

COUNCIL OF GOVERNORS

Thursday 8th March 2018

1.30 – 2.30pm
Governor Pre-Meeting

2.30 – 3.00pm
Networking Session

3.00 – 5.00pm
Council of Governors Meeting

Business Continuity Room, Rikenel

Our Core Values

Seeing from a service user perspective

Excelling and improving

Responsive

Valuing and respectful

Inclusive, open and honest

Can do

Efficient, effective, economic and equitable

Council of Governors Meeting

Thursday 8th March 2018

at 3.00 – 5.00pm

In the Business Continuity Room, Rikenel, Gloucester

AGENDA

Item	Time	Title and Purpose	Reference
1	3.00	Welcome and Apologies	Verbal
2		Declaration of Interests	Verbal
3		Minutes of the Previous Meeting held on 16 January 2018	Paper A
4		Matters Arising and Action Points	Verbal
5		Review of Meeting Evaluation Sheet	Paper B
Service Focused Presentations and Information Sharing			
6	3.10	Chief Executive's Report	Paper C
7	3.25	Update on Joint Working with Gloucestershire Care Services	Verbal
8	3.30	Mental Health Liaison Services in Gloucestershire	Presentation
Formal Business and Exception Reporting			
9	4.00	Report from the Nominations & Remuneration Committee – 6 February 2018	Paper D
10	4.10	Draft Service Plan 2018/19	Paper E
Holding to Account			
11	4.20	Feedback from Governor Observation at Board Committees* <ul style="list-style-type: none"> • Audit Committee - 7 February • Development Committee - 7 February • Delivery Committee - 21 February • Governance Committee - 23 February (*Committee meetings that have taken place since the last Council meeting)	Verbal
Membership and Governor Involvement			
12	4.30	Membership Activity Report	Paper F
13	4.40	Governor Activity	Verbal
Any other Business			
14	4.50	Any other business	Verbal
15		Date of Next Meetings Please see overleaf	Verbal
16	4.55	<u>CONFIDENTIAL SESSION</u> Minutes of the Extraordinary Council Meeting held on 23 February 2018	Paper G (c)

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2018		
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

2018		
Wednesday 28 March	10.00 – 1.00pm	Business Continuity Room, Rikenel
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
2018			
Charlton Lane	Cheltenham	Thursday 12 April	10.00 – 12.00pm
Honeybourne and Laurel House	Cheltenham	May	TBC
Wotton Lawn	Gloucester	Tuesday 5 June	10.00 – 12.00pm
Stonebow	Hereford	Tuesday 3 July	2.00 – 4.00pm
Charlton Lane	Cheltenham	Thursday 16 August	2.00 – 4.00pm
Honeybourne and Laurel House	Cheltenham	September	TBC
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 25 April	4.00 - 5.00pm	Rikenel
Wednesday 27 June	4.00 - 5.00pm	Rikenel
Wednesday 29 August	4.00 - 5.00pm	Rikenel
Wednesday 24 October	4.00 - 5.00pm	Rikenel

TEAM CHARTER

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

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

The Role of Governors

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

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

The main roles of Council of Governors as set out by the Government are to:

- Represent the interests of the people within their constituency or partner organisation, report feedback on our services and, wherever possible, how they could be improved.
- Hold Non-Executive Directors to account for the Board's performance.

In²gether, the Council of Governors fulfils these roles by:

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

2GETHER NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

TUESDAY 16 JANUARY 2018

BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT: Ingrid Barker Rob Blagden Jenny Bartlett
Vic Godding Katie Clark Stephen McDonnell
Mervyn Dawe Said Hansdot Bren McInerney
Ann Elias Cherry Newton Euan McPherson
Hazel Braund Mike Scott Jan Furniaux
Faisal Khan

IN ATTENDANCE: Maria Bond, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
John McIlveen, Trust Secretary
Jane Melton, Director of Engagement and Integration
Kate Nelmes, Head of Communications
Quinton Quayle, Non-Executive Director
Nikki Richardson, Non-Executive Director
Neil Savage, Director of Organisational Development
Jonathan Vickers, Non-Executive Director

1. WELCOMES AND APOLOGIES

1.1 Apologies for the meeting had been received from Jo Smith, Jennifer Thomson, Lawrence Fielder, Xin Zhao, Hilary Bowen, Svetlin Vrabtchev and Kate Atkinson. Colin Merker, Acting Chief Executive was also unable to attend the meeting.

2. DECLARATION OF INTERESTS

2.1 There were no new declarations of interest. All Governors had received a new DOI form and were asked to complete this and return it to Anna Hilditch.

2.2 Looking forward at the agenda for the meeting, Bren McInerney advised that he was a member of the CQC Experts by Experience group. The Chief Executive's report would be providing an update on the forthcoming CQC inspection so Bren said that he wanted to declare this interest in advance.

3. COUNCIL OF GOVERNOR MINUTES

3.1 The minutes of the Council meeting held on 9 November 2017 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.

- 4.2 It was noted that an “Engagement Guide” for Governors had been produced and this had been included in the papers for the November Council meeting. However, it was agreed that a copy of this guide would be emailed out to all Governors as it offered some helpful suggestions on how to increase engagement with members.

ACTION: Governor Engagement Guide to be emailed out to all Governors for information

- 4.3 Mervyn Dawe asked whether it would be possible for the Governors to receive a report or presentation at a future meeting on Health and Safety and how this was managed within the Trust. Neil Savage said that he would be happy to produce something for Governors and it was agreed that this item would be added to the work plan.

ACTION: Governors to receive a presentation at a future Council meeting on Health and Safety Management within 2gether

- 4.4 The Council received and noted the Meeting Evaluation feedback from the last meeting in November.

5. CHIEF EXECUTIVE’S REPORT

- 5.1 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 November 2017.
- 5.2 Neil Savage presented this report to the Council in Colin Merker’s absence. Governors were aware that Shaun Clee has been unwell recently and during this extended period of ill health, Colin Merker, as the Deputy CEO, has taken on the role of Acting Chief Executive, to ensure we maintain strong leadership within the Trust senior team. Colin himself was due to retire in late January 2018 after more than 40 years in the NHS, but he has very helpfully agreed to stay on to provide senior leadership for as long as necessary and will work with us until Shaun’s health position becomes clear and the longer term appointment to the Joint Chief Executive post and an appropriate induction and handover can be made. Hazel Braund said that the Governors appreciated the support by the Senior Team during the current period of absence; however, she said that they needed some assurance around the proposed back fill arrangements as this was a huge pressure on Colin. Neil Savage advised that the Trust was in the process of appointing an interim Director of Service Delivery on a 12 month fixed term contract. It was hoped that the interviews for this post would take place ASAP, with the view of having someone in post within 2 weeks.

Finance Update

- 5.3 At the end of October (month 7) we had a surplus of £430k in line with our planned surplus before impairments. The month 7 forecast outturn remains for an £884k surplus before impairment, in line with our agreed control total. We completed a mid-year review of our financial position in October. Revenue

budgets, capital expenditure, savings schemes, cash, balance sheet provisions and potential risks and opportunities have all been reviewed. The actions identified in the review are being implemented and we remain on track to meet our agreed financial control total. However, there remain a significant number of risks within our financial position which we remain mindful of as they will require strong leadership and support to successfully deliver.

- 5.4 The Governors noted that agency spend at the end of October was £2.626m. On a straight line basis the forecast for the year would be £4.501m, which would be a reduction of £0.991m on last year's expenditure level, but above the agency control total by £1.097m. The Council were advised however, that with a number of initiatives currently being implemented it was anticipated that we would be able to reduce agency usage further in year and our year end forecast was for a spend of £4.084m. 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.

Joint Working with Gloucestershire Care Services

- 5.5 Work is continuing with Gloucestershire Care Services NHS Trust on the proposal to bring our two organisations together. Ingrid Barker, Joint Chair across both Trusts took up her post formally from 1st January 2018. The interviews for the joint Chief Executive post have now been rearranged to take place on 21st February 2018.
- 5.6 We have set up a new joint group between the two Trusts to progress the planning and progress of our joint strategic proposal to 'merge'. This group is called the Strategic Intent Leadership Group (SILG). The Group is chaired by Ingrid Barker and includes Non-Executive and Executive Director representation from both Trusts. We have also agreed that a joint Programme Executive Management Group (PEMG) will sit below the SILG to deliver the detailed work programme required to achieve a successful merger. Both of these groups are beginning in January 2018 and a Project Director is currently being appointed to coordinate our joint work overall.
- 5.7 Bren McInerney asked how the Trust was going to share the plans with the wider community and whether a communications plan was in place to keep people informed of developments. He said that he was not yet assured that this was in place. Neil Savage thanked Bren for raising this as the importance of communicating the plans with staff, stakeholders and the public was key. He advised that the Communications Team at 2gether and GCS were working together to produce a comprehensive communications plan and there was a communications work stream as part of the joint working group. However, he noted that this process had only just started but gave assurance that the Engagement and Communications Plan was on the agenda for the next Joint Working Group which was due to take place the following day.
- 5.8 Stephen McDonnell asked whether there were likely to be any staff redundancies as part of the proposed merger. Neil Savage said that at this time no redundancies were being planned for. He said that there would be a number of redeployment opportunities available and staff would be offered opportunities

to work differently. All of the work taking place to look at this was in line with the STP workforce plan.

- 5.9 Mike Scott asked for clarification around the next steps for the appointment of a Joint CEO. The Council noted that the planned interviews on 19 January had been postponed. Neil Savage informed the Council that a new date for the interviews had now been confirmed as 21 February. It was agreed that the new date would be emailed out to all Governors inviting participation in the discussion groups.

ACTION: New date for the joint CEO interviews would be emailed out to all Governors inviting participation in the discussion groups.

Crisis Resolution Service (MHARS)

- 5.10 The Council noted that the contract for the 'Mental Health Matters' helpline has been finalised and the new service has been operational from November 2017. This service provides support to people who would normally access our Crisis teams but for which their needs do not require an acute response. Callers can be escalated to our Crisis Team for an urgent response if required.
- 5.11 Our S136 Triage service 'Mental Health Nurse in a Police Car' has increased its operational periods to 4 days per week from 2pm until midnight, Tuesday through to Friday. This service development appears to offer the opportunity to significantly reduce S136 detentions. The pilot will be reviewed in conjunction with the police during February 2018, before formalising a decision around future service provision and operational times.
- 5.12 Cherry Newton and Euan McPherson both asked whether the S136 Triage service was being rolled out in Herefordshire, or whether this was a Gloucestershire only pilot. Hazel Braund, nominated Governor for Herefordshire CCG said that this was only being piloted in Gloucestershire for the time being; however, it was currently being reviewed by Herefordshire CCG. A request was made that items included within the Chief Executive's report, and other reports for the Council make clear whether developments related to both Gloucestershire and Herefordshire, only just one county. This was agreed as a sensible and helpful action.

ACTION: Future CEO Report to the Council to make clear whether developments in services relate to both Gloucestershire and Herefordshire, or just one county

- 5.13 Mervyn Dawe noted that the S136 Triage service was currently a 4 day a week service; however, this was a 7 day a week problem. Neil Savage agreed and noted that the service was being reviewed. The development did offer the opportunity to significantly reduce the number of S136 detentions and had been seen as a very beneficial service, but there was still a long way to go.

Smoking Cessation

- 5.14 On Monday 8th January the Trust started the implementation of smoking cessation in Herefordshire. Implementation planning meetings have been taking

place and staff/service user/carer events have been held across Herefordshire. Signs and banners are being prepared to promote this initiative at our Herefordshire sites. It has now been six months since we started our smokefree journey in Gloucestershire, and to find out how staff feel about the introduction of our smokefree policy, a survey has been launched via our intranet. The findings of the survey will assist in the further implementation of smoking cessation in Gloucestershire and Herefordshire.

- 5.15 Jenny Bartlett said that she had seen a number of negative comments and message threads on social media in Herefordshire about the planned implementation and she queried whether the correct messages had been sent out by the Trust to manage this. Kate Nelmes said that she was aware of the comments that had been posted and she had responded to these online on the Herefordshire Times website. It was a very difficult subject; however, Kate advised that more information and the key facts and frequently asked questions had been updated to help people's understanding of what was happening.
- 5.16 Bren McInerney said that it was good to see the Trust leading on this work and he acknowledged the huge effort of staff in implementing smokefree across the Trust.

Believe in Gloucester Award

- 5.17 The Governors were informed that The Pied Piper Room for Children and Families at Wotton Lawn Hospital won the 'Best Community Project' category in the Believe in Gloucester awards 2017. The award was accepted by Nick Broady, Chair of the Pied Piper Appeal, which part-funded the room which was officially opened by HRH the Countess of Wessex earlier this year.

Congratulations to Andy

- 5.18 Andy Webb, 2gether's Criminal Justice Liaison Team Manager has been awarded a Commander's Commendation by Gloucestershire Police. The Commendation was awarded by Superintendent Tony Godwin of the Criminal Justice Department in 'recognition of excellence'.
- 5.19 The Council of Governors congratulated both the team at Wotton Lawn and Andy Webb for their achievements. It was agreed that a letter would be sent to the relevant people from the Trust Chair, on behalf of the Council.

ACTION: It was agreed that a letter would be sent from the Trust Chair, on behalf of the Council congratulating both the team at Wotton Lawn and Andy Webb for their achievements

CQC Inspection

- 5.20 Neil Savage provided an update to the Council on the Trust's forthcoming CQC revalidation visit which would take place during February and March of this year. He said that a lot of preparation was already underway and action plans in place where necessary.

5.21 Mike Scott asked whether there would be any Governor involvement in the inspection process and if so, what this would be. Neil Savage said that it was difficult to predict what/who the CQC may ask to speak to during their visit; however, at the request of the Governors Neil agreed to see whether there was a mechanism for asking the CQC in advance if they would wish to see the Governors and to be proactive about managing this engagement once the final dates for the inspection were known. Governors acknowledged that this may not be possible but advance notice of any proposed engagement would be extremely welcome.

ACTION: Neil Savage to see whether there was a mechanism for asking the CQC in advance if they would wish to see the Governors and to be proactive about managing this engagement once the final dates for the inspection were known

6. CQC NATIONAL PATIENT SURVEY RESULTS 2017

- 6.1 Enabling people to have positive experiences of NHS services which meet their needs and expectations is a key national strategic goal and an underpinning core value of 2gether NHS Foundation Trust. This report outlined the Care Quality Commission's published results of the data analysis of the 2017 survey sample of people who use 2gether's services. The CQC makes comparison with all other English mental health Trust results of the same survey. The Council was asked to note that Quality Health had carried out the survey and the sample of participants was drawn randomly from Herefordshire and Gloucestershire using a prescribed national formula. The full results were published on 15th November 2017 on the CQC website.
- 6.2 Jane Melton informed the Council that three mental health Trusts in England were classed as 'better than expected' across the entire survey and 2gether was named as one of these 3 Trusts. These results represent a further improvement when compared with our results from last years' service user feedback in the same survey. 2gether is categorised as performing 'better' than the majority of other mental health Trusts in 5 of the 10 domains and as performing 'about the same' as the majority of other mental health Trusts in the remaining 5 domains. 2gether is not categorised as performing 'worse' than the majority of other mental health Trusts for any of the domains or any of the specific questions.
- 6.3 The Council noted that these were excellent results; however, the Trust would never be complacent and an action plan to address those areas for development would be undertaken during January. The key areas of focus for development would include:
- Supporting people at times of crisis
 - Involving people in planning and reviewing their care
 - Involving family members or someone close, as much as the person would like
 - Giving people information about getting support from people with experience of the same mental health needs as them
 - Helping people with their physical health needs and to take part in an activity locally
 - Providing help and advice for finding support with finances, benefits and employment

- 6.4 Cherry Newton noted that this was a combined report and asked whether it was possible to breakdown the results into Gloucestershire and Herefordshire, to see whether there were any areas for improvement that might be hidden by the combined result. Jane Melton said that it would be possible to provide an overall profile for each county and agreed to look at producing this.

ACTION: Jane Melton to provide an overall profile of the National Patient Survey results for each county.

- 6.5 Euan McPherson said that he thought this was an excellent report. There had been a good response rate to the survey and great results and he congratulated the Trust on this achievement.
- 6.6 Bren McInerney referred to the response rate and he asked whether there was anything more that the Trust could do to increase the number of responses, both to these surveys and in more general terms around people raising concerns. Jane Melton said that a lot of work was taking place to address the issue of people not feeling able to comment on Trust services and the triangulated work was demonstrated in the quarterly Service Experience report received by the Board. Bren added that there were a number of “amber” indicators within the survey report and he asked that thought be given to what needed to happen to move these to “green” next year.
- 6.7 Mervyn Dawe agreed that this was an excellent result for the Trust and suggested that a summary be included in the next Membership newsletter.

ACTION: Summary of the results from the National Patient Survey to be included in the next Membership newsletter

7. CHILDREN AND YOUNG PEOPLE’S SERVICES - PRESENTATION

- 7.1 The Council welcomed Sarah Batten (Service Director) and Dr Rosemary Richards (Clinical Director) to the meeting who gave an overview of CYPS/CAMHS services in Gloucestershire and Herefordshire. A copy of this presentation would be circulated to all Governors for reference.

ACTION: Copy of the CYPS/CAMHS Presentation to be circulated to Governors

- 7.2 One of the key issues highlighted in the presentation was the continuing problem with the provision of Tier 4 Inpatient CAMHS beds. The Council noted that this was a national issue, with these services commissioned by NHS England; however, 2gether would keep this on its agenda locally. The current practice of admitting under 18 year olds to adult units was not suitable; however, this did occur when the clinical need arose and 2gether ensured that all of the necessary safeguards were in place to manage such admissions. Sarah Batten reported that patient’s experience of the quality of care received at Wotton Lawn was very good, but this did not take away from the admissions being unsuitable. Thorough reviews of all under 18 admissions were carried out.

- 7.3 The Council of Governors were directed to the new CYPS website which had been developed and was now live. Sarah Batten said that the service was very proud of the website and suggested that Governors go in and take a look. The new website had been developed with the Communications Team and strong engagement with the young people that use 2gether's services.
- 7.4 Mike Scott asked whether consideration had been given to commissioning a CAMHS inpatient unit in Gloucestershire. Dr Richards said that thought had been given to this but the current number and profile of patients requiring inpatient admission within the county would not make a good mix for a single unit, with many requiring specialist care.
- 7.5 Mervyn Dawe said that he felt passionately about services for Children and Young People, noting that proper investment in early life meant that there would be less problems developing in later life. He said that he was very keen to find out more about the service and asked whether it would be possible to organise a Governor visit to CYPS. Sarah Batten said that she would be very happy to host a visit for Governors and it was agreed that Anna Hilditch would liaise with the team to organise this.

ACTION: Anna Hilditch to liaise with CYPS to arrange a visit to services for Governors

- 7.6 Bren McInerney asked about the transition date for moving from CYPS into adult services. Sarah Batten said that the transition pathway commenced when the young person was 17.5 which would enable a 6 month transition to take place. CYPS would work closely with the young person to ensure a successful transition. Dr Richards added however, that if the young person was planning to go away to university then there were occasions that they would stay with CYP services until they moved and work would take place with the university to ensure that the young person was successfully transitioned directly to adult services in the appropriate location.
- 7.7 Bren McInerney said that he was pleased to see the excellent amount of engagement that took place with CYP which was evident from the presentation. He said that he would like to see the changes that had taken place in direct response from the young people's comments, such as changes in lighting and decoration. This would give helpful additional assurance.
- 7.8 Euan McPherson said that the collaboration between Gloucestershire and Herefordshire services was excellent and welcomed the bringing together of the two teams under one management structure. He asked whether there were any hotspots or tricky areas that arose in terms of transitioning young people into adult services. Dr Richards said that those young people on the autistic spectrum were often more difficult to transition.
- 7.9 The Council thanked Sarah and Rosemary for their presentation.

8. QUALITY REPORT INDICATORS AND AUDIT

Quality Report – Quarter 2 Progress Report

- 8.1 Gordon Benson, Assistant Director of Governance and Compliance was in attendance to present this report which gave the Council of Governors a review of progress with the Quality Report priorities for 2017/18 and an opportunity to agree the indicators for external audit purposes.
- 8.2 The Quarter 2 report showed the progress made towards achieving targets, objectives and initiatives identified in the Annual Quality Report. Overall, there were 3 targets which were not currently being met: Personalised discharge care planning, Numbers of service users being involved in their care and Reduction in the use of prone restraint. There was also limited assurance that target 3.1 – Reduction in the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years would be met.
- 8.3 The Governors noted that these targets continued to receive considerable focus through operational management systems, wider work streams such as the Patient Safety Improvement Programme, and sub-committees such as the Positive & Safe Sub-Committee. There had been sustained improvements across most User Experience targets and joint CPA reviews for service users who make the transition from children's to adult services. The Council was also asked to note that an Easy Read section was now routinely included within the Quality Report which was welcomed.
- 8.4 Rob Blagden noted that there were 3 red targets; however, the Trust's performance against all of the quality measures had actually improved in terms of percentages from last year which was important to be aware of.

Quality Report 2017/18 Audit Process

- 8.5 The Council was informed that NHS Improvement guidance was currently unavailable for the external assurance report which will be provided by KPMG; however, it is unlikely there will be significant changes in the Quality Report assurance requirements. Therefore, in keeping with previous guidance we are working on the assumption that one locally chosen Governor indicator will still be required in addition to two mandated indicators. On this basis the Council was presented with the potential options for auditing under the set domain headings of effectiveness, user experience and safety.
- 8.6 On review of the indicators, the Council asked that the following mandated indicator be reviewed; "100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital". Governors asked whether this audit could also cover follow up within 48 hours of discharge which was a Trust stretch target. The Governors agreed that their locally selected indicator for auditing this year would be "To improve personalised discharge care planning in Adult inpatient wards and Older People's wards." Gordon Benson agreed to pass these recommendations on to the Trust's external auditors. He added that the purpose of the audits was to ensure that the Trust had the necessary

processes in place for capturing data and therefore accurately reporting the data.

2018/19 Quality Report Development

- 8.7 Gordon Benson advised that the Trust was currently considering quality priorities for inclusion in the 2018/19 Quality Report, working with colleagues within the organisation and externally. Governors were invited to provide suggestions for potential indicators, to be submitted to the Assistant Director of Governance & Compliance no later than 31 January 2018.

9. MEMBERSHIP ACTIVITY REPORT

- 9.1 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).
- 9.2 The Trust's newly formed Membership Advisory Group has met twice – once during July and once during September 2017. A meeting planned for December was postponed due to the unavailability of group members due to other commitments. Currently the group is comprised of three Governors, two members of Trust staff and two public members. The next meeting is planned to take place in Herefordshire to attract representation from Herefordshire, as this has not yet been achieved.
- 9.3 Bren McInerney said that he would like to join the Membership Advisory Group as he took a real interest in promoting and engaging with the Trust's membership. He also encouraged other Governors to get more involved.
- 9.4 The Governors noted that as of 31 December 2017, the Trust had 301 more public members than we had at the end of 2016/17. Membership now stood at 5656 Public members and 2130 Staff members.

10. FEEDBACK FROM GOVERNOR OBSERVATION AT BOARD COMMITTEES

- 10.1 A number of Board and Board Committee meetings had taken place since the Council of Governors last met in November 2017 and Governors had been present in an observation capacity at these meetings.
- Mike Scott had attended the Board meeting which took place in November in Herefordshire
 - Euan McPherson attended the Development Committee meeting on 13 December. He reported that this meeting had been excellently chaired and there was good engagement between the Executive and Non-Executive members of the Committee.
 - Cherry Newton had observed the MH Legislation Scrutiny Committee meeting in January
 - Vic Godding had attended the Governance Committee in December.
- 10.2 Mike Scott advised that the Governors had valued being invited to attend the Board Committees and a request was made that future Board Committee meeting dates and Governor nominees for each of these be included on the Council of Governor agendas by way of keeping them clearly on the radar.

ACTION: Future Board Committee meeting dates and Governor nominees for each of these to be included on the Council of Governor agendas

11. GOVERNOR ACTIVITY

- 11.1 Cherry Newton was supporting a Carers event being held to coincide with Time to Talk Day (February 1) in Herefordshire. Two fellow Governors had also expressed an interest in participating in this event.
- 11.2 Bren McInerney and Said Hansdot would be meeting to discuss a future engagement event to be held in the Barton and Tredworth area of Gloucester.
- 11.3 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.

12. ANY OTHER BUSINESS

- 12.1 There was no other business.

13. DATE OF NEXT MEETINGS

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
2018		
Thursday 8 March	1.30 – 2.30pm	3.00 – 5.00pm
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

2018		
Tuesday 30 January	10.00 – 1.00pm	Business Continuity Room, Rikenel
Wednesday 28 March	10.00 – 1.00pm	Business Continuity Room, Rikenel
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
16 January 2018			
4.2	Governor Engagement Guide to be emailed out to all Governors for information	Anna Hilditch	Complete Emailed on 23 January
4.3	Governors to receive a presentation at a future Council meeting on Health and Safety Management within 2gether	Neil Savage	This has been scheduled to take place at the July 2018 Council meeting
5.9	New date for the joint CEO interviews would be emailed out to all Governors inviting participation in the discussion groups.	Anna Hilditch	Complete Emails sent by Lead Governor and attendance confirmed by AH on 31 January
5.12	Future CEO Report to the Council to make clear whether developments in services relate to both Gloucestershire and Herefordshire, or just one county	Colin Merker	Future reports to Council will be reviewed in advance to ensure that this information is included
5.19	It was agreed that a letter would be sent from the Trust Chair, on behalf of the Council congratulating both the team at Wotton Lawn and Andy Webb for their achievements	Ingrid Barker	Complete
5.21	Neil Savage to see whether there was a mechanism for asking the CQC in advance if they would wish to see the Governors and to be proactive about managing this engagement once the final dates for the inspection were known	Neil Savage	Complete 2 sessions arranged for the Governors to meet with the CQC as part of the inspection process
6.4	Jane Melton to provide an overall profile of the National Patient Survey results for each county	Jane Melton	
6.7	Summary of the results from the National Patient Survey to be included in the next Membership newsletter	Kate Nelmes	Next Newsletter scheduled for April 2018 and an item has been prepared for inclusion in this.
7.1	Copy of the CYPS/CAMHS Presentation to be circulated to Governors	Anna Hilditch	Complete Emailed on 23 January
7.5	Anna Hilditch to liaise with CYPS to arrange a visit to services for Governors	Anna Hilditch	Ongoing CYPS have discussed this at a team meeting and a date is being sought during May/June
10.2	Board Committee meeting dates to be included on the Council of Governor agendas	Anna Hilditch	This will be included on all future Council of Governor meeting agendas

2gether NHS Foundation Trust
EVALUATION OF COUNCIL OF GOVERNORS MEETINGS

Name...12 Governors.....

Date of Meeting ...16 January 2018.....

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

	Please tick as appropriate:	Yes	No	Partial	N/A
10.	Were reports / papers presented concisely and succinctly?	10		2	
11.	Please list any reports which did not meet the above aims: <ul style="list-style-type: none"> • Some discussions seemed to digress at times • Pie charts and graphs not easy to follow 				10
12.	Please list any reports you found particularly helpful and say why: <ul style="list-style-type: none"> • CEO Report always helpful • Quality Report • Service User survey results • CYPS Presentation – very informative 				
13.	Were the items submitted to Council appropriate for the discussion / decision making?	12			
14.	Was the right amount of time spent debating the right issues? <i>If no, and too much time was spent debating a particular issue, which one?</i> <ul style="list-style-type: none"> • Time is never enough • Overran on a couple of items – but not a problem • Too much time spent verbally reproducing CEO report rather than picking out underlying issues • Bit less time on presentation of CEO report • Quality report felt rushed 	7	1	4	
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>	12			
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>	12			

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

Best Aspect of Meeting:	Worst Aspect of Meeting:
<ul style="list-style-type: none"> • Chairing • CAMHS Presentation (and need for Governor visit to CAMHS services) • Good CYPS/CAMHS presentation • Pre-meeting • Openness of opinions 	<ul style="list-style-type: none"> • Time! • Very full agenda for time available • Rather rushed

Agenda Item 6

Enclosure

Paper C

Report to: Council of Governors – 8 March 2018
Author: Colin Merker, Acting Chief Executive
Presented by: Colin Merker, Acting Chief Executive

SUBJECT: CHIEF EXECUTIVE’S REPORT

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

This Report is provided for:			
Decision	Endorsement	Assurance	Information

1. Finance Update

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 the our financial control total. There is the potential for us to receive an STF incentive payment of £117k if we deliver this position which would take our year end surplus to £1.084m.

Agency spend at the end of January is £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.

We are progressing well with budget setting for next year. National guidance has been published and we are assessing the impact on our financial plans for next year. We have been advised that our Financial Control Total for 2018/19 has been reduced to an £834k surplus. This will have a beneficial impact for us.

We have undertaken an Alternative Site Modern Equivalent Asset (MEA) revaluation of our land and buildings and the draft report indicates that we should receive a significant recurring saving from this initiative. We are currently working through the details of the report to assure ourselves of the accuracy and validity of the proposed revaluation but we have included the anticipated benefit in our financial position. As a result we have been able to mitigate a number of financial risks that could have caused us to miss our financial control total.

2. Interim Director of Service Delivery Appointed

At our 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 my substantive “Director of Service Delivery” role.

I am very pleased to announce that following recent interviews, John Campbell has started with us 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.

3. 2018 Mental Health Community Survey is now underway

Colleagues may remember that the 2017 survey resulted in our 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 ourselves.

So far, the response to the 2018 survey is encouraging. Our response rate is 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.

Once the survey closes and the results are collated, the full report will be presented to our Board (November 2018) and the also shared with Governors.

4. Together Working to Improve the Lives of Homeless People

People with poor mental health are at greater risk of experiencing the three main factors which can lead to homelessness: poverty, isolation and vulnerability. In turn, being homeless can cause a decline in mental health and lead to anxiety, fear, depression, sleeplessness and substance misuse.

This is why we working to establish strong partnerships with other organisations to improve the lives of homeless people in Gloucester. The life expectancy of a street homeless person is just 42 years, compared with 74 for men and 79 for women in the general population.

At the George Whitefield Centre run by Gloucester City Mission, agencies including Gloucestershire Care Services (GCS), Change Grow Live, P3 and ourselves are working together to provide 'hub style' care for rough sleepers. Homeless people can register and access GP clinics four days per week at the centre in Great Western Road. Nurses are there five days a week to wash wounds and change bandages and clients can have a shower, a change of clothes, a hot meal and a clean sleeping bag. A Community Psychiatric Nurse (CPN) visits weekly, as well as a podiatrist once a fortnight.

Some of the other support provided at the centre involves building skills including:

- Cookery and healthy eating courses
- Help with maintaining accommodation
- Access to drug and alcohol workers
- Assessments
- A recovery group
- Narcotics Anonymous runs once a week on a Saturday

5. **Media Story – Car Parking Charges**

We shared an email with colleagues in February making you aware 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.

What we have been doing in relation to the issue of parking is that we 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. We are one of an increasingly small number of NHS providers who do not currently charge staff for car parking. We also have a number of staff who work from non-Trust sites and where they have to pay to park on those sites. 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.

We therefore want 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.

6. **Pullman Place**

We are currently planning the official opening of our Gloucester Hub at Pullman Place, which will be held on Thursday 19th April 2018. The opening will be performed by our Trust Chair, Ingrid Barker. The event will give you an opportunity to tour the building, meet staff and learn more about the many services we now provide from the building to support people with mental health conditions and learning disabilities within Gloucester City.

Governors are invited to attend the opening which will commence at 3.00pm. An e-invite was sent out to all Governors on 13th February 2018, but if you would like to attend and have not yet let us know, please can I ask you to confirm your attendance with Anna Hilditch.

7. **ROSCAs 2018 – Governor Involvement**

The huge contribution made by hardworking 2gether staff will be recognised in our annual award scheme. Nominations are now open for the Recognising Outstanding Service and Contribution Awards (ROSCAs) and this year is a double celebration as it coincides with the 70th anniversary of the birth of the NHS. The scheme acknowledges staff, teams and volunteers who have made an outstanding contribution and commitment to our organisation. There will be an annual awards ceremony where great teams and colleagues and their achievements are celebrated.

This will be our 11th annual ROSCAs and each year we try and involve Governors, experts by experience and key partners in the awards selection process. We would therefore like **one Public** Governor to volunteer to sit as part of the judging panel this year. The panel meeting will take place on Tuesday 1st May, 10.00am - 2.30pm at the Warehouse Climbing Centre, Gloucester. The participating Governor will also be invited to attend the awards ceremony in July 2018. Governors are asked to consider this and put forward a nominee via the Lead Governor.

8. **Men's Shed**

The Independence Trust have launched their Men's Shed at Weaver's Croft in Stroud. The need for a men's group had been identified through working with and listening to men across the county.

The Shed will provide a safe space for men to discuss their mental health, meet like-minded people, regain the feeling of being purposeful and produce an end product.

9. **Five Star Food Hygiene Ratings**

Congratulations to the team at Laurel House in Cheltenham, who received an unannounced visit from Environmental Health this month. The site has retained its five-star rating, which demonstrates a continued commitment to high standards of food safety and compliance with legislation.

Congratulations also to the team at Oak House in Hereford, who 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.

Well done and thank you to all those staff involved in achieving this.

10. **National NHS Staff Survey Results**

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.

Our results show 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.

Our 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%)

Our 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%)

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.

We will be working through our committees and with Staffside colleagues to analyse the results more fully in the coming weeks, and, as always, will put an action plan in place to bring about improvements where they are required.

We need to thank everyone who took the time to respond and share their views as this survey is one of our most valuable sources of feedback received from our staff.

We are proposing to present the full survey results to Governors at a future Council meeting and I would like to ask if there is a small group of Governors who would be willing to work with Neil Savage and our HR team to develop the presentation as we have with other similar matters.

11. Adverse Weather Conditions

Colleagues will be aware of the recent adverse weather we have had to work through over the last week. I have been grateful for the good wishes of a number of Governors through this period, and I have to again stand humbled at the professionalism and commitment of our 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.

While we hope the bad weather is behind us now, this was another example of why we should all be proud of 2gether staff for the tireless and unselfish commitment they make.

12. Dawn Lewis

It is with great sadness that I have to advise Governors of the death of Dawn Lewis, a long standing Governor with us, on the 17th February 2018. Colleagues will know that Dawn has 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 services 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, and ourselves.

Dawn had a family only cremation early last week. We have sent our condolences via her son.

Agenda Item: 9

Enclosure: Paper D

Report to:	Council of Governors – 8 th March 2018
Presented by:	Rob Blagden, Lead Governor
SUBJECT:	Nominations and Remuneration Committee Report – 6 February 2018

KEY POINTS TO DRAW TO THE COUNCIL'S ATTENTION

PRESENT Ingrid Barker (Trust Chair), Rob Blagden (Lead Governor), Mervyn Dawe (Public Governor – Stroud), Vic Godding (Public Governor – Cheltenham), Mike Scott (Public Governor – G England), Neil Savage (Director of Organisational Development), Anna Hilditch (Assistant Trust Secretary)

APPOINTMENT OF A NON-EXECUTIVE DIRECTOR (NED)

The interview had taken place earlier in the day 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.

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.

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. Interview panel members would be notified of a rearranged date as soon as possible.

DEPUTY CHAIR REMUNERATION

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.

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.

A query was raised as to whether this uplift and extra time commitment was something that the Trust had already built in to its joint working timeline or whether it was something that had just occurred. The proposed uplift was supported; however, the Committee was keen to gain assurance that the Trust was thinking things through systematically. It was noted that discussions about the additional support from the Deputy Chair had been taking place since October; however, now that the joint working with GCS had finally commenced in the form of the Strategic Intent Leadership Group it had helped to crystallise a number of issues. The NHSI transactions manual had only been published at the end of November which was also guiding the joint work so it was likely that there would be things that the Trust needed to pick up as we went along.

The Committee noted that 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. The Committee appreciated this information, noting that they were mindful of the current economic climate and it was important to be able to evidence such decisions in case the Trust was challenged. The Committee noted that the uplift would be fully funded through the savings made by the joint Chair position.

The N&R Committee unanimously endorsed the recommendations to:

- Endorse a proposed temporary £5k increase in remuneration for Nikki Richardson
- Agree that any such increase be backdated to 1 January 2018
- **Recommend approval of this increase to the Council of Governors**

NED APPRAISAL PROCESS 2018

The Committee was asked to note that 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.

ACTIONS REQUIRED BY THE COUNCIL

The Nominations and Remuneration recommend that the Council of Governors:

- **Note** that a further NED interview date was being sought
- **Approve** the proposed temporary £5k increase in remuneration for Nikki Richardson, Deputy Chair, to be backdated to 1 January 2018
- **Note** the process for the NED Appraisals for 2018

Agenda Item 10

Enclosure Paper E

Report to: Council of Governors – 8 March 2018
Author: Nikki Taylor, Contracts Manager
Presented by: Nikki Taylor, Contracts Manager

SUBJECT: Service Planning 2018/19 – Draft Plan

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

This Report is provided for:			
Decision	Endorsement	Assurance	Information

EXECUTIVE SUMMARY

- Service Planning – First Draft Objectives 2018/19
- Paper was presented to Executive Committee on 29 January and Development Committee on 7 February 2018
- In addition to previous years, Information and Clinical Systems, Contracts and Resilience and Security have been asked to provide objectives for their areas
- There are a total of 67 objectives:
 - Localities have 33 objectives
 - Corporate have 27 objectives
- Appendix A – Detailed Objectives for each Service Locality
- Appendix B – Detailed Objectives for each Corporate Directorate
- The timetable for completion of the process is:

Date	Action
4 January 2018	Service Planning Process Starts
19 January 2018	Draft Service Plans returned to Nikki Taylor
29 January 2018	Executive Review of First Drafts
7 February 2018	Development Committee Review
16 February 2018	Feedback to Directorates
8 March 2018	Governor Review
14 March 2018	Feedback to Directorates
23 March 2018	Final Service Plans returned to Nikki Taylor
9 April 2018	Executive Review of Final Version
18 April 2018	Development Committee Review
26 April 2018	Trust Board Sign Off

RECOMMENDATIONS

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

Corporate Considerations

<i>Quality implications</i>	None
<i>Resource implications:</i>	None
<i>Equalities implications:</i>	None
<i>Risk implications:</i>	Financial and Reputational

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

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

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

Reviewed by:

Deputy Director of Finance	Date	24 January 2018
Executive Committee		29 January 2018
Development Committee		7 February 2018

Where in the Trust has this been discussed before?

Performance is discussed at monthly Delivery Committee	Date	
--	------	--

What consultation has there been?

None	Date	N/A
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Explanation of acronyms used:

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

1. Context

- 1.1 Every year the trust develops service plans for the forthcoming financial year (April – March.) The service plans contain objectives to provide continuous quality of care to service users, carers, staff and volunteers within financial constraints. These service plans are an integral part of the Trusts Strategy and Operational plans.
- 1.2 This paper details the service planning process and timescales for 2018/19 and provides an update on completed and planned activities.
- 1.3 In addition to previous years Information and Clinical Systems, Resilience and Security and the Contracts Team have been asked to provide objectives for their respective areas

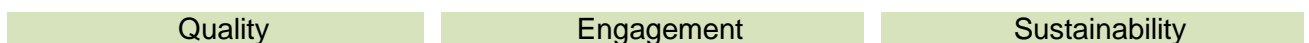
2. Service Planning Process and Update

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

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



- 2.3 The Trust Service Plans for 2018/2019 sets out the Trust's three strategic service objectives for the year. These objectives and associated actions relate to the Trust's strategic themes:



- 2.4 The key priorities set out in the Service Plan are drawn from:
 - the Trust's NHSI Annual Plan for 2017/8
 - the Trust's NHSI Strategic Plan
 - priorities identified by the Council of governors during the annual service planning cycle
 - priorities identified by staff across the Trust as part of the annual service planning cycle
- 2.5 Details of the services objectives are included in Appendix A. Final Plans to be submitted to Development Committee on 18 April 2018.
- 2.6 Feedback from this report will be passed back to directorates and teams by 14 March for information and update prior to final versions being completed by 30 March. Please see timetable at section 6 below for further information regarding dates.

3. Progress

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

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

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

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



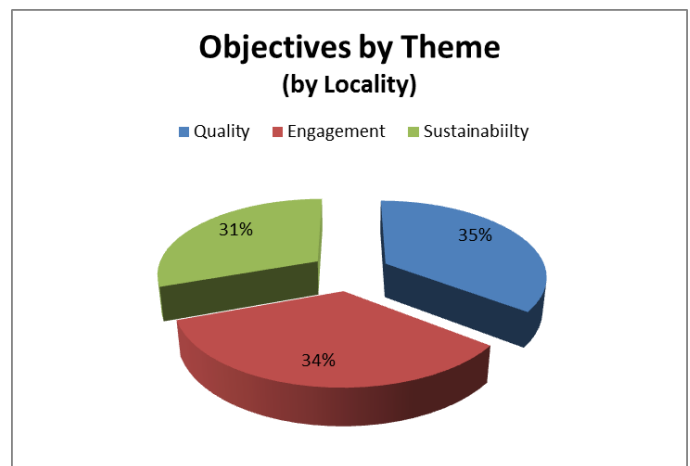
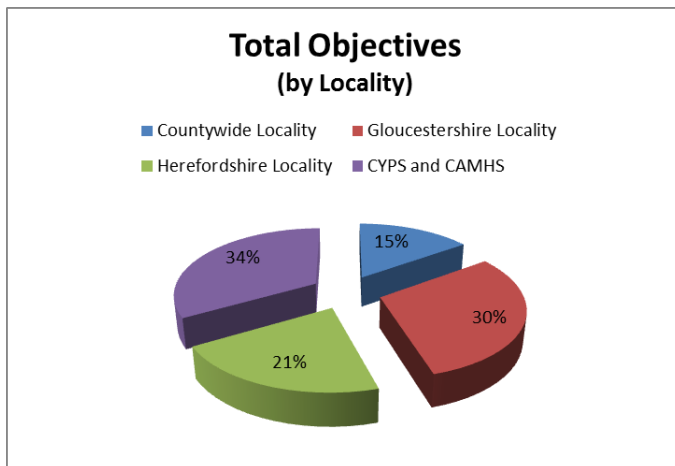
- 3.2 All localities, directorates and teams have been asked to consider the following when creating their objectives - links to these documents were provided for ease during the planning process:

4. Engagement

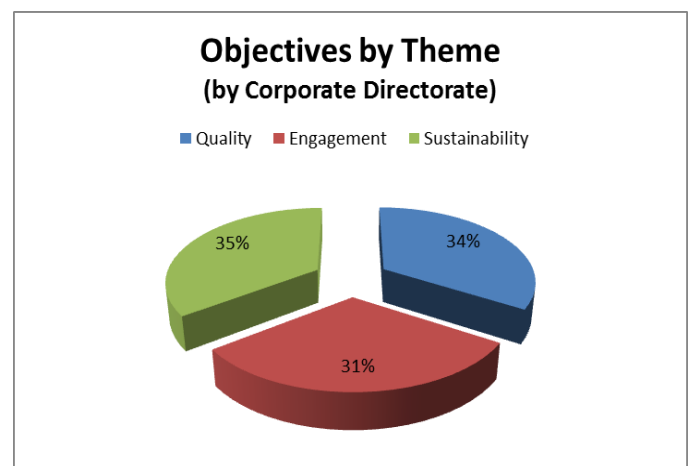
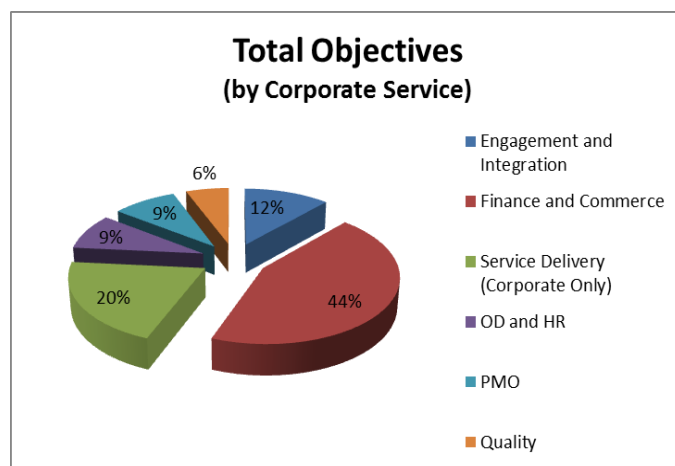
- 4.1 Feedback and views on the trust objectives and service plans have been, and are being sought through:
- Staff engagement in Localities
 - Locality boards
 - Development Committee
 - Council of Governors

5. Analysis of Objectives (to be updated)

Localities



Corporate



6. Timetable

The timetable for completion of the process is:

Date	Action
4 January 2018	Service Planning Process Starts
19 January 2018	Draft Service Plans returned to Nikki Taylor
29 January 2018	Executive Review of First Drafts
7 February 2018	Development Committee Review
16 February 2018	Feedback to Directorates
8 March 2018	Governor Review
14 March 2018	Feedback to Directorates
23 March 2018	Final Service Plans returned to Nikki Taylor
9 April 2018	Executive Review of Final Version
18 April 2018	Development Committee Review
26 April 2018	Trust Board Sign Off

Draft Service Plans 2018/19

Localities Objectives

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
CYPS and CAMHS						
Participation in Herefordshire Continue to develop participation in Hereford CAMHS with the dedicated CLD Participation Worker to include feedback opportunities and completion of the annual "15 Steps" survey	Via annual summary presented to CYPS/CAMHS Governance Committee during Q4 2018/19	By Q4 2018/19	<ul style="list-style-type: none"> Evidence of Voice of the Child within service delivery Demonstrable improvements to service delivery/governance due to direct feedback from children, young people and their families 	Dependencies Limited resource provision for Participation (2 days a month)	Risk: Limited resources and no contingency if absent Mitigation: Robust working links with both CLD and commissioners Overseen by CYPS/CAMHS Governance Committee	Q E
Participation in Gloucestershire Develop a Takeover Challenge for 2018/19 that ensures that the Voice of the Child is able to influence and shape service development within CYPS	Achieved via completed expected stages of challenge. Summary report to be presented to CYPS/CAMHS Board during Q4 2018/19	Review end of Q2 2018/19 Complete by end of Q4 2018/19	<ul style="list-style-type: none"> Evidence of Voice of the Child within service delivery Demonstrable improvements to service delivery due to feedback 	None identified	Risk: Nil identified Mitigation: Implementation plan to be presented at CYPS Board by April 2018 Overseen by CYPS/CAMHS Governance Committee	Q E
CYPS/CAMHS Website Develop Parent/Carers support pages to reflect feedback elicited from 2017. Triangle of Care feedback – including help for those parents who have children and young people with LD	Website content will have comprehensive and parent/carers specific information	Review end of Q2 2018/19 Completed by end of Q3 2018/19	<ul style="list-style-type: none"> Demonstrable evidence of meeting Triangle of Care ethos and proactively responding to recent feedback. Website becomes more meaningful as a clinical tool routinely used by clinicians Advice and guidance will be made available 24/7 	Dependencies: Website may require overall update of format during 2018/19	Risk: Website administrator currently provided via Staff Bank Likely not to be cost neutral due to future development requirements Mitigation: Overseen by CYPS/CAMHS Delivery Committee	Q E
Routine Outcome Monitoring (ROMs)	Findings across CYPS and CAMHS will be	Review end of Q2	<ul style="list-style-type: none"> Gain further clarity regarding current 	None identified	Risk: Likely increased demand on	Q E

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Set up biannual staff survey (CYPS & CAMHS) regarding ROMs to identify current barriers to full engagement of staff with roll out of ROMs across services wide	presented to CYPS / CAMHS Governance Committee in Q4 2018/19	2018/19 Completed by end of Q3 2018/19	operational & clinical barriers to implementation <ul style="list-style-type: none"> Developing mechanisms to collect meaningful and quality based narrative around ROMs to both staff and CYP/families Improve opportunities to evidence of "Voice of the Child" within service delivery 		administration Limited technical solutions to reduce administration duties for clinician Mitigation: Joint CYPS/CAMHS ROMs Designated Lead Overseen by CYPS/CAMHS Governance Committee Trust Comms support in place to develop survey functionality	S
Personalised Care Plans Develop systems to ensure "My Care Plan" is routinely used across service wide CYPS and CAMHS with regular evaluative feedback from children and young people	Implementation will be monitored via feedback from children and young people as well as clinical staff. Formal feedback to be collated by CYPS/CAMHS Governance Committee during Q3 2018/19	Review during Q2 2018/19 Completed by end of Q3 2018/19	<ul style="list-style-type: none"> Better able to evidence of "Voice of the Child" within service delivery Improve opportunities to evidence high quality service provision across CYPS & CAMHS 	Dependencies "My Care Plan" is not currently recognised in current Trust ACM policy. Care planning is a process and needs to remain a focused conversation with the child and young person and not be "tied" to documentation requirements	Risk: Requires concurrent ongoing dialogue with children and young people to ensure against over reliance on a single approach to care planning Mitigation: Overseen by CYPS/CAMHS Governance Committee	Q E
Workforce development Develop peer or line management feedback mechanisms within the formal annual appraisal process. This will be rolled out to all staff, including administration.	Formal feedback to be gathered by CYPS and CAMHS Service Managers during Q4 2018/19	Review quarterly Completed by end of Q4 2018/19	<ul style="list-style-type: none"> Opportunity to develop a more meaningful and reflective appraisal process Enable appraisal process to be more focused upon achievements and 	Nil identified	Risk: Pockets of poor staff engagement where there may be a fear of performance related implications Mitigation: Overseen by CYPS/CAMHS	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
			<p>success within the last 12 months – in line with the GOB developments within the services</p> <ul style="list-style-type: none"> • Enable appraisal objectives to be more focused on relationships, communication skills, attitudes, behaviours and performance 		Delivery Committee	
<p>Workforce development Achieve Phase 1 of building a clinic structure within Level 3/ Tier 3 clinical provision which will include developing clinic based supervision opportunities which are above and beyond the expected clinical supervision structure across both services.</p>	Quarterly verbal reporting in CYPS/ CAMHS Board	Quarterly review led by CYPS Service Managers	<ul style="list-style-type: none"> • Promote a team approach for delivering clinical care • Increase opportunities for clinicians to routinely access high quality clinical supervision and oversight • Promote opportunities for staff to feel they have the necessary expertise, confidence and capabilities to provide a range of specialist treatments • Further alignment of CYPS/CAMHS clinical provision 	<p>Dependency Risks around impact upon demand and capacity management across both services How to maintain KPI compliance whilst embedding this quality improvement initiative</p>	<p>Risk: Effective communication with staff is key throughout the process</p> <p>Mitigation: Overseen by CYPS/CAMHS Board Joint management oversight and commitment in place Initiative will be split into three Phases of development to ensure good practice is embedded before moving forward</p>	Q S
<p>Hereford Move the majority of clinical and administrative delivery of Hereford CAMHS to more suitable accommodation at Belmont in order to improve the quality of overall clinical provision.</p>	Quarterly verbal reporting into CYPS/ CAMHS Board	Quarterly review	<ul style="list-style-type: none"> • Higher quality accommodation in order to deliver services & offer future options to safeguard high quality, safe and effective service delivery 	<p>Dependency Lack of city central location may be a barrier to accessing appointments for certain families</p>	<p>Risk: Lack of certainty around proposed schedule of dates to transfer services</p> <p>Mitigation: Overseen by CYPS/CAMHS Board Effective communication in place with all parties</p>	Q E S
<p>Staff Appraisals – Maintain Trust expected targets of 90% across CYPS and CAMHS</p>	Compliance monitored via CYPS/ CAMHS	Bi monthly review	<ul style="list-style-type: none"> • Full compliance with Trust workforce KPI's 	Nil identified	<p>Risk: Non-compliance with Trust workforce KPI's</p>	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
during 2018/19	exception reporting to Trust Delivery Committee				Mitigation: Overseen by CYPS/CAMHS Delivery Committee	
Statutory & Mandatory Training – Maintain Trust expected targets of 90% across CYPS and CAMHS during 2018/19.	Compliance monitored via CYPS/ CAMHS exception reporting to Trust Delivery Committee	Bi monthly review	<ul style="list-style-type: none"> Full compliance with Trust workforce KPI's 	Nil identified	Risk: Non-compliance with Trust workforce KPI's Mitigation: Overseen by CYPS/CAMHS Delivery Committee	Q E S
Sickness absence – 3.25% sickness levels will be achieved during 2018/19.	Compliance monitored via CYPS/ CAMHS exception reporting to Trust Delivery Committee	Bi monthly review	Full compliance with Trust workforce KPI's	Nil identified	Risk: Non-compliance with Trust workforce KPI's. Long term sickness absence can disproportionately impact on overall compliance figures due to small size of teams Mitigation: Overseen by CYPS/CAMHS Delivery Committee	Q E S
Gloucestershire and Countywide Localities						
Gloucestershire						
STP Community Dementia Project : <ul style="list-style-type: none"> Improving the cost effectiveness of the Dementia Advisor services Reducing avoidable admissions for people with dementia (PwD) Reducing excess bed days for PwD Equity of annual review quality for every PwD in the County 	Monitoring and review of admissions Monitoring and review of GP dementia registers (QoF)	Countywide rollout from April 2018-March 2019	Enabling PwD to remain at home Enabling PwD / families to plan for their care needs Enabling savings from GHT admission avoidance	Partnership working with CCG, CGS, Alz Society, Primary Care Access to admission data from GHT	Risk: Unable to influence avoidable admission rates for pwd Mitigation: Partnership project structure	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
AMHP Hub: <ul style="list-style-type: none"> • A specialist central 'Hub' team that delivers a service through a dedicated team of AMHPs. • Locality based AMHPs acting as 'Spokes' to the Hub providing additional capacity to the 'Hub' 	Ability to deliver a revised AMHP Service Specification (Hub and Spoke)	Live from April- June 2018	Provision of a sustainable AMHP service for Gloucestershire operating in partnership with EDT	The partnership with EDT is dependent on EDT being able to fulfil its rota commitments 365 days per year	Risk: ability to recruit sufficient Hub AMHPs. EDT unable to fulfil out of hours rotas. Mitigation: Spoke AMHPs will provide support to the Hub function as required. The Hub will operate until late evening which will reduce rota capacity issues for EDT	Q E S
Development of IAPT Digital options <ul style="list-style-type: none"> • Increasing service user choice • Increasing Access (number of people accessing IAPT) 	IAPT KPI's detailed in Service Specification	IESO – Step 3 Silvercloud- Step 2 March 2018	Increasing service user choice Increasing Access (number of people accessing IAPT)	Contract set up Service user engagement with digital options	Risk: ability to engage sufficient pts in digital option Mitigation: Preferred providers have proven track record of engagement and positive results	Q E S
Staff Appraisals 90% of staff will have an appraisal from April 2018 - March 2019	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Staff will have CPD requirements met and be aligned with Trust objectives	Continuing access to Learn2Gether in 'real time'	Risk: Staff not meeting professional CPD requirements or Trust objectives Mitigation: Management team has access to Learn2Gether appraisal hierarchy to monitor compliance in "real time".	Q E S
Statutory/mandatory training 90% staff will receive statutory/mandatory training from April 2018 - March 2019	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Assurance of competence within the workforce. Valuing staff by investment in training compliance.	Team Manager access to team level 'real time' reporting would enable management further	Risk: To service delivery by appropriately trained staff Mitigation: Management team has	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
					access to Learn2Gether system	
Sickness levels 3.25% sickness levels will be achieved throughout the year 2018/19	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Promoting a healthy workforce and enabling safe delivery of services.	Team Manager and employee specific access to ESR would enable management further	Risk: Impact on service delivery and usage of Bank and Agency Mitigation: HR and Working Well processes and use of bank	Q E S
Countywide						
STP Locked Recovery Unit/pathway: <ul style="list-style-type: none"> To support the pathway of locked recovery for Gloucestershire. To reduce out of area placements for locked recovery. To support the repatriation of those currently out of area. To support placement within local community 	Monitoring and review of admissions/transfers and repatriation	June 2018-Apr 2019	Enabling locked recovery locally/to repatriate those currently receiving treatment out of area and to prevent out of area placement and associated costs	Partnership working with NHSE and CCG	Risk: Continual overspend in the Complex Care Budget affecting the overall financial balance within the CWL Mitigation: Development of a Secure Pathway including Locked Recovery and Community Forensic Teams.	Q E S
eRostering/safecare: <ul style="list-style-type: none"> A specialist team that delivers electronic rostering and safecare to all inpatient units trust wide. Reducing Agency Spend Ensuring adequate staffing establishments 	Monthly monitoring via roster review process and associated compliance objectives	Live from April 2018	To ensure efficient unit rostering and associated financial savings/appropriate staffing establishments.	The creation, standardisation and implementation of an inpatient acuity model	Risk: The need for a standardised inpatient acuity model. Mitigation: Active development of an established acuity model.	Q E S
Staff Appraisals 90% of staff will have an appraisal from April 2018 - March 2019	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+)	Ongoing to March 2019	Staff will have CPD requirements met and be aligned with Trust objectives	Continuing access to Learn2Gether in 'real time'	Risk: Staff not meeting professional CPD requirements or Trust objectives	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
	projected compliance with targets)				Mitigation: Management team has access to Learn2Gether appraisal hierarchy to monitor compliance in "real time".	
Statutory/mandatory training 90% staff will receive statutory/mandatory training from April 2018 - March 2019	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Assurance of competence within the workforce. Valuing staff by investment in training compliance.	Team Manager access to team level 'real time' reporting would enable management further	Risk: To service delivery by appropriately trained staff Mitigation: Management team has access to Learn2Gether system	Q E S
Sickness levels 5% sickness levels will be achieved throughout the year 2018/19	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Promoting a healthy workforce and enabling safe delivery of services.	Team Manager and employee specific access to ESR would enable management further	Risk: Impact on service delivery and usage of Bank and Agency Mitigation: HR and Working Well processes and use of bank	Q E S
Herefordshire Localities						
Provide fully staffed S136 suite in Herefordshire	S136 building works complete. Staff recruited and working	March 2019	Service provided to support Police and Crime Act 2017	Ability to recruit staff	Inability to staff the S136 suite - Bank/agency staff to be used pending recruitment	Q E S
50% of people experiencing 1 st episode of psychosis will be treated with NICE approved care package within 2 weeks of referral	Number of people receiving NICE approved packages of care within 2 weeks of referral	March 2019	To reduce the duration of untreated psychosis for people experiencing a first episode.	The Early Intervention team has the skills to provide NICE approved packages of care	Staff do not have the skills - Training provided to staff	Q E S
IAPT – 19% of people in Herefordshire accessing treatment	19% of the adult population of Herefordshire accessing IAPT services	March 2019	People with mild to moderate anxiety and depression accessing appropriate services	Ability to recruit staff	The service will not be able to treat enough people - Consider alternative staff groups to recruit	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Developing processes to ensure that physical health checks and smoking cessation programmes are available for people with Severe Mental Illness (SMI)	The number of people with SMI receiving annual physical health checks and smoking cessation advice	March 2019	Reduce the number of people with SMI with physical health problems	Ability to work with GP's in developing pathways and processes	People with SMI not identified – staff unable to provide physical health checks – work with Primary Care Home to identify as priority.	Q E S
Staff Appraisals Community: 90% of staff will have an appraisal from April 2018 - March 2019	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Staff will have CPD requirements met and be aligned with Trust objectives	Continuing access to Learn2Gether in 'real time'	Risk: Staff not meeting professional CPD requirements or Trust objectives Mitigation: Management team has access to Learn2Gether appraisal hierarchy to monitor compliance in "real time".	Q E S
Statutory/mandatory training Community: 90% staff will receive statutory/mandatory training from April 2018 - March 2019	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Assurance of competence within the workforce. Valuing staff by investment in training compliance.	Team Manager access to team level 'real time' reporting would enable management further	Risk: To service delivery by appropriately trained staff Mitigation: Management team has access to Learn2Gether system	Q E S
Sickness levels Community: 3.25 % sickness levels will be achieved throughout the year 2018/19 Inpatient: 5% sickness levels will be achieved throughout the year 2018/19	Monthly reporting to Trust Delivery Committee (Monthly and cumulative+ projected compliance with targets)	Ongoing to March 2019	Promoting a healthy workforce and enabling safe delivery of services.	Team Manager and employee specific access to ESR would enable management further	Risk: Impact on service delivery and usage of Bank and Agency Mitigation: HR and Working Well processes and use of bank	Q E S




Draft Service Plans 2018/19



Corporate Objectives

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
Engagement and Integration						
PALS officers to attend each hospital site at least once per month in order to actively seek service experience feedback from patients.	At least 1 PALS visit to each of our hospitals per month.	Programme of planned visits to be in place by Q1 2018/19	To receive real-time feedback from inpatient services in order to effect change that will improve the experience of people in our hospitals	Successful appointment of new PALS officer	Limited real time feedback would mean the Trust would find it difficult to remedy any patient concerns prior to their discharge	Q E
Consultant Occupational Therapist to develop, implement and evaluate a plan for continuing to develop practice in line with the Triangle of Care post closure of formal project.	Development of a plan with action owners Development of a carer survey	Q1 Q2	Carers are engaged in co-development. Carers are engaged in shared delivery of care with practitioners.	Work to implement Triangle of care project is accredited by Carers Trust in April 2018.	Without carer involvement, wherever possible, there is a risk to the safety, outcome and experience of care for service users	Q E
Social Inclusion Team to send out adapted Friends and Family Test to all Trust Volunteers and Experts by Experience twice per year and at the closure of any Volunteer/Expert role.	All active Volunteers and Experts by Experience to be sent the adapted FFT twice per year. Each Volunteer or Expert that ends their role with the Trust will be sent the adapted FFT.	System to be fully in place by Q1 2018/19	Feedback about the experiences of Trust Volunteers and Experts will support the continual development and improvement of the Volunteer and EbyE programmes. To offer assurance about the quality of Volunteer and EbyE Programmes, both of which have a positive impact on the quality	The Social Inclusion Team facilitate and oversee both the Volunteers Programme and the Expert by Experience Programme and so require the capacity in their work plan to do so.	Loss of faith in the programmes by Volunteers, Experts, and together colleagues could result in the programmes having limited impact and this could have a detrimental effect on the quality and sustainability of Trust services.	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
			and sustainability of Trust services			
<p>The Stakeholder Sub-committee will review ways in which service experience information from people in protected characteristic groups is sought, heard and used to develop practice. To include:</p> <ul style="list-style-type: none"> • People from BME communities • People from the LGBT community • People with Learning Disabilities 	Areas identified for development following focus group discussions	Sub-committee work plan to reflect a regular review as part of the agenda	Feedback about people's experiences of Trust services will support the continual development and improvement of high quality and sustainable services for everyone in our community.	That individuals from protected characteristic groups can be identified who agree to engage in conversations with 2gether practitioners to provide feedback and ideas.	If 2gether does not actively seek out and understand the experiences of people with protected characteristics then we will be unable to effect positive change regarding access rates, outcomes, and service experience.	Q E S
Finance and Commerce (incs Finance, Contracts, IT and Facilities and Estates)						
Contracts						
<p>Contracts Assurance Produce overview of all contracts and sub-contracts with a view to finding savings of £150k</p>	<p>Contract register updated and reviewed</p> <p>Contract monitoring meetings scheduled</p> <p>Contract performance reported to commissioners and 2gether Exec team</p>	On-going	<p>Ensures all sub-contractors are meeting the requirements of the trust</p> <p>Provides robust information to commissioners when contract monitoring</p>	Success of this objective is dependent on 2gether staff sharing contracts information and service specifications early in the process	<p>Risk: Provider does not achieve KPIs</p> <p>2gether teams do not achieve KPI's</p>	Q E
<p>Overseas Visitors Implement the Overseas visitors process across the Trust in line with NHSE & DOH Guidelines</p>	All 2gether staff have a clear understanding of process of capturing patient data consistently OVM puts in place a system of recharging DOH/NHSE for overseas patients	On-going	The possibility of claiming reimbursable funds for treatment provided to Overseas / Non-UK patients	Assuming that staff record the information correctly on RiO / IAPTus and / or advise the OVM	Risk that not all patients are captured	Q E
<p>Out of county guidance Working with colleagues in</p>	All 2gether staff who treat or place patients have an	On-going	Out of county and in county placement	Assuming that staff read and follow the	Risk: That the Trust will not be able to	Q E

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
2gether and local stakeholders to produce an updated and robust guidance document which will ensure a clear process when placing patients out of area and accepting patients from out of area	<p>understanding of the process</p> <p>Agreements/contracts put in place with each Welsh Health Board</p> <p>A process of agreeing funding is shared to ensure funding is agreed prior to placing patients in or out of county</p>		<p>packages of funding are agreed prior to patients being placed</p> <p>Staff are clear on the process of placing CCG's have assurance that patients are supported appropriately</p>	Out of County Placement guidance	reclaim the costs of patient care from other commission bodies and Welsh Health Boards	
Facilities and Estates						
Delivery of CIP through the disposal of Holly House Q4 2018/19 and Coleford House Q1 2018/19	They are sold.	<p>Holly House Q4 2018/19</p> <p>Coleford House Q1 2018/19</p>	Capital gain and revenue reduction	<p>Holly House – Executive Authority to proceed & Market Conditions</p> <p>Coleford House – Market Conditions</p>	CIP to be delivered from changes in other areas of service delivery	S
Joint Estates Delivery Plan with GCS	Signed off by Executive Committee	Q3 2018/19	Reduced likelihood of redundancies and better management of Estates & Facilities services, risks and resources.	<p>Executive Authority to proceed, and to progress.</p> <p>Joint Strategic Intent Leadership Group (SILG) approval for inclusion in business case</p>	Continued dialog between service leads in respective organisations	S
Finance						
Achieve a low risk score for the Internal Core Financial Audit	Score given in Audit report Low, Medium or High based on number of seriousness and findings	Q4	Ensure Trust financial processes are rigorous and meet toughest accounting standards	Support of Finance Shared Services required to deliver elements of service delivery	<p>Risk: Shared Service fail to maintain systems</p> <p>Mitigation: KPI's for finance Shared Service and</p>	S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
					Partnership Board meetings staff distracted by other financial issues. Regular monitoring of key financial accounts processes	
Secure Clean Audit opinion on Financial Accounts	Audit opinion letter on financial accounts	May 2018	Demonstrates sound financial processes and strong financial control across the organisation	<ul style="list-style-type: none"> Organisations fulfil financial obligations Financial returns are not significantly altered 	Risk: Unforeseen financial pressures arise Mitigation: regular finance reporting controls in place to review financial position monthly	S
Information Technology						
Provide Video Collaboration Hubs at major Inpatient Sites, Community Hubs and HQ	Collaboration Hubs in place and seeing active daily use at Community hubs, Inpatient Sites and HQ	 Video Collaboration time-line.docx	Greater Agility, better use of time, reduced travel requirement, enabling clinical practice, enabling communication	Assumes colleagues will actively use the product, very dependent on shared network	Conduct limited pilot first to gain assurance that colleagues are prepared to engage with the product. If no engagement, no benefit	Q E S
Negotiate and implement better value and better quality mobile phone contract	New contract in place that delivers a reduced monthly phone bill and delivers mobile data to more users	 Mobile phone time-line.docx	Better value, reduced cost, more users are able to access mobile data	Will require a capital spend in order to enable transfer of services from one service provider to another	Wide-spread disruption to clinical work is possible because of the need to unlock phones and change sims. This will be mitigated through planning and communication	Q E S
Herefordshire Land-line telephony transformation – Design and implement new telephone system for Herefordshire	New Telephone system in place throughout Herefordshire estate	 Her Land-line Timeline.docx	Better value, reduced cost, increased quality, better management capability	Dependent on collapsing the current estate and resolving outstanding issues with BT. Assumes	Risk of disruption to clinical work to be mitigated through proper planning and communication	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
				the trust can obtain better value elsewhere.		
Provide a system to allow the video recording and storage of clinical interviews	Clinicians able to make, store and securely transmit video interviews of service user interactions	 Video Interviews.docx	TBC	The assumption is that this is a clinical requirement, based on the number of requests from Team managers that we enable this function. Consultation to take place before embarkation	TBC	Q E S
To continue to support Countywide IT Service's deployment of the new Gloucestershire Health Community shared network	New shared network in place that allows the same functionality between and within sites as currently	 CITS Lan_Wan.docx	Avoidance of cost increase on current network	N/A – project in flight	Many risks and issues here, mainly around cost and time-scale	S
To support the implementation of RiO 7.8 including the new RiO Mobile solution.	RiO 7.8 successfully deployed	IT will be supporting the Clinical Systems team: Testing phase May 18 Implementation phase – August 18	Quality and agility benefits	TBC	TBC	Q E S
Deliver Microsoft Licensing Plan for FY 19/20	Plan in place at end of FY 18/19	TBC	Quality & Cost benefits	TBC	TBC	Q S
Deliver plan for upgrade to Windows 10	Plan in place at end of FY 18/19	TBC	Quality & Cost benefits	TBC	TBC	Q S
Information and Clinical Systems						
To progress Trust-wide operational understanding of business intelligence, it's benefits and its application.	<ul style="list-style-type: none"> Identify development needs of operational workforce Advance analytical 	Quarterly progress review at Operational Performance	<ul style="list-style-type: none"> Better planning Better individual, team and Trust performance 	Engagement across operational localities and a commitment from users to learn	Risk 3 – Progress has already begun through PTL training workshops however	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
	<p>relationships with operational services through analyst work plans</p> <ul style="list-style-type: none"> Schedule ongoing education sessions and e-learning tools across services Establish portfolio of self-help videos 	<p>Network (OPeN) 30th June 2018, 30th Sept 2018, 31st Dec 2018 and 31st March 2019.</p>	<ul style="list-style-type: none"> Better business decisions Improved service outcomes, Improved service user satisfaction Improved workforce motivation 	<p>new skills, commit time and champion benefits.</p>	<p>inconsistent enthusiasm on the agenda. Low adverse impact due to established status quo.</p>	
<p>To improve the operational use of information management tools to regularly monitor and improve Data Quality.</p>	<ul style="list-style-type: none"> Regular Operational Data Quality Monitoring Systems, Reports and Alerts and Data Quality Audits and monthly Performance Dashboard Data Quality Policy Review Plan and Delivery of DQIP 	<p>Quarterly progress review at 30th June 2018, 30th Sept 2018, 31st Dec 2018 and 31st March 2019.</p>	<ul style="list-style-type: none"> Better individual, team and Trust performance Better business decisions Improved service outcomes, Improved service user satisfaction Improved workforce motivation 	<p>Engagement across operational localities and a commitment from users to learn new skills, commit time and champion benefits.</p>	<p>Risk 3 – Progress has already begun, however inconsistent progress on the agenda. Low adverse impact due to established status quo.</p>	<p>Q E S</p>
<p>Deliver the successful transition and consolidation to an improved business intelligence platform which offer simple, illustrative and interactive dashboards and reports which meet user needs.</p>	<ul style="list-style-type: none"> Complete software trial Obtain user and analytical feedback on; <ul style="list-style-type: none"> Usability Accessibility Accuracy Availability Develop transition plan Develop suite of output objectives Migrate and consolidate other software systems 	<p>Benchmark point at April 2018, the six monthly progress review at 30th Sept 2017 and annual review report at 31st March 2018.</p>	<ul style="list-style-type: none"> Reduced cost Improved simplicity Improved access Dynamic information Timely Information Ease of analyses Ward to Board understanding 	<p>Capacity and resources to deliver the objective whilst delivering existing responsibilities.</p>	<p>Risk 2 – Currently have a functional solution with a robust transition plan therefore risk is partially mitigated.</p>	<p>Q E S</p>
Organisational Development and Human Resources						
<p>HR Operations</p>	<p>1. Increased provision in cover options alongside a</p>	<p>1. 30 June 2018</p>	<p>1. By engaging health professionals</p>		<p>1. Amber. If this is not achieved, there is a</p>	<p>Q E</p>

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
<p>1. Extend Staff Bank Provision via roll out of Staff Bank to other professionals e.g. AHPS such as OT and IAPT workers.</p> <p>2. Establish an internal Medical Staff Bank.</p> <p>3. Improved Recruitment Streamlining. Agreed recruitment principles with Gloucestershire Hospitals NHSFT and Gloucestershire Care Services NHS Trust.</p>	<p>reduction in agency spend for these professionals.</p> <p>2. Increased provision in medical cover options alongside a reduction in agency spend for doctors.</p> <p>3. Reduced recruitment time for staff moving between Trusts.</p>	<p>2. 30 September 2018</p> <p>3. 30 September 2018</p>	<p>via staff bank, there will be wider coverage and improved continuity of care from staff who cost less, have a better understanding of the Trust and its Values, alongside reduced cost.</p> <p>2. As with 1 above.</p> <p>3. Improved Streamlining. Staff in Gloucestershire will be able to move between Trusts more easily, enabling lower agency / bank use, improving career development and training opportunities, and a reduction in recruitment timescales.</p>	<p>1. Requires further discussion and full support of the heads of profession / service directors, support with interviews, induction and support.</p> <p>2. Limited number of doctors available. Need to achieve competitive remuneration in line with other Trusts.</p> <p>3. Requires agreement from other Trusts on set of core principles for recruitment standards and processes.</p>	<p>risk to having the right staff, available at the right time with the right skill-set. There is also a risk of increased agency costs. This is mitigated against by delivering the objective.</p> <p>2. Amber. Commentary as above.</p> <p>3. Amber. If this is not achieved, there is a risk delivering improved recruitment lead times and related cost savings. This can only be mitigated by delivering the objective through STP partnership working.</p>	<p>S</p>
<p>Training & Development – upskilling and developing our staff</p> <p>1. Increase the Trust Apprenticeship uptake and maximise the levy draw down.</p> <p>2. Extend the Trust’s Leadership and Talent</p>	<p>1. By Year End to achieve 100% increase in the number of apprenticeships within the Trust (compared to March 2018 figures) including 50% in newly appointed apprentice roles. This will help with building workforce talent pipelines and utilise the</p>	<p>1. 31st March 2019.</p> <p>2. 30th September 2018.</p> <p>3. 31st December 2018.</p>	<p>1. The Trust will maximise the draw down on the available apprenticeship levy at the same time as increasing the training and skills for staff.</p>	<p>1. Some Apprenticeship standards need agreed nationally & local providers must be available to train staff. Heads of Service & line managers must be supportive of a skill</p>	<p>1. Red. If this is not achieved the Trust will not be able to draw down on & use its apprenticeship levy. Mitigated by delivery of the agreed Apprenticeship Strategy & work of the Apprenticeship Group.</p>	<p>Q E S</p>

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
<p>Management offer to better equip staff and retain skills and staff.</p> <p>3. Develop STP Working for improved provision of Training and Development provision within the county under the “One Gloucestershire” banner.</p>	<p>Apprenticeship Levy.</p> <p>2. To offer at least four different leadership and coaching programmes which support our aim of developing leaders at every level who have a compassionate, collaborative style that crosses organisational and professional boundaries and who are able to build improvement and leadership capabilities among their staff and themselves.</p> <p>3. To support the co-development of cross organisational working by developing and participating in a range of joint programmes and educational events run by partners within the STP.</p>		<p>2. The Trust will provide improved leadership support and development opportunities, increasing leadership skills and resilience and maximising retention.</p> <p>3. The Trust will be a key partner in delivering the One Gloucestershire STP training and development ambitions. HEE discretionary funds will be more effectively and efficiently used to benefit identified staff groups at a scale not possible as a single organisation.</p>	<p>mix which includes apprenticeships.</p> <p>2. Training & development funding is continued. Leadership Training & Development paper is supported by January 2018 Executive Committee. Heads of Service & line managers need to identify, agree attendees & be supportive of releasing staff and supporting them on return.</p> <p>3. STP & Capability Thematic Group continues to support agreed work programme. HEE discretionary funding.</p>	<p>2. Amber. If this is not achieved, the Trust will not be able to deliver its chosen leadership development strategy or maximise its Leadership & Talent Management offer. Mitigation is via delivery of action plan.</p> <p>3. Amber. Mitigation is via successful HEE discretionary funding bids & delivery of STP plan.</p>	

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
<p><u>Working Well</u></p> <p>1. Proposal for Countywide OH Service to be developed and agreed by 2G / GCS / GHNHSFT.</p> <p>2. Improvement of data collection to inform pro-active health and wellbeing strategies.</p> <p>3. Improved staff well-being and attendance through improved mental health support for staff.</p>	<p>1. Agreement to proposal.</p> <p>2. Production of data.</p> <p>3. Staff engagement score via Staff Survey, improvement in absence figures, improved uptake in Stress Assessments, reduction in related Datix incidents.</p>	<p>1. 1 April 2018.</p> <p>2. 31 Oct 2018.</p> <p>3. 31 March 2019.</p>	<p>1. Will inform size / cost / affordability of premises.</p> <p>2. Will identify areas where proactive support could prevent/ reduce sickness.</p> <p>3. Staff will have faster access to related services. Will help to retain staff, improve presentism and prevent/reduce absence and potentially attract new staff.</p>	<p>1. Business case is acceptable.</p> <p>2. Adequate staffing is maintained to support delivery.</p> <p>3. Associated mental health initiatives continue to be supported and funded (e.g. Mindful Employer, Disability Confident Leader etc.)</p>	<p>1. Amber. Proceeding before agreed could impact costs. Failure to get support from partners could lead to notice being served on service provision & loss of "scale savings". Mitigated by lack of alternative market options & partnership working.</p> <p>2. Amber. Failure to do this will mean OH continues to be predominantly a reactive service & the Trust is unable to invest to save. Mitigated via related departmental action plan.</p> <p>3. Sickness absence may increase due to mental health, errors and staff turnover could increase. Mitigated via action plan.</p>	<p>Q</p> <p>E</p> <p>S</p>
Programme Management Office (PMO)						
To assist with the development of the joint working arrangements with Gloucestershire Care Services through providing programme management support	Input of PMO staff in the various projects of the merger	2018/19	The merger programme will benefit from the programme management skills of the PMO staff,	Assumption that programme support from both 2g and GCS will be required, and that the PMO will have capacity for this	Risk that PMO resource becomes stretched as the integration work will be comprehensive. This will be mitigated by	S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
			providing additional resource to the work, and ensuring it follows project management methodology.	work alongside existing projects.	monitoring the requirements and balancing existing demands with the new work.	
To implement Verto and embed its use across the Trust	All Trust projects being recorded and monitored using Verto	2018/19	Recording and management of project work will be standardised and easily shared across STPs and within the Trust	Assuming that all training is achieved and key staff become competent users.	Risk that either STP decides to stop using the software, meaning it has limited cross-system benefit. This is being mitigated by close partnership working with partner organisations	Q E S
To widen the scope of the PMO to include the provision of Quality Improvement advice and support	Greater use of QI tools and successful outcomes from QI projects	2018/19	Increased QI knowledge and greater support for Trust teams to help develop a culture of continuous quality improvement	Assumption that all PMO staff will be trained in Quality, Service Improvement and Redesign by Q1 2018.	The benefit of the input of PMO staff to Trust QI projects would not be realised, meaning fewer projects could be undertaken and benefits not be wholly achieved.	Q E S
Resilience and Security						
To continually monitor and evaluate the prevention, planning, response, adaption and recovery capabilities of individuals, teams, departments, directorates, sites and the trust	<ul style="list-style-type: none"> • Number of exercises conducted. • Completion and dissemination of compliance statements. • EPRR Core Standard compliance • SRT standards compliance 	Quarterly monitoring over 12 month period	Provides a mechanism to ensure individuals, teams, localities and the Trust as a whole has the required capabilities for responding to incidents, while providing assurance that those capabilities are tried and tested.	<ul style="list-style-type: none"> • There is an audit/ monitoring strategy in place to prioritise those aspects of resilience and security that need to be assessed and on a frequency that gives assurance. 	<p>Risk: Limited/no assurance on security and resilience compliance and/or capabilities.</p> <p>Mitigation: Progress and non-compliance monitored through the Security and Resilience Board and Delivery Committee. Improvement action plans.</p>	Q E

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
<p>To continually improve team, service, directorate, site and Trust resilience and security.</p>	<ul style="list-style-type: none"> • Security induction • Completion of the Incident Management System implementation programme. • Number of Incident Coordinators Training packages delivered. • Full roll out of Ward/ Dept Emergency Response Guides. • Completion of EPRR and Security workplans. • % completion of security based risk assessments (violence and aggression/ lone working) 	<p>Quarterly monitoring over 12 month period</p>	<ul style="list-style-type: none"> • Evidence based and risk assessed planning priorities. • Identified, planned and practiced response to a range of hazards and threats. • Teams that have documented procedures and training to respond to a range of incidents to ensure the safety of service users and staff and the continuation of services during disruptions. 	<ul style="list-style-type: none"> • Reliant on internal teams to contribute to planning and response capabilities (plan/ procedures, training and testing). 	<p>Risk: Individuals and teams are ill prepared to response to and manage the impacts of incidents.</p> <p>Mitigation: Progress and non-compliance monitored through the Security and Resilience Board and Delivery Committee. Improvement action plans.</p>	<p>Q E S</p>
<p>To incorporate learning and development into all aspects of resilience and security activities.</p>	<ul style="list-style-type: none"> • Debrief reports from exercises and incidents. • % review of security based Datix forms • Maintenance and monitoring of Corrective Actions Log 	<p>Quarterly monitoring over 12 month period</p>	<ul style="list-style-type: none"> • Monitoring and reviewing Datix forms to ensure completeness and accuracy and to take any action to address security concerns. • Lessons identified through exercising and real incidents should help improve the Trust's capabilities in responding to similar future events. 	<ul style="list-style-type: none"> • There is a viable mechanism to share lessons with individuals and teams. • Individuals and Teams contribute to incident debrief/reviews. • Incident reviews/debriefs are compatible with any serious incident processes. 	<p>Risk: the Trust fails to learn lessons from incidents and emergencies resulting in delayed and/or a disjointed response leading to service user/staff harm, reputational and compliance implications.</p> <p>Mitigation: Progress and non-compliance monitored through the Security and Resilience Board and Delivery Committee.</p>	<p>E S</p>

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
To maintain robust EPRR/Security assurance and governance systems	<ul style="list-style-type: none"> • % attendance of Security and Resilience Board Members • % of convened SRB meetings. • Up-to-date risk register and risks. 	Quarterly monitoring over 12 month period	<ul style="list-style-type: none"> • Provides a mechanism to ensure security and resilience issues and themes are being addressed at all levels of the organisation. 	<ul style="list-style-type: none"> • Members who attend on behalf of their localities/ departments continue to attend and make a positive contribution to the Trust's Security and Resilience structures. 	<p>Improvement action plans.</p> <p>Risk: There is no clear delegation of responsibility for ensure the Trust has robust planning and response mechanisms in place to manage the impacts of security and other emergency events.</p> <p>Mitigation: Progress and non-compliance monitored through the Delivery Committee. Improvement action plans.</p>	Q S
Quality						
As per implementing the Five Year Forward View for Mental Health all service users within the Early Intervention service are screened using the LESTER tool to improve longer term physical health care outcomes for service users with psychosis to reduce premature mortality	Service users who are prescribed antipsychotic medication within the Early Intervention Services do not put on more than 7% of their body weight in the first year of starting antipsychotic medication	All Early Intervention Service users who were prescribed antipsychotic medication during 2017 do not exceed 7% body weight during 2018	Service users maintain a healthy body mass index (BMI) thus preventing health conditions such as diabetes, and cardiovascular disease	<p>Early Intervention clinicians' identifying service users who have been prescribed antipsychotic medication and need to monitor weight gain</p> <p>Early Intervention staff to offer early prevention and intervention as required assisting with weight gain. E.g. exercise programmes dietary</p>	<p>Services users gaining more than 7% body weight</p> <p>Service users not motivated to address weight gain</p> <p>The Trust not able to meet the 2018/2019 3a CQUIN target</p>	Q E S

Objectives	Measurement	Timeline	Benefit	Assumptions / Dependencies	Risk / Mitigation	Trust Objectives (Q, E, S)
				advice, referral to Health Life Styles/ICE Creates		
Further develop processes to ensure all serious incident investigations are investigated in a caring and compassionate way through building on and improving family/carer engagement and active involvement. That families are supported to engage with the process, have their questions/concerns heard and that they receive open, honest and transparent feedback on conclusion of an investigation in an empathetic manner.	<p>A cohort of approximately 20 staff will undertake the role of Trust Family Liaison Officers to be a dedicated point of contact after a serious incident has occurred.</p> <p>These staff will receive PABBS (Postvention: assisting those bereaved by suicide) provided by Suicide Bereavement UK</p>	PABBS training will be delivered in Quarter 1 2018/19	<p>Improved learning, candour and accountability in line with the CQC "Review of the way NHS Trusts review and investigate the deaths of patients in England." (December 2016)</p> <p>Families will feel the organisation has listened to and heard their story and used this to learn and improve practice</p>	<p>A cohort of some 25+ staff have already volunteered for this role, but it is anticipated that there will be a 'drop out' rate.</p> <p>A target of 20 staff is considered sufficient to fulfil this role on the basis of the current reporting rate of serious incidents per annum.</p>	Risk: Failure to actively involve families/carers will constitute a regulatory breach.	Q E S

Agenda item 12

Enclosure No

Paper F

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

SUBJECT: Membership Report including Data Update

This Report is provided for:

Decision	Endorsement	Assurance	Information
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EXECUTIVE SUMMARY

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

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

RECOMMENDATIONS

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

Corporate Considerations

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

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

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
	Date	

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
	Date	

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

1.1 Our newly formed Membership Advisory Group has met twice – once during July and once during September 2017. A meeting planned for December was postponed due to the unavailability of group members due to other commitments. There was a meeting planned for March 1, but unfortunately that was cancelled due to the snow. Another date is being identified and the next meeting will be held in Herefordshire to attract representation from Herefordshire members.

The first meeting enabled us to set out our plans and suggestions for taking the group forward, while the second enabled us to focus on business such as reviewing the membership form and extending our membership, particularly among under-represented groups.

1.2 We continue to promote membership at events, via social media and recruit members through the Trust website.

2. Information for Members

2.1 Our most recent membership newsletter was published in December. The next will be published in April.




2.2 An E-flyer was issued to members on February 1, to mark Time to Talk Day. Another e-flyer will be issued soon to provide an update on our work with Gloucestershire Care Services.

3. Governor Engagement Events

3.1 Governors supported a Carers event held to coincide with Time to Talk Day. We hope to plan more Governor engagement events in the near future – particularly during Mental Health Awareness Week in May (14 to 20 May).

4. Information about Membership

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

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

4.1 The headline message is that, as of 28 February 2018, we have 262 more public members than we had at the end of 2016/17.

Table 1: Public, Staff and total Membership Data as at 28 February 2018




Membership Type	End of 2016/17	28 Feb 2018	Direction compared to final 2016/17 figures	Change in membership numbers
Public Membership	5355	5617		+ 262 (4.9%)
Staff Membership	2088	2129		+ 41 (2%)
Total Membership	7443	7746		+ 303 (4%)

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




Membership characteristic	End of 2016/17	28 Feb 2018	Direction compared to final 2016/17 figures	Change in membership numbers
Disability (public membership only)	706	755		+ 49 (6.9%)
Men (public membership only)	1867	1886		+ 19 (1%)
Women (public membership only)	3488	3731		+ 243 (7%)

Table 3: Public Membership within each constituency

Constituency	End of 2016/17	28 Feb 2018	Direction compared to final 2016/17 figures	Change in membership numbers
Cheltenham	884	884	▬	0 (0%)
Cotswolds	376	371	↓	-5 (-1.3%)
Forest of Dean	557	574	↑	+17 (3%)
Gloucester	1406	1480	↑	+74 (5.3%)
Stroud	816	863	↑	+47 (5.8%)
Tewkesbury	596	617	↑	+21 (3.5%)
Herefordshire	355	417	↑	+62 (17%)
Greater England	365	406	↑	+41 (11%)
TOTAL public membership to date this year			↑	+ 262 (5.6%)