

# COUNCIL OF GOVERNORS

**Tuesday 8<sup>th</sup> May 2018**

**4.00 – 5.00pm**  
**Governor Pre-Meeting**

**5.00 – 5.30pm**  
**Networking Session**

**5.30 – 7.30pm**  
**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 8<sup>th</sup> May 2018

at 5.30 – 7.30pm

In the Business Continuity Room, Rikenel, Gloucester

**AGENDA**

Item	Time	Title and Purpose	Reference
1	5.30	Welcome and Apologies	Verbal
2		Declaration of Interests	Verbal
3	5.35	Minutes of the Previous Meeting held on 8 March 2018	Paper A
4		Matters Arising and Action Points <ul style="list-style-type: none"> <li>Appointment of Non-Executive Director – Dominique Thompson</li> </ul>	Verbal
5		Review of Meeting Evaluation Sheet	Paper B
<b>Service Focussed Presentations and Information Sharing</b>			
6	5.40	Introduction from Paul Roberts, New Joint Chief Executive	Verbal
7	5.50	Update on Joint Working with Gloucestershire Care Services	Verbal
8	6.00	Chief Executive's Report	Paper C
<b>Formal Business and Exception Reporting</b>			
9	6.20	Feedback from NED Appraisals 2017/18	Paper D
10	6.30	Provider Licence Declarations	Paper E
<b>Holding to Account</b>			
11	6.40	Governance Committee Session	Presentation
12	7.00	Feedback from Governor Observation at Board Committees* <ul style="list-style-type: none"> <li>MHLS Committee – 14 March (<i>no Governor attendance</i>)</li> <li>Audit Committee – 4 April (<i>no Governor attendance</i>)</li> <li>Development Committee – 18 April</li> <li>Delivery Committee – 29 March and 25 April</li> <li>Governance Committee – 27 April</li> </ul> (*Committee meetings that have taken place since the last Council meeting)	Verbal
<b>Membership and Governor Involvement</b>			
13	7.10	Annual Membership Activity Report	Paper F
14	7.20	Governor Activity	Verbal
<b>Any other Business</b>			
15		Any other business	Verbal
16	7.30	Date of Next Meetings Please see overleaf	Verbal

## Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
<b>2018</b>		
Thursday 12 July	9.00 – 10.00am	10.30 – 12.30pm
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 31 May	10.00 – 1.00pm	Kindle Centre, Hereford
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
<b>2018</b>			
Charlton Lane	Cheltenham	Thursday 12 April	10.00 – 12.00pm
Honeybourne and Laurel House	Cheltenham	Thursday 17 May	10.00 – 11.00am (H) 11.00 – 12.00pm (L)
Wotton Lawn	Gloucester	Tuesday 5 June	10.00 – 12.00pm
CYPS Visit (Acorn House)	Gloucester	Wednesday 13 June	12.00 – 4.00pm
Stonebow	Hereford	Tuesday 3 July	2.00 – 4.00pm
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 27 June	4.00 - 5.00pm	Rikenel
Wednesday 29 August	4.00 - 5.00pm	Rikenel
Wednesday 24 October	4.00 - 5.00pm	Rikenel

## Governor Engagement Opportunities

2018		
LD Annual Big Health Check Day	Date: Tuesday 22nd May Time: 9.30 – 3.30pm	Oxstalls Tennis Centre, Longford, Gloucester
Police Open Day	Date: 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
<b>Seeing from a service user's perspective</b>	We will work collectively "making life better" through ensuring the views of our service users and carers are represented in improving our services.
<b>Excelling and improving</b>	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.
<b>Responsive</b>	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.
<b>Valuing and respectful</b>	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.
<b>Inclusive, open and honest</b>	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.
<b>Can do</b>	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.
<b>Efficient, effective, economic and equitable</b>	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<sup>2</sup>gether, the Council of Governors fulfils these roles by:

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

**2GETHER NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS MEETING**

**THURSDAY 8 MARCH 2018**

**BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER**

**PRESENT:**

Rob Blagden	Vic Godding	Katie Clark
Said Hansdot	Bren McInerney	Ann Elias
Cherry Newton	Hazel Braund	Mike Scott
Faisal Khan	Jo Smith	Jennifer Thomson
Hilary Bowen	Svetlin Vrabtchev	Kate Atkinson

**IN ATTENDANCE:** Marcia Gallagher, Non-Executive Director  
Anna Hilditch, Assistant Trust Secretary  
John McIlveen, Trust Secretary  
Colin Merker, Acting Chief Executive  
Kate Nelmes, Head of Communications  
Nikki Richardson, Deputy Chair/Non-Executive Director

**1. WELCOMES AND APOLOGIES**

- 1.1 Apologies for the meeting had been received from Ingrid Barker, Jenny Bartlett, Stephen McDonnell, Mervyn Dawe, Euan McPherson, Xin Zhao, Lawrence Fielder and Jan Furniaux.

**2. DECLARATION OF INTERESTS**

- 2.1 There were no new declarations of interest.
- 2.2 Hilary Bowen informed the Council that she was no longer a Governor of Barnwood House Trust.

**3. COUNCIL OF GOVERNOR MINUTES**

- 3.1 Bren McInerney said that he had referenced a potential meeting at Tewkesbury Borough Council during his Governor Activity report and asked that this be included in the minutes from the last meeting at section 11, as follows:

*“Bren McInerney advised that he was exploring the possibility of attending and speaking at Tewkesbury Borough Council’s Scrutiny Committee, to tell them (with support from 2gether) about the role of the Governor and to explore with them what support they could offer him in representing the Tewkesbury constituency. He explained he had discussed this at the Governors pre meeting too. The Chair said this was a matter the Trust Secretary would discuss with Bren after today’s meeting.”*

- 3.2 Subject to this addition, the minutes of the Council meeting held on 16 January 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 Bren McInerney informed the Council that he had spoken to the Trust Secretary briefly after the last Council of Governors meeting in relation to his proposed attendance at the Tewkesbury BC Scrutiny Committee. The Trust Secretary had advised that it was not appropriate for a Governor to attend a Scrutiny Committee, as attendance at a formal setting such as this would normally be something that an Executive Director or other officer of the Trust would do, rather than a Governor whose role is a voluntary one. Governors were of course free to attend such meetings as a member of the public.
- 4.3 The Council received and noted the Meeting Evaluation feedback from the last meeting in November.

#### 5. MENTAL HEALTH LIAISON SERVICES (MHLS) - PRESENTATION

- 5.1 The Council welcomed Jim Welch, Martin Griffiths and Becky Flory to the meeting who gave an overview of the Mental Health Liaison Services in Gloucestershire. A copy of the presentation would be emailed out to all Governors for information.

***ACTION: A copy of the MHLS Presentation would be emailed out to all Governors***

- 5.2 It was noted that Gloucestershire Hospital's Trust was supported by both Adult and Children and Young Persons (CYP) mental health assessment services. Adult MHLS have been operational since 2004 and services are now available 24/7 since February 2017. This service sees patients aged 16+. The CYP Team has been operational since 2016 and is available 8-8 Monday to Friday and 9-5 on weekends.
- 5.3 Jim Welch said that 40% of the adult population have at least 1 mental illness. In 2015/16, Mental Health presentations accounted for 2% of Emergency Department (ED) patients, yet they represented 15% of 4 hour breaches. The MHLT achieved 95% 2 hour response and assessment KPI and 90% 24 hour non-urgent assessment KPI during the same period.
- 5.4 The Council noted that mental health awareness and risk assessment training was now delivered to new nursing staff, junior doctors and senior nurse development programmes, and senior staff are trained to undertake risk assessments reducing the delay to decision makers and improving the quality of patient care.
- 5.5 The Council were informed about Frequent Attender Management and the work that had been carried out to implement care plans and to reduce the number of attendances and admissions. This had seen a 20% reduction over the last quarter. Jim Welch said that this equated to cost avoidance of approximately £65k a quarter.

- 5.6 The CYP ED Liaison Team consists of a nurse led team that aims to provide same day urgent mental health assessments for those young people presenting with Self Harm or other mental health difficulties. Alongside these assessments, CYPs EDLT staff would be involved in multi-agency meetings on the ward and multiagency liaison around a young person where necessary, offering regular urgent CHOICE and Deliberate Self-Harm (DSH) follow up appointments as well as offering training, consultation and supervision as requested.
- 5.7 The Council of Governors noted that this presentation had also been given at the last GHT Governors meeting which had been very well received. It was agreed that this was an excellent service and demonstrated some excellent partnership working with the acute trust. It was noted that there was a similar service that had now been set up in Herefordshire for both adults and CYP.

## **6. CHIEF EXECUTIVE'S REPORT**

- 6.1 The Council noted the Chief Executive's report which was intended to draw Governors' attention to key areas for awareness, information or for exploring further if of sufficient interest. This report provided the Council of Governors with an update in relation to a number of issues since the last Council meeting in January 2018.

### **Dawn Lewis**

- 6.2 Colin Merker opened his report by informing Governors of the death of Dawn Lewis, a long standing Governor with 2gether, on the 17<sup>th</sup> February 2018. Dawn had been battling cancer for some time. As a Trust, we owe Dawn a great debt as she helped us tremendously when we secured the contract for the provision of services in Herefordshire. Dawn worked tirelessly to champion Mental Health issues and to hold us to account for doing the best we could for our service users in Herefordshire and the wider Trust. Dawn had a great sense of humour, which was always present even if things were difficult. She was a giant of a lady who will be sadly missed by the many she helped. A card of condolence had been sent to Dawn's family by the Trust.

### **Finance Update**

- 6.3 At the end of January 2018 (month 10) we had a surplus of £792k which is £107k above our planned surplus before impairments. The month 10 year end forecast outturn is a £967k surplus before impairments, which is £84k above our financial control total. There is the potential for us to receive a Strategic Transformation Fund (STF) incentive payment of £117k if we deliver this position which would take our year end surplus to £1.084m.
- 6.4 The Governors noted that agency spend at the end of January was £3.621m. On a straight line basis the forecast expenditure for the year would be £4.344m, which would be a reduction of £1.147m on last year's expenditure level, but above our agency control total by £0.940m. It is estimated however, that with the initiatives that have been introduced to further reduce agency usage the year end forecast will be £4.199m. In January however, we saw our agency costs rise due to increased sickness levels because of flu within a number of our inpatient wards leading to higher agency usage. We are currently reviewing the impact of this on our projected year end position. The Governors were asked to note that a lot of focus had been placed on the reduction of agency staffing



expenditure over the past few years but it was important to note that the reduction of agency usage was also key to improving quality of care, not just financial.

### **Interim Director of Service Delivery Appointed**

- 6.5 At the last Council meeting in January, Governors asked for assurance around the timescales and proposed back fill arrangements for the Acting Chief Executive in relation to his substantive “Director of Service Delivery” role.
- 6.6 Colin Merker said that he was very pleased to announce that following recent interviews, John Campbell has started with 2gether as Interim Director of Service Delivery. John will be working part time (approximately two days a week) with us until the end of March 2018. He will then commence in the role full time, on a fixed term basis, until the end of March 2019. John has significant NHS experience, having previously held a number of senior and director-level roles in a wide range of NHS and voluntary sector health and social care settings.

### **2018 Mental Health Community Survey**

- 6.7 The Council of Governors was asked to note that the 2018 MH Community survey was now underway. The 2017 survey resulted in 2gether’s services being rated in the top 20% of mental health services in England. In fact there were three Trusts classed as ‘better than expected’ across the entire survey – one of which was 2gether.
- 6.8 So far, the response to the 2018 survey is encouraging, with 16 per cent at this point in the process, which is amongst the best being reported nationally. However, the more responses we receive, the better our opportunity to find out what our service users and carers really feel about our services and how we can make changes to improve the care we provide.
- 6.9 Once the survey closes and the results are collated, the full report will be presented to the Board (November 2018) and then also shared with Governors.

### **Media Story – Car Parking Charges**

- 6.10 An email was shared with Governors in February raising awareness that the local media in Stroud had published a story on the possible introduction of parking charges at Trust sites. The newspaper article contained some false and misleading information on the level of charges that could be introduced and we have raised this with the paper involved as it has raised concerns in a number of areas. The Trust carried out an online survey between December 2017 and January 2018 to help us review the options available to us in relation to addressing current inequities experienced by staff in relation to car parking. This included the possible introduction of car parking charges across the organisation. The survey attracted responses from 454 staff, representing almost a quarter of the workforce. A short life working group, which includes staff side representation, are now collating the findings from the work we have been progressing, so that it can be considered by the Trust Board as we discuss the various options open to us in the coming months. Colin Merker said that he therefore wanted Governors to be aware that no recommendation has been made to the Board on whether fees should be introduced, and, if so, what level they could be at. We will keep colleagues informed as discussions continue.

### **Five Star Food Hygiene Ratings**

6.11 The Council noted the good news stories in relation to food hygiene at Trust sites. Laurel House in Cheltenham received an unannounced visit from Environmental Health in March and the site has retained its five-star rating, which demonstrates a continued commitment to high standards of food safety and compliance with legislation. The team at Oak House in Hereford also had a spot kitchen environmental inspection early in February and have been awarded a five star hygiene rating. This is a particularly significant achievement, given that the premises were inspected during a refit. The Council of Governors expressed their thanks to all those staff involved in achieving this.

### **National NHS Staff Survey Results**

6.12 Colin Merker advised that the national NHS Staff Survey results were published on Tuesday of this week. Our results show that 921 colleagues completed the survey, giving us a response rate of 45% - a 5% improvement from the previous year.

6.13 The results show that our overall staff engagement is better than the national average for Mental Health Trusts and also better than that for NHS Trusts generally. Our results also demonstrate that 78% of colleagues felt we prioritised the care of service users and 77% felt that we acted on concerns raised by service users. They also show that 69% of colleagues would recommend us as a place to work and 75% would feel happy with the standard of care provided by the organisation, should their friend or relative need treatment. These scores all rate highly when benchmarked against the responses for other Trusts.

6.14 2gether's top ranking scores included:

- Staff satisfaction with resourcing and support (3.46 against a national average of 3.35)
- Effective team working (a score of 3.92 against a national average of 3.84)
- Percentage of staff experiencing discrimination at work in the last 12 months (10% against a national average of 14% for mental health Trusts)
- Percentage of staff experiencing physical violence from staff in the last 12 months (1% against a national average of 3%)
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (16% against an average of 22%)

6.15 The lower ranking scores, and areas where we need to focus on in the coming year, included:

- Percentage of staff reporting errors, near misses or incidents witnessed within the last month (89% against a national average of 93%)
- Effective use of patient/service user feedback (3.58 against a national average score of 3.72)
- Percentage of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (56% against a national average of 53%)
- Percentage of staff/colleagues reporting their most recent experience of harassment, bullying or abuse (58% against a national average of 61%)
- Percentage of staff working extra hours (74% against a national average of 72%)

- 6.16 The national NHS staff survey remains our most effective barometer for how colleagues feel about the Trust and what it is like to work here. Overall there is a lot we can feel proud of in these survey results, but there is always more we can do to improve our working environment, ensuring colleagues feel supported and empowered to deliver the best quality care and services.
- 6.17 The full survey results would be presented to Governors at a future Council meeting and Colin Merker asked Governors to consider whether they would find it helpful for a small working group to be formed to focus down on the survey results and to work with Neil Savage and the HR team to develop the presentation. Rob Blagden said that this had been discussed at the Governors Pre-meeting and the following Governors had volunteered to take part in a working group: Kate Atkinson, Ann Elias, Katie Clark, Cherry Newton and Jennifer Thomson.

***ACTION: Governor Working group to be arranged to carry out a more detailed review of the Staff Survey Results 2018***

#### **Adverse Weather Conditions**

- 6.18 Colin Merker said that he stood humbled at the professionalism and commitment of Trust staff in both Herefordshire and Gloucestershire who went well beyond the extra mile to ensure services continued to operate safely and service users were supported safely across this period of recent adverse weather. This was another example of why we should all be proud of 2gether staff for the tireless and unselfish commitment they make.
- 6.19 The Governors agreed that staff had gone to extra special lengths to maintain Trust services and asked that a message of thanks from the Governors be included in the weekly "News in Brief" newsletter and added to the intranet.

***ACTION: Message of thanks from the Governors to Trust staff for their work during the adverse weather to be included in the weekly "News in Brief" newsletter and added to the intranet***

#### **Any other business**

- 6.20 Governors were also reminded about attendance at the official opening of Pullman Place on 19<sup>th</sup> April. Governors were asked to inform Anna Hilditch if they wished to attend.
- 6.21 The Council of Governors had been asked to discuss Governor involvement in the judging of the ROSCAs. It was noted that Kate Atkinson had volunteered to take part in the judging this year.
- 6.22 The Council of Governors agreed that the Chief Executive's report was very helpful and included a good balance of developments, news stories and recognition. However, it was felt as though the report focussed more on Gloucestershire news and a request was made that future reports include an equal balance of Gloucestershire and Herefordshire developments.

***ACTION: Future CEO Reports to include an equal balance of developments and news from Gloucestershire and Herefordshire***

## **7. UPDATE ON JOINT WORKING WITH GLOUCESTERSHIRE CARE SERVICES**

- 7.1 2gether and Gloucestershire Care Services (GCS) NHS Trust have established a Strategic Intent Leadership Group (a group of Executives and Non-Executives from both Trusts) which is meeting on a monthly basis. This group is responsible to the respective Boards of 2gether and GCS for the overall direction and management of the programme of work required to progress the Joint Strategic Intent agreed by both Trusts. It will be responsible for overseeing the work of the Joint Strategic Intent Programme Management Executive Group which will be responsible for the delivery of the Strategic Outline Case (SOC) and, subject to the required milestones and approvals being achieved, will oversee the development of the Business Case and associated regulatory approval processes.
- 7.2 Work is ongoing to progress Engagement events to ensure clinicians and the people we serve remain at the heart of our plans. Regular briefings to update colleagues on the Strategic Intent activity has continued and a Joint Board Seminar event is planned for April.
- 7.3 The Council was informed that a preferred candidate for the Joint Chief Executive post had been identified and it was hoped that the details of this appointment would be publicised shortly, following final recruitment checks.
- 7.4 Mike Scott asked at what point the Council of Governors would be provided with further information about the benefits and key aspects of the merger. Colin Merker said that the Strategic Outline Case would be developed over the next few months and once complete would be shared with Governors.
- 7.5 Nikki Richardson said that 2gether and GCS were 2 separate organisations and needed to remain independent at this time; however, it was noted that operational colleagues had started to look at maximising opportunities and were considering joint developments.

## **8. REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE**

- 8.1 The Council of Governors received the summary report from the Nominations and Remuneration Committee meeting which had taken place on 6 February 2018.

### **Appointment of a Non-Executive Director (NED)**

- 8.2 The interview had taken place on 6 February for a new NED. One candidate was available to attend and participate in discussion groups and the formal interview. Three discussion groups were held – a Board Group, a Governor Group and a discussion group consisting of Experts by Experience. The feedback from these discussion groups was passed to the interview panel to assist in their deliberations. The interview panel consisted of the Trust Chair, Deputy Chair, Lead Governor, two Public Governors and an expert by experience.
- 8.3 The interview panel had made the decision not to appoint the candidate, who was a very well connected GP and was knowledgeable about the wider health

system; however, it was agreed that there was a lack of understanding about the role of a NED and of the governance of an FT.

- 8.4 Two other strong candidates had been shortlisted for interview but had been unable to attend on this day. It was proposed that these candidates would be contacted with a view of inviting them to interview on an alternative date (*now arranged for Monday 19 March 2018*).

## **Deputy Chair Remuneration**

### ***Nikki Richardson left the meeting at this point***

- 8.5 The Council of Governors appointed Ingrid Barker as joint Chair of 2gether and Gloucestershire Care Services from 1 January 2018, as the first step in the process for the proposed merger of the two organisations. Late last year NHS Improvement issued new guidance for organisations considering such transactions, the practical effect of which is that joint Chair arrangements are likely to continue into 2019.
- 8.6 Given this extended timescale, and the additional responsibilities that will necessarily be placed on Nikki Richardson as 2gether's Deputy Chair in terms of supporting Ingrid during that period, the Nominations and Remuneration Committee was asked to support a temporary uplift in the responsibility allowance of the Deputy Chair of £5k per year for Nikki Richardson, backdated to 1 January 2018. If approved, the uplift would be terminated either once the merger between the two organisations has been formally completed, or should the Board decide not to pursue the merger following completion of the business case.
- 8.7 Each NED received a basic salary and additional responsibility allowances were paid to roles such as Committee Chairs, Deputy Chair and Senior Independent Director (SID). The Trust had carried out a benchmarking exercise on NED pay in 2014 and the basic salary and responsibility allowances were in line with other Foundation Trusts. It was noted that the uplift would be fully funded through the savings made by the joint Chair position.
- 8.8 Bren McInerney asked where and how the figure of £5k had been agreed. The Trust Secretary said that discussions had taken place about the number of extra hours/days that this commitment would take and alongside HR colleagues, the £5k allowance was agreed.
- 8.9 The Council unanimously endorsed a proposed temporary £5k increase in remuneration for Nikki Richardson, to be back dated to 1 January 2018.

### ***Nikki Richardson returned to the meeting at this point***

## **NED Appraisal Process 2018**

- 8.10 The process for carrying out the NED appraisals would remain the same as that carried out in previous years. Board members would be asked to provide structured feedback on each of the NEDs via a 360 questionnaire and Governors would also be invited to provide free-form feedback. Each NED would complete a self-assessment against their previous year's objectives, in advance of a 1-2-1 meeting with the Trust Chair. Paperwork would be collated and a

summary report would be presented to the N&R Committee in April, for onward reporting at the May Council of Governors meeting.

## **9. SERVICE PLAN OBJECTIVES 2018/19**

- 9.1 Every year the trust develops service plans for the forthcoming financial year (April – March.) The service plans contain objectives to provide continuous quality of care to service users, carers, staff and volunteers within financial constraints. These service plans are an integral part of the Trusts Strategy and Operational plans.
- 9.2 This report detailed the service planning process and timescales for 2018/19 and provided an update on completed and planned activities. Governors were invited to comment and feedback on the proposed service objectives. It was noted that this report had been circulated a few weeks in advance of the meeting to enable Governors to have the chance to review it thoroughly.
- 9.3 Cherry Newton noted the objective for Herefordshire CAMHS services around moving to new accommodation at Belmont. She said that the service had always been located in a city centre position and Belmont was difficult for people with no transport to get to. Hazel Braund said that she had spoken to 2gether about this, in her role at Herefordshire CCG, and the issues about transport and travel. Colin Merker advised that the new accommodation was much better than the previous location; however, he fully acknowledged the issues around transport. A request was made that an update be provided at the next Council meeting on what the Trust was proposing to do to resolve these concerns about the location of the Herefordshire CAMHS service.

***ACTION: Briefing about future plans for Herefordshire CAMHS accommodation, and solutions for transport and travel concerns to be provided at the next Council meeting***

- 9.4 Mike Scott said that he was keen to see the assurance process around the service plan and an outcome report on those objectives achieved/not achieved at year end. Colin Merker noted that the Delivery Committee received quarterly reports on progress with the service plan and actions in place to manage any objectives that were not being achieved. It was agreed that this report could be shared with Governors for information.

***ACTION: Quarterly Service Planning report received at the Delivery Committee to be made available to Governors for information***

- 9.5 A request was made that further information be made available to Governors around Overseas visitors. A briefing would be produced and shared for information.

***ACTION: Briefing on Overseas Visitors to be produced for Governors for information***

## **10. MEMBERSHIP ACTIVITY REPORT**

- 10.1 The Council received and noted the Membership Report which provided a brief update to inform the Council of Governors about information for members, Governor Engagement Events and information about membership (year to date).
- 10.2 Governors supported a Carers event held to coincide with Time to Talk Day on 1 February. Cherry Newton had been involved in organising this event and she said that it had been a good day but not as many carers were in attendance as she would have hoped. However, positive feedback about the event was received from those who had been able to attend.
- 10.3 The Governors noted that as of 28 February, the Trust had 262 more public members than we had at the end of 2016/17. Membership now stood at 5617 Public members and 2129 Staff members. The Council agreed that receiving these figures was helpful, but it was not necessarily “how many” members the Trust had but how well we do to engage with those members we do have.

## **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 January 2018 and Governors had been present in an observation capacity at these meetings.
- Mike Scott and Ann Elias had attended the Audit Committee meeting which took place on 7 February. They had an hour pre-meeting with the Chair, Marcia Gallagher before and both agreed that the meeting was very interesting and had offered excellent assurance.
  - Said Hansdot attended the Development Committee meeting on 7 February.
  - Kate Atkinson had observed the Delivery Committee meeting on 21 February. She said that the Chair and other members of the Committee made her feel that her being there observing was important.
  - Jo Smith had attended the Governance Committee on 23 February. 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. GOVERNOR ACTIVITY**

- 12.1 Bren McInerney and Said Hansdot would be liaising with the communications team about attendance at this year’s Barton and Tredworth cultural fair.
- 12.2 Mike Scott had discussed the possibility of sending out an email communication to his Greater England constituents.
- 12.3 Kate Atkinson had attended an event at Cirencester University and she suggested that the Trust could hold an event there to raise further awareness of 2gether’s services.
- 12.4 Hazel Braund said that the four Governors in the Herefordshire area had agreed to meet/liaise together to discuss possible networking opportunities.

- 12.5 Cherry Newton had attended the Carers event on Time to Talk day and a Healthwatch Herefordshire service user and carer meeting. Cherry had also attended the recent CQC stakeholder meeting for carers held at the Stonebow Unit.
- 12.6 Jennifer Thomson said that she was liaising with the communications and social inclusion team about setting up a member engagement event in the Forest of Dean. Jennifer also mentioned her involvement with an allotment maintenance group and made reference to the therapeutic benefits of gardening.
- 12.7 A question was raised as to when the Learning Disability Big Health Check Day would be taking place this year. The date for the Police Open Day was also sought. It was agreed that the dates for these events would be shared with Governors.

***ACTION: Date for the 2018 LD Big Health Check day and the Police Open Day to be circulated to Governors***

### 13. ANY OTHER BUSINESS

- 13.1 There was no other business.

### 14. DATE OF NEXT MEETINGS

#### Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
<b>2018</b>		
Tuesday 8 May	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 12 July	9.00 – 10.00am	10.30 – 12.30pm
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

<b>2018</b>		
Thursday 31 May	10.00 – 1.00pm	Hereford
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	Hereford



### Council of Governors Action Points

Item	Action	Lead	Progress
<b>16 January 2018</b>			
6.4	Jane Melton to provide an overall profile of the National Patient Survey results for each county	Jane Melton	
7.5	Anna Hilditch to liaise with CYPS to arrange a visit to services for Governors	Anna Hilditch	<b>Complete</b> Visit to take place on Wednesday 13th June 2018 12.00 – 4.00pm
<b>8 March 2018</b>			
5.1	A copy of the MHLS Presentation would be emailed out to all Governors	Anna Hilditch	<b>Complete</b> Emailed out with draft minutes on 13 April 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	<b>Ongoing</b> Date to be arranged for June
6.19	Message of thanks from the Governors to Trust staff for their work during the adverse weather to be included in the weekly “News in Brief” newsletter and added to the intranet	Kate Nelmes / Rob Blagden	<b>Complete</b>
6.22	Future CEO Reports to include an equal balance of developments and news from Gloucestershire and Herefordshire	Colin Merker	To be actioned in future reports
9.3	Briefing about future plans for Herefordshire CAMHS accommodation, and solutions for transport and travel concerns to be provided at the next Council meeting	Colin Merker	Update to be provided as part of Chief Executive’s report at the May Council meeting
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
9.5	Briefing on Overseas Visitors to be produced for Governors for information	Nikki Taylor	<b>Complete</b> Briefing to be circulated with papers for the May CoG Mtg
12.7	Date for the 2018 LD Big Health Check day and the Police Open Day to be circulated to Governors	Kate Nelmes	<b>LD Big Health Check Day</b> Tuesday 22 <sup>nd</sup> May 2018  <b>Police Open Day</b> Saturday 15 <sup>th</sup> September 2018

**2gether NHS Foundation Trust**  
**EVALUATION OF COUNCIL OF GOVERNORS MEETINGS**

Name...5 Governors.....

Date of Meeting ...8 March 2018.....

Please tick as appropriate:		Yes	No	Partial	N/A
<b>Seeing from a service user's perspective</b>					
1.	Did we consider relevant topics from a service user perspective? <i>If no, describe what we missed:</i>	5			
<b>Excelling and improving</b>					
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>	5			
<b>Responsive</b>					
3.	Did we deliver on any targets or actions that were due?	5			
<b>Valuing and Respectful</b>					
4.	Did the language we use demonstrate respect for others?	5			
<b>Inclusive, open and honest</b>					
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>	5			
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>	5			
<b>Can do</b>					
7.	Did we identify opportunities and innovations? <i>If we should have done but didn't, say what stopped us:</i> <ul style="list-style-type: none"> <li>• <b>Wasn't really an opportunity</b></li> </ul>	4			1
<b>Efficient, effective, economic and equitable</b>					
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"> <li>• <b>Arrived 5 March – only 2 working days before</b></li> </ul>	4	1		
9.	Were the agenda and papers i) Concise? ii) Informative? iii) Easy to follow? iv) At an appropriate level of detail? v) Clearly state the recommendations?	5			

	<b>Please tick as appropriate:</b>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>N/A</b>
10.	Were reports / papers presented concisely and succinctly?	5			
11.	Please list any reports which did not meet the above aims:				5
12.	Please list any reports you found particularly helpful and say why:				5
13.	Were the items submitted to Council appropriate for the discussion / decision making?	5			
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>	5			
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>	5			
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>	5			

**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"> <li>• <b>On time</b></li> <li>• <b>Well chaired</b></li> <li>• <b>Gave time for all to give input and feel valued</b></li> <li>• <b>Excellent presentation from the MH Liaison Team</b></li> </ul>	

**Agenda Item 8**

**Enclosure**

**Paper C**

**Report to:** Council of Governors – 8 May 2018  
**Author:** Deputy Chief Executive  
**Presented by:** Chief Executive/Deputy Chief Executive

**SUBJECT: CHIEF EXECUTIVE’S REPORT**

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

<b>This Report is provided for:</b>			
Decision	Endorsement	Assurance	<b>Information</b>

**1. Finance Update**

At the end of the financial year (31 March 2018) we had a surplus of £934k which is £51k above the planned surplus of £883k before impairments.

Our year-end total agency spend was £4.123m. Overall this is a reduction of £1.369m on last year’s expenditure level, but above the agency control total by £0.719m. We saw agency costs fall again in March to £237k, the lowest monthly total in the last 3 years of monitoring. On a straight line basis we could meet our 2018/19 agency control total of £3.134m if we maintain our agency spend at the March level during the next financial year.

We submitted our draft annual accounts to NHS Improvement before the deadline of 24<sup>th</sup> April 2018. We met as a Board on 26<sup>th</sup> April and expressed our thanks for the hard work of Trust staff in a) achieving our fantastic year-end position and b) for producing the annual accounts in such a timely way.

**2. Herefordshire CAMHS Accommodation**

At our last Council of Governors meeting we discussed the future of CAMHS accommodation in Herefordshire, noting that services would be moving from a city centre location at the Linden Centre to Belmont. Some Governors expressed concern about this move, namely around the travel and transport requirements for people to reach the service.

Our new Director of Service Delivery, John Campbell will be in attendance at our Council meeting and will be able to provide a verbal update on proposals and the next steps for the service accommodation.

**3. Official Opening of Pullman Place**

The official opening of Pullman Place took place on Thursday 19<sup>th</sup> April and was performed by the Trust Chair, Ingrid Barker. The occasion marked the end of a significant project, which has resulted in a significantly improved working environment for approximately 300 colleagues, and a far better space for our service users and carers.

Pullman Place is home to a wide range of teams, including community dementia nurses, the perinatal mental health team, crisis and recovery teams, and learning disability services. The teams working out of Pullman Place were previously based at sites including 44 London Road, 18 Denmark Road, Albion Chambers and Burleigh House, in Eastgate Street, and Field View, in Coney Hill. Those sites have now either been sold or returned to their landlords, as they were rented.

Pullman Place is the perfect location for our Gloucester teams, being in the centre of the city with very good public transport links. It is also near to other health and social care partner premises, such as Gloucestershire Royal Hospital, and is close to our own Wotton Lawn Hospital.

#### **4. Care Quality Commission (CQC)**

The CQC has now completed its inspection of our services, and carried out a 'Well Led' inspection. Thank you to everyone who participated in the process. We will not receive the outcome of the inspection until early June, but as soon as we are able to share the CQC's findings with colleagues, we will do so.

#### **5. Triangle of Care – Two Stars**

Our commitment to working in partnership with carers has been recognised with the award of a second gold star under the national Triangle of Care scheme. The scheme is run by the Carers Trust, and brings carers, service users and professionals closer together to jointly promote the recovery of people with mental health conditions.

We were accepted as a member of the scheme in April 2015, and gained our first gold star in 2016. We now have our second gold star. This is the highest level that a Trust such as 2gether can attain.

We are delighted that this work has been recognised with a second gold star; however, membership of the scheme is about much more than accreditation. We hope that it demonstrates to people who use our services, families and communities, that we hold carers, and the role that they play, in the highest regard and are committed to ensuring their involvement. Carers not only need our full support; they are also experts in their own right who should be fully included in delivery of health and social care wherever possible.

#### **6. Experts by Experience join board**

The Social Inclusion Team has recently recruited two Experts by Experience to join our Countywide Locality operational Management Board. The service user and carer will be joining the board in the near future, bringing a valuable viewpoint to discussions.

#### **7. Herefordshire Focus**

- **Stonebow hosts Bake Off**

Service users and staff from across the Stonebow Unit will be participating in "The Great Stand Up to Cancer Bake Off" on the 9th May. This will be judged by Sally "call me Mary Berry" Simmonds!

- **Partnership with Halo Leisure**

The Early Intervention & Assertive Outreach Team have successfully rolled out, in partnership with Halo Leisure, a programme of health and fitness for

service users in Herefordshire. We are currently exploring how this can be broadened to the recovery teams.

- **Carer's Café meets monthly**

Staff from the Older People's Mental Health Team have been providing a Carer's Café. This is a monthly meeting at Henffordd Gardens Café in Hereford. Carers are provided peer support and the opportunity to engage with a variety of speakers. They are also provided one to one individual support and advice if required. This has been very successful and will now also be provided in the market towns of the county.

- **Preparations under way for Crucial Crew**

The Social Inclusion Team is busy making preparations to deliver 5 Ways to Wellbeing workshops to 1,700 Herefordshire school children starting from 18 June. Our Herefordshire Governors have been invited to participate in the event which runs for a full week.

## **8. Criminal Justice Liaison Service Expands**

The service which helps address the health and social needs of people within the criminal justice system within Gloucestershire has recently been expanded.

The Criminal Justice Liaison Service, is provided by us working in partnership with Prospects and the Nelson Trust Women's Centre. The service supports adults and young people in custody and in the community who are facing criminal investigations. The service has been expanded thanks to extra funding from NHS England as part of the national development for liaison and diversion services in England.

We have staff embedded in the police custody suite seven days a week and in court for all the court sessions. We also provide a service to the Crown Court when necessary. We are working toward developing a service for people attending for a police voluntary interview in the community. This will ensure that those invited to attend an interview outside of police custody receive an equitable provision. The main aim of the service is to identify health and social inequalities for people aged 10 and above who find themselves facing criminal investigation. This might include people with mental health issues, learning disabilities and substance misuse issues, as well as those with accommodation and financial problems.

In the first year, staff within the team of eight completed more than 1,200 assessments.

## **9. SmokeFree Update**

We're now a Smokefree Trust across Gloucestershire and Herefordshire, but we know we've still got more work to do with supporting our staff, visitors, service users and carers to quit smoking.

We hosted a conference in January, for other NHS Trusts and local authorities wanting to share ideas and talk about what more we can do. The event was supported by the South of England Mental Health Collaborative and speakers included Qasim Chowdary, Tobacco Control Manager for Public Health England (PHE), and PHE's Health and Wellbeing Lead, Russ Moody.

Phil and Simon Hough of Grey Mattaz shared their own experiences of smoking cessation from a service user and carer perspective. Simon, a former service user

and smoker, and his brother and carer, Phil, talked about the practical and emotional issues around quitting smoking when suffering with a mental health condition.

#### **10. Paul Roberts and Staff engagement**

Paul took up post on the 16<sup>th</sup> April 2018 and has already led two workshops which have brought senior staff together from GCS and 2gether to start getting to know one another and to start discussions around how we can work together to improve services as we work towards merger. Paul is committed to involving staff, users, carers and our partners in the discussions about what can be different and we will let Governors know of future events they can be involved in.

#### **11. Service developments in 2018/19**

In 2018/19 we have received funding from both Gloucestershire and Herefordshire CCG's to continue to strengthen and develop the services we provide.

In Gloucestershire we will be progressing developments around:

1. Early intervention Services
2. Children and young people's Eating Disorder Services
3. Adult Eating disorder services
4. Exploring options of children and young people requiring inpatient care.
5. The further development of perinatal services
6. Improving access to psychological therapies, IAPT services.

In Herefordshire we will be progressing developments around:

1. Early intervention Services
2. The Development of perinatal services (subject to a national bid for additional funding)
3. Improving access to psychological therapies, IAPT services.
4. Section 136 place of safety, Hospital liaison and crisis resolution home treatment team services

#### **12. Farewell to Shaun Clee**

As Governor colleagues will be aware, we bade farewell to Shaun Clee, Chief Executive of our Trust for 11 years, during March 2018. Shaun stood down from his role following the appointment of our Joint Chief Executive Officer, Paul Roberts. Shaun steered the Trust through many changes and challenges. He led us into our authorisation as a Foundation Trust, and oversaw a huge range of service improvements. He has also been an outstanding champion of mental health and learning disability services, both locally and nationally.

Our Board of Directors have thanked Shaun for his huge contributions to the NHS in Gloucestershire and Herefordshire and wished him well for the future.

Shaun said: "It has been an absolute honour and a privilege to have led 2gether with the support and selfless contributions of our many dedicated, skilled and caring colleagues, volunteers, experts by experience, service users, carers and partners. I know that collectively, you will continue to make life better for our communities and the people you serve."

An event will be taking place from midday on Friday 11<sup>th</sup> May for colleagues to say farewell to Shaun in person. Governors have all been invited to the event, taking place at Rikenel.

**Agenda Item 9**

**Paper D**

**Report to:** Council of Governors – 8 May 2018  
**Author:** Ingrid Barker, Trust Chair  
**Presented by:** Ingrid Barker, Trust Chair

**SUBJECT: Non-Executive Director Appraisals for 2017/18**

**This Report is provided for:**

Decision	<b>Endorsement</b>	Assurance	Information
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## 1. PRINCIPLES

The approach agreed by the Council of Governors in December 2008 sets out the principles and process for appraising the performance of the Trust's Non-Executive Directors. It was agreed that:

- the process should be simple.
- objectives or a development plan should be agreed that reflect the individual's style, role and experience and not simply reflect the role description
- the individual dialogue should be positive.

In June 2013, the Nomination and Remuneration Committee agreed that a brief summary appraisal report be provided to the Council by the Chair that does not include detailed individual feedback. This paper is the brief summary report for the Non-Executive Director Appraisals for 2017/18.

## 2. PROCESS

Each of the Non-Executives Directors considered their own achievements against the NED role description and their previously agreed objectives. Each NED met with and discussed their considered perspective with the Chair. These discussions were summarised and documented by the Chair.

We agreed to set a framework for the NED Team in the light of which individual objectives for 2018/19 would be set. This framework was agreed at a NED meeting on 26 April, so it is proposed that individual objectives will be discussed and agreed by the second week in May.

## 3. CONTEXT

- 3.1 Quinton Quayle resigned from the role of Non-Executive Director from 31 March 2018. On this basis, Quinton did not receive an appraisal in 2017/18.



#### **4. OUTCOME OF THE 2017/18 PROCESS**

- 4.1 Appraisals were completed for Nikki Richardson, Marcia Gallagher, Maria Bond, Jonathan Vickers and Duncan Sutherland.
- 4.2 All five appraised Non-Executive Directors have made valuable contributions to the Trust and are performing effectively at Board, as Committee Chairs and across their broader roles. There are no performance issues that need to be raised with the Council of Governors.

##### **Nikki Richardson**

Nikki is starting her second term of office as a Non-executive Director, having recently been reappointed by Governors. She is a well established and very highly regarded NED as well as being Deputy Chair and Senior Independent Director. She is also chair of Governance Committee and Deputy Chair of the Mental Health Legislation Scrutiny Committee.

During this year, Nikki has deputised for the Chair on a number of occasions, chairing some internal meetings such as Board and Council of Governors as well as representing the Trust at some external meetings such as Health and Social Care Overview and Scrutiny Committee and the Gloucestershire Sustainability and Transformation Plan Advisory Committee. She has been very hard working and is a highly valued member of the NED team.

##### **Maria Bond**

Maria has completed her first full year as a Non-Executive Director with 2gether, having had NED experience elsewhere. Maria is chair of Delivery Committee and is active as Mental Health Act Manager. She is also Deputy Chair of the Governance Committee and has prioritised visits to services. Maria's polite challenge is welcomed and appreciated by colleagues. Her previous `NHS experience has enabled her to act effectively in the role very quickly and she will build on this in the coming year.

##### **Marcia Gallagher**

Marcia Gallagher has now completed her second year as a Non-executive Director with 2gether. She is chair of the Audit Committee and has begun to build a helpful network of relationships with other Audit chairs in the local system. She is a highly regarded NED and although she is looked to for her expertise and assurance on financial matters, she takes a very rounded view and an active interest in a wide range of areas. She attends a range of committees in order to triangulate information.

Marcia has undertaken a number of service visits and is also connected to front line services through her role as a Mental Health Act Manager.

##### **Jonathan Vickers**

Jonathan Vickers is now our most long standing Non-Executive Director and he has made a significant contribution this year as in previous years. Jonathan is chair of Development Committee and Deputy Chair of Audit Committee. He is highly regarded by his colleagues. Whilst he has particular business expertise which enables strong contributions in financial and estates matters, he

contributes to the whole agenda and is always keen to hear the views of the people we serve.

### **Duncan Sutherland**

Duncan has been in post for two years now and is a well-regarded member of the Non-Executive team. He is chair of Charitable Funds Committee and of the New Highways Charity. He is also deputy chair of Development Committee and takes a particular interest in the Herefordshire locality and its services. Recently, Duncan has also agreed to chair the Mental Health Legislation Scrutiny Committee.

Duncan's interventions and contributions in Board and at Committees are well received and he offers challenge and constructive questioning, bringing his extensive experience from business and other sectors to the table. He is an effective chair of committees, listening well and ensuring that all members have an opportunity to contribute.

## **5. RECOMMENDATION**

The Council of Governors is asked to **note** the outcome of the 2017/18 Non-Executive Director appraisal process.

**Agenda Item**                      **10**    **Enclosure**                      **Paper E**

**Report to:**                                      Council of Governors, 8 May 2018  
**Author:**    John McIlveen, Trust Secretary  
**Presented by:**                                      John McIlveen, Trust Secretary

**SUBJECT:**                                      **Provider Licence Declarations**

<b>This Report is provided for:</b>			
Decision	Endorsement	<b>Assurance</b>	<b>Information</b>

**EXECUTIVE SUMMARY**

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. The Board has processes in place to enable it to receive assurance about its corporate governance systems, both through the year and at year end when these declarations must be made.

The Board 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. In addition, 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.

This report seeks to provide that assurance to Governors. A copy of the supporting evidence of compliance, which will be provided to the Board, is attached as background information. Governors are invited to comment about the declaration process to allow the May Board meeting to take account of Governors’ views when making these declarations.

The Board must sign off its self-certification on systems for compliance with the licence by 31 May 2018, and must publish this declaration by 30 June. The Board’s declarations need no longer be submitted to NHS Improvement, but NHS I will select a sample of Trusts from July 2018 whose declarations will be audited.

**RECOMMENDATIONS**

Governors are asked to note and take assurance from the process by which the Board makes its annual licence declarations.

## 1. INTRODUCTION

- 1.1 The provider licence requires the Board to make a series of annual declarations to confirm the Trust's compliance with the licence conditions, and also to confirm that the Trust has and intends to keep in place systems and processes to implement appropriate standards of corporate governance.
- 1.2 The individual declarations comprise:
- Corporate Governance Statement
  - Governor Training declaration
  - Systems for Compliance with Licence Conditions declaration
- 1.3 A further declaration, in relation to the continued availability of resources to provide 'Commissioner Required Services' is not applicable to the Trust as it has not been formally designated by its commissioners as providing such services.

## 2. PROCESS

- 2.1 The Board uses the following process to receive assurance regarding compliance with these requirements, and thus to inform any declaration.
- 2.2 **Corporate Governance Statement**  
The Corporate Governance Statement requires the Board to confirm that the Trust has in place appropriate systems and processes for good corporate governance. It must be signed off by the Board no later than 30 June, and relates to the Trust's systems and processes at the time of the declaration, and also to the forthcoming 12 months.
- 2.2.1 In making its declaration, the Board reviews a report written by the Trust Secretary which sets out the evidence the Board is able to rely on in making a declaration of compliance. This report draws on a number of other sources of information and assurance such as Internal Audit reports, External Audit reports, inspection reports, etc. Reports to the Board, Audit Committee, Delivery Committee and Governance Committee bring to the Board's attention any external assurances or areas for improvement highlighted through, for example, the Patient Survey, CQC inspection reports, patient safety reports, internal and external accreditations, etc.
- 2.2.2 Where there are any anticipated risks to compliance with the licence conditions in the coming 12 months, these are also set out in the report along with any mitigating actions. The Board must include these risks and mitigating actions in its declaration. The report is scrutinised by the Executive Committee before going to Board in order to further verify the evidence provided, correct any errors and make additions where appropriate.
- 2.2.3 Because of the timing of the Corporate Governance Statement, the Board is also able to cross-reference some of the evidence provided in the report with the content of the Annual Governance Statement (AGS). The AGS is a backwards-looking statement about risk and internal control included in the Annual Report, and is reviewed both by the Executive Committee and the Audit Committee, as well as by the Trust's External Auditor. The Trust's Internal

Auditor also has a key role to play in auditing the Trust's system of internal control, and the Chief Executive draws on the annual Internal Audit programme in making his Annual Governance Statement in the Annual Report. The Audit Committee reviewed the draft AGS in April 2018.

- 2.2.4 The Board is also able to cross reference the evidence supplied in the report to the regular reports received by it and its committees during the year regarding in-year compliance with governance, financial, quality and performance requirements. These reports have been subject to detailed scrutiny and challenge by Non-Executive Directors and Executive Directors. Reports provided by the Trust's Internal Auditor provide an additional source of evidence for the Board, and this evidence is supplemented by the Trust's segmentation rating under the Single Oversight Framework, and by other external assurance around quality such as any relevant quality accreditations, or formal/informal assessments and inspections.
- 2.2.5 The evidence received by the Board to support its Corporate Governance Statement declaration, including information about relevant risks to compliance with licence conditions, is attached as background information at Appendix 1 of this report to the Council of Governors. The Board will be invited to make a declaration of compliance in its Corporate Governance Statement regarding systems and processes in place now and for the year ahead.

### 2.3 **Governor Training**

- 2.3.1 The declaration regarding Governor training requires the Trust Board to confirm that it has provided Governors with the necessary training to undertake their role. The provision of training to Governors is a requirement within the Health & Social Care Act 2012, but the Act does not specify what training should be provided. The Council of Governors has previously considered a skills appraisal in order to identify training requirements for Governors.
- 2.3.2 The report to the Board outlines training and development opportunities provided to Governors, including an induction to each new Governor, a range of material made available to Governors through a website portal, making available a number of places on training and development events organised by third parties such as GovernWell, service presentations to the Council of Governors, and a programme of Governor visits to Trust sites. The report references the joint Board/Governor development programme and the outputs from that programme which include a number of actions around induction, team charter, the role of the Governor, and collaborative working designed to help Governors undertake their role. As with the other declarations, this draft declaration is reviewed by the Executive Committee.
- 2.3.3 The Board will be asked to declare compliance on its Governor training declaration

### 2.4 **Systems for Compliance with Licence Conditions**

This declaration is in two parts. Part 1 looks backwards to the financial year just ended. Part 2 deals with the year going forward. The Board receives a report which highlights the systems and processes that the Trust has in place to enable compliance with the conditions of its licence. The report is scrutinised by

the Executive Committee prior to submission to the Board, and any errors and omissions are rectified. Much of the evidence provided in support of this declaration of compliance also supports other declarations. The Board is able to rely therefore not only on the evidence presented specifically for this declaration, but also that presented for the Corporate Governance Statement which has been the subject of discussion and challenge by Executive and Non-Executive members of the Board at meetings of the Audit, Governance and Delivery Committees throughout the year. Clinical Commissioning Group representatives have been in attendance at meetings of the Governance Committee (and lately the Quality and Clinical Risk sub-committee which reports to the Governance Committee) and provide external challenge and assurance to discussions around quality and safety.

2.4.1 The evidence received by the Board to support its declaration is attached as background information at Appendix 2 of this report. The Board is being asked to confirm that it has had systems and processes in place to comply with its licence conditions in the year just ended, and also that it will have those systems and processes in place in the year ahead.

## 2.5 Availability of Resources

2.5.1 Where foundation trusts are providers of 'Commissioner Requested Services' those trusts are required to make a declaration regarding the availability of resources to continue to provide those services for the coming 12 months. Commissioner Requested Services are defined as services that should continue to be provided locally even if the provider is failing financially, and Commissioners will formally designate relevant providers as providers of CRS. The Trust has not been formally designated as a provider of Commissioner Requested Services, and so this declaration does not apply to 2gether.

## 3. CONCLUSION

3.1 The Board has a robust process in place for assessing evidence in order to make the required self-certifications. The evidence the Board relies on in making these declarations is supported where relevant by external assurance such as Audit reports, or CQC inspection reports. The Non-Executive members of the Board have discussed many of the issues included in the evidence base in Board and Committee meetings, ensuring that the evidence has been subject to robust challenge not only on the day of the declaration but throughout the year. Governors observing Committees will be able to provide additional assurance to the Council that this challenge regularly takes place.

## APPENDICES

The appendices provide the following information:

<b>Appendix 1:</b>	<b>Corporate Governance Declaration - Evidence</b>
<b>Appendix 2:</b>	<b>Provider Licence conditions - Overview and Additional Evidence</b>

<b>Governance Statement</b>	<b>Evidence for current compliance</b>	<b>Risks to future compliance and mitigating actions, or supporting information</b>	<b>Suggested declaration</b>
<p>The Board is satisfied that together NHS Foundation Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<ul style="list-style-type: none"> <li>• Organisational leadership through Board</li> <li>• Local accountability through Council of Governors</li> <li>• Engagement programme with stakeholders</li> <li>• Scheduled Board meetings including public meetings</li> <li>• Committee structure and Committee meeting programme</li> <li>• Committee structure reviewed and realigned with strategic priorities during the year</li> <li>• Establishment of Quality and Clinical Risk Committee, a sub-Committee of Governance Committee, to provide focus and challenge on quality and clinical risk issues</li> <li>• Performance dashboards to Delivery Committee</li> <li>• Performance exception reports to Board</li> <li>• Quality monitoring and reporting to Governance Committee</li> <li>• CCG observers at Governance Committee</li> <li>• Quality Strategy aims translate into service planning objectives</li> <li>• Quality Report and indicators</li> <li>• Financial reporting monthly to Board</li> <li>• Financial control systems in place</li> <li>• Information Governance function and reporting</li> <li>• Risk management framework and reports to Board and Committees</li> <li>• Assignment of key risks to relevant Committees and ongoing risk identification</li> <li>• Quarterly update and review of risk register</li> <li>• Implementation of upgraded Datix incident reporting system</li> <li>• Risk reporting to Board and Committees</li> <li>• Council of Governors statutory roles in holding NEDs to account</li> <li>• Service experience function and reports to Board</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

	<ul style="list-style-type: none"> <li>• Patient safety reports to Board and Governance Committee</li> <li>• Patient Stories agenda item at public Board meetings</li> <li>• Meeting evaluation checklist used at each Board meeting</li> <li>• Mental Health Legislation Scrutiny Committee and Managers' Forum</li> <li>• Whistleblowing and other organisational policies and procedures in place</li> <li>• External auditors appointed</li> <li>• Internal audit programme</li> <li>• Clinical audit programme</li> <li>• Compliance with FT Code of Governance</li> <li>• Trust Constitution</li> <li>• Trust vision and values</li> <li>• Annual Governance Statement</li> <li>• Mandatory disclosures in Annual Report</li> <li>• Statutory and mandatory training</li> <li>• Corporate induction for all new starters</li> <li>• Fit and proper person test for Board appointments</li> <li>• Revised Conflicts of Interests policy</li> <li>• Declarations of Interests</li> <li>• Single Oversight Framework segmentation of 2</li> <li>• 'Good' rating in Openness and Learning From Mistakes league table</li> <li>• CQC inspection and Well-Led inspection preparation</li> </ul>		
<p>The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<ul style="list-style-type: none"> <li>• Monthly CEO Reports to Board highlight relevant new publications/guidance</li> <li>• Policy and guidance standing agenda item at Development Committee</li> <li>• External Auditor Sector development report</li> <li>• NHS I Bulletins received by Exec Directors and Trust Secretary</li> <li>• Annual Reporting Manual guidance</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>



<p>The Board is satisfied that together NHS Foundation Trust implements effective board and committee structures</p>	<ul style="list-style-type: none"> <li>• Committee structures reviewed in 2016/17.</li> <li>• Committee membership streamlined</li> <li>• Reversion of capital monitoring to Development Committee</li> <li>• Strengthened Capital Review Group</li> <li>• Good clinical presence on Board</li> <li>• Committee summary reports to Board</li> <li>• Committee annual reports to Board</li> <li>• Audit Committee annual effectiveness review</li> <li>• Locality Governance structures</li> <li>• Sub-committees mapped</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that together NHS Foundation Trust implements clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees</p>	<ul style="list-style-type: none"> <li>• Constitution sets out Board responsibilities</li> <li>• Committee duties reviewed and realigned to strategic priorities</li> <li>• Committee Terms of Reference reviewed annually and substantive changes approved by the Board</li> <li>• Committee agenda planners refreshed at each meeting</li> <li>• Scheme of Delegation in place setting out delegated responsibilities and powers reserved to Board</li> <li>• Revised Standing Financial Instructions in place</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that together NHS Foundation Trust implements clear reporting lines and accountabilities throughout its organisation</p>	<ul style="list-style-type: none"> <li>• Clear Executive portfolios</li> <li>• Defined management and committee structure</li> <li>• Chief Executive is Accounting Officer</li> <li>• Director of Quality, Medical Director and Director of Engagement &amp; Integration lead on quality and service experience matters</li> <li>• Lead Executive for each Committee</li> <li>• Committees reviewed in year</li> <li>• Assignment of organisational risks to appropriate Committees</li> <li>• Committees are accountable and report regularly to the Board</li> <li>• Reporting lines agreed for Localities, Expert Reference Groups and sub-committees</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

	<ul style="list-style-type: none"> <li>• Staff appraisals and objectives linked to organisational objectives</li> </ul>		
<p>The Board is satisfied that together NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively</p>	<ul style="list-style-type: none"> <li>• Going concern report to Audit Committee</li> <li>• Board Finance Reports</li> <li>• Savings Plans in place</li> <li>• Quality Impact Assessments process in place, overseen by Governance Committee</li> <li>• Budget setting process</li> <li>• Strategic Plan</li> <li>• Capital Programme</li> <li>• Performance dashboard reports to Delivery Committee</li> <li>• Performance exceptions reports to Board</li> <li>• Quality reports to Governance Committee/QCR</li> <li>• Outcomes reporting</li> <li>• Clinical audit programme</li> <li>• Internal audit programme</li> <li>• External auditor</li> <li>• CQC registration</li> <li>• Aggregated Learning Reports to Governance Committee</li> <li>• Single Oversight Framework segment 2 rating</li> <li>• Service/business planning process</li> <li>• Service plans include actions for 5 Year Forward View</li> </ul>	No unmitigated risks identified	Confirmed
<p>The Board is satisfied that together NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with the Licence holder's duty to operate efficiently, economically and</p>	<ul style="list-style-type: none"> <li>• Executive Committee meetings</li> <li>• NED oversight on Board and Committees</li> <li>• MHLS Committee meeting</li> <li>• Delivery Committee meetings</li> <li>• Governance Committee meetings</li> <li>• Audit Committee meetings</li> <li>• Board and Committee agenda planners</li> <li>• Monthly performance dashboards and exception reports</li> <li>• Locality reviews at Delivery and Governance Committees</li> </ul>	No unmitigated risks identified	Confirmed

effectively	<ul style="list-style-type: none"> <li>• Service performance focus reports to Delivery Committee</li> <li>• Executive Safety walkabouts</li> <li>• Board visits</li> <li>• CQC compliance quarterly reports to Governance Committee</li> </ul>		
The Board is satisfied that together NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with health care standards binding on the Licence holder including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions	<ul style="list-style-type: none"> <li>• Performance dashboard reports to Delivery Committee</li> <li>• Safety/quality oversight by Governance Committee</li> <li>• Expert Reference Groups</li> <li>• Board performance exception reports</li> <li>• CQC compliance reports</li> <li>• CQC inspection report</li> <li>• Medical revalidation programme</li> <li>• Mental Health Legislation Scrutiny Committee oversight</li> <li>• Executive safety walkabouts</li> <li>• Board visits</li> <li>• Clinical audit programme</li> <li>• Statutory and mandatory training requirements</li> <li>• Clinical policies</li> <li>• PLACE visits</li> <li>• Mental Health Act/Mental Capacity Act policies</li> <li>• Mental health Act Managers in place</li> <li>• Quality Report</li> <li>• Francis action plans</li> <li>• Regulatory inspection reports/action planning</li> <li>• Inquest reports/action planning</li> <li>• Quality Impact Assessments for efficiency and transformation proposals</li> <li>• QIAs reviewed by Medical Director, Director of Quality and Director of Engagement &amp; Integration</li> <li>• Practice Development Strategy and Triangle of Care implementation</li> <li>• Nursing Strategy and action plan</li> </ul>	No unmitigated risks identified	Confirmed

	<ul style="list-style-type: none"> <li>• Social care strategy</li> <li>• Organisation Development Strategy and implementation plan</li> <li>• Staff Survey action plan</li> </ul>		
The Board is satisfied that <sup>2</sup> gether NHS Foundation Trust effectively implements systems and/or processes for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern)	<ul style="list-style-type: none"> <li>• Budget setting process</li> <li>• Savings and transformational change programmes</li> <li>• Fully funded capital programme</li> <li>• Surpluses in previous years to achieve strong liquidity position</li> <li>• Use of liquidity position for strategic plan transformation</li> <li>• Monthly finance reports to Delivery Committee and Board</li> <li>• Standing Financial Instructions</li> <li>• Mid year financial reviews</li> <li>• Authorised signatory lists</li> <li>• Scheme of Delegation</li> <li>• Audit Committee Going Concern reports</li> <li>• Audit Committee Losses/Special Payments reports</li> <li>• Counter Fraud Service and annual action plan</li> <li>• Development Committee oversight of development opportunities and business cases</li> <li>• Tender submission procedures</li> <li>• Governor approval process for significant transactions</li> <li>• Organisation Development Strategy and implementation plan</li> <li>• NHSR Clinical Negligence Scheme for Trusts</li> <li>• NHSR Risk Pooling Scheme for Trusts</li> <li>• Annual financial plan approved by Board before the start of the year</li> <li>• Agency staffing controls</li> </ul>	No unmitigated risks identified	Confirmed
The Board is satisfied that <sup>2</sup> gether NHS Foundation Trust effectively implements systems and/or	<ul style="list-style-type: none"> <li>• Board/Committee agenda planners</li> <li>• Monthly Finance and Performance reports</li> <li>• Performance Point system to provide up to date high quality data</li> </ul>	No unmitigated risks identified	Confirmed

<p>processes to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making</p>	<ul style="list-style-type: none"> <li>• Clinical audit programme provides assurance on data quality</li> <li>• Data quality policy</li> <li>• Data quality requirement in Information Governance Toolkit</li> <li>• Finance and performance reporting aligned to Board/Committee cycle</li> <li>• Chief Executive’s Reports to Board</li> </ul>		
<p>The Board is satisfied that together NHS Foundation Trust effectively implements systems and/or processes to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</p>	<ul style="list-style-type: none"> <li>• Risk register reviews by ‘owning’ Committees and overseen by Audit Committees and Board</li> <li>• Board Assurance Map review by Executive Committee, Audit Committee and Board</li> <li>• Performance early warning reports to Delivery Committee</li> <li>• Internal audit programme</li> <li>• Clinical audit programme</li> <li>• Risk identification as standing Committee agenda item</li> <li>• Incident Reporting policy and culture</li> <li>• Whistleblowing policy and procedure</li> <li>• Quality Impact Assessments process</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that together NHS Foundation Trust effectively implements systems and/or processes to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and</p>	<ul style="list-style-type: none"> <li>• Annual operational planning process</li> <li>• Service planning process involves service users and Governors</li> <li>• Annual plan/operational plan submission to NHS I</li> <li>• Alignment of service planning wheel and organisational objectives</li> <li>• Plans aligned to commissioners’ stated intentions</li> <li>• Development Committee oversight</li> <li>• Executive Committee oversight</li> <li>• Governor consultation on business plan</li> <li>• Quarterly monitoring reports to Delivery Committee</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

<p>where appropriate external assurance on such plans and their delivery</p>	<ul style="list-style-type: none"> <li>• Performance reports</li> <li>• Finance reports</li> <li>• Quality report – external consultation</li> <li>• Lead Exec identified re Healthwatch</li> <li>• External auditors report on Quality report</li> </ul>		
<p>The Board is satisfied that together NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with all applicable legal requirements</p>	<ul style="list-style-type: none"> <li>• Access to retained lawyers</li> <li>• Internal auditors</li> <li>• External auditors</li> <li>• Executive leads for each key area of business</li> <li>• Trust Secretariat responsible for constitutional and corporate governance matters/updates</li> <li>• Legal briefings/updates received from a variety of sources</li> <li>• Executive Committee oversight</li> <li>• Audit Committee</li> <li>• Charitable Funds Committee</li> <li>• Information Governance policies and procedures</li> <li>• Clinical policies and procedures</li> <li>• Mental Health Legislation Scrutiny Committee and MHA Managers</li> <li>• Directors’ fit and proper person tests on recruitment</li> <li>• FT Code of Governance compliance reports</li> <li>• GDPR work programme</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that systems and processes in place ensure that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided</p>	<ul style="list-style-type: none"> <li>• Medical Director, Director of Quality and Director for Engagement &amp; Integration are clinicians</li> <li>• Non-Executive Director engagement and review provides rigorous quality challenge</li> </ul>	<p>The process necessary to achieve authorisation for the planned merger with GCS may impact on Executive Director capacity and therefore on the Trust’s financial position, its ability to deliver its commissioner responsibilities, relationships with wider system partners, and the Trust’s reputation.</p>	<p>Confirmed</p>

		This risk has been included in the corporate risk register and a number of mitigating measures are in place, including the recruitment of additional capacity in the form of a Programme Director. This risk has therefore been assigned a <b>significant</b> level of assurance.	
The Board is satisfied that systems and processes in place ensure that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations	<ul style="list-style-type: none"> <li>• Quality Impact Assessments for savings plans</li> <li>• Quality Strategy</li> <li>• Quality Report is key element of organisational vision and values</li> <li>• Quality Report defines key quality themes for the coming year</li> <li>• Service Plan includes specific element on Quality, Service Users and carers, Staff and Volunteers</li> <li>• Quality Strategy aims translate into Service Planning objectives requirements for staff</li> <li>• Burdett principles and exception checklist applied at each Board meeting</li> <li>• Evaluation of each Board meeting covers Patient Experience, Quality and Risk</li> </ul>	No unmitigated risks identified	Confirmed
The Board is satisfied that systems and processes in place ensure the collection of accurate, comprehensive, timely and up to date information on quality of care	<ul style="list-style-type: none"> <li>• Monthly performance dashboard to Delivery Committee</li> <li>• Performance Exception reports to Board</li> <li>• Quarterly update reports on Quality Report</li> <li>• Monthly Patient Safety report to Board</li> <li>• Data Quality assurance processes in place</li> </ul>	No unmitigated risks identified	Confirmed

<p>The Board is satisfied that systems and processes in place ensure that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care</p>	<ul style="list-style-type: none"> <li>• Monthly performance dashboard to Delivery Committee</li> <li>• Performance Exception reports to Board</li> <li>• Quarterly update reports on Quality Report</li> <li>• Monthly Patient Safety report to Board</li> <li>• Monthly performance reports to Delivery Committee and Board</li> <li>• Data Quality assurance processes in place</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that systems and processes in place ensure that together NHS foundation trust including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources</p>	<ul style="list-style-type: none"> <li>• Quality Report consultation</li> <li>• Quarterly update reports on Quality Report shared with stakeholders including CCGs, Health Watch and Overview and Scrutiny Committees, and feedback encouraged</li> <li>• Governors select local indicator for Quality Report audit</li> <li>• Engagement &amp; Communication strategy</li> <li>• Patient survey</li> <li>• Staff Survey</li> <li>• Complaints and Comments process</li> <li>• Patient and Staff Friends &amp; Family Tests</li> <li>• Patient Story is regular agenda item at public Board meetings</li> <li>• Service Experience function and reports to Board</li> <li>• Stakeholder Committee</li> <li>• Quality Outcomes published through public Board papers and in Annual report</li> <li>• Joint Negotiating and Consultative Committee</li> <li>• Local Negotiating Committee and Medical Staff Committee</li> <li>• “One Gloucestershire” STP Clinical and non-clinical workstreams</li> <li>• Triangle of Care</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that systems and processes in place</p>	<ul style="list-style-type: none"> <li>• Quality Governance assigned to Exec Directors</li> <li>• Non-Exec Director oversight of Quality</li> <li>• Clinical Directors</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>



<p>ensure that there is clear accountability for quality of care throughout together NHS foundation trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate</p>	<ul style="list-style-type: none"> <li>• Service Directors</li> <li>• Heads of Profession</li> <li>• Lead Nurses</li> <li>• Board Committee and sub-committee structure</li> <li>• Locality Governance Committees have reporting line to Board through the Governance Committee</li> </ul>		
<p>The Board of together NHS foundation trust effectively implements systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licence holder's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.</p>	<ul style="list-style-type: none"> <li>• Board recruitment processes</li> <li>• Governor appointment of Non Exec Directors</li> <li>• Appointment &amp; Terms of Service Committee for Executive recruitment</li> <li>• Budgeted establishment</li> <li>• Delegated recruitment processes</li> <li>• Recruitment and selection policy</li> <li>• Appraisal and revalidation policies</li> <li>• Ward staffing levels information</li> </ul>	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

## PROVIDER LICENCE CONDITIONS – OVERVIEW AND ADDITIONAL EVIDENCE

	Licence Condition	Condition summary	Evidence for compliance
<b>General Conditions</b>			
G1	Provision of Information	Provision of information to NHS I	Operating plan Strategic plan submission Ad hoc submissions to NHS I via portal
G2	Publication of information	Publish information as directed by NHS I	Information on website eg Board profiles
G3	Payment of fees to Monitor	Pay fees to NHS I as required	Not applicable - no fees requested to date
G4	Fit and Proper Persons	Not to appoint unfit persons as Directors or Governors	Exclusion criteria in constitution for Directors and Governors Directors' recruitment procedures Governor election rules <i>'Fit &amp; Proper Persons: Directors'</i> test incorporated into Board recruitment
G5	NHS I guidance	Have regard to NHS I guidance	Code of Governance compliance Single Oversight Framework compliance
G6	Systems for compliance with licence conditions	Have systems in place to comply with licence conditions	Outlined in the appendices to this report
G7	CQC registration	Be registered with the CQC	CQC registration in place
G8	Patient eligibility & selection criteria	Set and apply transparent criteria to determine who can receive health care	Commissioner service specifications
G9	Application of Section 5 – Continuity of Services	States that the Continuity of Services conditions apply where commissioner-requested services are provided	Not applicable
<b>Pricing</b>			
P1	Recording of Information	Record pricing information if required by NHS I	Not required to date.
P2	Provision of Information	Provide information to NHS I	Provision of information via portal
P3	Assurance report on submissions to NHS I	Provide an assurance report re Condition P2 if required by NHS I	Not required to date
P4	Compliance with the National Tariff	Comply with national tariff	There is no national tariff in place for mental health PbR
P5	Constructive engagement re local tariff	Engage with local commissioners re tariff modifications	Agreements in in place with both Gloucestershire CCG and Herefordshire CCG re price tariff.

	<b>Licence Condition</b>	<b>Condition summary</b>	<b>Evidence for compliance</b>
	modifications		Regular monthly meetings take place where performance reports are presented and discussed.
<b>Choice &amp; competition</b>			
C1	Patients' right of choice	Patient notified of choice of provider	Not applicable to Mental health Services
C2	Competition oversight	Not to restrict or distort competition	Legal advice obtained where appropriate when bidding for services/entering partnerships
<b>Integrated care</b>			
IC1	Provision of integrated care	Not to act detrimentally to the provision of integrated care	Local Health Economy 'Better Care Fund' proposals IAPT/primary care services integration Collaborative approach in Herefordshire
<b>Continuity of services</b>			
CoS1	Continuing provision of Commissioner Requested Services	Continue to provide CRS as specified except in certain circumstances eg with Commissioner agreement	Not applicable as Trust does not provide Commissioner Requested Services
CoS2	Restriction on the disposal of assets	Not to dispose of any asset without written consent from NHS I	No assets disposed of that provide Commissioner Requested Services
CoS3	Standards of corporate governance and financial management	Apply suitable systems of corporate and financial governance	See evidence in Appendix 1 of this report
CoS4	Undertaking from the ultimate controller	Undertaking from any parent company not to cause a breach of the provider licence	Not applicable
CoS5	Risk pool levy	To pay a risk pool levy to NHS I	Not applicable
CoS6	Cooperation in the event of financial stress	To cooperate with NHS I and others in the event of financial stress	Not applicable
CoS7	Availability of resources	Ensure and certify the availability of financial, physical and human resources for the next 12 months	Not applicable as Trust does not provide Commissioner Requested Services
<b>NHS Foundation Trust Conditions</b>			
FT1	Information to update the register of FT's	Provision of certain documents to NHS I	Provision of annual accounts and annual report Provision of current version of the

	<b>Licence Condition</b>	<b>Condition summary</b>	<b>Evidence for compliance</b>
			constitution Updates regarding relevant Board and Lead Governor changes
FT2	Payment to NHS I in respect of registration and related costs	Payment of a licence fee to NHS I	Not applicable
FT3	Provision of information to advisory panel	Provision of any information requested by an advisory panel	Not applicable – no information requested
FT4	NHS FT governance arrangements	Apply and certify appropriate systems and processes for good corporate governance	Internal Audit reports Head of Internal Audit opinion External Audit

**Agenda item 13**

**Enclosure**

**Paper F**

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

**SUBJECT: Membership Data Annual report 2017/18**

**This Report is provided for:**

Decision	<b>Endorsement</b>	Assurance	<b>Information</b>
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**EXECUTIVE SUMMARY**

- This paper provides a full analysis of the 2017/18 financial year membership data for 2gether NHS Foundation Trust.
- In September 2016, the Council of Governors agreed the Trust’s new Membership Strategy. Our focus is on retaining members and recruiting new members, with a specific emphasis on recruiting young members, members from black and minority ethnic backgrounds and men, who are all under-represented.
- An annual report on membership was requested by the Council of Governors to provide a year-on-year comparison of membership data.
- There are **7805** members of our Trust at the end of the 2017/18 financial year. This represents an increase of 362 members (5%) over the year.

**RECOMMENDATIONS**

That the Council of Governors notes the 2017/18 financial year-end membership data and analysis and approves the paper for submission to the Trust Board.

**Corporate Considerations**

<i>Quality Implications:</i>	An active and representative group of members will assist the organisation to enhance understanding of service experience, tackle stigma and provide links across our constituencies.
<i>Resource implications:</i>	Further membership activity may require additional resource to utilise membership benefits to best effect.
<i>Equalities implications:</i>	Understanding the diversity of membership will assist targeted recruitment and retention to best effect. Ensuring diversity in membership will offer a range of

	important views and participation to influence together's work.
<i>Risk implications:</i>	There are risks of marginalising certain groups within the local community if attention is not paid to membership demographics.

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

<b>WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?</b>			
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

<b>Reviewed by:</b>			
Jane Melton, Director of Engagement and Integration		Date	20 April 2018

<b>Where in the Trust has this been discussed before?</b>		
Regular updates have been provided throughout the year to the Cllr of Governors	Date	
<b>What consultation has there been?</b>		
	Date	

<b>Explanation of acronyms used:</b>	
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## 1. Context

- 1.1. A new membership strategy was agreed by Governors in September 2016 in line with the Trust's Engagement and Communications Strategy. Our focus is on those groups currently under-represented within our membership base, including men, younger people (under 19) and people from a black and minority ethnic background. Our membership base in Herefordshire is also far lower than it is in Gloucestershire, so this is another area of priority.
- 1.2. So far work on implementing the strategy has included the recruitment of a membership volunteer who for six months provided membership administration support. A new Membership Advisory Group has been formed with dedicated involvement from Trust Governors and members. This has met three times with meetings scheduled for the remainder of 2018/19. This group has, so far, reviewed the Trust's membership form and explored ideas for a new membership pack, as well as new methods of attracting and engaging with members. A survey was also conducted in April 2017 among existing members, in order to gain feedback on our membership programme.

- 1.3. Work has also been taking place to cleanse our membership data, to ensure we are accurately reporting and have a clear starting point for increased recruitment. This work has included removing members who are no longer engaging with us, including those who have moved without leaving a forwarding postal or email address, and ensuring that we are only counting staff members who are within the relevant categories for membership.
- 1.4. Work is currently underway to ensure we are compliant with the new **General Data Protection Regulation (GDPR)**, which comes into effect on May 25 2018. Members have been notified of the new regulations, and, through an article in the Trust newsletter, have been informed about what GDPR means for them, including how to withdraw their membership if they wish to. This may mean we see an initial reduction in membership figures. GDPR will also mean we need to ensure that we can quickly and effectively destroy information we hold on members if requested, and it also means we will no longer be able to transfer staff members to public members when they leave the Trust's employment. All leavers will now be written to and asked to actively 'opt in' to membership. This will also impact membership figures.
- 1.5. The actions presented here seek to compliment the Trust's Engagement and Communication Strategy 2016-2020 which is structured to influence more people in our community to become champions of the services that we deliver to make life better.
- 1.6. The membership data in this paper will help to inform the appropriate focus and tactics to enable recruitment, retention and engagement of members. This report will focus on overall change within membership data.

## 2. Membership figures

### 2.1 Membership data, at 31<sup>st</sup> March 2018, is as follows:

- There are **7805** members of our Trust (representing a **total increase of 362** members overall)
- **5675** are Public Members and **2130** are Staff Members
- Our public membership increased by **320** over the year
- Our staff membership increased by **42**
- **296 public membership** records were removed with **221** members removed due to 'no forwarding address'
- On average, 31 new members of the public joined the Trust every month, which is an increase on the rate for 2016/17 when 24 members of the public joined each month. This is below the target we set ourselves to recruit an average of 40 new public members each month.
- Most new members are recruited through our website and public events, such as stands during awareness weeks. Our most successful member recruitment event in 2017/18 was the open day at Gloucestershire Police Headquarters, when we recruited 80 new members.
- We've seen a particular increase in members in Herefordshire due, in part, to work by the Social Inclusion Team to recruit more members and volunteers there.

**2.2 Number of Public Members at 31 March 2018**

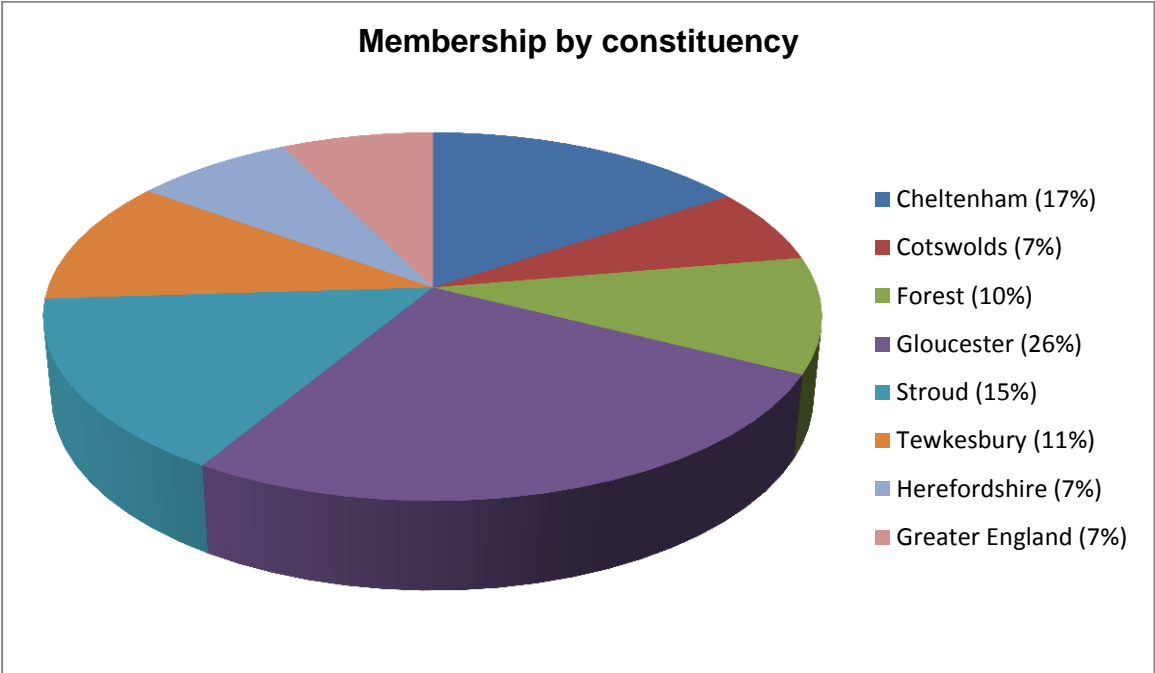
Table 1 represents the actual numbers of members per constituency. However, the actual numbers do not provide information about the relative numbers of members in relation to the size of the associated constituency. This is considered in the additional tables below. Information regarding the demographics of ethnicity, disability, age and gender are also provided.

**Table 1 Public Membership Numbers by Constituency at 31<sup>st</sup> March 2018**

<b>Cheltenham</b>	<b>Cotswolds</b>	<b>Forest of Dean</b>
890	375	576
<b>Gloucester</b>	<b>Stroud</b>	<b>Tewkesbury</b>
1488	872	622
<b>Greater England</b>	<b>Herefordshire</b>	
417	435	

Figure 2 provides the percentage spread of membership by constituency whilst Table 2 shows the relative percentage of membership. This data suggests that membership in Herefordshire is significantly lower than in Gloucestershire. However, the number of members in Herefordshire has risen from 355 to 417 in the last 12 months (an increase of 17%). Gloucester City has the largest proportion of Trust members and the largest population.

**Figure 2 Membership data by constituency as at 31 March 2018**





**Table 2 Public Membership as a total percentage of constituent population (excluding Greater England)**

Constituency	Members	Population	% members in constituent population
Cheltenham	890	115,732	0.77
Cotswolds	375	82,881	0.45
Forest of Dean	576	81,961	0.70
Gloucester	1488	121,688	1.22
Stroud	872	112,779	0.77
Tewkesbury	622	81,943	0.76
Herefordshire	435	183,477	0.23
<b>TOTAL</b>	<b>5,258</b>		

### 2.3 Ethnicity of Trust Members

Tables 3 and 4 suggest that the Trust has successfully recruited a reasonably representative group of people by ethnicity. This is particularly the case in Gloucestershire, although in both counties there is more work to undertake.

**Table 3**

Ethnicity - Gloucestershire		
	White British/White Other	Black and Minority Ethnic
Gloucestershire Census 2011	92% (596,984 people)	5% (27,337 people)
Public membership	95%	5%

**Table 4**

Ethnicity - Herefordshire		
	White British/White Other	Black and Minority Ethnic
Herefordshire Census 2011	94% (183,477 people)	2% (3,308 people)
Public membership	99%	1%

**Table 5 Ethnicity of members in relation to the associated populations of Gloucestershire and Herefordshire**

Ethnicity	Gloucestershire	Glos Members	%	Herefordshire	Hfd members	%
White British	546,599	4468	0.81	171,922	423	0.24
Mixed	8,661	49	0.57	1,270	2	0.16
Black/Black British	5,150	69	1.34	331	0	0.00
Asian/Asian British	10,522	106	1.07	1,162	0	0.00
White Other	23,048	122	0.53	8,247	9	0.11
Chinese/Other	3,004	11	0.36	545	1	0.18
<b>Total</b>	<b>596,984</b>	<b>4823</b>		<b>183,477</b>	<b>435</b>	

## 2.4 Disability status of Trust Members

In relation to members' self-report of their disability status, a much larger proportion of Trust members report a disability than do the general population of Gloucestershire and Herefordshire. These figures are represented in Table 6 with 14% of Trust members in Gloucestershire reporting disability and 15% of people in Herefordshire.

**Table 6 Disability status of members in relation to the associated population of Gloucestershire and Herefordshire**

<b>Disability – Gloucestershire</b>	
<b>Census data 2011</b>	0.5%
<b>Public membership (Glos)</b>	14% (661 of 4823 members)

<b>Disability – Herefordshire</b>	
<b>Herefordshire Census 2011</b>	0.2%
<b>Public membership (Hfd)</b>	15% (59 of 435 members)

## 2.5 Age Distribution of Trust members

A wide distribution of membership age range is reported in Table 7. Whilst the largest number of members are between the ages of 20 and 64, in relation to the population size for adults who are older than 65, the Trust reports a higher percentage. Work is required to increase membership representation from younger people.

**Table 7 Age group of members in relation to the associated population of Gloucestershire and Herefordshire**

<b>Age</b>	<b>Total Hfd &amp; Glos</b>	<b>% of people in age group</b>	<b>Total Public Membership</b>	<b>% of membership (disclosed)</b>
<b>10 – 15</b>	54,528	8%	10* <sup>1</sup>	1%
<b>16 – 19</b>	38,260	6%	47*	1%
<b>20 – 44</b>	236,952	34%	1,630	29%
<b>45 – 64</b>	216,612	31%	1,899	33%
<b>65 – 74</b>	78,706	11%	808	14%
<b>75+</b>	71,665	10%	741	13%
<b>Did not disclose</b>			<b>540</b>	<b>9%</b>
<b>Total</b>	<b>696,723</b>	<b>100%</b>	<b>5675</b>	<b>100%</b>

**Table 8 Gender of Trust members**

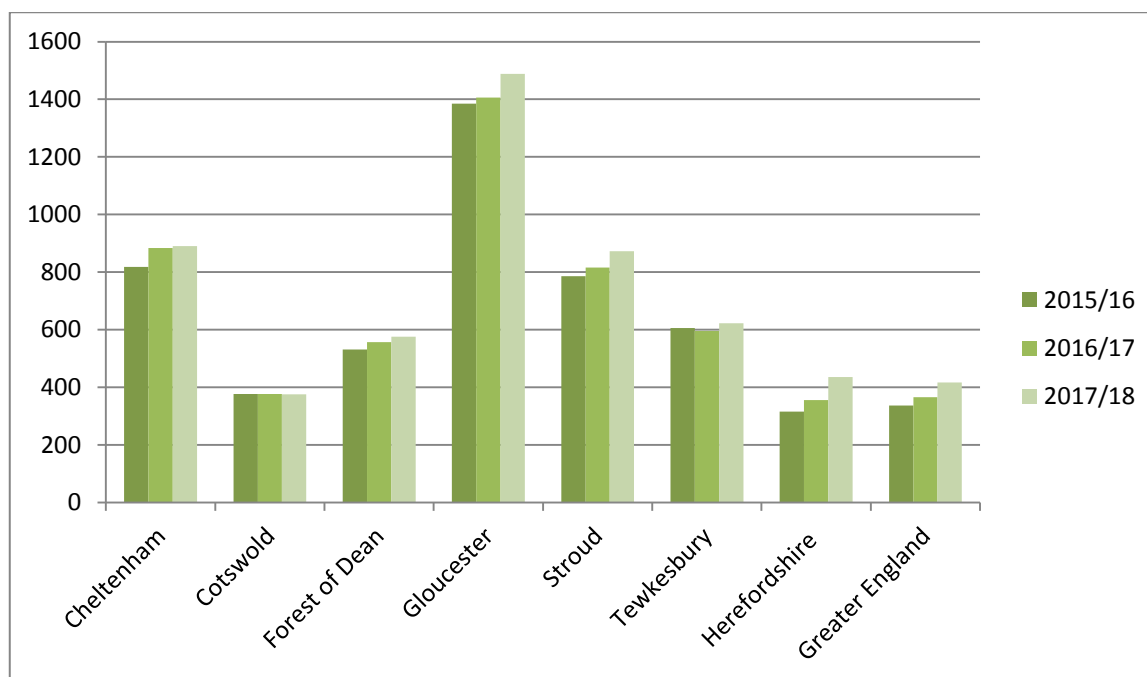
<b>Gender – total public membership</b>	
<b>Male</b>	1898
<b>Female</b>	3777

<sup>1</sup> \* Please note that the 2011 Census age groups differ to how we currently collate membership data. The age range noted against the census age group 10 – 15 for members is 11 – 16; and the age range noted against the census age group 16 – 19 for members is 17 – 19.

## 2. Comparison of Annual Public Membership Data (2016/17)

The following chart (Figure 3) shows a modest overall increase in public membership between 31<sup>st</sup> March 2017 and 31<sup>st</sup> March 2018. The graph indicates that overall, membership has been relatively constant in each constituency but with our largest constituency increases by population in Gloucester City and Herefordshire.

**Figure 3 Comparison of membership between 2015/16 and 2016/17**



## 3. Conclusion

Analysis of the membership data suggests that:

- Membership currently appeals more to women than men, to people aged between 20 and 65 and to those with self-reported disability.
- Further tactics need to be developed to encourage membership from males, younger people, people from minority ethnic groups and from people who are without disability in order to reflect an accurate representation of the constituents of Gloucestershire and Herefordshire.
- The number of members from Herefordshire remains significantly lower than in Gloucestershire. Gloucester City has the largest proportion of Trust members.

## 4. Recommendations

- The Membership Advisory Group devise tactics for increasing membership in Herefordshire, and among men, younger people and people from minority ethnic backgrounds. This will include reviewing the membership form and pack sent out to new members.
- That the Communications Team reviews the Trust's Membership Strategy as our merger work with Gloucestershire Care Services NHS Trust progresses, to identify any opportunities to increase membership or highlight any development required in light of the move towards becoming a joint organisation.
- That the Social Inclusion Team works alongside the Communications Team, Governors and Membership Advisory Group to ensure membership is promoted through our partnerships and at events.
- The Communications Team continues to work on, and regularly review, the membership database to ensure it remains GDPR compliant.

### **Key Performance Indicators** for 2018/19 are:

- A 10% increase in members recruited in Herefordshire.
- A 5% increase in members recruited in the Cotswolds.
- A 5% increase in membership among men.
- A 5% increase in membership among younger people (under 21s).
- A 5% increase in membership among people from a Black and Minority Ethnic background.