[2]GETHER NHS FOUNDATION TRUST

BOARD MEETING

TUESDAY 30 JANUARY 2018 AT 10.00AM
TRUST HQ, RIKENEL

AGENDA

10.00	1	**Apologies**	
	2	**Declaration of Members Interests**	
10.05	3	**Minutes of the Board meeting held on 30 November 2017**	**PAPER A**
	4	**Action Points and Matters Arising**	
	5	**Questions from the Public**	
IMPROVING QUALITY			
10.10	6	**Patient Story Presentation**	**VERBAL**
10.40	7	**Performance Dashboard Report – November 2017**	**PAPER B**
10.50	8	**Guardian of Safe Working Report**	**PAPER C**
11.00	9	**CQC Inspection Update**	**PAPER D**
BREAK – 11.10AM			
IMPROVING ENGAGEMENT			
11.20	10	**Chief Executive's Report**	**PAPER E**
IMPROVING SUSTAINABILITY			
11.30	11	**Summary Financial Report**	**PAPER F**
11.40	12	**Joint Strategic Intent Update**	**PAPER G**
11.55	13	**Board Committee Summaries** • Delivery Committee – 24 November • Development Committee – 13 December • Governance Committee – 15 December • MHLS Committee – 10 January	 **PAPER H1** **PAPER H2** **PAPER H3** **PAPER H4**
INFORMATION SHARING (TO NOTE ONLY)			
12.10	14	**Chair's Report** • November/December 2017 • January 2018	 **PAPER I1** **PAPER I2**
	15	**Council of Governor Minutes – November 2017**	**PAPER J**
	16	**Use of the Trust Seal – Quarter 3 2017/18**	**PAPER K**
12.20	17	**Any Other Business**	
	18	**Date of Next Meeting** Wednesday 28 March 2018 at Trust HQ, Rikenel, Gloucester	

QUESTIONS FROM THE PUBLIC

Written questions for the Board Meeting

People who live or work in the county or are affected by the work of the Trust may ask:

- the Chairperson of the Trust Board;
- the Chief Executive of the Trust;
- a Director of the Trust with responsibility; or
- a chairperson of any other Trust Board committee, whose remit covers the subject matter in question;

a question on any matter which is within the powers and duties of the Trust.

Notice of questions

A question under this procedural standing order may be asked in writing to the Chief Executive by 10 a.m. 4 clear working days before the date of the meeting.

Response

A written answer will be provided to a written question and will be given to the questioner and to members of the Trust Board before being read out at the meeting by the Chairperson or other Trust Board member to whom it was addressed.

Additional Questions or Oral Questions without Notice

A member of the public who has put a written question may, with the consent of the Chairperson, ask an additional oral question on the same subject. The Chairperson may also permit an oral question to be asked at a meeting of the Trust Board without notice having been given.

An answer to an oral question under this procedural standing order will take the form of either:

- a direct oral answer; or
- if the information required is not easily available a written answer will be sent to the questioner and circulated to all members of the Trust Board.

Unless the Chairperson decides otherwise there will not be discussion on any public question.

Written questions may be rejected and oral questions need not be answered when the Chairperson considers that they:

- are not on any matter that is within the powers and duties of the Trust;
- are defamatory, frivolous or offensive;
- are substantially the same as a question that has been put to a meeting of the Trust Board in the past six months; or
- would require the disclosure of confidential or exempt information.

For further information, please contact the Assistant Trust Secretary on 01452 894165

[2]GETHER NHS FOUNDATION TRUST

BOARD MEETING
THE KINDLE CENTRE, HEREFORD
30 NOVEMBER 2017

PRESENT

Ruth FitzJohn, Trust Chair
Stephen Andrews, Acting Director of Finance
Maria Bond, Non-Executive Director
Marie Crofts, Director of Quality
Dr Chris Fear, Medical Director
Marcia Gallagher, Non-Executive Director
Jane Melton, Director of Engagement and Integration
Colin Merker, Deputy Chief Executive/Director of Service Delivery
Quinton Quayle, Non-Executive Director
Nikki Richardson, Non-Executive Director
Neil Savage, Director of Organisational Development
Duncan Sutherland, Non-Executive Director

IN ATTENDANCE

Kate Atkinson, 2g Trust Governor
Dr Ali Davies, 2g Clinical Psychologist (Shadowing Jane Melton)
Paula Evans, EnviroAbility Ltd
Lawrence Fielder, 2g Trust Governor
Anabel Gibbons, 2g Speech and Language Therapist (for Item 6)
Miles Goodwin, Member of the Public
A. Said Hansdot, 2g Trust Governor
Anna Hilditch, 2g Assistant Trust Secretary
Maggie Matthews, Herefordshire Carers / Mind
John McIlveen, 2g Trust Secretary
Bren McInerney, 2g Trust Governor
Kate Nelmes, 2g Head of Communications
Cherry Newton, 2g Trust Governor
Dr Tania Randall, 2g SpR CAMHS (Shadowing Colin Merker)
Christine Reid, Healthwatch Herefordshire
Fiona Reid, Member of the Public
J Reid, Member of the Public
Mike Scott, 2g Trust Governor
Susan Steer, 2g OT Clinical Specialist

1. WELCOMES, APOLOGIES AND INTRODUCTIONS

1.1 Apologies were received from Shaun Clee, Andrew Lee and Jonathan Vickers. Frances Martin and Dr Amjad Uppal were also unable to attend the meeting.

2. DECLARATIONS OF INTERESTS

2.1 There were no changes to Board members' declarations of interest and no conflicts arising from the items on the agenda for the meeting.

3. MINUTES OF THE MEETING HELD ON 28 SEPTEMBER 2017

3.1 The minutes of the meeting held on 28 September were agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

4.1 The Board reviewed the action points, noting that these were now complete or progressing to plan. There were no matters arising from the previous meeting.

5. QUESTIONS FROM THE PUBLIC

5.1 The Board had received a number of questions in advance of the meeting from Healthwatch Herefordshire, Fiona Reid and Bren McInerney. A verbal response to each of these questions was provided at the meeting, and a written copy of the questions and answers are included as Appendix A of these minutes.

6. SERVICE PRESENTATION – HEREFORDSHIRE COMMUNITY LD SERVICES

6.1 The Board welcomed Anabel Gibbons, Speech and Language Therapist for the Herefordshire Community Learning Disability Team to the meeting. Anabel was in attendance to tell Chris's story to the Board. Chris had been unable to attend today's meeting in person but was keen for his experiences to be heard.

6.2 Chris had been referred to the CLDT Team in September 2016 via the open referral system following the death of his parents. Chris was in his early 40s and lived alone. Chris was diagnosed with a mild learning disability and said that he had felt alone and had struggled to access opportunities in the community. Following the diagnosis by the CLDT, the team supported Chris to join a number of groups such as music and art therapy and Chris is now an Expert by Experience and attends an Easy Read Group within the Trust, helping to translate documents and leaflets for people with a learning disability. Chris has also joined external groups and regularly plays bowls.

6.3 Anabel said that the CLDT had helped Chris with more complex financial matters and assisted him in completing the necessary benefit forms. Chris had a part time job and the team worked with his employer to make reasonable adjustments. In Chris's words "the team supported me to get my life back on track".

6.4 The Board noted that Chris had experienced difficulty when initially seeking social care and support and had found navigating the system difficult. The new PIP system was complicated and people did need help. The provision of more accessible forms would be a welcome development. Until Chris received his diagnosis he did not understand why he was finding such things confusing. The Medical Director said that it could often be more difficult for people diagnosed with a "mild" learning disability as people are unaware that there is a problem.

6.5 The Board noted that the CLDT Team in Herefordshire was a relatively small team which included psychologists, SLTs, Occupational Therapists, Nurses, a Consultant Psychiatrist and an Administration Team. The Team supported people with mild to complex Learning Disabilities across the whole of Herefordshire. Nikki Richardson said that people with a learning disability should be able to access mainstream health services and asked whether the Trust assisted people with this. Anabel said that the team did often help people with referrals to primary care services; however, she advised that the biggest challenge tended to be accessing mental health services.

6.6 The Director of OD noted that Chris was not currently being seen within the Team and asked whether there was some form of "safety net" in case he experienced any problems in the next 6 months and whether Chris would need to contact the Trust or was there some mechanism of follow up in place. Anabel advised that the Team still had contact with Chris through his involvement with groups and activities and his family also had the contact details for 2gether if they felt it necessary to get in touch.

6.7 The Board thanked Anabel for attending the meeting and Chris for letting the Board hear about his story. There were some potential learning points from this and the Board would discuss this further in its afternoon session.

7. PERFORMANCE DASHBOARD

7.1 The Board received the performance dashboard report which set out the performance of the Trust's Clinical Services for the period to the end of September 2017 of the 2017/18 contract period, against our NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.

7.2 The Board noted that of the 154 performance indicators, 109 were reportable in September with 101 being compliant and 8 non-compliant at the end of the reporting period. Where performance was not compliant, Service Directors were taking the lead to address issues with a particular focus continuing to be on IAPT service measures which accounted for 4 of the non-compliant indicators. The Delivery Committee had received and scrutinised this report at its October meeting.

7.3 The following 8 key performance thresholds were not met for September 2017:

NHS Improvement Requirements

1.09 – IAPT: Waiting times - Referral to Treatment within 6 weeks

1.10 – IAPT: Waiting times - Referral to Treatment within 18 weeks

Department of Health Requirements

2.21 – No children under 18 admitted to adult inpatient wards - There was 1 admission of an under 18 to an adult ward during September in Gloucestershire. To date there have been 6 under 18s admitted to adult inpatient wards, 3 in Gloucestershire and 3 in Herefordshire. The Board received assurance that these admissions were carefully safeguarded.

Gloucestershire CCG Contract Measures

3.19 – IAPT Access rate: Access to psychological therapies should be improved

Social Care – Gloucestershire CCG Contract Measures

4.02 – Percentage of people receiving long-term services in a residential or community care setting reviewed/re-assessed within a year - There were 13 cases that were not recorded as having been reviewed/ re-assessed. The majority of these (8) were due to late data entry and will be updated by service delivery colleagues. Once RiO has been updated, performance will be compliant at 97%.

Herefordshire CCG Contract Measures

5.09 – IAPT maintain 15% of patients entering the service against prevalence

5.12 – All admitted patients aged 65+ should have a completed MUST assessment - There was 1 patient in September that did not have a completed MUST assessment recorded within the clinical system RiO. This was due to late data entry and it has been confirmed that it was complete. Once RiO is updated this indicator will be 100% compliant.

5.13 – Attendances at Emergency Departments should have an assessment within 2 hours - There were 6 non-compliant cases in September. Five were due to staff shortages within the team due to a vacancy and sick leave. Each of the five cases has been reviewed and there has been no known untoward clinical impact from the breach. The other client absconded before they were able to be assessed. Discussions are on-going as to whether this should have been recorded as a DNA (did not attend) and thereby excluded from the indicator. The Delivery Committee has asked for more information about when the patients were seen and how long after the target time they were assessed.

7.4 The Board was pleased to note that improvements in the recording of the number of carers that have been offered a carer's assessment (indicator 4.07) has meant that the reported performance for August has risen from 79% (non-compliant) to 90% (compliant) thanks to the focused work of service delivery teams.

7.5 Maria Bond advised that the Delivery Committee had received a focused report on Delayed Transfers of Care and issues with accommodation at its November meeting. To aid in monitoring the position with this, the Committee has asked that it now be included within the dashboard.

7.6 The Director of Quality noted that indicator 1.08: New Psychosis (EI) cases treated within 2 weeks of referral (Gloucestershire) was now compliant and she expressed her congratulations and thanks to the team on this achievement.

7.7 The Board noted the dashboard report and the assurance that this provided.

8. MORTALITY REVIEW REPORT

8.1 In accordance with national guidance and legislation, the Trust currently reports all incidents and near misses, irrespective of the outcome, which affect one or more persons, related to service users, staff, students, contractors or visitors to Trust premises; or involve equipment, buildings or property. This arrangement is set out in the Trust policy on reporting and managing incidents.

8.2 In March 2017, the National Quality Board published its National Guidance on Learning from Deaths: a Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. This guidance sets out mandatory standards for organisations in the collecting of data, review and investigation, and publication of information relating to the deaths of patients under their care.

8.3 From Quarter 3 2017, the Trust Board will receive a quarterly dashboard report at a public meeting, to include:

- number of deaths
- number of deaths subject to case record review
- number of deaths investigated under the Serious Incident framework (and declared as serious incidents)
- number of deaths that were reviewed/investigated and as a result considered more likely than not to be due to problems in care
- themes and issues identified from review and investigation (including examples of good practice)
- actions taken in response, actions planned and an assessment of the impact of actions taken.

8.4 From June 2018, the Trust will publish an annual overview of this information, including a more detailed narrative account of the learning from reviews/investigations, actions taken in the preceding year, an assessment of their impact and actions planned for the next year.

8.5 The Medical Director noted that this was the first iteration of mortality review data under the Learning from Deaths policy and provided some assurance about the progress of this process within 2gether. The data represented the first draft of those available for the period April to August 2017. During this period there were 161 patient deaths recorded, of which 129 (80.1%) required table-top review only, 20 (12.5%) were closed after a case record

review and 12 (7.5%) were notified as Serious Incidents. No deaths were considered to have involved problems in care either within this or partner organisations.

8.6 The Board noted the contents of this report for information and recognised that this was still at an early stage. Processes in partner organisations, and in primary care were less developed to date; however, a work-stream was being developed as part of the local STP.

9. SERVICE EXPERIENCE REPORT – QUARTER 2 2017/18

9.1 The Director of Engagement and Integration presented the Service Experience Report for Quarter 2 2017/18. The Board noted that the report had been scrutinised by the Governance Committee in October 2017.

9.2 This report provided the Board with a high level overview of feedback received from service users and carers and provided assurance that service experience information had been reviewed, scrutinised for themes, and considered for both service-specific and general learning across the organisation.

9.3 The Board noted that during Quarter 2, 88% of people who completed the Friends and Family Test said that they would recommend 2gether's services. The Trust continued to maintain a high percentage of people who would recommend our services, with results exceeding national scores. However, the Board noted that there was limited assurance that people were participating in the local survey of quality in sufficient numbers. It was anticipated that response rates would rise due to the implementation of the SMS survey during Quarter 3.

9.4 The Board noted that compliments continued to be reported to the Service Experience Department. Numbers had increased during Quarter 2 and work continued to increase reporting by colleagues throughout the Trust. The Board was fully assured that complaints had been acknowledged within required timescales. 100% of complaints received were acknowledged within 3 days during Quarter 2. There was also significant assurance that all people who complained had their complaint dealt with by the initially agreed timescale with 93% of complaints closed within timescales agreed with the complainant and all complainants received regular updates on any potential delays in the response being provided.

9.5 The Board was asked to note that 2 complaints had been referred to the Parliamentary and Health Service Ombudsman. The Director of E&I advised that since writing this report the Trust had been informed that the PHSO had upheld one complaint. The Board was assured that the Trust had offered its apologies to the complainant and would be thoroughly reviewing the recommendations and actions arising from the PHSO.

9.6 The Director of E&I made reference to one of the Public questions asked earlier in the meeting around how the Trust measures the service experience of people from BME communities. She said that she would consider this further and suggested that this be the focus of a future Patient Experience presentation at the Board.

ACTION: Jane Melton to look further at how the Trust measures the service experience of people from BME communities and consider whether this could be the focus of a future Patient Experience presentation at the Board

10. QUALITY REPORT – QUARTER 2 2017/18

10.1 The Director of Quality reported that this was the second review of the Quality Report priorities for 2017/18. The report showed the progress being made towards achieving targets, objectives and initiatives identified in the Annual Quality Report.

10.2 The Board noted that the following 3 targets were not currently being met:

1.2 – Personalised discharge care planning
2.1 – Numbers of service users being involved in their care
3.3 – Reduction in the use of prone restraint.

10.3 The Board noted that there would be a sustained focus, particularly in discharge care planning as completion of the necessary documentation was within the gift of staff to accomplish. This target had been referred to the Delivery Committee and Locality Management Boards for action. In the Quarter 3 report, there would be a greater breakdown of information by county, and also in prone restraint, an analysis of the numbers of supine restraint being used.

10.4 The Director of Quality informed the Board that Jeremy Hunt, Secretary of State for Health had visited 2gether on 10 November and he had congratulated the Trust on its non-use of seclusion.

10.5 Following on from the earlier Patient Experience presentation, Marcia Gallagher asked how the Trust measured the access of people with a learning disability to general medical services. It was noted that this was a national issue; however, the Governance Committee received the Quality Report and had asked for more work to be carried out in this area.

10.6 The Board noted the progress made to date and the actions in place to improve/sustain performance where possible. The Board also agreed that the Quarter 2 Quality Report update should be shared with partner organisations, commissioners and governors.

11. NED AUDIT OF COMPLAINTS - QUARTER 2 2017/18

11.1 The Board received the Non-Executive Director Audit of Complaints that was conducted by Quinton Quayle. This audit covered three complaints that had been closed between 1 August and 31 October 2017 (Quarter 2 2017/18).

11.2 Quinton Quayle said that he had found carrying out the audit an excellent learning experience and he said that it was very refreshing to see complaints taken so seriously by the organisation. He said that 2gether had an excellent system in place for managing complaints and the importance of taking on board the learning from complaints was also demonstrated.

11.3 Of the 3 complaints reviewed, Quinton Quayle advised that he could only offer significant assurance on the handling of one, with varied and limited assurance being offered on aspects of the further 2. The Director of E&I advised that the report and its findings would be shared with the Service Experience Team for learning and action where required, acknowledging that there was more that could be done.

11.4 Duncan Sutherland said that it would be helpful for the Board to receive a report which focused on the learning from complaints, what the key issues are that have been identified and how the Trust was addressing these. It would provide additional assurance to the

Board that the learning was being applied. The Director of E&I noted that the overarching themes identified were already included in the Service Experience Report and the more specific, individual learning points were shared with the Service Directors for dissemination.

11.5 The Board noted the content of this report and the assurances provided. Quinton Quayle added his thanks to the Service Experience Team for their assistance in carrying out the audit.

12. CQC NATIONAL PATIENT SURVEY RESULTS 2017

12.1 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. Some qualitative data are used to illustrate areas for development. The Board 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.

12.2 The Director of E&I informed the Board 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.

12.3 The Board 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 with Service Directors by January 2017. 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

12.4 Ruth FitzJohn said that she often met with service users and heard comments and anecdotes on the services they received; however, this report provided the higher level Board assurance on the experiences of 2gether's service users.

12.5 The Board noted the content of this report and supported the development of an associated action plan.

13. CHIEF EXECUTIVE'S REPORT

13.1 The Deputy Chief Executive presented his report to the Board which provided an update on key national communications via the NHS England NHS News and a summary of key progress against organisational major projects.

13.2 The Board noted the extensive engagement activities that had taken place during the past month, and the importance of these activities in order to inform strategic thinking, raise awareness of mental health, build relationships and influence the strategic thinking of others. The report offered the Board significant assurance that the Executive Team was undertaking wide engagement; however, it only offered limited assurance on the effectiveness of that engagement.

13.3 Triangle of Care is progressing to plan and 2 star accreditation will be sought in spring 2018. All community teams have completed self-assessments and are busy working on their action plans and presenting details to their locality boards. The Trust recently attended a Herefordshire & Worcestershire STP event to present details of our activities and the difference it already makes to carers.

13.4 The Board noted that the contract for the 'Mental Health Matters' helpline has been finalised and will be operational from November 2017. This service will provide support to people who would normally access our Crisis teams, but whose needs do not require an acute response. Callers can be escalated to our Crisis Team for an urgent response if required. A briefing document has been provided to the CCG for circulation to GP's updating them on progress with the development of our Crisis services, advising them of the new helpline and confirming the referral process and contact details.

13.5 Monday 8th January 2018 has been set as the date for implementing smoking cessation in Herefordshire. Implementation planning meetings have been scheduled with an emphasis on providing Level 1 (Brief Awareness & Nicotine Replacement Therapy - NRT) training to inpatient staff within the county. Level 2 (Quit Advisor) training has also taken place for Herefordshire staff. A flyer has been created to promote the implementation date, 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 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 implementation of smoking cessation in Herefordshire.

13.6 The Board noted the Chief Executive's report.

14. SUMMARY FINANCIAL REPORT

14.1 The Board received the Finance Report that provided information up to the end of October 2017. The month 7 position was a surplus of £430k in line with the planned surplus before impairments. The Trust has had a revaluation of its asset base conducted which has resulted in a £1.032m impairment. The month 7 forecast outturn was an £884k surplus before the impairment, in line with the Trust's control total. The Trust has an Oversight Framework segment of 2 and a Finance and Use of Resources metric of 2. The Acting Director of Finance asked the Board to note that whilst the Trust was on target to achieve its forecast outturn, there was no flexibility for movement and the Trust therefore needed to remain cautious during what was going to be a very challenging year ahead if it was to meet its control total by the end of the financial year.

14.2 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. It is estimated however that with a number of initiatives currently being implemented to reduce agency usage further the year end forecast will be £4.084m (a worsening of £104k from last month).

14.3 The Trust has completed a mid-year review of its financial position. 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 the Trust remains on track to meet the control total. There remain a significant number of risks in the Trusts financial position however.

14.4 The Acting Director of Finance drew the Board's attention to the cumulative Public Sector Payment Policy (PSPP) performance, noting that month 7 remained at 90% of invoices paid in 10 days and 98% paid in 30 days. The Trust has a strong cash position which enables it to continue to consistently pay suppliers promptly.

14.5 The Board noted the month 7 financial position.

15. BOARD ASSURANCE FRAMEWORK

15.1 The Trust Secretary presented the assurance map to the Board. This was the bi-annual review of the BAF by the Board, as recommended by the Trust's Well Led Review of Governance completed in 2015. It was noted that the assurance map was last reviewed by the Audit Committee on 1 November 2017.

15.2 The Board noted that the risks on the risk register have been subject to routine review by Executive leads and risk owners prior to collation of this assurance map, which contained 11 risks. In addition to regular review by the Audit Committee, the assurance map is reviewed on a regular basis by the Executive Committee.

15.3 A number of risks had been added or removed from the assurance map since its last review by the Board in April, as existing risk scores change as a result of mitigation, or new risks are identified. In addition, some risks had been reworded in order more accurately to reflect the risk posed.

15.4 One risk had been added since papers were issued for the Audit Committee's review of the assurance map on 1 November. This is risk AM21, and relates to the recruitment of qualified inpatient nursing staff. The Executive Committee reviewed the assurance map on 9 October, and agreed changes to the 'Top 5' risks in the light of a changing risk environment. Risks regarding IAPT services and the use of the mortality review framework have been removed from the Top 5 list. These risks remain on the assurance map as their scores are above the threshold for inclusion. Two new risks have been designated as 'Top 5' risks; these are risk AM20 (junior doctor recruitment) and risk AM21 regarding the recruitment of qualified inpatient nursing staff.

15.5 The Trust Secretary advised that consideration was being given to the format of the assurance map to assess whether the document could provide detail as to the role of each Committee in reviewing risks. This was an action raised at the meeting of the Audit Committee in August.

15.6 The Board noted this report and agreed that it offered significant assurance regarding the process of identification, mitigation and regular review of risks which may affect the quality or safety of services provided by the Trust.

16. BOARD COMMITTEE REPORTS – DEVELOPMENT COMMITTEE

16.1 The Board received the summary report from the Development Committee meeting held on 18 October. This report and the assurances provided were noted.

17. BOARD COMMITTEE REPORTS – DELIVERY COMMITTEE

17.1 Maria Bond presented the summary report from the Delivery Committee meeting held on 25 October. This report and the assurances provided were noted.

17.2 Maria Bond provided a verbal report from the Delivery Committee meeting held on 24 November. A full written report would be presented at the next Board meeting in January 2018. Maria said that she was pleased to welcome a Governor observer at this Committee meeting.

18. BOARD COMMITTEE REPORTS – GOVERNANCE COMMITTEE

18.1 Nikki Richardson presented the summary report from the Governance Committee meeting that had taken place on 20 October. The Board noted the key points discussed at this meeting and the assurance received by the Committee.

19. BOARD COMMITTEE REPORTS – MH LEGISLATION SCRUTINY COMMITTEE

19.1 Quinton Quayle presented the summary report from the MH Legislation Scrutiny Committee meeting held on 8 November. This report and the assurances provided were noted.

19.2 Ruth FitzJohn said that she pleased to see that MHA training compliance figures had been steadily increasing, noting that current training compliance by Locality/Service areas stood at between 88% and 100%.

20. BOARD COMMITTEE REPORTS – AUDIT COMMITTEE

20.1 Marcia Gallagher presented the summary report from the Audit Committee meeting held on 1 November. Marcia said that she had been pleased to welcome 2 Governor observers to the meeting.

20.2 The Committee received and noted the draft counter fraud progress report and associated Work Plan and noted the proactive report. The report offered significant assurance on the Counter Fraud activity being undertaken. Marcia Gallagher advised that the Trust took counter fraud matters very seriously and the Committee had congratulated the Head of Counter Fraud Services on the amount of work carried out during the year.

20.3 The Board noted the key points discussed at this meeting and the assurance received by the Committee.

21. BOARD OF TRUSTEES REPORT – CHARITABLE FUNDS COMMITTEE

21.1 Duncan Sutherland presented the summary report from the Charitable Funds Committee meeting held on 1 November. This was presented to the Board acting as the Board of Trustees.

21.2 It was noted that at the end of March 2017, the fund balance stood at just under £140k. Due to the level of annual income and expenditure, formal annual accounts need not be submitted to the Charity Commission. The Committee received a report outlining charitable funds spending in Countywide services, noting that charitable funds had helped to provide a range of activities over and above those funded by commissioners. These included the annual Big Health Check Day, the Christmas party at Charlton Lane, refurbishment of the garden at Honeybourne, and a number of regular activities such as dance, music in

hospitals, and visits to Gloucester Rugby. Duncan Sutherland said that the Trust's charitable fund was small; however, he welcomed the beneficial effect which such activities had on service users. He therefore welcomed the work that was underway to develop the Trust's Charitable Funds Strategy.

22. INFORMATION SHARING REPORTS

22.1 The Board received and noted the following reports for information:

- Chair's Report
- Council of Governors Minutes – September and October 2017
- Use of the Trust Seal – Quarter 2 2017/18

22.2 The Board noted the full assurance regarding engagement activities provided by the Chair's report.

23. ANY OTHER BUSINESS

23.1 Ruth FitzJohn advised that this was the last Board meeting for the Medical Director, Dr Chris Fear who was retiring. Dr Amjad Uppal would take up the Medical Director post in December. Members of the Board joined in offering grateful thanks to Chris Fear for a long career of care to the community, service to this Trust and contribution to the Board. Chris Fear thanked colleagues for their good wishes. He said that 2gether was a great organisation and it was clear that the Trust referred to its values for every important decision. He said that it had been a pleasure to be part of such a special organisation.

23.2 The Deputy Chief Executive also presented Ruth FitzJohn with a bouquet of flowers as this would be her final Board meeting before her retirement at the end of December. A formal retirement event was planned but it was important to acknowledge Ruth's huge contribution as part of a public Board meeting.

23.3 Maggie Matthews said that she had heard about some of the excellent work taking place within 2gether around service experience and complaints. She raised the issue of those people who did not complain as they were worried that making a complaint could impact on the care being provided either to themselves or a loved one, and what 2gether was doing to assist with this. The Director of E&I said that she was aware of this concern nationally and the Trust was doing all it could to promote the complaints process and the less formal routes for raising concerns as it was important to capture all feedback from service users. Christine Reid said that Healthwatch would be very happy to meet with any service users or carers to discuss any concerns that they had as complainants could remain anonymous to 2gether. Christine advised that the fear of raising concerns was an issue that covered both Mental Health and Acute Trusts across the country. She added that she had found 2gether to be very transparent and open which was welcomed.

23.4 Mike Scott made reference to the Mortality Review report that had been received earlier in the meeting. He said that he welcomed this level of reporting; however, he asked whether using the category "Not Due to Problems in Care" was too easy. The Medical Director reiterated his earlier point that this report really was work in progress. There was no national guidance about how things should be recorded; however, he offered assurance that this work was being taken forward very seriously and he was confident in the data provided.

24. DATE OF THE NEXT MEETING

24.1 The next Board meeting would take place on *Tuesday* 30 January 2018 at Trust HQ, Rikenel, Gloucester.

Signed: …….. **Date: …….**
Ruth FitzJohn, Chair

BOARD MEETING
ACTION POINTS

Date of Mtg	Item ref	Action	Lead	Date due	Status/Progress
30 Nov 2017	9.6	Jane Melton to look further at how the Trust measures the service experience of people from BME communities and consider whether this could be the focus of a future Patient Experience presentation at the Board	Jane Melton	January 2018	**Complete** Service Experience Team have been asked to review this and present information, where available in the Service Experience Report.

APPENDIX A

Public Questions Received for the November Board Meeting

Healthwatch, Herefordshire

1) With reference to the Quality Report and IAPT performance, IAPT outcomes and access rates remain below target. We understand that NHS England are working with 2Gether on an action plan to address this. Could we have details of specific actions for improvements, the timings and when you expect progress to be made.

With reference to the Quality Report and IAPT performance, IAPT outcomes and access rates remain below target. We understand that NHS England are working with 2Gether on an action plan to address this. Could we have details of specific actions for improvements, the timings and when you expect progress to be made. Healthwatch would be happy to meet to discuss this further.

We would be happy to meet with Healthwatch colleagues to discuss Herefordshire's IAPT services in detail.

Our Delivery Committee scrutinise our IAPT performance at each of its monthly meeting. The service remains providing monthly focus reports to the committee, as we continue to work through the action plan we agreed with NHSE and NHSI in May 2016. This action plan was agreed in response to the outcomes of the review we requested from the National IAPT Intensive Support Service.

At that time, in conjunction with our Commissioner Herefordshire CCG, we agreed a range of issues we needed to jointly address. These included:

- *The basic scale and style of service provision – not enough staff and appropriate skill mix to meet demand and complexity of need*
- *The patient waiting list and patient tracking management tools in use within the service were not robust enough and leading to unnecessary and hidden waiting periods in the pathway*
- *The productivity of the clinical staff compared less favourably to the national average staff productivity levels*
- *The service experienced higher than national "Did Not Attend", DNA, rates*

There were other issues as well as the above headlines.

Our Action plan had a number of specific milestones within it, but overall it had a circa 18 month recovery period, running through until December 2017.

As we have worked so our plan with our commissioners, we have identified other issues that needed to be addressed:

- *A higher referral rate than predicted which leads to longer waiting times and difficulty to meet the national waiting times target.*
- *The recruitment challenges of Herefordshire in conjunction with recruitment challenges nationally*

Despite these, the service has broadly met each of its action plan milestone targets and as of today:

- *It has met the national recovery outcomes measure for 3 of the last 4 reporting periods and has a year-to-date performance of 49% against a national requirement of 50%.*

- *The service access level varies between 13-15% equivalent per month, against a national requirement of 15%. We continue to talk with Herefordshire CCG about the solutions to address this, as we know this relates to core staffing numbers and the impact of long-term absences on the service capacity i.e. maternity leave, sickness greater than two weeks, etc.*
- *The 6&18 week National waiting times are not being met as measured for people leaving treatment. They are being met for people entering treatment. This variance in waiting times for people leaving treatment against people entering treatment will continue for a further circa 12 months because of data quality issues within the national data reporting system we cannot correct.*

The performance of the report locally matches our national reporting which is based on people leaving treatment. In our local performance dashboard however, we are introducing from December 2017 the local measure for waiting times at access rather than exit to treatment, so that the delivery committee have assurance that the service performance is as it should be.

There is too much to cover in answering this question comprehensively than in this brief note, which is why we would welcome a specific meeting with Healthwatch colleagues to discuss issues further.

However, I would like to let colleagues now that we asked the National IAPT Intensive Support Team to further review our Herefordshire IAPT service within the last two weeks. While we await their formal report, they have told us that they saw a service that has addressed the issues that they had raised, is performing well if not better than most services nationally and that the issues we need to further address, mainly relate to additional investment that they hope we and our commissioners can reach an agreement over.

Bren McInerney

1) When will IAPT be red to green and it does seem to be a long time now?

There is a 3 month time lag with performance data reported by NHS Digital which means recent improvements in the service performance is not showing yet within the national data reports. The local performance data which completely matches national data shows that we are green on both our Access (14 -15%) and Recovery (50%) rates. The methodology for measuring and reporting on the waiting time standards is based on measuring the waiting times for patients entering treatment at the point when they are discharged from treatment. This means that because there are a significant number of legacy patients who experienced long wait times to treatment before the recovery plan was implemented in our historical data it will take some time, circa 12 months, for this to work through the system and not affect the data quality of our waiting time reporting. Our waiting times performance reporting based on people entering treatment shows that we consistently meet the 6 week performance threshold of 75% while being slightly below the 95% threshold against the 18week standard. This is due to the service capacity issues relating to the impact of long term staff absence we highlighted in responding to the Herefordshire Healthwatch question.

Fiona Reid

1) Peer Support Workers are relatively inexpensive to pay so why aren't they employed at, for example, the Stonebow Unit in Hereford?

For clarity, Peer support workers are people who:

- *have lived experience of mental health conditions*
- *have the ability to share their recovery journey with others*

- *can motivate and encourage others*
- *are employed specifically as a result of their experience*

Peer support workers essentially use their lived experience of illness with others to offer empathy and understanding and to inspire hope and belief that recovery is possible. In this role, the peer worker will offer support and practical assistance for service users to regain control over their lives and their own unique recovery process. The peer support worker will develop a mutual relationship with a patient and use information sharing, promotion of choice, hope and self-determination as well as seeking opportunities for and with the service user to reengage in everyday things. The aim is to help service users to reconnect with their own roles and community through knowing with confidence that others really understand and can walk the journey with them.

The Trust acknowledges that peer support workers are a growing feature across England in mental health services more recently and a variety of models for implementation exist for introducing these valued roles into inpatient and community mental health services.

At the moment, 2gether are commissioned to provide the Recovery College in Gloucestershire and as part of this we have been able to employ our first Peer Support Worker to support people through this educational experience. We are not commissioned to employ any others at the moment. However, we are currently reviewing all opportunities to look at our skill-mix with each vacancy. Further development of peer worker roles will be considered as part of this going forwards, subject to safe staffing needs, funding and commissioning requirements.

2) I understand only Oak House in Herefordshire uses Experts by Experience as part of the recruitment process of health care professionals despite many being trained up. Why isn't this increased?

We could do better in some of our teams in using Experts by Experience as part of the recruitment process and the Service Director will discuss this with all Team & Ward Managers to remind them. However, our Let's Talk Service, Psychology Services, and Learning Disability Service, as well as Oak House as you mention, all have used Experts by Experience as part of the recruitment process.

3) How will you prevent the Herefordshire part of 2gether being marginalised by the pending merger of 2gether and community health services in Gloucestershire?

We worked hard to win the contract for the provision of Mental Health services in Herefordshire in 2009 and 2010, when the services were tendered. We have worked hard since then to improve the services we provide and to support our staff in delivering them.

We have actively contributed and helped shape Herefordshire's Health and Well-being agenda throughout the time we had been in Herefordshire.

We do not intend to reduce our input into continuing to improve Herefordshire's mental health and learning disability services provision as we work to implement our merger proposals.

We believe that our proposals will enable us to offer Herefordshire opportunities to improve the physical and mental health of individuals with comorbid conditions, in a way not currently deliverable within Herefordshire.

As we work through the business case for the approval of our merger proposal, we will specifically be talking to other Herefordshire Health and Social Care leads to enable them to help shape our proposal and positioning of our Herefordshire services in our merged organisation.

Our Joint Chair, Ingrid Barker, has already attended a workshop with Herefordshire Health and Well-being Board colleagues, who are looking at how the Health and Well-being Board, Commissioners and Providers can work together differently to improve outcomes for the people of Herefordshire.

We have and will continue to proactively communicate with our Herefordshire stakeholders and our staff through ongoing briefings and discussion groups.

Whilst our Transaction and Transition work streams associated with developing our outline business case for merger will consider and identify arrangements for Herefordshire specifically, we will include a number of Herefordshire managers in our Transformation work stream, so that we can capitalise on opportunities for introducing innovative change in Herefordshire wherever possible.

We will double our efforts to make a targeted "call to arms" for Herefordshire Staffside representatives to join our Staffside, so that they can interact with our senior management team and hold us to account for ensuring Herefordshire is not marginalised.

We are also seeking a 7th Non-Executive Director appointment to our Board and would welcome applications from Herefordshire candidates who can subsequently also hold us to account for ensuring Herefordshire is not marginalised through the proposals.

Agenda Item 7 **Enclosure** **Paper B**

Report to:	2gether NHS Foundation Trust Board – 30 January 2018
Author:	Chris Woon, Head of Information Management and Clinical Systems
Presenter:	Colin Merker, Acting Chief Executive
SUBJECT:	**Performance Dashboard Report for the period to the end of November 2017 (month 8)**

This Report is provided for:

Decision Endorsement **Assurance** **To Note**

EXECUTIVE SUMMARY:

Overview

This month's report sets out the performance of the Trust's Clinical Services for the period to the end of November 2017 (month 8) of the 2017/18 contract period, against our NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.

Of the 155 performance indicators, 85 are reportable in November with 80 being compliant and 5 non-compliant at the end of the reporting period.

Please note that at the time of production not all Gloucestershire CCG Contractual Indicators (Schedule 4) have been finalised with Commissioners. This report reflects the 16/17 contract plus those new indicators that have been agreed at the time of reporting.

Where performance is not compliant, Service Directors are taking the lead to address issues with a particular focus continuing to be on IAPT service measures:

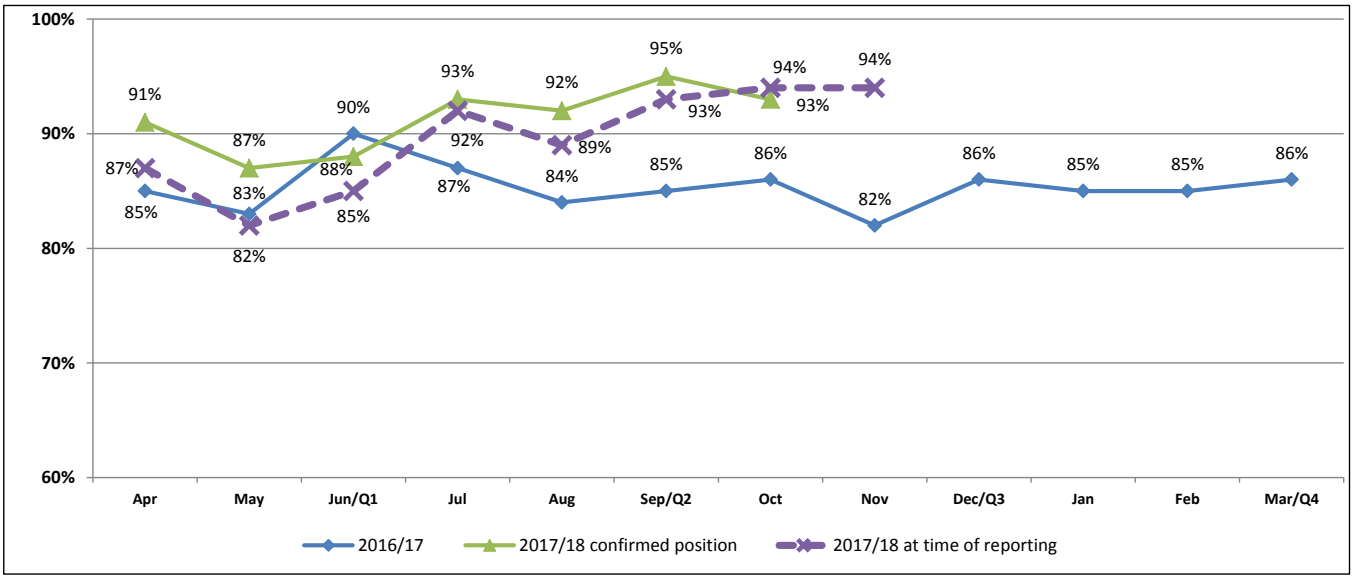
Work is ongoing in accordance with our agreed Service Delivery Improvement Plans to address the underlying issues affecting this performance.

A red flag '  ' continues to be placed next to indicators where further analysis and work is required or ongoing to fully scope potential data quality or performance issues.

The following table summarises our performance position as at the end of November 2017 for each of the KPIs within each of the reporting categories.

Indicators Reported in Month and Levels of Compliance							
Indicator Type	Total Measures	Reported in Month	Compliant	Non Compliant	% non-compliance	Not Yet Required	NYA / UR
NHSi Requirements	14	13	11	2	15	1	0
Never Events	17	17	17	0	0	0	0
Department of Health	10	8	7	1	13	2	0
Gloucestershire CCG Contract	52	18	17	1	6	29	5
Social Care	15	13	13	0	0	2	0
Herefordshire CCG Contract	22	16	15	1	6	6	0
CQUINS	25	0	0	0	0	25	0
Overall	155	85	80	5	6	65	5

The following graph shows our percentage compliance by month and the previous year's compliance for comparison. The line "2017/18 confirmed position" shows the position of our performance reported a month in arrears to enable late data entry and late data validation to be taken into account.



The confirmed position for October has decreased from 94% to 93% due to Herefordshire IAPT recovery rate (indicator 5.08) now being reported as non-compliant for October.

Summary Exception Reporting

The following 5 key performance thresholds were not met for the Trust for November 2017:

NHS Improvement Requirements

- 1.09 – IAPT: Waiting times - Referral to Treatment within 6 weeks
- 1.10 – IAPT: Waiting times - Referral to Treatment within 18 weeks

DoH Requirements

- 2.21 – No children under 18 admitted to adult inpatient wards

Gloucestershire CCG Contract Measures

- 3.18 – IAPT: Recovery rate

Herefordshire CCG Contract Measures

- 5.09 – IAPT maintain 15% of patients entering the service against prevalence

RECOMMENDATIONS

The Board is asked to:

- Note the Performance Dashboard Report for November 2017.
- Accept the report as a significant level of assurance that our contract and regulatory performance measures are being met or that appropriate action plans are in place to address areas requiring improvement.
- Be assured that there is ongoing work to review all of the indicators not meeting the required performance threshold. This includes a review of the measurement and data quality processes as well as clinical delivery and clinical practice issues.

Corporate Considerations	
Quality implications:	The information provided in this report is an indicator into the quality of care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service / care we provide.
Resource implications:	The Information Team provides the support to operational services to ensure the robust review of performance data and co-ordination of the Dashboard
Equalities implications:	Equality information is included as part of performance reporting
Risk implications:	There is an assessment of risk on areas where performance is not at the required level.

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			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
Colin Merker	Date	December 2017

Where in the Trust has this been discussed before?		
Not applicable.	Date	

What consultation has there been?		
Not applicable.	Date	

Explanation of acronyms used:	
	AKI Acute kidney injury ASCOF Adult Social Care Outcomes Framework CAMHS Child and Adolescent Mental health Services C-Diff Clostridium difficile CIRG Clinical Information Reference Group CPA Care Programme Approach CPDG Contract Performance and Development Group CQUIN Commissioning for Quality and Innovation CRHT Crisis Home Treatment CSM Community Services Manager CYPS Children and Young People's Services DNA Did not Attend ED Emergency Department EI Early Intervention EWS Early warning score HoNoS Health of the Nation Outcome Scale IAPT Improving Access to Psychological Therapies IST Intensive Support Team (National IAPT Team) KPI Key Performance Indicator LD Learning Disabilities MHICT Mental Health Intermediate Care Team MHL Mental Health Liaison MRSA Methicillin-resistant Staphylococcus aureus MUST Malnutrition Universal Screening Tool NHSI NHS Improvement NICE National Institute for Health and Care Excellence SI Serious Incident SUS Secondary Uses Service VTE Venous thromboembolism YOS Youth Offender's Service

1. CONTEXT

This report sets out the performance Dashboard for the Trust for the period to the end of November 2017, month eight of the 2017/18 contract period.

1.1 The following sections of the report include:

- An aggregated overview of all indicators in each section with exception reports for non-compliant indicators supported by the relevant Scorecard containing detailed information on all performance measures. These appear in the following sequence.

    - NHSI Requirements
    - Never Events
    - Department of Health requirements
    - NHS Gloucestershire Contract – Schedule 4 Specific Performance Measures
    - Social Care Indicators
    - NHS Herefordshire Contract – Schedule 4 Specific Performance Measures
    - NHS Gloucestershire CQUINS
    - Low Secure CQUINS
    - NHS Herefordshire CQUINS

2. AGGREGATED OVERVIEW OF ALL INDICATORS WITH EXCEPTION REPORTS ON NON-COMPLIANT INDICATORS

2.1 The following tables outline the performance in each of the performance categories within the Dashboard as at the end of November 2017. Where indicators have not been met during the reporting period, an explanation is provided relating to the non-achievement of the Performance Threshold and the action being taken to rectify the position.

2.2 Where stated, 'Cumulative Compliance' refers to compliance recorded from the start of this contractual year April 2017 to the current reporting month, as a whole.

2.3 Indicator IDs has been colour coded in the tables to indicate whether a performance measure is a national or local requirement. Blue indicates the performance measure is national, while lilac means the measure is local.

	=	**Target not met**
	=	**Target met**
NYA	=	**Not Yet Available from Systems**
NYR	=	**Not Yet Required by Contract**
UR	=	**Under Review**
N/A	=	**Not Applicable**
Baseline	=	**2017/18 data reporting to inform 2018/19**

DASHBOARD CATEGORY - NHSI REQUIREMENTS

NHS Improvement Requirements				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	14	14	14	14
	2	2	2	2
	11	11	11	11
NYA	0	0	0	0
NYR	0	0	0	0
UR	0	0	0	0
N/A	1	1	1	1

Performance Thresholds not being achieved in Month

(Reference number relates to the number of the indicator within the scorecard):

 **1.09: IAPT: Waiting times - Referral to Treatment within 6 weeks**

This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

 **1.10: IAPT: Waiting times - Referral to Treatment within 18 weeks**

This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

Cumulative Performance Thresholds Not being Met

1.09: IAPT: Waiting times - Referral to Treatment within 6 weeks

As above

1.10: IAPT: Waiting times - Referral to Treatment within 18 weeks

As above

Changes to Previously Reported Figures

1.08: Nationally reported Delayed Discharges (Herefordshire)
Herefordshire was previously reported for September at 2.4% (compliant). During December the clinical record has been corrected to show that the start date for these 2 delays was in fact in October rather than September. This indicator is now reported at 0% for Herefordshire for September.

Early Warnings / Notes

None

Note in relation to year end compliance predictions (forecast outturn)

1.09 & 1.10: IAPT: Waiting times - Referral to Treatment within 6 & 18 weeks
This forecast position will be reviewed when Commissioners discussions around investment and methodology are resolved.

NHS Improvement Requirements

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
1								
1.01	Number of MRSA Bacteraemias	PM	0	0	0	0	0	0
		Gloucestershire	0	0	0	0	0	
		Herefordshire	0	0	0	0	0	
		Combined Actual	0	0	0	0	0	
1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	0	0
		Gloucestershire	0	0	0	0	0	
		Herefordshire	3	0	0	0	0	
		Combined Actual	3	0	0	0	0	
1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	98%	100%	100%	100%	99%	
		Herefordshire	99%	95%	100%	100%	99%	
		Combined Actual	98%	99%	100%	100%	99%	
1.04	Care Programme Approach - formal review within12 months	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	99%	98%	97%	97%	98%	
		Herefordshire	99%	98%	99%	99%	98%	
		Combined Actual	99%	98%	98%	97%	98%	
1.05	Nationally reported - Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Gloucestershire	1.6%	3.8%	6.1%	3.9%	3.2%	
		Herefordshire	2.2%	0.0%	3.0%	3.5%	2.0%	
		Combined Actual	1.8%	2.9%	5.3%	3.8%	2.9%	
1.05b	- Delayed Discharges - Outliers	PM				7.5%		7.5%
		Gloucestershire		10.5%	13.4%	9.4%	10.9%	
		Herefordshire		12.0%	15.7%	14.3%	14.8%	
		Combined Actual		10.9%	14.0%	10.6%	11.9%	
1.06	Admissions to Adult inpatient services had access to Crisis Resolution Home Treatment Teams	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	99%	100%	100%	100%	100%	
		Herefordshire	100%	100%	100%	100%	100%	
		Combined Actual	99%	100%	100%	100%	100%	
1.07	New psychosis (EI) cases as per contract	PM	72	36	42	48	48	72
		Gloucestershire	67	39	46	51	51	
		PM	24	12	14	16	16	24
		Herefordshire	20	19	21	22	22	
		PM	96	48	56	64	64	96
		Combined Actual	87	58	67	73	73	
1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	72%	82%	57%	100%	75%	
		Herefordshire	70%	67%	100%	100%	73%	
		Combined Actual	71%	79%	67%	100%	74%	

NHS Improvement Requirements

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Gloucestershire	35%	67%	68%	70%	67%	
		Herefordshire	49%	62%	55%	60%	56%	
		Combined Actual	38%	66%	66%	68%	65%	
1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	86%	88%	86%	87%	87%	
		Herefordshire	85%	71%	63%	74%	75%	
		Combined Actual	86%	85%	82%	85%	85%	
1.11	**MENTAL HEALTH SERVICES DATA SET PART 1 DATA COMPLETENESS: OVERALL**	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11a	Mental Health Services Data Set Part 1 Data completeness: DOB	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Herefordshire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Combined Actual	100.0%	100.0%	100.0%	100.0%	100.0%	
1.11b	Mental Health Services Data Set Part 1 Data completeness: Gender	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11c	Mental Health Services Data Set Part 1 Data completeness: NHS Number	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11d	Mental Health Services Data Set Part 1 Data completeness: Organisation code of commissioner	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Herefordshire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Combined Actual	100.0%	100.0%	100.0%	100.0%	100.0%	
1.11e	Mental Health Services Data Set Part 1 Data completeness: Postcode	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.8%	99.8%	99.8%	99.8%	99.8%	
		Herefordshire	99.8%	99.9%	99.8%	99.8%	99.8%	
		Combined Actual	99.8%	99.9%	99.8%	99.8%	99.8%	
1.11f	Mental Health Services Data Set Part 1 Data completeness: GP Practice	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.4%	99.9%	99.7%	99.7%	99.6%	
		Herefordshire	99.7%	99.7%	99.7%	99.7%	99.6%	
		Combined Actual	99.5%	99.9%	99.7%	99.7%	99.6%	

NHS Improvement Requirements

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Gloucestershire	35%	67%	68%	70%	67%	
		Herefordshire	49%	62%	55%	60%	56%	
		Combined Actual	38%	66%	66%	68%	65%	
1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	86%	88%	86%	87%	87%	
		Herefordshire	85%	71%	63%	74%	75%	
		Combined Actual	86%	85%	82%	85%	85%	
1.11	**MENTAL HEALTH SERVICES DATA SET PART 1 DATA COMPLETENESS: OVERALL**	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11a	Mental Health Services Data Set Part 1 Data completeness: DOB	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Herefordshire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Combined Actual	100.0%	100.0%	100.0%	100.0%	100.0%	
1.11b	Mental Health Services Data Set Part 1 Data completeness: Gender	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11c	Mental Health Services Data Set Part 1 Data completeness: NHS Number	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Herefordshire	99.9%	99.9%	99.9%	99.9%	99.9%	
		Combined Actual	99.9%	99.9%	99.9%	99.9%	99.9%	
1.11d	Mental Health Services Data Set Part 1 Data completeness: Organisation code of commissioner	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Herefordshire	100.0%	100.0%	100.0%	100.0%	100.0%	
		Combined Actual	100.0%	100.0%	100.0%	100.0%	100.0%	
1.11e	Mental Health Services Data Set Part 1 Data completeness: Postcode	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.8%	99.8%	99.8%	99.8%	99.8%	
		Herefordshire	99.8%	99.9%	99.8%	99.8%	99.8%	
		Combined Actual	99.8%	99.9%	99.8%	99.8%	99.8%	
1.11f	Mental Health Services Data Set Part 1 Data completeness: GP Practice	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.4%	99.9%	99.7%	99.7%	99.6%	
		Herefordshire	99.7%	99.7%	99.7%	99.7%	99.6%	
		Combined Actual	99.5%	99.9%	99.7%	99.7%	99.6%	

DASHBOARD CATEGORY – DEPARTMENT OF HEALTH PERFORMANCE

DoH Performance				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	27	27	27	27
	1	0	1	1
	24	25	24	25
NYA	0	0	0	0
NYR	1	1	1	0
UR	0	0	0	0
N/A	1	1	1	1

Performance Thresholds not being achieved in Month

2.21: No children under 18 admitted to adult inpatient wards

There was 1 admission of an under 18 to Wotton Lawn in November.

A 17 year old (17 and 11 months) presenting with Emotionally Unstable Personality Disorder and of high risk to self consented to an informal admission. The patient was discharged after 20 days and transitioned to our Recovery Service.

Cumulative Performance Thresholds Not being Met

2.21: No children under 18 admitted to adult inpatient wards

To date there have been 7 under 18s admitted to adult inpatient wards, 4 in Gloucestershire and 3 in Herefordshire.

Changes to Previously Reported Figures

None

Early Warnings

At the time of reporting there has been another admission of an under 18 in Gloucestershire in December.

Note in relation to year end compliance predictions (forecast outturn)

2.21: No children under 18 admitted to adult inpatient wards

Unfortunately the annual performance threshold is zero and it has not been met therefore the performance for the year will be none compliant. Historic performance indicates that without changes in the tier 4 services arrangements - outside of the remit of ^{2}gether - we will not be able to meet this indicator.

DOH Never Events

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
2								
2.01	Wrongly prepared high risk injectable medications	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.02	Maladministration of potassium containing solutions	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.03	Wrong route administration of oral/enteral treatment	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.04	Intravenous administration of epidural medication	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.05	Maladministration of insulin	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.06	Overdose of midazolam during conscious sedation	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.07	Opioid overdose in opioid naive patient	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.08	Inappropriate administration of daily oral methotrexate	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.09	Suicide using non collapsible rails	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.10	Falls from unrestricted windows	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.11	Entrapment in bedrails	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.12	Misplaced naso - or oro-gastric tubes	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.13	Wrong gas administered	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.14	Failure to monitor and respond to oxygen saturation - conscious sedation	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.15	Air embolism	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.16	Severe scalding from water for washing/bathing	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
2.17	Mis-identification of patients	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	

DOH Requirements

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
2.18	Mixed Sex Accommodation - Sleeping Accommodation Breaches	PM	0	0	0	0	0	0
		Gloucestershire	0	0	0	0	0	
		Herefordshire	0	0	0	0	0	
		Combined	0	0	0	0	0	
2.19	Mixed Sex Accommodation - Bathrooms	Gloucestershire	Yes	Yes	Yes	Yes	Yes	
		Herefordshire	Yes	Yes	Yes	Yes	Yes	
		Combined	Yes	Yes	Yes	Yes	Yes	
2.20	Mixed Sex Accommodation - Women Only Day areas	Gloucestershire	Yes	Yes	Yes	Yes	Yes	
		Herefordshire	Yes	Yes	Yes	Yes	Yes	
		Combined	Yes	Yes	Yes	Yes	Yes	
2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Gloucestershire	10	1	0	1	4	
		Herefordshire	8	0	0	0	3	
		Combined	18	1	0	1	7	
2.22	Failure to publish Declaration of Compliance or Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes	Yes	Yes	
		Herefordshire	Yes	Yes	Yes	Yes	Yes	
		Combined	Yes	Yes	Yes	Yes	Yes	
2.23	Publishing a Declaration of Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes	Yes	Yes	
		Herefordshire	Yes	Yes	Yes	Yes	Yes	

DOH Requirements

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
2.24	Serious Incident Reporting (SI)	Glos	35	2	3	3	22	
		Hereford	8	0	2	0	14	
2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	100%	100%	100%	100%	
		Herefordshire	100%	N/A	100%	N/A	100%	
2.26	Interim report for all SIs received within 5 working days of identification (unless extension granted by CCG)	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	91%	100%	100%	100%	100%	
		Herefordshire	78%	N/A	100%	N/A	100%	
2.27	SI Report Levels 1 & 2 to CCG within 60 working days	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	NYR	NYR	NYR	100%	
		Herefordshire	100%	NYR	NYR	NYR	100%	
2.28	SI Report Level 3 - Independent investigations - 6 months from investigation commissioned date	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	N/A	N/A	N/A	N/A	N/A	
		Herefordshire	N/A	N/A	N/A	N/A	N/A	
2.29	SI Final Reports outstanding but not due	Gloucestershire	2	2	3	3	10	
		Herefordshire	1	0	1	0	2	

DASHBOARD CATEGORY – GLOUCESTERSHIRE CCG CONTRACTUAL REQUIREMENTS

Gloucestershire Contract				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	52	52	52	52
🔴	1	0	1	0
🟢	26	18	17	29
NYA	7	5	5	3
NYR	15	28	28	15
UR	0	0	0	0
N/A	3	1	1	5

Performance Thresholds not being achieved in Month

3.18: IAPT: Recovery rate: Access to psychological therapies should be improved
This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

Cumulative Performance Thresholds Not being Met
None

Changes to Previously Reported Figure
None

Early Warnings/Notes

3.30: Adult Mental Health Intermediate Care Teams (IAPT/ Nursing Integrated Service): Wait times from referral to screening assessment within 14 days of receiving referral
It is recognised that this indicator no longer gives a meaningful indication of performance within the new pathway model and is therefore now excluded from reporting requirements, while discussions continue with our commissioner.

3.50- 3:53: Adolescent Eating Disorder treatment waiting times
These indicators are reported as "not yet available". The service has only just begun to record interventions which allow the "clock stop" for the wait to be calculated. There are currently data quality issues with recording and there is on-going work with the service to correct these.

Note in relation to year end compliance predictions (forecast outturn)

3.18 & 3.19: IAPT Recovery rate and IAPT Access rate:
See earlier note on Page 7.

3.38: Transition- Joint discharge/ CPA reviews meeting within 4 weeks of Adult MH services accepting:
This is a new indicator which still needs to be reported/ agreed so outliers need to be considered when available. Only 1 young person was transitioned during Quarter 1.

3.39: Number and % of crisis assessments undertaken by the MHARS team on CYP age 16-25 with agreed timescales of 4 hours:
This is a new indicator which still needs to be reported/agreed so outliers need to be considered when available.

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	B. NATIONAL QUALITY REQUIREMENT							
3.01	Zero tolerance MRSA	PM	0	0	0	0	0	0
		Unavoidable	1	0	0	0	0	
3.02	Minimise rates of Clostridium difficile	PM	0	0	0	0	0	0
		Unavoidable	1	0	0	0	0	
3.03	Duty of candour	PM	Report	Report	Report	Report	Report	Report
		Actual	Compliant	Compliant	Compliant	Compliant	Compliant	
3.04	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS,	PM	99%	99%	99%	99%	99%	99%
		Actual	99%	99%	99%	99%	99%	
3.05	Completion of Mental Health Services Data Set ethnicity coding for all detained and informal Service Users	PM	90%	90%	90%	90%	90%	90%
		Actual	99%	98%	100%	98%	99%	
3.06	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users	PM	90%	90%	90%	90%	90%	90%
		Actual	99%	100%	100%	99%	99%	
	C. Local Quality Requirements							
	Domain 1: Preventing People dying prematurely							
3.07	Increased focus on suicide prevention and reduction in the number of reported suicides in the community and inpatient units	PM	Report	Q2 Report			Q2 Report	Report
		Actual	Complete	Complete			Complete	
3.08	To reduce the numbers of detained patients absconding from inpatient units where leave has not been granted	PM	< 144	< 36			< 72	< 144
		Actual	96	30			66	
3.09	Compliance with NICE Technology appraisals within 90 days of their publication and ability to demonstrate compliance through completion of implementation plans and costing templates.	PM	Report				Annual	Annual
		Actual	Compliant				NYR	
3.10	Minimum of 5% increase in uptake of flu vaccination (15/16 55.3%	PM	>55.3%				Annual	Annual
		Actual	77.2%				NYR	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	Domain 2: Enhancing the quality of life of people with long-term conditions							
3.11	2G bed occupancy for Gloucestershire CCG patients	PM	> 91%	> 91%	> 91%	> 91%	> 91%	> 91%
		Actual	93%	92%	94%	94%	93%	
3.12	Care Programme Approach: 95% of CPAs should have a record of the mental health worker who is responsible for their care	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	100%	100%	100%	
3.13	CPA Review - 95% of those on CPA to be reviewed within 1 month (Review within 13 months)	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	99%	99%	99%	99%	
3.14	Assessment of risk: % of those 2g service users on CPA to have a documented risk assessment	PM	95%	95%			95%	95%
		Actual	99%	99%			99%	
3.15	Assessment of risk: All 2g service users (excluding those on CPA) to have a documented risk assessment	PM	85%	85%			85%	85%
		Actual	95%	96%			96%	
3.16	Dementia should be diagnosed as early in the illness as possible: People within the memory assessment service with a working diagnosis of dementia to have a care plan within 4 weeks of diagnosis	PM	85%	85%	85%	85%	85%	85%
		Actual	95%	96%	92%	96%	93%	
3.17	AKI (previous CQUIN 1516) 95% of pts to have EWS score within 12 hours	PM	95%	95%			95%	95%
		Actual	99%	95%			98%	
	Domain 3: Helping people to recover from episodes of ill-health or following injury							
3.18	IAPT recovery rate: Access to psychological therapies for adults should be improved	PM	50%	50%	50%	50%	50%	50%
		Actual	47%	53%	50%	49%	51%	
3.19	IAPT access rate: Access to psychological therapies for adults should be improved	PM	15.00%	1.25%	1.25%	1.25%	15.00%	15.00%
		Actual	8.20%	1.20%	1.36%	1.30%	15.60%	
3.20	IAPT reliable improvement rate: Access to psychological therapies for adults should be improved	PM	50%	50%	50%	50%	50%	50%
		Actual	73%	74%	70%	69%	71%	
3.21	Care Programme Approach (CPA): The percentage of people with learning disabilities in inpatient care on CPA who were followed up within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Actual	100%	NA	NA	NA	100%	
3.22	To send :Inpatient and day case discharge summaries electronically, within 24 hours to GP	PM	Report	TBC			TBC	Report
		Actual	Compliant	NYA			73%	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	Domain 4: Ensuring that people have a positive experience of care							
3.23	To demonstrate improvements in staff experience following any national and local surveys	PM	Report				Annual	Annual
		Actual	Compliant				NYR	
	CYPS							
3.24	Number of children that received support within 24 hours of referral, for crisis home treatment (CYPS)	PM	95%	95%			95%	95%
		Actual	N/A	N/A			N/A	
3.25	Children and young people who enter a treatment programme to have a care coordinator - (Level 3 Services) (CYPS)	PM	98%	98%	98%	98%	98%	98%
		Actual	99%	99%	99%	99%	99%	
3.26	95% accepted referrals receiving initial appointment within 4 weeks (excludes YOS, substance misuse, inpatient and crisis/home treatment and complex engagement) (CYPS)	PM	95%	95%			95%	95%
		Actual	99%	98%			99%	
3.27	Level 2 and 3 – Referral to treatment within 8 weeks , excludes LD, YOS, inpatient and crisis/home treatment) (CYPS)	PM	80%	80%			80%	80%
		Actual	89%	93%			94%	
3.28	Level 2 and 3 – Referral to treatment within 10 weeks (excludes LD, YOS, inpatient and crisis/home treatment) (CYPS)	PM	90%	95%			95%	95%
		Actual	96%	98%			98%	
3.29	Adults of working age - 100% of MDT assessments to have been completed within 4 weeks (or in the case of a comprehensive	PM	85%	85%	85%	85%	85%	85%
		Actual	94%	89%	90%	88%	91%	
3.30	Adults Mental Health Intermediate Care Teams (New Integrated service) Wait times from referral to screening assessment within 14 days of receiving referral	PM	85%	85%	85%	85%	85%	85%
		Actual	65%					

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	Vocational Services (Individual Placement and Support)							
3.31	100% of Service Users in vocational services will be supported to formulate their vocational goals through individual plans (IPS)	PM	98%	98%			98%	98%
		Actual	100%	NYA			NYA	
3.32	The number of people on the caseload during the year finding paid employment or self-employment (measured as a percentage against accepted referrals into the (IPS) Excluding those in employment at time of referral - Annual	PM	50%				50%	50%
		Actual	52%				NYR	
3.33	The number of people retaining employment at 3/6/9/12+ months (measured as a percentage of individuals placed into employment retaining employment) (IPS)	PM	50%				50%	50%
		Actual	66%				NYR	
3.34	The number of people supported to retain employment at 3/6/9/12+ months	PM	50%				50%	50%
		Actual	88%				NYR	
3.35	Fidelity to the IPS model	PM	Report				90%	90%
		Actual	Compliant				NYR	
	General Quality Requirements							
3.36	GP practices will have an individual annual (MH) ICT service meeting to review delivery and identify priorities for future.	PM	Annual				Annual	Annual
		Actual	NYA				NYR	
3.37	Care plan audit to show : All dependent Children and YP <18 living with adults know to Recovery, MAHRS, Eating Disorder and Assertive Outreach Services. Recorded evidence in care plans of impact of the mental health disorder on those under 18s plus steps put in place to support.(Think family)	PM	Qtr 4	TBC			TBC	Report
		Actual	Compliant	NYA			52%	
3.38	Transition- Joint discharge/CPA review meeting within 4 weeks of adult MH services accepting :working diagnosis to be agreed, adult MH care coordinator allocated and care cluster and risk levels agreed as well as CYPS discharge date.	PM	100%	100%			100%	100%
		Actual	0%	N/A			100%	
3.39	Number and % of crisis assessments undertaken by the MHARS team on CYP age 16-25 within agreed timescales of 4 hours	PM	90%				90%	90%
		Actual	NYR				NYR	
3.40	MHARS wait time to assessment (4 hours)	PM	TBC				TBC	TBC
		Actual	NYR				NYR	

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	New KPIs for 2017/18							
3.41	LD: To deliver specialist support to people with learning disabilities in accordance with specifically developed pathways	PM					95%	95%
		Actual					NYR	
3.42	LD: To demonstrate a reduction in an individual's health inequalities thanks to the clinical intervention provided by 2gether learning disability services.	PM					TBC	TBC
		Actual					NYR	
3.43	LD: People with learning disabilities and their families report high levels of satisfaction with specialist learning disability services	PM					75%	75%
		Actual					NYR	
3.44	LD: To ensure all published clinical pathways accessed by people with learning disabilities are available in easy read versions	PM					95%	95%
		Actual					NYR	
3.45	LD: The CLDT will take a proactive and supportive role in ensuring the % uptake of Annual Health Checks for people with learning disabilities on their caseload is high	PM					75%	75%
		Actual					NYR	
3.46	Gloucestershire Sanctuary (Alexandra Road Wellbeing House) dataset available for Commissioners	PM		Report	Report	Report	Report	Report
		Actual		Compliant	NYA	NYA	Compliant	
3.47	IAPT DNA rate	PM		<16%	<16%	<16%	<16%	<16%
		Actual		13%	13%	13%	13%	
3.48	CPI: Referral to Assessment within 4 weeks	PM		80%	80%	80%	80%	80%
		Actual		94%	88%	92%	88%	
3.49	CPI: Assessment to Treatment within 16 weeks	PM		80%	80%	80%	80%	80%
		Actual		98%	98%	100%	98%	
3.50	Adolesecent Eating Disorders - Urgent referral to NICE treatment start within 1 week	PM		TBC	TBC	TBC	TBC	TBC
		Actual		NYA	NYA	NYA	50%	
3.51	Adolesecent Eating Disorders - Urgent referral to non-NICE treatment start within 1 week	PM		TBC	TBC	TBC	TBC	TBC
		Actual		NYA	NYA	NYA	N/A	
3.52	Adolesecent Eating Disorders - Routine referral to NICE treatment start within 4 weeks	PM		TBC	TBC	TBC	TBC	TBC
		Actual		NYA	NYA	NYA	32%	
3.53	Adolesecent Eating Disorders - Routine referral to non-NICE treatment start within 4 weeks	PM		TBC	TBC	TBC	TBC	TBC
		Actual		NYA	NYA	NYA	0%	

Schedule 4 Specific Measures that are reported Nationally

Performance Thresholds not being achieved in Month

NHS Improvement

1.09: IAPT Waiting times: Referral to Treatment within 6 weeks (based on discharges)
This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

1.10: IAPT Waiting times: Referral to Treatment within 18 weeks (based on discharges)
This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

Department of Health

2.21: No children under 18 admitted to adult inpatient wards

There was 1 admission of an under 18 to Wotton Lawn in November.

A 17 year old (17 and 11 months) presenting with Emotionally unstable personality disorder and of high risk to self consented to an informal admission. The patient was discharged after 20 days and transitioned to our Recovery Service.

Changes to Previously Reported Figures

None

Note in relation to year end compliance predictions (forecast outturn)

1.09 & 1.10: IAPT: Waiting times - Referral to Treatment within 6 & 18 weeks
See earlier note on Page7.

2.21: No children under 18 admitted to adult inpatient wards
See earlier note on Page 12.

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures - National Indicators

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
NHSI 1.01	Number of MRSA Bacteraemias avoidable	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
NHSI 1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
NHSI 1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Actual	98%	100%	100%	100%	99%	
NHSI 1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Actual	1.6%	3.8%	6.1%	3.9%	3.2%	
NHSI 1.06	Admissions to Adult inpatient services had access to Crisis Resolution Home Treatment Teams	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	100%	100%	100%	
NHSI 1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	50%	50%	50%	50%	50%
		Actual	72%	82%	57%	100%	75%	
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	35%	67%	68%	70%	67%	
NHSI 1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	86%	88%	86%	87%	87%	
DoH 2.18	Mixed Sex Accommodation Breach	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
DoH 2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Actual	10	1	0	1	4	
DoH 2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%	100%
		Actual	100%	100%	100%	100%	100%	
DoH 2.26	Interim report for all SIs received within 5 working days of identification (unless extension granted by CCG)	PM	100%	N/A	100%	N/A	100%	100%
		Actual	91%	100%	100%	100%	100%	
DoH 2.27	SI Report Levels 1 & 2 to CCG within 60 working days	PM	91%	100%	100%	100%	100%	100%
		Actual	100%	NYR	NYR	NYR	100%	

DASHBOARD CATEGORY – GLOUCESTERSHIRE SOCIAL CARE

Gloucestershire Social Care				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	15	15	15	15
	0	1	0	1
	13	12	13	12
NYA	0	0	0	0
NYR	0	0	0	0
UR	0	0	0	0
N/A	2	2	2	2

Performance Thresholds not being achieved in Month
None

Cumulative Performance Thresholds Not being Met

4.03: Ensure that reviews of new packages take place within 12 weeks
Previous data quality and reporting issues in earlier months has led to this indicator being cumulatively non-compliant. These issues are now being addressed and performance is reported as compliant for September, October and November.

Changes to Previously Reported Figures
None

Early Warnings/Notes
None

Note in relation to year end compliance predictions (forecast outturn)

4.03: Ensure that reviews of new packages take place within 12 weeks
Data quality and reporting issues need to be reviewed for several months before we know what this year-end performance can be forecast as.

Gloucestershire Social Care

ID	Performance Measure		2016/17 outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
4.01	The percentage of people who have a Cluster recorded on their record	PM	90%	90%	90%	90%	90%	90%
		Actual	96%	97%	97%	97%	97%	
4.02	Percentage of people getting long term services, in a residential or community care reviewed/re-assessed in last year	PM	95%	95%	95%	95%	95%	95%
		Actual	95%	96%	94.9%	97%	97%	
4.03	Ensure that reviews of new packages take place within 12 weeks of commencement	PM	95%	80%	80%	80%	80%	80%
		Actual	22%	100%	83%	100%	69%	
4.04	Current placements aged 18-64 to residential and nursing care homes per 100,000 population	PM	13	13	13	13	13	13
		Actual	12.90	9.10	9.10	9.36	9.33	
4.05	Current placements aged 65+ to residential and nursing care homes per 100,000 population	PM	22	22	22	22	22	22
		Actual	16.55	15.56	17.90	17.90	15.66	
4.06	% of WA & OP service users on caseload asked if they have a carer	PM	100%	80%	80%	80%	80%	100%
			86%	88%	89%	87%	87%	
4.07	% of WA & OP service users on the caseload who have a carer, who have been offered a carer's assessment	PM	100%	90%	90%	90%	90%	100%
		Actual	75%	97%	96%	94%	94%	
4.08a	% of WA & OP service users/carers on caseload who accepted a carers assessment	PM	TBC	TBC	TBC	TBC	TBC	TBC
		Actual	39%	42%	42%	43%	43%	
4.08b	Number of WA & OP service users/carers on caseload who accepted a carers assessment	PM	TBC	TBC	TBC	TBC	TBC	TBC
		Actual	244	440	484	493	493	
4.09	% of eligible service users with Personal budgets	PM	80%	80%	80%	80%	80%	80%
		Actual	100%	93%	95%	95%	95%	

Gloucestershire Social Care

ID	Performance Measure		2016/17 outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
4.10	% of eligible service users with Personal Budget receiving Direct Payments (ASCOF 1C pt2)	PM	15%	15%	15%	15%	15%	15%
		Actual	18%	20%	21%	21%	21%	
4.11	Adults subject to CPA in contact with secondary mental health services in settled accommodation (ASCOF 1H)	PM	80%	80%	80%	80%	80%	80%
		Actual	89%	89%	88%	88%	88%	
4.12	Adults not subject to CPA in contact with secondary mental health service in settled accommodation	PM	90%	90%	90%	90%	90%	90%
		Actual	96%	96%	96%	96%	96%	
4.13	Adults subject to CPA receiving secondary mental health service in employment (ASCOF 1F)	PM	13%	13%	13%	13%	13%	13%
		Actual	16%	15%	16%	17%	17%	
4.14	Adults not subject to CPA receiving secondary mental health service in employment	PM	20%	20%	20%	20%	20%	20%
		Actual	24%	23%	23%	22%	22%	

DASHBOARD CATEGORY – HEREFORDSHIRE CCG CONTRACTUAL REQUIREMENTS

Herefordshire Contract				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	22	22	22	22
	2	3	1	3
	13	13	15	13
NYA	0	0	0	0
NYR	0	0	0	0
UR	0	0	0	0
N/A	7	6	6	6

Performance Thresholds not being achieved in Month

 **5.09: IAPT achieve 15% of patients entering the service against prevalence**
This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

Cumulative Performance Thresholds Not being

5.08: IAPT: Recovery rate
This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

5.09: IAPT achieve 15% of patients entering the service against prevalence
As above

5.17: CYP Eating Disorders: Treatment waiting times for urgent referrals within 1 week – NICE treatments
There was 1 treatment started in June. The client's family were contacted on day 7 with an offer to be seen that day however the service were unable to get a response. When the family did respond an appointment was agreed for the following week and treatment was started at that appointment.

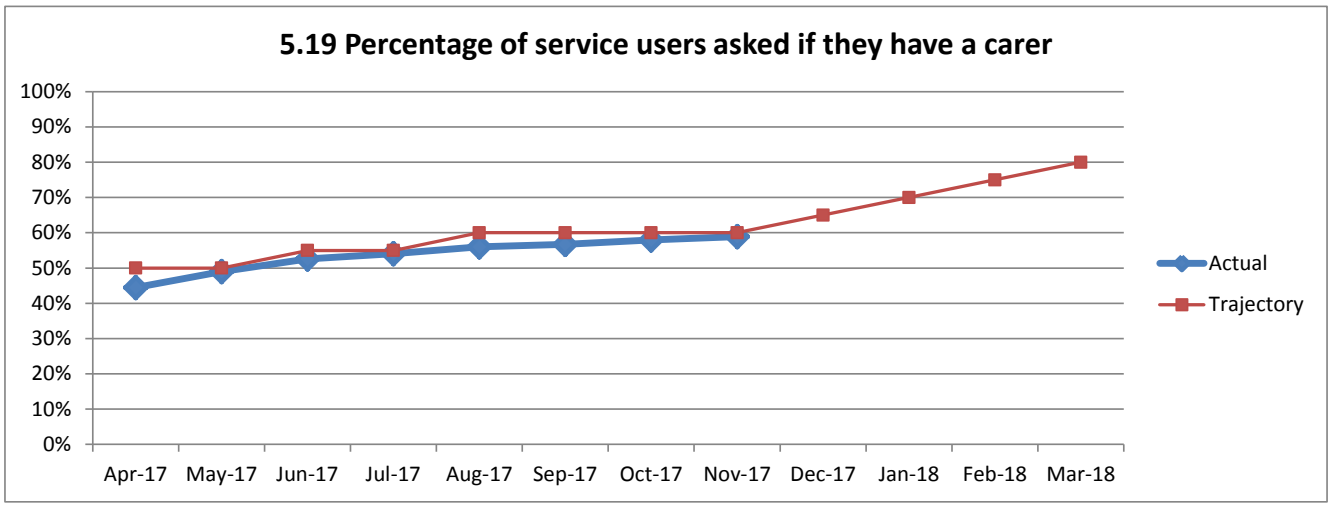
Changes to Previously Reported Figures

None

Early Warnings / Notes

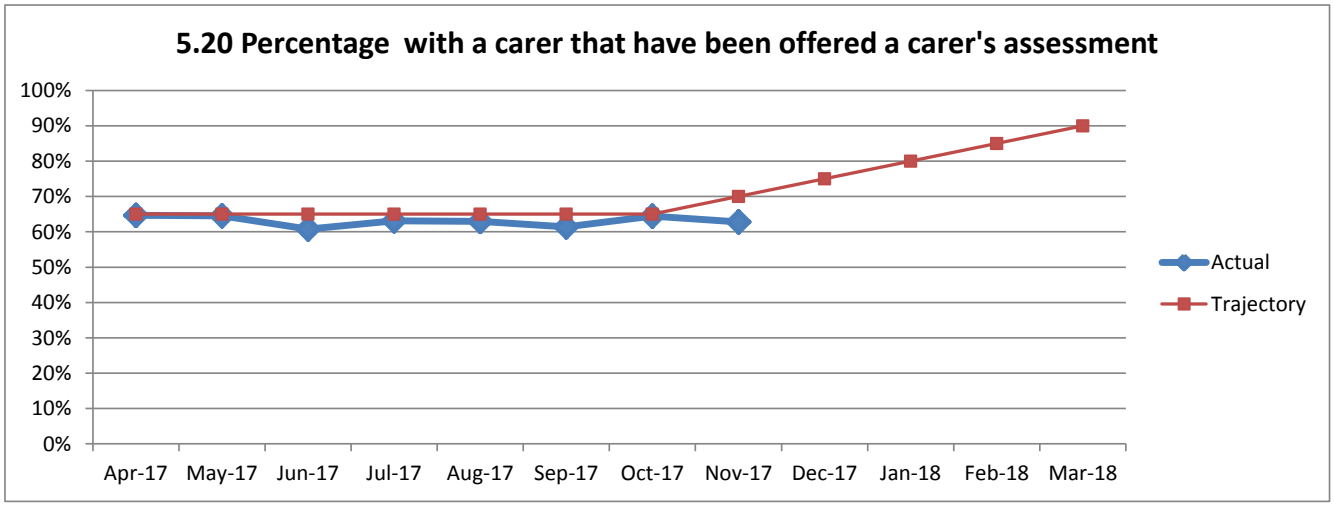
5.19: Percentage of service users asked if they have a carer

A chart has been added to the report to monitor progress against a trajectory to reach 80% by the end of the financial year.



5.20: Percentage with a carer that have been offered a carer's assessment

A chart has been added to the report to monitor progress against a trajectory to reach 90% by the end of the financial year.



Note in relation to year end compliance predictions (forecast outturn)

5.09: IAPT roll-out (access rate) – IAPT maintain 15% of patient entering the service against prevalence:
See earlier note on Page 7.

5.15 & 5.16: CYP Eating Disorders: Treatment waiting time for patient referrals within 4 weeks: Discussions with Commissioners around whether the service has resources to meet this target need to be resolved before year end forecast can be confirmed.

5.17 & 5.18: CYP Eating Disorders: Treatment waiting time for patient referrals within 1 week: Discussions with Commissioners around whether the service has resources to meet this target need to be resolved before year end forecast can be confirmed.

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
5.01	Duty of Candour	Plan	Report	Report	Report	Report	Report	Report
		Actual	Compliant	Compliant	Compliant	Compliant	Compliant	
5.02	Completion of a valid NHS number field in metal health and acute commissioning data sets submitted via SUS.	Plan	99%	99%	99%	99%	99%	99%
		Actual	99%	99%	99%	99%	99%	
5.03	Completion of Mental Health Services Data Set ethnicity coding for all service users	Plan	90%	90%	90%	90%	90%	90%
		Actual	100%	100%	100%	100%	99%	
5.04	Completion of IAPT Minimum Data Set outcome data for all appropriate service users	Plan	90%	90%	90%	90%	90%	90%
		Actual	99%	100%	100%	100%	100%	
5.05	Zero tolerance MRSA	Plan	0	0	0	0	0	0
		Unavoidable	0	0	0	0	0	
5.06	Minimise rates of Clostridium difficile	Plan	0	0	0	0	0	0
		Unavoidable	1	0	0	0	0	
5.07	VTE risk assessment: all inpatient service users to undergo risk assessment for VTE	Plan	95%	95%	95%	95%	95%	95%
		Actual	99%	100%	100%	100%	99%	
5.08	IAPT Recovery Rate: The number of people who are below the caseness threshold at treatment end	Plan	50%	50%	50%	50%	50%	50%
		Actual	43%	54%	49%	57%	49%	
5.09	IAPT Roll-out (Access Rate) - IAPT maintain 15% of patient entering the service against prevalence	Plan	2178	1,089	1,271	1,452	1,452	2178
		Actual	1,191	988	1,180	1,368	1,368	

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
5.10a	Dementia Service - number of new patients aged 65 years and over receiving an assessment	Plan	540	45	45	45	360	540
		Actual	572	50	59	55	427	
5.10b	Dementia Service - total number of new patients receiving an assessment	Plan						
		Actual	610	55	63	61	457	
5.11	Patients are to be discharged from local rehab within 2 years of admission (Oak House). Based on patients on w ard at end of month.	Plan	80%	80%	80%	80%	80%	80%
		Actual	100%	100%	100%	100%	100%	
5.12	All admitted patients aged 65 years of age and over must have a completed MUST assessment	Plan	95%	95%	95%	95%	95%	95%
		Actual	98%	100%	100%	100%	100%	
5.13	Any attendances at ED with mental health needs should have rapid access to mental health assessment within 2 hours of the MHL team being notified.	Plan	80%	80%	80%	80%	80%	80%
		Actual	88%	73%	85%	86%	87%	
5.14	Attendances at ED, wards and clinics for self-harm receive a mental health assessment (Mental Health Liaison Service)	Plan	85%	85%	85%	85%	85%	85%
		Actual	98%	86%	92%	97%	95%	

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
New KPIs for 2017/18								
5.15	CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks - NICE treatments	Plan		95%	95%	95%	95%	95%
		Actual		100%	75%	100%	95%	
5.16	CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks - non-NICE treatments	Plan		95%	95%	95%	95%	95%
		Actual		N/A	N/A	N/A	N/A	
5.17	CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week - NICE treatments	Plan		95%	95%	95%	95%	95%
		Actual		N/A	100%	100%	75%	
5.18	CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week - non-NICE treatments	Plan		95%	95%	95%	95%	95%
		Actual		N/A	N/A	N/A	N/A	

Herefordshire Carers Information

ID	Performance Measure		2016/17 Outturn	September-2017	October-2016	November-2016	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
5.19	Working Age and Older People service users on the caseload asked if they have a carer. (Only includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	41%	57%	58%	59%	59%	
5.20	Working Age and Older People service users on the caseload who have a carer who have been offered a carer's assessment. (Only includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	58%	61%	64%	63%	64%	
5.21	Working Age and Older People service users/carers who have accepted a carers assessment. (Only includes people referred since 1st March 2016, when the new Carers Form went live on RiO).	Plan						
		Actual	35%	36%	33%	34%	34%	

Schedule 4 Specific Measures that are reported Nationally

Performance Thresholds not being achieved in Month

NHS Improvement

1.09: IAPT Waiting times: Referral to Treatment within 6 weeks (based on discharges)
This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

1.10: IAPT Waiting times: Referral to Treatment within 18 weeks (based on discharges)
This service is subject to an agreed Service Development Improvement Plan which is under specific monthly review by the Delivery Committee.

Note in relation to year end compliance predictions (forecast outturn)

1.09 & 1.10: IAPT: Waiting times - Referral to Treatment within 6 & 18 weeks
See earlier note on Page 7.

2.21: No children under 18 admitted to adult inpatient wards
See earlier note on Page 12.

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures - National Indicators

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
NHSI 1.01	Number of MRSA Bacteraemias avoidable	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
NHSI 1.02	Number of C Diff cases (day of admission plus 2 days = 72hrs) - avoidable	PM	0	0	0	0	0	0
		Actual	3	0	0	0	0	
NHSI 1.03	Care Programme Approach follow up contact within 7 days of discharge	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	95%	100%	100%	99%	
NHSI 1.04	Care Programme Approach - formal review within12 months	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	98%	99%	99%	98%	
NHSI 1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Actual	2.2%	0.0%	3.0%	3.5%	2.0%	
NHSI 1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	50%	50%	50%	50%	50%
		Actual	70%	67%	100%	100%	73%	
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	49%	62%	55%	60%	56%	
NHSI 1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	85%	71%	63%	74%	75%	
DoH 2.18	Mixed Sex Accommodation Breach	PM	0	0	0	0	0	0
		Actual	0	0	0	0	0	
DoH 2.21	No children under 18 admitted to adult in-patient wards	PM	0	0	0	0	0	0
		Actual	8	0	0	0	3	

DASHBOARD CATEGORY – GLOUCESTERSHIRE CQUINS

Gloucestershire CQUINS				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	12	12	12	12
🔴	0	0	0	0
🟢	8	0	0	9
NYA	0	0	0	0
NYR	4	12	12	3
UR	0	0	0	0
N/A	0	0	0	0

Performance Thresholds not being achieved in Month
None

Cumulative Performance Thresholds Not being Met
None

Changes to Previously Reported Figures
None

Early Warnings
None

Gloucestershire CQUINS

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	CQUIN 1							
7.01a	Improvement of health and wellbeing of NHS Staff	PM		Report			Report	Report
		Actual		NYR			NYR	
7.01b	Healthy food for NHS staff, visitors and patients	PM		Report			Report	Report
		Actual		NYR			NYR	
7.01c	Improving the update of flu vaccinations for frontline clinical staff	PM		Report			Report	Report
		Actual		NYR			NYR	
	CQUIN 2							
7.02a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with psychoses	PM		Report			Qtr 1	Report
		Actual		NYR			Awarded	
7.02b	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaboration with primary care clinicians	PM		Report			Qtr 2	Report
		Actual		Compliant			Compliant	
	CQUIN 3							
7.03	Improving services for people with mental health needs who present to A&E	PM		Report			Qtr 2	Report
		Actual		Compliant			Compliant	
	CQUIN 4							
7.04	Transition from Young People's Service to Adult Mental Health Services	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Compliant	Compliant			Compliant	
	CQUIN 5							
7.05a	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	PM		Report			Qtr 2	Report
		Actual		Compliant			Compliant	
7.05b	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	PM		Report			Qtr 2	Report
		Actual		Compliant			Compliant	
7.05c	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	PM		Report			Qtr 2	Report
		Actual		Compliant			Compliant	
7.05d	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	PM		Report			Qtr 2	Report
		Actual		Compliant			Compliant	
7.05e	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	PM		Report			Qtr 2	Report
		Actual		Compliant			Compliant	

DASHBOARD CATEGORY – LOW SECURE CQUINS

Low Secure CQUINS				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	1	1	1	1
	0	0	0	0
	1	0	0	1
NYA	0	0	0	0
NYR	0	1	1	0
UR	0	0	0	0
N/A	0	0	0	0

Performance Thresholds not being achieved in Month
None

Cumulative Performance Thresholds Not being Met
None

Changes to Previously Reported Figures
None

Early Warnings
None

Low Secure CQUINS

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	CQUIN 1							
8.01	Reducing the length of stay in specialised MH services	PM	Qtr 4	Report			Qtr 2	Report
		Actual	Compliant	Awarded			Awarded	

DASHBOARD CATEGORY – HEREFORDSHIRE CQUINS

Herefordshire CQUINS				
	In month Compliance			Cumulative Compliance
	Sep	Oct	Nov	
Total Measures	12	12	12	12
	0	0	0	0
	8	0	0	9
NYA	0	0	0	0
NYR	4	12	12	3
UR	0	0	0	0
N/A	0	0	0	0

Performance Thresholds not being achieved in Month
None

Cumulative Performance Thresholds Not being Met
None

Changes to Previously Reported Figures
None

Early Warnings
None

Herefordshire CQUINS

ID	Performance Measure (PM)		2016/17Outturn	September-2017	October-2017	November-2017	(Apr to Nov) Cumulative Compliance	Forecast 17/18 Outturn
	CQUIN 1							
9.01a	Improvement of health and wellbeing of NHS Staff	PM	Qtr 4	Report			Report	Report
		Actual	Compliant	NYR			NYR	
9.01b	Healthy food for NHS Staff, Visitors and Patients	PM	Qtr 4	Report			Report	Report
		Actual	Compliant	NYR			NYR	
9.01c	Improving the uptake of Flu vaccinations for Front Line Clinical Staff	PM	Qtr 4	Report			Report	Report
		Actual	Compliant	NYR			NYR	
	CQUIN 2							
9.02a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with psychoses	PM	Qtr 3	Report			Report	Report
		Actual	Compliant	NYR			Awarded	
9.02b	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaborating with primary care clinicians	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	
	CQUIN 3							
9.03	Improving services for people with mental health needs who present to A&E	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	
	CQUIN 4							
9.04	Transition from Young People's Service to Adult Mental Health Services	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	
	CQUIN 5							
9.05a	Tobacco screening	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	
9.05b	Tobacco brief advice	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	
9.05c	Tobacco referral and medication offer	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	
9.05d	Alcohol screening	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	
9.05e	Alcohol brief advice or referral	PM		Report			Qtr 2	Report
		Actual		Awarded			Awarded	

Agenda item 8 **Enclosure Paper C**

Report to: Trust Board, 30th January 2018
Author: Dr Nader Abbasi, Consultant & Guardian of Safe Working Hours
Presented by: Dr Amjad Uppal, Medical Director

SUBJECT: **Guardian of Safe Working Hours Quarterly Report**

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

This Report is provided for:			
Decision	Endorsement	**Assurance**	**Information**

EXECUTIVE SUMMARY

All new Psychiatry Trainees, Foundation Trainees and GP Trainees rotating into a Psychiatry placement from 1st of February and consequently 2nd of August 2017 are now on the new 2016 Terms and Conditions of Service. There are currently 33 trainees working in the 2gether Trust on the new Terms and Conditions of Service on different sites.

The exception reporting process, allowing variations from the trainees contractually agreed service requirements and training opportunities to be resolved is now in place. The trainees can raise exception reports for hours worked, missed breaks, or missed educational opportunities.

The reports where possible have been resolved by the preferred option of time off in lieu (TOIL); those where TOIL will impact on colleagues workload or educational opportunities have received payments.

Exception reports may also trigger work schedule reviews and if necessary fines can be raised against the directorates by the Guardian. Exception reporting rates are variable between different sites.

The reporting process and Junior Doctors forum are being revised to improve acceptance. Guardians meet regularly nationally and locally, they also share a NHS network hosted forum to discuss progress.

The quarterly Board report from the Guardian which summarises all exception reports, work schedule reviews and rota gaps, and provides assurance on compliance with safe working hours by both the employer and Doctors in approved training programs, will be considered by CQC, GMC, and NHS employers as key data during a review.

In the initial phase of new contract implementation there were difficulties with both collection of data relating to Junior Doctors' hours and mechanisms for the departments to cope with the issues which arise due to new ways of working.

RECOMMENDATIONS

1) The Board is asked to note the content of this paper.
2) The Board is asked to support the medical directorate in encouraging Clinical Directors, Directorate managers, and Educational Supervisors to be aware of their responsibilities within the new contract, in particular that payment for additional hours worked should be the exception rather than the rule.
3) Severn Deanery has requested access to this report as part of its work in monitoring the welfare of Junior Doctors under its tutelage. The Board is asked to agree the release of Guardian reports, which form part of the confidential meeting, to Severn Deanery.

Corporate Considerations	
Quality implications	Implementing the new contract is a DoH requirement justified by a need to ensure consistent quality care and working conditions for Junior Doctors
Resource implications:	The cost of implementing this contract is being progressed through execs. The importance is to avoid fines due to breaching
Equalities implications:	Nil
Risk implications:	Financial risk if the Trust breaches, a number of issues have been identified in the implementation phase which are identified in the report, together with the plans to resolve them.

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

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

Reviewed by:		
Dr Amjad Uppal	Date	
Where in the Trust has this been discussed before?		
	Date	
What consultation has there been?		
	Date	

Explanation of acronyms used:	CQC – Care Quality Commission DME – Director of Medical Education HEE – Health Education England

1. CONTEXT

1.1 The safety of patients is a paramount concern for the NHS, and significant staff fatigue is a hazard both to patients and to the staff themselves. The 2016 national contract for Junior Doctors encourages stronger safeguards to prevent Doctors working excessive hours, during negotiations on the Junior Doctors' contract agreement was reached to the introduction of a "Guardian of safe working hours" in organisations that employ or host NHS Trainee Doctors to oversee the process of ensuring safe working hours for Junior Doctors. The Guardian role was introduced with the responsibility of ensuring Doctors are properly paid for all their work and by making sure Doctors aren't working unsafe hours.

1.2 The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the Junior Doctors employed by it. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the Doctor and /or employer, as appropriate; and will provide assurance to the trust board or equivalent body that Doctors' working hours are safe.

1.3 The work of Guardian will be subject to external scrutiny of Doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of Doctors and therefore of patients.

1.4 The system in the new Junior Doctors' contract for monitoring safe working practices are very new and will require Trust-wide cultural and administrative changes. Although at our Trust many individuals approached have been supportive this change will require time.

1.5 The Guardian's quarterly report, as required by the Junior Doctor's contract, is intended to provide the Board with an evidence based report on the working hours and practices of Junior Doctors within the Trust, confirming safe working practices and highlighting areas of concern.

2. THE GUARDIAN OF SAFE WORKING HOURS REPORT

2.1 Exception Reporting

The Trust uses Allocate as the reporting system which appears to function reasonably for this purpose. There have been issues at early stages which some has been resolved and for others a meeting with HR representative and The Guardian has been requested. Since beginning of this rota 2nd August to date 27 exception reports have been generated and a break down has been provided in following tables.

2.2 The table below shows the number of trainee posts available and filled by Health Education, some have been filled by Trust from August 2017 to present.

Grade	Trainees	Glos	Hereford	New Contract	Old Contract
F1	4	4	0	4	0
F2	5	3	2	5	0
GP	7	5	2	7	0
CT	8	7	1	8	0
ST	9	8	1	9	0
Total	**33**	**27**	**6**	**33**	**0**

Exception reports by site	
Gloucester	14
Hereford	13
Total	27

Exception reports by grade

Grade	F1	F2	GP	CT	ST	Total
	8	3	9	7	0	27

Exception reports, response time

	Addressed within 48 hrs	Addressed within 7 days	Addressed in longer than 7 days	Addressed by Guardian	Still open
F1	2	3	0	0	3
F2	0	0	1	0	2
GP	2	3	0	0	4

CT	1	2	1	0	3
ST	0	0	0	0	0
Total	5	8	2		12

2.3 Out of 27 reports in this period 22 have been related to hours, 4 related to service support and one in relation to educational opportunities. We had 15 resolution and 12 of exception reports are still open. Resolutions have included:

- 4/27 No further action
- 2/27 time in lieu agreed
- 9/27 overtime payment agreed
- 12/27 pending meeting with Educational Supervisor
- 4/27 required work schedule reviews in this period which are pending by the end of posts.

2.4 **Work Schedule reviews**

During this Rota since August we have had no formal work schedule reviews although it has been recommended through some of the reports outcome. We need to evaluate information gathered through exception reports by the end of this period and have work schedule review then if necessary.

2.5 **Locum Booking and Vacancies**

2.5.1 It is recommended that The Guardian's report includes data related to locum bookings of Junior Doctors, subdivided by rota, grade, and whether bank, agency or internal locum. At this time trust systems aren't able to provide this information and the newly appointed manager will be working with the Guardian and IT support to develop a mechanism for reporting this information.

2.5.2 I have been advised by HR that in total 2530 hours on agency hours spend on rota gaps, at this point I don't have details although requested.

2.6 **Fines**

2.6.1 At this stage no fines have as yet been applied.

3. CHALLENGES

3.1 **Engagement:** We are struggling to engage Trainees and Educational Supervisors (ES) in the process and are breaching our time targets for responding to the Exception Reports. To date the Guardian has had to send individual reminders to Trainees and Educational supervisors to remind them of response overdue and still some remains open. To try and improve performance on this front we have advised an Escalation process, agreed with the DME, which involves the Medical Staffing Manager sending a reminder alert to the ES, their administrative support and Trainee requesting

that they action the ER and offering to support them if they are unfamiliar with the system. This is unsatisfactory and against the Contract guidance.

3.2 **Software System:** The Trust uses a nationally procured system for medical staff rotas called Allocate Software System, which is the system now used for exception reporting. The system went live early in year just before our new trainees start in February. Each Junior Doctor on new contract has been given log in details and been registered on the system in order to submit an exception report as necessary. The educational supervisors have also been registered and set up on the system. All exception reports also are copied to the Guardian, the Director of Medical Education (DME) and the administrator.

There is no direct helpline on the system and it has been raised with the administration and hopefully would be resolved soon. There is no formal route of communication between the system administration, HR, Guardian and trainees. This has been raised and a meeting is to be arranged.

3.3 **Junior Doctor rota:** In order to make rotas compliant with the new contract and European Working Time Regulations, initially it was necessary to apply some changes and Junior Doctors covering inpatients are now working waking nights. The Trust also failed to attract enough trainees for the recent rota and there was three vacancies on rota hence combination of two; community and inpatient rotas. Trainees at the moment are only covering inpatient and there has been concern in regard to missing emergency training opportunities. In regard to inpatients we have agreed to have a three months review following the implementation of the rota to look at any problem that arise. It has also been agreed with trainees that if the opportunity arises then they could approach crisis teams and liaison services for joint assessment. It has also been agreed with the DME that a placement with crisis and liaison teams becomes part of trainees' rotation to address this issue.

3.4 **Workload:** The new contract does have workload implications for the Guardian, administrator, DME, Educational and Clinical supervisors when a trainee submits an exception report. The amount of time will depend on the number of exception reports submitted and it is too early to make a judgment about this currently.

3.5 **Administrative support for the Guardian role:** Currently the Guardian has been assisted by administration from HR and medical staffing and they have been very supportive in introducing the new system, answering queries from users and others. Although following recent discussions with the Medical Director and Director of Medical Education indicated the need of allocation of a specific person from medical staffing/HR to assist the Guardian in following up on Exception Reports and addressing concerns raised by senior colleagues or trainees still no action**.**

3.6 **Junior Doctors Forum:** The DME and the Guardian have established the Junior Doctor Forum; there is one forum for each site. There have been already meetings on both sites with good attendance of trainees along other representatives. This is an achievement compare to experience of other Trusts, some of whom are even struggling to get a forum established. The role of the forum was discussed and an agreement to meet quarterly and

keep it under review. It would be advisable to encourage more Junior Doctors to join in order to gain a more diverse representation across the Trust.

4. EXCEPTION REPORTS AND FINES

4.1 The whole point of exception reporting system is to allow employers to address issues and concerns as they arise, in real time, and to keep Doctors' working hours, both rostered and actual, within safe working limits. If the system of work scheduling and exception reporting is working correctly, and anything than truly exceptional circumstances, the levying of a fine indicates that the system has failed or that someone - the supervisor, Guardian or the individual Doctor concerned - has failed to discharge his or her responsibility appropriately.

4.2 Any levying of a fine should therefore be followed by an investigation in to why it was necessary and remedial action to ensure that it does not happen again. The most important thing to remember is that fines should rarely, if ever be applied at all.

4.3 There have been around 27 exception reports during this period with 12 still open and needs addressing by trainees and supervisors. This remains one of the challenges to new system and we are trying to address this on our end but needs attention from Board as well.

4.4 The new contract contains safeguards to protect the safety of our Junior Doctors and patients and ensures Doctors are accessing required education. In the event of a Junior Doctor submitting an exception report, the appropriate supervisor must review this and the action agreed to prevent it re-occurring. The priority must always be to give the Doctor time back in lieu to ensure safety is not breached, therefore payment for additional hours worked should always be discussed and agreed with the appropriate budget holder and should be the exception rather than the rule.

5. NETWORKING

5.1 The Guardian has attended national training and is a member of the regional forum of safe working Guardians as well as having email contact with a number of other Guardians in the region to share updates and experience. The Guardian also regularly attends joint Directors of Medical Education and Guardian Meetings. Intelligence from this network suggests that the level of exception reporting has been similar across Trusts within the region and difference between mental health Trusts and acute Trusts.

5.2 There is a view that Junior Doctors are reluctant to report excess hours, for fear of damaging their relationship with their training supervisors - even possibly affecting their jobs in the future, hence the culture of no blame being of utmost importance.

6. NEXT STEPS

6.1 To increase engagement and support Educational Supervisors as they familiarise themselves with the new system and make decisions. To ensure that all Consultants are aware of their contractual duties regarding the 2016 contract TCS and are trained on the system to ensure that they respond to JDs in an appropriate and timely fashion.

6.2 To encourage wider Junior Doctor engagement in the Forum and better consistency in the information uploaded as part of the ERs, by training on the ER system, introducing the Guardian role, and the principles behind the Forum by attendance at each Junior Doctor induction/training events.

6.3 To organise training sessions as part of academic programme for both trainees and Educational Supervisors in order to improve understanding of new contract and exception reports to encourage reporting and also speed up the response to exception Reports ensuring they are dealt with within the specified time.

6.4 To ensure effective communication with all relevant parties to maximise safe working and effective training. The Guardian, DME and HR has arranged a monthly meeting to review all the new exception reports and explore ways to improve respond time.

6.5 Communication strategy to encourage wider understanding of the impact of the new contract for all staff and attendance at directorate meetings.

6.6 Review the implication of new rota following scrutinising of data at the end of the rota using information from the exception reports and also gathered from trainees Forum.

7. CONCLUSION

7.1 The roll out of the 2016 Safe Working Hours TCS continues. Many Juniors have embraced the system and are genuinely committed to Exception Reporting and maintaining a professional work-life balance, promoting safe working. Information gleaned from the ERs enables the DME to keep informed of the challenges and threats to the provision of quality Trainee placements at the Trust.

7.2 The exception reporting process allows trainees to give the Guardian notice of working unsafe hours. However, it remains a concern that despite known understanding in the Trust and comments regarding the respond time it still remains a problem. The challenge increases in the area of Educational Supervisors and Trainees engagement and improving the response to their contractual duties.

7.3 Overall, the Guardian role represents an opportunity for a cultural move towards a valued based approach to trainees as opposed to the blame culture often encountered in the past, however the challenge remains engagement with a workforce that are sceptical about the benefits of the new contract.

7.4 The lack of administrative support for the Guardian function, though planned to be resolved, is a hindrance to collating full data for the regular reports from the Guardian.

8. RECOMMENDATION

8.1 The Board is asked to read and note of this report from the Guardian of Safe Working.

8.2 The Board is asked to support the medical directorate in encouraging clinical directors, directorate managers, and educational supervisors to be aware of their responsibilities within the new contract, in particular that payment for additional hours worked should be the exception rather than the rule.

8.3 Severn Deanery has requested access to this report as part of its work in monitoring the welfare of Junior Doctors under its tutelage. The Board is asked to agree the release of Guardian reports, which form part of the confidential meeting, to Severn Deanery.

Paper D

CQC Update Report

Please be advised that this paper is "To Follow"

Copies will be circulated to Board Members on completion

Agenda item 10 **Paper E**

Report to: 2gether NHS Foundation Trust Board - 30th January 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 Board meeting?	***Yes***
If not, explain why	

This Report is provided for:

Decision Endorsement Assurance **To Note**

EXECUTIVE SUMMARY

This paper provides the Board with:

1. An update on key national communications via the NHS England NHS News
2. A summary of key progress against organisational major projects

RECOMMENDATIONS

The Board is asked to note the contents of this report

Corporate Considerations	
Quality implications:	As Noted
Resource implications:	As Noted
Equalities implications:	As Noted
Risk implications:	As Noted

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

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

Reviewed by:		
Executive Team	Date	*January 2018*

Where in the Trust has this been discussed before?		
ACEO	Date	*January 2018*

What consultation has there been?		
N/A	Date	

Explanation of acronyms used:	

1. CONTEXT

1.1 Delivering our Three Strategic Priorities

1.2.1 Continuously Improving Quality

Our focus on continuous improvement continues via:

- Quality Service Improvement Redesign – both Damian Gardner and Zoe Scott-Lewis have passed the reaccreditation process and are accredited trainers until November 2018.

    - Gloucestershire – Cohort 3 is complete, bringing the number of colleagues who have completed the QSIR Practitioner course to over 90. Another Fundamentals day has taken place, following a revised curriculum, which was well-received. A fourth cohort is scheduled to start in Q4 with recruitment currently open. A specific Demand and Capacity session is being arranged with colleagues from countywide IT.

    - Herefordshire – Just about to start training cohort 3. Once complete, 74 colleagues from across Herefordshire & Worcestershire will have completed the QSIR Practitioner 5 day course from across all NHS organisations. In addition to the two new colleagues (one from Wye Valley Trust and one from Worcestershire Health & Care NHS Trust) who have been accredited, the original trainers all successfully reaccredited, bringing the total number of trainers to five.

- The training continues to receive strong positive feedback, particularly as it has been possible to focus more on specific project delivery.

- Herefordshire and Gloucestershire Trainers attended the QSIR Network Day in London on the 21st November, they gave well-received brief presentations to the network, particularly focused on training tips, targeting a whole STP and encouragement for newly accredited practitioner teams.

2.0 Engagement

2.1 Internal Board Engagement

01.11.17 The Director of Service Delivery attended a Total Mobile & RiO Mobile Demo/Workshop

01.11.17 The Director of Finance and Commerce attended Senior Leadership Forum

01.11.17 The Director of Finance and Commerce attended Audit Committee

01.11.17 The Director of Finance and Commerce attended Charitable Funds Committee

01.11.17 The Director of Finance and Commerce attended New Highways Committee

03.11. 17 The Director of Service Delivery participated in the interview process for the post of Countrywide Clinical Director

03.11.17 The Director of Engagement and Integration met with Senior Leaders from the Engagement and Integration Directorate

04.12.17 The Acting Chief Executive attended the Executive Business meeting

04.12. 17 The Acting Chief Executive attended a Junior Doctors Task and Finish Group

06.11. 17 The Director of Service Delivery attended the Executive Business meeting

06.11.17 The Acting Director of Finance and Commerce attended Senior Manager Team Meeting

06.11. 17 The Director of Service Delivery attended the Senior Leadership Forum

08.11. 17 The Director of Service Delivery attended a Mental Health Legislation Scrutiny committee

08.11. 17 The Director of Service Delivery participated in a conference call regarding MH ICT progression

09.11. 17 The Director of Service Delivery conducted a Board visit to Herefordshire Crisis Team at Stonebow Unit

09.11. 17 The Director of Service Delivery conducted a Board visit to Herefordshire Mental Health Liaison Team at Stonebow Unit

09.11. 17 The Director of Service Delivery attending the Trusts Council of Governors meeting

09.11.17 The Acting Director of Finance and Commerce attended the visit from Secretary of State to Gloucestershire

10.11.17 The Acting Director of Finance and Commerce attended Leadership Forum

10.11.17 The Medical Director Designate attended a Department of Health Briefing in Gloucester

13.11.17 The Medical Director Designate gave the Team Talk session in Hereford

13.11.17 The Director of Engagement and Integration welcomed new staff members at the Corporate Induction

13.11. 17 The Director of Service Delivery attended an Executive Development session

14.11. 17 The Director of Service Delivery conducted a Board Visit to the Mental Health Liaison Team at Gloucester Royal Hospital

17.11. 17 The Director of Service Delivery attended a meeting regarding MH ICT progression

20.11. 17 The Director of Service Delivery attended the Executive Business meeting

20.11. 17 The Director of Service Delivery attended the Senior Leadership

20.11. 17 The Director of Service Delivery attended and Trust Extraordinary Board meeting

20.11.17 The Director of Engagement and Integration attended the Trust's Leadership Forum at Bowden Hall

20.11.17 The Acting Director of Finance and Commerce chaired Capital Review Group

21.11.17 The Medical Director Designate met with the new Joint Chair

21.11.17 The Medical Director Designate attended the NASCENT Joint Working Group

22.11. 17 The Director of Service Delivery participated in an Primary Care Mental Health Nurse Pilot meeting

23.11. 17 The Director of Service Delivery attended a CITS Discussions meeting

23.11.17 The Medical Director Designate attended the CQRG

24.11.17 The Director of Engagement and Integration facilitated a Board Visit with the Crisis Team at Weavers Croft in Stroud

24.11. 17	The Director of Service Delivery attended the Trust Delivery Board
24.11. 17	The Director of Service Delivery attended a Service Directors meeting
27.11. 17	The Director of Service Delivery attended an Executive Development session
27.11. 17	The Director of Service Delivery attended a Qualified Inpatient Nurse Staffing Summit 27.11.17 The Director of Engagement and Integration welcomed new staff members at the Corporate Induction
28.11.17	The Acting Director of Finance and Commerce chaired Gloucester Hub Gateway Update
28.11.17	The Acting Director of Finance and Commerce attended the Board Meeting
29.11.17	The Director of Engagement and Integration held interviews for the Director of Clinical Research post
29.11.17	The Director of Engagement and Integration chaired the Trust's Triangle of Care Project Board
29.11.17	The Medical Director Designate attended the Learning From Families After Serious Incidents Workshop
29.11. 17	The Director of Service Delivery attended an On-call Review meeting
30.11. 17	The Director of Service Delivery attended Trust Board in Hereford.
30.11.17	The Medical Director Designate attended the South West Launch Event "Living Within Our Means"
30.11.17	The Director of Engagement and Integration attended the Trust's Board meeting
04.12.17	The Director of Engagement and Integration attended a Trust wide Quality Improvement meeting
07.12. 17	The Acting Chief Executive participated in a conference call regarding the Winter money bid
08.12. 17	The Acting Chief Executive attended the Executive Development meeting
12.12. 17	The Acting Chief Executive attended an Accommodation Service meeting
12.12. 17	The Acting Chief Executive attended a Primary Care Mental Health Nurse Pilot meeting
13.12. 17	The Acting Chief Executive conducted a Board visit to Herefordshire Community Dementia Service
13.12. 17	The Acting Chief Executive attended a CQC Planning meeting
13.12.17	The Director of Engagement and Integration attended the Trust's Development Committee

15.12.17 The Director of Engagement and Integration chaired the Trust's Quality and Clinical Risk Sub-Committee

15.12.17 The Director of Engagement and Integration attended the Trust's Governance Committee

15.12.17 The Director of Engagement and Integration met with the Senior Leaders of the Engagement and Integration Directorate

15.12. 17 The Acting Chief Executive attended the Joint Negotiating and Consultative Committee meeting

18.12. 17 The Acting Chief Executive attended the Executive Business meeting

18.12.17 The Director of Engagement and Integration attended a Trust wide Quality Improvement meeting

20.12. 17 The Acting Chief Executive attended a Local Resolution Meeting

21.12. 17 The Acting Chief Executive attended a Trust AToS meeting

2.2 Board Stakeholder Engagement

01.11.17 The Director of Engagement and Integration attended the Forest of Dean Community Services Review Steering Group Meeting at Sanger House

01.11. 17 The Director of Service Delivery attended an OP Steering Group with Gloucestershire Clinical Commissioning Group

01.11. 17 The Director of Service Delivery attended the IRIS Project Board with Gloucestershire Clinical Commissioning Group

02.11. 17 The Director of Service Delivery attended a STP Delivery Board Workshop at Star College, Ullenwood Court

02.11.17 The Director of Engagement and Integration attended Gloucestershire County Council's Health and Care Overview and Scrutiny Committee's Children and Young Peoples Services Workshop

07.11. 17 The Director of Service Delivery attended a Joining Up Your Information Project Board and Clinical Information Sharing Projects Group Meeting

07.11. 17 The Director of Service Delivery attended a Mental Health Social Care Budget meeting with Gloucestershire Clinical Commissioning Group

07.11.17 The Acting Director of Finance and Commerce attended Gloucestershire 2gether Contract Board Meeting

08.11.17 The Acting Director of Finance and Commerce attended Gloucestershire 2gether Contract negotiations

08.11. 17 The Director of Service Delivery attended a CCG and 2gether Contract Board meeting

09.11. 17 The Director of Service Delivery attended a New Models of Care Board meeting

09.11. 17 The Director of Service Delivery attended a Contract Negation meeting with Gloucestershire Clinical Commissioning Group

09.11.17– 10.11.17 The Medical Director attended an inquest following a serious incident review

09.11.17 The Acting Director of Finance and Commerce attended RSG Meeting

14.11.17 The Acting Director of Finance and Commerce attended the Shared Services Partnership Board

10.11. 17 The Director of Service Delivery attended a presentation provided by the secretary of State for Health and Social Care during his visit to Gloucester

13.11. 17 The Director of Service Delivery attending the One Place Programme Board with Gloucestershire Clinical Commissioning Group

13.11.17 The Medical Director Designate attended a meeting with the Gloucestershire Coroner

14.11.17 The Director of Engagement and Integration attended the Gloucestershire Health and Care Overview and Scrutiny Committee at Shire Hall

14.11. 17 The Director of Service Delivery attending Community Care Operational Implementation Group meeting

14.11. 17 The Director of Service Delivery attended a Mental Health Practitioners in Practice and Evaluation meeting

15.11. 17 The Director of Service Delivery attended the West Midlands Mental Health Alliance Board Meeting with NHS England

15.11.17 The Director of Engagement and Integration attended the Chancellor's Lecture at the University of Gloucestershire

21.11.17 The Director of Engagement and Integration met with colleagues from Cobalt Health

21.11.17 The Director of Engagement and Integration attended the STP Clinical Reference Group at Sanger House

16.11. 17 The Director of Service Delivery attended a STP CEO meeting with Gloucestershire Clinical Commissioning Group

16.11. 17 The Director of Service Delivery attended a Stroud and Berkley Vale Pilot Board meeting

16.11. 17 The Director of Service Delivery attended a Mental Health Housing Support meeting at Shire Hall

17.11. 17 The Director of Service Delivery attended an Estates meeting with Gloucestershire Clinical Commissioning Group

21.11. 17 The Director of Service Delivery attended a meeting with Dr Welch at GP practice in Tewkesbury

21.11.17 The Acting Director of Finance and Commerce attended 2gether Trust PFIG Meeting

21.11. 17	The Director of Service Delivery attended a Nascent Joint Working Group with Gloucester Care Services
23.11. 17	The Director of Service Delivery attended a Mental Health Practitioners in Practice meeting with Gloucestershire Clinical Commissioning Group
23.11. 17	The Director of Service Delivery attended JUYI Contract meeting with Gloucestershire Clinical Commissioning Group
27.11. 17	The Director of Service Delivery conducted a site visit to Gloucester Royal Hospital
28.11. 17	The Director of Service Delivery attended Glos City Place Based Pilot Board
29.11. 17	The Director of Service Delivery attended a meeting regarding Ex-Berkshire patients with Gloucestershire Clinical Commissioning Group
29.11. 17	The Director of Service Delivery attended a Places of safety meeting with Gloucester police and CCG
04.12.17	The Acting Director of Finance and Commerce attended Senior Leadership Forum
04.12. 17	The Acting Chief Executive attended a Cyber Resilience Exercise meeting with Gloucestershire Clinical Commissioning Group and Gloucestershire Constabulary.
05.12. 17	The Acting Chief Executive attended Gloucestershire Countywide IM&T Steering Group
05.12. 17	The Acting Chief Executive attended a Joining Up Your Information Project Board and Clinical Information Sharing Projects Group Meeting
05.12.17	The Director of Engagement and Integration attended the Mental Health and Wellbeing Partnership Board at Sanger House
05.12.17	The Acting Director of Finance and Commerce attended RSG Meeting
06.12.17	The Medical Director met with the Medical Director from GRH
06.12. 17	The Acting Chief Executive attended an Out Patient Steering Group meeting with Gloucestershire Clinical Commissioning Group
07.12. 17	The Acting Chief Executive attended a STP Delivery Board with Gloucestershire Clinical Commissioning Group
08.12. 17	The Acting Chief Executive attended a meeting regarding Mental Health Commissioning & Providers Issues
08.12. 17	The Acting Chief Executive joined a conference call to discuss Hereford and Worcester STP MH Workforce Plan and "Stepping forward to 2020

08.12.17	The Medical Director attended a MH Commissioning and Providers Meeting
11.12. 17	The Acting Chief Executive joined a conference call regarding One Place Programme Board
12.12.17	The Director of Engagement and Integration joined the Forest of Dean Healthcare Infrastructure Programme Board meeting via conference call
13.12.17	The Acting Director of Finance and Commerce attended the Senior Manager Team Meeting
13.12.17	The Acting Director of Finance and Commerce attended Gloucestershire 2gether Contract Board Meeting
13.12.17	The Acting Director of Finance and Commerce attended Gloucester Hub Gateway Update
14.12.17	The Director of Engagement and Integration attended a quarterly strategic partnership meeting with Swindon Mind in Cirencester
14.12.17	The Director of Engagement and Integration attended a Research 4 Gloucestershire meeting at the University of Gloucestershire
14.12.17	The Director of Engagement and Integration attended the NHS Reference Group at Sanger House
14.12. 17	The Acting Chief Executive attended a meeting with Hereford CCG regarding Out of County Patients
15.12. 17	The Acting Chief Executive joined a conference call to discuss Hereford and Worcester STP MH Workforce Plan and "Stepping forward to 2020"
18.12. 17	The Acting Chief Executive attended an A&E Delivery Board Meeting with Gloucestershire Clinical Commissioning Group
18.12. 17	The Acting Chief Executive attended an IAPT Performance and Plans meeting in Hereford
19.12. 17	The Acting Chief Executive attended a One Place Programme - Mental Health Workshop
19.12. 17	The Acting Chief Executive attended a Review of MH ICT meeting with Gloucestershire Clinical Commissioning Group
19.12. 17	The Acting Chief Executive attended a Gloucestershire Strategic Forum meeting
19.12. 17	The Acting Chief Executive attended a Contract Negotiation Meeting with GCCG
19.12.17	The Acting Director of Finance and Commerce attended Capital Review Group
19.12.17	The Director of Finance and Commerce attended 2gether Contract negotiations

20.12. 17 The Acting Chief Executive joined a conference call regarding AMHP / Social Care with Gloucestershire Clinical Commissioning Group

21.12. 17 The Acting Chief Executive attending a STP CEO Meeting

21.12.17 The Director of Finance and Commerce attended Herefordshire 2gether Contract Board Meeting

2.3 National Engagement

02.11.17 The Acting Director of Finance attended the South Regional Provider FD meeting

14.11.17 The Medical Director Designate attended an Executive Session on Root Cause Analysis held by the South West Patient Safety Team

24.11.17 The Director of Engagement and Integration co-hosted a visit from one of NHS Improvement's Non-Executive Directors

28.11.17 The Director of Engagement and Integration had a conversation with the Associate Director of Education and Quality from Health Education England

04.12.17 The Director of Engagement and Integration joined an Executive Management Group Meeting via conference call with CRN

06.12.17 The Director of Engagement and Integration attended a CRN West of England Partnership Group Meeting in Cheltenham

06-08.12.17 The Acting Director of Finance and Commerce attended the HFMA 2017 Everyone Counts Conference

08.12.17 The Director of Engagement and Integration joined a Fellowship Committee meeting via conference call with the Royal College of Occupational Therapists

3. Sustainability

Major Project Update – January 2018

3.1 CIP 2017/18 sustainability

Through 20 recurrent savings work-streams, and 2 non-recurrent savings work-streams, the CIP savings for 2017/18 is on track to deliver £2.996m. Each saving stream is monitored monthly, progress is challenged by the project board, and additional saving streams are identified. By the end of month 6, £1.977m (66%) of the targeted savings had been made, and plans are in place to deliver the remaining saving.

Work is already underway to assure delivery of £2.671m savings in 2018/19. To provide financial and quality assurance, all proposed work-stream savings must be quality impact assessed, and the detail of how the savings will be achieved must be specified and viability checked prior to 2018/19. On 11 December the work-stream leads and the Executive Directors responsible for approving the quality impact assessments are meeting to challenge and approve all the 2018/19 savings work-streams. If any risks or issues are identified, solutions and alternative options can be

developed in the 3 months prior to the commencement of the financial year 2018/19, and ensure full savings are achieved in-year.

3.2 Temporary Staffing Demand quality/sustainability

Cumulative agency spend for the first seven months of 2017/18 (£2.6m) is below the same period 2016/17 (£3.1m), and based upon the planned actions the financial agency spend forecast for 2017/18 is £4.1m. The 2016/17 agency spend was £5.49m.

Planned actions in the final 5 months of 2017/18 should see the agency spend on admin, IAPT and locums reduce, but it is unlikely that the NHSI ceilings for those services will be achieved this year.

Nursing has already seen a significant reduction in agency spend through a series of initiatives around, for example, peripatetic teams, e-rostering, substantive recruitment, and the growth in bank staff numbers – by month 7 the 2016/17 nursing agency spend was £1.35m, and for 2017/18 it has fallen to £0.85m. The nursing agency straight-line forecast for 2017/18 is £1.46m against a ceiling of £1.47m, but, as the actions roll forward, the likely agency spend is predicted to be £1.3m.

Agenda item 11 **Enclosure No** **Paper F**

Report to:	2gether NHS Foundation Trust Board 30th January 2018
Author:	Stephen Andrews, Deputy Director of Finance
Presented by:	Andrew Lee, Director of Finance and Commerce

SUBJECT: **Finance report for period ending 31st December 2017**

Can this report be discussed at a public Board meeting?	Yes
If not, explain why	This report contains commercially sensitive information

This Report is provided for:

Decision Endorsement **Assurance** **Information**

EXECUTIVE SUMMARY

- The month 9 position is a surplus of £597k in line with the planned surplus before impairments. The Trust has had a revaluation of its asset base conducted which has resulted in a £1.033m impairment.
- The month 9 forecast outturn is an £883k surplus before the impairment, in line with the Trust's control total.
- The Trust has an Oversight Framework segment of 2 and a Finance and Use of Resources metric of 2.
- Agency spend at the end of December is £3.242m. On a straight line basis the forecast for the year would be £4.322m, which would be a reduction of £1.169m on last year's expenditure level, but above the agency control total by £0.918m. It is estimated however that with the initiatives currently being introduced to reduce agency usage further the year end forecast will be £4.059m (£1k lower than last month's forecast).
- The Trust completed a mid-year review of its financial position. Revenue budgets, capital expenditure, savings schemes, cash, balance sheet provisions and potential risks and opportunities were all reviewed. The actions identified in the review have been implemented and the Trust remains on track to meet the control total. There remain a number of risks in the Trusts financial position.
- The Trust is undertaking an Alternative Site Modern Equivalent Asset (MEA) revaluation of its land and buildings and an early draft report indicates the Trust should receive a significant recurring saving from this exercise. The Trust is working through the details of the report to assure itself of the accuracy and validity of the proposed revaluation.
- The Trust is progressing well with budget setting for next year, and has updated its financial projections for the next five years in this report.

RECOMMENDATIONS

It is recommended that the Board:

- note the month 9 position
- note the reasons for variances from budget
- note the risks and opportunities to delivery of the year end forecast

Corporate Considerations	
Quality implications:	None identified
Resource implications:	Identified in the report
Equalities implications:	None
Risk implications:	Identified in the report

WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Quality and Safety		Skilled workforce	
Getting the basics right	x	Using better information	
Social inclusion		Growth and financial efficiency	x
Seeking involvement		Legislation and governance	x

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

Reviewed by:		
Stephen Andrews, Acting Director of Finance and Commerce	Date	19th January 2018

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
	Date	

Explanation of acronyms used:	

1. CONTEXT

The Board has a responsibility to monitor and manage the performance of the Trust. This report presents the financial position and forecasts for consideration by the Board.

2. EXECUTIVE SUMMARY

The following table details headline financial performance indicators for the Trust in a traffic light format driven by the parameters detailed below. Red indicates that significant variance from plan, amber that performance is close to plan and green that performance is in line with plan or better.

Indicator	**Measure**		
Year End I&E	Single Oversight Framework Segment	2.00	
Income	FOT vs FT Plan	102.3%	
Operating Expenditure	FOT vs FT Plan	102.8%	
Year end Cash position	£m	10.2	
PSPP	%age of invoices paid within 30 days	98.0%	90% paid in 10 days
Capital Income	Monthly vs FT Plan	89.3%	
Capital Expenditure	Monthly vs FT Plan	60.0%	£4,464k expenditure.

The parameters for the traffic light dashboard are detailed below:

INDICATOR	RED 	AMBER 	GREEN 
NHS Improvement FOT segment score	>3	2.5 - 3	<2.5
INCOME FOT vs FT Plan	<99%	99% - 100%	>100%
Expenditure FOT vs FT Plan	>100%	99% - 100%	<99%
CASH	<£8m	£8-£10m	>£10m
Public Sector Payment Policy - YTD	<80%	80% - 95%	>95%
Capital Income - Monthly vs FT Plan	<90%	90% - 100%	>100%
Capital Expenditure - Monthly vs FT Pla	>115% or <85%	110% - 115% or 85% to 90%	>90% to <110%

- The financial position of the Trust at month 9 is a surplus of £597k before impairments which is £5k above the plan (see appendices 1 & 8). Including the impairment the Trust has a year to date deficit of £436k.
- Income is £2,713k over recovered against budget and operational expenditure is £3,160k over spent, and non-operational items are £449k under spent.

The table below highlights the performance against expenditure budgets for all localities and directorates for the year to date, plus the total income position.

Trust Summary	Annual Budget £000	Budget to Date £000	Actuals to Date £000	Variance to Date £000	Year End Forecast £000	Year End Variance £000
Cheltenham & N Cots Locality	(4,877)	(3,653)	(3,699)	(47)	(4,947)	(70)
Stroud & S Cots Locality	(4,582)	(3,436)	(3,568)	(132)	(4,857)	(275)
Gloucester & Forest Locality	(4,227)	(3,133)	(3,098)	35	(4,210)	17
Social Care Management	(3,801)	(2,851)	(3,939)	(1,088)	(5,250)	(1,449)
Entry Level	(6,208)	(4,668)	(4,921)	(253)	(6,371)	(163)
Countywide	(31,294)	(23,501)	(23,702)	(201)	(31,591)	(297)
Children & Young People's Service	(6,488)	(4,862)	(4,667)	195	(6,243)	245
Herefordshire Services	(13,038)	(9,826)	(9,956)	(130)	(13,392)	(355)
Medical	(15,271)	(11,454)	(11,987)	(534)	(15,925)	(654)
Board	(1,641)	(1,231)	(1,401)	(170)	(2,003)	(362)
Internal Customer Services	(1,833)	(1,375)	(1,341)	34	(1,838)	(5)
Finance & Commerce	(6,212)	(4,694)	(4,913)	(218)	(6,522)	(310)
HR & Organisational Development	(3,110)	(2,333)	(2,507)	(174)	(3,407)	(297)
Quality & Performance	(2,906)	(2,180)	(2,226)	(46)	(3,152)	(246)
Engagement & Integration	(1,334)	(1,000)	(1,069)	(69)	(1,429)	(95)
Operations Directorate	(1,124)	(843)	(915)	(72)	(1,231)	(106)
Other (incl. provisional / savings / dep'r	(4,617)	(3,516)	(4,362)	(846)	(3,822)	795
Income	113,446	85,146	87,836	2,698	116,039	2,593
TOTAL	**883**	**592**	**(436)**	**(1,020)**	**(151)**	**(1,033)**

The key points are summarised below;

In month

- The Social Care Management over spend relates to Community Care and is offset by additional income
- The Entry Level over spend relates to the IAPT service, agency staff and additional leadership and administration time
- Herefordshire is over spent due to ward staffing costs but a proportion of this is due to specialling and will be offset by additional income
- The Medical over spend has been caused by agency expenditure - £1,522k in the year to date
- Finance and Commerce is overspent due mainly to additional maintenance costs. This has risen in the month due to an increased number of unavoidable works. The Estates team continue to try and drive costs down and there is a rigorous process in place to review all requests
- Income is over recovered due to additional income for activity related Community Care work and additional development funds which weren't budgeted
- Other is over spent due to slippage against the savings programme

Forecast

There are significant cost pressures within Directorates including

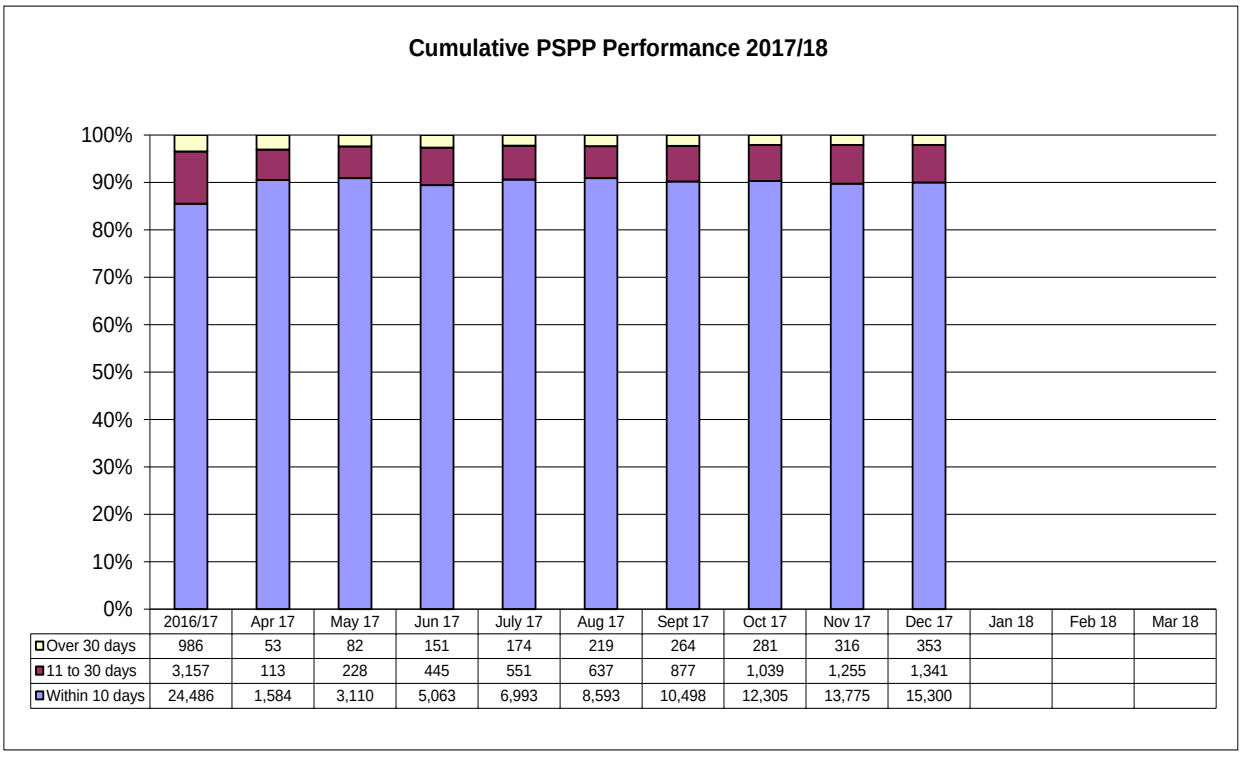
- Agency costs for Medical and Inpatients are still expected to be significant, even after the effect of actions being taken to reduce this usage
- The apprenticeship levy of £310k, against which there is currently little offset of training costs

- Despite some success in bringing placements back into county the forecast for Complex Care has increased to £688k over spend due to the effect of new recent high cost placements.
- The use of agency staff in IAPT has reduced but may be required to continue after December. Further agency may be required after December as there is a risk that targets will not be met if there is no cover for posts which become vacant.

  These are offset by under spends in other areas and additional income expected.

PUBLIC SECTOR PAYMENT POLICY (PSPP)

The cumulative Public Sector Payment Policy (PSPP) performance for month 9 remains at 90% of invoices paid in 10 days and 98% paid in 30 days. The cumulative performance to date is depicted in the chart below and compared with last year's position. The Trust has a strong cash position which enables it to continue to consistently pay suppliers promptly.



	2016/17	Apr 17	May 17	Jun 17	July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Over 30 days	986	53	82	151	174	219	264	281	316	353			
11 to 30 days	3,157	113	228	445	551	637	877	1,039	1,255	1,341			
Within 10 days	24,486	1,584	3,110	5,063	6,993	8,593	10,498	12,305	13,775	15,300			

	10 days		30 days	
	In month	**YTD**	**In month**	**YTD**
Number paid	1,535	15,300	1,616	16,641
Total Paid	1,649	16,994	1,649	16,994
%age performance	**93%**	**90%**	**98%**	**98%**
Value paid (£000)	5,320	52,923	5,572	56,879
Total value (£000)	5,634	57,996	5,634	57,996
%age performance	**94%**	**91%**	**99%**	**98%**

Agenda item 12 **Enclosure Paper G**

Report to: 2gether NHS Foundation Trust Board – 30th January 2018
Author: Colin Merker, Acting Chief Executive Officer
Presented by: Colin Merker, Acting Chief Executive Officer

SUBJECT: **Joint Strategic Intent Update**

This Report is provided for:			
Decision	Endorsement	**Assurance**	**To Note**

EXECUTIVE SUMMARY

The attached provides an update in relation to our strategic Intent proposals to acquire/merge with Gloucestershire Care Services.

The first paper, Appendix A, provides an overview of the arrangements signed off by the Strategic Intent Leadership Group (SILG), who are providing overall Governance and Leadership to the proposals on behalf of both Boards. Board members are asked to raise any comments and/or concerns that they may wish SILG/the Board to consider further.

The second, (Appendix B), provides a slide deck which sets out the current progress in relation to the various activities being progress by the Programme Management Executive Group (PME) for discussion and comment at our meeting.

RECOMMENDATIONS

The Board is asked to:

1. Note and comment on the Strategic Intent Leadership Proposal framework
2. Note the progress highlighted in the PME slide deck

Corporate Considerations	
Quality implications:	Noted in report
Resource implications:	Noted in report
Equalities implications:	Noted in report
Risk implications:	Noted in report

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			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:		
Colin Merker	Date	January 2018

Where in the Trust has this been discussed before?		
Board Committees Trust Board	Date	Sept – Dec 2017

What consultation has there been?		
Not applicable.	Date	

Strategic Intent Leadership Proposal

Context

[2]gether and GCS have a shared ambition to create a new integrated physical/ mental offer for our communities. We believe that bringing our organisations together presents the best opportunity to further improve the physical health of our residents with mental health problems, and improve the mental health of our residents with physical health problems. We are committed to removing organisational barriers to change and believe that integrating our managerial and governance arrangements will drive transformation further and faster.

In order to deliver this change, there are three distinct but closely inter-related projects that need to be completed. Firstly, there is a **formal transaction** process for [2]gether to legally acquire GCS, which will follow the transaction process set out by NHSI and requires their approval. Secondly, there is the **transition process** for bringing the two organisations together into a new look integrated care organisation. Thirdly, there is the **transformation of clinical services** to achieve the physical and mental health integration that will deliver the real benefits. The phasing of these three work streams will need to differ to reflect the requirements of their deliverables, but collectively they interrelate and all need to be successfully delivered to achieve the improvements proposed through these proposals.

Both Trusts have agreed and signed a Joint Strategic Intent and a Memorandum of Understanding which describe why, and the high level of how, we intend to make this happen and a Joint Leadership Agreement which commits us to a Joint Chair and Chief Executive in order to pursue the transaction that is necessary. This document describes the programme and governance processes we plan to put in place to make our strategic intent a reality in terms of the transaction itself, the transition necessary to bring the two organisations together and the transformation required for truly integrated services.

These proposals do not pre-determine any decisions or roles in the new Trust Board. Maintaining a strong focus on Business as Usual and retaining Executive and Non-Executive Directors to keep independent oversight in both Trusts is vitally important. It is also of note that both organisations need to continue to successfully deliver within the challenging health and social care environment set out in Gloucestershire's agreed STP plans, and for [2]gether as a partner in the Herefordshire and Worcestershire STP, which add to the complexity of "Business as usual", within which there are significant projects and challenges for both organisations to deliver. This will mean that retaining both Non Executive and Executive capacity not dedicated to these proposals is critical.

The significant contribution that all Executive and Non-Executive Directors make to the Governance and success of both organisations is recognised and so the Programme will be underpinned by regular plenary Board to Board meetings, so the combined experiences of all Executive and Non-Executive Directors colleagues can influence the work of the programme and maintenance of business as usual.

Programme Principles

Some principles were used in creating this governance structure that are set out below:

- **Joint**- both organisations being present and equally represented but not necessarily completely duplicated
- **Economic-** making the most of our skills whilst leaving capacity for business as usual and using external advisers to their best capacity and in a VFM way
- **Engaging**- bringing people together to form relationships as well as complete the task and bringing in appropriate colleagues in both organisations without prejudging the outcome or the organisational structure
- **Flexible & Responsive**- able to move quickly and deal with changing requirements e.g. NHSI transaction manual or environment e.g. CQC inspections
- **Sound**- able to replicate the good governance already present in the structures of both organisations
- **Proportionate**-just big enough and complex enough to do the job, not over engineered
- **Focussed**- appropriate focus on each of the work streams and getting the task done within the timescales agreed both boards
- **Visible-** the programme structure and process will be visible across both organisations and to external stakeholders
- **Commitment to business as usual**- the proposals deliberately do not include all directors in the Programme arrangements.

Governance

The strategic intent envisaged a Joint Group to support the two organisations moving towards the desired integrated services. It is also likely that there will need to be project management structures below that as well as short life task and finish groups drawn from colleagues in both organisations. For the purpose of this paper only the **Strategic Intent Leadership Group** and the **Programme Management** structure are described.

It is proposed that two of the three work streams are led by Executive Directors with appropriate backfill and the third by a Programme Director.

It would appear that transaction knowledge is limited in the two organisations so a Programme Director will be recruited with this experience while the Transition and Transformation work streams will be Executive Director led.

The Programme Director as well as leading the transactions work stream will also drive the progress of the overall programme. The Programme Director will be responsible/accountable to the joint Chief Executive for the delivery of the Transaction Work stream deliverables, the management of the Programme management office staff/team brought together to support the delivery of the required work stream outcomes and for supporting the Executive Directors responsible for leading the Transition and Transformation Work streams. A more detailed outline of this role is included later in this paper.

Strategic Intent Leadership Group The purpose of the Strategic Intent Leadership Group is primarily to provide leadership and oversight of overall programme, all the joint governance arrangements, including approval of terms of reference for work streams and any additional structure proposed. It will drive progress towards the strategic intent through reviewing Outcome and milestone measures defined by the Programme Management Executive and provide the mechanism for sorting out issues that cannot be resolved at the Programme Management level or where there is a significant conflict of interest.

The Strategic Intent Leadership Group does not replace Board level decision making and so decisions made at the Strategic Intent Leadership Group will be restricted to those not reserved to the Board, although in reality this is a wide range of decisions given the inclusion of the Joint Chief Executive and Joint Chair in its membership. Other Individuals sitting on the group will also remain empowered and delegated to make decisions on behalf of their organisations as set out in each organisation's policies.

The Strategic Intent Leadership Group also has a key role in starting to build board level relationships, trust and confidence. The Strategic Intent Leadership Group will be the formal reporting structure to each Board via the Joint Chief Executive, and provide assurance e.g. to the respective Audit Committees and ^{2}gether Governors via the Joint Chair. Via reports from individual members, the Strategic Intent Leadership Group will also monitor relationships with external stakeholders e.g. CCG, NHSI throughout the process in order to identify any significant issues. The Group will also review the Programmes risk register and financial position against delegation budget and ensure issues are reported as appropriate to the individual Trust Boards through the agreed Strategic Intent Leadership Group progress/overview reports to Boards.

The Group will also be responsible for ensuring that the Programme Management Executive and the Work streams have appropriate arrangements in place for recognising and involving strong clinical staff and service user voices in influencing their work.

Rationale for membership is that the Strategic Intent Leadership Group should be as small as possible whilst having both organisations represented. The rationale for excluding Audit Committee Chairs is to avoid loss of independence and individual board scrutiny of joint decisions. This will enable the boards to receive reports from the Joint Chair and Joint Chief Executive and deal with any conflicts of interest arising without losing organisational sovereignty. The proposal is that work stream leads are in attendance as opposed to members to maintain work stream capacity and allow the Strategic Intent Leadership Group to hold leads to account.

Proposed Membership:

- Joint Chair
- Joint Chief Executive (both Chief Executives until Joint appointment)
- Four Non-Executive Directors (two from each organisation neither to be Chair of Audit)
- Programme Director (also link from Programme Management Executive)

Work stream Leads for Transaction, Transition and Transformation will attend as required by the Strategic Intent Leadership Group.

It is proposed this group will be supported on minute taking and meeting admin by the Joint Chair's support.

Programme Management Executive

The purpose of this group is to act as the programme management function for the work streams, providing corporate support to the work stream leads. Via the Programme Director it will develop an overall plan and budget for the totality of the work for approval by both the Strategic Intent Leadership Group and the approval of contributions by respective Boards. It has a key role in identifying colleagues in both organisations that need to support individual work streams and/or task and finish groups and removing/resolving barriers to progress.

It will also provide the formal risk management function for the overall programme, putting in place mitigation and escalation of any significant risks are escalated for review by the Strategic Intent Leadership Group; ensuring that both organisations risk management processes are informed by the joint work.

With support from the nominated communication professional it will develop internal and external communications and stakeholder engagement planning for the overall programme including frequently asked questions. As well as monitoring implementation the Programme Management Executive will also review prior to formal sign off any Freedom of Information responses in relation to the process that have been developed by either organisation.

The Programme Management Executive will also consider and develop the approach required to any barriers to progress e.g. a Task and Finish group. In any scenario where the Programme Management Executive feels that the barrier to progress is best resolved by external resource or consultancy outside of the agreed budget this will be recommended to the Strategic Intent Leadership Group for joint consideration of the costs and the source of funding.

The Programme Management Executive will monitor the detailed progress towards the strategic intent, defining high level measures of success in addition to standard highlight reports from work streams.

Proposed membership

- Joint Chief Executive (both Chief Executives until appointed)
- Work stream Leads for Transaction, Transition and Transformation
- Programme Director (proposed consultancy or FTC) also link to Strategic Intent Leadership Group
- Director of Nursing- also representing AHPs (proposed GCS)
- Medical Director (proposed ^{2}gether)

The group will be supported by:

- Engagement Director (proposed ^{2}gether)

- Project Manager (proposed seconded or employed FTC)
- Finance support (proposed DDOF GCS)
- Trust secretary (proposed GCS)
- Communications support (proposed ²gether)

It is proposed this group will be supported on minute taking and meeting admin by the Joint Chief Executive's support. It is important that there is continuity of attendance; each member will be asked to confirm any issues with attendance as the group is formed. For occasions where non-attendance cannot be avoided e.g. sickness, leave etc. it suggested that, in advance, each member agrees with the Joint Chief Executive their nominated deputy who will attend the group if they are unable to. It is the responsibility of each member to brief their nominated deputy regularly enough so they can fulfil this task and this will also provide continuity in the event of key colleagues leaving.

To avoid splits in organisations, duplication of effort, or impacts on business as usual, it is important that people not on the groups do not feel "outside of the tent". The Programme Management Executive will carefully consider their involvement and communication needs for example through joint board plenary sessions. In addition, it is proposed that each member also has the responsibility of briefing their opposite number in the other organisation (if they are not the deputy) and ensure their line manager is briefed about any potential impacts on them or their teams and work tasks they need to complete. This is expected to be in addition to programme communication and reports to boards and will aid Executive to Executive relationship building.

The Programme Management Executive will need to carefully monitor the capacity risk to the programme and report to the Strategic Intent Leadership Group wherever capacity becomes a potential barrier to progress of pace.

Programme Director

The Programme Director is a key leadership role carrying individual and functional responsibility for operationally leading and driving forward the implementation of the proposed Transaction Transition and Transformation Programme for Gloucestershire Care Services NHS Trust and ²Gether NHS Foundation Trust.

They will be responsible for developing the Programme Structure and recommending this to the Strategic Intent Leadership Group for approval. This will include developing the terms of reference for each of the work streams in conjunction with work stream leads

They will be responsible for maintaining programme management, governance and risk management/ assurance frameworks based upon the Joint Strategic Intent, Heads of Terms and MoU with the support of a project team and project manager support.

The Programme Director will ensure the delivery of the programme to the agreed timescales and budget, reporting progress to the Programme Management Executive, Strategic Intent Leadership Group and where appropriate Trust Boards and Audit Committees

The programme Director will work closely with the Executive Management Teams of both Trusts to ensure that the overall Transaction, Transition and Transformation programme is supportive of both Trusts maintaining "Business as Usual" within a demanding environment while ensuring that the overall programme maintains its timetable for delivery. Potential

conflicts, barriers and solutions will need to be identified and agreed quickly so that both objectives are successfully met.

Work streams

Three main work streams are proposed although there will undoubtedly be sub groups and separate tasks in addition. It is expected that the leads will be helped by Executive Directors to identify contributors from both organisations to get involved. The leads will be responsible for developing the Terms of reference and work programme for the work streams for sign of by the Programme Management Executive

For the purpose of these descriptions the timescale has been split into three distinct phases:

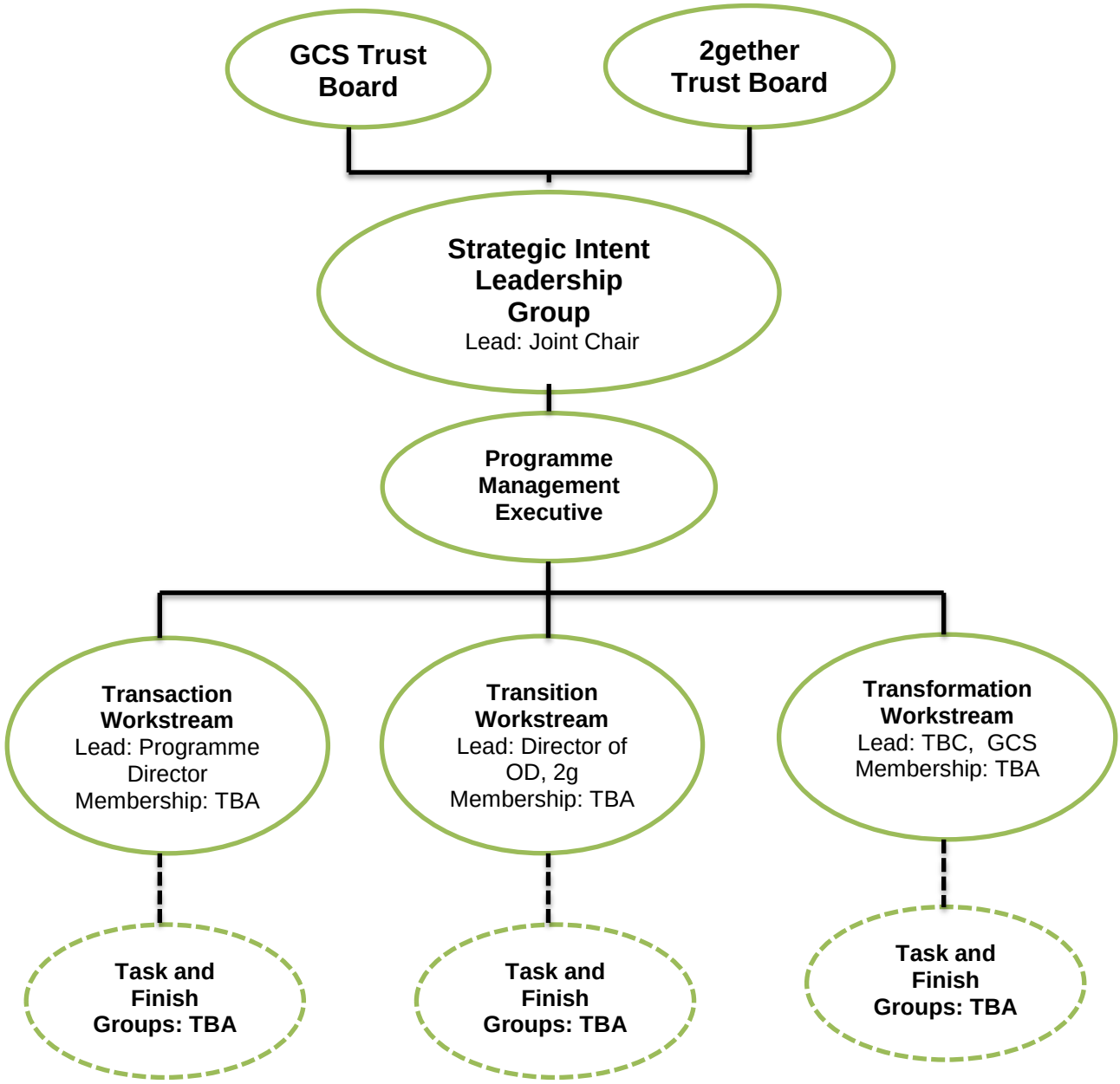
Phase 1 pre OBC approval

Phase 2 Preparing FBC

Phase 3 Post FBC approvals

The following descriptions provide the start of the overview of what will be included and needs considerable work from the individuals involved, at this stage the contents of the tables are illustrative.

The proposed governance structure is represented below:



Transformation

This work stream will be focussed on the "prize"- integrated services and needs to be present in all phases. However some of the implementation may only be possible post FBC.

This work stream will also need to feed the transaction work stream with information on the alternative options to achieve integrated services for the OBC. It will engage with clinicians and operational managers and facilitate co-production with service users. In order to achieve the pace we have proposed for the Transaction work stream, the Transformation work stream will need to quickly scope the level of transformation possible and the benefits expected to be delivered, as the detailed work will be demanding and time consuming, such that it will need to continue and develop as the Transaction work stream moves through the phase of outline business case and full business case approval and beyond into the implementation period of the single organisation.

Task	**Phase**	**Dependencies**	**Lead**	**Deliverables**
Data modelling on patient populations to establish overlap				Information to support case for change in the OBC
Identification of quick wins and verifying/ quantifying those set out in the strategic intent				Information to support benefits planning in OBC
Identification of barriers to integration				
Development of joint clinical workshops involving clinicians and service users to co-produce integrated service proposals				Prioritised areas for integration for the FBC Design principles for integrated service
Verifying and quantifying the clinical benefits set out in the strategic intent				Quantified benefits for the Economic case
Contribute to the communications strategy				

Transaction

This work stream is focussed on the achievement of the formal transaction which in legal form is an acquisition. Much of what is does will be influenced by the NHSI transaction manual. It will have heavy dependencies on the other work streams in order to complete its work. For example, the completion of the business case will require the benefits from the transformation work stream and the proposed process from the transition work stream. This work stream will also need to assure both boards and NHSI that there is sufficient capacity to complete the transaction and realise the benefits. This means it will also need to consider the impact of the programme on the "business as usual" in both organisations.

Task	Phase	Dependencies	Lead	Deliverables
Alternative option development				
Development of counterfactual modelling				
Identify Regulatory Requirements				Structure for business case
Due diligence				Due Diligence Reports
Describing the overall transaction and its benefits, cost and risks				Outline business case
NHS transfer order				
Legal Advice				
Reporting Accountants				
Financial Modelling				
Capacity plan for transition and transformation				
Stakeholder Mapping & impact assessment				
Liaison with CMA (if required)				
PCT legacy asset mapping				
Constitution amendments				
Develop the communications strategy				
TUPE transfer process				

Transition

This work stream will be focussed on bringing the two organisations together, for some aspects in shadow or pilot form pre OBC, in detailed planning and modelling in FBC planning and rapidly post FBC. The cultural assessment and development work will be a key component of this work stream. The work stream will feed the transaction work stream as the processes will need to be described in the OBC and the plan will need to be described in the FBC. It will also need to

Task	Phase	Dependencies	Lead	Deliverables
Culture assessment				
Culture development				
Review of corporate systems and services				Benefits for economic and possibly financial case
Review of policies				Schedule of work pre and post FBC
Verifying the non clinical benefits set out in the strategic Intent				Benefits for economic case
New Organisational structure				
New Organisational Governance				
New Organisation Governors				
Organisational change process for Executive Directors				
Contribute to the communications strategy				
Identify Early integration priorities				
OD strategy				
Workforce modelling				
Staff side communications and engagement				

2gether NHS Foundation Trust

Appendix B

Gloucestershire Care Services NHS Trust

Programme Management Executive Group

Update Report to the Strategic Intent Leadership Group 23rd January 2018

2gether Making life better

Understanding You

Headlines

- Two meetings of PME held, with bi-weekly meetings now scheduled

- Programme Director – interview/s to be held week commencing the 29th January

- Actions agreed that will enable outline project plan to be reviewed by SILG in early February to include:
  - Workstream mobilisation plans, including workstream lead and programme support arrangements
  - Detailed plan for Stage 1/Strategic Case Development
  - Programme Budget options

Programme Director

- Potential candidate with strong experience identified through agency contact. Interview scheduled for 29th January
- NHS Jobs – reviewing response to establish potential other candidates with provisional date to interview 29th January
- Aim remains to have individual in place early February.

Risks/issues

Failure to secure someone with necessary skills quickly.

Workstream Lead Arrangements

Agreement in principle as follows, with discussions now progressing to agree project support/backfill:

- **Transaction** – Programme Director (subject to appointment)
- **Transition** – Neil Savage
- **Transformation** – Initially proposals being developed through Medical/Nurse/AHP Director oversight with discussion ongoing between them to identify “lead” arrangements.

Risks/Issues
Capacity and time

Project Management Support arrangements

- Currently reviewing opportunity for in-house support from both Trusts existing project management offices
- In-house support will probably be focussed on the Transition and Transformation Workstreams
- Possible need for targeted out sourced Project Management support to support the Transaction Workstream/programme

Risks/Issues

Impact of using In-house project support on “business as usual projects”

Detailed Plan for Stage 1

- Workstream leads now completing a review of a draft project plan for the Strategic Outline Case, with particular focus on “RED FLAG” issues. To note:
    - Senior Colleagues from both Trusts will develop the options for testing and sign off by SILG through a focussed end January/early February.
    - There are emerging risks and issues associated with capacity to mobilise some aspects of the work required prior to early March, particularly where clinical engagement is needed. This is particularly important to inform the “benefits realisation” piece
    - Dependencies associated with cultural survey to be mapped through.
- The PME will be aiming to have a realistic timeline and plan by early February for review by the SILG.

Risk/Issue

Early discussions within PME are suggesting potential risk to end of June for SOC due to both capacity and mapping of dependencies.

Budget Arrangements

- Discussions progressing to scope budget requirements to support:
    - Programme Management Costs, including backfill
    - Advisory costs
    - Implementation and delivery costs

Risk/Issue
Dependency on detailed work plans still being developed by workstream leads and PME overall

PAPER H1

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Delivery Committee

DATE OF COMMITTEE MEETING: 24 November 2017

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

DEMAND MANAGEMENT FOCUSSED REPORT

The Committee received an overview of CYPS referral and discharge rates, focussing on understanding referral demand across the range of CYPS teams and the impact of vacancy rates across the service. The report had identified inconsistencies between the data submitted within the Demand Management Report provided in July and current Sharepoint data extrapolated by CYPS for the purposes of this data analysis and it was therefore difficult to provide comparisons and it was recommended that further consideration be given to how future CYPS service wide performance data was aggregated and reconciled prior to formal reporting. This would provide better assurance regarding accuracy around data quality issues. However, it was agreed that this had been a useful exercise and had highlighted the importance of how data was captured. Data quality had been much improved for the IAPT Service and learning would be used across the Trust.

The Committee also received the CAMHS report which provided background information and analysis of issues identified in the Demand Management Report. There were significant caseload numbers in Herefordshire which had not been properly managed due to the numbers of locums employed in the service and the report outlined how improved discharge management could increase overall capacity within the service given current referral rates.

LOCALITY EXCEPTION REPORTS

The new CYPS/CAMHS website had been launched. The site had been developed alongside young people and included a range of information about the services provided as well as advice to children and young people around maintaining good mental health and emotional well-being.

In Herefordshire, expenditure on temporary staffing was £580k. The temporary staffing expenditure split was 68% on agency staff and 32% on bank staff. However, significant effort in the recruitment to staff bank and electronic rostering was showing improvements and an update on e-rostering would be provided in the next Herefordshire Locality Exception report.

The Committee noted that an incident review was being undertaken after the IT network in Herefordshire failed for nearly 2 days in November.

PERFORMANCE DASHBOARD

This month's report set out the performance of the Trust for the period to the end of October 2017. Of the 155 performance indicators, 84 were reportable in October with 79 being compliant and 5 non-compliant at the end of the reporting period. Chris Woon reported that the Trust was currently 94% compliant and where performance was not compliant, Service Directors were taking the lead to address issues with a particular focus continuing to be on IAPT service measures. The Committee noted the improved position for the IAPT Service.

IAPT SERVICE IMPROVEMENT PLAN

The Delivery Committee received an overview of the key issues relating to the progress made within our IAPT Services for both Gloucestershire and Herefordshire. The Committee noted the risks relating to the delivery of the agreed recovery plan. The key issues included the waiting list backlog clearance. This was achieved in line with the initially agreed recovery plans. However, a further backlog was now

being managed as waiting time targets were not being met. It was reported that performance for waiting time thresholds was likely to improve once all 'historical' patients on the old pathway had reached discharge. Discussions were taking place with Commissioners in both Counties regarding additional funding to address the current backlog and to address waiting times.

Access rates in Gloucestershire and Herefordshire were above the performance threshold set out in the improvement plan trajectory. However, due to the changes to the assessment methodology there would be an elevated access rate for a number of months above the achievable workforce access rate and therefore the current access rates were unsustainable. This elevated position would remain until all clients currently on the waiting list that had already been assessed had started treatment.

Recovery rates for October 2017 were within the recovery plan target and national averages for both Counties. It was anticipated that with the changes made to the care pathway the improvement and stability in recovery rates would continue.

The Committee noted that the referrals received were above the Trust's planning assumptions for both counties and work continued to reduce DNA rates. Older people and those in BME Communities were harder to reach and work was taking place to engage these communities.

EATING DISORDERS EFFECTIVENESS REPORT

In August 2015, the comparative analysis of Gloucestershire and Herefordshire Eating Disorder services was presented to the Delivery Committee. A further review of services in both counties had now taken place through multiple criteria including financial performance, workforce management, operational efficiency, service users' experience and other components of value for money.

The report identified major issues related to staffing including a high turnover, vacancies and absenteeism rates. Issues around patient non-attendance were also noted; these included a high number of DNAs and patient cancellations, as well as discharges due to non-attendance.

The report recommended the development of a recruitment and retention strategy, as well as changing demand management techniques to improve both patients and staff experience in a long term. These actions would require further analysis and consultations with main stakeholders, such as staff and commissioners. The recommendations would be reviewed and a response provided to the Committee in the New Year.

DELAYED TRANSFERS OF CARE

The Trust was compliant in relation to DTOC however; there had been a significant increase in DTOCs across both Wotton Lawn and Charlton Lane. This report provided an update on the current DTOCs and included reference to both detained and informal patients for transparency and explored issues around Tenancy agreements.

The findings suggested that accommodation issues for people with mental health problems were a significant issue, however it was difficult to prove that the termination of tenancies were unlawful due to the associated behaviours and circumstances that had brought these about. Where these situations arose there were processes in place to support temporary accommodation solutions but these required proactive management to avoid those creating delayed discharges. While there was a general awareness of these processes they were not supported by an internal 'Homeless Pathway Protocol'; this was currently in development. The early identification of a discharge date was critical alongside early notification of terminated tenancies during admissions.

The Committee noted the assurance provided that Delayed Transfers of Care were being proactively monitored and processes were being put in place to drive forward improvements across the in-patient services.

HR INDICATORS REPORT

The Committee received an update on Quarter 2 performance against the Trusts Workforce Key Performance Indicators (KPI). The report detailed compliance for statutory and mandatory training, appraisal and sickness absence. It also reported on the current position regarding workforce turnover. A comparison with other organisations enabled the Trust to benchmark the activity.

Discussions had been taking place about the proposal of releasing clinical staff for a 2 day block each year to carry out all of their statutory and mandatory training in one go, rather than asking people to attend adhoc half days which could often be difficult to backfill. A proposal for this was being developed which would be presented back to the Executive Committee for further consideration.

PROCUREMENT ANNUAL ASSURANCE STATEMENT

The Committee received the annual assurance paper on Procurement services provided to the Trust by Gloucestershire Finance Shared Services. In the light of an adverse Internal Audit report in March 2017 the Delivery Committee requested a six monthly update paper on the progress of the Procurement Department to implement the action plan resulting from the audit.

The Procurement Department had made good progress in implementing the post audit action plan. A second audit had indicated that actions had been carried out in accordance with the plan, and the audit rating was 'Low Risk'. Operational KPIs indicated improved performance in 2017/18 compared to 2016/17 and the department had helped to generate a number of recurring savings and to avoid a number of cost increases. A number of new KPIs were being developed to strengthen monitoring in the future. Recruitment of a dedicated Senior Procurement Manager for ^{2}gether had given the Trust a key point of contact to help develop the Procurement services for the Trust and tackle any issues that arose swiftly.

A re-audit would be carried out in January and a report would go back to the Audit Committee with an assurance report to be provided at the Delivery Committee.

OTHER ITEMS

The Delivery Committee also received and discussed:

- The Committee was updated on CQUIN Implementation and was significantly assured that all reports were deemed compliant for Quarter 1 and all submissions and reports had been submitted for Q2 17/18 within the agreed timescales. There were some amber rated schemes currently and these were being monitored closely through the CQUIN workshops chaired by the Director of Quality.
- The Committee received the Perinatal MH report for Quarter 2 which detailed progress to date with training, staffing and developments, noting that all key milestones had been met including activity. This was a small, yet very effective service.
- A review of the Delivery Committee owned risks was carried out. Future reports would include reference to what action the Delivery Committee had agreed, to clearly demonstrate what the Committee does and the oversight it has over the allocated Risks.
- The Committee received the annual assurance reports on Facilities Management and Property & Estates. Good levels of assurance were received.
- The Committee received an update on the Trust's Operational Plan 2017-19 which was submitted to NHS Improvement on 23 December 2016 to cover the period 2017/18 and 2018/19.
- A review of progress against the Trust Service Plan Objectives for 2017/2018 was also received. Good progress had been made to date on achieving the service objectives and the Committee noted the progress on removing 'red' objectives and was assured that the 'Amber' service objectives were on track to be met by the end of the year.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this report.

SUMMARY PREPARED BY: Maria Bond **ROLE: Chair**

DATE: 24 January 2018

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PAPER H2

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Development Committee

DATE OF COMMITTEE MEETING: 13 December 2017

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

QUALITY STRATEGY

The Committee received a draft update of the Quality Strategy, covering the period 2017-2019, and noted that this had been considered by the Executive Committee and would be reviewed by the Board in due course. The Committee noted a number of further revisions proposed to the strategy document in order to give more prominence to the strategy's vision of 'Gain and maintain OUTSTANDING quality services for and with Service Users and Carers through assuring SAFETY, optimum treatment OUTCOMES and best SERVICE EXPERIENCE'.

The Committee welcomed the conciseness of the strategy and its overall vision, and made a number of suggestions to improve the format of the document, to bring the vision through in each section, to improve clarity and to ensure that aims are achievable and measurable. The Committee noted that its comments would be fed back to the Director of Quality, and that the Executive Committee would review the draft strategy again before it went to Board.

RESEARCH DEVELOPMENTS

The Committee welcomed the appointment of Dr Chris Fear as the new Director of Clinical Research, on a one day a week year-long contract. The Committee received assurance that research budgets were healthy enough to support this appointment, and that part of the job would be to help realise commercial income through research. The Committee noted that the Research and Development Manager was moving on and that post would be advertised shortly on a substantive full time basis. Given the staff changes currently taking place the study portfolio would be modest at this time.

The Committee noted that the TACKling chronic depression (TACK) study was an academic study being led by East London NHS Foundation Trust. 2gether had been selected as a partner site to undertake the research over a 5 year period and income would come in to the Trust to pay for the project.

The Committee noted the good progress that had been made against the objectives set out in the Research Strategy Tactical Plan. While there was one 'red' RAG rating related to intranet resources about research activity, the Committee was assured that this was in hand and development funding from the Clinical Research Network (CRN) could be allocated to achieve this. The Committee noted that £4k funding had been awarded to the Trust by the CRN who were investing in good performing Trusts. This could lead to a 25% increase in investment in the next Financial year and Jane agreed to provide details to Steve Andrews. An Action Plan for Year 2 Research Performance would be drafted to progress the Trusts Research and Development Strategy and the Committee requested an update on Year 1 performance at the next Development Committee meeting.

The Committee noted that an updated Research Risk Register had been reviewed and the risk of the potential for adverse reactions when undertaking Clinical trials was noted. This risk was being overseen by the Governance Committee and was being mitigated by the provision of paramedic or GP support, but this meant that this study into dementia would now only cover its costs. However, given the importance of the work it had been decided that the trial would go ahead.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this report.

SUMMARY PREPARED BY: Jonathan Vickers **ROLE: Committee Chair**

DATE: 13 December 2017

PAPER H3

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Governance Committee

DATE OF COMMITTEE MEETING: 15 December 2017

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PATIENT SAFETY AND SERIOUS INCIDENT REPORT

There had been 5 new serious incidents (SIs) reported during October 2017. 3 SIs were reported for Gloucestershire and 2 in Herefordshire. There were 4 new SIs reported during November; 4 were reported for Gloucestershire, and 0 in Herefordshire. No Never Events had occurred within Trust services.

The Committee was significantly assured that the Trust had robust processes in place to report and learn from serious incidents. The Quarterly Patient Safety & Near Miss report clearly demonstrated increased reporting and importantly, greatly improved capture of mortality incidents to inform the required mortality review processes from April 2017. The Committee asked that the trend analysis process be reviewed.

SAFE STAFFING LEVELS REPORT AND USE OF TEMPORARY STAFFING

The Committee received the Safe Staffing data for October 2017. Quarter 2 had seen a continued significant reduction in agency spend for inpatient nursing. Work was being carried out on recruitment and a recent nursing staff summit had looked at how the Trust could model its staffing differently including the use of nurse associates. There would be a new cohort of nursing associates in 2018 and the work force mix would change in future. More work was taking place with local universities and there was a focus on return to nursing.

There remained an increase in the use of agency medical locums and significant spend on agency locums. Work was being done to improve this and it was reported that November figures were looking more favourable. The February report would include medical staffing issues, recruitment, AHPs and performance and impact of actions. The Committee noted that amount of integrated work that was taking place to manage agency usage and took good assurance that this was having an impact.

RISK POLICY – QUALITATIVE AND QUANTITATIVE AUDIT

This report set out the results of the quantitative and qualitative audit against the Trust-wide policy on Assessing and Managing Risk and Safety. The audit of this policy was now part of the Trust's audit cycle and findings were reported to Governance Committee on a six monthly basis.

The quantitative data compared to figures provided for the previous audit in March 2017 showed:-

- Continued 100% compliance for inpatients with risk assessments for the tenth audit running.
- A decrease from 95% to 91% for community service users with risk assessments. This audit had shown a slight reduction in compliance of community service users with recorded risk assessments.
- At the end of quarter 2, overall, 53% of inpatient risk assessments had been completed or updated within 7 days – which remained the same as the previous audit. The proportion was now lower for Gloucestershire (51%) than for Herefordshire (61%).
- 68% of community risk assessments had been completed or reviewed within the last 12 months, a decrease from 73% in quarter 4 2016-17.

The qualitative assessments indicated that quality of risk assessment practice had improved in both Gloucestershire and Herefordshire since the previous audit with 91% of requirements being met. However, a number of risk assessments showed scope for improvement, core assessments did not always cover all key sections, in some cases they had not been updated and information was not

always in the correct section.
The Committee was uncomfortable with these findings and the limited assurance offered. The audits demonstrated risks which the Trust did not appear to be making progress with and the QCR Sub Committee was asked to monitor progress and provide assurance of robust actions that would be put in place to increase compliance at the next meeting of the Governance Committee.

SAFEGUARDING CHILDREN AND ADULT UPDATE

The Committee received an update of safeguarding activity that the Trust had been involved in throughout Quarter 2. In November, training profiles had changed and the number of staff members who were now required to undertake Safeguarding Training Level 3 had substantially increased. Extra training sessions had been arranged to ensure compliance. The QCR Committee would be asked to monitor Safeguarding Training Compliance.

The Committee was significantly assured regarding safeguarding activity within the Trust although Limited Assurance but improving training compliance was noted.

RECOMMENDATIONS FROM THE PHSO

On 31st October 2017 the Trust was issued with a report by the Parliamentary Services Ombudsman (PHSO) following an investigation into a complaint made by a service user in 2015. The report upheld the complaint and laid out a set of recommendations for the Trust to action. The Trust had accepted the recommendations in full and was on course to complete the associated actions. The Committee reviewed the action plan that had been developed in response to the findings.

The Committee was significantly assured that the Trust would comply with the PHSO recommendations and would not make these errors going forward. However, limited assurance was provided that the individual concerned would be satisfied with the Trusts' response to the PHSO recommendations.

REFERRAL TO THE PARLIAMENTARY HEALTH OMBUDSMAN

On the 6th December 2017 a conversation was held with a senior case worker of the Parliamentary Services Ombudsman about the timeline in which people who formally complained about NHS Services could refer to the Ombudsman for an independent review of their complaint. Prior to this the Trust had mistakenly understood that people had a year from the date that the Trust's local processes were completed to ask for an independent investigation by the PHSO. The Trust had routinely advised people of this in the CEO's letter of response to a complaint. The PHSO had now confirmed that the law, which set out what the PHSO did (the Health Service Commissioners Act), required that a complaint must be made to them within a year of when a person became aware of the problem they were raising as a formal complaint. The PHSO had discretion to vary this time limit in certain cases.

The Committee received significant assurance that the advice in the CEO's response letter would be updated to take into account the correct PHSO timelines for referral. However, limited assurance was offered that people who had complained in the last year were aware of the time limit for review by the PHSO. In order to put this right and offer a high level of assurance, the Complaints Team would review all final response letters sent out during the last 12 months and advise people where indicated of the error so that those who wished to progress their complaint to the Ombudsman could do so in a timely way.

INFORMATION GOVERNANCE UPDATE

The Committee noted that the General Data Protection Regulation (GDPR) was to come into force across the EU on 25 May 2018. The UK Government had now published a Data Protection Bill which was to repeal and replace the existing Data Protection Act 1998 and enact under UK law the provisions of the GDPR. Although the bill is currently going through Parliament, it provides a good indication of what the final Act will contain. This report outlined the main changes anticipated and sets out the action plan in place to ensure the Trust met its future legal obligations in respect of Information Governance.

The Committee discussed current IG governance committee structure within the Trust and agreed that the Information Governance and Health Records (IG&HR) committee be dissolved and the existing Operational Performance Network meetings be used as a means of engaging operational services colleagues in IG matters. The Information Governance Advisory Committee would remain as the Trust's sole IG committee, with enhanced membership from patient-facing services to complement its current corporate-only membership.

At its June meeting the Governance Committee had asked that consideration be given to achievement of additional level 3 scores in the IG Toolkit submission due for 31 March 2018. Following a review, an additional level 3 target had been identified around the transfer of data outside the UK. The Committee noted that the IG Toolkit would change significantly in April 2018 and NHS Digital and NHS Digital had been contacted to ask that 2gether be involved in this testing programme.

OTHER ITEMS

The Committee also received and discussed:

- The Policy, Procedure and Guidance for the Development and Management of Policy, Procedure and Guidance Documents had been reviewed and no changes had been made. A meeting was planned between ^{2}gether and the policy lead for Gloucestershire Care Services to commence work on the policy harmonisation process.
- The Committee received the Quarter 2 Quality Report, noting that this had been presented at the Trust Board in November
- The Committee received and noted the excellent results for the CQC Patient Survey, which had also been presented at the Trust Board in November.
- Received an update on the embedding of the Junior Doctor Contract
- Received the Medical Education Annual Report for 2016/17, noting the outcomes from key action points highlighted and noting a number of action points agreed for 2017/18
- Received and noted the Clinical Outcomes report which summarised the work that had taken place on the collection and collation of outcome measures across the services provided by the Trust.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this report.

SUMMARY PREPARED BY: Nikki Richardson **ROLE: Chair**

DATE: 17 November 2017

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PAPER H4

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Mental Health Legislation Scrutiny Committee

DATE OF COMMITTEE MEETING: 10 January 2018

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

REVIEW OF (CQC) INPATIENTS MONITORING VISITS

For the period 1 April 2017 to 2 January 2018 there had been eleven CQC annual monitoring visits to Trust sites. Key themes from the visits included;

- Evidence of leave authorisation forms being given to patients
- Lack of 'capacity to consent to treatment' documentation
- Care plans not containing patients' views or wishes
- Medicines (including storage and completion of T2 T3 forms)

The Committee noted the progress on actions from previously received reports. The Operations Group was taking forward outstanding actions and was developing proposals to create a mechanism to more easily present measurable assurance.

A CQC report received recently had included a positive statement around care planning and the Committee was asked to draw on these positives for assurance. It was agreed that the Trust's Lead Inspector would be invited to attend the next meeting of the MHLSC to support the Committee in an assurance discussion.

The Committee was significantly assured around the systems and processes in place to review, measure, analyse, improve and monitor the Trust's compliance with the CQC monitoring framework, domain 2: detention in hospital. However, the Trust would continue to seek further improvements to processes to provide additional assurance to the Committee.

REVIEW OF ISSUES ARISING AT MHA REVIEWS

Three MHA Managers Hearing issue forms had been received by the MHA Administration Team between October 2017 and December 2017. The issues raised, included; Attendance of advocate, Attendance of report authors and Concerns raised in relation to the correct care setting for a service user.

All of the issues raised had been reviewed and investigated and actions to address shortfalls or improvements in processes, structures, procedures, practice or lines of accountability had been documented. Actions were monitored through an action tracker held by the Assistant Director of Service Continuity. Of the three issues forms received; 1 had been closed with all actions completed within the original target date set and 2 remained open with all actions expected to be completed within the target dates set.

The Committee Chair drew attention to the importance of the decisions being taken by the MHA Managers and paid tribute to the work they undertook. He also thanked Philip Southam and his team for ensuring that a good process was in place. The Committee was significantly assured that processes and structures were in place to manage and monitor MHA Manager issues.

UPDATE ON AMHP COVER

The Committee received an update on the current issues and concerns around AMHP cover. Gaps were noted over the Christmas period and it was agreed that the Committee would receive a presentation at the next meeting from the AMHP Lead and Emergency Duty Team (EDT), which would focus on risks and mitigation. The Committee noted that there was a need to ensure that the EDT was

working well as this impacted on the AMHPs.

The Trust's risk register had the AMHP Service provided by the Emergency Duty Team scoring 9, with limited assurance. The Committee thanked staff for their hard work but agreed that although gaps in AMHP cover were being filled in the short term, a long term plan was required to ensure that cover was sustainable.

UPDATE ON THE HEALTH BASED PLACE OF SAFETY

The Police and Crime Act became law on 10 December 2017. This made holding under 18s in police cells a 'Never Event'. However, at present the Trust could not guarantee that this would never happen. The Committee noted that a young person would be taken to the Maxwell Suite but if full would currently be taken to police cells or held in a police vehicle; young people could be taken out of area if absolutely necessary. Although the Maxwell Suite could take up to 2 people in separate rooms, if an adult was already in the suite, the under 18 could not be held there. Work was underway to see if a third room could be added to the Maxwell suite.

The provision of the Health Based Place of Safety was the responsibility of the Commissioners not the providers. An additional holding place was to be developed at Wotton Lawn and a room at Charlton Lane had been identified for use on a temporary basis, should the S136 Suite be unavailable for a period of time due to repair work etc. Commissioners had agreed to this and this development would be fully resourced; work was now taking place. A presentation/assurance report would be provided to the MHLSC at the next meeting.

The scale of the issue in Hereford was different as there was less demand, and the Trust was not commissioned to provide a Health Based Place of Safety in Hereford, as this rested with the police who used a room at Stonebow. This would change and a Maxwell-style Place of Safety would become a requirement. The situation in Hereford was not satisfactory and it was agreed that the Hereford Commissioners would be invited to attend the MHLSC in May to discuss this.

RISK REGISTER

There were currently no risks scoring 12 or above that were the responsibility of the Committee. There were 2 risks that the Mental Health Legislation Scrutiny Committee had specific oversight responsibility:

- Risk 129 - AMHP Service provided by EDT (Emergency Duty Team), scored 9 with limited assurance
- Risk 65 - Legislation - Mental Health Act (2007) & Mental Capacity Act 2005 (Deprivation of Liberty Safeguards - DOLS), scored 9 and had significant assurance

A new risk had been added to the risk register around the identification of patients that go AWOL; this had a score of 9 and currently had limited assurance.

The Committee reviewed and noted the contents of the paper in respect of the Corporate Risk Register and the assurance provided. Given that there were no risks meeting the threshold for reporting at Committee it was agreed that the Committee would continue to receive the risk report as scheduled in the work plan but attendance by the Risk Manager would not be expected at future meetings.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the contents of this summary.

SUMMARY PREPARED BY: Quinton Quayle ROLE: Committee Chair

DATE: 24 January 2018

Agenda item 14 **Enclosure Paper I1**

Report to: Trust Board, 30th January 2018
Author: Ruth FitzJohn, Trust Chair
Presented by: Ingrid Barker, Trust Chair

SUBJECT: **CHAIR'S REPORT**

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

This Report is provided for:			
Decision	Endorsement	**Assurance**	**Information**

1. PURPOSE, ASSURANCE AND RECOMMENDATION

This report sets out the key activities of the Trust Chair for the period 17 November – 31 December 2017. Ruth FitzJohn retired at the end of December 2017.

The report offers full assurance that regular, targeted and purposeful engagement is being undertaken by the Chair and Non-Executive Directors aiming to support the strategic goals of the Trust.

This report is for information only and the Board is invited to note the report.

2. CHAIR'S KEY ACTIVITIES

- Chairing a Board meeting in Herefordshire
- Chairing a Board discussion
- Chairing an Appointment and Terms of Services Committee
- Attending a meeting at Gloucestershire Care Services
- Meeting with an Expert by Experience
- Holding telephone calls with two Governors independently
- Participating in a visit from a Non-Executive Director of NHS Improvement
- Attending the University of Gloucestershire Graduation Ceremony
- Attending the 'Impact' Awards ceremony hosted by Gloucestershire Police
- Meeting with the Chair of Gloucestershire GP Education Trust
- Attending the Health and Well Being Committee meeting

- Attending two meetings of the Gloucestershire Strategic Forum
- Participating in the recruitment process for the appointment of the Joint Chief Executive
- Participating in a series of communications relating to the announcement of the joint strategic intent with Gloucestershire Care Services NHS Trust
- Meeting with the ²gether Trusts Chief Executive Officer
- Working with colleagues on many occasions to further the joint strategic intent with Gloucestershire Care Services NHS Trust
- Participating in several telephone meetings with NHS Improvement related to the joint strategic intent with Gloucestershire Care Services NHS Trust
- Attending a Gloucestershire Young Carers volunteer event
- Attending an Aston Project event
- Attending the Kingfisher/Treasure Seekers annual Christmas Show
- Additional regular background activities include:
    - attending and planning for smaller ad hoc or informal meetings
    - dealing with letters and e-mails
    - reading many background papers and other documents.

3. OTHER MATTERS TO REPORT

There are no specific matters to be drawn to the attention of the Board at the time of writing.

Agenda item 14 **Enclosure Paper I2**

Report to: Trust Board, 30th January 2018
Author: Ingrid Barker, Trust Chair
Presented by: Ingrid Barker, Trust Chair

SUBJECT: **CHAIR'S REPORT**

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

This Report is provided for:			
Decision	Endorsement	**Assurance**	**Information**

1. PURPOSE, ASSURANCE AND RECOMENDATION

This report sets out the key activities of the Trust Chair and Non-Executive Directors for the period 1st January – 24th January 2018. This is the first report from Ingrid Barker, new Joint Trust Chair who commenced in post on 1 January 2018.

The report offers full assurance that regular, targeted and purposeful engagement is being undertaken by the Chair and Non-Executive Directors aiming to support the strategic goals of the Trust.

This report is for information only and the Board is invited to note the report.

2. CHAIR'S KEY ACTIVITIES

- Chairing a Council of Governors meeting
- Chairing an Appointment and Terms of Services Committee
- Attending the Health & Care Scrutiny Committee
- Meeting with the Lead Governor
- Meeting with members of the Board to further the joint strategic intent with Gloucestershire Care Services NHS Trust
- Meeting with the Head of Communications and participating in a 'video' blog for the Trust's forthcoming Team Talk
- Participating in the recruitment process for the appointment of the Joint Chief Executive
- Participating in the recruitment of a Non-Executive Director

- Meeting with the Trust Secretariat team to prepare for the forthcoming Board meeting
- Meeting with the Service Director for Children and Young Peoples Service
- Meeting with Executive Directors as part of Induction programme
- Visiting the teams at Pullman Place
- Attending Team Talk in Herefordshire
- Visiting wards, Crisis and Psychiatric Liaison Teams at Stonebow Unit in Herefordshire
- Visiting the Early Intervention, Assertive Outreach, Eating Disorders and Older Peoples teams at Owen Street in Herefordshire
- Visiting the Linden Child and Family Centre in Herefordshire
- Visiting the Lets Talk service at Belmont in Herefordshire
- Visiting Alexandra Wellbeing House in Gloucester

- Additional regular background activities include:
    - attending and planning for smaller ad hoc or informal meetings
    - dealing with letters and e-mails
    - reading many background papers and other documents.

3. NON-EXECUTIVE DIRECTORS' ACTIVITIES

Jonathan Vickers

Since his last report Jonathan has;

- Prepared for and attended a board meeting
- Prepared for and chaired a development committee meeting
- Held discussions with colleagues about development committee matters
- Had an introductory conversation with the new chair
- Prepared for and attended a Council of Governors meeting
- Prepared for and attended an ATOS meeting
- Prepared for and attended a SILG meeting

Nikki Richardson

Since her last report Nikki has;

<u>December</u>

- Prepared for and attended Board of Directors
- Prepared for and attended Merger Joint Working Group
- Attended Treasure Seekers Christmas show
- Prepared for and Chaired Governance Committee
- Meeting with Chair Designate and Audit Committee Chair
- Attended SI review
- Presented certificates at Recovery College Graduation Ceremony
- Prepared for and attended ATOS Committee

<u>January</u>

- Panel member for CEO long listing
- Telephone conversations re Board appointments
- Prepared for and attended MHLS Committee
- Panel member for NED long listing
- Board visit to Criminal Justice Liaison Service
- Meeting with Trust Director
- Prepared for and attended Council of Governors
- Member of Consultant Psychiatrist interview panel

- ATOS review meeting
- Panel member for NED shortlisting
- Member of shortlisting panel for Programme Director

Marcia Gallagher
Since her last report Marcia has;
December
- Attended a Mental Health Act Hearing at Wotton Lawn
- Prepared for and attended an Appointments and Terms of Service Committee

January
- Prepared for and attended an Appointment and Terms of Service Committee
- Prepared for and attended a Council of Governors meeting
- Booked call with Finance Director to discuss the Finance Report
- Prepared for and attended the January Board meeting

Duncan Sutherland
Since his last report Duncan has;
- Prepared for and attended a board meeting
- Prepared for and attended three meetings of the Appointments and Terms of Service Committee
- Attended a Development Committee meeting

Quinton Quayle
Since his last report, Quinton has:
- Prepared for and attended a board meeting (including presenting a NED review of complaints).
- Prepared for and attended three meetings of the Appointments and Terms of Service Committee
- Had a one-to-one meeting with the Acting Chief Executive
- Had a one-to-one meeting with the Director of Organisational Development
- Prepared for and chaired a meeting of the Mental Health Legislation Scrutiny Committee
- Prepared for and attended a Governors' meeting
- Prepared for and attended two Mental Health Act Managers hearings
- Prepared for and attended a meeting of the Delivery Committee

Maria Bond
Since her last report, Maria has:
December
- Prepared for and attended a board meeting
- Reviewed and commented where appropriate on a number of ATOS related e-mails
- Prepared for and attended ATOS meeting
- Attended Christmas Meal

January
- Prepared for and dialled in to ATOS meeting
- Reviewed and commented where appropriate on a number of ATOS related e-mails
- Prepared for and attend Council of Governors meeting
- Read Delivery papers and recorded questions for Delivery Assurance meeting
- Prepared for and attended a Board meeting
- Met with another NED

4. OTHER MATTERS TO REPORT

There are no specific matters to be drawn to the attention of the Board at the time of writing.

PAPER J

[2]GETHER NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING
THURSDAY 9 NOVEMBER 2017
BUSINESS CONTINUITY ROOM, RIKENEL, GLOUCESTER

PRESENT: Nikki Richardson *(Deputy Chair)* Rob Blagden Jenny Bartlett
Vic Godding Jo Smith Katie Clark
Mervyn Dawe Jennifer Thomson Said Hansdot
Ann Elias Svetlin Vrabtchev Kate Atkinson
Hazel Braund Hilary Bowen

IN ATTENDANCE: Ingrid Barker, Joint Chair Designate
Maria Bond, Non-Executive Director
Marie Crofts, Director of Quality
Marcia Gallagher, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
Colin Merker, Deputy Chief Executive/Director of Service Delivery
Kate Nelmes, Head of Communications
Quinton Quayle, Non-Executive Director
Jonathan Vickers, Non-Executive Director

1. WELCOMES AND APOLOGIES

1.1 Apologies for the meeting had been received from Ruth FitzJohn, Lawrence Fielder, Mike Scott, Xin Zhao, Cherry Newton, Euan McPherson, Stephen McDonnell, Peter Lee and Bren McInerney.

2. DECLARATION OF INTERESTS

2.1 There were no new declarations of interest.

3. COUNCIL OF GOVERNOR MINUTES

19 September 2017

3.1 In relation to section 14 of the minutes, Mervyn Dawe recalled that Shaun Clee had advised the Governors that assurance had been received from NHSI that the appropriate communications had taken place centrally around the proposals and the Secretary of State was also supportive of the proposal. Mervyn asked that this be included in the minutes as an additional piece of assurance.

3.2 The minutes of the Council meeting held on 19 September 2017 were agreed as a correct record, subject to a typo at 2.1 and the suggested addition from Mervyn Dawe.

5 October 2017

3.3 The minutes of the Council meeting held on 5 October 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 Kate Nelmes, Head of Communications had been asked to consider the development of a briefing note to assist Governors in carrying out the key role of meeting with and engaging with constituents. This "Engagement Guide" was included in the papers and Governors agreed that this offered some helpful suggestions on how to increase engagement with members.

5. CHIEF EXECUTIVE'S REPORT

5.1 The Council noted the Chief Executive's report to the Council of Governors, which was intended to draw Governors' attention to key areas for awareness, information or for exploring further if of sufficient interest.

5.2 This briefing provided the Council of Governors with an update in relation to a number of issues since the Council meeting in September 2017, including:

- Joint Working with Gloucestershire Care Services
- Finance Update
- The achievement of 'Disability Confident Leader' status
- Mulberry Ward at Charlton Lane celebrating gold in the Cheltenham in Bloom competition
- Recognition of the hard work of Volunteers and Experts by Experience
- The outcomes from the Service User Community Mental Health Survey 2017
- 2gether Bid for the Time for Change Champions Fund

Finance Update

5.3 At the end of September (month 6) we had a surplus of £346k in line with plan. The month 6 forecast outturn was a £884k surplus in line with the Trust's control total. A mid-year financial review had been carried out during September, and income and expenditure forecasts for the remainder of 2017/18 had been updated in light of performance to date and known changes from the assumptions that budgets were based upon. The review also provided a valuable insight of the potential recurring cost pressures that will need to be considered in the recurring financial position projections for budget setting in 2018/19. Marcia Gallagher advised that she had met with the Director of Finance in her role as Audit Committee Chair and had reviewed the mid-year review report with a fine tooth comb, noting that she was assured by the robust process that had been carried out to develop the report.

5.4 The Governors noted that agency spend at the end of September was £2.267m. On a straight line basis the forecast for the year would be £4.535m. This would be a reduction of £0.957m on last year's expenditure level, but above the agency control total by £1.131m. Colin Merker 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 £3.98m. 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.

5.5 Mervyn Dawe said that he fully supported the work taking place to reduce agency and was pleased to see that this was reducing. He agreed that high agency usage did impact on continuity of care and having people working within the Trust who had the knowledge of the unit, understood Trust policies and knew the patients and staff was very important.

²g Achieves 'Disability Confident Leader' Status

5.6 The Council was happy to note that ²gether had achieved 'Disability Confident Leader' status. This status recognises the Trust for its commitment to ensuring people with a disability have the chance to fulfil their employment potential.

Mulberry Ward celebrates gold in Cheltenham in Bloom competition

5.7 Charlton Lane Hospital's Mulberry Ward is celebrating after its garden scooped gold in this year's Cheltenham in Bloom competition in the 'Community Project' category. The Ward also received an additional 'Outstanding Achievement' award, in recognition of "the staff's incredible efforts in creating a wonderful space for its patients".

5.8 Colin Merker said that winning gold was fantastic but the importance of recognising the positive impact of gardening on the recovery of patients was vital. Gardening enhances people's mood, helps them with physical activity and gives focus and distraction for patients experiencing distress with their mental health. The garden at Charlton Lane was a haven for both service users, their families and staff.

5.9 The Governors asked whether a message could be passed on to the staff at Mulberry Ward on behalf of the Council congratulating them on this fantastic achievement. Svetlin Vrabtchev also asked whether these achievements, such as the "Disability confident leader" status and the Mulberry Ward Garden could be included on the background screensavers on Trust computers which all staff would see. Kate Nelmes agreed to look into this further to see whether there was anything else that could be done to share good news stories across the Trust.

ACTION: Message of congratulations to be sent on behalf of the Council to the staff on Mulberry Ward on winning gold in the Cheltenham in Bloom 'Community Project' category.

ACTION: Kate Nelmes to explore whether it was possible to highlight Trust achievements and good news stories via the corporate background on Trust PCs

Service User Community Mental Health Survey Outcomes 2017

5.10 The Governors were informed that the Trust had received notification that the outcomes from the 2017 Community Mental Health service User survey would be published on Wednesday 15th November. Colin Merker said that the

outcomes were embargoed until then but we were anticipating that our performance will have improved between years and that our performance through comparison with other Trusts will also have improved. We expect our performance to maintain us as one of the best performing Trusts from a service user perspective and we expect that there will be a number of media articles about the survey outcomes on the day.

5.11 Colin Merker suggested that the outcomes be brought back to a future Council meeting and a full presentation provided to support wider discussion. Governors were asked whether they would like a small working group to be set up to support the development of the presentation. This would enable a number of colleagues to be briefed in detail so that they could act as expert points of reference to support Council in the presentation and wider discussion. The Council agreed that a working group would be helpful. Mervyn Dawe and Kate Atkinson volunteered to take part and an invite would be sent out to all Governors once a date had been confirmed, inviting participation.

ACTION: Small short-life Governor working group to be set up to receive a more detailed briefing on the outcome of the 2017 Service User Survey.

ACTION: Governors to be emailed asking for expressions of interest to participate in a short-life working group on the Service User Survey

5.12 The Governors once again thanked Colin Merker, as Deputy Chief Executive for producing a written Chief Executive's report in advance of the meeting, noting that Governors found it very helpful to receive this in advance to be able to read it and think about any questions they may wish to ask.

6. UPDATE ON JOINT WORKING WITH GLOUCESTERSHIRE CARE SERVICES

6.1 Colin Merker provided an update on progress with the joint working arrangements with GCS. A joint Chair, Ingrid Barker had been successfully appointed and the Governors welcomed the opportunity to meet Ingrid at this meeting. A Joint Working Group had been set up with senior representatives (NEDs and Executive Directors) from both 2gether and GCS and this group would be meeting in shadow form during December to start to progress the coming together arrangements.

6.2 Rob Blagden said that the Council of Governors were fully supportive of the proposals for joint working. However, Rob advised that he had arranged to meet Nikki Richardson separately to address some high level concerns and to get assurance from the NEDs on things such as the speed of the process and the potential fallout from the Chief Executive appointment process.

6.3 Marcia Gallagher said that it was appropriate to raise the issue of pace and how quickly the proposals were moving forward. However, she suggested that if the process was slowed down it would leave a lot of uncertainty within both organisations.

6.4 With regard to the Chief Executive appointment, Quinton Quayle said that the key was getting the right candidate for the job. This would be the judgement of the interview panel and it was hoped that an appointment could be made from

the 2 existing ring-fenced candidates. However, assurance was given that if this was not possible, the Trust was set up and ready to lead an external appointment process.

6.5 Mervyn Dawe raised the issue of morale within both 2gether and GCS and the need for consistent messages. He also asked about the costs of redundancy. Nikki Richardson advised that the cost of any redundancies had already been factored in and agreement had been reached that these costs would be covered jointly by both organisations. Nikki agreed that it was very important to ensure that the Trust continues to communicate with staff and gets across the true and accurate position of the work and developments taking place, noting that rumours were not helpful during such a period of change.

6.6 Mervyn Dawe asked whether it was fair to continue with the Chief Executive appointment at this time, given that Shaun Clee had been off sick and had not had the same opportunity to prepare for the interviews. Nikki Richardson said that this had been considered and advice had been sought from HR and Occupational Health alongside Shaun in making any decisions.

6.7 The Governors welcomed the opportunity to discuss the progress with the joint working arrangements, and the opportunity to meet to discuss particular matters of concern further outside the meeting.

7. REAPPOINTMENT OF NON-EXECUTIVE DIRECTOR & DEPUTY CHAIR

Nikki Richardson left the meeting at this point. Marcia Gallagher chaired this agenda item

7.1 Marcia Gallagher informed the Council that Nikki Richardson's first term of office would come to an end on 31 January 2018. One of the statutory roles of the Council of Governors is to oversee the recruitment and selection processes for the Trust Chair and Non-Executive Directors, including their reappointment.

7.2 The Council of Governors received a report for consideration which outlined Nikki's experience, past performance and attendance to assist in making their decision.

7.3 Marcia Gallagher said that Nikki was a valued and experienced Non-Executive Director who had the confidence of fellow Directors on the Board and who brought a clinical focus to the Board and its Committees. Nikki chairs the Governance Committee and is Vice Chair of the MH Legislation Scrutiny Committee. Nikki was also appointed as Deputy Trust Chair and Senior Independent Director on 1 December 2016.

7.4 The Council of Governors unanimously supported the recommendations set out within the report and happily approved the reappointment of Nikki Richardson as a Non-Executive Director for a further period of 3 years, from 1 February 2018. The Council also approved the reappointment of Nikki as Deputy Trust Chair, to continue until the end of her second term as a Non-Executive Director.

Nikki Richardson re-joined the meeting at this point.

8. HOLDING TO ACCOUNT – TRUST PERFORMANCE

8.1 The purpose of this item was to provide information on the Trust's approach to the monitoring and provision of assurance around performance. Maria Bond, Chair of the Delivery Committee presented this item to the Governors, setting out how she and other Non-Executive Directors seek and obtain assurance on the Trust's service delivery performance.

8.2 The Delivery Committee has been chaired by Maria Bond since October 2016 and it provides assurance to the Board that Trust services are being delivered efficiently, economically and effectively. The Committee monitors service delivery performance against statutory, contractual and Trust performance indicators and compares service delivery performance against external bench marks. The Committee also requests and receives exception reports on areas of underperformance and/or performance variances.

8.3 The presentation provided an overview of some of the issues that the Committee has progressed over the past year.

CYPS Waiting Times Gloucestershire
The Trust was not able to meet the 4 week and 10 week local stretch performance thresholds so monthly focused reporting/scrutiny started to take place at the Delivery Committee. Changes in processes and systems took place, as well as staff practice, with whole team ownership of the issue. Waiting list targets were achieved and this is now being monitored as business as usual. 2gether is currently quoted as a model of best practice by the DoH and has the best service waiting times nationally.

IAPT (Improving Access to Psychological Therapies)
Issues regarding IAPT have been ongoing over the last 2 years and the Delivery Committee has received focused remedial action plans and monthly reporting/scrutiny. There have been significant Improvements in; Waiting Times, Access Rates, Recovery Rates, Staff Productivity, Tools available to clinical managers and staff to see and understand their performance and areas requiring attention/improvement, patient outcomes and patient satisfaction. There have also been huge improvements in Commissioner understanding of how the service works/performs and the links to investment/commissioning needs.

Carers – Identifying and Supporting - Gloucestershire
This was a new performance measure for the Trust and low performance against the target was identified. It moved to monthly reporting/scrutiny, with the Delivery Committee questioning data quality and the performance threshold. The Trust gained commissioner agreement to change the unrealistic performance threshold and the service proposed a performance recovery plan. Performance is now being met against both indicators and performance monitoring has moved to business as usual. This was not a Herefordshire commissioner target; however, the learning has been shared with Herefordshire colleagues.

8.4 Maria Bond said that she was pleased to see Governor attendance at the Delivery Committee as this provided very helpful feedback to both Non-Executive Directors and Governors on observations from the meeting.

8.5 Each of the Committee meetings has a service presentation which highlight what services are proud of and see as best/innovative practice, what teams are struggling with and also include a typical patient journey/experience which helps Committee members understand how the team works. Maria Bond included an extract from the recent CYPS/CAMHS presentation received by the Committee.

9. MEMBERSHIP ACTIVITY REPORT

9.1 Kate Nelmes was in attendance to present this report which provided a brief membership update to inform the Council of Governors about information for members, Governor Engagement Events and information about membership (year to date).

9.2 It was noted that the Trust's newly formed Membership Advisory Group had met twice – once during July and once during September. An invitation was extended to all Trust members to join the group, and currently the group is comprised of three Governors, two members of Trust staff and two public 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.

9.3 A number of opportunities have been taken to promote Trust membership at public events. The Communications team, Governors and Social Inclusion Team have attended the Gloucestershire Police Open Day, Polish Healthfest, NHS Herefordshire CCGs AGM, Homme House Horse Trials and a number of Freshers' Fairs among other events. We continue to promote membership via social media and recruit members through the Trust website.

9.4 E-flyers were issued to members on 20 September when we announced proposals to develop a business case for formally joining [2]gether with Gloucestershire Care Services, and on 9 October when we announced the appointment of our Joint Chair, Ingrid Barker.

9.5 Plans to hold a Governor engagement event in the Forest of Dean on 10 October – World Mental Health Day – were put on hold temporarily. We are hoping to hold an event in the Forest of Dean, and one in Herefordshire, in the near future and discussions between the Communications Team and Governors continue.

9.6 The Governors noted that as of 30 September 2017, the Trust had 196 more public members than we had at the end of 2016/17. Membership now stood at 5551 Public members and 2138 Staff members.

10. KEY ISSUES FOR DISCUSSION FROM THE GOVERNOR PRE-MEETING

10.1 Rob Blagden advised that all issues discussed at the Governor pre-meeting had already been covered by items on the agenda.

11. GOVERNOR ACTIVITY

11.1 Ann Elias had attended the Audit Committee as one of the nominated Governor observers. She said that this had been a very interesting meeting and Marcia Gallagher; Chair of Audit had arranged a pre-meeting with herself and Mike Scott in advance. A further meeting was being arranged for Ann and Mike to meet with Marcia, the Director of Finance and the Trust's Auditors. Mike Scott, not in attendance at today's meeting, had also offered good assurance following his attendance at the Audit Committee.

11.2 Said Hansdot had attended the Polish Healthfest day held in Quedgeley alongside the Trust's Social Inclusion Team.

11.3 Mervyn Dawe had attended the September Board meeting and he said that he had been very impressed with the standard of debate and challenge at that meeting by Board members. He also added that the Board had received an excellent presentation on Rapid Tranquilisation and this was received and debated in a very open and transparent way.

11.4 Vic Godding had attended a recent meeting of the Stakeholder Committee (formerly the Service Experience Committee) which he said was an excellent meeting. Vic had also observed at the October Governance Committee.

12. ANY OTHER BUSINESS

12.1 Mervyn Dawe made reference to the Gloucestershire Community Nurses Fund and agreed to share more information with Marie Crofts.

13. DATE OF NEXT MEETINGS

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	**Governor Pre-meeting**	**Council Meeting**
2018		
Tuesday 16 January	9.00 – 10.00am	10.30 – 12.30pm
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
Thursday 29 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
Thursday 27 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
9 November 2017			
5.9	Message of congratulations to be sent on behalf of the Council to the staff on Mulberry Ward on winning gold in the Cheltenham in Bloom 'Community Project' category.	Ruth FitzJohn	Complete
5.9	Kate Nelmes to explore whether it was possible to highlight Trust achievements and good news stories via the corporate background on Trust PCs	Kate Nelmes	It is possible to do this and the Communications Team will aim to do this next time we have some significant 'good news' for the whole Trust
5.11	Small short-life Governor working group to be set up to receive a more detailed briefing on the outcome of the 2017 Service User Survey.		Presentation to be received at the January 2018 Council meeting. Due to time commitments it has not possible to arrange a short life working group in advance of the January meeting, however, Governors will have the opportunity to ask questions and seek further information and areas of assurance at that time.
5.11	Governors to be emailed asking for expressions of interest to participate in a short-life working group on the Service User Survey		

Agenda item **16** **Enclosure** **Paper K**

Report to: Trust Board, 30 January 2018
Author: John McIlveen, Trust Secretary
Presented by: John McIlveen, Trust Secretary

SUBJECT: **USE OF THE TRUST SEAL**

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

This Report is provided for:
Decision Endorsement Assurance **Information**

PURPOSE

To present the Board with a report on the use of the Trust Seal for the period October - December 2017 (Q3 2017/18).

SUMMARY OF KEY POINTS

Section 10.3 of the Trust's Standing Orders requires that use of the Trust Seal is reported to the Board on a quarterly basis.

"10.3 Register of Sealing - The Chief Executive shall keep a register in which he/she, or another manager of the Authority authorised by him/her, shall enter a record of the sealing of every document. Use of the seal will be reported to the Board quarterly."

During Quarter 3 2017/18, the Seal was not used.

RECOMMENDATIONS

The Board is asked to note the use of the Trust seal for the reporting period.