

## COUNCIL OF GOVERNORS MEETING IN PUBLIC

<b>Item</b>	<b>Time</b>	<b>Title and Purpose</b>	<b>Reference</b>
1	3.45	Welcome and Apologies	Verbal
2		Declaration of Interests	Verbal
3		Minutes of the previous meetings <ul style="list-style-type: none"> <li>• Council Meeting – 14 March 2019</li> </ul>	Paper A
4		Matters Arising and Action Points	
<b>Information Sharing</b>			
6	3.50	Chief Executive's Report	Paper B
7	4.00	Chair's Report – TO NOTE	Paper C
<b>Formal Business (if required)</b>			
8	4.00	No formal business to consider at this meeting	
<b>Holding to Account</b>			
9	4.00	Feedback from Governor Observation at Board Committees* (*Committee meetings that have taken place since the last Council meeting)	Verbal
<b>Membership and Governor Involvement</b>			
10	4.10	Membership Annual Report (Jane Melton/Kate Nelmes)	Paper D
11	4.15	Governor Engagement update	Verbal
12	4.20	Non-merger Items for Discussion from Governor Pre-Meeting	Verbal
<b>Any other Business</b>			
13	4.30	Any other business	Verbal
14		Date of Next Meetings Please see overleaf	Verbal

# Meeting Dates 2019

## Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	Governor Pre-meeting	Council Meeting
<b>2019</b>		
Thursday 11 July*	11.45 – 12.45pm	<b>1.00 – 3.30pm</b>
Wednesday 21 August	12.45 – 1.45pm	<b>2.00 – 4.30pm</b>
Late Aug/early Sept – date tbc*	tbc	<b>tbc</b>
Tuesday 10 September	4.00 – 5.00pm	<b>5.15 – 7.45pm</b>
Thursday 24 October*	1.45 – 2.45pm	<b>3.00 – 5.30pm</b>
Thursday 14 November	9.00 – 10.00am	<b>10.15 – 12.45pm</b>

\*Merger update - private meetings

## Public Board Meetings

<b>2019</b>		
Thursday 6 June	10.00 – 1.00pm	Business Continuity Room, Rikenel
Thursday 25 July	10.00 – 1.00pm	Shire hall, Hereford
Wednesday 25 September	10.00 – 1.00pm	Forest Hills Golf Club, Coleford

## Nominations and Remuneration Committee Meetings (*Committee Members only*)

<b>2019</b>		
Tuesday 2 July	4.00 – 5.30pm	EJC
Tuesday 3 September	4.00 – 5.30pm	EJC
Tuesday 5 November	4.00 – 5.30pm	EJC

**2GETHER NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS MEETING**

**THURSDAY 14 MARCH 2019**

**BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER**

**PRESENT:**

Ingrid Barker (Chair)	Rob Blagden	Vic Godding
Cherry Newton	Said Hansdot	Miles Goodwin
Mervyn Dawe	Faisal Khan	Jo Smith
Nic Matthews	Lawrence Fielder	Mike Scott
Simon Smith	Stephen McDonnell	Carole Allaway-Martin

**IN ATTENDANCE:** Anna Hilditch, Assistant Trust Secretary  
John McIlveen, Trust Secretary  
Jane Melton, Director of Engagement and Integration  
Colin Merker, Deputy Chief Executive  
Kate Nelmes, Head of Communication  
Nikki Richardson, Non-Executive Director  
Marcia Gallagher, Non-Executive Director  
Jonathan Vickers, Non-Executive Director  
Paul Roberts, Joint Chief Executive  
Andrew Lee, Director of Finance & Commerce  
Neil Savage, Joint Director of HR and Organisational Development  
John Trevains, Director of Quality  
Liz Walsh, Communications Team work placement

**1. WELCOMES AND APOLOGIES**

- 1.1 Apologies for the meeting had been received from, Katie Clark, Alison Feher, Jan Furniaux, Kate Atkinson, Bren McInerney, Hilary Bowen, Ann Elias and Anneka Rose, Jade Brooks.
- 1.2 Ingrid Barker informed the Council that Jenny Bartlett, Nominated Governor for Herefordshire Council, had stood down. Local authority elections were underway in Herefordshire, and the newly-elected Council would nominate a replacement for Jenny in due course. The Council of Governors expressed its thanks to Jenny for her commitment to the Council of Governors.
- 1.3 Ingrid Barker also informed the Council that Graham Adams, Public Governor for the Forest of Dean had also stood down from the Council. In accordance with the Trust Constitution, Simon Smith, who had come second in the recent elections for a Forest of Dean Governor, had been approached and had agreed to take up Graham's seat on the Council. Ingrid therefore welcomed Simon to the Council of Governors.

**2. DECLARATION OF INTERESTS**

- 2.1 Laurence Fielder notified the Council that he represented the Clinical Commissioning Group in Gloucestershire, which is the Trust's main commissioner.

- 2.2 Carole Allaway-Martin notified the Council that she is an elected member of Gloucestershire County Council, and the Chair of the Council's Health Overview and Scrutiny Committee.

### 3. COUNCIL OF GOVERNOR MINUTES

- 3.1 The minutes of the Council meeting held on 15 January 2019 were agreed as a correct record.

### 4. MATTERS ARISING AND ACTION POINTS

- 4.1 The Council reviewed the actions arising from the previous meeting and noted that the majority of these were now complete or progressing to plan.
- 4.2 The Council had agreed at its last meeting to set up a short life working group to consider the results of the national staff and patients surveys. The staff survey results had now been released, and Governors were again to notify the Trust Secretary, John McIlveen, if they wished to take part in this short life working group.

**ACTION: Governors to notify John McIlveen if they wish to participate in the patient and staff survey working group**

### 5. CHIEF EXECUTIVE'S REPORT

- 5.1 Paul Roberts presented his report to the Council, highlighting a number of key areas for the Governors to note.
- 5.2 Paul gave an update on the timetable for the proposed merger with Gloucestershire Care Services. At the recommendation of NHS Improvement, the Boards of both Trusts had agreed to put back the merger date to 1 October, rather than 1 July. This will give the Trusts more time to quantify the merger benefits, and give NHSI more time to consider the final business case when it is submitted. Paul assured the Council that the pace of merger work would not slow down, and that teams were working on transition and transformation at the same pace as previously.
- 5.3 Paul noted that Nick Relph, a current GCS Non-Executive Director, had been appointed as interim Chair of the 'One Gloucestershire' Integrated Care System. The Board was looking forward to working with Nick, and health and care professionals across the Gloucestershire community, to rise to the challenges ahead.
- 5.4 Paul noted that the appointments of Executives to the Shadow Board were now complete, and the Shadow Board had met for the first time on 30 January. Paul informed the Council that as part of those appointments, Colin Merker had taken up the post of Managing Director for Herefordshire Services on a fixed term basis until March 2020, by which time the Trust expected to have completed a piece of work with Herefordshire & Worcestershire STP colleagues about the future direction of 2gether's services in Herefordshire. Paul thanked those Governors who had been involved in the appointments both of NEDs and Executives to the Shadow Board. Laurence Fielder said that it was important to

note that candidates were appointed based on quality and their fit to the person specification, irrespective of any other characteristics.

- 5.5 In response to a question from Mervyn Dawe, Paul reminded the Council that both Boards would remain extant until the merger is enacted, and the current 2gether Executives not appointed to the Shadow Board would therefore continue in their posts until then.
- 5.6 The Council of Governors noted the remainder of the report and thanked the Chief Executive for the update which was always welcomed.

## **6. CHAIR'S REPORT**

- 6.1 Ingrid Barker presented her regular report for the Trust Board which set out her activities and key developments. The report also provided an overview of 2gether Non-Executive Director (NED) activity. This report was noted.

## **7. NOMINATION AND REMUNERATION COMMITTEE REPORT**

- 7.1 Rob Blagden (Lead Governor) took the chair for this item due to the nature of the business under discussion.
- 7.2 Mervyn Dawe introduced the report which summarised the Nomination and Remuneration Committee meeting which had taken place on 5th March.

### **Chair and Non-Executive Director remuneration**

- 7.3 The Committee had received a report on NED and Chair remuneration, and had noted that while NED remuneration is usually increased by an equivalent percentage as applied to NHS staff each year, the review of Agenda for Change terms and conditions for staff in 2018 had meant that there was no single percentage uplift across the board which could be applied in the case of NEDs. The Committee had therefore received a proposal to uplift Chair and NED remuneration by a flat rate, equivalent on a pro rata basis to that applied to Executive salaries. This was commensurate, at around 3%, to the uplift received by NHS staff across all pay bands. Mike Smith noted that this had not been a simple calculation given the widespread changes to the Agenda for Change terms and conditions. The Council of Governors noted that on the basis proposed, the uplift would equate to an increase in the Chair's remuneration of ££1245, and an increase in NED remuneration of £415. The Council agreed the increase to NED remuneration on that basis, which would be backdated to 1 April 2018.

### **Shadow Non-Executive Director responsibility allowance**

- 7.4 The Committee had received a proposal to implement a responsibility allowance to Gloucestershire Care Services NEDs on the Shadow Board. NHS Trust NED remuneration is capped at a lower level than that awarded to foundation trust NEDs, meaning that GCS NEDs would be at a detriment to their 2gether colleagues on the Shadow Board as the GCS NEDs would receive a lower rate of remuneration (approximately half the 2gether rate) for doing the same work. The Committee had endorsed a proposal to give the 2 GCS NEDs on the Shadow Board a responsibility allowance which would make up the difference between GCS and 2gether NED remuneration. The cost of this increase would

form part of the merger transition costs, and would therefore ultimately be split between both trusts. The Council of Governors agreed the award of a responsibility allowance of £6890 to each of the GCS NEDs on the Shadow Board, backdated to 1 February 2019.

### **Chair Appraisal Process 2019**

- 7.5 The Committee had received a proposal for a combined appraisal process for the Trust Chair, given that as Joint Chair of two Trusts she would otherwise be subject to two separate appraisal regimes. The Committee had therefore endorsed a combined appraisal process which would meet the NHS I requirements as well as the usual, process followed by 2gether. The appraisal meeting would be conducted jointly by Nikki Richardson, who would report the outcome to the Nomination and Remuneration Committee and thence to the Council of Governors, and Jan Marriott for GCS, who would report the outcome to NHS I. The Council of Governors noted that the normal appraisal process would resume post-merger, and agreed the combined appraisal process for the Chair for 2019.

### **Recruitment of a 7<sup>th</sup> NED with a GP background**

- 7.6 The Committee had received an update on recruitment of a seventh NED, with a GP background. No applications had been received following an in-house recruitment exercise; however, two promising candidates remained interested but had been unable to submit applications at the time. The Committee had agreed to allow the Trust some time to follow up these candidates' interest. Should no suitable applications be received by the end of March, other options would be explored. Laurence Fielder noted that new contracts had increased the workload for GP's which might make recruitment to this role more difficult. The Council of Governors noted the work being done to recruit a GP NED.

### **Use of Executive Search Agencies**

- 7.7 The Committee had received a report on the use of executive search agencies. These agencies offered a number of advantages in recruiting to Board level positions, notably the networks available to them which would not be available to the Trust alone. While the cost of recruitment could be significant, the Trust would not be charged if no appointment was made. The Trust's contract with Gatenby Sanderson had expired in December 2018, so this recruitment exercise was conducted by the Trust alone. Four expressions of interest had been received, but no applications resulted. A national framework is now available, comprising a number of pre-procured agencies, which the Trust could use on a 'best of three quote' basis. The Committee had acknowledged the benefits of the extended reach which agencies offer, and the consequent increase in the likelihood of a successful appointment, and had endorsed the continued use of executive search agencies on that basis. The Council of Governors agreed to continue to use executive search agencies on a 'best of three quotes' basis.

## **8. NEW TRUST NAME AND CHANGES TO THE TRUST CONSTITUTION**

- 8.1 The Council received this report which provided an update on the naming process for the new merged Trust, and an associated proposed change to the Trust Constitution.

8.2 Kate Nelmes provided a summary of progress regarding the new name, which included:

- The naming process has a timetable which is dictated by practical and reporting needs, such as new signage, stationery, and notification to stakeholders and regulators. This process takes 6 months.
- There are restrictions placed by NHS England on NHS bodies with regard to their choice of name. Names must conform to a standard which includes a geographical identifier, must be clear and logical, and must not conflict or be confused with the names of other Trusts.
- A good deal of engagement has been done to date with staff and stakeholders. The original shortlist of potential names has been reduced to two, which are
  - Gloucestershire Health and Care NHS Foundation Trust, and
  - Gloucestershire Integrated Healthcare NHS Foundation Trust
- The Boards of both Trusts would receive a recommendation on the final choice from the Shadow Board, and would make a decision accordingly by the end of the month.
- Herefordshire services would have its own name which also referenced the 'parent' Trust. Kate Nelmes agreed to mock up a typical logo for Herefordshire, and circulate this to Governors.

**ACTION: Kate Nelmes to mock up a typical logo for Herefordshire services, and circulate to Governors**

8.3 John McIlveen reported that the Trust's name must be stated in its Constitution, and therefore proposed a preparatory change to the Constitution which would take effect only if the merger took place. Mervyn Dawe asked whether making this constitutional change was necessary at this time, and whether it presupposed that the merger would take place. Rob Blagden said that he was concerned about the pace and progress; as no business case had yet been seen by the Council, the change of name seemed premature. Mike Scott noted that should Governors approve this constitutional amendment, that should not be confused with approval of the merger application. Mike noted that Governors had not yet received information and assurance about anticipated benefits which would be set out in the full business case; given that this assurance would be received at a later date, the Council would not have been able to approve the merger had it been asked to do so today.

8.4 Paul Roberts counselled strongly against any delay in amending the Constitution, given that the amendment was worded conditionally, undue delay would adversely affect the timetable as set out earlier by Kate Nelmes, to which the Trust had to operate, and that any such delay might be seen negatively. Other Trusts going through a merger process had amended their Constitutions at a similar stage and in a similar fashion. Neil Savage, Director of HR and OD reported that staff side had agreed a joint recognition approach for the two Trusts, and also wished to know at the earliest opportunity what the new name would be. Miles Goodwin thought that the sooner a new name was in formally in place, the better, though he personally was not in favour of either of the proposed options. Laurence Fielder reiterated his support for the merger, which would bring benefits for patients.

- 8.5 Governors felt that the merger process was proceeding at too fast a pace, that Governors had not been sufficiently engaged in the process, and that insufficient time had been allowed to properly discuss and understand the issues. It was therefore agreed that an additional meeting to discuss the merger would be organised as it was recognised that there was not enough time at Council meetings to have the detailed conversations needed, and this was causing frustration. A potential date for this meeting would be sought and an invitation sent out to Governors as soon as possible. Future scheduled meetings would be extended by half an hour to allow more discussion.

**ACTION: Additional meeting to be set up to discuss the merger.**

- 8.6 Ingrid Barker noted that the constitutional change was preparatory and should the merger not go ahead, the revised constitutional clause would not take effect. Ingrid proposed a revised form of words for this change to the Constitution which reinforced the conditional nature of the change. Governors therefore agreed to the following wording:

*In the event that the Trust acquires Gloucestershire Care Services NHS Trust under section 56A of the National Health Service Act 2006, the name of the Trust will be.....'*

- 8.7 Governors noted the process regarding the change of name. In respect of the change to the Constitution, the Council was not unanimous in supporting it. No vote was called and the revised amendment as stated above would go forward to the Board for final approval. This change to the Constitution would be enacted only upon the merger being formally approved.

## **9. SERVICE PLANNING 2019/20**

- 9.1 The Council of Governors received a report setting out the Trust's Service Plan objectives for 2019/20. Governors noted that the Service Plan had been circulated previously for information and comment.
- 9.2 Mike Smith asked how this related to the Operational Plan. Andrew Lee replied that the Operational Plan was at a higher level, and set higher level objectives. The Service Plan supported the Operational Plan, and contained objectives set by the services themselves in terms of things they wished to achieve in the coming year, over and above any higher level objectives or statutory/contractual targets.
- 9.3 Governors discussed the Service Plan and asked how previous years' performance was reported. Andrew Lee replied that the Delivery Committee receives a Quarter 4 report setting out performance against objectives. This report would be shared with Governors once available.

**ACTION: Delivery Committee Q4 Service Plan report to be circulated to Governors**

- 9.4 Cherry Newton noted that the typeface on the service planning wheel within the Service Plan was too small to read. A larger version would be circulated.



**ACTION: Large version of the service planning wheel to be circulated to Governors.**

- 9.5 Bren McInerney had submitted some comments to Rob Blagden as he was unable to attend the meeting. Bren felt that there were too many acronyms in the document, and that health inequalities ought to have featured more prominently.

**10. QUALITY REPORT UPDATE AND INDICATORS FOR AUDIT**

- 10.1 John Trevains, Director of Quality, presented this report which gave the Council of Governors a review of progress with the Quality Report priorities for 2018/19 and an opportunity to agree the indicators for external audit purposes.
- 10.2 Governors welcomed the progress made towards achieving targets, objectives and initiatives identified in the Annual Quality Report. Overall, there was 1 targets which were not currently being met: Numbers of service users being involved in their care. The target for increasing the use of supine (as opposed to prone) restraint was on target. All other targets had been achieved. Governors noted that in respect of the indicator concerning involvement of service users in their care, plans were in place to deliver this by the year end, and the Trust was currently on trajectory to do so. Nikki Richardson assured the Council that achievement of quality targets remained firmly on the Governance Committee agenda.
- 10.3 The Council was informed that consultations had taken place with internal and external stakeholders to agree quality priorities for 2019/20. Bren McInerney had commented, via Rob Blagden, that not all acronyms in the document had been explained.

**Quality Report 2018/19 Audit Process**

- 10.4 The Council noted that the external audit process in respect of quality indicators will commence in late March. Two quality indicators have been agreed:
- Early Intervention in Psychosis – people experiencing a first episode of psychosis treated with a NICE-approved care package within 2 weeks of referral
  - Inappropriate out-of-area placements for adult mental health services
- 10.5 Governors asked for more information on out of area placements, in terms of numbers and costs. John Trevains agreed to provide a briefing for Governors.

**ACTION: John Trevains to provide Governors with a briefing on out of area placements, including numbers of patients involved, and costs.**

- 10.6 As in previous years, it is for Governors to select a third local indicator for audit. John Trevains outlined a range of possible indicators under the headings of Effectiveness, user Experience, and Safety. John recommended to Governors that it would be particularly useful to focus on indicators concerning the reduction of patients who die from suspected suicide, or increasing the use of supine restraint, as these issues are nationally prominent. Governors were asked to indicate their preferred choice of indicator, and to communicate their choice in the next two weeks to John Trevains, via Rob Blagden.

**ACTION: Governors to inform John Trevains, via Rob Blagden, of their choice of quality indicator for 2018/19**

- 10.7 Governors asked to receive an outcome report on last year's audit on suicide. This was agreed.

**ACTION: Governors to receive the outcome report on the audit of last year's quality indicator on suicide.**

**11. HOLDING TO ACCOUNT - DEVELOPMENT COMMITTEE ASSURANCE**

- 11.1 Jonathan Vickers provided Governors with a helpful introduction to the work of the Development Committee as part of the Holding to Account process. The primary purpose of the Committee is to be assured that proposals for service development meet the current and future needs of the Trust, patients and the local health and social care economy, and that engagement and other relevant enabling activities to inform and achieve these service developments have been considered. Said Hansdot and Bren McInerney were the Council's observers at meetings of the Development Committee.
- 11.2 The Committee had previously had a more commercial focus, but with recent changes to the way the NHS operates the Committee's activities were now more concerned with strategy and research. Items considered at recent Committee meetings included merger preparation, review of capital expenditure, review of IT investment, Pullman Place development, and Occupational Health accommodation.
- 11.3 The Committee had brought rigour to the overview of capital expenditure and the evaluation of expected and actual benefits of capital investment, and exerted constant pressure on the Executive to spend the Trust's capital in line with its capital expenditure plan, as these investments yielded service improvements which would benefit service users. Governors noted a number of sub-Committees which reported into the Development Committee, covering disposals, stakeholder engagement, and research. The Committee itself reported after each meeting to the Trust Board, and compiles an annual report for the Board. Governors appreciated the presentation, but asked that for future sessions a short written report be circulated in advance to facilitate discussion at the Governor pre-meeting.

**ACTION: Short briefing report to be circulated to Governors ahead of future Holding to Account sessions**

- 11.4 In the meantime, Jonathan Vickers agreed to circulate a copy of the latest Development Committee annual report to Governors.

**ACTION: Copy of the latest Development Committee annual report to be circulated to Governors.**

- 11.5 Governors thanked Jonathan for his presentation

**12. GOVERNOR OBSERVATION AT BOARD COMMITTEES**

- 12.1 Governors provided feedback to the Council on their observation of Board Committee meetings which had taken place since the last Council of Governors meeting.
- 12.2 Vic Godding reported on his observation of the Governance Committee on 22 February, which had been well chaired, with all important issues being identified. Everyone at the meeting was given an opportunity to contribute, while the Chair managed the agenda well and kept to time.
- 12.3 No Governors had been available to attend the Delivery Committee meetings on 29 January or 27 February, or the Audit Committee meeting on 13 February.

### **13. ITEMS FROM GOVERNOR PRE-MEETING**

- 13.1 Rob Blagden reported that Governors had discussed the use of consultants for values week. Mervyn Dawe had a number of questions about the use of this consultant and the costs involved, and would email Ingrid Barker, Paul Roberts and Rob Blagden with the details.

**ACTION: Mervyn Dawe to email his question about Values Week consultants to Ingrid Barker, Paul Roberts and Rob Blagden.**

- 13.2 Governors had discussed potential membership events to be held in Gloucestershire and Herefordshire over the next year.
- 13.3 Governors expressed disappointment that the crowded agenda had not included a longer time for discussion of items discussed at the Governor pre-meeting, given that this extended time had been previously requested.

### **13. GOVERNOR ACTIVITY**

- 13.1 Jo Smith had attended a Learning Disability Steering Group meeting as a carer.
- 13.2 Mervyn Dawe had become a member of 'Help the Helpers' in Stroud.
- 13.3 Cherry Newton had attended the Healthwatch Herefordshire meeting, as had Miles Goodwin. Cherry also attended the Time to Talk Day with a stand, at Leominster Library and had attended a meeting at Herefordshire Disability United who were going to hold an event on March 20<sup>th</sup>. Cherry would provide feedback on that event to Ingrid Barker.
- 13.4 Carole Allaway-Martin had met with a carers group to discuss their knowledge of the forthcoming merger. Carers were less concerned about the name of the new Trust than whether their services would be impacted, and what the timescale for the merger was. Carole agreed to share their contact details with Paul Roberts so that he could make contact directly.

**ACTION: Carole Allaway-Martin to share carers group contact details with Paul Roberts**

## 14. ANY OTHER BUSINESS

- 14.1 The Council was asked to note that the July meeting may need to start slightly earlier in the day, to accommodate competing commitments for Directors and the Chair.
- 14.2 Stephen McDonnell asked about a story he had seen in the Citizen newspaper regarding payments to staff for working over the Christmas period. Colin Merker explained that there was a need to find staff at short notice over the holiday period. A communication was issued to identify such staff who would receive an enhanced rate of pay, given the timing. This was intended to apply to qualified staff, but as it had been worded in such a way that unqualified staff might also consider it to apply to them, a decision had been made to extend the offer to those unqualified staff who had worked in good faith over the period.

## 15. DATE OF NEXT MEETING

- 15.1 The next meeting will be at 5.15pm on Tuesday 14th May, in the Business Continuity Room at Rikenel, with the Governor pre-meeting starting at 4.00pm.
- 15.2 Governors were asked to note that given the amount of business the Council was being asked to get through at each meeting, and in particular to allow more in depth discussion of the merger and other issues raised in the Governors' pre-meeting, in future meetings would be extended by half an hour so that those discussions were not unnecessarily curtailed.

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

### Council of Governors Action Points

<b>Item</b>	<b>Action</b>	<b>Lead</b>	<b>Progress</b>
<b>14 March 2019</b>			
4.2	Governors to notify John McIlveen if they wish to participate in the patient and staff survey working group	All Governors	<b>Complete</b>
8.2	Example logo for Herefordshire services to be mocked up, and circulated to Governors	Kate Nelmes	<b>Complete</b>
8.4	Merger briefing meeting to be set up.	John McIlveen	<b>Complete</b>
9.3	Delivery Committee Q4 Service Plan report to be circulated to Governors	John McIlveen	<b>Complete</b>
9.4	Large version of the service planning wheel to be circulated to Governors.	Anna Hilditch	<b>Complete</b>
10.5	Governors to receive a briefing on out of area	John Trevains	<b>Complete</b>

	placements, including numbers of patients involved, and costs.		
10.6	Governors to inform John Trevains, via Rob Blagden, of their choice of quality indicator for 2018/19, <b>by 29<sup>th</sup> March</b>	All Governors	<b>Complete</b>
10.7	Governors to receive the outcome report on the audit of last year's quality indicator on suicide.	John Trevains	
11.3	Short briefing report to be circulated to Governors ahead of future Holding to Account sessions	John McIlveen	<b>To be developed post merger.</b>
11.4	Copy of the latest Development Committee annual report to be circulated to Governors	Anna Hilditch	<b>Complete</b>
13.1	Mervyn Dawe to email his question about Values Week consultants to Ingrid Barker, Paul Roberts and Rob Blagden.	Mervyn Dawe	
13.4	Carole Allaway-Martin to share carers group contact details with Paul Roberts	Carole Allaway-Martin	

**Agenda Item 6**

**PAPER B**

**Report to:** Council of Governors, 18<sup>th</sup> June 2019  
**Author:** Paul Roberts, Joint CEO  
**Presented by:** Paul Roberts, Joint CEO

**SUBJECT: CHIEF EXECUTIVE’S REPORT**

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

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

**1. Chief Executive Engagement**

I remain committed to spending a significant proportion of my time visiting front-line services in both organisations and continue to be impressed and heartened by the professionalism and commitment of colleagues across the organisations and in the pride that they take in the delivery of, in many cases, outstanding services.

Inevitably given the current focus of the Executive teams on the development of the structure for the planned merged organisation my visits have been reduced, but I continue to make every effort to make time for this key activity which enables me to take the temperature through the organisation.

Services I have visited in recent weeks include:

**2gether Services:**

I have met with a number of locality managers to understand more fully how we are working already in a place based way and how that can be further developed.

**Joint interaction**

As the strategic intent progresses colleagues from both trusts are now regularly engaging together.

I have continued a range of meetings with other colleagues including:

Team Talk sessions – Edward Jenner Court and Rikenel – it is great to find that increasingly Team Talks contain a mix of colleagues from the two Trusts as many of our venues now contain staff from both Trusts, this happens naturally – an ongoing opportunity to build relationships to start improving what we do now. We took the opportunity to update colleagues on merger developments and to hear back from them how it feels on the ground – two way communication processes are at the heart of how we want to work.

Regular attendance at Medical Staffing Committee - these sessions enable me to understand the concerns and aspirations of this group, and to consider, jointly, future plans.

I continue to meet regularly with colleagues to progress our Better Care together Programme and was delighted to attend the first of stakeholder events which will take place over the next 6 months. It was a very exciting agenda which set out what the merger process will enable us to take forward. Our Place - a sustainable future was a great session with sector leaders helping us to develop further our ambitions for the future.

I have also enjoyed taking part in a number of leadership/development events. I continue to be impressed by the strength of leadership at both Trusts and their clear passion for quality improvement with service users central to all we do. The Senior Leadership Network – a monthly two-way session which updates Senior Leaders on key issues and gains their input on how to move forward is an important element of this. The April session considered an update on the merger, a session by some of our Experts by Experience, and an update on values development.

## **2 Progress on the strategic intent to merge <sup>2</sup>gether NHS Foundation Trust with Gloucestershire Care Services NHS Trust (GCS)**

We are merging for a purpose. There is increasing evidence that communities and service users are best supported by better joined up services. We also want to address the inequalities people with learning disabilities and mental illnesses face in accessing good physical health care, and the challenges people with long-term physical health conditions face in accessing support for their mental health.

We are making rapid and encouraging progress and are now at a key stage in the process. We recently submitted our Full Business Case to NHS Improvement. We have also now selected the name we will use for our joint Trust, as long as our merger is approved.

We began consulting with stakeholders last year, when we shared a 'Name that Trust' survey with colleagues and governors. As you may be aware, NHS England sets out strict guidance on Trust names, so we then shared our preferred choices with NHS England and came up with three final options. We shared the names with colleagues, partners and stakeholders and asked the views of our Shadow Board. Our two Boards then selected a final name, informed by all of the views gathered, and the name was further discussed with <sup>2</sup>gether's Council of Governors.

So, after all of the consultation and discussion, our chosen name is:

### **Gloucestershire Health and Care NHS Foundation Trust**

This is a name that is clear and understandable to everybody. It clarifies the geographical area we cover as well as what we want to do – which is to improve the health of our local communities and care for people when they need treatment and support. We also believe it will stand the test of time - we'll be doing "what it says on the tin" for many years to come! The selection of our name is an important step forward for us. It will be the first visible sign of an exciting start for us as we become one Trust later this year.

In order to give the services 2gether provides in Herefordshire a unique identity, relevant to communities and colleagues in that area, the Trust's Herefordshire services will be given their own name:

### **Herefordshire Mental Health and Learning Disability Services**

Our Herefordshire colleagues and teams remain an important and valued part of our Trust. Our Communications Teams will be working with NHS England and our Boards to create our new Trust branding. We will not begin using our new name or logo until the merger is approved and work will be carried out to begin updating materials and systems when appropriate. We do not want this to be an expensive exercise, so we assure you that we will retain existing materials wherever we can.

We will start telling service users, patients, carers, suppliers and others that we are likely to be changing our name later in the year and what we will be called. It is important to keep the people we work with updated, to avoid any confusion.

This is a really exciting time for our Trusts. We are still on track to become one organisation from 1 October 2019 but that is not the end of the process. We know it will take many months, if not years, for us to fully transform services and provide the joined up mental and physical healthcare services our communities want and need. Colleagues within both Trusts continue to work tirelessly to deliver our usual, high quality services and support, and also to progress our merger.

## **3 Partnership Working**

### **3.1 "One Gloucestershire" Integrated Care System (ICS)**

An update from on the work of the ICS is a separate item on the agenda.

I continue to be engaged with both the development work in this area and the ongoing activity, including taking the leadership role on the Diagnostics Board and Quality Improvement.

As an ICS we are working to take forward our priorities for the year ahead, recognising that balancing individual statutory Board responsibilities and wider systems responsibilities is the subject of further development. As ICS CEOs I know we are committed to working together to serve our communities and ensure we make best use of the Gloucestershire pound. We meet together on a monthly basis as a minimum to consider how to take forward our plans. We had an interesting session on Admission Avoidance in April, which considered ways to work most effectively to ensure that individuals are effectively supported to minimise the need for admission to hospital. Reflecting on just over a year in Gloucestershire I recognise the significant changes there have been within the system to reflect our development from a Sustainability and Transformation Partnership to an ICS with greater sharing of our joint challenges.

### **3.2 Herefordshire Integrated Working Developments**

With Colin Merker, Deputy Chief Executive, 2gether and Duncan Sutherland NED, 2gether we continue to be heavily engaged in working with colleagues in Herefordshire and Worcestershire to further develop partnership working.



### **3.3 The Redwell Centre and Glo Active**

I was delighted to visit the Redwell Centre with Bren McInerney recently. Whilst there we met with Hayley Huntley, Glo-Active's founder and Director. I was really impressed by the service and the centre which has been part of the Matson community for more than 25 years. Hayley was running a programme for people with learning disability. The programme works with Gloucestershire County Council and 2gether and is highly recommended by participants and their families.

### **4. Chief Executive Development Network Event - May**

I attended a very useful event which provided an opportunity to share best practice as the NHS adapts to the challenge of meeting the Long Term Plan. My experience is that there is much innovation and review going on throughout the sector and that harnessing the experience of others rather than reinventing the wheel will enable us to bring transformation to the way we work more rapidly.

### **5. Valuing Your Involvement'**

A detailed update on this was discussed at the Shadow Board in May. The Shadow Board will further consider the outputs from this work and consider next steps for taking forward the merged organisations values within our policy and communication framework. I am pleased that so many colleagues, service users and governors have contributed to this process.

Living our values, building on those which have so effectively shaped 2gether and GCS, ensuring that both organisations are recognised as CQC "Good" organisations, will be at the core of how we operate.

### **6. 2gether Wins Quality Improvement Award**

An award has been presented to 2gether for our outstanding contribution to Quality Improvement in Mental Health.

The Trust has been part of the South of England Mental Health Collaborative for Quality Improvement and Patient Safety since its inception in 2011.

Work Trust colleagues have been involved in since that time includes initiatives surrounding End of Life Care, suicide reduction, learning from incidents, reducing harm from falls and physical health improvement, such as offering cervical screening to female inpatients.

The Collaborative has presented the Trust with the Outstanding Contribution to Quality Improvement in Mental Health in recognition of the Trust's long association with the Collaborative and the many pieces of work we have been involved in over the years.

### **7. Recovery College Launches Digital Manuals**

The Severn and Wye Recovery College has launched two new digital manuals. The manuals were funded by the Health Foundation as a resource to be used both by the college and its students, and by other organisations and groups wishing to set up their own Recovery Colleges. The first manual – Journeys to Recovering – is to be used by students to guide them through the college's primary course. It was written by course leader Keith Coupland.

The second manual is a 'How to' guide, titled 'Implementing a Recovery College:

One NHS Trust's Journey', with chapters authored by a range of people, including course tutors, peer support workers and 2gether colleagues. The manual was edited by Jo Denney and Anna Burhouse and the foreword was written by Julie Repper, Director of ImROC.

They are available on the [Recovery College website](#). A celebratory event took place at Charlton Lane Hospital, in Cheltenham, to officially launch the manuals. The Recovery College is delivered by 2gether, in partnership with Adult Education in Gloucestershire, NHS Gloucestershire CCG and others.

### **8. CARiAD Clinical Research Trial: Nurses' efforts commended**

Dawn Allen, Professional Head of Community Nursing and Head of Tissue Viability Services, and Steven Holmes, Head of ICTs, would like to take this opportunity to thank all the Community Nurses involved in the CARiAD Clinical Research Trial. Over the last year the nursing teams in Stroud and the Forest of Dean have been involved in a clinical research trial led by Dr Paul Perkins, Consultant in Palliative Medicine.

This has been a three-site randomised trial, and we have done very well as a site, with huge enthusiasm from all.

The trial sought to assess whether training carers to administer injection route rescue medications at end of life helps to enhance the experience of care. Now finished, the leads are digesting all this information, and we await their outcomes.

"Steven and I wanted to formally thank the brilliant work of our nurses in this trial and to Tracey King and Linda Piontek in leading this for their localities," said Dawn.

"It's been excellent to see community nursing engaged in critical national research. Well done all."

### **9. EU Exit**

The Trusts continue to follow national guidance on this issue and respond to information requests from the Department of Health and Social Care and currently as Boards we are confident with the measures the Trusts are implementing.

### **10. Event Celebrates 100 Years of Learning Disability Nursing**

**A special event took place at the Churchdown Centre to mark a century of learning disability nursing and look at its progression in Gloucestershire and Herefordshire.**

Inspiration for the event came from the University of the West of England (UWE) which teamed up with the newly formed South West Learning Disabilities Nurse Forum to organise a week of celebrations. The milestone was marked at the Churchdown Centre with a bake-off competition, a display of uniforms and historic nursing booklets and information.

There are around 50 learning disability nurses working across the Trust. This includes student nurses who study at UWE.

### **11. E-Burn Pilot**

Smoking is considered one of the main causes of ill health amongst the mental health population. In September 2018, 2gether initiated a pilot on Kingsholm ward at Wotton Lawn Hospital which ran for just under six weeks. Service users were given three, free E-burns - a non-rechargeable electronic cigarette - to support them to cut down, quit smoking and to help drive the smoke free agenda in the trust. The E-burns can be used indoors in the individual service user's bedrooms only and not in

communal areas. Once they had used the three free, they were given information on where they could purchase further E-burns from. The E-burns cost £2.40 each with each E-burn the equivalent of 30-40 cigarettes. During this period there were 32 male service users, and of this total 78% were smokers. The pilot found that 89% of service users reduced the amount they smoked while on the pilot. The E-Burn initiative is now being rolled out across all 2gether inpatient units. It is hoped this will continue to support temporary abstinence from smoking for inpatients in hospital in line with NICE guidance, help service users reduce the urge to smoke, help maintain nicotine levels rather than service users going into withdrawal and ultimately improve physical health outcomes.

## **2gether NHSFT Internal Board Engagement**

- 04.03.19      Members of the Executive Team attended an Executive Committee Meeting
- Members of the Executive Team attended a Shadow Executive Committee Meeting
- Members of the Executive Team attended a Programme Management Executive Workshop along with GCS colleagues
- The Deputy Chief Executive participated in Corporate Induction
- Members of the Executive Team attended the Programme Management Executive Meeting
- 05.03.19      The Deputy Chief Executive and Director of Finance attended a meeting regarding an additional S136 Suite and ECT Suite
- 06.03.19      The Director of Organisational Development chaired the Joint JNCC/JNCF Values Session meeting and the Deputy Chief Executive attended the meeting
- 07.03.19      The Medical Director attended an inquest briefing sessions with GCS Medics at Stroud Community Hospital.
- 08.03.19      The Medical Director attended the Mental Health Commissioning Meeting with the CCG.
- 11.03.19      The Executive Directors lead Team Talk sessions throughout the Trust
- Members of the Executive Team attended a Shadow Executive Committee Meeting
- Members of the Executive Team attended an NHSI Oversight meeting with colleagues from GCS
- 12.03.19      The Deputy Chief Executive attended a Herefordshire drop in session for staff

- 13.03.19 Members of the Executive Team attended a Shadow Executive Development session
- 14.03.19 Members of the Executive Team attended a Council of Governors meeting
- Members of the Executive Team attended a Shadow Board Meeting
- The Director of Engagement and Integration attended the Development Committee
- 15.03.19 The Medical Director attended a meeting with GCS colleagues regarding Care Home Pilot.
- 18.03.19 The Deputy Chief Executive and the Director of Organisational Development participated in Corporate Induction
- Members of the Executive Team attended a Shadow Executive Committee Meeting
- 19.03.19 Members of the Executive Team attended an Executive Committee meeting to approve the 19/20 plan
- The Director of Finance and Commerce attended the values session with joint facilities managers at Charlton Lane Hospital.
- 20.03.19 The Deputy Chief Executive attended a Dementia Case Management Pilot meeting
- The Director of Service Delivery attended the LD Quality and Performance Steering Group meeting in Tewkesbury
- The Medical Director sat on the interview panel for the post of GCS Clinical Director Sexual Health.
- The Director of Organisational Development attended ATOS Remuneration Committee.
- The Director of Organisational Development chaired the People Committee Meeting.
- 21.03.19 The Deputy Chief Executive, Medical Director, Director of Quality and the Director of Engagement and Integration attended a Prevent Future Deaths meeting
- The Director of Service Delivery and Director of Quality attended the Service Integration Workshop
- 22.03.19 The Director of Quality chaired the QCR sub-committee meeting
- The Director of Engagement and Integration attended the QCR sub-Committee meeting

- 25.03.19 Members of the Executive Team attended an Executive Committee Meeting
- Members of the Executive Team attended a Shadow Executive Committee Meeting
- The Deputy Chief Executive facilitated a Senior Team meeting in Herefordshire
- 26.03.19 Members of the Executive Team attended the Senior Leadership Forum
- The Director of Service Delivery and the Director of Organisational Development attended The Trust Delivery Committee.
- 27.03.19 Members of the Executive Team attended the Trust Board meeting
- 29.03.19 The Medical Director attended a joint Mortality Review Group meeting.
- 01.04.19 The Director of Service Delivery attended Corporate Induction
- Members of the Executive Team attended a Shadow Executive Committee Meeting
- Members of the Executive Team attended the Programme Management Executive Meeting
- 02.04.19 Members of the Executive Team attended a Shadow Board Development session
- The Director of Finance and Commerce attended a values session with the West Locality Forum at Colliers Court.
- 03.04.19 Members of the Executive Team attended an Ad-hoc Board meeting
- The Director of Service Delivery visited the Dilke Memorial Hospital in the Forest of Dean
- The Medical Director sat on the interview panel for the post of GCS Clinical Director Dental Services.
- The Director of Finance and Commerce attend the Trust Audit Committee meeting.
- 04.04.19 The Deputy Chief Executive and the Director of Service Delivery attended a Dementia Steering Group
- The Director of Finance and commerce attended the values session with the Community Hospitals Governance and Development team meeting at Lydney Hospital.
- 05.04.19 The Deputy Chief Executive attended a Herefordshire drop in session for staff

The Director of Service Delivery participated in the recruitment of the Assistant Director of Service Continuity

The Medical Director attended the Medical Staff Committee.

08.04.19 The Executive Directors lead Team Talk sessions throughout the Trust

Members of the Executive Team attended a Shadow Executive Committee Meeting

**Agenda Item 7**

**PAPER C**

**Report to:** Council of Governors, 18<sup>th</sup> June 2019  
**Author:** Paul Roberts, Joint CEO  
**Presented by:** Paul Roberts, Joint CEO

**SUBJECT: JOINT CHAIR'S REPORT**

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

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

**1. Introduction and Purpose**

This report seeks to provide an update to the Council of Governors on Chair and Non-Executive Director activities in the following areas:

- Strategic Intent
- Board Development
- Working with our partners
- Working with our colleagues
- National and Regional Meetings attended and any issues highlighted

**1.1 Strategic Intent Update – Moving Towards Developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust**

The work in the two Trusts to move forward the Strategic Intent continues, with progress and overall monitoring being maintained through the agreed governance processes.

**Shadow Board**

The Shadow Board met twice since the last Board meeting. These meetings have involved confirmation of the full business case prior to its consideration by the statutory Boards, monitoring progress towards the merger and considered key aspects of how the merged Trust will work for example, Risk Management. The Shadow Board's remit reflects its role in proposing strategic direction in relation to the merger to the two existing statutory Trust Boards for decision. The meetings of the Shadow Board are supporting team building as well as taking forward key areas of work to enable the proposed new organisation to meet our ambitious agenda whilst keeping safe the achievements of both current Trusts. The King's Fund continues to assist us in facilitating Shadow Board development sessions which are proving very helpful in developing our understanding of each other's skills, experience and areas of key focus.

To increase in-depth Board understanding of the business of each Trust we continue to undertake visits to the services of each Trust (Non-Executive and Executive visits) and this inaugural consecutively held meeting is part of this process.

## 1.2 National and Regional Meetings

I am pleased to be involved in the appointment process for the new Chair of NHS Providers and look forward to welcoming a strong appointee to this significant national role.

## 1.3 Working with our Partners

Maintaining **business as usual** remains a priority across both organisations. As part of this I have continued my regular meetings with key stakeholders and partners.

On 3<sup>rd</sup> April I met with Stephen Marston, **University of Gloucestershire** Vice Chancellor, and Lorraine Dixon Head of School - Health and Social Care, University of Gloucestershire for one of our regular discussions.

On 8<sup>th</sup> May I was delighted to meet with a large number of colleagues, Board Directors and representatives of third sector and other agencies at **Our Place – A Sustainable Future**. A key development session highlighting our transformational ambitions as we considered developing the Trusts' approach to place and partnership in the context of the integrated care system and the long term plan. This was an inspiring session which has set the standard high for the next events in the series. We heard from sector leaders, including Rob Webster, CEO of South West Yorkshire Partnership Trust and ICS lead, who provided an inspiring insight into his leadership of a values based organisation, committed to co-production.

## 1.4 Working with the Communities and People We Serve

The Trust was honoured to receive HRH The Princess Royal at **Stroud Hospital** on Monday 8<sup>th</sup> April. Her Royal Highness was invited by the Stroud League of Friends to formally open the newly refurbished Cashes Green Ward.

Along with the Chief Operating Officer for Gloucestershire Care Services NHS Trust, I attended the monthly meeting of the **Forest of Dean Health Forum** on 7<sup>th</sup> May where we gave updates about the proposed merger, planning for the new community hospital and complex care at home (a new service for the Forest of Dean). As we work to take forward our plans in the Forest hearing from these groups is really informative.

A regular meeting of the **Gloucestershire Health and Care Overview and Scrutiny Committee** (HCOSC) took place on 21<sup>st</sup> May. I attended the meeting with the Chief Operating Officer for Gloucestershire Care Services NHS Trust. The meeting considered performance across the health and care system and matters discussed included an update on stroke rehabilitation, gastroenterology evaluation and pilot proposals; trauma and orthopaedic pilot; and an update on the radiology service. We note that there are plans to split the health and care overview and scrutiny between two committees to increase focus on social care and the Health and Wellbeing Board in the future.



A meeting of the **Gloucestershire Health & Wellbeing Board** took place on 14<sup>th</sup> May. Items discussed included the Health and Wellbeing strategy, Air Quality strategy and a deep dive on Social Isolation. All three topics which inter-relate significantly to the work of the Trusts and the wellbeing of our communities.

The Joint Chief Executive and I will hold our **quarterly meeting with the Chairs of the County's Leagues of Friends** on 11<sup>th</sup> June. We look forward to updating them on the ongoing work of the Trusts and hearing their views. We find those two way sessions a helpful way of getting feedback and exploring locality issues.

I have attended two ICS Boards and also had meetings with the **Gloucestershire ICS Partner Chairs. Hereford and Worcestershire STP Chairs** continue to take place where I am represented by Duncan Sutherland, Non-Executive Director.

I was delighted to attend the 11<sup>th</sup> **Big Health Check and Social Care Open Day** on 22<sup>nd</sup> May at Plock Court in Gloucester. This is a celebratory event of information sharing and improving access to health and well-being support for and with people with learning difficulties. Every year this is a bigger and more exciting event where Trust colleagues and partners work together to encourage our community to have fun and keep well – what a great way to engage. We were honoured that the Lord Lieutenant of Gloucestershire, Edward Gillespie OBE, was able to spend time with us at this event and met volunteers, clinicians and health and social care partners. He formally opened the Boccia Competition and then spent time with a group of people with learning disabilities and family members, hearing about their experiences and the health initiatives they have been involved with. He also spent time viewing the exhibition and inclusive adapted sports in the main Oxstalls Hall and Plock Court playing fields.

## 1.6 Engaging with our Trust Colleagues

I continue to meet regularly with Trust colleagues at GCS and <sup>2</sup>gether and visit services at both Trusts to inform my triangulation of information.

I attended three **Values Sessions** on 10<sup>th</sup>, 11<sup>th</sup> and 17<sup>th</sup> April in Cheltenham, Tewkesbury and Gloucester.

On 23<sup>rd</sup> May I spent some time at the **Freedom to Speak Up Advocate** update event. It is reassuring to know that so many colleagues are committed to ensuring safe clinical practices.

Non-Executive Directors continue to be invited to attend the **Senior Leadership Forum** as part of the Boards' ongoing commitment to our wider leadership team. Attendees have fed back that they find it very enjoyable to spend time with the leaders of both Trusts as they consider how best we can work together. Sumita Hutchison, relatively newly appointed <sup>2</sup>gether and Shadow Board Non-Executive, introduced herself to the group on 25<sup>th</sup> April and Marcia Gallagher, long standing Non-Executive Director at <sup>2</sup>gether and Shadow Board member at the 30<sup>th</sup> May session. This is part of an ongoing series of similar introductions from shadow NEDs so that colleagues have a chance to meet board members of the proposed merged organisation.

I continue to have a range of 1:1 sessions with Executive and Non-Executive colleagues as part of my regular activities.

## **2. NED activity**

A **NEDs meeting** was held on 30<sup>th</sup> May at Edward Jenner Court. Bi-monthly meetings have been arranged going forward and it is planned to hold these at service venues where possible.

### **Other activities undertaken by the Gloucestershire Care Services NEDs - key meetings and events have included:**

- Shadow Board Development (Graham Russell & Jan Marriott)
- Attendance at Trust Board, Committees, Board Development and Board Seminars (both GCS and Joint with 2gether)
- Shadow Board meetings (Graham Russell, Jan Marriott)
- Joint NED meetings
- Annual Appraisal procedures and follow ups
- Meeting with Professional and Clinical Effectiveness (PACE) members and members of the public (Jan Marriott)
- 29<sup>th</sup> March – Nicola Strother Smith attended the NHS Providers Community Network meeting in London (on behalf of Ingrid Barker)
- 03<sup>rd</sup> April - Introduction of the Director of Quality, 2gether to Inclusion Gloucestershire (Jan Marriott).
- 08<sup>th</sup> April – Meeting with Director of Better Care, 2gether & Director of Engagement and Integration, 2gether (Jan Marriott).
- 10<sup>th</sup> April - Values Event, Stroud Hospital (Graham Russell).
- 11<sup>th</sup> April - Quality Visit, Beeches Green (Graham Russell).

The Quality Visit Reports are reported within the Quality and Performance Committee.

### **Other activities undertaken by the 2gether NEDs:**

#### **Maria Bond – April/May**

- 2 weeks annual leave
- Call with Executive Director in regard to Delivery Committee
- Prepare for and Chair Delivery Committee
- Prepare for and attend Governance Committee
- Prepare Appraisal feedback for 2g NED's and Chair
- Prepare for and attend 2g Extra Board Meeting
- Prepare for and attend SI Review meeting
- Attend 'Our Place – A sustainable Future'
- Attend Shadow Board meeting for B2B Preparation
- Meet with Lead Governor
- Prepare for and attend Appraisal with Chair
- Attend Values Workshop with Governors
- Prepare for and Chair Delivery Committee
- Prepare for and attend Shadow Board
- Prepare for and attend Audit Committee
- Prepare for and attend head of governance meeting
- Prepare for and attend ATOS/RemCom meeting

### **Nikki Richardson – April/May**

- Prepared for and attended Board meetings x4
- Meeting with CEO
- Meeting with Trust Governor
- Prepared for and attended Audit Committee x2
- Meetings with Trust Directors x3
- Meetings with Trust Chair and CEO x2
- Meeting with NED
- Preparation for and meeting with CoG
- Visit to Oak House
- Meetings to discuss complex complaint x2
- Prepared for and Chaired Governance Committee
- Prepared for and attended CoG
- Prepared for and attended MHLS Committee
- Meetings with GCS Vice Chair x3
- Prepared for and attended personal appraisal
- Prepared for and attended NED meeting
- Prepared for and jointly facilitated Chair's appraisal
- Prepared for SI review

### **Duncan Sutherland – April/May**

- Attended a Shadow Board Development meeting
- Prepared for and attended an Audit Committee meeting
- Attended a meeting with the Director of Quality
- Prepared for and attended a meeting of the Shadow Board
- Prepared for and attended a Council of Governors meeting
- Prepared for and attended a private meeting of the Trust Board
- Attended a Sustainable Future conference
- Prepared for and attended a Shadow Board 'Board to Board' meeting
- Prepared for and attended a Council of Governors meeting
- Prepared for and chaired a meeting of the Mental Health Legislation Scrutiny Committee
- Undertook complaints analysis
- Attended a meeting of Herefordshire Governors
- Prepared for and attended a Development Committee meeting
- Prepared for and chaired a New Highways Committee meeting
- Prepared for and attended a Shadow Board meeting
- Attended my appraisal meeting with the Joint Trust Chair
- Attended Consultant interviews

### **Jonathan Vickers– April/May**

- prepared for and attended a meeting of the audit committee
- prepared for and joined a board meeting (by phone)
- held conversations with executive and non-executive colleagues on trust matters
- prepared for and chaired a meeting of the development committee
- prepared for and attended a Council of governors meeting
- prepared for and attended a Serious Incident review meeting
- prepared for and attended an appraisal meeting
- prepared for and attended a meeting of the New Highways board
- prepared for and attended a meeting of the ATOS committee

### **Marcia Gallagher – April/May**

- Prepared for and participated in a Shadow Board Development event .
- Had a private meeting with the Trusts Internal and External Auditors .
- Prepared for and Chaired the Audit Committee .
- Prepared for and attended a Board meeting to consider the Business Case for Merger.
- Met with Mike Scott .
- Prepared for and attended a Shadow Board meeting .
- Attended a meeting with Governors re Merger issues.
- Follow up visit to Oak House.
- Attended a Council of Governors meeting .
- Prepared for and attended a Delivery Committee meeting.
- Prepared for and attended a 2gFT Board meeting to discuss the Full Business Case .
- Attended the "Our Place-A Sustainable Future " event.
- Visit to Forest of Dean Integrated Community Team.
- Met with the Head of Community Nursing and Tissue Viability at EJC.
- Attended a NHSI Board to Board preparation meeting.
- Prepared for and attended a Council of Governors meeting.
- Annual Appraisal meeting with Chair.
- Met with Director of Finance re Final Accounts.
- Prepared for and attended the Delivery Committee.
- Prepared for and attended a Shadow Board meeting.
- Met with Counter Fraud.
- Discussions with the External and Internal Auditors in private.
- Prepared for and Chaired the Audit Committee.
- Attended the Leadership Forum.
- Attended CEO NED appraisal feedback meeting.
- Attended an ATOS/Rem Com meeting.
- Attended a joint NEDs meeting.

### **3. Conclusion and Recommendations**

The Council of Governors is asked to **NOTE** the Report.

Agenda item 10

PAPER D

**Report to:** Council of Governors, 18<sup>th</sup> June 2019  
**Author:** Kate Nelmes, Head of Communications  
**Presented by:** Kate Nelmes, Head of Communications

**SUBJECT:** Membership Data Annual report 2018/19

This Report is provided for:

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

- This paper provides a full analysis of the 2018/19 financial year membership data for 2gether NHS Foundation Trust.
- In September 2016, the Council of Governors agreed the Trust's current Membership Strategy. Our focus has been on retaining members and recruiting new members, with a specific emphasis on recruiting young members, members from black, Asian and minority ethnic backgrounds and men, who are all under-represented.
- An annual report on membership was requested by the Council of Governors to provide a year-on-year comparison of membership data.
- There were **8,116** members of our Trust at the end of the 2018/19 financial year. This represented an increase of 311 members (4%) over the year.

### RECOMMENDATIONS

That the Council notes the 2018/19 financial year-end membership data and analysis.

### Corporate Considerations

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

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

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

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

<b>Reviewed by:</b>		
Jane Melton, Director of Engagement and Integration	Date	June 2019

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

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

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

Work has also been taking place to cleanse our membership data, to ensure we are accurately reporting and have a clear starting point for increased recruitment. This work has included removing members who are no longer engaging with us, including those who have moved without leaving a forwarding postal or email address, and ensuring that we are only counting staff members who are within the relevant categories for membership. We also carried out a data cleansing activity when the General Data Protection Regulation (GDPR), came into effect in May 2018. This had a significant impact on membership figures. It also meant we were no longer able to automatically transfer staff members to public members when they left the Trust's employment. All leavers are now written to and asked to actively 'opt in' to membership.

- 1.3. The actions presented here seek to compliment the Trust's Engagement and Communication Strategy 2016-2020, which is structured to influence more people in our community to become champions of the services that we deliver to make life better.
- 1.4. Throughout 2018/19 we have also, in advance of our proposed merger with Gloucestershire Care Services, been aiming to increase membership among people who use the services of GCS. We have had some success in this regard, and this will be a continued area of focus in 2019/20. Our membership programme will need to be relaunched when we merge, as we will need to have a new name, new branding, new newsletter, new joining forms and new membership packs.
- 1.5. Another new element of membership this year has been the introduction of a new constituency for Wales. Previously we could not accept members with a Welsh postal address, but the Council of Governors approved an amendment to the constitution and members are now able to join from Wales.
- 1.6. The membership data in this paper will help to inform the appropriate focus and tactics to enable recruitment, retention and engagement of members. This report will focus on overall change within membership data.

## 2. Membership figures

### 2.1 Membership data, at 31<sup>st</sup> March 2019, is as follows:

- There are **8116** members of our Trust
- **5926** are Public Members and **2190** are Staff Members
- Our public membership increased by **251** over the year
- Our staff membership increased by **60**
- On average, membership increased by 26 new members every month, which is a decrease on the previous year, when membership increased by 31 members per month.
- Most new members are recruited through our website and public events, such as stands during awareness weeks. Our most

successful member recruitment event in 2018/19 was again the open day at Gloucestershire Police Headquarters.

## 2.2 Number of Public Members at 31 March 2019

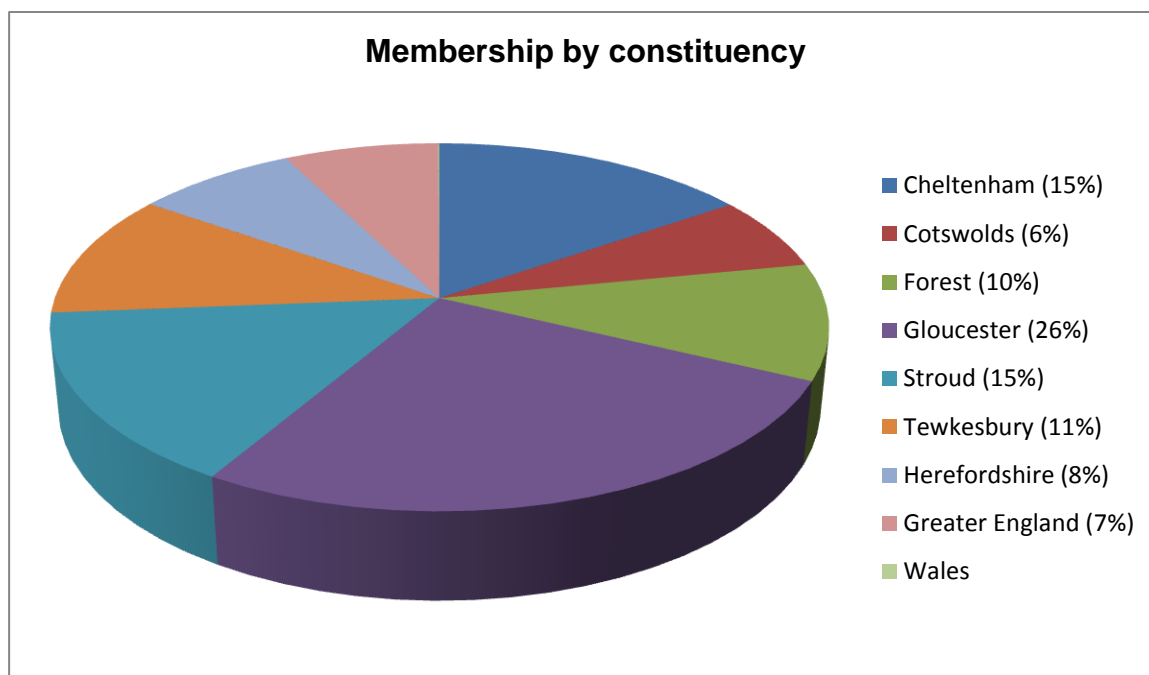
Table 1 represents the actual numbers of members per constituency. However, the actual numbers do not provide information about the relative numbers of members in relation to the size of the associated constituency. This is considered in the additional tables below. Information regarding the demographics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

**Table 1 Public Membership Numbers by Constituency at 31<sup>st</sup> March 2019**

<b>Cheltenham</b>	<b>Cotswolds</b>	<b>Forest of Dean</b>
908	384	601
<b>Gloucester</b>	<b>Stroud</b>	<b>Tewkesbury</b>
1557	896	646
<b>Greater England</b>	<b>Herefordshire</b>	<b>Wales</b>
440	459	4

Figure 2 provides the percentage spread of membership by constituency whilst Table 2 shows the relative percentage of membership. This data suggests that membership in Herefordshire is significantly lower than in Gloucestershire. However, the number of members in Herefordshire has risen from 434 to 459 in the last 12 months (an increase of 6%). Gloucester City has the largest proportion of Trust members and the largest population.

**Figure 2 Membership data by constituency as at 31 March 2019**





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

Constituency	Members	Population	% members in constituent population
Cheltenham	908	115,732	0.77
Cotswolds	384	82,881	0.45
Forest of Dean	601	81,961	0.70
Gloucester	1557	121,688	1.22
Stroud	896	112,779	0.77
Tewkesbury	646	81,943	0.76
Herefordshire	459	183,477	0.23
Wales	4	3,125,000	N/A

### 2.3 Ethnicity of Trust Members

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

**Table 3**

Ethnicity - Gloucestershire		
	White British/White Other	Black and Minority Ethnic
Gloucestershire Census 2011	92% (596,984 people)	5% (27,337 people)
Public membership	92%	8%

**Table 4**

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

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

Ethnicity	Gloucestershire	Glos Members	%	Herefordshire	Hfd members	%
White British	546,599	4591	0.83	171,922	440	0.3
Mixed	8,661	50	0.57	1,270	2	0.16
Black/Black British	5,150	73	1.34	331	0	0.00
Asian/Asian British	10,522	121	1.07	1,162	1	0.00
White Other	23,048	139	0.53	8,247	11	0.13
Chinese/Other	3,004	11	0.36	545	1	0.18
<b>Total</b>	<b>596,984</b>	<b>4985</b>		<b>183,477</b>	<b>455</b>	

## 2.4 Disability status of Trust Members

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

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

<b>Disability – Gloucestershire</b>	
<b>Census data 2011</b>	0.5%
<b>Public membership (Glos)</b>	14% (702 of 4992 members)

<b>Disability – Herefordshire</b>	
<b>Herefordshire Census 2011</b>	0.2%
<b>Public membership (Hfd)</b>	14% (65 of 458 members)

## 2.5 Age Distribution of Trust members

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

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

<b>Age</b>	<b>Total Hfd &amp; Glos</b>	<b>% of people in age group</b>	<b>Total Public Membership</b>	<b>% of membership (disclosed)</b>
<b>10 – 15</b>	54,528	8%	17* <sup>1</sup>	3%
<b>16 – 19</b>	38,260	6%	38*	6%
<b>20 – 44</b>	236,952	34%	1,703	29%
<b>45 – 64</b>	216,612	31%	1,969	33%
<b>65 – 74</b>	78,706	11%	844	14%
<b>75+</b>	71,665	10%	793	13%
<b>Did not disclose</b>			<b>562</b>	<b>9%</b>
<b>Total</b>	<b>696,723</b>	<b>100%</b>	<b>5926</b>	<b>100%</b>

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

**Table 8 Gender of Trust public members**

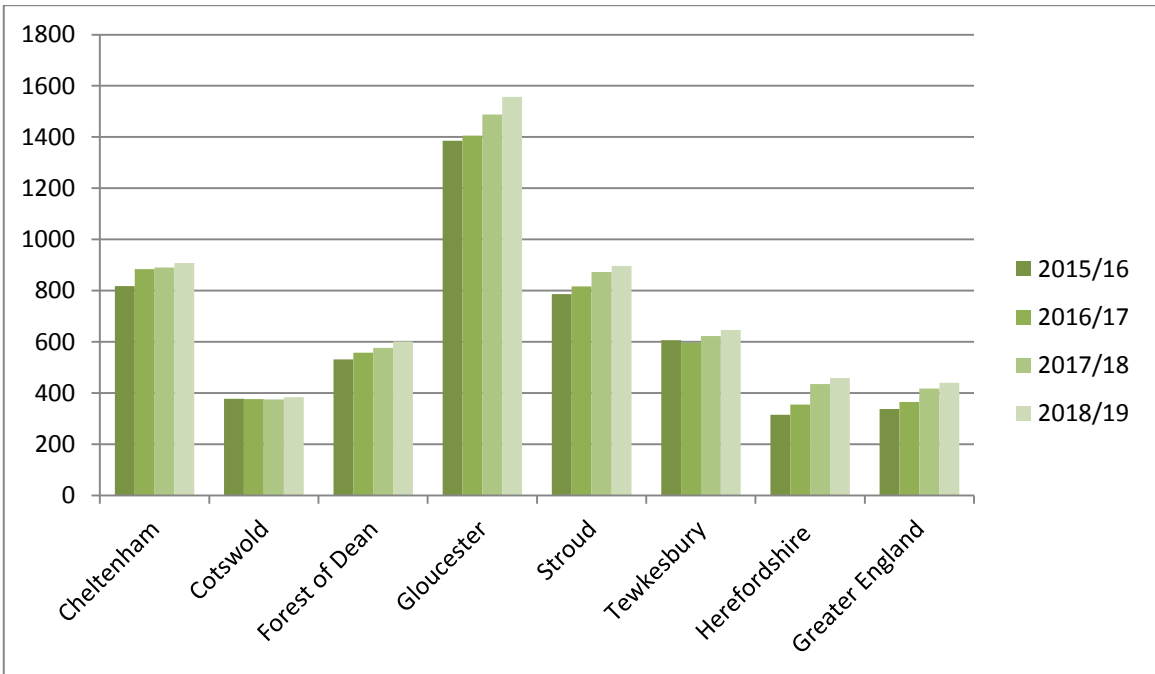
Gender – total public membership	
Male	1929
Female	3933

We are in the process of updating our database, to enable us to capture data on members who are trans.

**2. Comparison of Annual Public Membership Data (2018/19)**

The following chart (Figure 3) shows a modest overall increase in public membership between 31<sup>st</sup> March 2018 and 31<sup>st</sup> March 2019. The graph indicates that overall, membership has been relatively constant in each constituency but with our largest constituency increases by population in Gloucester City, Greater England and Herefordshire.

**Figure 3 Comparison of membership between 2015/16, 2016/17, 2017/18 & 2018/19**



**3. Conclusion**

Analysis of the membership data suggests that:

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

- The number of members from Herefordshire remains significantly lower than in Gloucestershire. Gloucester City has the largest proportion of Trust members.

## 4. Recommendations

- The Membership Advisory Group devises tactics for increasing membership in Herefordshire, and among men, younger people and people from minority ethnic backgrounds.
- That the Communications Team further reviews the Trust's Membership Strategy as our merger work with Gloucestershire Care Services NHS Trust progresses, to identify any opportunities to increase membership or highlight any development required in light of the move towards becoming a joint organisation.
- That the Social Inclusion Team works alongside the Communications Team, Trust Governors and Membership Advisory Group to ensure membership is promoted through our partnerships and at events.

### **Key Performance Indicators** for 2019/20 are:

- A 5% increase in members recruited in Herefordshire.
- A 5% increase in members recruited in the Cotswolds.
- A 5% increase in membership among men.
- A 5% increase in membership among younger people (under 21s).
- A 5% increase in membership among people from a Black and Minority Ethnic background.
- At least 50% of all new members recruited express an interest in the work of community physical health services.