



Welcome to our Annual General Meeting

**Joint Chair,
Ingrid Barker**



Agenda

5.05pm	Introduction to the Friendship Café
5.10pm	Gloucestershire Care Services NHS Trust: <ul style="list-style-type: none">• Review of the Year• Financial Review• Quality Account
5.40pm	Questions and Answers
5.50pm	Joint 2gether and GCS session: <ul style="list-style-type: none">• Update on Merger Plans• Big Health Check Day (film)• Our Joint Future (film)
6.20pm	2gether NHS Foundation Trust: <ul style="list-style-type: none">• Review of the Year• Financial Review• Review of the Year by Trust Governors
6.40pm	Questions and Answers
7pm	Closing Remarks



Introduction to the Friendship Café

Imran Atcha, Coordinator

A large, stylized blue swirl graphic on the left side of the slide, composed of concentric, flowing lines in two shades of blue.

Paul Roberts

Joint Chief Executive

Review of the year
and a look ahead



Some highlights – 2018-19

The Trust was delighted to host HRH The Duchess of Cornwall at our Sexual Assault Referral Centre



Staff awards celebrated the best... of the best. More than 250 colleagues joined the festivities



Some highlights – 2018-19

Stroud General Hospital's Cashes Green Ward reopened having undergone four months of major refurbishment.



Community diabetes team awarded prestigious Diabetes Self-Management Education (DSME) accreditation by the Quality Institute for Self-Management Education and Training



Look forward - 2019-20...

- In April 2019, we launched the Complex Care at Home service in the Forest of Dean
- In June, the Lord-Lieutenant opened the new Stroke Rehabilitation Unit at Vale Community Hospital in Dursley
- In June, the SARC team celebrated attaining Lime Culture Quality Standard
- On October 1, we will become one organisation...



Thank you.



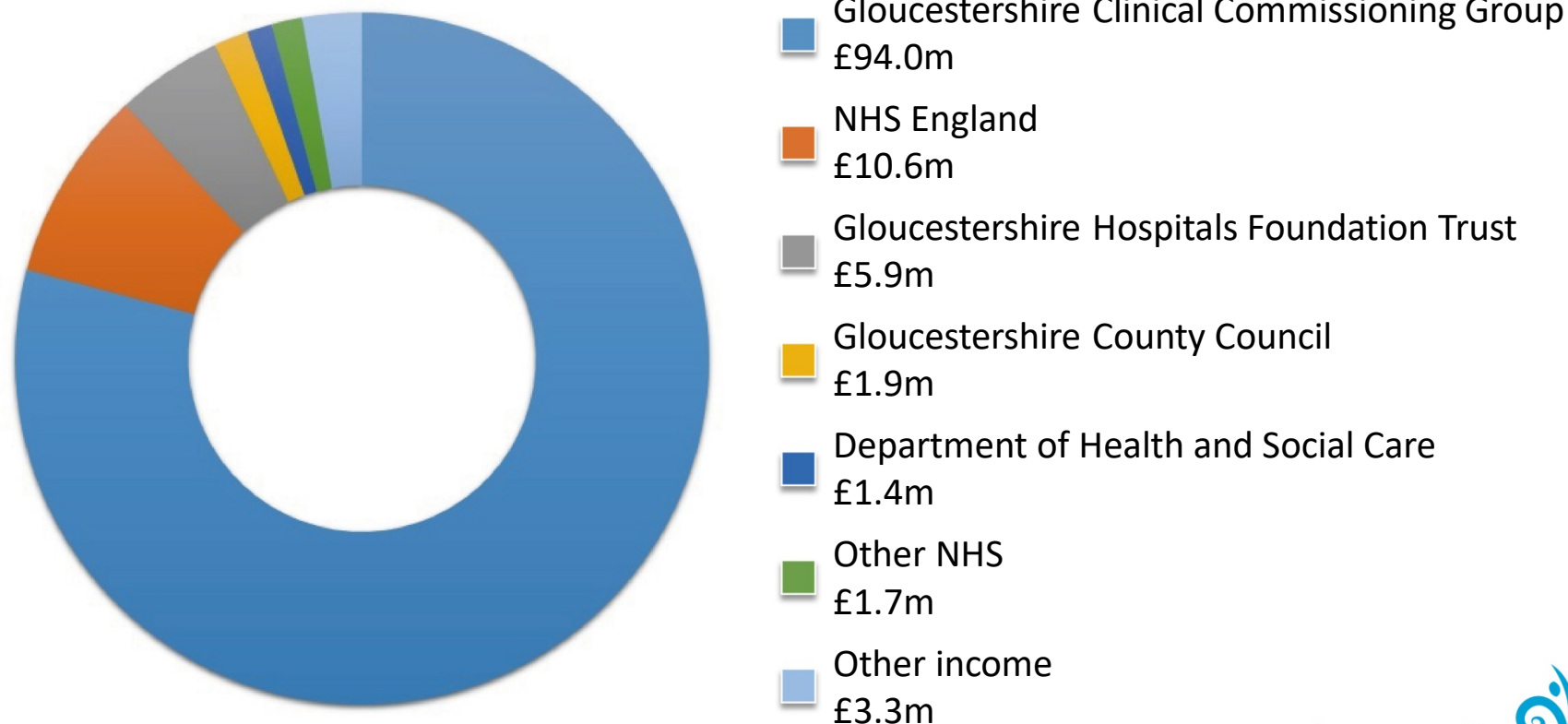
A large, stylized decorative swirl in shades of blue, starting from the bottom left and curving upwards and to the right, partially obscuring the background.

Sandra Betney

Deputy CEO /
Director of Finance

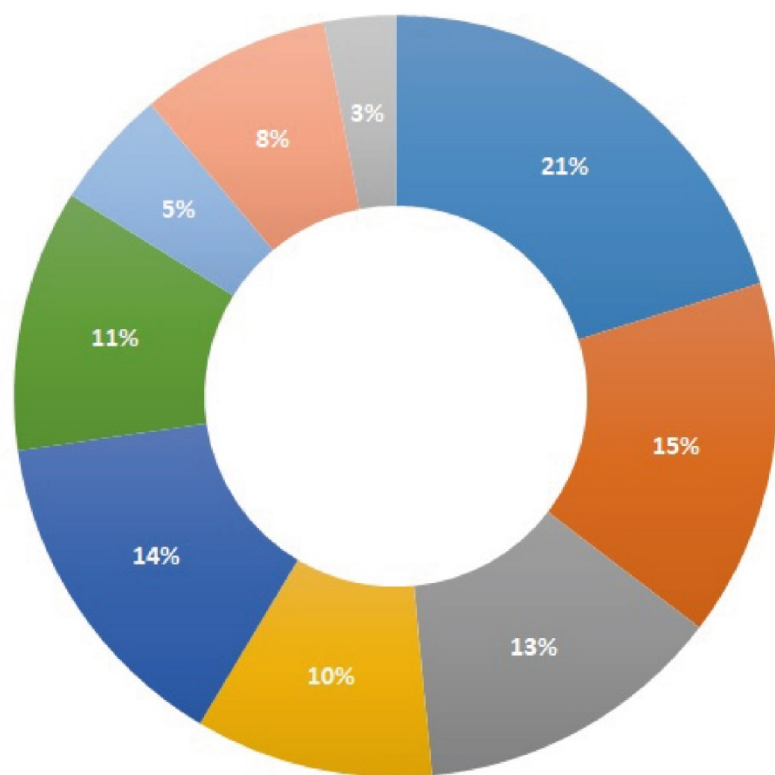
Overview of the Trust and its customers

- The Trust's services are principally commissioned and funded by Gloucestershire Clinical Commissioning Group
- Income is also received from other sources, including NHS England, Gloucestershire Hospitals Foundation Trust and Gloucestershire County Council



How we spent our income in 2018-19

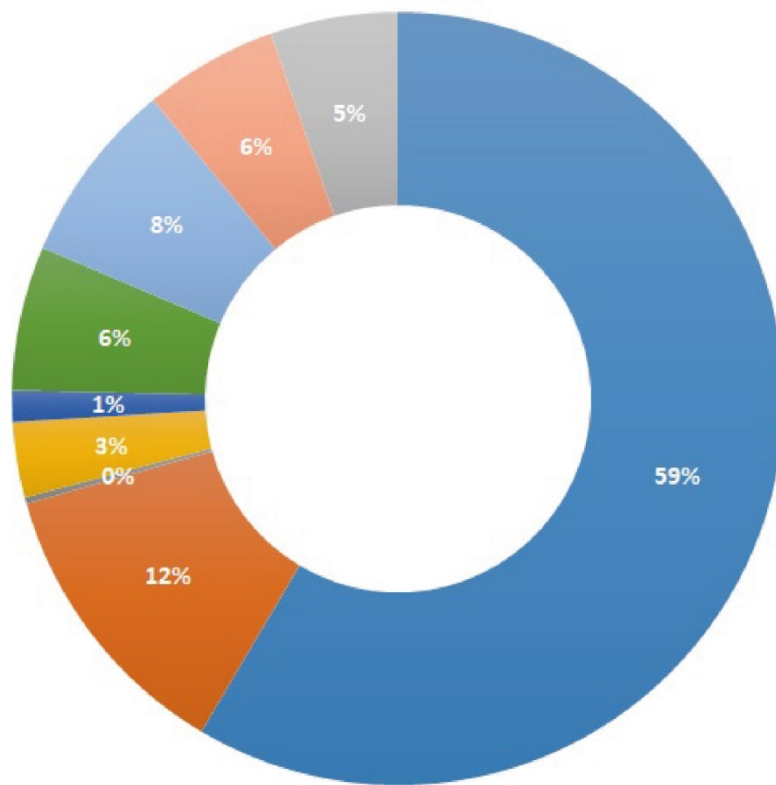
Our income supports the direct delivery of Trust services and support services



- Community Hospitals: £23.1m
- Integrated Community Teams: £17.7m
- Countywide Services: £14.4m
- Children & Young People Services: £11.9m
- Support Services: £15.6m
- Estates: £13.0m
- Sexual Health: £5.9m
- Unscheduled Care: £8.9m
- Professional and Clinical Excellence: £3.8m

Our Expenditure distribution

Over 70% of our expenditure is associated with our directly employed workforce

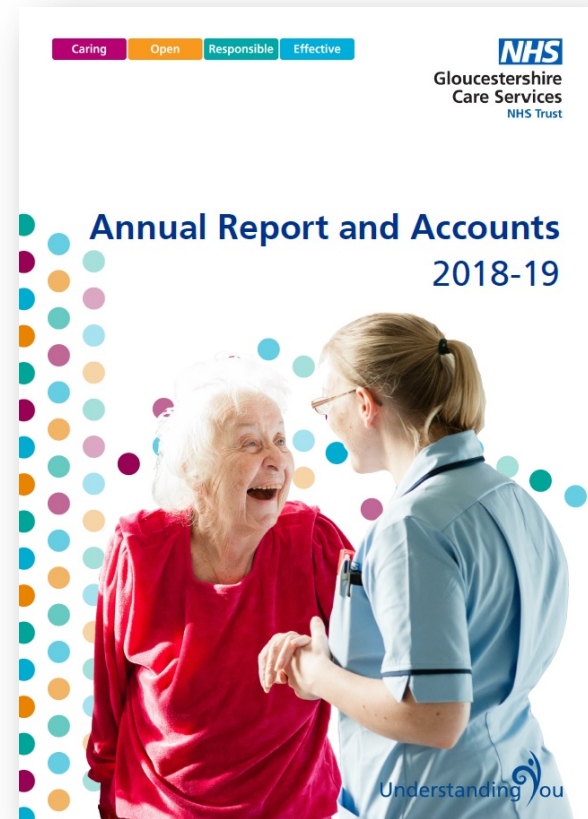
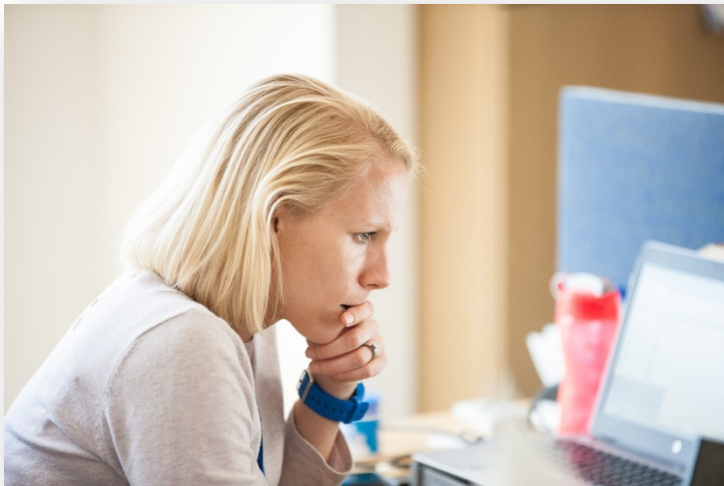


- Salaries and wages: £66.5m
- Social security and pensions costs: £14.0m
- Apprenticeship levy: £0.3m
- Services from other NHS bodies: £3.6m
- Services from non-NHS bodies: £1.6m
- Clinical supplies and services: £7.0m
- Non-clinical supplies and services: £8.7m
- Premises costs: £6.4m
- Depreciation and capital charges: £6.2m

Overview of Financial performance

In the past twelve months, we:

- Returned an NHS basis operating surplus at year end of £5.1m, £4.0m above plan
- Had a closing Cash Balance of £17.8m
- Managed a £5.7m Capital Programme



Financial review 2018-19

	2018-19 £m	2017-18 £m	2016-17 £m	2015-16 £m
Income (excluding PSF**)	114.8	111.0	111.0	113.9*
Pay	-80.8	-78.5	-78.6	-79.3
Non-Pay	-26.8	-25.3	-26.8	-27.5
Public Dividend Capital and Depreciation	-6.2	-5.2	-5.0	-4.6
Retained surplus before PSF	1.1	2.0	0.6	2.5
PSF Income	4.0	3.6	1.6	0.0
Retained surplus including PSF	5.1	5.6	2.2	2.5

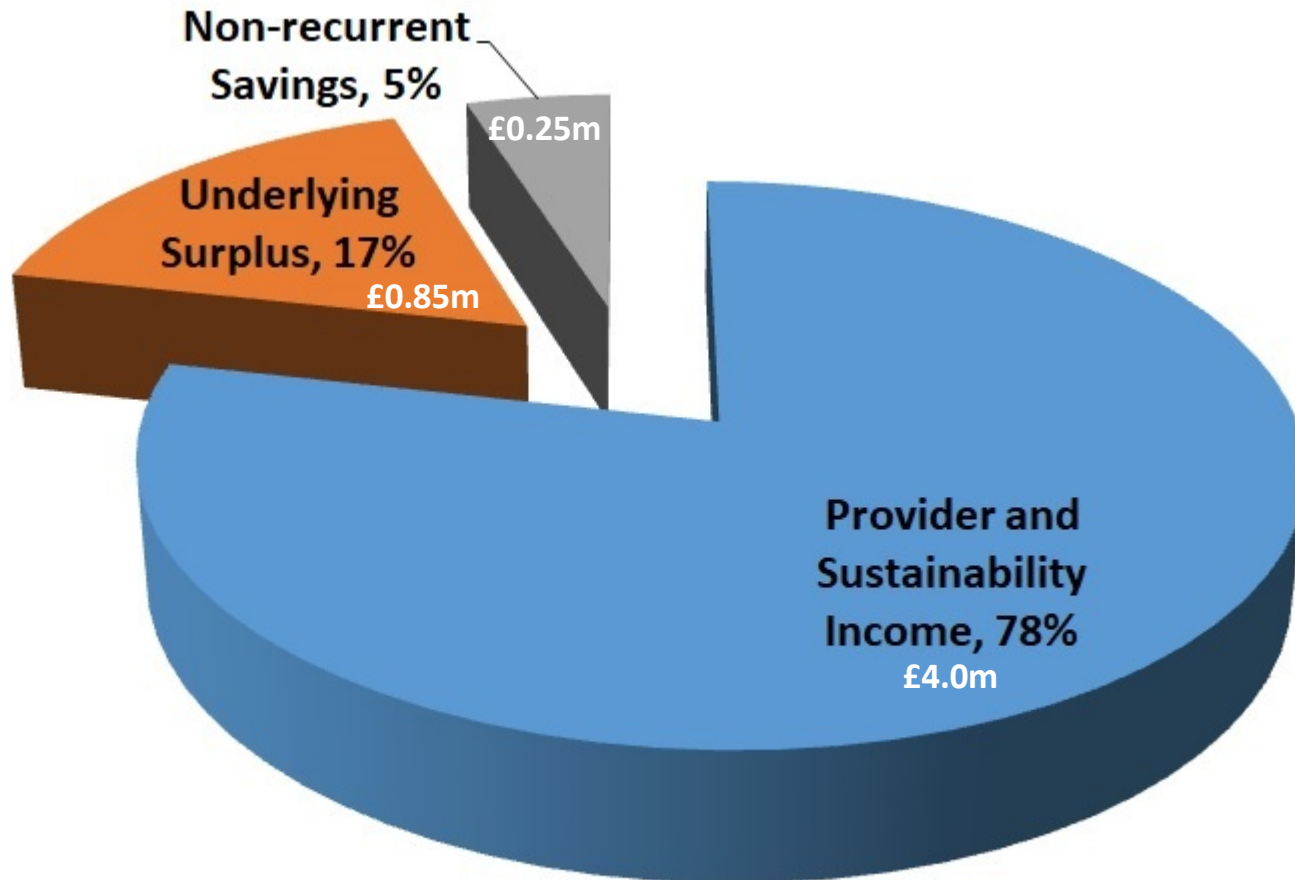
*included £1.5m capital to revenue transfer

** PSF income is Provider Sustainability Funding from NHS England

Our 2018-19 Financial Position

NHS Basis Financial Performance	£'000's
Total comprehensive surplus	4,433
Impairments Taken to Income and Expenditure Account	885
Depreciation on donated assets and new donated assets	-249
Adjusted surplus	5,069

Our 2018-19 Financial Surplus



This surplus is used to reinvest in capital to improve the quality of services.

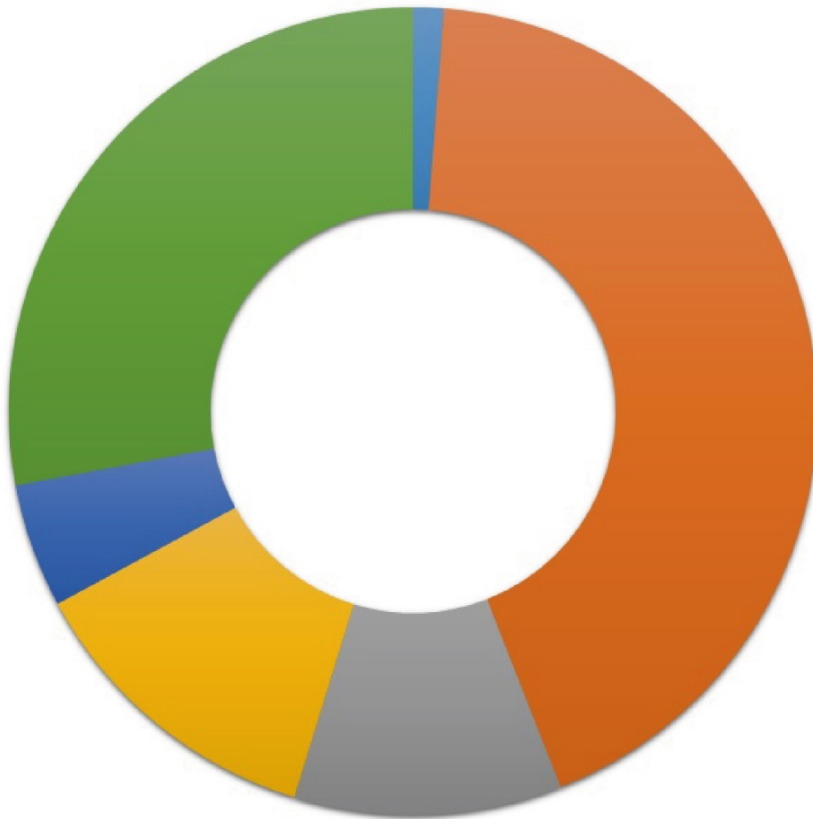
Our 2018-19 Financial Ratings

	Plan	Actual	Achieved
I&E position surplus (deficit) £m	3.1	5.1	Y
Earnings before interests, tax, depreciation & amortisation (EBITDA) £m	7.2	11.1	Y

Ratios (1-best to 4-worst)	Plan	Actual	Achieved
Capital Servicing Capacity	1	1	Y
Liquidity	1	1	Y
I&E margin ratio	1	1	Y
I&E margin variance from plan	1	1	Y
Agency distance from cap	1	1	Y
Overall use of resources rating	1	1	Y

Our 2018-19 Capital Spend

Our surplus is used for reinvesting in capital to improve the quality of our services for patients



Building refurbishment: £2.45m

IT network: £0.6m

IT equipment: £0.8m

Medical equipment: £0.3m

Cheltenham base: £1.6m

Forest of Dean re-provision: £0.1m

Susan Field

Director of Nursing

Quality Report 2018-19

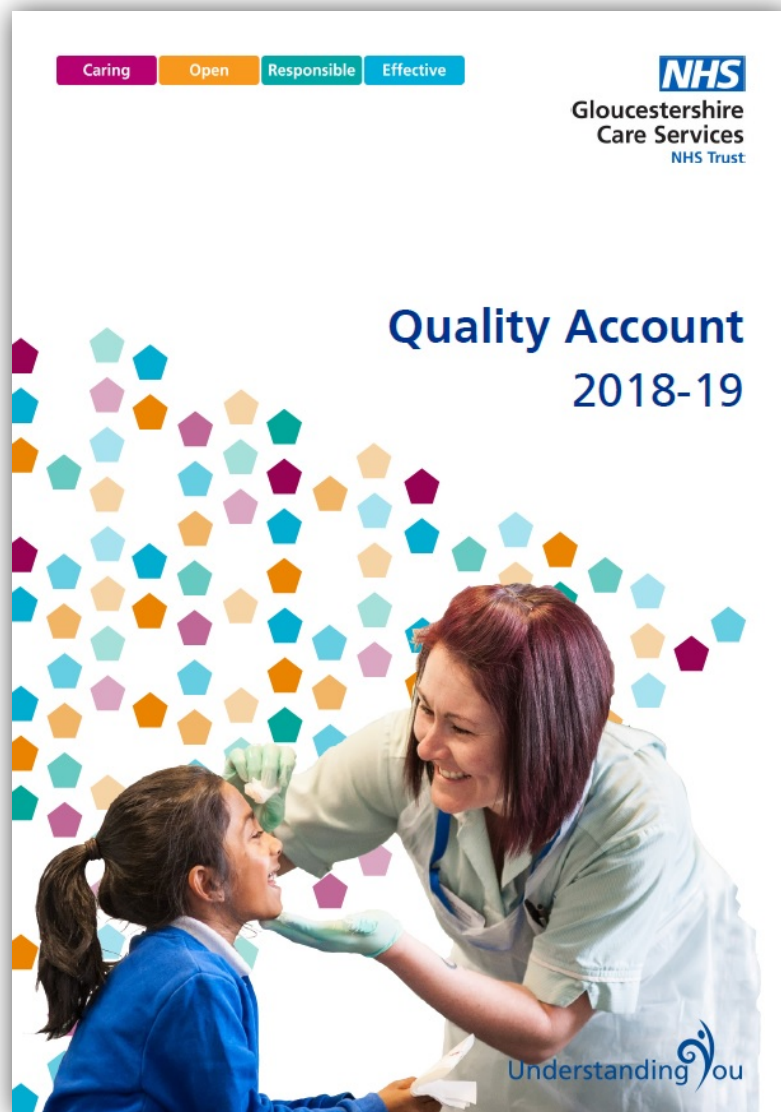
Care Quality Commission (CQC):



The Trust is rated “Good” and we have met all of our CQC “Must Do” recommendations.

Theme:	Must Do's
End of Life	Ensure processes are implemented that allow the Trust to monitor the effectiveness and outcomes of key end of life care indicators.
	Ensure all staff providing end of life care are suitably trained and skilled to do so.
Community Adults	Ensure all staff are up to date with all mandatory training, including all safeguarding modules.
Urgent Care	None.
Inpatients	Ensure nursing staff consistently follow systems to ensure that clinical equipment is regularly cleaned.

Our 2018-19 Quality Account...



...confirms our progress against our seven 2018-19 quality priorities:

Priority One	Falls Prevention and Management
Priority Two	Health and Well-being of Colleagues
Priority Three	End of Life Care
Priority Four	Nutrition and Hydration
Priority Five	Preventing Pressure Ulcers
Priority Six	Medication Errors
Priority Seven	Deteriorating Patient (Sepsis)

Our Commitment to Quality...

Our priorities for 2019-20...

- Have been developed by our staff with some feedback from patients, families and carers
- Ensures that quality remains everyone's business with even greater local ownership from our clinical leadership teams
- Are about quality improvements and "doing the right thing".

		Outcome	Quality Domain
1	Preventing Pressure Ulcers	Outcome: Build on our success of reducing acquired avoidable pressure ulcers by working within the NHS Improvement Collaborative Framework. This will focus on specific community programmes to reduce pressure ulcers	Safe
2	Medications	Outcome: Improve the learning from "no-harm" and "low-harm" medication incidents in order to enhance patient safety and quality care	Caring
3	Nutrition and Hydration	Outcome: Increase the use of nutrition and hydration assessments in all appropriate settings in order for patients to be optimally nourished and hydrated	Effective
4	Health Coaching	Outcome: Develop a programme of personalised care planning to enable patients to manage their long term conditions more effectively	Well-Led
5	Deteriorating Patient (Sepsis)	Outcome: Continue to train and support front line colleagues to recognise and manage deteriorating patients, to ensure they are cared for quickly and effectively	Safe
6	Mental Capacity Assessment	Outcome: Improve the usage of mental capacity assessments in our hospital and community settings to ensure that individuals who lack the ability to make specific decisions are the focus of any decisions made, or actions taken, on their behalf	Well-Led
7	Wound Care	Outcome: Increase the quality of wound assessments and management in order to reduce clinical variation and improve wound healing rates	Effective
8	Catheter Care	Outcome: To commence a Quality Improvement programme to improve the management of catheters in community settings.	Safe
9	CQUIN	1. Falls 2. Influenza vaccination for colleagues (achieving 80% uptake rate)	Effective

The Quality of Care we provide remains high – our patients, families and carers are telling us this:



Our Commitment to Care...

Our commitment to care will continue and includes:

- Further developing our safety culture and learning lessons
- Improving patient experience (and personalised care)
- Being clinically effective with tailored pathways of care
- Supporting our staff to be the best
- Recognising and responding to complexities of care.

Thank you...

Our Quality Account 2018-19 can be accessed at:

<https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=89302>



Questions and answers



Our Joint Future



Our Vision

- Provide outstanding community physical, learning disabilities and mental health care
- Further improve:
 - the physical health of our residents with mental health problems and learning disabilities
 - the mental health of our residents with physical health problems, including long term conditions
- Remove organisational barriers to change
- Support the ambition of the national NHS Long Term Plan
- Drive transformation further and faster
- Work with our partners, stakeholders and people who use our services to change the way we deliver care and services

Why is this important?

- People with long-term physical health conditions are two to three times more likely to experience mental health problems
- People with bi-polar disorder or schizophrenia have a life expectancy 15 – 20 years below that of the general population
- 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability
- 40% of people with a learning disability report difficulty using health services (18% general population)
- The local health and care economy cannot address these inequities without transforming services.



Film – Big Health Check Day 2019

[https://www.youtube.com/watch?
v=X8pptJoyG4E](https://www.youtube.com/watch?v=X8pptJoyG4E)

How?

Merging our two **successful and well performing** Trusts will:

- Provide integrated governance, leadership and care
- Enable us to contribute more fully to the local health economy and its vision
- Deliver a financially resilient organisation
- Allow us better to address the workforce challenges we all face

Using the **firm foundation** of the merged Trust to build a transforming organisation with:

- The culture, structures and processes to enable step-change in care within our communities
- Quality and quality improvement at its core
- Designed from the outset to support:
 - Place
 - Prevention
 - Whole person care
- A genuine commitment to co-production.

Benefits for Service Users

Strategic / collective:

- Improved parity of care
- Better understanding of comorbidity, its causes and management
- Increased focus on community health, well-being and prevention
- More equitable representation of community and mental health user needs and for those with learning disabilities

Operational / individual:

- Improved quality of care
- Improved service experience
- Improved support for carers
- Improved access to services.

Service User Stories – What's Working Well and Even Better If...

Adam

WWW? All psychiatric inpatients receive comprehensive physical health checks and monitoring



Adam has a serious mental illness and this makes it hard to access some physical health services. On admission to Charlton Lane Hospital Adam's deteriorating physical health was identified and required specialist treatment. He has to be transferred to the Acute hospital for treatment although this makes him very anxious.

EBI: all inpatient services were enhanced by care pathways enabling community Rapid Response teams to support physical care and reduce acute admissions.

Jaya

WWW? Specialist respiratory and mental health services co-facilitate education and deliver care pathways.



Jaya is 72 and recently suffered a heart attack. She engaged well with the cardiac rehabilitation programme but was becoming increasingly breathless and was later diagnosed with heart failure. Her medication is disrupting her sleep, she has stopped going out as much and is feeling lonely..

EBI: Establishing combined mental and physical care pathways across all physical health services. Sharing data and information to develop a "whole person" approach. Support people to adopt healthy lifestyles and to promote self-management.

Service User Stories – What's Working Well and Even Better If...



Fran & Frank

WWW? Community teams work alongside each other

Fran has dementia and a heart condition. Frank struggles with walking and has difficulty breathing. They are living independently at home with support from community health and mental health teams. They are both becoming increasingly frail and worry about what the future holds for them.

EBI: a single team that shares training, skills and information. They work together with Fran and Frank to agree the best way to provide support and how they want to receive care in the future.



Clive

WWW? Physiotherapy teams are working together to improve services and share expertise.

Clive has knee pain and attends an appointment with the community musculoskeletal physiotherapist. A programme of treatment is recommended, however Clive struggles with anxiety and despite the team's best efforts he does not attend further sessions.

EBI: Primary care and community services work closely to increase availability of services that are local, easy to access and can adapt to meet the needs of individuals.

Service User Stories – What's Working Well and Even Better If...

Evie

WWW? Children's services share information to ensure children's care and safety.

Evie lives in a care home and has visited a local Minor Injury and Illness Unit as she has a large self-injury wound. The emergency nurse and Evie discuss the different types of support she could access to get some help, understanding and advice about self-injury.

EBI: Staff training, learning and skills sharing was part of a single strategy to support earlier intervention and consistency.

Kody

WWW? Children's school nurse and learning disability teams work together to help children have their immunisations.

Kody has learning disabilities, communication and sensory problems. This makes it difficult to receive routine health checks and care. Children's teams plan special clinics to support children like Kody to receive the immunisations that they have previously missed.

EBI: Children's physical, mental health and learning disabilities services were able to more easily share information, skills and resources to improve joined up approaches to care.

Benefits for the local health economy

- Admission avoidance and reduction in length of stay (acute care)
- Simplified and more effective referral
- Better support to STP and Place Based Care
- Enhanced contribution to ICS development
- Simplified and strengthened interfaces with commissioners and other organisations



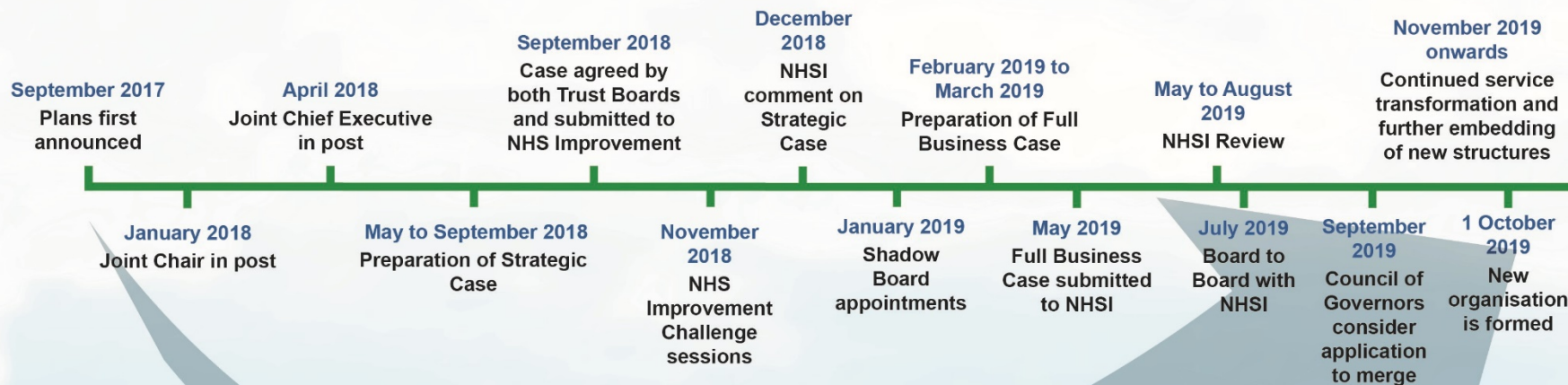
Services provided by:

2gether NHS Foundation Trust

Gloucestershire Care Services NHS Trust



Our timeline



Transformation

*All timings are approximate. If there are significant changes to this timeline, we will provide further updates.





Film – Our Joint Future

<https://youtu.be/nITSgQ4-8sg>



Questions and answers

Paul Roberts, Joint Chief Executive

Review of the year
and
a look ahead



50,164

service users
supported

329,376

contacts, either face to face
or by telephone

52,205

referrals into
services



Service users rated the care
we provide in the top 20%
of mental health services in
England and 2nd in the country



Inspected and rated

Good



'Good' CQC rating, with
improvements in many
areas. 'Outstanding' in
some services

New service developments, including Perinatal
Service and Criminal Justice Liaison in Herefordshire,
and Criminal Justice Liaison and Children's and
Adolescent's Mental Health Trailblazer programme
in Gloucestershire.





More highlights

- Making Let's Talk more accessible, through online, digital therapies and Skype
- The Letter of Hope, to offer support to people who have self-harmed or attempted suicide
- Publication, by our Recovery College, of two digital manuals
- Introduction of an Approved Mental Health Professionals 'hub'



Looking ahead – 2019/20

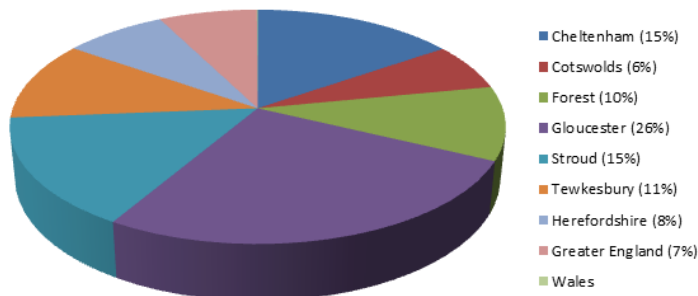
- Our merger and work with wider partners in the Gloucestershire Integrated Care System and Herefordshire and Worcestershire Sustainability and Transformation Partnership
- Launch of a new Individual Placement and Support service in Herefordshire
- Further development of Children and Young People's Services, as part of the Gloucestershire Trailblazer project
- Further development of Perinatal Services, particularly in Herefordshire where a new service was launched in May



Partnerships & Membership



Membership by constituency



- We work with a huge range of statutory and non-statutory partners
- We have more than 50 volunteers and 95 experts by experience, who we greatly value
- We have more than 5,900 public members



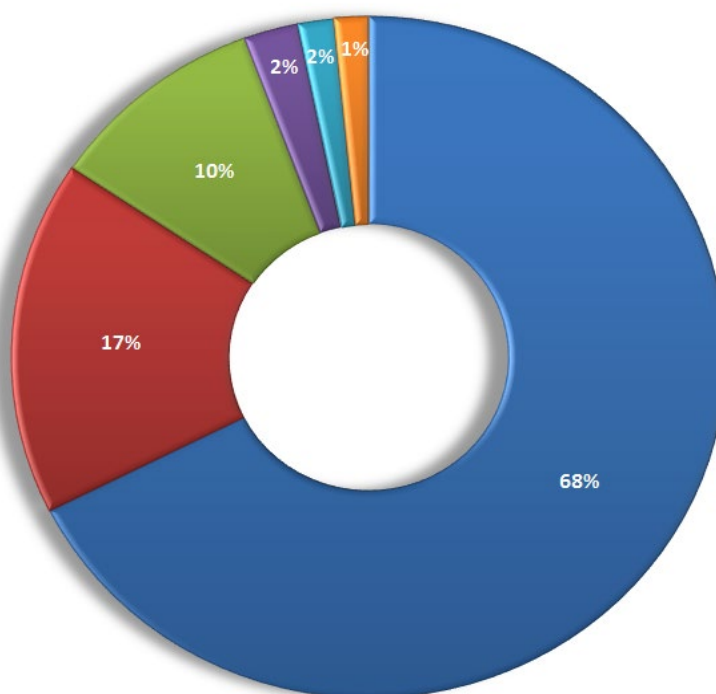
12 Months to 31st March 2019

Financial Performance and Accounts

Sandra Betney, Director of Finance & Commerce

Our Income

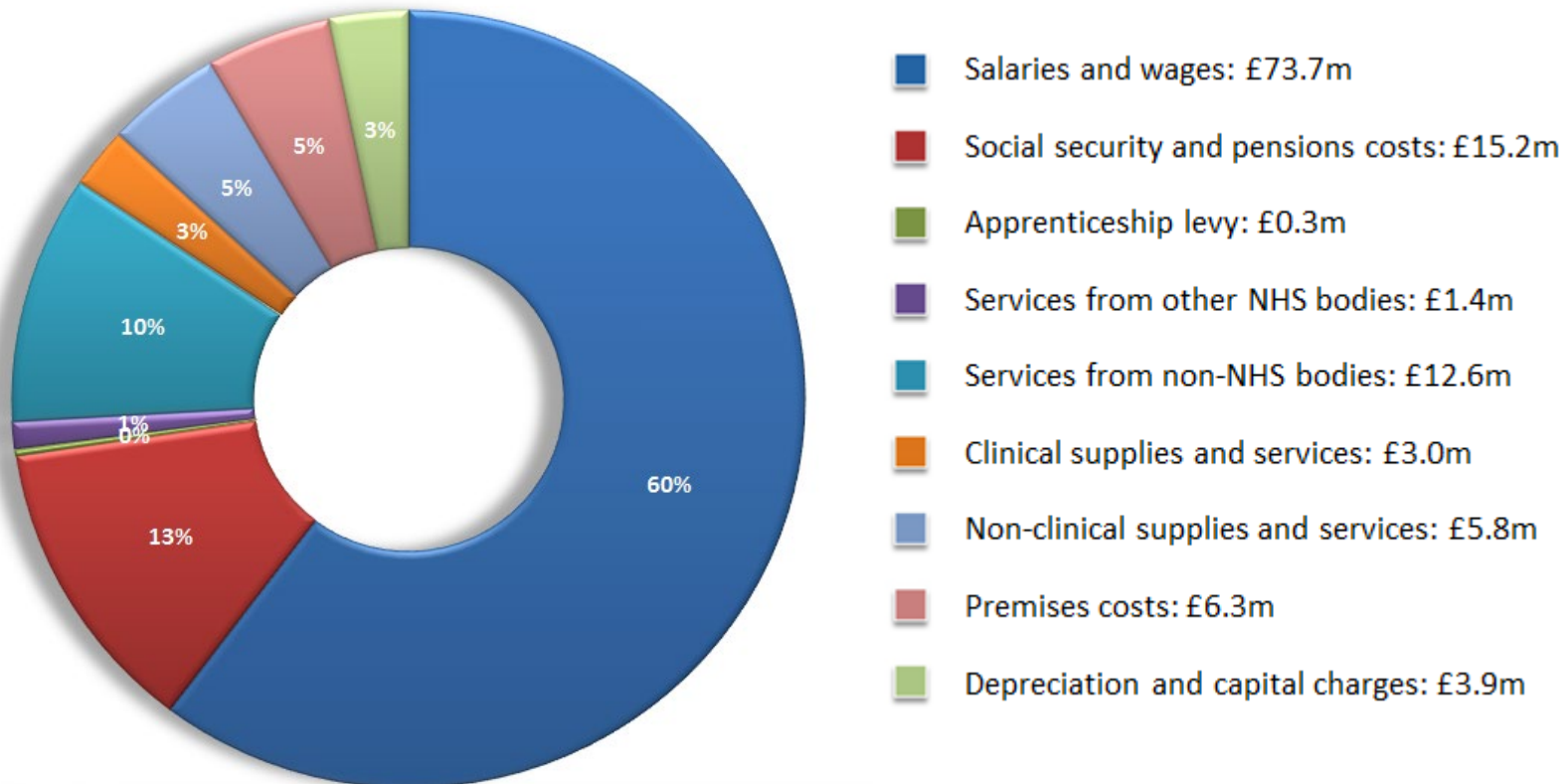
85% of our income is from Clinical Commissioning Groups



- Gloucestershire Clinical Commissioning Group
£86.0m
- Herefordshire Clinical Commissioning Group
£21.4m
- Other income
£10.6m
- Education – Training
£3.2m
- High Cost – Low Volume
£2.1m
- Other Block
£2.0m
- Short-term Episodic
£0.6m

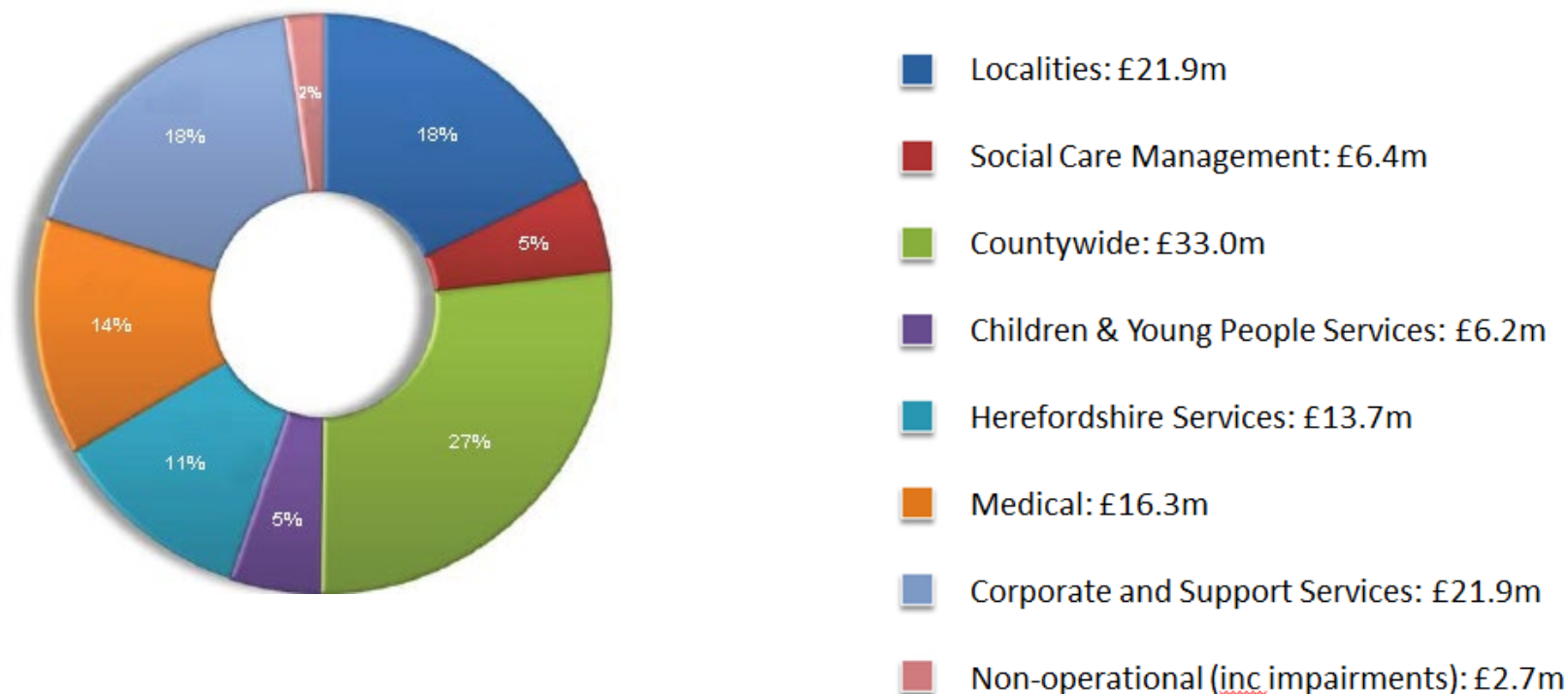
Our Expenditure Distribution

Almost three quarters of our expenditure relates to staffing costs, this includes wages and pensions and National Insurance contributions



Expenditure by Directorate

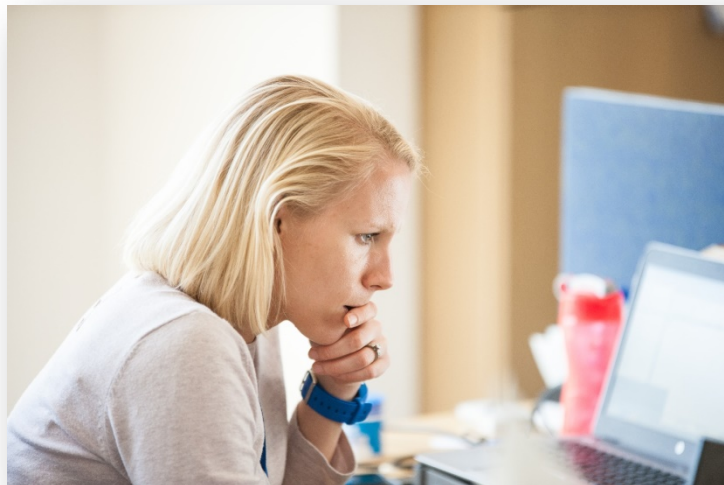
80% of our expenditure is allocated to direct service provision.



Overview of Financial performance

In the past twelve months, we have:

- Delivered a surplus of £3.6m
- Achieved £1.8m of recurrent savings



Financial Review

	2018-19 £m	2017-18 £m	2016-17 £m	2015-16 £m
Income (excluding PSF)	123.3	117.7	111.6	107.1
Pay	-89.1	-85.1	-81.9	-78.6
Non-Pay	-30.3	-28.2	-27.8	-24.7
Public Dividend Capital and Depreciation*	-2.7	-19.8	-5.5	-4.6
Retained surplus before PSF**	1.2	-15.4	-3.6	-0.7
PSF Income	2.5	1.9	1.2	0.0
Retained surplus including PSF**	3.6	-13.5	-2.4	-0.7

*2017/18 includes £16m impairment, 2018/19 £1m impairment reversal

** PSF income is Provider Sustainability Funding from NHS England

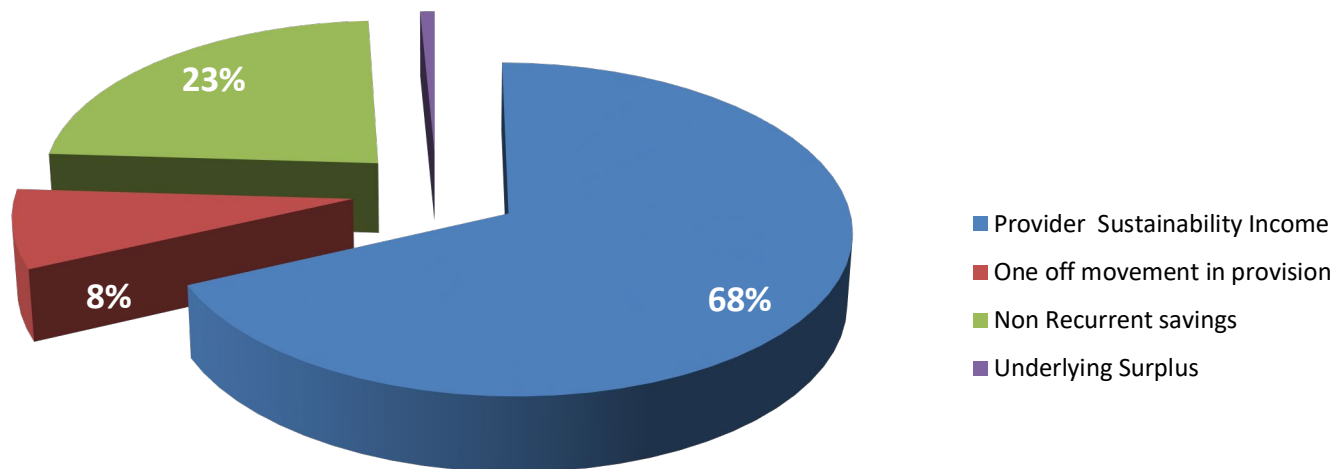
Our 2018-19 Financial Position

NHS Basis Financial Performance	£000's
Total comprehensive income / (expense)	2,988
Impairments	653
Adjusted surplus	3,641

Our 2018-19 Financial Ratings

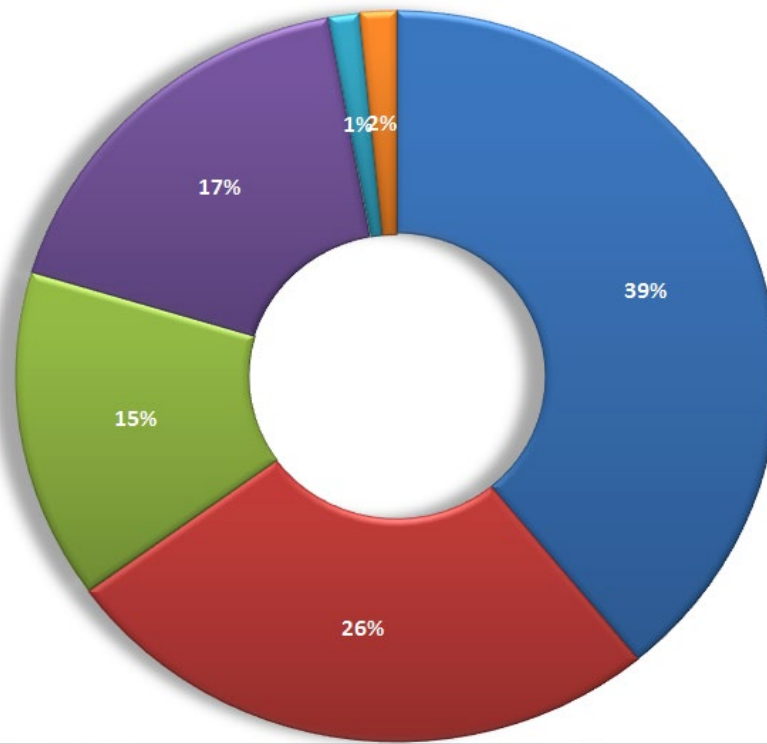
	Plan	Actual	Achieved
I&E position Surplus/(Deficit) £m	0.9	3.6	✓
Earnings before interest, tax, depreciation and amortisation (EBITDA) - £m	4.8	6.1	✓
Ratios (ratings of 1 best to 4 worst) :-	Plan	Plan	Plan
Capital Servicing Capacity	2	1	✓
Liquidity	1	1	✓
I & E margin ratio	2	1	✓
I & E margin variance from plan	1	1	✓
Agency distance from cap	1	3	x
Overall Use of Resources Rating	1	1	✓

Our 2018-19 Financial Position



Capital 2018/19

The Trust uses the surplus it generates to help fund the capital programme and improve the facilities for our service users and staff.



- IT projects: £0.7m
- Herefordshire Projects inc 136 Suite: £0.5m
- Other estates schemes: £0.3m
- Health & Safety and maintenance: £0.3m
- Other capital projects: £23,000
- Pullman place – Gloucester team base: £28,000

Audit of Accounts

- Accounts audited by KPMG in April /May 2019
- They issued an;
- Unmodified Audit Opinion
 - Unqualified Value for Money Opinion
 - Unqualified Opinion on Quality Accounts
-
- Accounts to be presented to Council of Governors at August meeting

Further Information

2gether NHS FT
1010, Gloucester Business Park,
Pioneer Avenue,
Brockworth,
Gloucester,
GL3 4AW

www.2gether.nhs.uk

Tel: 0300 421 7145

Email: 2gnft.comms@nhs.uk

Annual Meeting 2019

Review of the Year by Trust Governors

Katie Clark, Governor, on behalf of Rob
Blagden, Lead Governor

Introduction

- The Trust has been a **Foundation Trust** since 1 July 2007
- Foundation Trusts have a **membership body** – comprising public and staff members. The membership elects people to represent them on the **Council of Governors**.

The Role of the Governor

- To hold the **Non-Executive Directors** individually and collectively to account for the performance of the Board;
- To represent the **interests of the Trust's stakeholders** in the governance of the organisation; and
- To **communicate** the key messages of the Trust to the electorate and appointing bodies.

Who are your Governors?

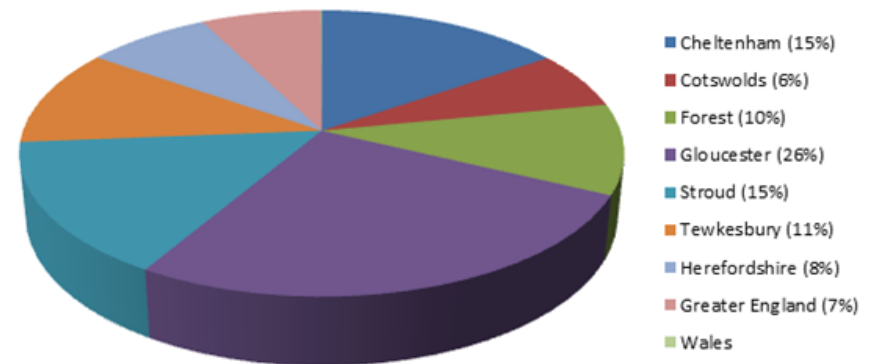
The Council of Governors is made up of:

- **15 Public Governors** in 8 constituencies
- **7 Staff Governors** in 3 classes
- **4 Nominated Governors**
- **Chair**

Membership

At the end of 2018/19, the Trust had a total membership of 8,116, with 5926 public members and 2190 staff members.

Membership by constituency



In 2018/19 the Council:

- Held six formal full **Council** meetings
- Received **regular updates and contributed views** on the Trust's proposed **merger**, through both formal and informal meetings
- Approved changes to the **Trust's constitution**
- Received **feedback from appraisals** for the Non-Executive Directors
- **Observed** Trust committees, **providing updates** to fellow Governors.

In 2018/19:

- **Received presentations** from services on various aspects of their work, including Let's Talk
- **Received assurance** as part of the process for holding the Non-Executive Directors to account for the performance of the Board – **Quality, Workforce, Finance, Operational Performance, and Engagement**
- **Received regular membership updates** and helped with member recruitment.



In 2018/19:

- Received a report on and reviewed the findings of the annual **Staff Survey**
- Participated in **recruitment processes**, including for the appointment of Non Executive Directors to the Shadow Board
- Received assurance on the **External Audit** process.

The Year Ahead

- Continue to seek assurance that **service quality** is being maintained while efficiency savings are realised
- Continue to **promote Governor attendance** at local and national networking events
- Build on **strengthening relationships** between the Council and Board, particularly in light of the merger and the move toward a new organisation
- The Council will extend, with elections, to ensure it fully **represents** the interests of **physical health** services delivered by GCS alongside **mental health** and **learning disabilities**.



Questions and Answers



Thank you for joining us!