

COUNCIL OF GOVERNORS

Thursday 8th November 2018

1.30 – 2.30pm
Governor Pre-Meeting

2.45 – 5.00pm
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 8th November 2018 at 2.45 – 5.00pm
In the Business Continuity Room, Rikenel, Gloucester

AGENDA

Item	Time	Title and Purpose	Reference
1	2.45	Welcome and Apologies	Verbal
2		Declaration of Interests	Verbal
3	2.50	Minutes of the Previous Meeting held on 11 September 2018	Paper A
4		Matters Arising and Action Points	Verbal
Service Focussed Presentations and Information Sharing			
5	2.55	Chief Executive's Report	Paper B
6	3.10	KPMG External Audit – Review of the Year 2017/18	Paper C
7	3.25	Overseas Patients	Presentation
Holding to Account			
8	3.40	Feedback from Governor Observation at Board Committees* <ul style="list-style-type: none"> • MH Legislation Scrutiny Committee – 12 September • Delivery Committee – 27 September and 24 October • Development Committee – 17 October • Governance Committee – 26 October • Audit Committee – 7 November (*Committee meetings that have taken place since the last Council meeting)	Verbal
Membership and Governor Involvement			
9	3.50	Membership Data Report and Membership Drive Update	Paper D
10	4.00	Items for Discussion from Governor Pre-Meeting	Verbal
11	4.05	Governor Activity	Verbal
Any other Business			
12		Any other business	Verbal
13	4.10	Date of Next Meetings Please see overleaf	Verbal
CLOSED SESSION MEETING			
14		Minutes of the Previous Meeting held on 11 September 2018	Paper E (c)
15	4.15	Joint Working with Gloucestershire Care Services <ul style="list-style-type: none"> • Transition Update 	Paper F (c)
16	4.45	Herefordshire Services Update	Verbal
17	5.00	Any other business	

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2018		
Thursday 8 November	1.30 – 2.30pm	2.45 – 5.00pm
2019		
Tuesday 15 January	1.30 – 2.30pm	3.00 – 5.00pm
Thursday 14 March	9.00 – 10.00am	10.30 – 12.30pm
Tuesday 14 May	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 11 July	1.30 – 2.30pm	3.00 – 5.00pm
Tuesday 10 September	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 14 November	9.00 – 10.00am	10.30 – 12.30pm

Public Board Meetings

2018		
Thursday 29 November	10.00 – 1.00pm	Kindle Centre, Hereford
2019		
Wednesday 30 January	10.00 – 1.00pm	Business Continuity Room, Rikenel
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

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 ²gether, 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 11 SEPTEMBER 2018

BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT:

Ingrid Barker (Chair)	Rob Blagden	Vic Godding
Jan Furniaux	Mike Scott	Alison Feher
Anneka Rose	Cherry Newton	Miles Goodwin
Hilary Bowen	Carole Allaway-Martin	Nic Matthews
Ann Elias	Graham Adams	

IN ATTENDANCE: Philip Baillie, Integration Programme Director
Sandra Betney, Deputy CEO and Director of Finance (GCS)
Anna Hilditch, Assistant Trust Secretary
John McIlveen, Trust Secretary
Colin Merker, Deputy Chief Executive
Nikki Richardson, Non-Executive Director
Neil Savage, Director of Organisational Development
Dave Smith, Programme Director – Transition (GCS)
Dominique Thompson, Non-Executive Director
Jonathan Vickers, Non-Executive Director

1. WELCOMES AND APOLOGIES

- 1.1 Apologies for the meeting had been received from Bren McInerney, Said Hansdot, Katie Clark, Jo Smith, Mervyn Dawe, Kate Atkinson, Jenny Bartlett, and Lawrence Fielder. Xin Zhao, Stephen McDonnell and Faisal Khan did not attend the meeting.
- 1.2 Ingrid Barker welcomed Graham Adams, Mile Goodwin, Alison Feher and Dr Anneka Rose to their first meeting of the Council of Governors since being appointed.
- 1.3 The Council noted that Hazel Braund, Appointed Governor for Herefordshire CCG had recently moved into a secondment to 2g/GCS as Director of the Better Care Together Transformation Programme. It had therefore been necessary for Hazel to resign from her Governor position. The Trust would commence the process to seek a new Herefordshire CCG nominee.

2. DECLARATION OF INTERESTS

- 2.1 There were no new declarations of interest.

3. COUNCIL OF GOVERNOR MINUTES

- 3.1 At the previous meeting, Bren McInerney had asked that the Strategic Case for the merger be explicit about how it would address health and social care inequalities in the county. This suggestion had been omitted from the minutes.

- 3.2 Subject to this addition, the minutes of the Council meeting held on 12 July 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 An electronic copy of the “Governor Engagement with the Joint Working process” pack had been circulated to all Governors. It was noted that some comments had been received from Governors on this and once these changes had been incorporated, the pack would be re-issued and would also be made available to all Governors in hard copy, on request. The final version would also be uploaded onto the Governor portal.
- 4.3 The Council received and noted the Meeting Evaluation feedback from the last meeting in May.

5. STAFF SURVEY PRESENTATION

- 5.1 Neil Savage, Director of Organisational Development was in attendance to give the Council a presentation on the 2017 National Staff Survey Results. A copy of the full presentation would be circulated to Governors for information.

ACTION: National Staff Survey presentation to be circulated to Governors electronically for information

- 5.2 The Staff Survey has been running for 15 years since 2003 and is one of the biggest ongoing healthcare staff surveys in the world. The results are published in March of the following year (i.e. 2018 for the 2017 survey) and are used by the Trust Board, NHS England, the CQC, NHS Improvement and the CCGs to assess performance.
- 5.3 Prior to 2016, the survey had been sent to a random sample of 750 staff, however, the Council noted that for the past 2 years the Survey had been sent out to all 2gether staff. If a person was a substantive member of staff in post from 1st September of said year, then they would be invited to participate in the survey. The number of respondents rose from 777 in 2016 to 921 in 2017, equating to a response rate of 45% which was an improvement over last year’s 40%.
- 5.4 Some of the key highlights from the 2017 Survey included:
- 2g was better than average in 17 out of 32 Key Findings (53%)
 - Better than average or average in 27 (84%) when compared with all other MH/LD Trusts
 - Better on our Key Finding scores compared with other Gloucestershire, Herefordshire & Worcestershire Trusts
 - The Staff Engagement score was steady at 3.88 compared to a national MH/LD score of 3.78 (out of 5)
 - The Staff Engagement score is in the top 25% of all NHS organisations
 - Staff recommendation of the Trust as a place to work/receive treatment rose (3.86) & is well above the average for MH/LD Trusts (3.67)

5.5 2gether's Top 5 Scores were:

- % Staff Experiencing Discrimination at Work (low)
- % Staff experiencing physical violence from staff (low)
- Effective Team Working (high)
- Staff satisfaction with resourcing & support (high)
- % Staff experiencing physical violence from patients, relative, public (low)

The Bottom 5 Scores were:

- % Staff reporting errors, near misses or incidents in the last month (lower)
- Effective use of patient/service user feedback (lower)
- % Staff attending work in last 3 months despite feeling unwell because they felt pressure from manager, colleagues or self (higher)
- % Staff reporting most recent experience of harassment, bullying or abuse (lower – but higher score the better)
- % Staff working extra hours (higher)

5.6 Neil Savage advised that the 2018 Staff Survey would be issued to staff during quarter 3 (October-November). The 2017 Survey results were published in March, and since that time the Trust has developed a focussed action plan, with the key priorities including: Improving Staff Health and Well-being, Improving Reporting of Incidents, Making more effective use of patient & service user feedback and Locality & team engagement with local priorities from the survey. The Council received a summary of just some of the work on engagement and staff health and wellbeing that had taken place as a result.

5.7 Nic Matthews asked whether the Trust had the ability to “live track” certain areas of the Trust which were demonstrating high levels of sickness absence or turnover. Neil Savage advised that 2gether did not have a dynamic system that was updated daily; however, all HR data such as sickness, appraisals and training compliance was reviewed and made available to service directors and team managers monthly to enable them to monitor any areas of concern. The Trust's Delivery Committee also receive monthly reports from services which included performance against HR KPIs and a quarterly “HR Indicators” report was also received by the Committee, which included benchmarking against other similar organisations.

5.8 Mike Scott asked whether it would still be possible to look at the results of the Survey for individual Trusts following the merger, as it would be interesting to see if there had been an impact. Neil Savage said that this would be possible, with the Survey results being broken down by staff group and service area.

5.9 The Council thanked Neil Savage for attending the meeting and presenting the results of the Staff Survey.

6. JOINT WORKING – VALUES DEVELOPMENT PROGRAMME

6.1 The purpose of this report was to ensure that the Council of Governors were fully briefed on the forthcoming Values Development Programme, taking place as part of the merger/joint working and outlining how they could participate and support the programme.

- 6.2 Dave Smith set out the context and methodology of the programme, noting that much of this focussed around “Values Week” which would be taking place from 15-19 October. A number of sessions would be taking place that week for staff from both 2gether and GCS to attend, with the aim of getting people to think about the future and culture of the new organisation proactively. Dave said that this was an ambitious project but setting out and agreeing a joint culture from the start was vital for the new organisation to succeed. Spaces on the sessions were available for up to 2000 staff members, allocated equally between GCS and 2gether. Governors were also encouraged to participate and were asked to contact Anna Hilditch if they wished to attend a session.
- 6.3 Cherry Newton noted that all of the sessions would be taking place in Gloucestershire and suggested that this would make it difficult for staff in Herefordshire to be able to participate. Dave Smith informed the Council that the venues for the sessions were chosen partly due to capacity and availability, but also to ensure that staff from both organisations had equal access. He said that feedback would be taken on board and if it was felt that Herefordshire staff had not been properly engaged then further sessions may be considered.
- 6.4 Mike Scott said that he was keen to see the outputs from the Values development work, including the numbers of staff who had participated and from which Trusts. He asked when this output was likely to be made available. Dave Smith advised that a presentation on the outcome from the values week work was scheduled to be given to the Joint Executive Team in mid-November.
- 6.5 The Council noted that both Trust Boards had enthusiastically supported this report and the overall development programme. The importance of developing a jointly owned and agreed culture from the outset was paramount.

7. NED RECRUITMENT PROCESS TO SHADOW BOARD

Nikki Richardson, Jonathan Vickers and Dominique Thompson left the meeting at this point

- 7.1 This report sought approval of the Council of Governors in respect of proposals for the recruitment of Non-Executive Directors (NED) to the Shadow Board of the new Trust, ahead of the completion of the proposed merger process. These proposals were reviewed and endorsed by the Nominations and Remuneration Committee at its meeting on 29th August.
- 7.2 The Shadow Board will become the Board of the new Trust following completion of the merger transaction. The proposed size of the new Board will be the same as now, comprising 7 NEDs plus the Trust Chair. The recommendation is that of the 7 NED vacancies, at least 6 would be recruited from the existing pool of NEDs from both Trusts. This would be an open process, with all NEDs eligible to apply. This ring-fenced recruitment process is envisaged to take place in November/December 2018 and will broadly be in line with previous selection processes.
- 7.3 Alongside this ring-fenced process, it is proposed to use a national process to appoint one NED. In terms of visible diversity, neither the 2gether Board nor the Gloucestershire Care Services Board is fully representative of its community. As

2gether has an existing NED vacancy, there is an opportunity to address this relative lack of diversity by using a national open process which would not only seek candidates who meet the person specification criteria, but particularly those suitably qualified and experienced candidates from a Black, Asian and Minority Ethnic (BAME) background. If a preferred candidate is identified through this national recruitment process, their appointment would not be confirmed until the selection process involving the existing 2gether and GCS NEDs takes place, so as to allow the appointment panel to consider the skills and experience of all candidates (internal and external) in the round when making its decision on appointments to the Shadow Board. The preferred candidate identified through this national process would not be required to be re-interviewed. Should no suitable candidate be identified through this national route, then all NED posts would be selected to through the ring-fenced process from existing NEDs of both organisations. This ring-fenced process would seek to achieve an appropriate mix of both 2g and GCS NEDs on the Shadow Board while equipping it with the necessary skills and experience to take the new Trust forward. For both processes it will be important to ensure appropriate representation from GCS colleagues on the interview panel, in an advisory capacity and in discussion / focus groups.

- 7.4 Rob Blagden confirmed that the Nominations and Remuneration Committee had carried out a good and robust discussion about these proposals. Further discussion had taken place at the Governor pre-meeting and Governors were happy to approve the recommendations within the report. Rob Blagden noted that Governors were keen to ensure that there was a fair process for appointing the NEDs and that there was equal representation as part of the recruitment process from both 2gether and GCS, noting that these would ultimately be 2gether Governor appointments. It had also been suggested that the appointment terms be made on a staggered basis to ensure that people did not come to the end of their terms at the same time. Jan Furniaux added that the Council was very supportive of the proposal to seek appointment from the BAME community.
- 7.5 Ingrid Barker informed the Council that in preparation for the appointment process, a session had been arranged for Governors to meet with the GCS NEDs by way of a meet and greet session. This would be taking place on 18th October and all Governors were encouraged to attend the session.
- 7.6 The Council of Governors approved the proposals for the recruitment of Non-Executive Directors to the Shadow Board of the new Trust.

8. CHANGE TO THE TRUST CONSTITUTION – NED TERMS OF OFFICE

- 8.1 As a foundation trust, 2gether has a constitution which sets out its governance framework. The Trust's constitution may be amended with the agreement of both the Council of Governors and the Board. To guarantee continuity as the new organisation is formed, it is proposed that the Constitution be amended to allow NEDs appointed to the Shadow Board to serve up to three terms of up to three years each, with any term beyond six years in total being subject to annual reappointment, as required by the regulator's Code of Governance. This will enable 2gether NEDs approaching the end of their terms of office to remain with

the new Trust for a period of time, and ensure that knowledge, skills and business as usual are maintained during the transition.

- 8.2 The Council of Governors approved this change to the constitution. The Trust Board would also be asked to consider this amendment to the constitution at its meeting on 26 September, and if approved, the amendment would take effect immediately.

Nikki Richardson, Jonathan Vickers and Dominique Thompson returned to the meeting at this point

9. FEEDBACK FROM GOVERNOR OBSERVATION AT BOARD COMMITTEES

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

- Audit Committee – 1 August
Mike Scott and Ann Elias had attended this meeting and said that they felt very assured by the business conducted. Mike Scott said that KPMG, the Trust's External Auditors had stated at the meeting that they planned to attend and present their progress report to the Council of Governors at the September meeting and he therefore queried whether this was scheduled to take place. The Council noted that this item had been deferred to the next meeting in November due to the amount of business to be conducted at this meeting.
- Development Committee – 8 August
There had been no Governor attendance at this meeting
- Delivery Committee – 25 July and 29 August
Kate Atkinson had attended the Committee meeting on 25 July but was not present at the Council meeting to provide feedback.
- Governance Committee – 31 August
Jo Smith had been in attendance at this meeting but was not present at the Council meeting to provide feedback.

10. GOVERNOR OBSERVERS AT BOARD COMMITTEES – ANNUAL REVIEW

- 10.1 A programme of Governor observation of key Board Committees has been developed to support Governors in their statutory duty to hold the Non-Executive Directors to account for the performance of the Board. The programme covers five Committees – Audit, Delivery, Development, Governance and Mental Health Legislation Scrutiny. By observing Committee proceedings, Governors are able to take assurance that the Non-Executive Directors are effectively leading and controlling the Trust, and report that assurance back to the Council as part of the holding to account process.
- 10.2 Two Governors are nominated to attend each Board Committee and it was previously agreed that a refresh of Governor involvement would take place annually, to enable all Governors to have the opportunity to take part if they wish.

- 10.3 Rob Blagden said that the Governors had discussed this at their pre-meeting. One vacant position existed on the MH Legislation Scrutiny Committee and it was agreed that Carole Allaway Martin would take up this role.
- 10.4 As a large number of apologies had been received for this meeting, it was suggested the Rob work with Anna Hilditch to contact Governors outside the meeting to seek expressions of interest for taking part in the Committee observation process. A report would then be brought back to the Council in November. In the meantime, it was agreed that all Governors would receive information about the role and description of each of the Committees and to get in touch if they wished to put their name forward to participate.

ACTION: All Governors to receive information about the Board Committees, including future meeting dates to enable people to express an interest in participating as part of the Committee observation process

11. GOVERNOR ACTIVITY

- 11.1 Cherry Newton and Vic Godding had attended a Dementia Education Evening on Thursday 26 July. The event highlighted the collaborative work between 2gether and Cobalt, aimed at improving research and diagnosis of dementia to benefit local patients and their families. Both agreed that this had been a very interesting event.
- 11.2 Nic Matthews informed the Council that he had been invited to sit on the joint working Vision and Values Core Team, as a Governor representative. He said that he had been happy to have been invited to participate.
- 11.3 Vic Godding said that he had participated in the recent Governor visit to the Trust's Recovery Units in Cheltenham. He said that he was disappointed to see the lack of Governor attendance at these visits, which had been set up especially for Governors to see the Trust's units and have the opportunity to speak to staff and patients. He encouraged all Governors to consider attending future visits and also to carry out repeat visits as this would enable Governors to hear about new developments and improvements to services.
- 11.4 Cherry Newton had attended the Horse Trials at Much Marcle, Herefordshire and had helped man a 2gether information stand at the event, signing up new Trust Members.
- 11.5 The Council was reminded that the Gloucestershire Police Open Day would be taking place on Saturday 15th September. A number of Governors had already volunteered to help at this event and had been contacted directly by the Communications Team to confirm a time slot to attend. Any other Governors who wished to come along and help were asked to let Anna Hilditch know.

12. ANY OTHER BUSINESS

- 12.1 There was no other business.

13. DATE OF NEXT MEETING

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2018		
Thursday 8 November	1.30 – 2.30pm	3.00 – 5.00pm
2019		
Tuesday 15 January	1.30 – 2.30pm	3.00 – 5.00pm
Thursday 14 March	9.00 – 10.00am	10.30 – 12.30pm
Tuesday 14 May	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 11 July	1.30 – 2.30pm	3.00 – 5.00pm
Tuesday 10 September	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 14 November	9.00 – 10.00am	10.30 – 12.30pm

Council of Governors Action Points

Item	Action	Lead	Progress
11 September 2018			
5.1	National Staff Survey presentation to be circulated to Governors electronically for information	Anna Hilditch	Complete
10.4	All Governors to receive information about the Board Committees, to enable people to express an interest in participating as part of the Committee observation process	Anna Hilditch / Rob Blagden	<p>One <u>Development Committee</u> observer post still vacant. Expressions of interest from Governors invited.</p> <p>Review of Observation process and Governor involvement to be carried out annually in September.</p>

Agenda Item 5

Enclosure

Paper B

Report to: Council of Governors – 8 November 2018
Author: Paul Roberts, Joint CEO/Colin Merker, Deputy Chief Executive
Presented by: Paul Roberts, Joint CEO/Colin Merker, 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

1.1 Strategic Case update

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

1.2 Values Programme

As you will recall both from the paper which came to the last Council meeting and through the participation of a number of you, I was absolutely delighted that we successfully held our ‘Values Week’ workshops during the week of the 22nd to the 26th October. I was particularly pleased to be able to do the opening introduction at a number of these sessions where we welcomed over 1700 colleagues and over 40 people who use our services. These sessions are a crucial part of hearing from our colleagues about the things that enable them to do their best work and how these should be reflected in our shared values and behaviours going forward. By the same token, colleagues were able to describe those things which get in the way of them doing their best work and we need take note of these and ensure these are ‘designed out’ of the merged organisation. It was also a fantastic opportunity for colleagues to hear first-hand from people who use our services with the emphasis on relaying their story using their words and feelings and not ours. Both these sessions, ‘In Our Shoes’ (aimed at colleagues) and ‘In Your Shoes’ (people who use our services) were very powerful and it is vital that we reflect on what we have heard and then respond.

All of the feedback given within these sessions is being collated and will be fed back to us later in the month. We are also seeking post event feedback from colleagues

and from those who use our services and whilst the early anecdotal feedback has been very positive, there are some early lessons to respond to;

- We should have organised sessions for colleagues and users of our services in Herefordshire. All of the activity was centred around Gloucester with 1 day in Tewkesbury. We are rectifying this by working with Healthwatch in Herefordshire to establish an 'In Your Shoes' session in the next few weeks.
- A number of patient/service user groups would prefer us to go to them and already two additional sessions have been run. Whilst this restricts the opportunity for shared experiences across different groups it does allow a different focus and it is about engaging with patients and those who use our services in a way that they would like us to do so.
- Some colleagues have said that they expected more of an update on merger plans therefore we need to ensure that our communications and pre-publicity set clear expectations.

Going into Values Week, we also made a commitment to colleagues that we would engage with them on the subject of choosing a name for our new merged Trust and I'm sure that a number of you who attended may well have taken the opportunity to make your selection or suggest an alternative on the forms provided. Of course we recognise that not all colleagues attended these sessions, so we are inviting all colleagues to participate, including Governors. *A suggestion form is attached as an appendix to this report which we would encourage Governors to complete and return to us.* Whilst we recognise that there are limitations determining the choice of a name we believe that engaging colleagues in that choice is important and we will carefully consider all suggestions before returning with some recommendations.

So now we move on to the next crucial phase which is distilling all of the feedback into succinct messages, but more importantly ensuring that this forms the basis of our follow up to Values Week, 'Leading With Values' during the week of the 26th November. There will be a number of half-day sessions running across the week;

Leading with Values' sessions - In these sessions we will share what was heard during Values week and increase the skills and confidence of leaders to role model, and manage values, attitude and behaviours in values-led teams.

'Values into action' sessions - One session will focus on priorities for people who use our services and one on priorities for colleagues and HR processes. These hands-on co-creation workshops will examine how we can successfully embed our values into everything we do.

'Values-based recruitment' session - This hands-on co-creation workshop will focus on best practice approaches to attracting, shortlisting, interviewing and appointing candidates who share our values.

'Promoting positive behaviours' session - This hands-on co-creation workshop will focus on unacceptable behaviours, developing resources and best practice around bullying awareness, de-escalation and resolution.

This has been and continues to be a hugely ambitious piece of work but it is built on the recognition that getting the culture right for the new organisation is absolutely critical in setting the solid foundation for transforming services and I promise to keep you updated with progress and how we are assessing the impact.

1.3 Transformation Director

Colleagues will have noted from our last meeting that Hazel Braund, Appointed Governor for Herefordshire CCG has been seconded from Herefordshire Clinical Commissioning Group to lead our transformation programme – Better Care Together. Hazel, who has a huge depth of experience, has joined us until March 2020. It has therefore been necessary for Hazel to resign from her Governor position and the Trust will commence the process to seek a new Herefordshire CCG nominee as soon as possible.

2. LOCAL NEWS

2.1 Congratulations to Ruben

Ruben Franco, Community Dementia Nurse in Herefordshire, has won the Dementia Carer Award in the Hereford Times Health and Social Care Awards 2018.

The awards were held at Lyde Arundel, and there were 39 finalists across the 13 categories. Well done Ruben, from all of your colleagues!

2.2 NHS70 Awards

Congratulations also go to all colleagues from both 2gether and GCS who were shortlisted for the Gloucestershire NHS70 awards. The awards event was held on Thursday 27 September and there were 19 colleagues or teams from our two Trusts shortlisted in total. The GCS and 2gether winners were:

- Kevin Gannaway-Pitts, Exemplary Service to Health Improvement
- Macmillan Next Steps, Excellence in Patient Empowerment
- Healthcare Assistants, Abbey Ward – Exemplary Service in Mental Health Services
- Homeless Healthcare Team – Exemplary Service in Community Services
- Aoife Price – Excellence in Care Support
- Tina Kukstas – Excellence in Innovation

2.3 2gether Rated Above National Average in PLACE Assessment

Our latest Patient Led Assessment of the Care Environment (PLACE) results put us above the national average for mental health and learning disability settings in all of the six domains for the first time since PLACE began in 2013. The 2018 assessments took place between April and May this year.

We are really proud of these results as they demonstrate the great care and attention we pay to providing high quality, therapeutic facilities for our service users. We cannot underestimate the impact this has on the experience people receive while being cared for by our Trust.

PLACE are self-assessments carried out by local volunteers who go into hospitals as part of a team. The teams assess how well the environment supports a number of non-clinical aspects of the premises identified as important by patients and the public. These aspects are known as domains: privacy and dignity, food, cleanliness, general building maintenance, and how well the needs of patients with dementia and disabilities are met.

PLACE focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job. It is the only non-clinical assessment of the Trust's activities.

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers: putting patients first,

active feedback from the public, patients and staff, adhering to basics of quality care and committing to ensure services are provided in a clean and safe environment that is fit for purpose.

Healthwatch Gloucestershire and Healthwatch Herefordshire were the lead partners in undertaking the PLACE assessments for 2gether this year. Healthwatch provided patient assessors who made up a minimum of 50% of an inspection team with a minimum of two patient assessors on each inspection. The Trust provided the other 50% of the inspection team, providing at least one senior nursing lead and one Estates and Facilities Department lead on each inspection team.

2.4 Tea Party Celebrates Trust Volunteers

The volunteers and experts by experience who freely give their time to helping the service users and carers of 2gether NHS Foundation Trust have been recognised and thanked for their enormous contribution. The sixth annual tea party was held in their honour at Bowden Hall Hotel, in Gloucester on 2 October.

The event included the presentation of certificates to many volunteers, as well as the Trust's experts by experience – people who use their own personal experience of mental illness or learning disability to act as advisors.

The tea party was a fantastic celebration and an opportunity for us to pay tribute to everything our volunteers and experts by experience do for our Trust and the communities we serve. They bring so much expertise, energy and knowledge to us and richly enhance the life of our Trust and our services.

More than 54 volunteers are registered with 2gether, and they work to enhance and improve the services the Trust provides, including providing music therapy, working in the Trust library, supporting reading groups and delivering books to inpatients, driving service users to and from appointments, helping at meal times and providing peer support at the Severn & Wye Recovery College.

There are more than 95 experts by experience registered with the Trust. They also help in a variety of ways, including sitting on interview panels when staff are being recruited, advising on trust policies, helping to provide staff training, and participating in focus groups to provide feedback on important issues the Trust is working on, including its long term strategies.

2.5 Gloucestershire Integrated Care System “One Gloucestershire”

‘One Gloucestershire’ is the working name given to the partnership between the county’s NHS and care organisations to help keep people healthy, support active communities and ensure high quality, joined up care when needed. A new website has been set up providing more information about One Gloucestershire, which people are encouraged to visit www.onegloucestershire.net

3. NATIONAL UPDATES

3.1 Policy Creation – the voice of health and social care staff

Secretary of State Matt Hancock has set out plans to give 3.1 million health and care staff in England a voice in the day-to-day creation of policy. He is launching a new digital platform called ‘TalkHealthandCare’, which staff can use to post ideas, questions and challenges for government.

The platform will be available on computers, phones and tablets. It will continually update to reflect the views and ideas of staff. The platform will also include events, forums and webinars for staff across the country.

TalkHealthandCare has been launched following feedback from staff that too often they do not feel valued at work. Some of the known issues that TalkHealthandCare will seek views on include:

- improving shift patterns and juggling home and work lives
- speeding up the use of helpful technologies that cut out paperwork
- training and development

In particular, the Secretary of State has expressed concern about the high number of reports of bullying and harassment. He has reiterated his wish to ensure these issues are not accepted and 'put in the too difficult pile'.

The department is also launching a new workforce panel of staff who the Secretary of State will meet with as a sounding board on issues affecting health and care staff across the country.

3.2 Government response to the Learning Disabilities Mortality Review (LeDeR) Programme Second Annual Report

The Government has just issued its response to the Learning Disability Mortality Review 2nd Annual Report.

The second annual report of LeDeR, published in May, was an important reminder of the work to do. The government has accepted all of the report's recommendations. The Department of Health and Social Care and NHS England have been working with NHS Improvement, NHS Digital, Health Education England, Public Health England and the Care Quality Commission to develop considered responses to, and implement, the annual report's recommendations. Most importantly the government has highlighted the need for health and care staff to have the right training to support people with a learning disability, their families and carers; to ensure that perceptions of learning disability do not prevent a robust assessment of physical health, and that staff can make personalised, reasonable adjustments to care. The government are taking steps to make this happen and a consultation on the training required is now in progress.

These commitments are welcomed by 2gether and GCS.

3.3 Gloucestershire Safeguarding Partnership arrangements: Working Together to Safeguard Children (2018)

The Gloucestershire's Safeguarding Children Board is putting in place the actions required to implement the new Working Together guidance (July 2018); resulting from legislative changes (Children Act 2004 as amended by the Children and Social Care Act 2017). Gloucestershire's Safeguarding Partnership arrangements will transition over the next 12 months with Gloucestershire's Clinical Commissioning Group assuming the lead for all Health organisations regarding Safeguarding children. An initial meeting of the three partners took place in July, with senior representation from GCCG Accountable Officer, Assistant Chief Constable, Gloucestershire Police and the Director of Children Services, GCC.

The CCG aims to fully support all Health partners in their safeguarding responsibilities as well as continuing to seek assurance that health providers and Primary Care colleagues fulfil their statutory requirements for Safeguarding Children.

For Gloucestershire, there is also the ongoing work to evidence improved outcomes for children, through the work of the Ofsted multi-agency Improvement Board. Provider Trusts and the CCG are represented by Nurse Directors, which is valuable and welcomed by that Board.

3.4 NHS Providers Statement on Budget 2018: Commitments to mental health sends right message but more support for core services needed

Responding to the Budget, the chief executive of NHS Providers, Chris Hopson, said:

“We welcome the commitments made to mental health in the Budget. We were also pleased to hear confirmation from the chancellor of the £20.5 billion increased funding commitment made to the NHS over the next five years, which will underpin the new NHS long-term plan.

“The allocated money for mental health sends the right message about the importance of ensuring parity with physical health services. However while this funding is directed at specific new programmes, it is vital that we also see more support for core services for people with severe and long-term mental health problems. And given previous commitments on mental health funding it is particularly important to ensure that, this time, any additional money does actually reach the front line.

“The extra funding for social care will offer more support to local authorities and the NHS. However, despite this, it is clear that total social care funding will still fall well short of what is needed to keep up with extra demand. It’s also vital that the forthcoming Green Paper and the Spending Review provide a long-term, sustainable, resolution for social care funding, rather than forcing local authorities to rely on an endless series of short-term stop-gap solutions.

“For the NHS funding settlement to deliver real value, recover performance and deliver integrated health and care, it’s also vital that the forthcoming Spending Review provides the right settlement for public health, training and NHS capital. Prevention, as the health and social care secretary has flagged, must be a priority and trusts need the right buildings and equipment and the right numbers of staff with the right skills to provide outstanding care. These issues all remain unresolved while the budget for them is squeezed.

“Whilst we note the chancellor’s announcement on the future of PFI, a number of trusts with particularly onerous existing PFI contracts will need further financial support if they are to meet the prime minister’s stipulation that no NHS organisation should be in financial deficit over the medium term. We will need the forthcoming review of NHS capital spending to set out how trusts can fund big building projects in the future.

“Attention will now turn to the publication of the NHS long-term plan later this year. This will rightly be ambitious, but it must also be realistic about what the service can be expected to deliver, given the competing priorities for resources, the steep and relentless rise in demand for care and the current financial and performance gaps the NHS currently has.”

3.5 NHSP Governor Advisory Committee

NHS Providers has a Governor Advisory Committee (GAC) which helps to shape the governor services they provide to their member trusts, including training resources,

the annual Governor Focus conference, regional governor development workshops and other guidance materials.

Members of the committee are elected by member trusts to serve on the committee for three years. Earlier this year the following governors were elected to the GAC:

- Peter Abell, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust **(Acute)**
- Robert Alabaster, North East Ambulance Service NHS Foundation Trust **(Ambulance)**
- Saad Alshukri, Liverpool Women's NHS Foundation Trust **(Public)**
- Maurice Alston, Hampshire Hospitals NHS Foundation Trust **(Any category)**
- Delia Cannings QPM, Tees, Esk and Wear Valley NHS Foundation Trust **(Mental Health)**
- Anne Carlile, Northumberland, Tyne and Wear NHS Foundation Trust **(Patient/Carer/Service User)**
- Pauline Garnett, Bradford Teaching Hospitals NHS Foundation Trust **(Staff)**
- Chris Roberts, Oxford Health NHS Foundation Trust **(Community)**

Advisory Committee members are keen to engage with governors in the same constituencies, both to understand the issues governors are facing at a local level, and to learn about good practice. Together Governors are therefore encouraged to make contact with their relevant GAC member via Governors@nhsproviders.org

The NHS Providers Governors programme, GovernWell, has a whole host of information and guidance for Governors on their website, including more information about the Governor Advisory Committee.

<https://nhsproviders.org/programmes/governwell/training-courses>

NAME That TRUST!

When **2gether NHS Foundation Trust** and **Gloucestershire Care Services NHS Trust** merge we will need a new name for the organisation.

NHS England has recently introduced strict rules on NHS Trust names: They **must** include a geographical reference, a descriptor, i.e. what we do and our name will need to end with 'NHS Foundation Trust'.

To have your say in the naming of the new Trust please:

Select **ONE** or **TWO** options from **List A**,
and **ONE** option from **List B**.

Alternatively, please give other suggestions in the box below.

LIST A choose 1 or 2

- Gloucestershire
- Herefordshire
- Severn
- Severn Valley
- Wye



LIST B choose 1

- Partnership
- Community and Mental Health
- Physical and Mental Health
- Integrated Healthcare
- Community Health
- Health and Care Partnership

Other:

== NHS Foundation Trust

What happens next?

We will consult more widely with our stakeholders before putting our proposals to our Trust Boards and 2gether's Council of Governors



External audit presentation 2017/18

²gether NHS Foundation Trust – 8 November 2018

Content

The contacts at KPMG in connection with this report are:

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Headlines from our work

Financial Statements

Use of Resources

Quality Report

Headlines from our work



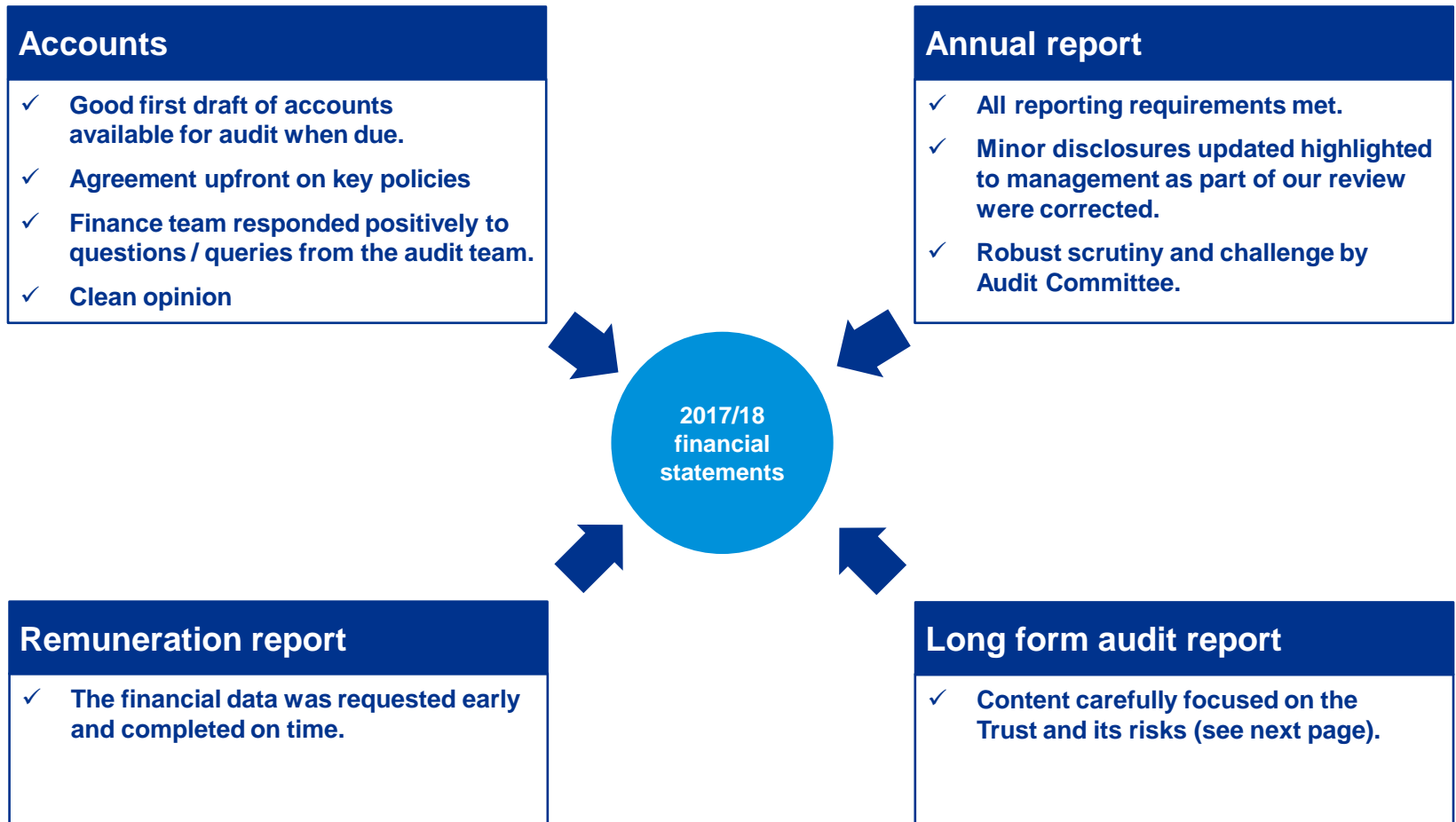
Overview

- Audit completed in line with agreed plan and in accordance with regulatory requirements.
- Key audit findings discussed with the Audit Committee on 25 May 2018.
- Financial Statement and Quality Accounts opinions signed on 25 May 2018.

Summary of Audit Opinions

	Work stream	Opinion
✓	Financial Statements	Unqualified (clean)
✓	Value for Money	Unqualified (clean)
	Quality accounts	
✓	• Content of report	Unqualified (clean)
✓	• Early intervention in psychosis	Unqualified (clean)
✓	• Out of area placements	Unqualified (clean)
-	• Personalised discharge planning (local)	Not required

Financial statements detailed findings



Financial statements risks



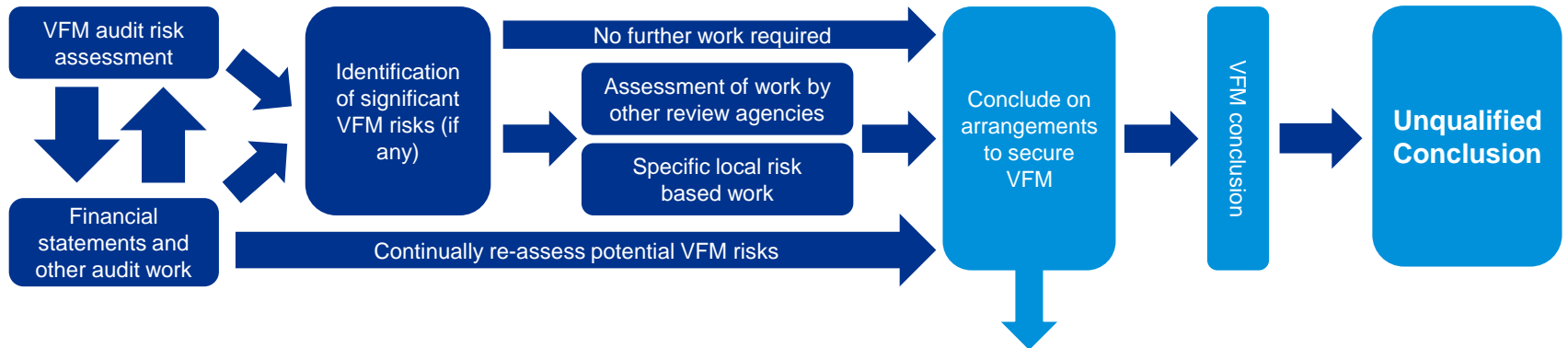
Key Audit Matter per our risk assessment



Mandatory Risks per the International Standards on Auditing (ISAs)

Use of resources

Our approach is to consider:



In reaching our clean Use of Resources conclusion we reviewed the following;

- Annual Governance Statement
- CQC Findings
- Regulatory Findings
- Internal Audit reports and Head of Internal Audit Opinion
- Cost Improvement Plans
- Operational performance

Quality Accounts

Content and consistency

Content: In line with national Guidance

Opinion: Unqualified

National Indicators: Early intervention in psychosis (EIP)

Indicator: In line with national Guidance, although initially the Trust was reporting EIP in the age range 18-35 rather than the national definition of ages 18-65.

Sample testing: No issues

Opinion: Unqualified (new indicator for 2017/18)

National Indicators: Out of area placements

Indicator: In line with national Guidance

Sample testing: No issues

Opinion: Unqualified (new indicator for 2017/18)

Local Indicator: Personalised discharge planning

Indicator: Based on the Trust's definition and local guidance, although there were some inconsistencies in how different wards calculated performance

Sample testing: No issues

Opinion: Not required

Horizon scanning

We provide a technical update to each and every meeting of the Audit Committee, highlighting key issues and potential impact on ²gether NHS FT. Some of the key areas of focus were as follows:



Agenda item 9

Enclosure No

Paper D

Report to: Council of Governors, 8 November 2018
Author: Kate Nelmes, Head of Communications
Presented by: Kate Nelmes, Head of Communications

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	30 October 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. A meeting planned for September 20 was cancelled, and the group will next meet on Wednesday 5 December. In the meantime, a short-life working group has been formed and will first meet on 14 November, specifically to focus on increasing membership among people who use the services of Gloucestershire Care Services NHS Trust. When our two Trusts join in the summer of 2019, it will be important to ensure that our membership is representative of people with an interest in the work of both Trusts. Therefore, this will become the focus of increasing attention in the coming months and a specific recruitment plan will be actioned.

Some work has already been taking place, including social media activity and membership materials being made available at GCS events and in waiting areas. We are also working with Healthwatch Gloucestershire, Healthwatch Herefordshire and other stakeholders such as Carers Gloucestershire, Gloucestershire Young Carers and the VCS Alliance to promote membership more widely to their networks. This has resulted in some new members joining, including colleagues from GCS. When our two Trusts combine, those GCS colleagues will need to be removed from the public membership database as they will then be automatically counted within the staff constituency.

- 1.2 In line with our membership priorities, agreed at Council of Governors and Board in May, in general we are focussing on increasing membership in Herefordshire and the Cotswolds, and among men, younger people (under 21s) and members of the Black and Minority Ethnic Community.

1.3 We continue to promote membership at events, via social media and through the Trust website. Membership was recently promoted at the Barton and Tredworth Cultural Fayre, during the annual police open day in September, and on World Mental Health Day. 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.

2. Information for Members

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




2.2 E-flyers are periodically sent out to update members on events and activities. Most recently, these have included an e-flyer encouraging participation in Values Week, and an e-flyer publicising our charity place in the Virgin Money London Marathon.

3. Governor Engagement Events

3.1 Governors have supported a range of membership and engagement events in recent months. These include the Barton and Tredworth Cultural Fayre and the Gloucestershire Police Open Day. These two events attracted more than 80 new Trust members.

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 September 2018, we have 69 more public members than we had at the end of 2017/18.

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




Membership Type	End of 2017/18	30 September 2018	Direction compared to final 2017/18 figures	Change in membership numbers
Public Membership	5675	5744		+69 (1.2%)
Staff Membership	2130	2179		+ 49 (2.3%)
Total Membership	7805	7923		+ 118 (1.5%)

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

Membership characteristic	End of 2017/18	30 Sept 2018	Direction compared to final 2017/18 figures	Change in membership numbers
Disability (public membership only)	720	743	↑	+ 23 (3.2%)
Men (public membership only)	1898	1906	↑	+8 (0.4%)
Women (public membership only)	3777	3838	↑	+61 (1.6%)








Table 3: Public Membership within each constituency

Constituency	End of 2017/18	30 Sept 2018	Direction compared to final 2017/18 figures	Change in membership numbers
Cheltenham	890	898	↑	+8 (0.9%)
Cotswolds	375	376	↑	+1 (0.3%)
Forest of Dean	576	582	↑	+6 (1%)
Gloucester	1488	1533	↑	+45 (3%)
Stroud	872	882	↑	+10 (1%)
Tewkesbury	622	629	↑	+7 (1%)
Herefordshire	435	428	↓	-7 (1.6%)
Greater England	417	416	↓	-1 (0.2%)
TOTAL public membership to date this year			↑	+69 (0.4%)

Table 4: Public Membership by ethnicity:

Ethnicity	End of 2017/18	End of Sept 2018	Direction compared to final 2017/18 figures	Change in numbers
White British	5264	5311	↑	+47 (0.9%)
Mixed	54	54	N/A	0
Black/Black British	73	75	↑	+2 (2.7%)
Asian/Asian British	123	133	↑	+10 (8%)
White Other	147	157	↑	+10 (6.8%)
Chinese/Other	14	14	N/A	0
Total	5675	5744	↑	+69 (1.2%)

Table 5: Public membership by age:

Age group	End of 2017/18	End of Sept 2018	Direction compared to final 2017/18 figures	Change in numbers
11-16	10	19		+9 (90%)
17-19	47	35		-12 (26%)
20-44	1630	1669		+39 (1.8%)
45-64	1899	1921		+22 (1.2%)
65-74	808	805		-3 (0.4%)
75+	741	748		+7 (0.9%)
Did not disclose DOB	540	547	N/A	
Total	5675	5744		+69 (1.2%)