
- 10.3 Nikki summarised some of the key issues which the Committee had covered in the past 12 months, including safe staffing, patient safety, and clinical audit, and where the Committee's input had helped to secure performance improvements such as an increased use of bank staff (as opposed to agency staff) to fill shifts, and a much improved closure rate for Serious Incident review actions. The Committee had undergone an element of restructuring in 2017 with the establishment of a Quality and Clinical Risk (QCR) sub-committee, which took on much of the operational detail work that the Governance Committee previously had to do itself, and provided assurance back to the Governance Committee on those areas within its remit. The detailed scrutiny provided by QCR had brought about a significant improvement in recording of information on RiO, in line with the Trust's Assessment and Care Management policy. The Council noted that until the establishment of QCR, progress on this issue had been extremely difficult.
- 10.4 Vic Godding and Jo Smith are the Governor observers on the Committee, and they explained how they undertook their observation using a tick sheet

developed by Vic to record key actions and behaviours. Vic and Jo commended the work done by Nikki and Maria Bond as Chair and Deputy Chair of the Committee. Vic agreed to share the observation sheet with other Governors to aid the observation process in their respective Committees.

- 10.5 Rob Blagden commented that while the Holding to Account process had been difficult at first, it has now evolved into a collaborative and supportive process, informed by having Governor observers at each of the Board's key Committees.
- 10.6 The Council thanked Nikki, Jo and Vic for their presentation.

11. FEEDBACK FROM GOVERNOR OBSERVATION AT BOARD COMMITTEES

- 11.1 A number of Board and Board Committee meetings had taken place since the Council of Governors last met in March 2018 and Governors had been present in an observation capacity at some of these meetings.
- No Governors were available to observe the Mental Health Legislation Scrutiny Committee meeting on 14 March, or the Audit Committee meeting on 4 April.
 - Said Hansdot attended the Development Committee meeting on 18 April. Said was not present at the Council meeting, however John McIlveen reported that Said had indicated after the Development Committee that he felt that it had been thorough in reviewing all matters on the agenda.
 - Xin Zhao had observed the Delivery Committee meeting on 29 March. She said that this had been a well-managed meeting and the Chair and other members of the Committee made her feel welcome and acknowledged the importance of Governor observation of the Committee.
 - Jo Smith had attended the Governance Committee on 27 April. Jo said that this had been a complex and detailed meeting but had been managed well by Nikki Richardson (Chair) and Maria Bond (Vice Chair).

12. ANNUAL MEMBERSHIP ACTIVITY REPORT

- 12.1 The Council received and noted the Annual Membership Report which provided a brief update to inform the Council of Governors about information for members, Governor Engagement Events and information about membership for the 2017/18 financial year.
- 12.2 Membership at the end of the year stood at 7805, an increase of 362 members (5%) over the year. 320 of those new members are in public constituencies. A Membership Advisory Group had met 3 times during the year, and a further 4 meetings were planned this year. The Group comprises Governors and members, and has reviewed the Trust's membership form and explored ideas for a new membership pack, as well as new methods of engaging with existing and prospective members. A survey, conducted in April 2017, had helped to inform the membership programme.
- 12.3 Work has also been done to cleanse the membership database, and to amend processes in order to comply with new data protection rules taking effect at the end of May 2018. One impact of these changes will mean that staff members who leave the organisation will no longer be automatically transferred to a public

constituency, but must submit a membership form instead. This is likely to impact on membership figures.

- 12.4 The Council noted the key performance indicators for 2018/19 which included increasing membership in those constituencies and groups which are currently under-represented. The Communications Team would also review the Membership Strategy as the merger with GCS progresses.

13. GOVERNOR ACTIVITY

- 13.1 Mike Scott had with the help of Kate Nelmes issued an email to all members in the Greater England constituency, in order to promote awareness of his role as a Governor.

14. ANY OTHER BUSINESS

- 14.1 Rob Blagden reported that the Herefordshire Governors meet regularly to discuss issues relating to Herefordshire. He asked whether reports could make it clearer whether issues covered related to the whole Trust, or specifically to one area. This would make it easier for Herefordshire Governors to pick up relevant issues. Jenny Bartlett noted that this would also help to celebrate the diversity of services across the two counties, and commended the Chief Executive's report as a good example.
- 14.2 Rob Blagden highlighted issues caused by the late cancellation of meetings, and requested that as much notice as possible be given when a meeting needed to be cancelled.
- 14.3 Ingrid barker informed the Council that following its recent Care Quality Commission inspection, Gloucestershire Care Services had had its rating increased to 'Good'.

15. DATE OF NEXT MEETINGS

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2018		
Thursday 12 July	9.00 – 10.00am	10.30 – 12.30pm
Tuesday 11 September	4.00 – 5.00pm	5.30 – 7.30pm
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Public Board Meetings

2018		
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Thursday 29 November	10.00 – 1.00pm	Hereford

Council of Governors Action Points

Item	Action	Lead	Progress
8 March 2018			
6.17	Governor Working group to be arranged to carry out a more detailed review of the Staff Survey Results 2018	Neil Savage / Anna Hilditch	Complete Meeting to take place on 19 June
9.4	Quarterly Service Planning report received at the Delivery Committee to be made available to Governors for information	Anna Hilditch	Reports to be made available to Governors once received at the Delivery Committee
8 May 2018			
4.2	Council to receive a presentation on Overseas Patients in the autumn.		Presentation scheduled for November 2018 meeting
4.4	Minutes of the extraordinary meeting on 4 April 2018 to be presented to the July Council meeting.	Anna Hilditch	There was no extraordinary meeting held on 4 April. Governors carried out an electronic "vote" on the appointment of a new NED
5.2	Chief Executive's weekly briefings would be emailed out to all Governors	Anna Hilditch	Complete
6.6	Frequently Asked Questions about the merger to be circulated to Governors	Anna Hilditch	Complete
7.3	Briefing to be provided to Jenny Bartlett on issues relating to the relocation of CAHMS services	John Campbell, Sarah Batten	Complete

2gether NHS Foundation Trust
EVALUATION OF COUNCIL OF GOVERNORS MEETINGS

Name...7 Governors.....

Date of Meeting ...8 May 2018.....

	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? <i>If no, describe what we missed:</i>	6			1
Excelling and improving					
2.	Did we hear both expert and non-expert perspectives in our meeting? <i>If no, please describe what we could have done to ensure other perspectives were heard:</i>	7			
Responsive					
3.	Did we deliver on any targets or actions that were due?	6		1	
Valuing and Respectful					
4.	Did the language we use demonstrate respect for others?	7			
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? <i>If no, what needs to be different:</i>	7			
6.	Did you feel able to contribute to debate and decision making at the Council of Governors meeting? <i>If not please explain what prevented you from doing so:</i>	6			1
Can do					
7.	Did we identify opportunities and innovations? <i>If we should have done but didn't, say what stopped us:</i>	6		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) <ul style="list-style-type: none"> • Chief Executive's report was late 	5		2	
9.	Were the agenda and papers <ul style="list-style-type: none"> i) Concise? ii) Informative? iii) Easy to follow? iv) At an appropriate level of detail? v) Clearly state the recommendations? 	7			

	Please tick as appropriate:	Yes	No	Partial	N/A
10.	Were reports / papers presented concisely and succinctly?	7			
11.	Please list any reports which did not meet the above aims:				7
12.	Please list any reports you found particularly helpful and say why: <ul style="list-style-type: none"> • Chief Executive's Report – so informative and concise covering all aspects • NED Appraisal report • HTA Governance presentation 				
13.	Were the items submitted to Council appropriate for the discussion / decision making?	7			
14.	Was the right amount of time spent debating the right issues? <i>If no, and too much time was spent debating a particular issue, which one?</i>	7			
15.	Were you clear about the facts, evidence, or points of view that were used to enable the Council of Governors to make decisions? <i>If no, how could we make this clearer:</i>	7			
16.	Did the Council receive clear, well-thought through advice from Trust staff or Board members? <i>If not please indicate any areas where you would have liked more support/ advice/clarification:</i>	7			

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:
<ul style="list-style-type: none"> • I support the development of committee observation form • Very wide ranging discussions at the pre-meeting with a number of delicate issues well defined and handled by the Lead Governor • A very informative meeting, good timing and well managed by the Chair 	<ul style="list-style-type: none"> • Chief Executive's report not available until the day of the meeting

Agenda Item 6

Enclosure

Paper C

Report to: Council of Governors – 12 July 2018
Author: Deputy Chief Executive
Presented by: Chief Executive/Deputy Chief Executive

SUBJECT: CHIEF EXECUTIVE’S REPORT

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

This Report is provided for:			
Decision	Endorsement	Assurance	Information

1. Merger Update

Our work in progressing the merger with Gloucestershire Care Services Colleagues continues at a pace. We will talk about specific issues as they relate to Governors when we meet. I would however like to let colleagues know of changes within the 2gether and GCS management teams that I have introduced to support our closer working and to ensure we can focus on maintaining business as usual and transition in relation to staff issues. Our Non clinical services, Finance, IT, Clinical Systems, Governance, Professional Development, Business Continuity, etc, need to be reviewed and reconfigured to ensure that they are structured to support the merged organisation and the delivery of high quality and safe clinical care. The work within our clinical and non-clinical services will touch all of our combined circa 5,000 staff and needs to be successful as our staff are our real assets. In order to ensure that we can focus on both our change and day to day staffing issues robustly I am proposing to vary the roles of Neil Savage, the Director of OD and HR at 2gether and his counterpart Dave Smith at GCS so that we can provide this focus and leadership. As of the 1st July 2018, I have asked Neil to take on responsibility for leading the Day to Day HR teams and services within both Trusts, while Dave takes on the responsibility for leading the Transitional work aligned to the merger. These changes will be reviewed as they become embedded to ensure that they deliver the support to staff we want to provide.

2. Care Quality Commission (CQC)

Colleagues will no doubt have seen 2gether’s recent CQC inspection report which confirmed that the Trust has retained its ‘Good’ rating overall, and improved the ratings in a number of specific service areas. This follows Gloucestershire Care Service’s CQC report, which saw their rating move up to Good overall as well. It’s a fantastic achievement for both Trusts, and a sure sign that our communities can be proud of the services provided in community physical, mental health and learning disability teams in the county. We are continuing with our improvement work across all services, as we are committed to being recognised across the board for the quality of the care and support we know that our staff and services deliver on a day to day basis.

3. Perinatal Bid Success

We have heard previously that our national bids made to improve perinatal mental health support in Herefordshire and Gloucestershire had both been successful.

The bid for Herefordshire was made as part of the Herefordshire and Worcestershire Sustainability and Transformation Partnership, and means that £350,000 will be invested in greater access to psychological therapies and interventions, specialist perinatal occupational therapists and community nursery nurses to offer work related to maternal bonding. This is a new development for Herefordshire.

In Gloucestershire, the multi-agency Perinatal Mental Health Team was first established in July 2017. Since then it has received 150 referrals. This latest funding award of £113,000 in Gloucestershire will enable us and our partners to enhance and expand the support provided.

4. Keep it Simple Group

2gether's Keep it Simple Group is a group of experts by experience with learning disabilities in Herefordshire. The group supports the Trust in a wide range of ways and there is an equivalent group in Gloucestershire called the For Me About Me group.

One of the ways in which the groups support the Trust is advising on literature, such as leaflets and posters, to ensure these are accessible to people with learning disabilities.

Another way they are involved in our work is by taking part in staff recruitment processes. Last week, four members of the Keep it Simple Group were given recruitment training in Hereford, so they will now be playing a part in recruitment of Herefordshire staff.

5. Herefordshire Focus

It's well done to Dr Madhavan Seshadri of 2gether, who recently won first prize (joint) for the best audit poster at the Wales and Welsh Royal College of Psychiatrists Society conference at the Dylan Thomas Centre, in Swansea. Madhavan's poster was based on work into sleep management, carried out by psychologists from the Trust's Hereford psychology team.

Service User Wi-Fi is now available across 2gether's Herefordshire sites. People will be able to use the Wi-Fi wherever they see the "NHS Wi-Fi" Wi-Fi broad-cast.

6. Integrated Care Systems

Gloucestershire, West Yorkshire and Harrogate, Suffolk and North East Essex and North Cumbria are to join NHS England's integrated care development programme. The four areas, which combined cover a population of 4.5 million people, will join the ten regions already part of the initiative, which aims to improve the performance of primary, secondary and social care settings through a more joined-up approach. The ten existing areas, covering around seven million people already, had already seen improvements to A&E performance, cancer treatment times and waits for operations.

An ICS for Gloucestershire will mean:

1. an even greater focus on supporting people to keep healthy and independent and developing active communities
2. staff should experience greater opportunities in finding it easier to work with colleagues from other organisations to support shared health priorities

3. as a system we should be able to offer greater opportunities to develop the very best training, professional development and career opportunities
4. local people with long term conditions – whether those are physical health, mental health or learning disability related - should see more joined up care and support in their own homes, GP surgery, community or in hospital
5. as a system we should have greater freedoms to make local decisions about services and the use of the Gloucestershire pound
6. we will have greater opportunities to attract additional money to develop services and support

The regulators in the Midlands and East have taken a different approach to the move to integrated care than in the South West. In Herefordshire we are working within the Herefordshire and Worcestershire STP on a local ICS Development Programme which is intended to enable the system to bid for “Shadow Status” like Gloucestershire from 2019/20. We hope that this this will lead to Herefordshire and Worcestershire becoming a shadow ICS from April 2019. Colleagues from our Herefordshire senior leadership team are part of this programme – ensuring that mental health and learning disability are centre stage as that work progresses.

7. BBC Feature

Building on the positive story that was aired in January this year about our street triage scheme, which has been developed in partnership with Gloucestershire Police, the Mental Health Acute Response Service (MHARS) have been approached again to talk about their positive partnership working.

On this occasion the BBC will be looking to broadcast a short piece on the work of the Mental Health Liaison Team, who work closely with Gloucestershire Hospitals Trust to manage people presenting at the Emergency Department with Mental Health problems. This is still in the early stages of development but once filming has been agreed and completed, we will let you know when the feature will be aired.

8. Approved Mental Health Professionals Hub

Changes have recently been made to the way in which Approved Mental Health Professionals (AMHPS) are coordinated in Gloucestershire. For colleagues who may not be aware of AMHPS, they are mental health professionals who carry out certain duties under the Mental Health Act. They are responsible for coordinating assessments and admission to hospital if a person needs to be sectioned. They have traditionally been from a Social Worker background but now come from a range of professions, including social workers; nurses; occupational therapists; and psychologists.

The way AMHPs and their duties are coordinated has been under review in Gloucestershire for some time, and the new hub is part of new arrangements being put in place. The five whole time equivalent hub AMHP posts are now fully appointed to with staff coming into post by mid-July. We have recruited candidates from both within and outside Gloucestershire and they bring a range of knowledge, skills and experience.

The AMHP Hub will be based at Ambrose House, in Barnwood, and has administrative support. The Hub AMHPs will undertake induction training from mid-July with a view to the new service being fully operational Monday to Friday between 9am and 11pm from the beginning of August (excluding Bank Hols). The service will work closely with GCC’s Emergency Duty Team, EDT, who provide services outside of these hours.

9. 2gether ROSCAs

2gether's Recognising Outstanding Service and Contribution Awards (ROSCAs) will be celebrated at Hatherley Manor, in Gloucester, on 20th July 2018.

The judging panel met on 1 May to determine the shortlists of candidates for the awards. There were more than 170 nominations in total over the 10 categories, and the standard of nominations was extremely high.

Those who were shortlisted have been notified, and invitations to the event have also gone out to colleagues who will be celebrating their long service during the event. Congratulations to everyone who was nominated.

10. Garden Project Continues to Grow

The garden project at Weavers Croft in Stroud started 18 months ago. Once waist-high in weeds, the garden is now an attractive and productive space; providing opportunities for people to engage in something meaningful, learn new skills, and connect with nature and with each other. The garden project is managed by the Independence Trust. People who use 2gether services can be referred into the project, and people can also self-refer directly to the Independence Trust.

There is a gardening group on site twice-weekly, and a weekly garden crafts group. In January this year, a Men's Shed was also launched with support from Stroud Hospitals League of Friends.

11. First quarter Finance and Performance

At the end of the first quarter we are financially healthy and generally delivering within our contract targets. IAPT services remain our biggest delivery challenge in both Gloucestershire and Herefordshire, whilst medical staffing particularly in Herefordshire also poses a number of challenges for us to address.

Agenda item 10

Enclosure Paper D

Report to: Council of Governors, 12 July 2018
Author: Kate Nelmes, Head of Communications
Presented by: Jane Melton, Director of Engagement and Integration

SUBJECT: Membership Report including Data Update

This Report is provided for:

Decision	Endorsement	Assurance	Information
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EXECUTIVE SUMMARY

This report provides a brief membership report to inform the Council of Governors about:

- * Information for members
- * Governor Engagement Events
- * Information about membership (year to date)

RECOMMENDATIONS

That the Council of Governors notes the content of this report.

Corporate Considerations

<i>Quality Implications:</i>	An active and representative group of members will assist the organisation to understand the experience of its service and contribute to the goal of inclusion and engagement.
<i>Resource implications:</i>	Membership activity requires continued resource to realise the benefits of a strong membership engagement and contribution.
<i>Equalities implications:</i>	Understanding the diversity of membership will assist to enable recruitment and retention of members to best effect.
<i>Risk implications:</i>	There are risks of marginalising certain groups within the local community if attention is not paid to membership demographics.

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:			
Jane Melton		Date	5 July 2018

Where in the Trust has this been discussed before?		
	Date	N/A
What consultation has there been?		
	Date	N/A

Explanation of acronyms used:	N/A
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1. Membership Activity and Development Plan

- 1.1 Our Membership Advisory Group last met on 13 June. The group has now revised the membership form, which will be updated both in paper form and in the online version. Work is also taking place with the 2gether IT team and Countywide IT services to create a new membership database, which should be more resilient, in anticipation of an increase in new members as we join with Gloucestershire Care Services.
- 1.2 Membership figures have recently reduced, following work carried out to ensure we are compliant with the General Data Protection Regulation (GDPR).
- 1.3 In line with our membership priorities, agreed at Council of Governors and Board in May, we are focussing on increasing membership in Herefordshire and the Cotswolds, and among men, younger people (under 21s) and members of the Black and Minority Ethnic Community.
- 1.4 We continue to promote membership at events, via social media and through the Trust website. Membership was recently promoted during our NHS70 open day and exhibition. We are also attending the Barton and Tredworth Cultural Fayre in August, and the annual police open day in September.

2. Information for Members

- 2.1 Our most recent membership newsletter was published in May. The next edition will be published in late July.

2.2 E-flyers are periodically sent out to update members on events and activities. Most recently, these have included an e-flyer on the merger, an e-flyer publicising our NHS70 events and our forthcoming AGM.

3. Governor Engagement Events

3.1 Governors have supported a range of membership and engagement events in recent months. These include events held during Mental Health Awareness Week and our NHS70 open day and exhibition. We will be working alongside Governors to recruit members at the Barton and Tredworth Cultural Fayre and the Gloucestershire Police Open Day.

4. Information about Membership

Information about the membership of ²gether NHS Foundation Trust is provided in Tables 1, 2 and 3 below. The key to the colour coding in the tables is as follows:

- More than 5% increase in members recruited
- Public membership numbers remain approximately the same (within 5%)
- More than 5% reduction in membership numbers

4.1 The headline message is that, as of 30 June 2018, we have 24 fewer public members than we had at the end of 2017/18.

Table 1: Public, Staff and total Membership Data as at 30 June 2018

Membership Type	End of 2017/18	30 June 2018	Direction compared to final 2017/18 figures	Change in membership numbers
Public Membership	5675	5651	↓	-24 (0.4%)
Staff Membership	2130	2136	↑	+ 6 (0.3%)
Total Membership	7805	7787	↓	-18 (0.2%)

Table 2: Characteristics of Public Members by disability and gender at end June 2018

Membership characteristic	End of 2017/18	30 June 2018	Direction compared to final 2017/18 figures	Change in membership numbers
Disability (public membership only)	720	727	↑	+ 7 (1%)
Men (public membership only)	1898	1883	↓	-15 (0.8%)
Women (public membership only)	3777	3767	↓	-10 (0.3%)

Table 3: Public Membership within each constituency

Constituency	End of 2017/18	30 June 2018	Direction compared to final 2017/18 figures	Change in membership numbers
Cheltenham	890	886	↓	-4 (0.4%)
Cotswolds	375	372	↓	-3 (0.8%)
Forest of Dean	576	573	↓	-3 (0.5%)
Gloucester	1488	1484	↓	-4 (0.3%)
Stroud	872	872	-----	0
Tewkesbury	622	624	↑	+2 (0.3%)
Herefordshire	435	426	↓	-9 (2%)
Greater England	417	414	↓	-3 (0.7%)
TOTAL public membership to date this year			↓	-24 (0.4%)