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²**GETHER NHS FOUNDATION TRUST**
BOARD MEETING
THURSDAY 27 JULY 2017 AT 10.00AM
BUSINESS CONTINUITY ROOM, RIKENEL

AGENDA

10.00	1	**Apologies**	
	2	**Declaration of Members Interests**	
10.05	3	**Minutes of the Board meeting held on 25 May 2017**	**PAPER A**
	4	**Action Points and Matters Arising**	
10.10	5	**Questions from the Public**	
IMPROVING QUALITY			
10.15	6	**Patient Story Presentation**	**VERBAL**
10.45	7	**Performance Dashboard Report – May 2017**	**PAPER B**
10.55	8	**Delivery Committee Annual Report 2016/17**	**PAPER C**
IMPROVING ENGAGEMENT			
11.00	9	**Chief Executive's Report**	**PAPER D**
11.10	10	**Changes to the Trust Constitution**	**PAPER E**
IMPROVING SUSTAINABILITY			
11.20	11	**Summary Financial Report**	**PAPER F**
11.30	12	**Self Assessment in light of recommendations from an independent review of financial governance at an NHSFT**	**PAPER G**
11.40	13	**Herefordshire and Worcestershire STP**	**PAPER H**
11.50	14	**Board Committee Summaries** • MH Legislation Scrutiny Committee – 12 June and 12 July • Governance Committee – 16 June • Delivery Committee – 28 June and 26 July	 **PAPER I1** **PAPER I2** **PAPER I3**
INFORMATION SHARING (TO NOTE ONLY)			
12.00	15	**Chair's Report**	**PAPER J**
	16	**Use of the Trust Seal**	**PAPER K**
	17	**Council of Governor Minutes – May 2017**	**PAPER L**
12.05	18	**Any Other Business**	
	19	**Date of Next Meeting** Thursday 28 September 2017 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

²GETHER NHS FOUNDATION TRUST

BOARD MEETING
THE KINDLE CENTRE, HEREFORD
25 MAY 2017

PRESENT	Ruth FitzJohn, Trust Chair
	Shaun Clee, Chief Executive
	Alison Curson, Deputy Director of Nursing (representing Marie Crofts)
	Dr Chris Fear, Medical Director
	Maria Bond, Non-Executive Director
	Marcia Gallagher, Non-Executive Director
	Quinton Quayle, Non-Executive Director
	Andrew Lee, Director of Finance and Commerce
	Jane Melton, Director of Engagement and Integration
	Colin Merker, Director of Service Delivery
	Nikki Richardson, Non-Executive Director
	Neil Savage, Director of Organisational Development
	Duncan Sutherland, Non-Executive Director (except for Item 8)
	Jonathan Vickers, Non-Executive Director
IN ATTENDANCE	Julie Greening, Tewkesbury Borough Council
	Bren McInerney, Member of the Public
	Mike Scott, Member of the Public
	Cherry Newton, Trust Governor
	Rhian Edwards, Sunovion
	John McIlveen, Trust Secretary
	Christine Price, Herefordshire Healthwatch
	Kate Nelmes, Head of Communications

1. WELCOMES, APOLOGIES AND INTRODUCTIONS

1.1 Apologies were received from Marie Crofts. Alison Curson would deputise for Marie at the meeting.

2. DECLARATIONS OF INTERESTS

2.1 The Director of Engagement and Integration notified Board members that she had been appointed as a Trustee for Artlift.

3. MINUTES OF THE MEETING HELD ON 30 MARCH 2017

3.1 The minutes of the meeting held on 30 March 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. The Board noted that the Director of Service Delivery had circulated to Board members some information on the Children and Young People's transition process. There were no matters arising.

5. QUESTIONS FROM THE PUBLIC

5.1 One question had been received from Bren McInerney: ***What assurance does ²gether NHS Foundation Trust board have that the complaints they receive on patient care is reflective of the complaints that people wish to make?***

5.2 The Deputy Director of Nursing read out the following response:

"This is an important question and one which the Board asks and seeks assurance about regularly. I would like to thank Mr McInerney for posing the thoughtful, service user-centred question.

[2]gether NHS Foundation Trust Board has been assured through regular, quarterly Service Experience Reports and Annual Report of Complaints that feedback is valued and listened to. The reports also offer assurance about whether the complaints process is used with sensitivity and in a timely way. Evidence of this is delivered through feedback from Parliamentary Health Services Ombudsman reports and audits of the complaints process undertaken by Non-Executive members of the Trust Board.

The Board is offered assurance that we follow up any concerns received. Trust staff are expected to advise and support people with the best way to take forward any concerns that they may have and this is reflected at induction and ongoing staff training.

The Trust seeks ways to enable open and honest conversation and as such encourages contact between staff and people who use services in many ways. People are encouraged to express any concerns directly to the Team or Ward manager and poster displays to this effect in clinical services provide immediate information.

A Patient Advice and Liaison Service is available and in addition to telephone support, PALS officers now visit our inpatient services to ensure that people continue to be able to raise concerns about their care from the ward environment in a timely way. This allows any issues to be resolved as they occur by working closely with service users, family members and the ward team.

[2]gether's Service Experience Department are a resource available to people to contact for support to raise a concern or make a complaint. Methods of contact include, for example: telephone, email, letter or completion of a 2gether feedback form. Prompts on our website further encourage people to provide feedback. We have a range of Easy Read feedback forms which are more accessible to people with a learning disability, those with English as an additional language, or people with reduced literacy skills.

When a concern or complaint is received, members of the Service Experience Department work closely with the person or their advocate to carefully understand and define the nature of their concern in order to ensure that our response accurately reflects the issues that have been raised. We publish 'you said, we did examples' in our reports in order to assure people that we wish to learn from experience and adjust practice accordingly wherever possible. Our 15 Steps Challenge program, with Experts by Experience, ensures that visits are made ward and clinic environments to check out impressions of services. Actions are undertaken following this feedback.

The Service Experience department work closely and proactively with external agencies such as carer groups and Healthwatch in order to better understand people's experiences of using our services and for a number of years our Service Experience / Stakeholder Committee has been proactive.

In their Comprehensive Inspection of the Trust in October 2015, the Care Quality Commission reviewed complaints information and interviewed key staff involved in complaint resolution. They noted that the Trust detailed the nature of complaints and a summary of actions taken in response. They found that complaints had been appropriately investigated by the trust and included recommendations for learning.

In their published report about [2]gether NHS Foundation Trust, the CQC noted that: *'The Trust operates an effective complaints system. Information relating to complaints past and present were orderly and up to date. The complaints staff were able to speak with knowledge, confidence and transparency of past and present complaints.'*

The CQC also noted that: *'Staff felt confident in handling complaints from patients. All staff we spoke to about complaints said they would make efforts to resolve any complaint before it became formal. Staff were also happy to support patients in making formal complaints. The complaints service fed back the outcome of complaints to the relevant team manager.'*

Our Service Experience Strategy co-produced and published in 2013 aspired to 'go beyond what people expect of us to ensure that we earn their trust, confidence and hope for the future'.

The Board has received assurance that year on year we are progressing towards this vision. For example, local patients tell us through the CQC commissioned National Mental Health Patient Survey results that we continue to improve on our ratings of patient experience. Last year, for example, we rated highest in the country in many areas of this survey.

All of these mechanisms are important to build a culture of confidence around our reputation for being receptive to feedback and proactive in our effort to assist and resolve.

However, the Board can never be fully assured that all feedback is provided to us. This is why we continue to lead with strong values, through quality developments and in partnership with others to strive for making life better throughout our services."

6. PATIENT STORY PRESENTATION

6.1 The Board viewed a short film about the Trust's Let's Talk service. The film, available on the Let's Talk website, explained that Let's Talk is a talking therapy service provided by a team of therapists and practitioners, and aims to help people aged 18 or over in Gloucestershire and Herefordshire who are suffering from anxiety and/or depression, through providing Cognitive Behavioural Therapy (CBT) to help people manage their thoughts and to behave in a different way.

6.2 Service users have a choice as to how they want to take advantage of the service. For example, therapy may be offered over the phone as a way of getting quickly back on track. Courses are also offered to help people understand about anxiety and depression and how to manage these conditions. For service users with more long standing anxiety or depression, individual therapy may be offered.

6.3 The film also contained feedback from a number of users of the service, who explained how Let's Talk had help them to understand their anxiety and depression, and that the service had helped them to become more positive and upbeat, to understand and manage their condition better, and to get their life back on track by being able to work.

6.4 Following the film, the Director of Engagement and Integration read out a statement from Jenny, a Herefordshire Let's Talk service user who was not able to attend the Board in person. Jenny explained that she had first entered mental health services at the age of 16, and at 19 had been diagnosed with clinical depression by her GP. Jenny had struggled with her condition but stressed the importance of trying to cope and not giving up. Jenny felt very shunned and alone while at University, despite receiving some person-centred counselling.

When she experienced similar problems at work, she just put it down to 'having a terrible life'.

6.5   Jenny was referred to 2gether's Let's Talk service four years ago, and had a course of CBT which she described as a revelation. Jenny found the therapy very helpful, and is now in remission for the first time in 20 years. Jenny said she thought it was really important for people to realise that mental ill health can affect anyone.

6.7   The Board thanked the Director of Engagement and Integration for showing the film which demonstrated the value of the Let's Talk service, and thanked Jenny for her written contribution. Ruth FitzJohn informed the Board that she had held a briefing on mental health for all the local Prospective Parliamentary Candidates the previous day, in order to help them better understand mental health and talking therapies in particular.

6.8   Quinton Quayle said that one message which came through from the film is that people may be frightened to make the first contact when seeking help, and he commended the welcoming attitude of the staff in Let's Talk for making service users feel welcome.

6.9   Christine Price from Herefordshire Healthwatch asked about waiting times to access the service. The Director of Service Delivery replied that Let's Talk services are the biggest volume services for the Trust, dealing with some 12400 people each year. Due to this large demand, access rates were not where the Trust would like them to be, but a robust recovery plan was in place, and people phoning the service would talk to a therapist on day 1, and would make decisions about future treatment options then. There were also many resources available on the Let's Talk website, to which people were directed when making contact.

6.10   The Board discussed whether the Trust could be sure that every part of the community was able to access the service, and heard from the Head of Communications about some of the marketing methods in place to ensure visibility and access. However, more work was needed to ensure that service users with physical health needs could access the service, as there were significant benefits for this cohort of the population in doing so. The Board noted that measures to increase demand needed to be accompanied by investment and training, and the Trust was working with commissioners to agree a way forward.

7.   PERFORMANCE DASHBOARD

7.1   The Board received the performance dashboard outturn report which set out the performance of the Trust for the full 2016/17 contract period against the Trust's NHS Improvement, Department of Health, and Contractual and CQUINS key performance indicators. This report had been received and scrutinised in detail at the Delivery Committee meeting the previous day. The Board welcomed the Easy Read version of the report which had been produced alongside the main report.

7.2   Of the 132 reportable indicators, 113 were compliant, 19 non-compliant. Of the remaining 15 indicators, 1 was not yet available, 7 are for baseline information to inform future reporting and 7 have had either no activity or insufficient activity recorded against them during the year to support reliable performance reporting. The Director of Service Delivery advised that 7 out of the 19 non-compliant indicators concerned Let's Talk services, and work was ongoing with commissioners to bring about improvements to the service.

7.3   Admission of under-18 patients to an adult ward was in breach of the terms of the Trust's licence. Where an age-appropriate placement could not be found, an admission to an adult

ward would only take place where it was in the best interests of the patient, and accompanied by rigorous safeguarding procedures. The Trust is continuing to look for more appropriate solutions in conjunction with its health economy partners.

7.4   The Director of Service Delivery outlined actions being taken to address other indicators which were non-compliant at the end of the year. The overall performance had not matched that of last year, which was disappointing, and the Delivery Committee maintained a robust focus on recovery trajectories.

7.5   Maria Bond, Chair of the Delivery Committee said that there had been a lot of good performance throughout the year, but a number of specific issues had brought down the overall level of performance. Marcia Gallagher asked about indicator 3.43 concerning annual health checks for Learning Disability service users. The Director of Service Delivery gave assurance about actions to provide a more consistent service across localities, and a review of the service pathway in order to meet this indicator in 2017/18, when it would form part of the national suite of CQUINs.

7.6   The Board noted the report and the assurance offered.

8.   SERVICE EXPERIENCE REPORT – QUARTER 4

8.1   The Director of Engagement and Integration provided assurance that service experience information about Trust activity in Quarter 4 2016/17 had been reviewed in depth, scrutinised for themes and considered for both individual team and general learning across the organisation. The full report had been discussed in detail at the Governance Committee and the increased ownership of the report from the services had been welcomed. The Board welcomed the Easy Read version of the report which had been produced alongside the main report.

8.2   The Board received significant assurance that the organisation had listened to, heard and understood patient and carer experience of 2gether's services. This assurance was provided across all domains of feedback including complaints, concerns, comments and compliments. The Board also received significant assurance that service users valued the service being offered by 2gether and would recommend it to others. During quarter 4, 91% of people who responded to the invitation to complete the Friends and Family Test said that they would recommend 2gether's services. However, the Board was asked to note the limited assurance in relation to the number of people taking part in local survey activity, although the responses received reflect positively on services. An in-depth review has been undertaken and a targeted action plan was being delivered to relaunch the surveys used within the Trust during Quarter 1 of 2017/18.

8.3   The Board noted that a number of broad themes and learning had been identified for countywide learning and dissemination. They were defined from the triangulation of all types of service experience information received. This Quarter concerns had been raised by service users about being advised of the next steps to be taken in relation to their care following contact with our services. Other learning themes included:
- The need to introduce ourselves fully to people, and to check that they understand our role and how we can help.
- Working together as a Trust to meet people's needs regardless of the geographical and/or service area boundaries

8.4   Nikki Richardson said that the Governance Committee had monitored the development of this report on a quarterly basis throughout the year, and had been pleased to see

improvements taking place, such as the timeliness of responding to complaints. However, more work was required and the Committee will maintain a focus on that during the coming year. Quinton Quayle said that the content of the report mirrored closely the information he saw at the Mental Health Legislation Scrutiny Committee. The Deputy Director of Nursing informed the Board that the Service Experience team would now be attending the Nursing Professions Advisory Committee to provide a more detailed breakdown of the service experience data which would be used to drive change.

8.5   Cherry Newton asked about the negative comment in the report from a service user at Mortimer ward. The Chief Executive replied that the Trusts seeks to be transparent, and thus includes negative as well as positive comments. The Trust examines individual comments to identify themes or trends; however, there is no thematic information to suggest a problem on Mortimer Ward.

8.6   The Board noted the report.

9.   COMPLAINTS ANNUAL REPORT 2016/17

9.1   The Board received the Complaints Annual Report 2016/17, and welcomed the Easy Read version of the report which had been tabled at the meeting. This report provided significant assurance that the Trust had made significant effort to listen to, understand and resolve complaints over the past year. The themes of complaints received during the period had been reviewed and comparisons made with information from previous years. Systems have been refined and analysed in an effort to understand and ensure that complaints and concerns from individuals are responded to promptly and effectively. Methods of disseminating learning across the Trust continued to be refined and developed.

9.2   The Director of E&I reported that the number of complaints received during 2016/17 was lower than the previous year (n=106). Whilst the numbers of formal complaints had reduced there was significant assurance that individuals were increasingly prepared to share concerns. This can be evidenced by the increased number of 'concerns' resolved without the formality of the NHS complaints process. Benchmarking of complaints put 2gether in the lower quartile in terms of complaints per 100,000 occupied bed days and face to face community contacts. Timely acknowledgement of complaints was at 99%.

9.3   A number of developments were planned for the coming year including:

- To further implement and evaluate the revised Non-Executive Director Complaints Audit to enable review of national best practice in investigation and complaint management.
- To ensure reasonable adjustments are made to the complaints process to increase awareness to further assure its accessibility to everyone using our services, particularly older people, children, and people with a learning disability.
- To review and update the Trust's Complaints Policy to reflect changes in local practice and national guidance.
- To work with colleagues across the Trust to review and improve dissemination of learning from complaints and to ensure that service user feedback is considered and embedded in practice.
- To provide training and support to investigators to ensure they are confident in applying national and local best practice for complaint investigation.
- To continue to triangulate complaints with concerns, comments, compliments and survey information to gain rich information to inform practice and service development.

- To embed the new Datix web data collection system in practice and utilise the additional functionality to develop and share information with Locality Boards and Clinical Teams.
- To continue the development of the style and tone of Final Response Letters.
- To ensure that people who use our services are aware of how to make a complaint.

9.4   Quinton Quayle noted that communications with patients, and with carers and relatives, represented the two largest complaint areas. The Medical Director said that context was important, where 40-50% of inpatients were admitted under section. He assured the Board that he personally reviewed every complaint concerning medical staff, and had taken remedial action in one case during the year. The Director of E&I noted that the Trust's work on Time to Change was also helping to address communication issues. The Chief Executive noted that the vast majority of complaints were upheld, and that the Trust used the learning from these in order to improve.

9.5   The Board thanked the Director of E&I and her team for the report, and its contents were noted.

10.   QUALITY REPORT 2016/17

10.1   The Board received the final draft of the Annual Quality Report which summarised the progress made in achieving targets, objectives and initiatives identified; and had been collated following an extensive review of all associated information received from a variety of sources throughout the year. The Board welcomed the Easy Read version of the report which had been circulated with the main report.

10.2   The Board noted that the priorities for improvement during 2016/17 had been agreed in consultation with both internal and external stakeholders. These priorities were categorised under the three key dimensions of effectiveness; user experience and safety.

10.3   Marcia Gallagher, Chair of the Audit Committee said that the Quality Report had been approved by the Committee the previous day and had been well received. It was noted that 2gether had received an 'unmodified' opinion from the External Auditors on the Quality Report. The Director of Finance and Commerce informed that Board that an 'unmodified' audit opinion equated to a completely clean audit result, something that was becoming difficult for other Trust's nationally to achieve.

10.4   The Board noted the Quality Report 2016/17 and approved it for submission to NHS Improvement and for wider publication.

11.   NON-EXECUTIVE DIRECTOR AUDIT OF COMPLAINTS – Q4 2016/17

11.1   Marcia Gallagher presented the Audit of Complaints report to the Board which was conducted covering three randomly selected complaints that had been closed between 1 January and 31 March 2017.

11.2   The Board noted that the agreed aim of the audits was to provide assurance that standards are being met in relation to the following aspects:
1. The timeliness of the complaint response process
2. The quality of the investigation, and whether it addresses the issues raised by the complainant
3. The accessibility, style and tone of the response letter
4. The learning and actions identified as a result

11.3   Marcia Gallagher advised that a revised NED audit process whereby documentation was made available to the NED conducting the audit represented a significant improvement on the previous process.

11.4   Marcia Gallagher was able to offer the Board full assurance in respect of the three complaints audited. She noted that the language recommended by the Health Service Ombudsman could be seen as overly formal, but that this was invariably softened by the overall tone of the Chief Executive's response and any apology given.

11.5   In addition to this learning, Marcia noted that in one case, there had been no evidence within the patient record to support or refute the complaint, and Marcia stressed the importance of noting communications with patients, families and carers on the patient record.

11.6   Jonathan Vickers assured the Board that the current process, and the management of it, was a great improvement.

11.7   The Board noted the content of this report and the assurances provided. Assurance was also received that the Service Experience Team had received this report for consideration of those recommendations for improvement.

12.   MENTAL HEALTH LEGISLATION SCRUTINY COMMITTEE ANNUAL REPORT

12.1   The Board received an annual report setting out the activities of the Mental Health Legislation Scrutiny Committee during 2016/17.

12.2   The report set out areas of activity undertaken by the Committee during the year, and provided an assessment of assurance in respect of each activity, along with supporting evidence. The Committee's report offered a significant level of assurance overall, based on the controls it has put in place and its continued action in directing the activities of the Trust where non-compliance with the Mental health Act, Mental Capacity Act, Human Rights Act or the associated codes of practice, are identified. A small number of areas were deemed by the Committee to offer only limited assurance. These related to:

- Compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DOLS): The limited assurance rating relates to 'Capacity to consent to treatment', which has been deemed internally (audit) and externally (CQC monitoring visits) as requiring additional improvement.
- Procedures being in place and operating satisfactorily to inform detained patients and their nearest relatives about applicable provisions of the MHA and of their rights: The limited assurance rating has been applied as new audit data is awaited to determine whether or not a new automated reminder system has improved both the giving and recording of Section 132 rights.
- Reviewing issues raised through the CQC annual monitoring visits and actions plans resulting from them: The limited assurance rating has been applied due to both slipped timeframes for actions to be achieved and for those aspects of the MHA Code of Practice that are continually flagged by the CQC.

12.3   The Committee also highlighted during the year a number of strategic risks which will inform its work programme for 2017/18. These risks include Allied Mental Health Professional service provision, and compliance with relevant legislative requirements. The Committee's work programme for 2017/18 was set out within the report, and included actions to address strategic risks and areas of identified limited assurance.

12.4   Quinton Quayle, the Chair of the Committee, noted that the Committee had deliberately been strict in determining its own performance, as set out in the RAG ratings within the report. In many cases, assurance areas rated as limited related not to poor clinical performance but to correct recording of information. This had improved, but the Committee would maintain its focus to improve still further. The Director of Service Delivery pointed out the other sources of assurance available to the Committee, which included the Care Quality Commission, and the Mental Health Act Managers' Forum which reported regularly to the Committee.

12.5   The Board noted the Committee's annual report and the assurances provided, and approved the Committee's priorities for 2017/18.

13.   CHIEF EXECUTIVE'S REPORT

13.1   The 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.

14.   ANNUAL MEMBERSHIP REPORT

14.1   The Director of E&I presented this report to the Board which provided a full analysis of the 2016/17 financial year membership data for 2gether, providing a year-on-year comparison.

14.2   There were 7443 members of the Trust at the end of the 2016/17 financial year, comprising 5355 public members and 2088 staff members. This represented a net decrease of 30 members during the year. The decrease is attributed to cleansing the membership database to remove out of date records and previous flaws in the reporting of staff membership figures.

14.3   The Board noted that a new membership strategy had been agreed by the Council of Governors in September 2016. Priorities identified within that strategy were to focus on groups currently under-represented within the membership database, and to build up the membership database for Herefordshire. Implementation of the strategy to date has included the recruitment of a new membership volunteer, the use of iPads to recruit members at events, and engagement with young people and members of black and minority ethnic communities to discuss what would encourage them to join the Trust.

14.4   Consultation with the wider membership on implementation of the strategy is being done through the membership newsletter. The membership application form is also being reviewed, and an Easy Read version is in production, and will make membership meaningful to a wider range of constituents.

14.5   The Board noted that the Communications Team had developed a membership information pack for staff to use when attending external meetings and events to help engage and recruit new members. A Membership Advisory Group had been set up to help recruit an additional 40 public members each month during 2017/18. The Head of Communications informed the Board that membership was proportionally low in the Cotswolds and Herefordshire. Ruth FitzJohn noted the important role for Governors in raising the profile of

the Trust and its membership in these areas, and Quinton Quayle and Duncan Sutherland agreed to assist where possible in Governor-led membership activities focused on the Cotswolds and Herefordshire respectively, in order to spread this activity to all parts of those constituencies.

14.6   The Board endorsed the Membership Annual Report for 2016/17.

15.   SUMMARY FINANCE REPORT

15.1   The Board received the Finance Report that provided information up to the end of April 2017. The Board welcomed the Easy Read version of the report which had been produced alongside the main report. The month 1 position was a surplus of £53k in line with the planned surplus. The month 1 forecast outturn is a £883k surplus in line with the Trust's control total. The Trust has an Oversight Framework segment of 2. The Director of Finance asked the Board to note that while the financial position was positive at this stage, this reflected the position only at the first month of the year, and the Trust needed to remain cautious if it was to meet its control total by the end of the financial year.

15.2   The Director of Finance and Commerce asked the Board to note that the 2017/18 contracts with Gloucestershire CCG, Herefordshire CCG, NHS England and Worcestershire Joint Commissioning Unit had been signed and budgets were approved by the Board in March for 2017/18.

15.3   The Board noted that the Audit Committee had met the previous day and the annual accounts had received a clean Audit Opinion, and had been signed off by the Audit Committee.

15.4   The Board noted the summary Finance Report for the period ending April 2017.

16.   PROVIDER LICENCE SELF-CERTIFICATION

16.1   The Board is required to make a number of self-certifications each year regarding compliance with the terms of the Trust's provider licence. This report set out those declarations, along with the evidence to support the declaration of compliance. The Board noted that the report had been presented to the May Council of Governors in order that the Board might take the views of Governors into account when making these declarations.

16.2   It is a requirement of the governance condition of the Trust's licence that the Trust signs off a Corporate Governance Statement. The Corporate Governance Statement requires the Trust Board to confirm:
   • Compliance with the governance condition at the date of the statement; and
   • Forward compliance with the governance condition for the current financial year, specifying (i) and risks to compliance and (ii) any actions proposed to manage such risks

16.3   The Board noted that in respect of the Corporate Governance Statement, the report stated that there were 'no risks identified' to the Trust's governance systems and processes. Having reviewed the evidence provided, and having regard to the views of Governors who had queried this point, the Board agreed to the amendment of the report to state for each element that there were 'No *unmitigated* risks identified'.

ACTION: Corporate Governance Statement Report to be amended to state 'No unmitigated risks identified' for each section.

16.4   Jonathan Vickers queried whether appraisals were aligned to organisational objectives. The Director of Organisational Development assured the Board that this was the case under the current appraisal system. While appraisal rates were not at 100%, there was a high rate of appraisal uptake. The appraisal process was regularly reviewed.

16.5   Jonathan Vickers asked whether clear reporting lines existed for staff. The Director of OD assured Jonathan Vickers that a standard template for job descriptions was in place, supported by appropriate policies. Triangulation about clarity of reporting lines was available through the staff survey, in which the support from line managers was rated highly by staff; this would not be the case were there to be any confusion regarding reporting lines. The Chief Executive added that the Trust's Well Led Review of Governance had also looked at reporting lines and concluded that these were clear.

16.6   The Board agreed to make a declaration of compliance in respect of each element of the Corporate Governance Statement, subject to the amendment of the report in relation to unmitigated risks.

16.7   The Trust was also required to self-certify regarding the provision of necessary training to Governors, pursuant to Section 151(5) of the Health and Social Care Act 2012. The Board noted the training and development opportunities provided to Governors, which included induction, service presentations, access to external training and attendance at external events, as well as the outputs from the Trust's joint Board/Governor engagement work undertaken during the year and intended to support Governors to undertake their role. The Board therefore made a declaration of 'Confirmed' in respect of the provision of Governor training.

16.8   Foundation Trusts are also required to make an annual self-certification regarding their systems for compliance with provider licence conditions (General Condition G6). The self-certification relates to systems and processes in place in the financial year just ended, and to systems and processes in place for the current financial year. The Board agreed a declaration of 'Confirmed' in respect of both parts of this declaration, and to publish the self-certification within one month as required by NHS Improvement. The Board noted that a further declaration regarding Commissioner Requested Services was not applicable to 2gether, which has not been formally designated as a provider of such services.

16.9   The Board noted that this year there was no requirement to submit the declarations to NHSI. Rather, NHSI would select a number of Trusts from July onwards who would be asked to provide evidence that self-certifications had been made and where appropriate, published.

17.   BOARD COMMITTEE REPORT – GOVERNANCE COMMITTEE

17.1   The Board received the summary report from the Governance Committee meeting held on 21 April 2017 and noted the key points raised during the meeting and the assurance received by the Committee.

18.   BOARD COMMITTEE REPORT – DEVELOPMENT COMMITTEE

18.1   Jonathan Vickers provided a verbal report from the meeting of the Development Committee held on 17 May. Key items received and discussed at the meeting included:

- The draft finance strategy, changes to which were recommended by the Committee

- The engagement development plan, for which enhanced quantitative measures were recommended by the Committee
- Terms of reference for a revised stakeholder sub-committee and a Research Overview Committee

18.2   A full written report would be provided at the next meeting of the Board. Jonathan Vickers suggested that as the Committee's new role meant it no longer dealt with commercially confidential matters, future summary reports should be received in the public session of the Board where possible.

ACTION: Development Committee summary reports to be received in the public Board meeting where possible

19.   BOARD COMMITTEE REPORT – AUDIT COMMITTEE

19.1   Marcia Gallagher provided a verbal report from the Audit Committee meeting held on 24 May which had taken place primarily to receive and sign off the annual report and accounts 2016/17. Key items received and discussed at the meeting included:
- The Committee received and approved the annual accounts, noting that these had received an unqualified opinion
- There had been no post balance sheet events to note
- The Annual Governance Statement and Statement of CEO responsibilities were approved.
- The Annual Report was approved.

19.2   A full written report would be presented at the next Board meeting.

20.   BOARD COMMITTEE REPORTS – DELIVERY COMMITTEE

20.1   Nikki Richardson provided a verbal report from the Delivery Committee meeting held on 24 May. Key items received and discussed at the meeting included:

- Locality reports containing the top three priorities for each locality for the coming year. These priorities would be tracked by the Committee.
- Approval of the Heatwave Plan, which had taken on learning from previous years and now included provision for cool rooms and the effects of excessive heat on medication
- A review of the Major Incident Plan, which recognised the importance of actions taken in the first hour of any incident
- A report on appraisals
- A report on improvements in length of stay
- A CQUINS report. All CQUINS had been achieved this year, and leads had been allocated for CQUINS for 2017/18
- A review of s136 admissions in 2016/17, which found that 100 admissions related to just 18 patients. Work was ongoing to determine how best to support those individuals to avoid such admissions where possible
- A GRIP team presentation
- A review of the Technology Strategy

20.2   A full written report would be presented at the next Board meeting.

21. INFORMATION SHARING REPORTS

21.1 The Board received the following reports for information:
- Chair's Report. The Chair formally informed the Board in public that she would be retiring on 31 December. The Council of Governors had agreed that to provide continuity, Nikki Richardson would act up as Trust Chair from 1 January to 31 March 2018, and Governors would consider the process for a substantive appointment later in 2017.
- Council of Governors minutes – March 2017

22. ANY OTHER BUSINESS

22.1 There was no other business.

23. DATE OF THE NEXT MEETING

23.1 The next Board meeting would take place on Thursday 27 July 2017 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
25 May 2017	15.3	Corporate Governance Statement Report to be amended to state 'No unmitigated risks identified' for each section.	John McIlveen	June	Complete – report amended.
	17.2	Development Committee summary reports to be received in the public Board meeting where possible	Anna Hilditch	June	Complete. Development summaries will be presented in the public session of the Board where possible.

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Agenda item	**7**		**Enclosure**	**Paper B**

Report to:	Trust Board Meeting – 27ᵗʰ July 2017
Author:	Chris Woon, Head of Information Management and Clinical Systems
Presented by:	Colin Merker, Director of Service Delivery

SUBJECT: **Performance Dashboard Report for the period to the end of May 2017**

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

EXECUTIVE SUMMARY:

Overview
This month's report sets out the performance of the Trust for the period to the end of May 2017 (month 2) of the 2017/18 contract period, against our NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.

Of the 145 performance indicators, 78 are reported in May with 64 being compliant and 14 non-compliant at the end of the reporting period.

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

New indicators for the 2017/18 contract period have been added at the end of each of the specific Schedule 4 reporting sections.

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.

From this month a column has been added to indicate whether the indicator is forecast to be compliant at the end of the financial year.

- 🟢 Compliant
- 🔴 Non Compliant
- 🟠 Unknown
- ⚪ No performance threshold

The following table summarises our performance position as at the end of May 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	13	13	11	2	15	0	0
Never Events	17	17	17	0	0	0	0
Department of Health	10	8	6	2	25	2	0
Gloucestershire CCG Contract	49	17	13	4	19	31	1
Social Care	15	13	10	3	23	2	0
Herefordshire CCG Contract	16	10	7	3	30	4	2
CQUINS	25	0	0	0	0	25	0
Overall	145	78	64	14	18	64	3

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.
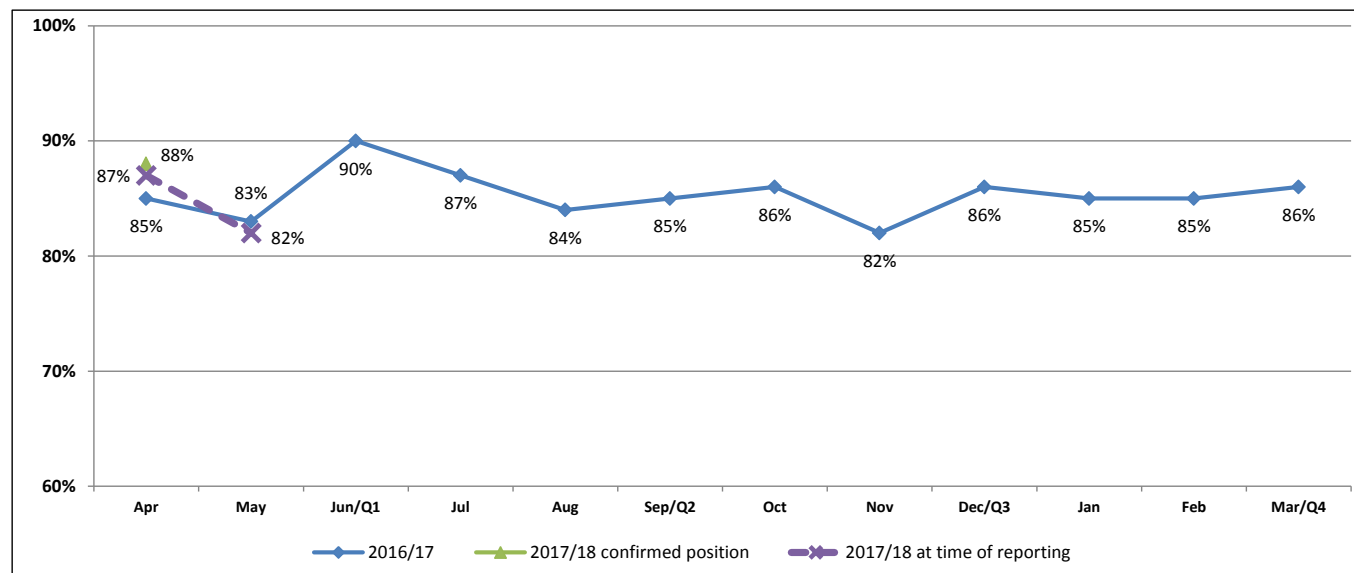
April's confirmed position has risen from 87% to 88% as the April Alexandra Wellbeing House dataset has since been made available to Gloucestershire Commissioners.

<u>Summary Exception Reporting</u>

The following 14 key performance thresholds were not met for May 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
- 2.25 – All SIs reported within 2 working days of identification

Gloucestershire CCG Contract Measures
- 3.16 – MAS: Clients to have a care plan with 4 weeks of confirmed diagnosis of dementia
- 3.18 – IAPT Recovery rate : Access to psychological therapies should be improved
- 3.19 – IAPT Access rate : Access to psychological therapies should be improved
- 3.30 – MHICT (IAPT/Nursing Integrated service): 14 days from referral to screening assessment.

Social Care –Gloucestershire CCG Contract Measures
- 4.03 – Ensure that reviews of new packages take place within 12 weeks
- 4.06 – Percentage of service users asked if they have a carer
- 4.07 – Percentage with a carer that have been offered a carer's assessment

Herefordshire CCG Contract Measures
- 5.04 – IAPT Recovery rate
- 5.05 – IAPT maintain 15% of patients entering the service against prevalence
- 5.06a – Dementia service: Number aged 65 and over receiving an assessment

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RECOMMENDATIONS

The Board is asked to:

- Note the Performance Dashboard Report for May 2017.

- Accept the report as a significant level of assurance that our contract and regulator 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	June 2017

Where in the Trust has this been discussed before?		
Delivery Committee	Date	28 June 2017

What consultation has there been?		
Not applicable.	Date	

Explanation of acronyms used:	AOT Assertive Outreach Team 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 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 May 2017, month two 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.

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

	In month Compliance			Cumulative Compliance
	Mar	**Apr**	**May**	
Total Measures	13	13	13	13
🔴	3	2	2	2
🟢	10	11	11	11
NYA	0	0	0	0
NYR	0	0	0	0
UR	0	0	0	0
N/A	0	0	0	0

Table title: **NHS Improvement Requirements**

Performance Thresholds not being achieved in Month
(Reference number relates to the number of the indicator within the scorecard):

1.07: New psychosis (EI) cases as per contract (Gloucestershire)
Although overall the Trust is compliant with 20 new cases at the end of May against an expected threshold of 16 new cases. Gloucestershire have reported 10 new cases which is two short of the anticipated year to date total of 12 for this locality.

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

1.07:   New psychosis (EI) cases as per contract (Gloucestershire)
As above

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
None

Early Warnings / Notes
None

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

**1.07: New Psychosis (EI) cases as per contract (Gloucestershire):**
These services are subject to development in line with the Mental Health 5 Year Forward View (MH5YFV). The development is underpinned with a new performance modelling tool and so this indicator will be considered as part of that modelling and any revisions agreed with Commissioners. The forecast is non-compliant until the review is complete (likely Q3).

1.09 & 1.10: IAPT: Waiting times - Referral to Treatment within 6 & 18 weeks
The position us unlikely to be recoverable until additional investment is agreed with Commissioners to address deficits in the service modelling relating to referrals fluctuations and extended staff absences.

This forecast position will be reviewed when Commissioners discussions are resolved in Q2.

NHS Improvement Requirements

| ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) 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	
		Herefordshire	0	0	0		0	(green)
		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	
		Herefordshire	3	0	0		0	(green)
		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%	
		Herefordshire	99%	100%	100%		100%	(green)
		Combined Actual	98%	100%	100%		100%	
1.04	Care Programme Approach - formal review within12 months	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	99%	97%	95%		96%	
		Herefordshire	99%	97%	98%		97%	(green)
		Combined Actual	99%	97%	96%		96%	
1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Gloucestershire	1.6%	0.5%	1.2%		0.9%	
		Herefordshire	2.2%	0.0%	0.0%		0.0%	(green)
		Combined Actual	1.8%	0.4%	0.9%		0.6%	
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%	
		Herefordshire	100%	100%	100%		100%	(green)
		Combined Actual	99%	100%	100%		100%	
1.07	New psychosis (EI) cases as per contract	PM	72	6	12	18	12	72
		Gloucestershire	67	5	10		10	(red)
		PM	24	2	4	6	4	24
		Herefordshire	20	6	10		10	(green)
		PM	96	8	16	24	16	96
		Combined Actual	87	11	20	0	20	(green)
1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	72%	80%	100%		90%	
		Herefordshire	70%	50%	75%		60%	(green)
		Combined Actual	71%	64%	89%		75%	

NHS Improvement Requirements

ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) 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%	53%	60%		57%	🔴
		Herefordshire	49%	40%	43%		42%	
		Combined Actual	38%	50%	57%		54%	
1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Gloucestershire	86%	91%	86%		88%	🔴
		Herefordshire	85%	84%	80%		82%	
		Combined Actual	86%	89%	85%		87%	
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%	🟢
		Herefordshire	99.9%	99.9%	99.9%		99.9%	
		Combined Actual	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%	🟢
		Herefordshire	100.0%	100.0%	100.0%		100.0%	
		Combined Actual	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%	🟢
		Herefordshire	99.9%	100.0%	100.0%		100.0%	
		Combined Actual	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%	🟢
		Herefordshire	99.9%	100.0%	99.9%		99.9%	
		Combined Actual	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%	🟢
		Herefordshire	100.0%	100.0%	100.0%		100.0%	
		Combined Actual	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%	99.9%	99.9%		99.9%	🟢
		Herefordshire	99.8%	99.8%	99.8%		99.8%	
		Combined Actual	99.8%	99.9%	99.9%		99.9%	
1.11f	Mental Health Services Data Set Part 1 Data completeness: GP Practice	PM	97%	97%	97%	97%	97%	97%
		Gloucestershire	99.4%	99.5%	99.6%		99.6%	🟢
		Herefordshire	99.7%	99.6%	99.6%		99.6%	
		Combined Actual	99.5%	99.6%	99.6%		99.6%	

NHS Improvement Requirements

ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) Cumulative Compliance	Forecast 17/18 Outturn
1.12	**MENTAL HEALTH SERVICES DATA SET PART 2 DATA COMPLETENESS : OVERALL**	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	95.7%	95.4%	95.5%		95.4%	
		Herefordshire	92.5%	91.4%	92.0%		91.7%	
		Combined Actual	95.1%	94.7%	94.8%		94.7%	
1.12a	Mental Health Services Data Set Part 2 Data completeness: CPA Employment status last 12 months	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	90.0%	90.0%	90.2%		90.1%	
		Herefordshire	89.2%	87.5%	88.3%		87.9%	
		Combined Actual	89.9%	89.5%	89.8%		89.7%	
1.12b	Mental Health Services Data Set Part 2 Data completeness: CPA Accommodation Status in last 12 months	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	97.3%	96.7%	96.8%		96.8%	
		Herefordshire	89.6%	88.2%	89.1%		88.6%	
		Combined Actual	95.9%	95.1%	95.3%		95.2%	
1.12c	Mental Health Services Data Set Part 2 Data completeness: CPA HoNOS assessment in last 12 months	PM	50%	50%	50%	50%	50%	50%
		Gloucestershire	99.6%	99.5%	99.4%		99.5%	
		Herefordshire	98.5%	98.6%	98.5%		98.6%	
		Combined Actual	99.4%	99.3%	99.3%		99.3%	
1.13	Learning Disability Services: 6 indicators: identification of people with a LD, provision of information, support to family carers, training for staff, representation of people with LD; audit of practice and publication of findings	PM	6	6	6	6	6	6
		Gloucestershire	6	6	6		6	
		Herefordshire	6	6	6		6	
		Combined Actual	6	6	6		6	

DASHBOARD CATEGORY – DEPARTMENT OF HEALTH PERFORMANCE

	In month Compliance			Cumulative Compliance
	Mar	**Apr**	**May**	
Total Measures	27	27	27	27
🔴	2	1	2	2
🟢	23	24	23	23
NYA	0	0	0	0
NYR	1	1	1	1
UR	0	0	0	0
N/A	1	1	1	1

The table title is **DoH Performance**

Performance Thresholds not being achieved in Month

2.21: No children under 18 admitted to adult inpatient wards
There were 2 admissions of under 18s to an adult ward during May in Gloucestershire

.
A sixteen year was admitted, via the Herefordshire 136 suite, under section 2 to Priory Ward. Admission was due to increasing suicidality and risk to self. The young person was discharged the next day to an age appropriate bed.

Another sixteen year old was admitted, this time via the Gloucestershire 136 suite, under section 2 to Dean Ward. The admission was on the grounds of psychosis and increasing risk to self. They were also discharged the next day to an age appropriate unit.

2.25: All SIs reported within 2 working days of identification
There was a delay in the incident being confirmed as an SI due to discussions with Gloucestershire CCG regarding the limited contact that services had with the patient. The classification of this SI as being reported outside of the 2 working days period is being reviewed and will be confirmed during the next reporting period.

Cumulative Performance Thresholds Not being Met

2.21: No children under 18 admitted to adult inpatient wards
As above

2.25: All SIs reported within 2 working days of identification
As above

Changes to Previously Reported Figures
None

Early Warnings
None

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

2.21: No children under 18 admitted to adult inpatient wards
Unfortuantely 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.

2.25: All SIs reported within 2 working days of identification
Unfortunately as this performance threshold has been missed once in year the performance for the year will be none compliant.

DOH Never Events

ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) 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	◯
2.02	Maladministration of potassium containing solutions	PM	0	0	0	0	0	0
		Actual	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	◯
2.04	Intravenous administration of epidural medication	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.05	Maladministration of insulin	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.06	Overdose of midazolam during conscious sedation	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.07	Opioid overdose in opioid naive patient	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.08	Inappropriate administration of daily oral methotrexate	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.09	Suicide using non collapsible rails	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.10	Falls from unrestricted windows	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.11	Entrapment in bedrails	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.12	Misplaced naso - or oro-gastric tubes	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯
2.13	Wrong gas administered	PM	0	0	0	0	0	0
		Actual	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	◯
2.15	Air embolism	PM	0	0	0	0	0	0
		Actual	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	◯
2.17	Mis-identification of patients	PM	0	0	0	0	0	0
		Actual	0	0	0		0	◯

DOH Requirements

ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) Cumulative Compliance	Forecast 17/18 Outturn
		PM	0	0	0	0	0	0
2.18	Mixed Sex Accommodation - Sleeping Accommodation Breaches	Gloucestershire	0	0	0		0	🟢
		Herefordshire	0	0	0		0	🟢
		Combined	0	0	0		0	🟢
2.19	Mixed Sex Accommodation - Bathrooms	Gloucestershire	Yes	Yes	Yes		Yes	🟢
		Herefordshire	Yes	Yes	Yes		Yes	🟢
		Combined	Yes	Yes	Yes		Yes	🟢
2.20	Mixed Sex Accommodation - Women Only Day areas	Gloucestershire	Yes	Yes	Yes		Yes	🟢
		Herefordshire	Yes	Yes	Yes		Yes	🟢
		Combined	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	0	2		2	🔴
		Herefordshire	8	1	0		1	🔴
		Combined	18	1	2		3	🔴
2.22	Failure to publish Declaration of Compliance or Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	Gloucestershire	Yes	Yes	Yes		Yes	🟢
		Herefordshire	Yes	Yes	Yes		Yes	🟢
		Combined	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	🟢
		Herefordshire	Yes	Yes	Yes		Yes	🟢

DOH Requirements

ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) Cumulative Compliance	Forecast 17/18 Outturn
2.24	Serious Incident Reporting (SI)	Glos	35	2	6		8	
		Hereford	8	1	2		3	
2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%	100%
		Gloucestershire	100%	100%	83%		88%	🔴
		Herefordshire	100%	100%	100%		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%	🟢
		Herefordshire	78%	100%	100%		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	🟢
		Herefordshire	100%	NYR	NYR		NYR	🟢
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	🟢
		Herefordshire	N/A	N/A	N/A		N/A	🟢
2.29	SI Final Reports outstanding but not due	Gloucestershire	2	2	6		8	
		Herefordshire	1	1	2		3	

DASHBOARD CATEGORY – GLOUCESTERSHIRE CCG CONTRACTUAL REQUIREMENTS

Gloucestershire Contract				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	56	56	49	49
🔴	5	2	4	3
🟢	44	17	13	16
NYA	1	0	1	0
NYR	0	28	28	28
UR	0	0	0	0
N/A	6	2	3	2

Performance Thresholds not being achieved in Month

3.16: MAS: Care plan with 4 weeks of confirmed diagnosis of dementia
There were 10 cases in May where the care plan has not been uploaded onto RiO within 4 weeks of the confirmed diagnosis. A manual audit has shown that these care plans were, in fact, dated within the required 4 weeks and that non-compliance is due to late data entry. The date field in RiO is automated and non-editable and therefore these cases cannot be amended to show as compliant records. A review of the early warning report is being undertaken to support compliance.

🚩 **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.

🚩 **3.19: IAPT Access 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.

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. Negotiations are being held with Commissioners to remove this indicator for 2017/18. Moving forward this indicator will be suspended from the dashboard until the negotiations are complete.

Cumulative Performance Thresholds Not being Met

3.18: IAPT Recovery rate: Access to psychological therapies should be improved
As above

3.19: IAPT Access rate: Access to psychological therapies should be improved
As above

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
As above

Changes to Previously Reported Figure

3.46: Alexandra Road Wellbeing House dataset available for Commissioners
Previously reported as Not Yet Available, this indicator is now reported as compliant for April as the dataset has been made available to Gloucestershire Commissioners.

3.48: CPI: Referral to Assessment within 4 weeks

3:49: CPI Assessment to Treatment within 16 weeks

These are 2 new indicators for 2017/18. Both are reported for baseline information to inform future performance thresholds

The number of assessments and treatments reported for April and May are low and work is continuing with the service to ensure that all activity is identified and reported.

Early Warnings
None

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

3.18 & 3.19: IAPT Recovery rate and IAPT Access rate:
The position us unlikely to be recoverable until additional investment is agreed with Commissioners to address deficits in the service modelling relating to referrals fluctuations and extended staff absences.

This forecast position will be reviewed when Commissioners discussions are resolved in Q2.

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.

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	April-2017	May-2017	June-2017	(Apr to May) 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	◯
3.02	Minimise rates of Clostridium difficile	PM	0	0	0	0	0	0
		Unavoidable	1	0	0		0	◯
3.03	Duty of candour	PM	Report	Report	Report	Report	Report	Report
		Actual	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%	◯
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%	100%	97%		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%	99%	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				Annual	Annual
		Actual	Complete				NYR	◯
3.08	To reduce the numbers of detained patients absconding from inpatient units where leave has not been granted	PM	< 144			< 36	< 36	< 144
		Actual	96				NYR	◯
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	April-2017	May-2017	June-2017	(Apr to May) 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%	92%		92%	🔵
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%	🔵
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%	98%		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%				NYR	🔵
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%				NYR	🔵
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%	92%	83%		87%	🔵
3.17	AKI (previous CQUIN 1516) 95% of pts to have EWS score within 12 hours	PM	95%			95%	95%	95%
		Actual	99%				NYR	🔵
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%	50%	49%		49%	🟠
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%	0.98%	1.00%		12.00%	🟠
3.20	IAPT reliable improvement rate: Access to psychological therapies for adults should be improved	PM	50%	50%	50%	50%	50%	50%
		Actual	73%	79%	79%		79%	🔵
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%	100%	NA		100%	🔵
3.22	To send :Inpatient and day case discharge summaries electronically, within 24 hours to GP	PM	Report			Report	Report	Report
		Actual	Compliant				NYR	🔵

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 outturn	April-2017	May-2017	June-2017	(Apr to May) 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				NYR	●
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%	100%		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%				NYR	●
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%				NYR	●
3.28	Level 2 and 3 – Referral to treatment within 10 weeks (excludes LD, YOS, inpatient and crisis/home treatment) (CYPS)	PM	90%			90%	95%	95%
		Actual	96%				NYR	●
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%	95%	94%		95%	●
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%	64%	72%		68%	●

Gloucestershire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 outturn	April-2017	May-2017	June-2017	(Apr to May) 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%
		Actual	100%				NYR	🟢
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			Report	Report	Report
		Actual	Compliant				NYR	🟢
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%				NYR	🟠
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	April-2017	May-2017	June-2017	(Apr to May) 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	⚪
3.42	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		Compliant	🟢
3.47	IAPT DNA rate	PM		<16%	<16%	<16%	<16%	<16%
		Actual		14%	14%		14%	🟢
3.48	CPI: Referral to Assessment within 4 weeks	PM		TBC	TBC	TBC	TBC	TBC
		Actual		92%	82%		85%	⚪
3.49	CPI: Assessment to Treatment within 16 weeks	PM		TBC	TBC	TBC	TBC	TBC
		Actual		100%	100%		100%	⚪

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 were 2 admissions of under 18s to an adult ward during May in Gloucestershire
.
A sixteen year was admitted, via the Herefordshire 136 suite, under section 2 to Priory Ward. Admission was due to increasing suicidality and risk to self. The young person was discharged the next day to an age appropriate bed.

Another sixteen year old was admitted, this time via the Gloucestershire 136 suite, under section 2 to Dean Ward. The admission was on the grounds of psychosis and increasing risk to self. They were also discharged the next day to an age appropriate unit.

2.25: All SIs reported within 2 working days of identification
There was a delay in the incident being confirmed as an SI due to discussions with Gloucestershire CCG regarding the limited contact services had with the patient

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 8.

2.21: No children under 18 admitted to adult inpatient wards
See earlier note on Page 13.

2.25: All SIs reported within 2 working days of identification
See earlier note on Page 13.

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

ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) 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	🟢
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	🟢
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%	🟢
NHSI 1.05	Delayed Discharges (Including Non Health)	PM	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
		Actual	1.6%	0.5%	1.2%		0.9%	🟢
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%	🟢
NHSI 1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	50%	50%	50%	50%	50%
		Actual	72%	80%	100%		90%	🟢
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	35%	53%	60%		57%	🔴
NHSI 1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	86%	91%	86%		88%	🔴
DoH 2.18	Mixed Sex Accommodation Breach	PM	0	0	0	0	0	0
		Actual	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	0	2		2	🔴
DoH 2.25	All SIs reported within 2 working days of identification	PM	100%	100%	100%	100%	100%	100%
		Actual	100%	100%	83%		88%	🔴
DoH 2.26	Interim report for all SIs received within 5 working days of identification (unless extension granted by CCG)	PM	100%	100%	100%	0%	100%	100%
		Actual	91%	100%	100%		100%	🟢
DoH 2.27	SI Report Levels 1 & 2 to CCG within 60 working days	PM	91%	100%	100%	0%	100%	100%
		Actual	100%	NYR	NYR		NYR	🟢

DASHBOARD CATEGORY – GLOUCESTERSHIRE SOCIAL CARE

Gloucestershire Social Care				
	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	15	15	15	15
🔴	3	3	3	3
🟢	10	10	10	10
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

🚩 **4.03 – Ensure that reviews of new packages take place within 12 weeks**
This is a newly reported indicator. There were 6 new social care placement reviews due in May and currently only 1 is presenting within the clinical system as compliant. A manual audit of the 5 cases that have not met the threshold shows;

- 2 cases are genuine non-compliant cases.
- 3 cases are continuing with the same provider and therefore a review is not in fact due.

Revised compliance after the manual audit is 33%

This indicator has been red flagged as it requires further analysis to fully understand the data inputting and methodology issues and introduce further remedial steps to improve monitoring. New threshold of 80% has been agreed with Commissioners.

4.06 – Percentage of service users asked if they have a carer

Compliance in May has fallen slightly. Work continues with Community Service Managers on improving compliance. Agreement to performance threshold being reset at 80% still awaited from commissioners.
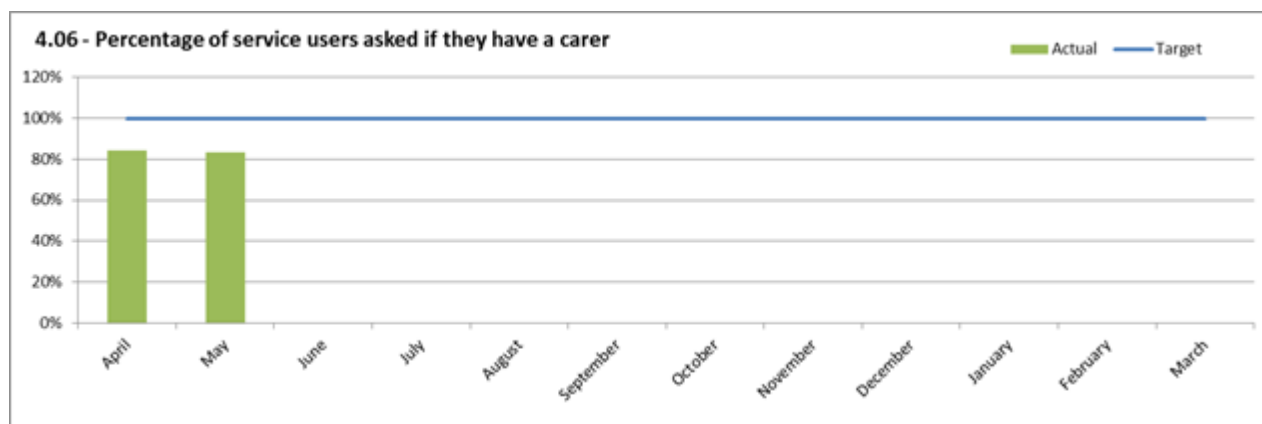
4.07 – Percentage with a carer that have been offered a carer's assessment

Compliance in April was reported at 76%, revised data shows April now to be 78% and May currently at 77%. Work continues alongside indicator 4.06 to improve compliance further.
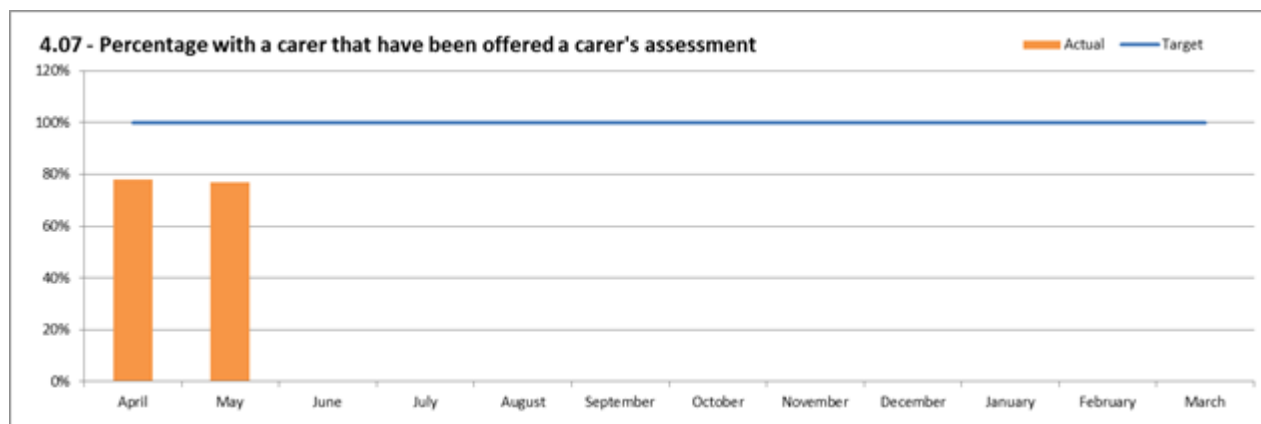
Cumulative Performance Thresholds Not being Met

4.03 – Ensure that reviews of new packages take place within 12 weeks
As above

4.06 – Percentage of service users asked if they have a carer
As above

4.07 – Percentage with a carer that have been offered a carer's assessment
As above

Changes to Previously Reported Figures

4.07– **Percentage with a carer that have been offered a carer's assessment**
Compliance in April was reported at 76%, revised data shows April now to be 78%

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 resolution before we know what this year-end performance can be forecast.

4.06 & 4.07 – Percentage of service users asked if they have a carer and Percentage with a carer that have been offered a carer's assessment
Performance threshold negotiations need to be resolved before this year end forecast can be confirmed.

Gloucestershire Social Care

ID	Performance Measure		2016/17 outturn	April-2017	May-2017	June-2017	(Apr to May) 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%	⬤
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%	99%	99%		99%	⬤
4.03	Ensure that reviews of new packages take place within 12 weeks of commencement	PM	95%	80%	80%	80%	80%	80%
		Actual	22%	57%	17%		38%	⬤
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	9.36	9.61		9.61	⬤
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	14.78	14.78		14.78	⬤
4.06	% of WA & OP service users on caseload asked if they have a carer	PM	100%	100%	100%	100%	100%	100%
			86%	84%	83%		83%	⬤
4.07	% of WA & OP service users on the caseload who have a carer, who have been offered a carer's assessment	PM	100%	100%	100%	100%	100%	100%
		Actual	75%	78%	77%		77%	⬤
4.08a	% of WA & OP service users/carers on caseload who accepted a carers assessment	PM	TBC	TBC	TBC	TBC	TBC	TBC
		Actual	39%	40%	38%		38%	⬤
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	279	273		273	⬤
4.09	% of eligible service users with Personal budgets	PM	80%	80%	80%	80%	80%	80%
		Actual	100%	90%	90%		90%	⬤

Gloucestershire Social Care

ID	Performance Measure		2016/17 outturn	April-2017	May-2017	June-2017	(Apr to May) 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%	19%		19%	🔵
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%	88%	89%		89%	🔵
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%	🔵
4.13	Adults subject to CPA receiving secondary mental health service in employment (ASCOF 1F)	PM	13%	13%	13%	13%	13%	13%
		Actual	16%	16%	16%		16%	🔵
4.14	Adults not subject to CPA receiving secondary mental health service in employment	PM	20%	20%	20%	20%	20%	20%
		Actual	24%	22%	21%		21%	🔵

DASHBOARD CATEGORY – HEREFORDSHIRE CCG CONTRACTUAL REQUIREMENTS

Herefordshire Contract				
	In month Compliance			Cumulative
	Mar	Apr	May	Compliance
Total Measures	**25**	**16**	**16**	**16**
🔴	**2**	**2**	**3**	**2**
🟢	**17**	**8**	**7**	**8**
NYA	**0**	**2**	**2**	**2**
NYR	**0**	**0**	**0**	**0**
UR	**0**	**0**	**0**	**0**
N/A	**6**	**4**	**4**	**4**

Performance Thresholds not being achieved in Month

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

🚩 5.05: 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.

5.06a – Dementia service: Number aged 65 and over receiving an assessment
The number of assessments in May is 38 against a performance threshold of 45. Cumulatively, we are reporting 8 cases fewer than the 90 cases anticipated at the end of May. This performance measure is under negotiation with Commissioners as it is not controllable by the Trust.

Cumulative Performance Thresholds Not being

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

5.06a – Dementia service: Number aged 65 and over receiving an assessment
As above

Changes to Previously Reported Figures
None

Early Warnings / Notes
None

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

5.05: IAPT roll-out (access rate) – IAPT maintain 15% of patient entering the service against prevalence:
Negotiations with commissioners around resource issues associated with this service need to be resolved before year end forecast can be confirmed.

5.11: 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

5.12: 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	April-2016	May-2016	June-2016 / Quarter 1	(Apr to May) Cumulative Compliance	Forecast 17/18 Outturn
5.01	Zero tolerance MRSA	Plan	0	0	0	0	0	0
		Unavoidable	0	0	0		0	◯
5.02	Minimise rates of Clostridium difficile	Plan	0	0	0	0	0	0
		Unavoidable	1	0	0		0	◯
5.03	VTE risk assessment: all inpatient service users to undergo risk assessment for VTE	Plan	95%	95%	95%	95%	95%	95%
		Actual	99%	97%	100%		98%	◯
5.04	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%	58%	47%		52%	◯
5.05	IAPT Roll-out (Access Rate) - IAPT maintain 15% of patient entering the service against prevalence	Plan	2178	182	363	545	363	2178
		Actual	1,191	140	312		312	◯
5.06a	Dementia Service - number of new patients aged 65 years and over receiving an assessment	Plan	540	45	45	45	90	540
		Actual	572	44	38		82	◯
5.06b	Dementia Service - total number of new patients receiving an assessment	Plan						
		Actual	610	46	40		86	◯
5.07	Patients are to be discharged from local rehab within 2 years of admission (Oak House). Based on patients on ward at end of month.	Plan	80%	80%	80%	80%	80%	80%
		Actual	100%	100%	100%		100%	◯
5.08	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%	◯
5.09	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%	94%	96%		95%	◯
5.10	Attendances at ED, wards and clinics for self-harm receive a mental health assessment	Plan	85%	85%	85%	85%	85%	85%
		Actual	98%	97%	100%		98%	◯

Herefordshire CCG Contract - Schedule 4 Specific Performance Measures

ID	Performance Measure		2016/17 Outturn	April-2016	May-2016	June-2016 / Quarter 1	(Apr to May) Cumulative Compliance	Forecast 17/18 Outturn
New KPIs for 2017/18								
5.11	CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks	Plan		95%	95%	95%	95%	95%
		Actual		NYA	NYA		NYA	🟠
5.12	CYP Eating Disorders: Treatment waiting time for urgent referrals within 1week	Plan		95%	95%	95%	95%	95%
		Actual		NYA	NYA		NYA	🟠

Herefordshire Carers Information

ID	Performance Measure		2016/17 Outturn	April-2016	May-2016	June-2016 / Quarter 1	(Apr to May) Cumulative Compliance	Forecast 17/18 Outturn
5.13	Working Age and Older People service users on the caseload asked if they have a carer. (Only includes people referred since 1st March 2016, w hen the new Carers Form w ent live on RiO).	Plan						
		Actual	41%	44%	48%		48%	◯
5.14	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, w hen the new Carers Form w ent live on RiO).	Plan						
		Actual	58%	61%	62%		62%	◯
5.15	Working Age and Older People service users/carers who have accepted a carers assessment. (Only includes people referred since 1st March 2016, w hen the new Carers Form w ent live on RiO).	Plan						
		Actual	35%	41%	39%		39%	◯

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 8.

2.21: No children under 18 admitted to adult inpatient wards
See earlier note on Page 13.

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

ID	Performance Measure (PM)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) 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%	100%	100%	0%	100%	⬭
NHSI 1.04	Care Programme Approach - formal review within12 months	PM	95%	95%	95%	95%	95%	95%
		Actual	99%	97%	98%	0%	97%	⬭
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%	0.0%	0.0%	0.0%	⬭
NHSI 1.08	New psychosis (EI) cases treated within 2 weeks of referral	PM	50%	50%	50%	50%	50%	50%
		Actual	70%	50%	75%	0%	60%	⬭
NHSI 1.09	IAPT - Waiting times: Referral to Treatment within 6 weeks (based on discharges)	PM	75%	75%	75%	75%	75%	75%
		Actual	49%	40%	43%	0%	42%	⬤
NHSI 1.10	IAPT - Waiting times: Referral to Treatment within 18 weeks (based on discharges)	PM	95%	95%	95%	95%	95%	95%
		Actual	85%	84%	80%	0%	82%	⬤
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	1	0	0	1	⬤

DASHBOARD CATEGORY – GLOUCESTERSHIRE CQUINS

	In month Compliance			Cumulative Compliance
	Mar	Apr	May	
Total Measures	**2**	**12**	**12**	**12**
🔴	0	0	0	0
🟢	2	0	0	0
NYA	0	0	0	0
NYR	0	12	12	12
UR	0	0	0	0
N/A	0	0	0	0

Gloucestershire CQUINS

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

DASHBOARD CATEGORY – LOW SECURE CQUINS

Low Secure CQUINS				
	In month Compliance			Cumulative Compliance
	Mar	**Apr**	**May**	
Total Measures	1	1	1	1
🔴	0	0	0	0
🟢	1	0	0	0
NYA	0	0	0	0
NYR	0	1	1	1
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)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to May) Cumulative Compliance	Forecast 17/18 Outturn
CQUIN 1								
8.01	Reducing the length of stay in specialised MH services	PM	Qtr 4			Report	Report	Report
		Actual	Compliant				NYR	🔵

DASHBOARD CATEGORY – HEREFORDSHIRE CQUINS

Herefordshire CQUINS				
	In month Compliance			**Cumulative**
	Mar	**Apr**	**May**	**Compliance**
Total Measures	**8**	**12**	**12**	**12**
🔴	**0**	**0**	**0**	**0**
🟢	**7**	**0**	**0**	**0**
NYA	**0**	**0**	**0**	**0**
NYR	**0**	**12**	**12**	**12**
UR	**0**	**0**	**0**	**0**
N/A	**1**	**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)		2016/17 Outturn	April-2017	May-2017	June-2017	(Apr to Jun) 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	🟢
9.01b	Healthy food for NHS Staff, Visitors and Patients	PM	Qtr 4			Report	Report	Report
		Actual	Compliant				NYR	🟢
9.01c	Improving the uptake of Flu vaccinations for Front Line Clinical Staff	PM	Qtr 4			Report	Report	Report
		Actual	Compliant				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	🟢
9.02b	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaborating with primary care clinicians	PM				Report	Report	Report
		Actual					NYR	🟢
CQUIN 3								
9.03	Improving services for people with mental health needs who present to A&E	PM				Report	Report	Report
		Actual					NYR	🟢
CQUIN 4								
9.04	Transition from Young People's Service to Adult Mental Health Services	PM				Report	Report	Report
		Actual					NYR	🟢
CQUIN 5								
9.05a	Tobacco screening	PM				Report	Report	Report
		Actual					NYR	🟢
9.05b	Tobacco brief advice	PM				Report	Report	Report
		Actual					NYR	🟢
9.05c	Tobacco referral and medication offer	PM				Report	Report	Report
		Actual					NYR	🟢
9.05d	Alcohol screening	PM				Report	Report	Report
		Actual					NYR	🟢
9.05e	Alcohol brief advice or referral	PM				Report	Report	Report
		Actual					NYR	🟢

Agenda item   **8**   **Enclosure**   **PAPER C**

Report to:	2gether Board Meeting – 27 July 2017
Author:	Anna Hilditch, Assistant Trust Secretary
Presented by:	Maria Bond, Non-Executive Director/Committee Chair

SUBJECT: **Delivery Committee Annual Report 2016/17**

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

EXECUTIVE SUMMARY

- The Delivery Committee's Terms of Reference require it to

  review its performance against its Terms of Reference and report the findings of its assessment to the Board at least once annually.

- This annual report provides an overview of the Committee's activities against its Terms of Reference during 2016/17.

RECOMMENDATIONS

The Board is asked to note and endorse this annual report.

Corporate Considerations	
Quality implications:	None other than identified in the report
Resource implications:	None other than identified in the report
Equalities implications:	None
Risk implications:	That the Delivery Committee does not carry out its duties effectively, in line with the Committee Terms of Reference.

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

WHICH TRUST VALUE(S) 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:		
Maria Bond	Date	22 June 2017

Where in the Trust has this been discussed before?		
Delivery Committee	Date	28 June 2017

What consultation has there been?		
N/a	Date	

Explanation of acronyms used:	

²gether NHS Foundation Trust

Delivery Committee Annual Report 2016/17

1 Introduction

1.1 The Delivery Committee was established to hold the Executive Directors to account in order to provide assurance to the Board regarding the efficient, economic and effective delivery of service and infrastructure operations in line with the Trust's objectives, strategies and plans, in order to support a quality patient service. In carrying out its role the Committee has regard to relevant regulatory and contractual requirements, national and local standards of good practice and equality and diversity as well as the views of service users, carers and staff.

1.2 Two designated Non-Executive Directors are members of the Committee. The Director of Service Delivery is the nominated Lead Executive for the Committee. The Trust Chair and Chief Executive are *ex officio* members of the Committee and may attend meetings as they see fit.

1.3 A number of officers are in regular attendance at the request of the Committee. These include the Head of Information Management & Clinical Systems, Service Directors and members of the Trust Secretariat team. Members of the Executive Team regularly attend the Committee where there is a relevant item on the agenda. The Committee Chair provides a summary report of the Committee's activities to the next Board meeting.

1.4 The Committee met 10 times in 2016/17, in order to discharge its duties as set out in the Committee's Terms of Reference. Each meeting was quorate.

1.5 Attendance by members of the Committee and regular attendees during the period was as shown below.

	25 May	29 June	27 July	24 August	27 September	26 October	23 November	25 January	22 February	24 March
Charlotte Hitchings (Chair) *till Oct 16*		✓	✓	✓		✓	✓			
Maria Bond (Chair) *from Nov 16*							✓	✓	✓	✓
Quinton Quayle (Vice Chair)		✓		✓	✓	✓	✓		✓	✓
Colin Merker, Director of Service Delivery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nikki Richardson, NED	✓	✓	✓	✓		✓	✓	✓	✓	
Martin Freeman, NED	✓				✓					
Lisa Evans, Board Committee Secretary	✓	✓	✓	✓	✓		✓	✓	✓	✓
Anna Hilditch, Asst. Trust Secretary	✓	✓	✓	✓		✓	✓	✓	✓	✓
Sarah Batten, SD, CYPS	✓	✓	✓		✓	✓	✓	✓		✓
Mark Hemming, SD, Herefordshire	✓	✓		✓		✓	✓	✓		✓
Jan Furniaux, SD, Gloucestershire	✓		✓	✓	✓	✓	✓	✓	✓	✓
Les Trewin, SD, Countywide	✓	✓		✓	✓		✓			✓
Steve Moore, Interim Head of Information	✓	✓	✓	✓	✓					
Chris Woon, Head of Information						✓	✓	✓	✓	
Eddie O'Neil, Deputy Director of Service Delivery		✓	✓			✓	✓			✓
Carol Sparks, Director of Org. Development	✓	✓	✓	✓	✓					
Neil Savage, Director of Org. Development								✓		✓

2   Principal Committee Focus Areas

2.1   The rest of this annual report is divided into the relevant sections, reflecting the key focus areas of the Committee.

2.2   Business and Service Delivery

2.2.1 A key part of the Committee's role is to monitor business delivery performance in order to deliver continuous improvement and meet statutory and contractual performance targets. To this end, the Committee has reviewed the Performance Dashboard at each meeting, received exception reports from Localities for indicators that were below target and provided assurance to the Board through its summary reports that risks to performance were being appropriately managed.

2.2.2 The Committee continued to receive Service Performance Focus reports on those areas of business which represent the greatest challenge in terms of delivering sustainable services within commissioners' specifications. During the year the Committee received regular reports on Children and Young People Service (CYPS) waiting lists, Dementia Services and Improving Access to Psychological Therapies (IAPT) Services. These reports have enabled the Committee to maintain a sharp focus on performance issues and potential remedial actions within these services and thereby to provide more robust assurance to the Board.

2.2.3 In January 2017 the Committee was pleased to be able to sign off the CYPS waiting list performance report due to continued improvement and compliance. The team was congratulated on the huge efforts in managing the waiting lists.

2.2.4 In May 2016, the Committee received a report on IAPT services, providing an overview of the issues raised in the diagnostic review by the NHS Improvement (NHSI) Intensive Support Team (IST) of services in Gloucestershire and Herefordshire. Services were reviewed at the Trust's request and the review identified key issues relating to access rates, recovery rates, waiting times, staff productivity, service capacity and resources and waiting list backlog clearance. A number of recommendations were made for both CCGs and the Trust to take forward. Service Improvement Plans were developed with Commissioners and were being implemented, overseen by a Project Board. The Delivery Committee requested monthly updates on progress against the action plans, in addition to the regular monitoring of performance.

2.2.5 During the year the Committee received updates on the Specialist Community Learning Disability (LD) Services Action Plan for Gloucestershire, reporting on progress with 5 key work streams. Good progress was being made in those areas within the Trust's control and assurance received that the Trust would be working with the Council to resolve any outstanding risks.

2.2.6 Scrutiny of specific performance issues has been supplemented by a rolling programme of Locality Reviews. During the year the Committee has received reports from:

- Gloucestershire Countywide
- Gloucestershire Localities
  - North Locality
  - South Locality
  - West Locality
  - Entry Level
- Herefordshire
- Children and Young People Service
- Working Well

2.2.7 These reviews highlight both good performance and areas for improvement and have enabled the Committee to build up a more rounded picture of the issues affecting those services which report into the Committee.

2.2.8 In addition to the financial reports provided by Service Directors in their Exception Reports, the Committee has also considered specific financial matters such as an Inpatient Costing Review and Benchmarking, enabling the Committee to highlight any risks to the Board as appropriate and provide assurance regarding the actions being taken to mitigate any risks.

2.2.9 The Committee has also received assurance on a number of other issues related to Service Delivery, including approving the Emergency and Winter Resilience Plans. The Committee has also reviewed progress against Business/Service Plans on a bi-annual basis and has received for assurance the action plans arising from the Annual National Patient Survey and the Staff Survey

2.3 People

2.3.1 The Committee received quarterly update reports on the HR indicators throughout the year - appraisals compliance, sickness absence and Statutory/Mandatory training compliance - due to a failure to achieve targets and a continued concern around discrepancies between figures held locally by Service Directors and those reported in Electronic Staff Records (ESR).

2.3.2 A new Training Records System "Learn 2gether" was implemented in June 2016 and a project group was set up to ensure that the implementation and roll out of the new system was robust. The Delivery Committee received regular updates on progress with the implementation of this new system during the year, and was pleased to note the proposal to record Appraisal compliance on the system from April 2017.

2.3.3 The Committee received the following annual reports and assurance statements related to Human Resources issues:

- Occupational Health
- Health and Wellbeing
- Appraisal Compliance
- Annual Equalities Report
- Organisational Development

- Training and Development
- Sickness Absence

2.3.4 The Committee monitored the implementation of action plans and revisited these as necessary throughout the year in order to provide assurance to the Board.

2.3.5 A Workforce Indicators report was received by the Committee in October 2016. A number of actions were being taken to support operational managers in meeting the 4% sickness absence target. Low sickness absence rates continued to be reported within CYPS which was excellent and discussions would take place to share any learning from this locality.

2.4 Infrastructure and Support services

2.4.1 The Committee reviewed the implementation of the Trust's IM&T strategy for 2014-19 as approved by the Trust Board in July 2014. The Committee also received reports on the implementation of other strategies approved by the Board; the Estates Strategy (approved February 2015), the Clinical Services Strategy and the Technology Strategy (approved June 2015).

2.4.2 The Committee received the Annual Telephony Services Assurance Statement in October 2016. The report provided assurance that overall services operated reliably and adequately to support the needs of the Trust.

2.4.3 The Committee received the annual Facilities Management Assurance report and the annual Estates Report providing a review of management arrangements for Estates, 2015/16 Estates cost data, Estates maintenance performance data, 2015 PLACE results and Estate Strategy key performance indicators (KPIs). Significant assurance was received on both reports.

3. Other matters worthy of note

3.1 In line with other Board Committees, the Delivery Committee has throughout 2016/17 received quarterly reports on the risks allocated to it for monitoring and assurance. The Committee introduced a focus on specific risks during the year to ensure sufficient attention to these. The Committee followed up actions being taken as a result of these specific reviews to ensure that it remained informed of progress against these.

3.2 The Committee works to an annual plan of scheduled agenda topics. In setting this annual plan, the Committee considers items where performance standards are below target or at risk of becoming so, as well as issues raised by the auditors or referred for monitoring by other Board Committees.

3.3 The Committee welcomed a new Chair, Maria Bond in November 2016.

4. Conclusion

4.1 The Committee's contribution during the year to the achievement of the Trust's strategic objectives has been to monitor and oversee the performance and sustainability of services, both in terms of meeting statutory, contractual

and financial performance obligations and in the delivery of effective quality services for the benefit of service users. This report gives an overview of the work of the Committee in delivering against the Committee's Terms of Reference to achieve these ends. Its work during the year has enabled the Committee to promote better performance, improve data quality, service level ownership and accountability, recognise good work and achievements and provide more robust assurance on all these matters to the Trust Board.

Agenda item 9   **Enclosure   Paper D**

Report to: 2gether NHS Foundation Trust Board - 27th July 2017
Author: Shaun Clee – Chief Executive
Presented by: Shaun Clee – 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:	
Resource implications:	
Equalities implications:	
Risk implications:	

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	

Where in the Trust has this been discussed before?		
CEO	Date	*19.07.17*

What consultation has there been?		
N/A	Date	

Explanation of acronyms used:	

1. CONTEXT

1.1 National Context

1.2 Delivering our Three Strategic Priorities

1.2.1 Continuously Improving Quality

The Executive Team continues to monitor, on a weekly basis, the use of agency (agency spend and shifts covered by bank staff and agency), and the effectiveness of the improvement actions. In addition, the project board meets monthly, and the matrons meet fortnightly to pursue improvements and actions.

The Director of Quality has allocated more capacity to monitor the action plan robustly.

The first two months of 2017/18 has seen a significant reduction in nursing agency compared with the same period in 2016/17. However June has seen an in month rise.

In addition actions in relation to medical agency have not yet seen a reduction in costs which should take effect from next month.

The Trust is engaged with NHSI in terms of two national 90 day rapid improvement programmes in both observations and e-rostering. These should impact on our use of agency over coming months.

1.2.2 Building Engagement

Internal Board engagement

02.05.17	The Chief Executive welcomed new colleagues at Corporate Induction
02/05/17	The Director of Finance and Commerce attended a Joining Up your Information Project Board Meeting at Gloucestershire CCG
02/05/17	The Director of Finance and Commerce attended a Follow up Joint Execs Meeting with Gloucestershire Care Services colleagues
02.05.17	The Director of Service Delivery attended the Joint Executive Meeting
02.05.17	The Director of Engagement and Integration attended the Corporate Induction to welcome new colleagues to the Trust
04/05/17	The Director of Finance and Commerce attended a BCF Planning Meeting in Worcester
05.05.17	The Director of Engagement and Integration facilitated a Patient Safety Visit at the Therapy Department at Charlton Lane Hospital
08.05.17	The Chief Executive chaired the Trust Executive Business Committee
08.05.17	The Director of Service Delivery attended the Executive Business Meeting
09.05.17	The Director of Engagement and Integration attended the Council of Governors meeting
09/05/17	The Director of Finance and Commerce attended a Resources Steering Group Committee Meeting at Gloucestershire CCG
09.05.17	The Director of Service Delivery attended the Council of Governors Meeting
10/05/17	The Director of Finance and Commerce attended a 2gether Contract Monitoring Board Meeting with Gloucestershire CCG
10.05.17	The Director of Engagement and Integration chaired the Trust's Research Overview meeting
15.05.17	The Director of Service Delivery attended the Team Talk 2017
15.05.17	The Director of Organisational Development led the Team Talk session held at the Stonebow Unit, Hereford
15.05.17	The Director of Engagement and Integration hosted the Team Talk at Rikenel
16.05.17	The Chief Executive Chaired JNCC
16/05/17	The Deputy Director of Finance attended a JNCC

16/05/17	The Deputy Director of Finance attended a Resources Steering Group Committee Meeting at Gloucestershire CCG
16.06.17	The Director of Engagement and Integration attended the Quality and Clinical Risk Sub-Committee
16.06.17	The Director of Engagement and Integration attended the Trust's Governance Committee
17.05.17	The Director of Engagement and Integration attended the Trust's Development Committee
18/05/17	The Deputy Director of Finance attended a 2gether Contract Monitoring Board Meeting with Herefordshire CCG
19/05/17	The Deputy Director of Finance attended a Herefordshire and Worcestershire STP Finance and Efficiency Group in Malvern
19.05.17	The Director of Engagement and Integration chaired the Quality and Clinical Risk Sub-Committee
22.05.17	The Chief Executive chaired the Trust Executive Business Committee meeting
23.05.17	The Director of Organisational Development chaired the Workforce & Organisational Development Sub Committee
23/05/17	The Deputy Director of Finance chaired a Capital Review Group Meeting
23.05.17	The Director of Organisational Development chaired the Temporary Staffing Demand Project Board
24.05.17	The Chief Executive attended Audit Committee
24/05/17	The Director of Finance and Commerce attended Audit Committee
25.05.17	The Chief Executive attended Trust Board
25.05.17	The Director of Organisational Development attended Trust Board
25/04/17	The Director of Finance and Commerce attended 2g Board Meeting
25.05.17	The Director of Engagement and Integration attended the Trust's Board meeting in Hereford
26.05.17	The Director of Engagement and Integration met with the Senior Leaders in the Engagement and Integration Directorate
31.05.17	The Director of Organisational Development attended Health & Safety or Managers training course
31/05/17	The Director of Finance and Commerce attended a BCF planning – Trusted Assessors meeting at Herefordshire CCG

01.06.17	The Director of Service Delivery attended the SLR/PLICS Project Board meting
02.06.17	The Director of Organisational Development attended the Smokefree information event at Dowty Club
02.06.17	The Director of Service Delivery attended Medical Staffing Committee meeting
05.06.17	The Director of Service Delivery attended the Executive Business Meeting
05.06.17	The Director of Service Delivery attended Senior Leadership Forum
05.06.17	The Director of Organisational Development attended the Senior Leadership Forum
06/06/17	The Director of Finance and Commerce hosted a Directorate Away Day at Oxstalls Tennis Centre
06.06.17	The Director of Service Delivery attended the Finance, Estates & Facilities and IT Away Day as a guest speaker
08.06.17	The Director of Service Delivery attended a MHARS all age vision project meeting
08.06.17	The Director of Service delivery attended a Hereford Pharmacy Contract meeting
12.06.17	The Director of Service Delivery attended Corporate Induction
12.06.17	The Director of Service Delivery attended a Team Talk Meeting
12.06.17	The Director of Service Delivery attended a Mental Health Legislation Scrutiny Committee Meeting
12/06/17	The Director of Finance and Commerce attended Corporate Induction on behalf of the CEO
12/06/17	The Director of Finance and Commerce attended an Executive Development Session – Pre-integration Cultural Toolkit and Diagnostic Questionnaire
12.06.17	The Director of Service Delivery attended an Executive Development Meeting
14/06/17	The Deputy Director of Finance attended a 2gether Contract Monitoring Board Meeting with Gloucestershire CCG

15/06/17	The Deputy Director of Finance attended a 2gether Contract Monitoring Board Meeting with Herefordshire CCG
15/06/17	The Deputy Director of Finance chaired the Directorate Team Brief Session
15.06.17	The Director of Service Delivery attended a Junior Doctors Task & Finish Group at Stonebow Unit
16/06/17	The Deputy Director of Finance attended a Herefordshire and Worcestershire STP Finance and Efficiency Group in Malvern
16.06.17	The Director of Service Delivery attended an Information Management & Clinical Systems Senior Team Briefing
17.05.17	The Chief Executive chaired the Gloucestershire STP HR and OD workstream meeting
18.05.17	The Chief Executive attended the Gloucestershire STP CEO meeting
18.05.17	The Chief Executive attended the Prevention and Self-care Board meeting
18.05.17	The Chief Executive attended the Research 4 Gloucestershire sign off event
19.06.17	The Chief Executive chaired the Trust Executive Business Committee
19.06.17	The Director of Service Delivery attended the Executive Business Meeting
20.06.17	The Director of Service Delivery conducted a Patient Safety Visit at Albion Chambers.
20.06.17	The Director of Organisational Development participated in the Physician Associates formal interview process
20/06/17	The Deputy Director of Finance attended a 2g PFIG Meeting with Gloucestershire CCG
22.06.17	The Director of Service Delivery attended a Complex Care Meeting
23.06.17	The Director of Organisational Development led the HR Team Away Day
26.06.17	The Chief Executive welcomed new colleagues at Corporate Induction
26.06.17	The Director of Service Delivery attended an Executive Development Meeting

26.06.17	The Director of Engagement and Integration went to the Corporate Induction to welcome new colleagues to the Trust
27.06.17	The Chief Executive attended the Gloucestershire Strategic Forum
27.06.17	The Director of Organisational Development participated in the Medical Director discussion group recruitment process
27.06.17	The Director of Engagement and Integration was involved in the discussion groups for the recruitment of the Trust's Medical Director
27/06/17	The Deputy Director of Finance chaired the Capital Review Group Meeting
27/06/17	The Deputy Director of Finance chaired the Transformation (CIP) Project Board
27.06.17	The Director of Service Delivery attended an On-Call meeting
28.06.17	The Director of Service Delivery attended a Delivery Committee meeting
28.06.17	The Chief Executive chaired the interview panel for the Medical Director
28.06.17	The Director of Service Delivery participated in the recruitment of an Executive Director
29.06.17	The Chief Executive attended Trust Board
29.06.17	The Director of Service Delivery attended a Trust Board Development Session
29.06.17	The Director of Organisational Development attended Trust Board
29.06.17	The Director of Engagement and Integration attended the Trust's Board meeting
29/06/17	The Deputy Director of Finance attended 2g Board Meeting

Board Stakeholder engagement

02.05.17	The Director of Service Delivery attended the Joining up Your Information Project Board
02.05.17	The Director of Engagement and Integration was involved in a partnership meeting with the University of the West of England
02.05.17	The Director of Engagement and Integration attended a meeting with Gloucestershire Care Services
03.05.17	The Chief Executive attended an NHS E CAMHs Tier 4 proposal meeting with Gloucestershire CCG

03.05.17	The Director of Service Delivery attended the NHSE CAMHS Tier 4 Proposal Meeting
03.05.17	The Director of Engagement and Integration attended the Forest of Dean Community Services Review Steering Group meeting at Sanger House
03.05.17	The Director of Engagement and Integration met with Gloucestershire Young Carers at the Pied Piper Children and Family Room at Wotton Lawn Hospital
04.05.17	The Chief Executive attended the Gloucestershire STP delivery Board meeting
04.05.17	The Director of Service Delivery attended the Arbury Court incident meeting
04.05.17	The Director of Organisational Development chaired the Gloucestershire STP Capability Thematic Group
05.05.17	The Chief Executive met with Matthew Swindells as part of the Gloucestershire Delivery Board
05.05.17	The Chief Executive attended the Medical Staffing Committee meeting
05.05.17	The Director of Organisational Development attended the Strategic Workforce Development Partnership Board
05.05.17	The Director of Service Delivery attended the MHARS Implementation Plan Update Meeting
08.05.17	The Chief Executive attended a partnership working meeting with GCS
08.05.17	The Director of Service Delivery attended the Partnership Working Meeting
08.05.17	The Director of Engagement and Integration attended the NHS Gloucestershire CCG's Good Mental Health Group to share the work of the Tackling Mental Health Stigma Group
09.05.17	The Director of Engagement and Integration met an individual interested in becoming an Expert by Experience
09.05.17	The Director of Service Delivery attended the Hereford LD Contract Meeting
09.05.17	The Director of Service Delivery attended the Mental Health Workstream Update Meeting
10.05.17	The Director of Organisational Development attended the Integrated Care Alliance to discuss an operational framework for integration
11.05.17	The Director of Service Delivery attended the NMOC Board Meeting

11.05.17	The Director of Service Delivery attended the Clinical Programmes Board
11.05.17	The Director of Organisational Development attended the West Midlands Leadership Transformation Board as representative of Herefordshire & Worcestershire STP
16.05.17	The Director of Engagement and Integration co-chaired the Tackling Mental Health Stigma Group
16.05.17	The Director of Engagement and Integration chaired the Triangle of Care Project Board
17.05.17	The Director of Organisational Development represented the Trust at a meeting with NMC regarding Degree Apprenticeships
18.05.17	The Director of Engagement and Integration spoke about the Research Excellence Framework at the University of Gloucestershire
18.05.17	The Director of Engagement and Integration attended the Research 4 Gloucestershire 'Statement of Intent' Launch Event
22.05.17	The Director of Organisational Development attended the H&W STP Workforce Organisational Development Action Group
22.05.17	The Medical Director attended an Inquest
23.05.17	The Medical Director attended an Inquest
24.05.17	The Director of Engagement and Integration took part in an event for the Prospective Parliamentary Candidates (PPC's) for Gloucestershire and Herefordshire at Wotton Lawn Hospital
30.05.17	The Director of Organisational Development attended the Improvement Academy Steering Group Training Course Options meeting
30.05.17	The Director of Engagement and Integration attended the Mental Health and Wellbeing Partnership Board
30.05.17	The Director of Engagement and Integration met with Executives for Evolving Communities the new providers of Healthwatch Gloucestershire
01.06.17	The Director of Organisational Development chaired the Glos STP Capability Thematic Group Meeting
01.06.17	The Director of Service Delivery participated in the PC Pilot Steering Group meeting
06.06.17	The Director of Service Delivery attended a Gloucestershire Countywide IM&T Steering Group
06.06.17	The Director of Service Delivery attended the Joining Up Your Information Project Board

06.06.17   The Director of Service Delivery attended a Reducing Clinical Variation Board meeting

07.06.17   The Director of Service Delivery attended the IRIS Project Board

07.06.17   The Director of Organisational Development chaired the Hfds & Worcs STP HR Directors' Group Meeting

09/06/17   The Director of Finance and Commerce attended as guest speaker at the Medical Education Away Day at Puckrup Hall, Tewkesbury

09.06.17   The Director of Service Delivery attended a Herefordshire IAPT meeting

12.06.17   The Director of Service Delivery attended a Meeting regarding Smoking Cessation Services

13.06.17   The Chief Executive attended the Gloucestershire Health and wellbeing board

13.06.17   The Chief Executive attended the Gloucestershire STP clinical Networking away day

13.06.17   The Director of Service Delivery attended a STP Clinical Networking Away Day at Kingsholm Stadium

14.06.17   The Director of Service Delivery attended a Networking Transformation Project Board Meeting at Gloucester Royal Hospital

14.06.17   The Director of Service Delivery attended the IT Partnership Review Board

14.06.17   The Director of Service Delivery attended the 2gether Contract Board Meeting

15.06.17   The Director of Service Delivery attended the 2gether Contract Management Board meeting in Hereford

19.06.17   The Chief Executive attended an extraordinary Gloucestershire STP CEOs meeting

20.06.17   The Chief Executive attended the Herefordshire STP Mental Health workstream meeting

20.06.17   The Chief Executive attended the Herefordshire STP Partnership Board

20.06.17   The Director of Service Delivery attended a STP Mental Health Workstream Meeting

20.06.17	The Director of Service Delivery attended an Urgent & Emergency Care Strategy Workshop with Gloucestershire Clinical Commission Group.
21.06.17	The Director of Service Delivery attended a Local Mental Health Modelling Meeting at Maddox House, Worcester
21.06.17	The Director of Organisational Development attended the Hfds & Worcs STP Workforce & Organisational Development Action Group Meeting
21.06.17	The Director of Engagement and Integration attended the Garden Project Launch (Independence Trust) at Weavers Croft in Stroud
22.06.17	The Director of Engagement and Integration attended the Gloucestershire Research and Development Consortium
22.06.17	The Director of Service Delivery attended a Stroud a Berkeley Vale Pilot Board
23.06.17	The Director of Service Delivery participated in a Conference call re: IRIS business case
23.06.17	The Director of Service Delivery attended a Gloucestershire OP Steering Group
26.06.17	The Director of Service Delivery attended an Urgent Care Strategy Meeting
26.06.17	The Director of Service Delivery attended the Integrated Locality Board
27.06.17	The Director of Service Delivery attended a Local Digital Roadmap Infrastructure Delivery Group
27.06.17	The Director of Organisational Development attended the Integrated Care Alliance Workforce Meeting
27.06.17	The Director of Engagement and Integration co-chaired the Tackling Mental Health Stigma Group at Sanger House
28.06.17	The Director of Organisational Development attended the Glos STP HR & OD Workstream Meeting
30.06.17	The Chief Executive attended an Integrated Locality Boards planning meeting at Gloucestershire CCG
30.06.17	The Director of Engagement and Integration met with other 2gether colleagues and colleagues at Swindon Mind

30.06.17	The Director of Engagement and Integration met with colleagues for Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Clinical Commissioning Group re Tackling Mental Health Stigma
30.06.17	The Director of Service Delivery attended a Attendance and Admission Avoidance Task & Finish Group meeting
30.06.17	The Director of Service Delivery attended an Integrated Locality Board meeting
30.06.17	The Director of service Delivery attended an IRIS Development Meeting

Board National engagement

10.05.17	The Chief Executive met with Colleagues from NHS I
17.05.17	The Chief Executive spoke at a conference hosted by Lloyds Bank Advisor Meeting
19.05.17	The Director of Organisational Development attended 'Capping the cost of the clinical workforce' conference
23.05.17	The Chief Executive chaired the NHS Benchmarking Committee
06.06.17	The Chief Executive attended the South of England MHQ and PSI collaborative meeting.
08.06.17	The Chief Executive hosted the Faculty Development day for the patient safety collaborative
08.06.17	The Director of Organisational Development attended the South West HR Directors' Group Meeting
09.06.17	The Chief Executive attended the joint CEO/Chief officer meeting hosted by PWC
12.06.17	The Director of Engagement and Integration was the keynote speaker at Worcestershire University's Annual Allied Health Conference
13.06.17	The Director of Engagement and Integration attended the NHS Improvement's Regional Event for AHP Leads in Provider Organisations in Birmingham
14-15.06.17	The Chief Executive attended the NHS Confederation Annual Conference
14-15.06.17	The Director of Organisational Development attended the NHS Confederation Conference

20.06.17	The Director of Engagement and Integration attended the Royal College of Occupational Therapists Conference in Birmingham
22.06.17	The Director of Organisational Development attended Module 1 of the NHS Employers Partner Programme
28.06.17	The Director of Organisational Development attended the South West Leadership Academy Board

1.2.3 Sustainability

Major Project Update – June 2017

E-rostering   sustainability/quality

E-rostering training has been completed and e-rostering implemented. Support is being provided to ensure e-rostering is used effectively, and during late June rosters will be reviewed to ensure the auto-roster percentage remains above 50%.

The roll-out of SafeCare has been deferred to September 2017 to allow time to investigate other trusts' experiences.

Temporary Staffing Demand   quality/sustainability

Demand that occurs within 24-48 hours increases the potential demand for agency cover. To mitigate this, an HCA peripatetic team became operative in Herefordshire inpatients during April, and already agency demand has decreased. Gloucestershire HCA peripatetic teams are being recruited, and the first tranche of staff will be in post in September, with the final tranche in place by November.

From mid-April all Thornbury shifts require Executive approval, and this has resulted in lower usage compared with the same period in 2016/17. The amount of Thornbury HCA cover has fallen, in part through the use of the peripatetic team and despite increased acuity, but nursing demand has remained a challenge. Previous work on analysing demand is being repeated to enable pro-active booking based on predicted demand, thereby reducing urgent cover and consequently the use of Thornbury.

Cumulative spend for the first two months of 2017/18 is below the same period 2016/17. Comparative spend has fallen in most areas, particularly nursing. Medical spend remains high and work continues to reduce agency cost. The NHSI has acknowledged the challenges facing medical agency spend, and for 2017/18 has set a reduced target of £283k below the £2,041,000 spend in 2016/17. This sets a 2017/18 target medical agency spend of £1,758,000 – however, the ceiling of £1,265,426 remains. The NHSI intends to review progress towards the £283k saving on a monthly basis.

<u>Perinatal Service</u> Quality

The project has now closed and moves in to the implementation/operational phase.

An operational group will meet monthly as a Perinatal Service Implementation Steering Group under the leadership of Jonathan Thomas. Staff are beginning to take up their roles, and the team will be fully staffed during August, with induction and training planned for September. A soft launch of the service is planned during July/August and will become fully operational Mid-September/Early October.

<u>**Major Project Update – July 2017**</u>

<u>Temporary Staffing Demand</u> quality/sustainability

The plan to recruit the Gloucestershire HCA peripatetic teams remains on track, with the first tranche of staff in post by September, and the final tranche in place by November. The Herefordshire HCA peripatetic team continues to restrain the use of agency, and the deployment of the team continues to be improved.

Cumulative agency spend for the first three months of 2017/18 is below the same period 2016/17 (£1.1m against £1.26m). Comparative spend has fallen in most areas, but Medical spend remains above the 2016/17 level. Work to reduce agency cost continues e.g. reducing vacancy levels, increasing the size of staff bank, fully implementing Employee On Line.

<u>Triangle of Care</u> Quality/Engagement

Phase 1 - Inpatient Services has recently carried out a third self-assessment. Analysis of the results show that services have increased compliancy since the two previous assessments, and many now are over 90% compliant. There were some common themes for review, such as training and how it is delivered, that are being worked upon by the project team and the learning will be applied to both inpatient and community services.

Phase 2 of the project is a roll-out to community services. Each locality has been set a timetable for implementation, project plans have been produced, and work is on currently on schedule for the completion deadline of March 2018.

<u>CIP 2017/18</u> sustainability

The CIP saving target for 2017/18 is £3.271m, and comprises 20 recurrent savings work-streams, and 2 non-recurrent savings work-streams. The actual savings plan target is £3.002m which, for the first year, provides a contingency against any under-delivery – current indications are that the full saving will be delivered.

In order to assure that the quality of the services involved in delivering the savings is not compromised, every recurrent work-stream must have an authorised Quality Impact Assessment (QIA). Four Executive Directors authorise each QIA – the Medical Director, and the Directors of Finance, Quality, and Engagement & Integration. The majority of QIAs will be authorised by the end of July.

Smoking Cessation   **sustainability**

The Trust became smoke free on 3rd April 2017. This is the beginning of a journey for us and we are working closely with both PHE SW and part of a national group convened by NHSE to deliver smoke free premises and improve the lives of those with mental health problems. We have a number of initiatives which are ongoing including training both level 1 awareness training and Level 2 Quit Advisors training.

Ensuring appropriate signage is in place has been part of our communications strategy as well as distributing key messages and information to staff and service users. We know we are making a difference and influencing culture through the reduction in people smoking on our sites particularly at Wotton Lawn, however we need to ensure moving forward we actively encourage people to quit smoking and have appropriate access to alternatives to smoking. We are working with the PHE locally and the CCG in Gloucestershire to help support our journey.

Good news stories' are being prepared and will be communicated soon for instance we have had reported several staff at CLH have quitted smoking and will help support others.

The journey is just beginning within Herefordshire where we have launched the training programme as part of Phase 2 of our journey.

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

Report to: Trust Board, 27 July 2017
Author: John McIlveen, Trust Secretary
Presented by: John McIlveen, Trust Secretary

SUBJECT: **Changes to the Trust Constitution**

This Report is provided for:			
Decision	Endorsement	Assurance	Information

EXECUTIVE SUMMARY

This report sets out proposed changes to the Trust constitution. These changes deal largely with matters concerning conflicts of interest, and reflect policy guidance from NHS England, published in Spring this year, requiring NHS trusts and foundation trusts to adopt strengthened policies to deal with actual and potential conflicts.

Accordingly, a number of changes have been proposed which affect both governors and directors. A number of existing provisions which hitherto applied only to governors have been expanded to include directors. In respect of governors, the proposal incorporates provisions which would prevent a governor taking up or continuing in office if she/he were concurrently a governor of another trust, given that this would clearly constitute a conflict of interest. This provision is already included in the constitutions of many other trusts, including University Hospitals Birmingham FT, Essex Partnership University FT, East London FT, and Cambridge and Peterborough FT, to name but a few, and the proposed change brings 2gether into line with what is now standard practice across many parts of the NHS.

While this change would not affect any governor in office at the time of the July Council meeting, it would affect one governor joining the council after this meeting of the Council. The Trust Chair has arranged a meeting with that person to discuss the changes and their implications for the prospective governor's tenure.

Previous versions of the constitution incorporated Standing Orders for both the Council of Governors and the Board, meaning that Standing Orders formed part of the constitution. Each set of Standing Orders included provisions about conflicts of interest. In order to provide clarity, those conflicts of interest provisions in Standing Orders have been relocated into the main body of the constitution. As a result, Standing Orders now deal solely with procedural matters for meetings of the Council and the Board, and the proposal in this report would decouple Standing Orders from the constitution, and enable the Council and the Board to amend and approve their own Standing Orders. Revised Standing Orders are attached for the Board's approval.

Additionally, the proposed changes remove the position of Learning Disability Partnership governor; the Trust has been unable to secure a nomination from the Learning Disability Partnership for this position, which has been vacant for since December 2015. This change would reduce the size of the Council to 26 governors. Following discussion at the July Council of Governors a provision has been added for the Council to co-opt a LD advisor should it wish to do so.

A small number of other changes have been made to update the constitution (for example, updating organisational names).

Changes are summarised below, and new inclusions (i.e. those which were not previously part of the constitution or Standing Orders) are highlighted on the attached copy of the constitution.

The Council of Governors discussed the proposed changes in depth at its meeting on 13 July, and proposed a number of changes which have been incorporated into this draft. The Council agreed the changes to the constitution subject to the incorporation of those suggested amendments, and subject to approval by the Trust Board. If agreed by the Board, therefore, these changes will take effect immediately.

RECOMMENDATIONS

The Board is asked to:

1. Agree the proposed changes to the Trust Constitution which are highlighted in the document below.
2. Agree the Standing Orders for the Board

Corporate Considerations	
Quality implications:	Proposals strengthen the Trust's mechanisms for managing conflicts of interest, in line with the latest guidance from NHS England
Resource implications:	None other than those identified in this report
Equalities implications:	No impact on protected characteristics
Risk implications:	Out of date provisions within the constitution may result in a lower standards of corporate governance.

WHICH TRUST VALUESIVES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Supporting clinical care	P	Skilled workforce	
Getting the basics right	P	Using better information	
Social inclusion		Financial efficiency	P
Seeking involvement		Legislation	P

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

Reviewed by:		
	Date	

Where in the Trust has this been discussed before?		
Council of Governors	Date	13 July 2017

What consultation has there been?		
Board members Governors	Date	7 July 2017 13 July 2017

Explanation of acronyms used:	Explained within the report.

1. Summary of proposed changes

1.1 General changes

a) Corporate governance provisions within Council of Governors and Board Standing Orders (eg concerning interests) relocated to sit within the constitution[1]

b) Standing Orders are now entirely procedural (ie relating to the conduct of Council of Governor meetings or Board meetings) and have been decoupled from the constitution. Board and Council of Governors will in future adopt and amend their own Standing Orders.

c) Interests provisions have been expanded to incorporate new guidance from NHS England which applies to directors and governors, as well as staff.[2]

d) Wording has been simplified where possible. Organisational names have been updated where appropriate (eg Monitor becomes NHS I).

e) Exclusion and disqualification provisions standardised for governors and directors

1.2 Governor-related changes

a) Learning Disability Partnership Governor removed. Provision for LD co-opted advisor included[3]

b) Make explicit that a governor may only serve two terms, regardless of the length of each term (previously implicit)

c) Disqualify a governor who has served two terms from standing again for a period of three years[4]

d) Tenure for appointed governors standardised to 'until replaced by nominating organisation'. This formalises current practice.

e) Disqualify from being a governor anyone who:

- is the spouse, partner or close relative of a director

- has been disqualified from being a member of a Local Authority[5]

- is a governor or a director of another health service body

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[1] SOs have hitherto formed part of the constitution, so the provisions which have been moved into the constitution are not new, merely relocated

[2] Trusts are required to implement NHS England's guidance.

[3] We have been encouraging the LD Partnership to nominate a replacement Governor for at least 2 years, without success

[4] This makes explicit a current provision in the constitution, and mirrors the provision which applies to directors

[5] Supports current Fit and Proper Person requirements

- is on a barred list[6]

- is a vexatious complainant as defined by the Trust's Complaints Policy

f) Provision for Council of Governors to terminate a governor's tenure if governor expresses opinions incompatible with Trust values, or if the governor fails to return a Code of Conduct declaration.

g) Duty for governors to avoid conflicts of interest and third party benefits by virtue of being a governor[7]

h) Requirement to declare 'loyalty' interests[8]

i) Power of Chair to exclude a governor from all or part of a meeting if the Chair deems a conflict of interest to exist

1.3   Director-related changes

a) Director who has served two terms may not reapply for three years

b) Disqualify from being a director if he/she

- Is disqualified from being a Local Authority member

- Is on a barred list

- Is a governor of this or another FT

- Is a director of another NHS trust or FT

c) Interests to be declared now include

- Membership of certain clubs, societies or organisations (eg Freemasons)[9]

- Connection with any organisation in a financial arrangement with the Trust (eg lenders)[9]

- Loyalty interests

- Any commercial interest in a matter under Board discussion[9]

- Any business relationship of director or family member that may conflict with Trust's interests[9]

d) Power of Chair to exclude a director from meeting/discussion if Chair deems a conflict of interest to exist

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[6] Supports current Fit and Proper Person requirements
[7] This introduces duties which previously applied only to directors
[8] For example where an individual holds office or position of authority in another organisation, or could be involved in recruitment of family members
[9] Previously applied only to governors

e) Power of Board to exclude Chair or another director while discussing a matter in which a conflict of interest exists

²GETHER
NHS FOUNDATION TRUST

Constitution

July 2017

2gether NHS Foundation Trust Constitution

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1.   Introduction

1.1   The name of the foundation trust is [2]gether NHS Foundation Trust (the Trust). The Trust is a public benefit corporation authorised under the NHS Act 2006, with effect from 1 July 2007. The functions of the Trust are conferred by this legislation

1.2   The headquarters of the Trust is Trust Headquarters, Rikenel, Montpellier, Gloucester GL1 1LY.

1.3   As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable.

2.   Principal purpose

2.1   The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

2.2   The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

2.3   The Trust may provide goods and services for any purposes related to:

(a)   the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

(b)   the promotion and protection of public health

2.4.   Other purposes

2.4.1   The Trust may fulfil the social care functions of Gloucestershire County Council as specified by an agreement under Section 75 of the 2006 Act.

2.4.2   The purpose of the Trust is to provide goods and services, including education, training and research and other facilities for purposes related to the provision of health care, in accordance with its statutory duties and the terms of its Authorisation

2.4.3   The Trust may carry out research in connection with the provision of health care and make facilities and staff available for the purposes of education, training or research carried on by others.

2.4.4   The Trust may also carry on activities other than those mentioned above subject to any restrictions in the terms of authorisation. These activities must be for the purpose of making additional income available in order to carry on the Trust's principal purpose.

3. Powers

3.1 The powers of the Trust are set out in the 2006 Act.

3.2 The powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

3.3 Any of these powers may be delegated to a committee of directors, or to an executive director, or to another officer asset out in the Trust's scheme of delegation.

4. Membership and constituencies

4.1 The Trust shall have members, each of whom shall be a member of one of the following constituencies:

   (a) a public constituency or

   (b) a staff constituency

5. Application for membership

5.1 An individual who is eligible to become a member of the Trust by virtue of living in the Public Constituency, or being a member of the Trust staff may do so on application to the Trust.

5.2 It is the responsibility of members to ensure their eligibility and not the Trust, but if the Trust is on notice that a member may be disqualified from membership, they shall carry out all reasonable enquiries to establish if this is the case.

6. Public Constituency

6.1 An individual who lives in the area specified in Annex 1 as the area for a Public Constituency may become or continue as a member of the Trust.

6.2 Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency.

6.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

6.4 An eligible individual shall become a member upon entry to the membership register pursuant to an application by them.

6.5 On receipt of an application for membership and subject to being satisfied that the applicant is eligible the Trust shall cause the applicant's name to be entered in the Trust's register of members

Termination of membership

6.6 A member shall cease to be a member of the Public Constituency if he/she –

(a)   submits his/her resignation in writing to the Trust

(a)

(b)   ceases to live in the area specified as the Public Constituency

6.7   At the discretion of the Trust, where a member consistently fails to respond to requests to confirm interest in continuing membership the Trust may remove the member's name from the register of members

7.   Staff Constituency

7.1   An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:

(a)   He/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

(b)   He/she has been continuously employed by the Trust under a contract of employment for at least 12 months.

7.2   Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.

7.3   The Staff Constituency shall be divided into 3 descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency.

7.4   The minimum number of members in each class of the Staff Constituency is specified in Annex 2.

Automatic membership by default – staff

7.5   An individual who is eligible to become a member of the Staff Constituency shall become a member of the Trust as a member of the Staff Constituency and appropriate class within the Staff Constituency without an application being made, unless he/she informs the Trust that he/she does not wish to do so.

7.6   On being satisfied that the applicant is eligible the Trust shall cause the applicant's name to be entered in the Trust's register of members

Termination of membership

7.7   A member shall cease to be a member of the Staff Constituency if he/she –

(a)   submits his/her resignation from membership in writing to the Trust

(b)   leaves the Trust's employment

7.8   Members who are no longer eligible to be members of the Staff Constituency by virtue of having left the employment of the Trust shall, if living in the Public

Constituency, automatically become members of the appropriate Public Constituency, unless they indicate otherwise to the Trust.

8.   Restriction on membership

8.1   An individual member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

8.2   An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

8.3   An individual must be at least 11 years old to apply to become a public member of the Trust

9.   Annual General Meeting

9.1   The Trust shall hold an annual meeting of its members (Annual General Meeting). The Annual General Meeting shall be open to members of the public.

10.   Council of Governors – composition

10.1   The Trust is to have a Council of Governors, which shall comprise both elected and appointed governors.

10.2   The composition of the Council of Governors is specified in Annex 3.

10.3   The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 3.

Local Authority Governors

10.4   Gloucestershire County Council may appoint an elected member of the Council as a Local Authority Governor by nomination in writing, signed by the Leader of the Council.

10.5   Herefordshire Council may appoint an elected member of the Council as a Local Authority Governor by nomination in writing, signed by the Leader of the Council.

Clinical Commissioning Group Governors

10.6   The Accountable Officer of the Gloucestershire Clinical Commissioning Group may appoint a representative of that group as a Clinical Commissioning Group Governor by nomination in writing.

10.7 The Accountable Officer of the Herefordshire Clinical Commissioning Group may appoint a representative of that group as a Clinical Commissioning Group Governor by nomination in writing.

11. Council of Governors – election of governors

11.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Rules for Elections.

11.2 The Model Rules for Elections, as published by the Department of Health, form part of this constitution.

11.3 A variation of the Model Rules by the Department of Health shall not constitute a variation of the terms of this constitution for the purposes of paragraph 46 of the constitution (Amendment of the Constitution). For the avoidance of doubt, the Trust cannot amend the Model Rules.

11.4 An election, if contested, shall be by secret ballot.

12. Council of Governors – tenure

12.1 An elected governor may hold office for an initial period of up to 3 years.

12.2 An elected governor shall be eligible for re-election at the end of his/her term one further period of up to 3 years. He/she may not hold office for longer than 2 consecutive terms, regardless of the length of each term.

12.3 An elected governor who has completed two consecutive terms of office at 2gether NHS Foundation Trust shall be eligible to stand again for election following a break of at least 3 years.

12.4 An elected governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he was elected.

12.5 An appointed governor may hold office until they are replaced by the organisation which nominated them.

13. Council of Governors – disqualification and removal

13.1 The following may not become or continue as a member of the Council of Governors:

13.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

13.1.2 a person who has made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

13.1.3 a person who within the preceding five years has been convicted in the British Isles of any offence where a sentence of imprisonment

(whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.

13.1.4   a person who has within the preceding two years been dismissed, other than for reasons of redundancy or sickness, from any paid employment with a health service body.

13.1.5   a person whose tenure of office as the chairman or as a member or director of a health service body has been terminated on the grounds that his/her appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest

13.1.6   a person who is an executive or non-executive director of the Trust.

13.1.7   a person who is a governor, executive director or non-executive director of another health service body.

13.1.8   a person who is the spouse, partner or close relative of a member of the Trust's Board of Directors

13.1.9   a person who is undergoing a period of disqualification from a statutory health or social care register. This provision shall not apply where a person's registration lapses or their name has been removed at their own request, for example following retirement.

13.1.10   a person subject to a director's disqualification order made under the Company Directors Disqualification Act 1986

13.1.11   a person who has been disqualified from being a member of a relevant authority under the provisions of the Local Government Act 2000

13.1.12   a person who has not attained the age of 16 at the date they are nominated for election or appointment.

13.1.13   in the case of an appointed governor, a person whose appointing body withdraws its sponsorship of the governor.

13.1.14   in the case of an elected governor, a person who ceases to be a member of the constituency or class of constituency that he/she represents.

13.1.15   a governor who has failed to abide by the Trust's Code of Conduct for Governors, and any relevant Code of Values that the Trust may publish from time to time.

13.1.16   a person who is the subject of an Order under the Sexual Offences Act 2003, or any subsequent legislation.

13.1.17   a person who is included in any barred list maintained by the Disclosure and Barring Service (or any successor body) or any

equivalent list maintained under the laws of Scotland or Northern
Ireland

13.1.18   a person who is a vexatious complainant as determined in accordance
with the Trust's complaints procedure

13.2   Following election or appointment, and henceforth on an annual basis,
governors shall be required to confirm that they are not disqualified from the
office of Governor under any provision within section 13 of this Constitution.

13.3   Where a person has been elected or appointed to be a governor and
subsequently becomes disqualified for appointment he/she shall notify the Trust
Secretary in writing of such disqualification at the earliest opportunity.

14.   Termination of tenure

14.1   If it comes to the notice of the Trust Secretary (either at the time of the
governor's appointment or later) that the governor is disqualified under the
provisions of paragraph 13 of this constitution, he shall immediately declare that
the person in question is disqualified and notify him in writing to that effect.
Upon receipt of any such notification, that person's tenure of office, if any, shall
be terminated and he/she shall cease to act as a governor.

14.1   A governor may resign from office at any time during the term of that office by
giving notice in writing to the Trust Secretary.

14.2   If a governor fails to attend three consecutive general meetings of the Council
of Governors his/her tenure of office is to be terminated at the next meeting
unless the other governors (by a simple majority) are satisfied that:-

(a)   the absence was due to a reasonable cause; and

(b)   he/she will be able to start attending meetings of the Council of
Governors again within such a period as they consider reasonable.

14.3   The Council of Governors may terminate the tenure of a governor (regardless
of his/her record of attendance), by a three quarters majority of the Council of
Governors voting, if it is satisfied that he/she:

14.3.1   has failed or is failing to adhere to the Trust's Code of Conduct for
Governors, and/or

14.3.2   has failed to sign and deliver to the Trust Secretary a statement in the
form required confirming acceptance of the Code of Conduct for
Governors

14.3.3   has expressed opinions which are incompatible with the values of the
Trust

14.3.4   has acted or persists in acting in a manner prejudicial to the best
interests of the Trust.

14.4 Standing Orders shall provide for the procedure to be adopted in connection with motions to terminate the tenure of governors.

15. **Vacancies**

15.1 Where membership of the Council of Governors ceases within 12 months of election, public and staff governors shall be replaced by the candidate in the same constituency and class with the next highest number of votes at the last election. If the vacancy cannot be filled by this method the governor will be replaced by holding a by-election, in accordance with the Election Rules.

15.2 Appointed governors are to be replaced in accordance with the processes set out in the relevant paragraphs of this constitution.

16. **Council of Governors – duties and responsibilities**

16.1 The general duties and responsibilities of the Council of Governors are –

(a) to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, and

(b) to represent the interests of the members of the trust as a whole and the interests of the public

16.2 The trust will take steps to ensure that governors are equipped with the skills and knowledge they require in their capacity as such.

16.3 The specific powers and duties of the Council of Governors are:

16.3.1 in a general meeting to:

(a) appoint or remove the Chair of the Trust and the other non-executive directors. The removal of the Chair or a non-executive director shall require the approval of three quarters of the total number of governors;

(b) approve the appointment of the Chief Executive of the Trust by the non-executive directors;

(c) decide the remuneration and allowances and the other terms and conditions of office of the non-executive directors;

(d) appoint or remove the Trust's auditor;

(e) receive and consider the Trust's annual accounts, any auditor's reports on those annual accounts, and the annual report of the Board of Directors no later than September each year;

(f) appoint one of the non-executive directors to be the deputy Chair of the Trust

16.3.2   to be consulted by the Board of Directors regarding the information to be included in the Trust's annual plan;

16.3.3   to respond as appropriate when consulted by the Board of Directors;

16.3.4   to require one or more directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or the directors' performance);

16.3.5   to approve the entering into of any significant transaction;

16.3.6   to authorise an application for a merger, acquisition, separation or dissolution of the Trust;

16.3.7   to exercise such powers and to discharge such other duties as may be conferred on the Council of Governors under this constitution.

16.4   Where the Council of Governors believes it to be necessary it may appoint co-opted advisors. It may seek nominations for co-opted advisors from voluntary and community sector organisations working in any area where the Trust provides services to speak for the following special interests:

- Older people's mental health
- Adults of working age mental health
- Children's and adolescents' mental health
- People who misuse substances
- Black and ethnic minority communities
- Carers
- Young carers
- Learning disability

16.5   Co-opted advisors may speak at meetings of the Council of Governors but may not vote and will not count towards any quorum.

16.6   The co-opted advisors are to be appointed by the Council for such period and in accordance with such process as may be approved by the Council of Governors at a general meeting.

17.   Council of Governors – meetings of governors

17.1   The Trust Chair (i.e. the Chair of the Board of Directors, appointed in accordance with the appropriate provisions of this constitution) or, in his/her absence the Deputy Chair (appointed in accordance with the appropriate provisions of this constitution), shall preside at meetings of the Council of Governors. In the absence of the Trust Chair and Deputy Chair a non-executive director nominated by the Trust Chair shall preside at meetings of the Council of Governors.

17.2   In no circumstances may an absent governor vote by proxy at a meeting of the Council of Governors. Absence is defined as being absent at the time of the vote.

17.3   Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

17.4   The Council of Governors is to hold up to 6 scheduled meetings per year.

18.   Council of Governors – committees and sub-committees

18.1   The Council of Governors may appoint committees consisting of its own members to assist in carrying out the functions of the Council of Governors. A committee appointed under this paragraph may appoint a sub-committee where permitted by that committee's terms of reference.

19.   Council of Governors – referral to the Panel

19.1   In this paragraph, 'the Panel' means a panel of persons appointed by NHS Improvement to which a governor of an NHS foundation trust may refer a question as to whether the Trust has failed or is failing –

(a)   to act in accordance with its own constitution

(b)   to act in accordance with the provision made by or under Chapter 5 of the 2006 Act

19.2   A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

20.   Standards of business conduct

Canvassing of, and recommendations by, governors in relation to appointments

20.1   Canvassing of governors directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the constitution shall be included in application forms or otherwise brought to the attention of candidates.

20.2   A governor shall not solicit for any person any appointment under the Trust or recommend any person for such appointment: but this paragraph of this Standing Order shall not preclude a governor from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

20.3   Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

Relatives of Governors

20.4   Candidates for any staff appointment shall, when making application, disclose in writing to the Trust whether they are related to any governor. Failure to

disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to dismissal.

20.5 Every governor shall disclose to the Trust Secretary any relationship between himself/herself and a candidate of whose candidature that governor is aware.

20.6 On election or appointment, governors should disclose to the Trust whether they are related to any other governor or holder of any office in the Trust.

21. Declarations of Governors' interests and register of interests

21.1 Each governor has a duty to avoid a situation in which the governor has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

21.2 Each governor has a duty not to accept a benefit from a third party by reason of being a governor, or doing (or not doing) anything in that capacity.

21.3 If a governor has a pecuniary, personal, family, loyalty or other interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor must declare such interests in accordance with policies agreed from time to time by the Trust in respect of conflicts of interest.

21.4 Examples of interests which should be declared include, but are not limited to:

(a) directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).

(b) ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.

(c) majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.

(d) an office or position of authority in another organisation in the field of health and social care.

(e) any connection with a voluntary or other organisation contracting for NHS services.

(f) research funding/grants that may be received by an individual or their department.

(g) interests in pooled funds that are under separate management.

(h) any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the

2gether NHS Foundation Trust, including but not limited to, lenders or banks.

   (i)   membership of clubs, societies or organisations whose purpose may include furthering the business or personal interests of their members by undeclared or informal means. Such organisations include Masonic lodges and societies whose membership consists of professional and business people.

   (j)   any other commercial interest in a matter under discussion at a meeting of the Council of Governors.

   (k)   any other employment or business or other relationship of his/hers, or of a member of his/her family or of someone with whom he/she has a close personal relationship, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

21.5   At the time any interest is declared, it should be recorded in the Council of Governors minutes as appropriate. Any changes in interests should be declared at the next Council of Governors meeting following the change occurring. Governors must inform the Trust Secretary in writing within 7 days of becoming aware of the existence of any relevant or material interest.

21.6   Governors' directorships of companies or ownerships/directorships in companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in subsequent annual reports.

21.7   The Chair may exclude a Governor from a meeting (or part thereof) of the Council of Governors, or any committee of the Council of Governors, where any contract, proposed contract or other matter in which he/she is determined by the Chair to have an interest, is under consideration.

21.8   In the case of family or close personal relationships the interest of one party shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

21.9   If Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or Trust Secretary. Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

Register of governors' interests

21.10 The Trust Secretary will ensure that a register of interests is established to record formally declarations of interests of governors. In particular the register will include details of all directorships and other relevant and material interests which have been declared, as defined in the relevant Trust policy on conflicts of interests.

21.11 The details of governors' interests recorded in the register will be kept up to date by the Trust Secretary who will ensure any changes to interests declared are incorporated promptly.

21.12 The Register will be available to the public and the Chair will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.

22. Council of Governors – travel expenses

22.1 The Trust may pay travelling and other reasonable expenses to members of the Council of Governors at rates determined by the Trust.

23. Council of Governors – remuneration

23.1 Governors are not permitted to receive remuneration.

24. Code of Conduct for Governors

24.1 The Council of Governors will adopt its own Code of Conduct for Governors.

25. Council of Governors – Standing Orders

25.1 The Council of Governors will adopt Standing Orders for the practice and procedure of the Council of Governors. Such Standing Orders will NOT form part of this constitution and any amendments to Standing Orders shall not constitute a variation of the terms of this constitution for the purposes of the paragraph relating to amendment of the constitution.

26. Board of Directors – composition

26.1 The Trust is to have a Board of Directors, which shall comprise both executive and non-executive directors.

26.2 The Board of Directors is to comprise:

(a) a non-executive chair; and,

(b) no fewer than 5 but no more than 7 other non-executive directors; and

(c) no fewer than 5 but no more than 7 executive directors.

26.3 One of the executive directors shall be the Chief Executive.

26.4 The Chief Executive shall be the Accounting Officer.

26.5 One of the executive directors shall be the finance director.

26.6 One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

26.7 One of the executive directors is to be a registered nurse or a registered midwife.

26.8 The aggregate number of non-executive directors (including the Trust Chair) is to be more than half of the Board of Directors.

27. Board of Directors – general duty

27.1 The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

28. Board of Directors – qualification for appointment as a non-executive director

28.1 A person may be appointed as a non-executive director only if –

(a) he/she is a member of the Public Constituency, and

(b) he/she is not disqualified by virtue of any other provision set out in the constitution.

29. Board of Directors – appointment and removal of the Trust Chair and other non-executive directors

29.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Trust Chair and the other non-executive directors.

29.2 The Trust Chair and other non-executive directors are to be appointed by the Council of Governors following a process of open competition.

29.3 Non-executive directors (including the Trust Chair) shall be appointed for an initial term of up to three years, and may be reappointed at the end of that term for a further term of up to three years.

29.4 A non-executive director (including the Trust Chair) who has completed two consecutive terms of office in 2gether NHS Foundation Trust shall be eligible to apply again for appointment following a break of at least 3 years.

29.5 Removal of the Trust Chair or another non-executive director shall require the approval of three-quarters of the members of the Council of Governors.

30. Board of Directors – appointment and powers of Deputy Chair

30.1 The Council of Governors at a general meeting of the Council of Governors shall appoint one of the current non-executive directors as Deputy Chair.

30.2 Any director so appointed may at any time resign from the office of Deputy Chair by giving notice in writing to the Chair. The Council of Governors may thereupon appoint another non-executive director as Deputy Chair in accordance with the provisions of the Council of Governors' Standing Orders.

30.3 Where the Chair has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Deputy Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes his/her duties, as the case may be; and references to the Chair in this constitution shall, so long as there is no Chair able to perform those duties, be taken to include references to the Deputy Chair.

31. Board of Directors - appointment and removal of the Chief Executive and other executive directors

31.1 The non-executive directors shall appoint or remove the Chief Executive.

31.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.

31.3 A committee consisting of the Trust Chair, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors.

32. Board of Directors – disqualification

32.1 The following may not become or continue as a member of the Board of Directors:

32.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.

32.1.2 a person who has made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it.

32.1.3 a person who within the preceding five years has been convicted in the British Isles of any offence where a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.

32.1.4 in the case of a non-executive director, a person who is no longer a member of the public constituency.

32.1.5 a person whose tenure of office as a chairman or as a member or director of a health service body has been terminated on the grounds that his/her appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

32.1.6 a person who is undergoing a period of disqualification from a statutory health or social care register. This provision shall not apply where a person's registration lapses or their name has been removed at their own request, for example following retirement.

32.1.7   a person who has within the preceding two years been dismissed, otherwise than by reason of redundancy or ill health from any paid employment with a health service body.

32.1.8   a person who has been disqualified from being a member of a relevant authority under the provisions of the Local Government Act 2000

32.1.9   a person subject to a director's disqualification order made under the Company Directors Disqualification Act 1986

32.1.10   a person who is the subject of an Order pursuant to the Sexual Offences Act 2003.

32.1.11   a person who is included in any barred list maintained by the Disclosure and Barring Service (or any successor body) or any equivalent list maintained under the laws of Scotland or Northern Ireland

32.1.12   a person who does not meet, either upon appointment or subsequently, the Fit and Proper Person Requirements for directors

32.1.13   a person who is a governor of this or another NHS foundation trust.

32.1.14   a person who is a director of an NHS trust or another foundation trust

33.   Board of Directors – meetings

33.1   Public meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

33.2   Before holding a meeting in public, the Board of Directors must send a copy of the agenda to the Council of Governors. As soon as practicable after holding a meeting, the Board must send a copy of the minutes to the Council of Governors.

34.   Board of Directors – standing orders

34.1   The Board will adopt Standing Orders for the practice and procedure of the Board of Directors. Such Standing Orders will NOT form part of this constitution and any amendments to Standing Orders shall not constitute a variation of the terms of this constitution for the purposes of the paragraph relating to amendment of the constitution.

35.   Declarations of directors' interests and register of interests

35.1   The duties that a director of the Trust has by virtue of being a director include in particular –

35.1.1 A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

35.1.2 A duty not to accept a benefit from a third party by reason of being a director, or doing (or not doing) anything in that capacity.

35.1.3 If a director has a pecuniary, personal, family, loyalty or other interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board, the director must declare such interests to the Trust secretary and to the Board in accordance with policies agreed from time to time by the Trust in respect of conflicts of interest.

35.2 Examples of interests which should be declared include, but are not limited to:

(a) directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).

(b) ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.

(c) majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.

(d) an office or position of authority in another organisation in the field of health and social care.

(e) any connection with a voluntary or other organisation contracting for NHS services.

(f) research funding/grants that may be received by an individual or their department.

(g) interests in pooled funds that are under separate management.

(h) any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.

(i) membership of clubs, societies or organisations whose purpose may include furthering the business or personal interests of their members by undeclared or informal means. Such organisations include Masonic lodges and societies whose membership consists of professional and business people.

(j) any other commercial interest in a matter under discussion at a meeting of the Board.

(k)   any other employment or business or other relationship of his/hers, or of a member of his/her family or of someone with whom he/she has a close personal relationship, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

35.3   At the time any interest is declared, it should be recorded in the Board minutes as appropriate. Any changes in interests should be declared at the next Board meeting following the change occurring. Directors must inform the Trust Secretary in writing within 7 days of becoming aware of the existence of any relevant or material interest.

35.4   Directors' directorships of companies or ownership/directorship of companies likely or possibly seeking to do business with the NHS should be published in the Board's annual report. The information should be kept up to date for inclusion in subsequent annual reports.

35.5   Where the Trust Chair or chair of a Board committee determines that a director has an interest in any contract, proposed contract or other matter under consideration, the director may be excluded from that meeting or part thereof.

35.6   The Trust Board may exclude the Chair or a director of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has an interest is under consideration.

35.7   In the case of family or close personal relationships the interest of one party shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

35.8   If directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or Trust Secretary. Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

35.9   The duty to avoid a conflict of interest is not infringed if the matter has been authorised in accordance with the constitution.

35.10 In relation to the duty not to accept a benefit from a third party, 'third party' means a person other than:

(a)   the Trust, or

(b)   a person acting on its behalf.

35.11 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.

35.12 Any declaration required by this paragraph must be made before the Trust enters into the transaction of arrangement.

35.13 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

35.14 A director need not declare an interest –

35.14.1 If, or to the extent that, the directors are already aware of it;

35.14.2 If, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered –

(a) by a meeting of the Board of Directors, or

(b) by a committee of the directors appointed for the purpose under the constitution.

35.15 Any remuneration, compensation or allowance payable by the Trust to the Chair or a director shall not be treated as a pecuniary interest for the purpose of the provisions of this constitution.

Register of directors' interests

35.16 The Trust Secretary will ensure that a register of interests is established to record formally declarations of interests of directors. In particular the register will include details of all directorships and other relevant and material interests which have been declared, as defined in the relevant Trust policy on conflicts of interests.

35.17 The details of directors' interests recorded in the register will be kept up to date by the Trust Secretary who will ensure any changes to interests declared are incorporated promptly.

35.18 The register will be available to the public and the Chair will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.

35.19 The register of directors' interests will be reviewed by the Audit Committee at least annually.

36. Interest of officers in contracts

36.1 Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her has any pecuniary interest, direct or indirect, shall declare their interest by giving notice in writing of such fact to the Trust Secretary as soon as practicable.

36.2 An officer should also declare to the Trust Secretary any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

36.3 The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

37. Canvassing of and recommendations by directors in relation to appointments

37.1 Canvassing of directors of the Trust Board or of any committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the constitution shall be included in application forms or otherwise brought to the attention of candidates.

37.2 Directors of the Trust Board shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of constitution shall not preclude a director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

38. Relatives of directors or officers

38.1 Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

38.2 The Chair and every director and officer of the Trust shall disclose to the Trust Board any relationship between himself and a candidate of whose candidature that director or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.

38.3 On appointment, directors (and prior to acceptance of an appointment in the case of executive directors) should disclose to the Trust whether they are related to any other director or holder of any office in the Trust.

39. Board of Directors – remuneration and terms of office

39.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Trust Chair and the other non-executive directors.

39.2 The Trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors.

39.3 The remuneration and allowances for non-executive directors, as set by the Council of Governors, are to be published in the annual report.

40. Registers

40.1 The Trust shall have:

(a) a register of members showing, in respect of each member, the constituency to which he/she belongs and, where there are classes within it, the class to which he/she belongs;

(b) a register of members of the Council of Governors;

(c) a register of interests of governors;

(d) a register of directors; and

(e) a register of interests of the directors.

41. Registers – inspection and copies

41.1 The Trust shall make the registers specified in paragraph 36 available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

41.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.

40.3 So far as the registers are required to be made available:

(a) they are to be available for inspection free of charge at all reasonable times; and

(b) a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

41.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

42. Documents available for public inspection

42.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

(a) a copy of the current constitution;

(b) a copy of the latest annual accounts and of any report of the auditor on them, and

(c) a copy of the latest annual report;

42.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

(a) a copy of any order made under Section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report, 65L (trusts

coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act.

(b)   a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act.

(c)   a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.

(d)   a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

(e)   a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.

(f)   a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J power to extend time), 65KA (Monitor's decision), 65KB Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (secretary of State's response to re-submitted final report) of the 2006 Act.

(g)   a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

(h)   a copy of any final report published under section 65I (administrator's final report) of the 2006 Act.

(i)   a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act

(j)   a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

42.3   Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

42.4   If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

43.   <u>Auditor</u>

43.1   The Trust shall have an auditor.

43.2   The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

44. Audit committee

44.1 The Trust shall establish a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

45. Accounts

45.1 The Trust must keep proper accounts and proper records in relation to the accounts.

45.2 NHS Improvement (or any successor body) may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts

45.3 The accounts are to be audited by the Trust's auditor.

45.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement may with the approval of the Secretary of State direct.

45.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

46. Annual report, forward plans and non-NHS work

46.1 The Trust shall prepare an Annual Report and send it to NHS Improvement.

46.2 The Trust shall give information as to its forward planning in respect of each financial year to NHS Improvement.

46.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.

46.4 In preparing the document, the directors shall have regard to the views of the Council of Governors.

46.5 Each forward plan must include information about:

    (a)   the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

    (b)   the income it expects to receive from doing so

46.6 Where a forward plan contains a proposal to conduct activities other than the provision of goods and services for the purposes of the health service in England the Council of Governors must:

    (a)   determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of other functions, and

(b)   notify the directors of the Trust of its determination

46.7   A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half the members of the Council of Governors of the Trust voting approve its implementation.

47.   Presentation of the annual accounts and reports to the governors and members

47.1   The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

(a)   the annual accounts

(b)   any report of the auditor on them

(c)   the annual report.

47.2   The Trust may combine a meeting of the Council of Governors convened for this purpose with the Annual General Meeting.

47.3   The documents shall also be presented to members of the Trust at the Annual General Meeting by at least one member of the Board of Directors in attendance.

48.   Instruments

48.1   The Trust shall have a seal.

48.2   The seal shall not be affixed except under the authority of the Board of Directors.

49.   Amendment of the constitution

49.1   the Trust may make amendments to the constitution only if –

(a)   More than half the members of the Council of Governors of the Trust voting approve the amendments, and

(b)   More than half of the members of the Board of Directors of the Trust voting approve the amendments.

49.2   Amendments made under paragraph 49.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act.

49.3 Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust) –

    (a)   At least one member of the Council of Governors must attend the next Annual General Meeting and present the amendment, and

    (b)   The Trust must give the members an opportunity to vote on whether they approve the amendment.

49.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

49.5 Amendments by the Trust of its constitution are to be notified to NHS Improvement. For the avoidance of doubt, NHS Improvement's functions do not include a power to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

50. Mergers etc. and significant transactions

50.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

50.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

50.3 'Significant transaction' means any transaction with a value equal to or greater than 20% of the Trust's income, assets or capital.

51. Dispute Resolution Procedures

51.1 In the event of dispute between the Council of Governors and the Board of Directors:

    (a)   In the first instance the Trust Chair on advice of the Trust Secretary, and such other advice as the Trust Chair may see fit to obtain, shall seek to resolve the dispute.

    (b)   If the Trust Chair is unable to resolve the dispute he/she shall appoint a special committee comprising equal numbers of directors and governors to consider the circumstances and to make recommendations to the Council of Governors and the Board of Directors with a view to resolving the dispute.

    (c)   If the recommendations (if any) of the special committee are unsuccessful in resolving the dispute, the Trust Chair may refer the dispute to an external mediator appointed by the Centre for Dispute Resolution or such other organisation as he/she considers appropriate

52. Indemnity

52.1 Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Council or Board functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust.

53. Dissolution of the Trust

53.1 The Trust may not be dissolved except order of NHS Improvement, in accordance with section 57A of the 2006 Act, following authorisation of a relevant application by the Council of Governors in accordance with the relevant paragraph of this constitution, or by order of NHS Improvement under section 65LA of the 2006 Act.

54. Relationship with the County Council

54.1 Where the Trust has entered into a partnership agreement pursuant to the Health Act 1999 with a County Council:

(a)   it will be contractually accountable to the County Council for the performance of County Council functions under such agreement

(b)   it may establish a joint committee pursuant to regulation 10 of the partnership regulations, or such other board or officer group with delegated authority from the Board of Directors to oversee the arrangements as the Board of Directors see fit.

54.2 Subject to any delegation of functions to any group established under the paragraphs above, the function of supervising the management of the County Council functions shall vest in the Board of Directors or a single director nominated by the Board.

54.3 In the event that any such partnership agreement establishes a pooled fund within the meaning of the partnership regulations, then subject to the terms of the agreement and the provisions of the Partnership regulations regarding the role of the Pooled Fund Manager. The responsibility for any pooled fund hosted by the Trust shall be vested in the Board of Directors.

55. Interpretation and definitions

55.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

55.2 Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.

55.3 References in this constitution to legislation include all amendments, replacements or re-enactments made

55.4 In this constitution:

the 2006 Act is the National Health Service Act 2006

the 2012 Act is the Health and Social Care Act 2012

NHS Improvement is the organisation (or any successor body) responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

voluntary organisation is a body, other than a public or local authority, the activities of which are not carried on for profit.

the **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act. The Chief Executive is the Accounting Officer.

Director means executive or non-executive director of the Board as the context permits. For the avoidance of doubt, the Chair is a non-executive director.

Executive director" means a director who is an officer of the Trust.

Name of constituency	Area	Minimum no. of members	Number of governors
Cheltenham	The electoral area of Cheltenham Borough Council	100	2
Cotswold	The electoral area of Cotswold District Council	100	2
Forest	The electoral area of Forest of Dean District Council	100	2
Gloucester	The electoral area of Gloucester City Council	100	2
Stroud	The electoral area of Stroud District Council	100	2
Tewkesbury	The electoral area of Tewkesbury Borough Council	100	2
Herefordshire	The electoral area of Herefordshire Council	100	2
Greater England	All electoral wards in England save those electoral wards that fall within the Cheltenham, Cotswold, Forest, Gloucestershire, Stroud, Tewkesbury and Herefordshire constituencies.	100	1

Name of Staff Class	Description	Minimum no. of members	Number of governors
the medical and nursing staff class	Staff who are registered persons within the meaning of the Medical Act 1983 and who hold a licence to practice under that Act; or Staff who are registered nurses on the register maintained by the Nursing and Midwifery Council pursuant to the Nursing and Midwifery Order 2001	100	3
the clinical and social care and support staff class	Staff who are either: allied health professionals who are registered with a regulatory body within the remit of the Council for the Regulation of Health Care Professions established by section 25 of the NHS Reform and Health Care Professionals Act 2002: or social workers registed as such with the Social Care Council as established by the Care Standards Act 2001; or individuals who are employed wholly or mainly in direct clinical and care roles but not eligible for membership of those classes described above	100	2
the management, administrative and other staff class.	individuals who are management or administrative staff or others entitled to be members of the staff constituency who do not come within those classes described above	100	2

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

1.1   The Trust will have a Council of Governors consisting of public, staff, local authority and Clinical Commissioning Group governors.

1.2   The Council of Governors is to comprise:

Elected Governors:

Category of Governor	Number of Governors
Public governors:	
• Cheltenham	2
• Cotswold	2
• Forest	2
• Gloucester	2
• Stroud	2
• Tewkesbury	2
• Herefordshire	2
• Greater England	1
Staff governors:	
• Medical and Nursing staff class	3
• Clinical and Social Care and Support staff class	2
• Management, administrative and other staff class	2
Appointed governors:	
• Gloucestershire County Council	1
• Herefordshire Council	1
• Gloucestershire Clinical Commissioning Group	1
• Herefordshire Clinical Commissioning Group	1
Total	**26**

1.3   Of the three (3) Staff Governors in the Medical and Nursing class, two (2) seats shall be reserved seats as follows:

(a)   one (1) seat shall be reserved for a doctor; and
(b)   one (1) seat shall be reserved for a nurse.

1.4   The remaining one (1) seat shall be open to any member of the Medical and Nursing staff class.

1.5   The electoral constraints set out in this Annex will apply to all Staff Governor seats in the Medical and Nursing staff class, regardless of the number of Staff Governors being elected from that staff class at any particular time.

^{2}GETHER
NHS FOUNDATION TRUST

STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

July 2017

DRAFT REVISION JULY 2017

1. INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS

1.1 Save as otherwise permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders on which s/he should be advised by the Chief Executive and Trust Secretary.

1.2 Any expression to which a meaning is given in the National Health Service Act 2006, as amended, or in the Constitution of the Trust shall have the same meaning in these Standing Orders and in addition:

    1.2.1 **"Accounting Officer"** means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

    1.2.2 **"Trust"** means the ^{2}gether NHS Foundation Trust.

    1.2.3 **"Board"** means the Trust Board as established pursuant to the Constitution collectively as a body.

    1.2.4 **"Budget"** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

    1.2.5 **"Budget holder"** means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

    1.2.6 **"Chair"** is the person appointed by Council of Governors to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Deputy Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

    1.2.7 **"Chief Executive"** means the chief officer of the Trust.

    1.2.8 **"Commissioning"** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

    1.2.9 **"Committee"** means a committee or sub-committee created and appointed by the Trust.

    1.2.10 **"Committee Members"** means persons formally appointed by the Board to sit on or to chair specific committees.

    1.2.11 **"Contracting and procuring"** means the systems for obtaining the supply of goods, materials, manufactured items, services,

building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

1.2.12 **"Director of Finance"** means the Chief Financial Officer of the Trust.

1.2.13 **"Funds held on trust"** shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under the 2006 Act. Such funds may or may not be charitable.

1.2.14 "**Director"** means executive or non-executive director of the Board as the context permits.   For the avoidance of doubt, the Chair is a non-executive director

1.2.16 "**Constitution**" means the constitution of the Trust as approved by Monitor (or any successor body) and annexed to the Authorisation

1.2.17 **"Nominated officer"** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

1.2.18 **"Non-executive director"** means a director of the Trust Board who is not an officer of the Trust and is appointed by the Council of Governors in accordance with the Constitution.

1.2.19 **"Officer"** means employee of the Trust or any other person holding a paid appointment or office with the Trust.

1.2.20 **"Executive Director**" means a director who is an officer of the Trust.

1.2.21 **"Trust Secretary"** means a person appointed to provide advice on corporate governance issues to the Board and the Chairman and monitor the Trust's compliance with the law, Standing Orders, and Department of Health guidance.

1.2.22 **"SFIs"** means Standing Financial Instructions.

1.2.23 **"SOs"** means Standing Orders.

1.2.24 **"Deputy Chair"** means the non-executive director appointed by the Council of Governors to take on the Chair's duties if the Chair is absent for any reason.

1.2.25 "**NHS Improvement**" is the organisation succeeding the body corporate known as Monitor, as provided by section 61 of the 2012 Act.

1.2.26 "**The 2006 Act**" means the National Health Service Act 2006

1.2.27 "**The 2012 Act"** means the Health and Social Care Act 2012

1.2.27 "**Council of Governors**" means the council established as the Board of Governors pursuant to the constitution and the 2006 Act

2. THE TRUST BOARD: COMPOSITION, TENURE AND ROLE OF DIRECTORS

2.1 Terms of office of the Chair and non-executive directors

The arrangements for tenure of office of the Chair and non-executive directors and for the termination of the Chair's and non-executive directors' terms of office are contained in the constitution.

2.2 Appointment and powers of Deputy Chair

In accordance with the constitution, the Council of Governors shall appoint one of the directors who is not also an executive director, to be Deputy Chair, for such period, not exceeding the remainder of his/her term as a non-executive director of the Trust, as they may specify on appointing him/her.

2.3 Where the Chair has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Deputy Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes his/her duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Deputy Chair.

2.4 Joint Directors

Where more than one person is appointed jointly as an executive director those persons shall, in terms of the composition of the Board as defined by the constitution, count as one person.

2.5 Where the office of director is shared jointly by more than one person:

(a) either or both of those persons may attend or take part in meetings of the Board;

(b) if both are present at a meeting they should cast one vote if they agree;

(c) in the case of disagreements no vote should be cast;

(d) the presence of either or both of those persons should count as the presence of one person for the purposes of determining whether a meeting of the Board is quorate.

2.6 **Roles of Board members**

The Board will function as the corporate decision-making body of the Trust; executive and non-executive directors will be full and equal directors. Their role as members of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

Executive directors

2.7 Executive directors shall exercise their authority within the terms of the constitution, these Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

Chief Executive

2.8 The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. He/she is the **Accounting Officer** for the Trust and shall be responsible for ensuring the discharge of financial obligations in line with the requirements of the NHS Foundation Trust Accounting Officer Memorandum for Foundation Trust Chief Executives.

Director of Finance

2.9 The Director of Finance shall be responsible for the provision of financial advice to the Trust and to its Board of Directors and for the supervision of financial control and accounting systems. He/she shall be responsible along with the Chief Executive for ensuring the discharge of financial obligations.

Non-executive directors

2.10 The non-executive directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as directors of the Trust or when chairing a committee of the Trust which has delegated powers.

Chair

2.11 The Chair shall be responsible for the operation of the Board and shall chair all Board meetings when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment

and with relevant provisions contained in the constitution and these Standing Orders.

2.12   The Chair shall liaise with the Trust's Nominations and Remuneration Committee appointed by the Council of Governors over the appointment of new non-executive directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

2.13   The Chair shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

Trust Secretary

2.14   The Trust Secretary will provide advice to the Board and the directors on corporate governance issues and will monitor the Trust's compliance with the law, the constitution, Standing Orders, and guidance on governance issued by NHS Improvement or other relevant regulatory/governmental body.

2.15   **Corporate role of the Board**

All business shall be conducted in the name of the Trust.

2.16   All funds received in trust shall be held in the name of the Trust as corporate trustee.

2.17   The powers of the Trust established under statute shall be exercised by the Board meeting in formal session

2.18   The Board shall define and regularly review the functions it exercises.

2.19   **Schedule of matters reserved to the Board and Scheme of Delegation**

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the Scheme of Delegation.

3.   MEETINGS OF THE BOARD OF DIRECTORS

3.1   **Calling meetings**

Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine. Meetings of the Board may be held in public or in private at the discretion of the Board.

3.2   The Chair may call a meeting of the Board at any time.

3.3   One third or more members of the Board may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the directors signing the requisition may forthwith call a meeting.

3.4   **Notice of meetings and the business to be transacted**

Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be despatched to every director, or to the usual place of residence of each director, so as to be available to directors at least 5 clear days before the meeting. The notice shall be issued by the Chair or by an officer authorised by the Chair to issue it on their behalf. Want of service of such a notice on any director shall not affect the validity of a meeting. The agenda shall normally constitute notice of a meeting.

3.5   In the case of a meeting called by directors in default of the Chair calling the meeting, the notice shall be issued by those directors.

3.6   No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under relevant provisions in these Standing Orders.

3.7   A director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair or the Trust Secretary at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

3.8   Before each public meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Trust's website at least three clear days before the meeting.

3.9   **Agenda and supporting papers**

The agenda specifying the business proposed to be transacted will be sent to directors 5 clear days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than three clear days before the meeting, save in emergency and with the agreement of the Chair.

3.10   **Petitions**

Where a petition has been received by the Trust the Chair shall include the petition as an item for the agenda of the next meeting.

3.11   **Notice of Motion**

Subject to the provision of Standing Orders relating to 'Motions: Procedure at and during a meeting' and 'Motions to rescind a resolution', a director of the Board wishing to move a motion shall send a written notice to the Trust Secretary who will ensure that it is brought to the immediate attention of the Chair.

3.12   The notice shall be delivered at least 10 clear days before the meeting. The Trust Secretary shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.13   **Emergency Motions**

Subject to the agreement of the Chair, and subject also to the provision of Standing Orders relating to 'Motions: Procedure at and during a meeting', a director of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

3.14   **Motions: Procedure at and during a meeting**

A motion may be proposed by the Chair of the meeting or any director present. It must also be seconded by another director.

Contents of motions

3.15   The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

-       the reception of a report;
-       consideration of any item of business before the Trust Board;
-       the accuracy of minutes;
-       that the Board proceed to next business;
-       that the Board adjourn;
-       that the question be now put.

Amendments to motions

3.16   A motion for amendment shall not be discussed unless it has been proposed and seconded.

3.17   Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board.

3.18   If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

Rights of reply to motions

3.19   The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

3.20   The director who proposed the substantive/original motion shall have a right of reply at the close of any debate on the motion.

Withdrawing a motion

3.21   A motion, or an amendment to a motion, may be withdrawn.

Motions once under debate

3.22   When a motion is under debate, no motion may be moved other than:

   a)   an amendment to the motion, or;

   b)   the adjournment of the discussion, or the meeting, or;

   c)   that the meeting proceed to the next business, or;

   d)   that the question should be now put, or;

   e)   the appointment of an 'ad hoc' committee to deal with a specific item of business, or;

   f)   that a director be not further heard, or;

   g)   a motion resolving to exclude the public, including the press

3.23   In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a director who has not taken part in the debate and who is eligible to vote.

3.24   If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.25 **Motion to Rescind a Resolution**

Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the director who gives it and also the signature of three other directors, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

3.26 When any such motion has been dealt with by the Trust Board it shall not be competent for any director other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.27 **Chair of meeting**

At any meeting of the Trust Board the Chair if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair (if the Board has appointed one), if present, shall preside.

3.28 If the Chair and Deputy Chair are absent, such director (who is not also an executive director of the Trust) as the directors present shall choose shall preside.

3.29 **Chair's ruling**

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.30 **Quorum**

No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and directors (including at least one executive director of the Trust and one non-executive director) is present.

3.31 An officer in attendance for an executive director but without formal acting up status may not count towards the quorum.

3.32 If the Chair or director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be

recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.33 **Voting**

Save as provided in Standing Orders relating to 'Suspension of Standing Orders' and ' Variation and Amendment of Standing Orders', every question put to a vote at a meeting shall be determined by a majority of the votes of directors present and voting on the question. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) shall have a second or casting vote.

3.34 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

3.35 If at least one third of the directors present so request, the voting on any question may be recorded so as to show how each director present voted or did not vote (except when conducted by paper ballot).

3.36   If a director so requests, their vote shall be recorded by name.

3.37 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.

3.38 A manager who has been formally appointed to act up for an executive director during a period of incapacity or temporarily to fill an executive director vacancy shall be entitled to exercise the voting rights of the executive director.

3.39 A manager attending the Trust Board meeting to represent an executive director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the executive director. An officer's status when attending a meeting shall be recorded in the minutes.

3.40   For the voting rules relating to joint directors see Standing Order 3.7.

3.41 **Suspension of Standing Orders**

Except where this would contravene any statutory provision or the Standing Orders relating to the quorum, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one executive director of the Trust and one non-executive director) and that at least two-thirds of those directors present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.

3.42   A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and directors of the Trust.

3.43   No formal business may be transacted while Standing Orders are suspended.

3.44   The Audit Committee shall review every decision to suspend Standing Orders.

3.45   **Variation and amendment of Standing Orders**

These Standing Orders form part of the constitution of the Trust. Standing Orders will NOT form part of the Trust's constitution.

3.46   **Record of Attendance**

The names of the Chair and directors present at the meeting shall be recorded.

3.47   **Minutes**

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

3.48   No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate.

3.49   **Admission of public and the press**

Subject to the Chair's decision as to whether a particular meeting should be open to the public, members of the public (including members of the Trust) and representatives of the press may attend all meetings of the Board of Directors except where the Board resolves that the public (including members of the Trust) and representatives of the press be excluded from all or part of a meeting on the following grounds:

a)   that any publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or;

b)   for other reasons stated in the resolution and arising from the nature of the business or the proceedings that the Board of Directors believes are special reasons for excluding the public and representatives of the press from the meeting in accordance with the constitution, or;

c)   to enable the business of the meeting to be conducted without interruption or disruption

3.50   Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public shall be confidential to the directors of the Board.

3.51   Directors and officers or any employee of the Trust in attendance shall not reveal or disclose the contents of confidential papers or minutes relating to confidential papers outside of the Board of Directors meeting, without the express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the Board of Directors meeting which may take place on such reports or papers.

3.52   The right of attendance referred to above carries no right to ask questions or otherwise participate in the meeting.

3.53   Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Board of Directors. Such permission shall be granted only upon resolution of the Board of Directors.

3.54   **Observers at Trust Board meetings**

The Board will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

3.55   **Questions from the Public**

At each ordinary meeting of the Trust Board held in public there shall be up to 30 minutes set aside for written and oral questions from the public.

3.56   An oral question under this procedural standing order may be asked with the consent of the Chair and within the 30 minutes set aside for written and oral questions under this provision.

Written question for the Board Meeting

3.57   People who live or work in the areas where the Trust delivers services or are affected by the work of the Trust may direct a written question to:

- the Chair of the Trust Board;
- the Chief Executive of the Trust;
- a director of the Trust with responsibility; or
- a chair of any other Trust Board committee, whose remit covers the subject matter in question;

on any matter that is within the powers and duties of the Trust.

Notice of questions

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

Response

3.59 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 Chair or other director to whom it was addressed.

3.60 A copy of all written questions and written answers circulated at the meeting will be attached to the signed copy of the minutes of the meeting.

Additional Questions or Oral Questions without Notice

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

3.62 An answer to an oral question will take the form of either:

   a) a direct oral answer; or

   b) if the information required is not easily available, a written answer which will be sent to the questioner and circulated to all directors of the Trust Board.

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

Chair's Discretion not to respond to questions

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

   a) are not on any matter that is within the powers and duties of the Trust, or;

   b) are defamatory, frivolous or offensive, or;

   c) are substantially the same as a question that has been put to a meeting of the Trust Board in the past six months, or;

   d) would require the disclosure of confidential or exempt information.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 **Appointment of Committees**

The Trust Board may appoint committees of the Trust.

4.2

The Board shall determine the membership and terms of reference of committees and where appropriate, of sub-committees and shall if it requires to, receive and consider reports of such committees.

4.3 **Joint Committees**

Joint committees may be appointed by the Trust pursuant to regulation 10 of the partnership regulations with a local authority.

4.4

Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Trust, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are directors of the Trust or health bodies in question) or wholly of persons who are not directors of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

4.5 **Applicability of Standing Orders and Standing Financial Instructions to Committees**

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term "Chair" is to be read as a reference to the Chair of other committees as the context permits, and the term "director" is to be read as a reference to a member of other committees also as the context permits. There is no requirement to hold meetings of committees established by the Trust in public.

4.6 **Terms of Reference of Committees**

Each such committee shall have such terms of reference and powers and be subject to such conditions, as the Board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.7

Changes to committee terms of reference shall require the approval of the Board, and such changes shall not be subject to the section of the constitution concerning amendments to the constitution.

4.8 **Delegation of powers by Committees to Sub-Committees**

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

4.9   **Approval of Appointments to Committees**

The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither directors nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.10   **Appointments for Statutory functions**

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with any relevant regulations or guidelines.

4.11   **Committees established by the Trust Board**

The committees, sub-committees, and joint-committees established by the Board are:

Audit Committee

4.12   Having regard for the requirements of the NHS Codes of Conduct and Accountability, the 2006 Act, the Audit Code for NHS Foundation Trusts and the Code of Governance issued by NHS Improvement, an Audit Committee will be established and constituted to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The terms of reference will be approved by the Trust Board and reviewed on a periodic basis.

Appointments and Terms of Service Committee

4.13   Having regard for the requirements of the Code of Governance of NHS Foundation Trusts issued by NHS Improvement, an Appointments and Terms of Service Committee will be established and constituted.

4.14   The committee will comprise the Chair and the non-executive directors. The Chief Executive and the Director of Organisational Development shall normally be in attendance, except where their own remuneration or terms of service are under discussion.

4.15   The purpose of the committee will be to determine for the Trust Board appropriate appointments and remuneration and terms of service for the Chief Executive and other executive directors including:

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all aspects of salary (including any performance-related elements/bonuses);
provisions for other benefits, including pensions and cars;
arrangements for termination of employment and other contractual terms.
the appointment of the Chief Executive may be proposed by this committee but is subject to the approval of the Council of Governors.

4.16   The Committee will also consider succession planning for executive directors of the Board

Charitable Funds Committee

4.17   In line with its role as a corporate trustee for any funds held in trust, either as charitable or non charitable funds, the Trust Board will establish a Charitable Funds Committee to administer those funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.

Other Committees

4.18   The Board may also establish such other committees as required to discharge the Trust's responsibilities.

4.19   **Voting rights on Committees**

Only directors who are members of Committees may vote.

5.   ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION

5.1   The Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee appointed by virtue of these Standing Orders or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit.

Emergency powers and urgent decisions

5.2   The powers which the Board has reserved to itself may in emergency or for an urgent decision be exercised by the Chief Executive and the Chair after having consulted at least two non-executive directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Trust Board in public session for formal ratification.

Delegation to Committees

5.3 The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees, or joint-committees, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board in respect of its sub-committees.

Delegation to Officers

5.4 Those functions of the Trust which have not been retained as reserved by the Board or delegated to other committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain accountability to the Trust.

5.5 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board.

5.6 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Director of Finance to provide information and advise the Board in accordance with statutory requirements. Outside these statutory requirements the roles of the Director of Finance shall be accountable to the Chief Executive for operational matters.

Duty to report non-compliance with Standing Orders

5.7 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. OVERLAP WITH OTHER TRUST POLICY STATEMENTS/ PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS

6.1 In accordance with the Trust's Policy on the development of policies and procedural documents, the Trust will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by [2]gether NHS Foundation Trust. The decisions to approve such policies and procedures will be recorded in an appropriate

Trust Board or Committee minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Approval of any revision to such policies and procedures will be a matter for the Trust Board, its committees or an executive director, as appropriate.

6.3 These Standing Orders must be read in conjunction with the following:

a) any governance policy for Trust staff;

b) any disciplinary procedures adopted by the Trust.

c) any policies approved by the Trust relating to conflicts of interest or business conduct

d) any guidance issued by the Department of Health or a relevant regulatory body

6.4 Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

7. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

7.1 The common seal of the Trust shall be kept by the Chief Executive or a nominated manager by him/her in a secure place.

7.2 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two senior managers duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.

7.3 The Chief Executive shall keep a register in which he/she, or another manager of the Trust 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.

7.4 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any executive director.

7.5 In land transactions, the signing of certain supporting documents may be delegated to managers as set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

Agenda item   11   **Enclosure No   Paper F**

Report to:	²gether NHS Foundation Trust Board 27ᵗʰ July 2017
Author:	Stephen Andrews, Deputy Director of Finance
Presented by:	Andrew Lee, Director of Finance and Commerce

SUBJECT: **Summary Finance report for period ending 30ᵗʰ June 2017**

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

- The month 3 position is a surplus of £156k in line with the planned surplus.
- The month 3 forecast outturn is an £885k surplus 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 2017/18 contracts with Gloucestershire CCG, Herefordshire CCG, NHS England and Worcestershire Joint Commissioning Unit have been signed.
- The agency cost forecast is a reduction of £1.049m on last year's expenditure level. which would leave the Trust £1.039m above the Agency Control Total.

RECOMMENDATIONS

 It is recommended that the Board:
- note the month 3 position

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: Andrew Lee, Director of Finance and Commerce		
	Date	14th July 2017

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
	Date	

Explanation of acronyms used:	See footnotes

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	Confirmed by NHS I at quarter 4
Income	FOT vs FT Plan	102.5%	
Operating Expenditure	FOT vs FT Plan	102.8%	
Cash	Number of creditor days	25	Balance of £10.6m (including investments) which equates to 25 creditor days.
PSPP	%age of invoices paid within 30 days	97.0%	89% paid in 10 days
Capital Income	Monthly vs FT Plan	111.0%	
Capital Expenditure	Monthly vs FT Plan	39.2%	£1193k 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	<15 days	15-40	>40 days
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 3 is a surplus of £156k which is in line with the plan (see appendices 1 & 8).
- Income is £981k over recovered against budget and operational expenditure is £1,166k over spent, and non-operational items are £185k 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	(4,848)	(1,212)	(1,239)	(27)	(4,982)	(133)
Stroud & S Cots Locality	(4,547)	(1,137)	(1,155)	(18)	(4,888)	(341)
Gloucester & Forest Locality	(4,215)	(1,054)	(1,017)	36	(4,226)	(11)
Social Care Management	(3,801)	(950)	(1,216)	(266)	(4,958)	(1,157)
Entry Level	(6,232)	(1,556)	(1,658)	(102)	(6,462)	(230)
Countywide	(31,044)	(7,745)	(7,815)	(70)	(30,922)	122
Children & Young People's Service	(6,527)	(1,605)	(1,517)	88	(6,431)	96
Herefordshire Services	(12,688)	(3,180)	(3,327)	(147)	(13,170)	(482)
Medical	(15,355)	(3,839)	(4,036)	(197)	(15,851)	(496)
Board	(1,642)	(410)	(400)	10	(1,712)	(70)
Internal Customer Services	(1,833)	(458)	(442)	16	(1,834)	(1)
Finance & Commerce	(6,179)	(1,563)	(1,648)	(85)	(6,309)	(129)
HR & Organisational Development	(3,151)	(788)	(815)	(28)	(3,408)	(257)
Quality & Performance	(2,900)	(725)	(715)	11	(2,983)	(83)
Engagement & Integration	(1,335)	(334)	(347)	(13)	(1,416)	(81)
Operations Directorate	(1,125)	(281)	(295)	(14)	(1,235)	(110)
Other (incl. provisional / savings / dep'r	(4,042)	(1,104)	(1,272)	(168)	(3,472)	570
Income	112,346	28,097	29,071	974	115,143	2,797
TOTAL	883	156	156	0	885	2

The key points are summarised below;

In month
- The Social Care Management over spend relates to Community Care and is offset by additional income
- 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 - £529k in the first quarter
- Finance and Commerce is overspent due mainly to additional maintenance costs. Estates are reviewing the work done to date and drawing up a list of key priorities
- Income is over recovered due to additional income for activity related Community Care work and additional development funds which weren't budgeted
- There is 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 the efforts to bring placements back into county the forecast for Complex Care is £250k over spend.
- Continued use of agency staff in IAPT, over establishment and at a higher

banding, to clear waiting lists

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 3 is 89% of invoices paid in 10 days and 97% paid in 30 days. The cumulative performance to date is depicted in the chart below and compared with last year's position:

Cumulative PSPP Performance 2017/18

	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									
▣ 11 to 30 days	3,157	113	228	445									
☐ Within 10 days	24,486	1,584	3,110	5,063									
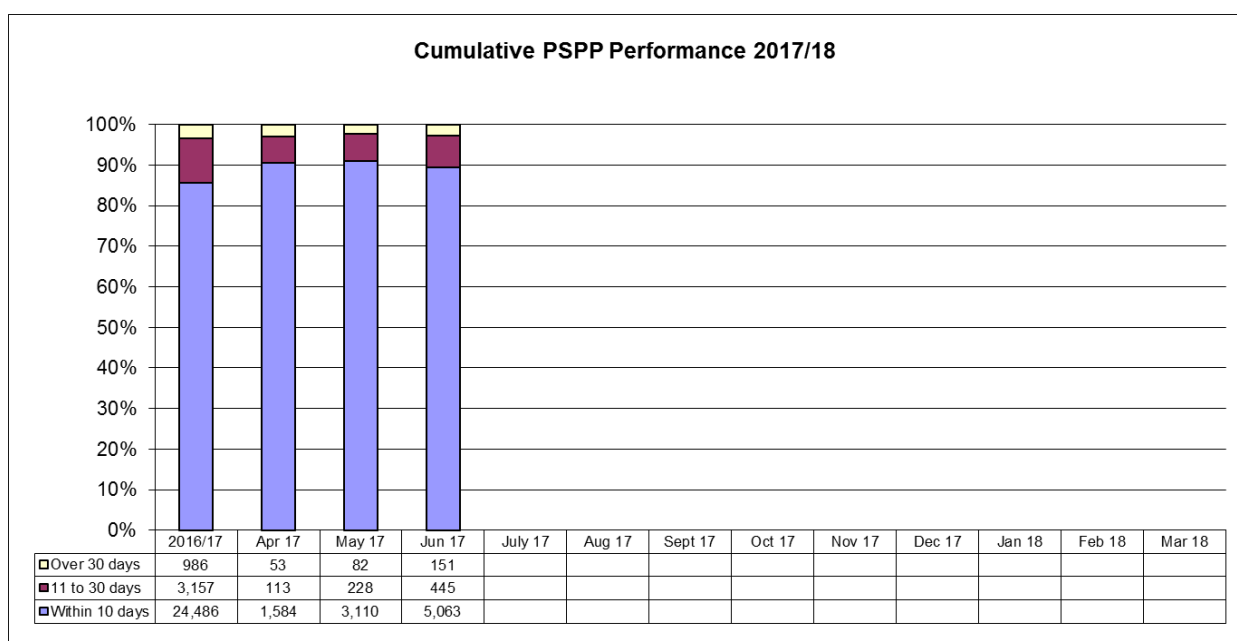
	10 days		30 days	
	In month	**YTD**	**In month**	**YTD**
Number paid	1,954	5,063	2,173	5,508
Total Paid	2,239	5,659	2,239	5,659
%age performance	**87%**	**89%**	**97%**	**97%**
Value paid (£000)	5,832	16,678	6,333	18,582
Total value (£000)	6,510	19,270	6,510	19,270
%age performance	**90%**	**87%**	**97%**	**96%**

Agenda item   12   **Enclosure   Paper G**

Report to:	2gether Board Meeting – 27 July 2017
Author:	Shaun Clee, Chief Executive
Presented by:	Shaun Clee, Chief Executive

SUBJECT: **Self Assessment in light of recommendations from independent review of financial governance at an NHSFT**

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

As part of our established governance processes the Board scans the operating environment for recommendations from relevant independent governance reviews. The Board utilises findings and recommendations from those reports to self assess or commission independent assessment of, our governance arrangements. Such assessments assist in identifying either gaps in our current governance arrangements or opportunities for further strengthening assurance processes**.**

A self assessment against a nationally published review had been undertaken. The self assessment identifies

  1) That current governance arrangements cover all key recommendations from the report
  2) Opportunities for further strengthening internal assurance processes
  3) Provides significant assurance on financial governance arrangements currently in place.

RECOMMENDATIONS

That the Board review and challenge the Executive completed self assessment.
That the Board debate the recommendations and if supportive endorse the proposed changes to process.

Corporate Considerations	
Quality implications	
Resource implications:	The review does not identify any new resource requirements but some recommendations challenge the current use of existing resources
Equalities implications:	
Risk implications:	Failure to review relevant external reviews deprives the organisation of a learning opportunity

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

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

Reviewed by:		
Executive Committee	Date	*17/7/17*

Where in the Trust has this been discussed before?		
Executive Committee	Date	*17/7/17*

What consultation has there been?		
	Date	

Explanation of acronyms used:	

1. INTRODUCTION

As part of our established governance processes the Board scans the operating environment for recommendations from relevant independent governance reviews. The Board utilises findings and recommendations from those reports to self assess or commission independent assessment of, our governance arrangements. Such assessments assist in identifying either gaps in our current governance arrangements or opportunities for further strengthening assurance processes.

2. Specific Review

In July 2017 an independent review by Deloitte of financial governance arrangements within an NHS Foundation Trust reviewed how the drivers of deterioration in the Trusts financial position arose.

Within 24 hours of the report being published the CEO of [2]gether NHSFT had reviewed the report and took the following actions:

1) Commissioned the Trust Secretary to review and summarise current corporate governance arrangements within [2]gether NHSFT against the reports conclusions and recommendations.
2) Commissioned the Director of Finance to review and summarise current financial governance arrangements within [2]gether NHSFT against the reports conclusions and recommendations.
3) Circulated the independent report to Executive Directors
4) Agreed with the Chair that the report would be circulated to Non-Executive Directors.
5) Scheduled a draft paper for receipt and debate at Executive Committee on 17/7/17

3. Conclusions from self assessment

On 17/7/17 the Executive Committee received and debated the draft self assessment produced by the Trust Secretary. Each recommendation from the report was reviewed and the self assessment statements pulled together by the Trust Secretary and the supporting evidence were challenged and either accepted or reflected.

Against the 32 areas self assessed by the Executive Committee

- Accepted all (with some minor additional references to evidence)
- Rejected none
- Identified 8 opportunities to further strengthen internal assurance processes.
- Added one additional recommendation and self assessment, identified within the report but not summarised within the draft self assessment.

3.1 Opportunities to further strengthen internal processes.

The following conclusions / recommendations were identified by the Executive Committee as those which offered opportunities for further strengthening renal assurance. For ease of reference we have allocated numbers to each conclusion / recommendations in the enclosed appendix.

- Conclusion 16 – Limited ED representation at Finance Committee
- Conclusion 21 – Lack of coverage of assigned risks at Committee level
- Conclusion 22 – Top down approach to annual planning
- Conclusion 25 – Capacity and capability gaps at divisional level – leadership development programme required.
- Conclusion 26 – Executive team performance meetings re divisional performance – Executive review meetings not working at optimal level.
- Conclusion 28 - Lack of considered attention to financial weaknesses at Audit Committee

- Conclusion 32 - Lack of detailed scrutiny of the finance agenda by NED's and Executive Directors

3.2 Conclusion / recommendations not identified in draft self assessment and added by Executive Committee

The following conclusion / recommendation was not identified in the draft and was added by the Executive Committee on 17/7/17

- Chair holding CEO to account

3.3 Specific recommendation from Executive Committee to further strengthen assurance processes against each identified opportunity

Conclusion 16 – Limited ED representation at Finance Committee

Context
[2]gether NHSFT does not currently operate a Finance Committee. At Committee level financial governance is currently assured via the following committees, each with a specific financial assurance functions within their Terms of Reference:
- Audit Committee
- Executive Committee
- Delivery Committee

Recommendation
The Executive Committee recommends the following.
- That the Executive Committee revise its scheduled deep dive on assurance on CIP delivery and forward trajectory to take place in a dedicated session monthly
- That the Executive Committee revise its scheduled deep dive on assurance on Agency usage and spend and forward trajectory to take place in a dedicated session monthly.
- That the Board implement a quarterly financial performance review and consider if this review should be at Executive level with assurance and risks reported to Board or if this review should be Non Executive Director chaired.
- That the Board embed as a six monthly process the "half year financial performance review commenced in 2016/17

Conclusion 21 – Lack of coverage of assigned risks at Committee level

Context
The Board and Committee governance arrangements currently in place have risks, aligned to the BAF, assigned to each Board Committee.

Recommendation
That Board Committee chairs reports to Board more explicitly reference assurance against assigned risks

Conclusion 22 – Top down approach to annual planning

Context
Whilst [2]gether NHSFT has established annual planning processes, the output from which has not, to date, been subject to a second stage review by regulators, has been subject to revised national timetable. The revised timetable challenged the depth of engagement in the planning process.

Recommendation
The Executive Committee recommends that the engagement process associated with the annual plan be revised to:
- Commence earlier
- Utilise learning from best practice elsewhere

Conclusion 25 – Capacity and capability gaps at divisional level – leadership development programme required.

Context
[2]gether NHSFT whilst not operating a divisional structure does offer an analogous Locality structure.

Locality senior leadership at Clinical Director, Service Director and Professional Heads level have in place a range of capability building processes as well as succession planning processes.

Recommendation
The Executive Committee recognises that the challenges posed by the operating environment during the current planning period represent a need for concerted capacity maintenance and strengthening. The Executive Committee recommends that:

- Our internal leadership development programme should be reviewed again against the known and predicted system challenges, wth any recommendations for changes to the programme to be presented to Executive Committee before the end of the second quarter of 2017/18

Conclusion 26 – Executive team performance meetings re divisional performance – Executive review meetings not working at optimal level.

Context
Executive performance enablement and performance assurance meetings do not currently take place.

Recommendation
The Executive Committee recommends that a formal programme of appropriate and proportionate performance enablement and assurance be developed and implemented.

Conclusion 28 - Lack of considered attention to financial weaknesses at Audit Committee

Context
[2]gether NHSFT has a strong audit function and performed well in the Well Led Review.

Recommendation
The Executive Committee recommends that the Board review and determine if the current approach to the Finance Director being the only ED to be in attendance at Audit Committee, with other EDs required to attend as determine by Audit Committee continues to be the most appropriate and proportionate approach.

Conclusion 32 - Lack of detailed scrutiny of the finance agenda by NED's and Executive Directors

Context
Detailed Finance reports are produced at Board every month with evidence of a reasonable level of scrutiny and challenge.

Recommendations
The Executive Committee recommends that there was a need to strengthen Executive debate further, and also to ensure this debate is evidenced. Therefore, standing items have now been agreed for the second business Executive Committee meeting of each month to consider the following explicitly:-

(i)   The in month and cumulative agency cost position.
(ii)   The up to date CIP delivery position.
(iii)   The Capital expenditure position
(iv)   The liquidity position

Review of Financial Governance – mapping of issues and recommendations

	Conclusion /recommendation	2g position	Comment
1	Informal exec team meetings, for information sharing. No recording of minutes and actions.	Exec Committee is a formally constituted Committee of the Board which meets fortnightly. Agenda items for discussion and challenge. Actions tracked and minutes recorded and reported in summary to Board.	
2	Split-site nature of Exec team	All Execs located at Rikenel.	
3	Lack of Exec team development sessions	Program of Executive development meetings established which occur fortnightly. These meetings serve three purposes. Dedicated time for topic based discussions on "key issues". Team building and engagement with extended Senior Management Team (Clinical Directors, Service Directors and Professional Heads) which meets monthly and engagement with Leadership Team (Service Managers, Team Managers, Matron Managers) which meets quarterly using one of the slots of the extended Senior Leadership Forum.	In addition, the Executive team have participated in "off site" development days, focussing on how the Executive function as a team. With changes in the make up of the Executive in year a further event is in planning for the third quarter of the year.
4	Silo working.	ED to ED challenge encouraged/expected at Board and Exec Committee. Unitary Board. Co-located Exec team assists debate/engagement. Several Executive objectives are purposefully	

		interdepently. Executives have named leads for specific projects.	
5	Lack of NEDs with a clinical background	NED person specification specifically focussed on clinical background when recruiting a replacement for Martin Freeman. Nikki Richardson has clinical background.	
6	Board challenge and scrutiny not encouraged. Tendency to share only good news.	Chair encourages/expects director input and challenge. Chair and CEO pose own challenges where appropriate. Detailed scrutiny of finance report, patient safety report etc, and of ad hoc big difficult issues such as Pullman Place, financial challenge. Input and challenge recorded in minutes and inform appraisals. Board undertakes mid year financial review as part of assessing strategic planning for period ahead. Specifically, problems in fully delivering the CIP programme in a recurrent manner plus the fact that we had an underlying deficit position were disclosed and discussed at Board as part of the 2016 Mid Year Review and 2017/18 Financial Plan items	
7	Limited opportunities for Chair and NEDs to meet informally for reflection and information sharing	Regular NED/Chair lunches scheduled and take place.	
8	Lack of informal opportunities for EDs and NEDs to meet and discuss key strategic/operational issues.	Board development sessions after each closed Board meeting. Board strategy away days with external speakers such as senior national politician and NATO General ensuring non-collusive board development. Chairs of Committees meet regularly with Committee lead Executive.	

9	Lack of informal Board development days. Need for NED development re holding to account and challenge.	See above. Mature and experienced Board in 2g, Annual Board effectiveness review by CEO and Chair prompts a Board discussion on annual developmental activity. Induction programme for NEDS and EDs. Chair and CEO model appreciative enquiry and holding to account.	
10	Lack of Executive level leadership for corporate governance. Junior banding for Trust Secretary	Designated Executive responsibility via the Director of Organisational Development who is also responsible for Board Secretariat. ED supported by Trust Secretary at Band 8c (consistent with most other Trusts),	
11	Poor information flows to Council of Governors	Governors formally involved in discussion of key strategic issues eg strategic review and presentation of 9th May Proactive comms to Governors re media reports, serious incidents and other matters. Scheduled attendance of NEDs for "Holding to Account" sessions and Governor observation of Committees to support Governors in opportunities to observe NED assurance processes in action. Minutes from Board go to Council of Governors and CoG minutes to Board.	
12	Minimal Board/Governor engagement	Joint Board/Governor development programme. Holding to Account, Governor observers at Committees. Governor participation in site visits with Chair/NED. Scheduled slot for Board/Governor engagement between pre-meeting and CoG meeting. Regular CoG attendance at Board.	

13	Poor NED attendance at CoG	Strong NED attendance at CoG. (In addition to the Chair, there has been 27 attendances by 6 NEDs at the last 8 CoG meetings. Scheduled "Holding to Account" sessions on agenda.	
14	No Council of Governor pre-meetings to discuss key points of concern	Pre-meeting takes place before each CoG meeting, led by Lead Governor	
15	Lack of cross-committee membership amongst NEDs	Each NED is a member of at least 2 committees.	
16	Limited ED representation at Finance Committee	2g does not operate a Finance Committee. Financial Strategy is developed via Development Committee and reviewed during annual planning process. Annual Financial Plan is developed in Executive Committee and approved in Board. Financial performance is monitored, managed and assured via Executive Committee with assurance challenged and checked at Board and Audit Committee. Finance report discussed fully at Board where all directors are present.	Effectiveness of Executive monitoring, management, assurance and ability to provide assurance being reviewed by Executive in July.
17	Lack of informal interaction between Committee chairs, and risk that links between performance issues	Chair/NED lunches. Committee chairs sit on other committees, allowing triangulation to take place. Formal referral of agenda items to other Committees. Summaries from each Committee presented in full at Board meetings. All NEDs are set an initial formal performance objective of collaboration and triangulation across committees - through attendance, observation and conversations.	

	are not made.		
18	No regular turnover in committee NED attendance/ membership	Annual Board effectiveness review by Chair and CEO informs annual reviews of committee structures and functions, last completed 2016/17. NED succession explicitly planned with Governors looking at least 18 months ahead aiming to ensure skill handover is smooth.	Risk that too regular rotation undermines NEDs' expertise and knowledge of particular area.
19	Board and Committee reports do not make explicit key financial risks, mitigations and agreed actions to address concerns.	Board report template includes risk section. Finance reports highlight risks to performance in exec summary and in detail of report. Finance risks are updated on a monthly basis, quantified where possible, and assessed as either High, Medium or Low.

Committee reports highlight risks (eg performance report early warnings) and these are summarised to the Board | Risk section of cover report not always fully completed. |
20	Inconsistent Board review of BAF	Board receives BAF twice a year, at least once in public. Audit Committee receives the BAF at each meeting, and reports in summary to the Board. BAF also subject to Exec Committee review prior to each Audit Committee meeting. Exec review of top 5 risks contained in the BAF. Board receives corporate risk register annually.	Assurance Map approach to BAF recommended by PwC at Risk Management session 2015.
21	Lack of coverage of assigned risks at Committee level.	Committees each have assigned risks, which are reviewed quarterly by respective Committee. Key issues reported to the Board through Committee summary.	Propose that Committee Chair reports to Board consider more explicitly referencing assigned risks – progress and challenges.
22	Review of risk management	See above. Risk management subject to regular internal audit review which has concluded a "low risk" outcome . Risk management	

		reviewed internally within last 12 months. NED involvement in ongoing development of risk management approach (meeting Nikki, Marie, AB-J)	
23	Top down approach to annual planning	Both top down and bottom up approach employed to planning and budgets, thus seeking ownership and increasing likelihood of delivery. For 2017/18 there was a greater emphasis on a top down approach given the significantly shortened timescale for Contracting (ie completed before Christmas 2016 rather than 31st March 2017). However, budget setting principles were shared and discussed at a Leadership Forum session in October 2016, and budget setting sessions were held by management accountants with Service Directors and other senior members of their team. Meetings were also held for each area with the Director of Finance	Executive view is that more could and should be done here. Revised approach to engagement explored at Executive Committee and work in train to trial a different approach in 2017 for the 18/19 plan.
24	No evidence of multi-disciplinary working at leadership level	MDT approach to service delivery. Multi-disciplinary approach to other issues, eg QIA sign off including DoQ, DoF, Deg and MD. Fortnightly Executive Committee Business meeting and fortnightly Executive development sessions.\n\nThree clinical EDs at Board, from different professions, sets the tone of equal value.	
25	Capacity and capability gaps at divisional leadership level – leadership development programme required	Leadership development programme in place. Senior Leadership Forum offers development opportunities and cross functional engagement	Could do more – leadership programme under review

26	Exec team performance meetings re divisional performance Executive Review meetings not working at optimal level	New for 2017. Director of Transformation is leading engagement with EDs CDs and SDs to implement in Q2 See above. General performance issues discussed at Execs where required.	
27	Uncertainty about how Board monitors corrective actions	Committee oversight and tracking of corrective actions (eg Delivery Committee IAPT, Eating Disorders) through focus reports and regular monitoring. Reporting back to Board through summaries. Specific items (eg procurement) raised at Board tracked through actions checklist at each meeting.	
28	Lack of considered attention to financial weaknesses at Audit Committee	Strong Audit Committee, chair has significant financial experience and uses this to probe areas of concern (procurement, debtors, etc) at Board and elsewhere. Where a significant issue emerges eg Pullman Place, a root cause analysis is commissioned and lessons identified.	Although the Director of Finance and Commerce is the only Executive Director who attend all Audit Committee meetings, the Committee can and does require other Executives to attend to address specific issues. However, the Committee will consider whether there is benefit in another Executive attending as standard with the Director of Finance and Commerce on a

			rolling basis.
29	Non-delivery culture re CIPs	Organisational buy in to and delivery of CIPs 2016/17. Control total achieved. Early agreement of budgets with teams. CIP delivery progress assessed each month, with this processed managed through the Programme Management Office (PMO). Also PID's and QIA's required for each scheme, with QIA's requiring clinical Executive sign off as well as Director of Finance and Commerce sign off. New RAG rating process agreed for 2017/18 for the CIP appendix that is part of every Board Finance Report, in order to provide increased rigour to the process. CIP progress also discussed quarterly from the quality perspective at Governance Committee	Underlying non recurrent delivery of part of CIP in 2016/17 reports to Board
30	Reliance on interim finance staff. No Deputy DoF	Stable finance team including Deputy DoF. Currently no interims within the finance department, and none throughout 2016/17	
31	Board not kept adequately appraised regarding the underlying trading position, along with actions that were being taken each month and at year end to improve the reported financial position.	Board kept appraised through a combination of:- (i) Detailed Finance Report that looks at all aspects of our financial position. (ii) Detailed Mid Year Review which ensures transparency and exposes the recurrent (or underlying) and non recurrent financial position, warts and all. (iii) Detailed Financial Plan for 2017/18, which was explicit on our start year and forecast end year underlying position and mitigating action being taken. This was supported by a presentation from the Chief Executive, which has since been widely circulated and discussed within the organisation. (iv) Regular CIP reporting, with the CIP position being outlined in the narrative and shown in a specific appendix each month as part	

| | | of the Finance Report. In order to further strengthen robustness of CIP reporting in 2017/18 an amended delivery RAG rating has been implemented along with making those elements that are delivered in a non recurrent manner more explicit.

(v) Clean and unqualified 2016/17 audit opinion on all matters from our external auditors (Deloitte, who conducted the GHT review). This is important as greater scrutiny was applied given that Deloitte were our external auditors and were familiar with what went wrong at GHT, plus the fact that they are handing over being our external auditor to KPMG for 2017/18 and need everything to be spot on for that.

(vi) A strong and independent internal audit function, who will report their findings as they find them and are not constrained from issuing High Risk Reports or making High Risk recommendations if they feel they need to.

(vii) Triangulation of reporting in the Finance Report, eg that the cash position, the balances position (debtors and creditors), the Income and Expenditure position, the Capital spend position and the Better Payments Policy compliance position are all consistent and reported upon. | |
| 32 | Lack of detailed scrutiny of the finance agenda by NED's and Executive Directors. | Good level of scrutiny as, in addition to the items set out in response to point 31 above, scrutiny of different elements of the financial position takes place at each of the Audit Committee, Development Committee, Delivery Committee and Executive Committee. Also Audit Committee Chair is very experienced and has had a real focus on the cash position, as the cash position does not lie and underpins everything else. Executive Committee focuses on higher risk areas, eg the CIP programme, with detailed discussion and challenge taking place. | Discussion took place at Executive Committee as to if there was a need to strengthen Executive debate further, and also how to ensure this debate is evidenced. Therefore, standing items have now been agreed for the second business Executive Committee meeting of each month to consider the following |

			explicitly:-
			(v) The in month and cumulative agency cost position.
			(vi) The up to date CIP delivery position.
			(vii) The Capital position.
33	Chair failed to hold CEO to account	2gether NHSFT has an experienced Chair in situ. An annual appraisal process is in place with opportunities for all aboard members to comment anonymously on relationships, style, living our Trust values and contribution in Board and Committees. Annual objectives are set with the Chair Regularly monthly meetings take place between the Chair and CEO Chair is regularly accessible to all EDs and NEDS and key stakeholders	

Agenda item 13	**Enclosure**	**PAPER H**

Report to:	2gether Board Meeting – 27 July 2017
Author:	Shaun Clee, Chief Executive
Presented by:	Shaun Clee, Chief Executive

SUBJECT:	**Herefordshire and Worcestershire Sustainability and Transformation Plan (STP)**

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

RECOMMENDATIONS

The Board is asked to approve the refreshed Herefordshire and Worcestershire Sustainability and Transformation Plan (STP) for publication as a final document

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1. INTRODUCTION

1.1 On 22 December 2015, NHS England published the NHS Planning Guidance 2016/17-2020/21, setting out the mandatory planning requirements for all NHS organisations. This included a requirement for NHS organisations to come together across defined geographical areas to prepare a local health and social care system Sustainability and Transformation Plan (STP).

1.2 While the guidance was mandatory only for NHS bodies, councils were strongly encouraged to participate actively, given the interdependence between health and social care and their duties to cooperate. The basic philosophy of the plan is that long-term sustainability can be secured only through simultaneous achievement of the triple aim of (i) population well-being (ii) high quality service delivery, and (iii) efficient use of resources.

1.3 The development of the STP comprised of three stages:

1) **Gap analysis** – Partners came together to assess the biggest challenges to the whole system across the three triple aim areas in order to identify where the focus of the STP should be. This analysis was completed in April 2016.

2) **Initial proposal development** – In response to the gap analysis, partners began to consider, in broad terms, the initiatives that would need to be developed in order to close the gaps and deliver good population health and high quality services within the financial envelope available. This was submitted to NHS England in June.

3) **Draft STP publication** – Following further development and NHS England Assurance, the first draft STP was published on the 22nd November 2016.

1.4 At the time of publication all partners were acutely aware of the public's nervousness around the STP and how it would affect local communities and services that they rely on. Partners also recognised that due to the process and timelines, the opportunities for public engagement before publication in November were limited.

1.5 For these reasons it was agreed that we enter a period of public engagement and discussion on the contents of the STP. It should be recognised that this was not a consultation because we were not seeking views on specific worked up service changes. Specific service changes arising from implementing the STP will be subject to individual consultation exercises in line with the appropriate legislative requirements.

2. PUBLIC ENGAGEMENT

2.1 An extensive process of public engagement was undertaken during the period from publication in November 2016 to the end of February 2017. Supported by active publicity through traditional means and social media, this included attendance at 25 engagement events within Worcestershire and resulted in 497 surveys being completed by people across the county. Similar activity was undertaken in Worcestershire.

2.2 The resulting report was published on the STP engagement website: *http://www.hacw.nhs.uk/yourconversation*.

2.3 This report provided summarises of the engagement activity in each county and the issues that were raised through these processes, these have been aligned to 8 themes:

- Transport and Travel
- Community Beds
- Carers
- The detail of the plan

- A and E Alternatives
- Technology
- Staff Engagement
- Prevention and Self Care

3. CHANGES ARISING FROM THE PLAN REFRESH PROCESS

3.1 The public engagement identified broad support for the direction of travel that we outlined in the draft STP. However, there were a number of areas that were highlighted as requiring further consideration as we develop further detail. In some areas, this position remains the case and further detail will be outlined in detailed delivery plans over the coming months and years.

3.2 In addition to responding to the engagement feedback, we have also refreshed other aspects of the plan to reflect changes that have happened over the winter period.

3.3 In summary, the vision and key priorities remain the same, but changes have been made to the following areas of the STP:

Public engagement (Pages 5 to 9)	A whole new section has been added to preface the original plan. This section outlines the key themes arising from the engagement and how we intend to address these as we develop more detailed proposals.
Financial context (Pages 17-23)	The financial landscape has changed over the last 6 months and this section has been refreshed to reflect this. The overall financial position has declined due to deterioration in the financial plans for all commissioners and providers, with the biggest changes affecting Redditch and Bromsgrove CCG and Wye Valley NHS Trust. In addition to this all commissioners are required to deliver more challenging QIPP plans.
Programme Management and Governance arrangements (Page 25)	We have refined our processes to oversee delivery of the STP and ensure that we use existing forums to take ownership for delivery of the plan. The slide outlines how the governance arrangements are now organised to support this.
Prevention and self-care (Pages 40 to 44)	We have updated the section to reflect emerging changes in the two counties health and well-being strategies.
Mental health (Pages 54 to 59)	Whilst the shared ambition to invest in mental health services and parity of esteem has not changed, partners have recognised that the increased financial pressures have meant we are not going to be able to achieve as much as we originally intended in the early years of the plan. The refreshed version reflects this and the revised timelines.
Urgent Care (Pages 60 to 70)	Following a challenging winter and the emergence of A&E Delivery Boards to oversee improvements in urgent care, we have refreshed this section to reflect the revised priorities and delivery arrangements. We have also refreshed the bed numbers for Worcestershire to reflect agreed changes that were implemented during 2016/17. Further work is being conducted on the demand and capacity modelling to identify the investments and operational service changes required to deliver the out of hospital care model that is necessary to reduce the demand for bed based care where it is not necessary.

3.4 Other than these areas and points of minor factual accuracy, this document is broadly unchanged from the version published in November 2016.

4.   APPROVAL PROCESS

4.1 Trust Board will be aware from previous reports and discussions that the STP Partnership Board assumes the role of leading the development of the STP. To remind Trust Board members, the STP Partnership Board is comprised of the following:

All CCG Accountable Officers (3)	All NHS Provider Chief Executives (4)	Senior Council Representatives from both Counties (2)
Representatives from Primary Care providers in both Counties (2)	Representatives of Healthwatch in both Counties (2)	Representatives for the Voluntary Sector in both Counties (2)
A representative from the Royal College of General Practitioners (1)	A senior representative from NHS England (1)	A senior representative from NHS Improvement (1)

4.2 At the meeting of the STP Partnership Board on 20th June 2017, the Board endorsed this version of the plan and commended it to CCG Governing Bodies and NHS Provider Boards for approval and publication.

5.   RECOMMENDATION

5.1   In the light of the STP Partnership Board endorsement, the Trust Board is asked to:

- To approve the refreshed Sustainability and Transformation Plan (STP) for publication dated the 5th of July 2017 and agree to review the plan at least annually.
- Note that STP delivery plans will now be developed to underpin delivery of the plan as published and that it is expected these plans will be coordinated through the STP Programme Office
- Over the coming months, consider the how the role of the Trust Board will need to evolve in the light of the emerging Accountable Care environment that is being encouraged through national policy formulation.

Appendices

Appendix 1 – The proposed final Sustainability and Transformation Plan (5th July 2017).
Appendix 2 – Health and Well-Being Board response (June 2017)

Herefordshire & Worcestershire
Sustainability and Transformation Plan

5th July 2017 - Publication

www.yourconversationhw.nhs.uk

Your Health & Wellbeing
#YourConversation

Worcestershire **NHS**
Acute Hospitals NHS Trust

NHS
Herefordshire
Clinical Commissioning Group

NHS
Redditch and Bromsgrove
Clinical Commissioning Group

NHS
South Worcestershire
Clinical Commissioning Group

NHS
Wyre Forest
Clinical Commissioning Group

Wye Valley **NHS**
NHS Trust

Worcestershire Health and Care **NHS**

2gether **NHS**
NHS Foundation Trust

Taurus Healthcare

worcestershire
county council

Herefordshire
Council

Five Year Forward View   5th July 2017 - Publication   #futureNHS

Name of footprint	Herefordshire and Worcestershire
Region	Midlands and East
Nominated Lead	Sarah Dugan, Chief Executive Worcestershire Health and Care NHS Trust
Contact Email	whcnhs.yourconversationhw@nhs.net

Partners involved

GP Practices		90
CCGs		4
Acute Trusts		1
Combined Acute and Community Trusts		1
Combined Community and Mental Health Trusts		1
Mental Health Trusts		1
HealthWatch bodies		2
District and Borough Councils		6
Councils with Health & Well Being Boards		2

Key Statistics

Population	780,000
Area	1,500sq m
Annual NHS Allocation – 2016/17	£1.168bn
Annual NHS Allocation – 2020/21	£1.327bn
STF allocation in 2020/21	£50m
NHS "Do Nothing" financial gap to 2020/21	£288.1m
NHS Residual Gap after applying national planning assumptions	£61.3m

Herefordshire and Worcestershire
Sustainability and Transformation Plan
5th July 2017

Redditch and Bromsgrove CCG
South Worcestershire CCG
Wyre Forest CCG
Worcestershire Acute Hospitals NHS Trust
Worcestershire Health and Care NHS Trust
4 Primary Care Collaborations (covering 66 practices)
Worcestershire County Council

Herefordshire CCG
Wye Valley NHS Trust
2gether NHS Foundation Trust
Taurus GP Federation (representing 24 practices)
Herefordshire Council
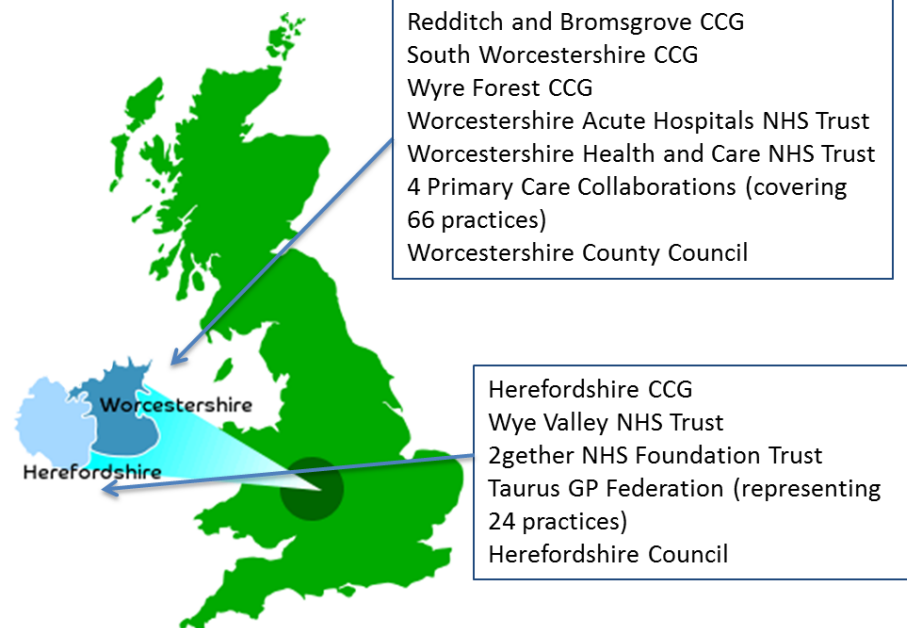
#yourconversationHW

Contents and foreword

Foreword by Mark Yates, Independent STP Chair

Herefordshire and Worcestershire have some unusual challenges compared to many of the other STP areas. We are one of the largest STP areas in terms of geography – covering 1,500 sq miles, but one of the smallest in terms of population – covering about 780,000 people. By way of example the distance between Hereford County Hospital and Worcestershire Royal Hospital is more than 30 miles and typically takes more than an hour to drive on single carriageway roads.

Our counties are also unusual in that they provide hospital services for 40,000 people from the Welsh health system who are external to the area. Powys has no district general hospitals and the people of mid-Powys rely on the County Hospital in Hereford and with Powys being even more sparsely populated than Herefordshire, for some residents, the nearest acute hospital after Hereford is some considerable distance away in Aberystwyth. Service provision in this area is characterised by long travel times for patients and staff and we have the challenge of achieving a balance of what can be provided locally in Wales and centrally in England.

Partners across the two counties recognise that the solution to the sustainability and efficiency challenges facing health and social care cannot be dealt with by partners nor organisations working alone. Individuals, families, local communities, Voluntary and Community Sector Partners all have a core role to play in developing solutions. We need to place equal if not greater focus on helping communities and individuals to live healthily, be resilient and avoid the need to access organised services for things that many people are able to deal with themselves. Carers play a vital role in this vision and are a hugely important asset to the NHS and social care system. We need to do more to help identify, support and recognise their vital roles. We will do this by working towards achieving system wide agreement to implement the "Commitment to Carers – Carers Toolkit". Helping carers to provide better care and to stay well themselves will contribute to better lives for those needing care and more effective use of NHS and social care resources.

These are just a few of the many challenges faced by the two counties, but all partners continue to be equally committed to providing the best and most cost effective services to our communities and patients. We've been working very closely together throughout 2016 and this commitment to the STP process will see our collective journey forge well into the future. However, partners also recognise the magnitude of the difficulty of providing health and social care services to a very diverse and widespread population within a very tight cost envelope. We recognise that this submission is not an end point – it is merely a stage in our collective journey towards a better health and social care system for the population of Herefordshire and Worcestershire and we are committed to engaging with our communities to ensure this is the case going forward.

Five Year Forward View   **5th July 2017 - Publication**   **#futureNHS**

What has changed since we published our draft plan in November 2016?

On 22nd November the Herefordshire and Worcestershire Sustainability and Transformation Plan was published for the first time. The document was an "umbrella" plan bringing together all the current changes happening across the two health and social care systems. It started by outlining the gap that health and social care services in the two counties face, using the triple aim mantra of (i) Health and well being, (ii) Care and quality and (iii) Finance and efficiency.

The document incorporated 12 proposed programmes of work across four priority change areas, supported by three key enabling processes. These programmes and processes each contained a series of first ideas and outline proposals for how local partners and stakeholders felt we could begin to tackle the challenges we face.

At the time of publication we were acutely aware of the public's nervousness around the plan and how it would affect local communities and services that they rely on. We also recognised that due to the process and timelines we were working to, the opportunities for public engagement before publication in November were fairly limited.

For these reasons we specifically chose to enter a period of public engagement and discussion on the contents of the plan post publication of the draft in November. This was **not a consultation** because we were not seeking views on specific worked up service changes.

Consultations will be undertaken for specific service changes that are made under the guise of the STP in the coming months and years where appropriate.

The "*Your Conversation*" engagement began in November 2016 and ran through to the end of February 2017. Unfortunately due to the restrictions of pre-election Purdah, firstly for Worcestershire's Local Authority Elections in May and subsequently for the General Election in June, we have been unable to publish our refreshed plan until July 2017.

We are pleased to be able to do so now and we welcome further feedback from the public and local stakeholders to help us inform and develop our delivery plans. Please provide further comments to whcnhs.yourconersationhw.nhs.net

Further information and supporting information is available at our website:

www.yourconversationhw.nhs.uk

The public engagement identified broad support for the direction of travel that we outlined in the draft plan. However, there were a number of areas that were highlighted as requiring further consideration as we develop further detail.

The vision and key priorities remain the same, however we have updated some parts of this document. The more significant changes made during the refresh process include:

- **Public engagement - pages 5 to 9** - A whole new section to preface the original plan which outlines the key themes arising from the engagement and how we intend to address these as we develop more detailed proposals.

- **Financial context – page 22** – As people would expect, the financial landscape has changed over the last 6 months. The finance section has been refreshed to reflect this.

- **Programme Management and Governance arrangements – pages 26** – We have refined our processes to oversee delivery of the STP and ensure that we use existing forums to take ownership for delivery of the plan.

- **Prevention , self care and promoting independence– pages 41 to 45** – We have updated the section to reflect emerging changes in the two counties health and well being strategies.

- **Urgent Care – Pages 61 to 71** – following a challenging winter and the emergence of A&E Delivery Boards to oversee improvements in urgent care, we have refreshed this section to reflect the revised priorities and delivery arrangements. We have also refreshed the bed numbers for Worcestershire to reflect agreed changes that were implemented during 2016/17.

- **Mental health – pages 55 to 60** – Whilst the shared ambition to invest in mental health services and parity of esteem has not changed, partners have recognised that that financial conditions have meant we are not going to be able to achieve as much as we originally intended in the early years of the plan. The refreshed version reflects this and the revised timelines.

Other than these areas and points of factual accuracy this document is broadly unchanged from the version published in November 2016.

Communications and Engagement

Our STP priorities are not new; they have been central to our engagement for a number of years and include extensive engagement around our strategies for Urgent Care, the reconfiguration of acute hospitals services, increasing out of hospital delivery and the promotion of self care and prevention. The collaborative focus of the STP process has enabled us to bring the learning from these activities together to develop a consistent approach to our future work, namely to effectively scale up the engagement and interaction with our local communities, clinicians and staff.

Throughout the STP process we have engaged on the direction of travel and post publication on the 21st November 2016 we have undertaken a period of formal public engagement on the full plan. This concluded at the end of February 2017 with ongoing further engagement with our workforce. Overall the engagement has focused on some high level ideas and concepts, to ascertain initial views on the suggested direction of travel and key priorities identified. The engagement has been supported by a dedicated website (www.yourconversationhw.nhs.uk) where a number of documents have been made available including the full plan and a summary document, plus an online questionnaire. In addition to online information, events and drop in sessions have been held across the two counties where patients, carers and members of the public have been able to meet with members of the communications and engagement work stream to discuss thoughts, concerns and ideas and to complete a questionnaire.

A further opportunity to engage with the community has been presented by the consultation events on the Future of the Acute Hospital Services in Worcestershire. Across the two counties, presentations have also been made at a number of community, voluntary and statutory sector meetings, groups and forums. Attendance at these groups has allowed us to share information, promote discussion and gather the views of various health and care groups/patient and carer groups, and also to gather the views of those considered seldom heard. Other comments have been received through letters, emails and enquiries.

By the end of the engagement period, 1195 public and patient engagement questionnaires had been completed and over 165 events had been attended. There were 10,769 hits to the website supported by social media activity. The final STP engagement report is available at (www.yourconversationhw.nhs.uk

A review of feedback half way through the engagement period indicated the need to enquire more deeply into two areas that respondents seemed concerned about – notably transport and the use of technology. To this end, a focused piece of work with a number of groups and individuals has allowed us to explore these issues in more detail. This work is continuing and recommendations will embedded in the specific workstreams and subsequent proposals where appropriate.

Specific engagement with staff around the STP began in February 2017 and by the end of April we had 372 survey responses that highlighted staff understanding about the STP and early views around the general direction of travel. The next phase of engagement will scale up internal communications around our delivery plans and widen the involvement with STP developments with our workforce.

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YOUR HEALTH AND WELLBEING IN HEREFORDSHIRE AND WORCESTERSHIRE

1195 surveys completed in Worcestershire

478 surveys completed in Herefordshire
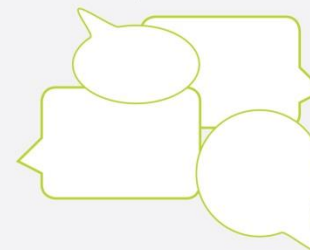
165 engagement events and attended VCS group meetings in Worcestershire and **25** in Herefordshire

10,769 hits to our dedicated STP webpage from November.

6 'STP launch' articles in the local papers across Herefordshire and Worcestershire

25 STP related articles – most relating to bed reductions

2,567 people viewed the STP summary document.

46 retweets on our Twitter posts

12,607 impressions

2567 people reached through our Facebook posts

Current engagement activity paused at the end of February 2017.

Key themes from our engagement activity:

The engagement that has been undertaken has indicated general support for the direction of travel:

Out of hospital care

Many respondents support the idea of having well-publicised, local services provided by a range of health care professionals who are available at known community bases/health hubs. Decisions around which service/professional a patient should access should be made by clinical, not administrative staff. There is strong support for much routine, non-urgent and non-specialist care to be provided at home/in the community/out of hospital. Many respondents would like to see many more services provided locally and support the idea of local health teams caring for patients at home.

General Practice

Access to services at present is not straightforward and is more complex for particular groups. Many respondents believe that access to GP services needs to be changed with good support for the idea that some might see a professional other than a GP, and the proposal that GP appointments should be kept for those who really need them. Respondents support the suggestion that GPs should support local health teams and believe that more professional time should be allocated to those who need it. However, many do not support the idea of Skype being used for routine appointments.

Accident and Emergency services

A lack of 24/7 local options and out of hours GP services are seen as key contributors to the challenges being faced by A&E. Respondents want A&E to only treat those who need to be in A&E and many people support the proposal to re-direct people to more appropriate sources of treatment. Whilst some respondents feel that information could help in this regard and offer suggestions where and how this could be provided, others believe that the issue is more about education that needs to be provided at the point of access so that people start to learn what is provided where.

Prevention , self-care and promoting independence

Most people recognise they have a responsibility to look after their own health but currently, information about health and services and what people can do for themselves is difficult to access, sometimes contradictory, and often confusing. Respondents want clear information about all services/conditions provided in one trusted place or by trusted individuals or organisations that are known to them and their community. Some respondents recognise that information is not enough for those with entrenched or habitual behaviour, calling for health coaching/motivational interviewing support. Much more prevention and self-care information should be communicated through schools and workplaces.

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Key themes from our engagement activity:

Technology

Views on technology are mixed; some people like it, some do not, and this engagement would suggest that preferences do not reflect gender or age variables. However, in Worcestershire, it would suggest that preferences are linked to ethnicity, with minority ethnic groups much less supportive of technology than White British groups. The feedback across the two counties indicates that overall, different people like different IT solutions. The perception of whether or not it is useful, often depends on the service/groups it is being proposed for and many respondents felt they had insufficient detail at this stage to comment more fully.

Transport and Travel

For the majority of people who responded through the Your Conversation engagement transport and travel was not a issue but the data does suggest that transport remains a challenge for some particular groups. In Worcestershire this seems to include some patients in the North of the county, as well as some carers, both of whom indicate that they do not have access to transport options. Similar concerns were expressed by some Herefordshire residents who are concerned that they will not be able to access appointments when they no longer drive as there are reduced or no public transport options in some places. It is suggested that greater flexibility and a broader system response is taken to address the issues identified around travel and transport challenges and that these are considered early in relation to specific STP proposals.

Bed reductions

There is concern about reducing the number of beds, based on the view that beds are still needed and a lack of knowledge/understanding about the alternatives on offer. This was mainly relating to Community Hospital bed reductions and limited detail around the skills and capacity required to support and care for people in their home.

Carers

If carers are going to be asked to do more and to become care partners, more work is required to identify, support, train and involve them. Many carers asked for breaks or respite periods.

Better use of resources

Many respondents were keen to offer views around how services could be made more efficient; including better use of resources like pharmacists, mobile units and community venues.

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Communications and Engagement: Next Steps

To date, the patients and public we have engaged with have expressed their appreciation for the opportunity to be involved. It is important that as our plan becomes more detailed we scale up our communication and engagement activity accordingly, with a focus on specific changes that are being considered and how people can engage with these. Therefore, each workstream is developing a bespoke approach to communication and engagement, reflecting the themes from the engagement activity to date and involving key stakeholders to develop the detail around priorities and proposals. There is a dedicated Communication/Engagement Officer on each workstream – they provide advice around best practice and ensure links are made to the established structures across our system. The Communications and Engagement workstream meets monthly, aggregating the workstream activity to advise Partnership Board around the ongoing system wide messages/context setting to support the overall direction of travel. This workstream is also supported by NHSE to develop and embed models of enhancing system wide approaches Community Citizenship and co-production.

Next Steps:

- A Communication and Engagement Plan is in development which outlines the expected activity across all the workstreams including an early assessment on equality impact, areas for formal consultation and the timelines for these. This focused work will be supported by ongoing overarching engagement around the content of our Summary Document, ie the case for change, the scaling up of out of hospital models and prevention, self care and promoting independence.

- Through current public sector partnerships we will seek to align our ambitions and developments to maximise wider place based delivery where possible. This will include modelling around impact across the wider determinants of health including housing, employment, community safety etc

- A key part of our work around carers is about involving them as expert care partners but our engagement has shown that carers need support and training to step fully into this role. To help us with this we applied for, and were successful in being selected, to receive support from the Building Health Partnerships scheme. This year-long project will see voluntary and statutory sector working together to establish a Carers Reference Group that will help ensure existing initiatives are mapped and good practice around carers (including support for carers to participate as experts in the care planning process) embedded within work streams and across the two counties.

- Targeted engagement work will continue around transport, travel and digital to further understand the issues and explore the opportunities to work differently with partners. Responding to our Your Conversation feedback this will also scope out the varying approaches that maybe developed for different communities, including younger and older people as well as black and ethnic minority groups and rural communities.

- We will continue to work with NHSE as a STP exemplar site for Communication and Engagement to strengthen our approach to Community Citizenship. We anticipate that our Building Health Partnerships work will provide us with an opportunity to test ideas around Lay Reference Groups and VCS involvement which can then be extended and adapted to support all the activities outlined in our STP.

- We will continue to work with Communication and Engagement colleagues from neighbouring STPs and beyond to align messages (especially at our county's borders) and adopt best practice and innovation where possible.

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Our vision for 2020/21

> *"Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people".*

	What we mean		**What we mean**
Live well in a supportive community...	There is collective agreement across the wider public and voluntary/community sector that one of the most effective ways to improve health is for people to live well within supportive resilient communities taking ownership of their own health and well-being. We will be better at helping residents to draw on the support available from their local communities and voluntary groups, and we will help those communities and groups develop the capacity to meet these needs. We will use social impact bonds and social prescribing to support this. This will apply across all age groups.	**...delivered in the best place...**	We will have completely adopted and embraced the principle of "home first" and will deliver as many services as possible close to home. We will carefully balance the need and benefit of local access against that of service consolidation for quality, safety and cost effectiveness. We will reduce as far as possible the need for people to travel out of their area to access most services. Some services will be brought out into communities and delivered in GP surgeries, community hospitals or other local premises. Equally some services will be consolidated where clinical sustainability or quality of care is significantly improved by doing so. Joined up transport planning will enable us to support people in planning their travel arrangements where this is the case. We will involve the public in any decisions and provide the information needed to understand how and why things need to change.
...with joined up care...	Where individuals have a health or care need this will be delivered in an integrated way, with a single plan developed with and owned by the individual in true partnership and available wherever people access the system. Local integrated delivery teams will be in place which recognise the central role of the GP and reflect a broad range of skills and expertise from across the organisations. We will make care boundaries invisible to people using our services by removing operational boundaries between organisations and we will ensure that co-production is embedded in everything we do.	**...by the most appropriate person.**	We need to create the capacity and resilience to enable GPs to be clinical navigators and senior clinical decision makers in the out of hospital care setting. This will be with a particular emphasis on people who are frail and those at risk of emergency admission. We will develop extended roles such as physician assistants and advanced practitioners in areas such as physiotherapy, dermatology and pharmacy and review the skill mix to free up the GP time needed to focus on patients with the most complex needs. Equally there are times when the demarcations in roles are too prohibitive and result in the need for additional roles that add more cost than value. This will change with alignment of pathways of care. Over time we have introduced a degree of complexity and cost that is not sustainable. The work we do to implement this plan will mean that people will be seen by the right person in the right place at the right time. This will mean change to the way in which services are delivered.
...underpinned by specialists...	Specialist care will always be needed, but there are times when care could be safely provided under the remote supervision of a specialist across a digital solution. For example, by developing better digital links between practices and hospitals we believe that more care can be provided locally by GPs and other health or social care staff based in the community. This is particularly important given our rurality challenge. Our workforce, organisational development and recruitment plans will focus on making sure that we make Herefordshire and Worcestershire an attractive place to work so we have a stable and committed workforce, with much less reliance on agency employment.		

The essence of our Sustainability and Transformation Plan

Our health and care economy has become too dependent on reactive bed based care that results in reduced wellbeing, a poor patient experience and higher cost of services. There remains a public perception that being in hospital is the best place to be when people are unwell. This is despite there being considerable evidence to the contrary, particularly for people who are frail. The essence of our STP is to change this by keeping people well and enabling them to remain in their own homes. We will achieve this by focusing our efforts more on what happens in our communities, not just in hospitals. We will build our system around resilient and properly resourced general practice, that has community services wrapped around them. This will relieve pressure on our hospitals, which will be freed up to focus on efficiently dealing with complex elective and emergency care. Waiting times and outcomes for patients will be better. For the system it will enable us to live within the financial means available by the end of the 5 year period. To achieve this change we will require all partners to commit to this approach and to deliver this through their operational planning and delivery work. It will also require change from the population. We will need local residents and citizens to take more control of their own health and well being, to take more responsibility for supporting others in their communities. Building strong and resilient communities, through wider work around employment, housing and education, will be an essential foundation for this. As a result, people will no longer need the historic range and level of public services, and will be sensible consumers of the services we do need to provide.

From

Over the lifetime of the STP

To

A system too reliant on emergency access and beds where people believe that hospital is the best place to be when you are unwell

- Invest in primary, community and mental health services
- Improve resilience, capacity and sustainability of general practice
- Improve health outcomes and support independence for longer

- Put prevention, self Care and promoting independence at the heart of our plans
- Reduce pressure on hospital beds and slow the loss of independence
- Use our capacity better across all key services
- Improve access and performance by better use of capacity

- Reduce unwarranted variation across primary and secondary care
- Reduce the volume of work that has limited clinical benefit or marginal return
- Return the system to financial balance

A system that is built around care close to home, where hospital beds are only used where somebody cannot be cared for safely in their own environment

A single page summary of the big priorities for this STP

Sustainable General Practice

- Prioritise investment to ensure delivery of the General Practice Forward View – developing primary care at scale "bottom-up" with practices , community pharmacy, third sector and health and care services.
- Redesign the primary care workforce, sharing resources across primary and secondary care to provide resilience and sustainability as well as capacity.
- Adopt an anticipatory model of provision – with proactive identification, case management and an MDT approach for those at risk of ill-health.
- Share information across practices and other providers to enable seamless care.
- Move to "big system management" – with real time data collection and analysis providing the intelligence to support continuous quality improvement and demand management.

Primary & Community Services

- During 2018/19, organise and provide services from locality based Multi-Speciality Community Providers (Worcestershire) and similarly formed alliance model (Herefordshire).
- Through the One Herefordshire Alliance and the Worcestershire Alliance Boards, develop population based integrated teams wrapped around general practice covering physical and mental health, wider primary and social care services and engage with the population to deliver services close to home.
- Support patients and carers to self-manage their own conditions, harnessing voluntary sector partners and communities to support independence and reduce loneliness.
- Develop plans which integrate specialist support, reducing the time taken to access specialist input and reducing the steps in the pathway. Initially focussed on supporting people living with frailty and end of life care, but adopting principles and learning quickly to a range of other priority pathways.

Prevention, self care and promoting independence

- Embed at scale delivery of evidence based prevention interventions across all providers of health and social care, achieving population behaviour change.
- Put long term life outcomes for children, young people and their families' needs at the heart of the STP agenda in order to prevent the need for more intensive and high cost services now and in the future.
- Support people to manage their own health, linking them with social support systems in their communities and identify when a non-clinical intervention will produce the best experience and outcomes for patients.

MH & LD

- Deliver the requirements of the national taskforce.
- Work with NHS specialised services to increase local child mental health services to reduce demand for complex out of county services and enable repatriation of complex cases back to their local areas.
- With local authorities, develop joint outcomes and shared care for people with learning disabilities.

Urgent Care

- Reduce the number of individual physical access points to urgent care services across the two counties by 2020/21.
- Retain 3 units with an A&E function across the two counties. Explore the need for the number of MIUs and the Walk in Centre as we move to 7 day primary care services, and the opportunity for standardised opening hours for MIUs in Worcestershire.
- Shift to home based care – explore whether we should reduce the number of community based beds across the system and shift resources to primary and community services.

Maternity

- Implement the clinical model for maternity inpatient, new born and children's services within Future of Acute Services in Worcestershire programme.
- Develop a Local Maternity system across Herefordshire and Worcestershire delivering the Better Births strategy.
- Establish a single service with specialist teams working under a common management structure, delivered locally within both counties.

Elective Care

- Develop 4 key prevention programmes to reduce demand for surgery delivered at scale and improve the likelihood of positive clinical outcomes following surgery.
- Across Worcestershire undertake a greater proportion routine elective activity on "cold" sites to reduce the risk of cancellations and to improve clinical outcomes.
- Develop strategic partnerships with external partners to secure organised access to elective surge capacity in a planned and managed way.
- Expand pan STP working on cancer services and deliver the requirements of the national taskforce.

Infrastructure

- Explore the benefits from integration in pathology, radiology and pharmacy services across the two counties.
- Develop robotic pharmacy functions and maximise the use of technology.
- Develop a single strategy and implementation plan for a joined up place based back office across all local government and NHS partners.
- Develop a place based estates strategy and a place based transport strategy.

Five Year Forward View   **5th July 2017 - Publication**   **#futureNHS**

Our biggest challenges – health and well-being

Overall, health outcomes in Herefordshire and Worcestershire are good but we face significant challenges now and into the future. We recognise that radically scaling up prevention activities across all our health and care interactions with the population will be a vital element of securing improvements, we also recognise the need to work closely with wider system partners to ensure that a healthy place is created by all those who shape it, addressing the social, economic and environmental determinants of health. These partners will include police, fire and rescue, housing, and the VCS, as well as economic partners who can influence the overall wealth and inequality of our place.

The gap between life expectancy (LE) and healthy life expectancy (HLE)
There are large numbers of people living in poor health in our older population and this is one of the most significant gaps to reduce. In Herefordshire the gap at 65 years of age is 7.8 years for men and 9.4 years for women. In Worcestershire 7.1 and 9.1 years respectively. Closing these gaps is essential to improving the quality of life for the population.

- **Premature mortality rates vary significantly between the two Counties** Worcestershire mortality rates are most concerning – the county ranks 55th out of 150 Authorities nationally (where 1st is best) for premature mortality rate per 100,000 population. Herefordshire ranks 21st out of 150. In comparison with its statistical neighbours, Worcs ranks 12th out of 15, with a premature death rate of 320 per 100,000, compared with 256 for the 1st ranked. This is equivalent to around 370 additional premature deaths a year. Herefordshire ranks best for its comparative group, with a premature death rate of only 287 per 100,000

- **There are some condition specific premature mortality concerns -** In Herefordshire, colorectal cancer, heart disease and stroke are slightly higher than expected (but not significantly), whereas in Worcestershire, premature mortality in some of these areas is amongst the worst or actually is the worst for its comparator group (for example colo-rectal cancers and heart disease)

Gap between life expectancy & healthy life expectancy

	Men	Women
Herefordshire	7.8 yrs	9.4 yrs
Worcestershire	7.1 yrs	9.1 yrs

Premature mortality rates compared to other areas (1 is best performing)

	England	Statistical Neighbours
Herefordshire	21st of 150	1st of 15
Worcestershire	55th of 150	12th of 15

Our biggest challenges – health and well-being

There is a gap in mortality rates between advantaged and disadvantaged communities, particularly in Worcestershire – Our health and well-being strategies identify approaches to tackle this gap, and these are reflected throughout the STP. The range of years of life expectancy across the social gradient at birth is 7.8 years in Worcs and 4.9 in Herefordshire. In our rural areas, health inequalities can be masked by sparsity of population but we know differences exist which need to be tackled, including issues of access.

Some outcomes for children and young people which are lower than expected:

- **School readiness** - In Herefordshire only 40% of Children receiving free school meals reach a good level of development at the end of the reception school year. In Worcestershire the figure is 46%. Both are worse than the England average of 51%

- **Neonatal mortality and stillbirth rates –** These are amongst the worst in the comparative groups for both counties. In Herefordshire it is 9.7 per 1,000 live births and Worcestershire 7.5 per 1,000

- **Obesity –** In Herefordshire 22% and in Worcestershire 23% of reception class children are obese or overweight

- **Alcohol admissions under 18s –** In Herefordshire the figure of 56 per 100,000 population and in Worcestershire 46.5 per 100,000 are both significantly higher than the England average of 40. This equates to an additional 30 admissions in Herefordshire and 37 in Worcestershire per annum

- **Breast-feeding initiation rates** are both below the national average (68% in Herefordshire and 70% in Worcestershire with a national figure of 74%).

- **Occurrence of low birth weight** in both counties is amongst the worst of their comparator groups

- **Teenage conceptions** - 24 per 1,000 in Herefordshire and 25 per 1,000 in Worcestershire are the highest rates amongst their comparator groups

Mortality variation between different social groups

Difference between less deprived and more deprived areas

Herefordshire	4.9 yrs
Worcestershire	7.8 yrs

Areas of concern regarding poor outcomes for children and young people across both counties

Older ------------- Younger

- **Neonatal mortality and still births**
- **Low birth weight**
- **Breastfeeding rates**

- **School readiness**
- **School age obesity**

- **Under 18 alcohol admissions**
- **Teenage conception rate**

Our biggest challenges – health and well-being

Mental health and well-being - This is a theme that cuts across and impacts on all the outcomes and is a priority in our health and well-being strategies. On average, men and women in contact with mental health services have a life expectancy 17.5 and 14 years less than the rest of the population of Herefordshire and Worcestershire, this is a highest figure compared to similar STP areas. On the Integrated Household Survey 21% of residents in Herefordshire and 18% in Worcestershire reported an anxiety score of over 5/10. In addition, we know that people suffering from mental health conditions suffer higher levels of health inequality and outcomes across an array of measures. We will focus on improving mental health and well-being which will in turn impact on individual behaviour change and physical health.

To narrow the gaps identified above, our plans for mental health will include improved access to early help as soon as problems start. we will also focus on living healthily, knowing that good physical health is inextricably linked to good mental health. We will focus on changing the lifestyle behaviours that increase risks of poor health outcomes. We want to reduce:

- **The numbers of people eating too many high fat, salt and sugar foods** - In Herefordshire 65.2% of adults are overweight or obese and in Worcestershire 66.6%

- **Alcohol consumption** - in both counties about 27% of the drinking population drink at increasing or higher risk levels

- **Smoking** - 14% of adults in Herefordshire and 17% in Worcestershire still smoke

- **Physical inactivity** - 22% of adults in Herefordshire and 25% in Worcestershire are inactive

Although we are generally at national average in terms of these behaviours, the national figures themselves give rise for concern and average performance should not be allowed to provide false comfort. If unchecked, these issues will mean that the rising burden of avoidable disease will continue. Furthermore, there are marked differences between deprived and non-deprived areas which will require careful referral and targeting (for example smoking prevalence among routine and manual workers is 25% in Herefordshire and 32% in Worcestershire). The biggest single staff group across the two counties is employed by the NHS and local government. We will focus on implementing local strategies to support our own workforces to lead the way in changing behaviour for others.

Life expectancy for mental health service users compared to non-mental health service users

Gap in life expectancy in years

Men	17.5 yrs
Women	14 yrs

Unhealthy lifestyles

% of the population who:

	Here'd	Worcs
Are obese or overweight	65.2%	66.6%
Drink too much	27%	27%
Smoke	14%	17%
Are physically inactive	22%	25%

Our biggest challenges – care and quality

In addition to our health and well being challenges, we also have a number of areas where our performance on care and quality can be significantly improved. We know there are significant workforce challenges in a number of areas leaving services too reliant and locums and agency staff to meet demand.

Our biggest challenges include:

- Lack of capacity and resilience in primary care and general practice.

- Social care provider capacity & quality (domiciliary and residential care capacity is stretched). The entirety of population growth in Herefordshire over the next 15 years is in the over-75s (with major implications for demand).

- One Trust in the CQC special measures regime and one that has recently emerged from it, having been re-categorised as "requires improvement".

- Poor Urgent Care performance on a number of measures including ambulance measures, 4 hour waits in A&E, long trolley waits and challenges around including stroke performance.

- Poor performance against elective care referral to treatment times (18 week waits) and access to mental health services such as psychological therapies.

- Poor performance of cancer waiting times.

- Low dementia diagnosis rates.

- Poor performance in parts of the STP area on a number of maternity indicators such as uptake of flu vaccinations, smoking at the time of delivery, low birth weight and breastfeeding initiation.

May 2017 Highest risk areas for key NHS Constitutional standards

Urgent Care
- 4 hour A&E standards across all sites
- Poor patient flow resulting in 12 Hour Trolley breaches (WAHT)
- Stroke TIA (WVT)
- Ambulance Handovers

Planned Care
- Referral to treatment 18 week (WVT & WAHT)
- Cancer 62 day wait
- Cancer all 2 week wait referrals
- Cancer 2 week wait – Breast Symptomatic
- Cancelled operations (WAHT)

Mental Health
- Dementia Diagnosis
- IAPT Access (Improved access to psychological therapies)
- IAPT Recovery

Our biggest challenges – finance and efficiency

In October 2016 the STP developed a financial model that set out a 'do nothing' scenario for the health and care economy. The model was calculated showing the impact of increases in demography, inflation and other factors. The model also included those investments required to deliver the priority areas set out in the Five Year Forward View. The STP is in the process of refreshing its financial model, and the scale of the financial challenge is set out below. The Partnership Board has reiterated the importance of the investment in delivering the programmes set out in the General Practice Forward View. The financial model has been refreshed to include 2016/17 outturn, the 2017/19 contractual agreements and organisational control totals. The financial model will be continually refined as we move forward. The refreshed 'Do Nothing' base case for Herefordshire and Worcestershire split by sector is:

includes a £23.0m new requirement to deliver the NHS Five Year Forward View.

In addition to this, the financial modelling shows that the two local authorities combined have a "do nothing" gap of circa £84m that are being addressed through local efficiency savings alongside the STP– taking the system gap to £395m.

Area	Herefordshire	Worcestershire	Do nothing gap
NHS Commissioners	£34.4m	£99.6m	£311.1m*
NHS Providers	£74.8m	£102.3m	

We recognise the importance of addressing this position as quickly and effectively as possible. Based on published allocations for 2017/19 and advised inflationary uplifts spending allocations will increase from £1.168bn to £1.327bn (this includes NHS England priorities including MH Parity of Esteem). If the population continues to access services in the same way as now, and we continue to provide them in the same way, then our spending will be likely to increase by an additional £175m over and above this increase. When added to our opening gap and the social care gap, this results in the total financial challenge for the system by the end of 2020/21 of £395m.

NHS £311.1m gap by area	2020/21 'Do Nothing'	Population	Per head
Herefordshire	-£109.2	225,000	£485
Herefordshire *Including net import from Wales*	-£109.2m	185,000	£590
Worcestershire	-£201.9m	595,000	£339

We are very conscious of the challenge between the need to live within individual control totals in the short term and the delivery of a balanced and sustainable system in the long term. In seeking to meet both challenges, we recognise the need to take radical steps, but equally will be careful not to compromise long term sustainability with rash steps towards short-term financial savings.

There is a significant disparity in the scale of the financial challenge across the two counties. The additional challenge in Herefordshire, in part, stems from the inherent additional costs resulting from serving a very dispersed rural population where there is limited access to the internet. These challenges are not fully reflected in the national funding formula. The current model assumes these financial challenges can be met through efficiency savings which are very challenging.

Our biggest challenges – finance and efficiency

Closing the NHS Gap by 2020/21

If we achieve the national planning assumptions of 1% demand mitigation and 2% provider efficiency gains, and deliver additional QIPP savings and efficiency gains, then our local modelling suggests that the financial challenge we will reduce to £84.3m (£311.1m - £226.8m demand management & efficiency gains) this is the gap before the transformation schemes and proposed use of the STF investments is allocated. We have currently identified transformational schemes totalling £34.6m that could begin to bridge the gap, leaving £26.8m to be covered by the STF money after covering the investment requirement from our STF allocation. Delivering this scale of transformation will be challenging without access to sufficient transformation resource to support change (see page 24 for plans). This is one of the key risks that the system will need to address as part of the next phase of development. In implementing any changes to services, all partners have agreed to the principle that we must not take decisions in one part of the system that have an adverse effect or shunt costs into another part of the system, without this being part of an agreed and organised approach. We are very conscious that there may be a tension between the need to live within the control totals of individual organisations in the short term and the delivery of a balanced and sustainable system in 2021. In seeking to meet both challenges, we are ready to take radical steps, but we will not be foolhardy, in taking rash steps towards short-term financial savings that undermine outcomes in the longer term.'
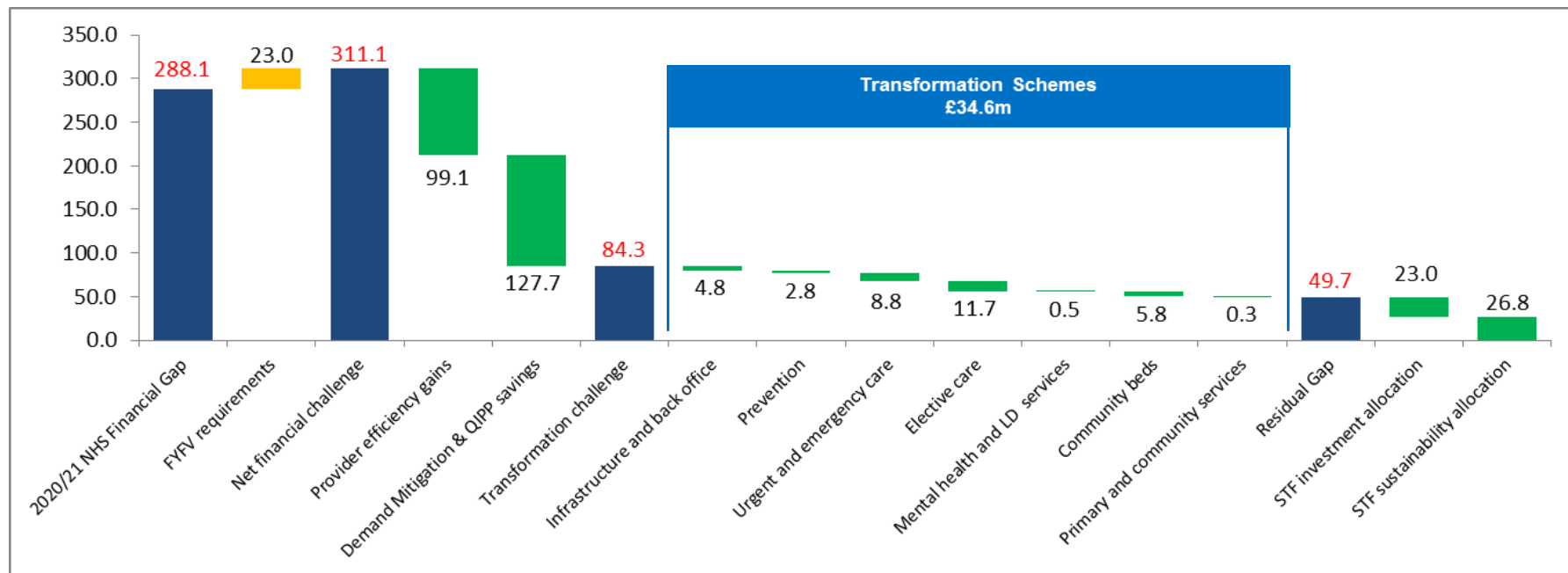
Opportunities identified using Right Care to support demand mitigation

In order to deliver our commissioner QIPP and provider CIP challenge we intend to apply the NHS Right Care approach and the wider efficiency work recommended by national reviews such as *Carter* . The CCG Right Care Commissioning for Value packs show that there are significant opportunities for demand mitigation compared to other areas in both elective and non-elective care. Other sources of analysis show opportunities in Continuing Healthcare and variation in GP prescribing. These savings opportunities are included with the CCG QIPP plans mainly within Acute Contracts for 2017/18 and 2018/19.

Elective Admissions

- There are significant opportunities to deliver efficiencies in this area, most notably in Gastro-Intestinal and Musco-skeletal
- Total saving opportunity =
    - £643k   against the top 10 comparators
    - £5.4m   against the top 5 comparators

Non Elective Admissions

- There are also significant opportunities to be pursued in the non-elective admissions, but in a smaller number of areas. The most significant being Neurological.

- Total saving opportunity =
    - £186k   against the top 10 comparators
    - £2.5m   against the top 5 comparators

Other areas (not shown in charts)

- In addition to these areas CCGs have also identified CHC and GP Prescribing as areas to target for demand mitigation strategies with savings of £2.1m and £3.7m targeted.

Elective Admissions — Potential saving £5.4m

Compared to average of the best 5
Compared to average of the best 10

Category	Values (£000s)
Cancer	181
Endocrine, nutritional & metabolic	77 / 103
Neurological	102
Circulation	335
Respiratory	225
Gastro Intestinal	297 / 1,102
Musculo Skeletal	1,530
Trauma and Injuries	173
Genito Urinary	269 / 1,054

Non Elective Admissions — Potential saving £2.5m

Compared to average of the best 5
Compared to average of the best 10

Category	Values (£000s)
Cancer	317
Endocrine, nutritional & metabolic	
Neurological	186 / 658
Circulation	604
Respiratory	471
Gastro Intestinal	
Musculo Skeletal	
Trauma and Injuries	
Genito Urinary	312

In addition to existing schemes, jointly developed QIPP/CIP schemes will be developed through the operational planning process to support delivery of these savings, alongside the additional requirements to support control total compliant spend in 2017/18 and 2018/19.

Five Year Forward View   **5th July 2017 - Publication**   #futureNHS
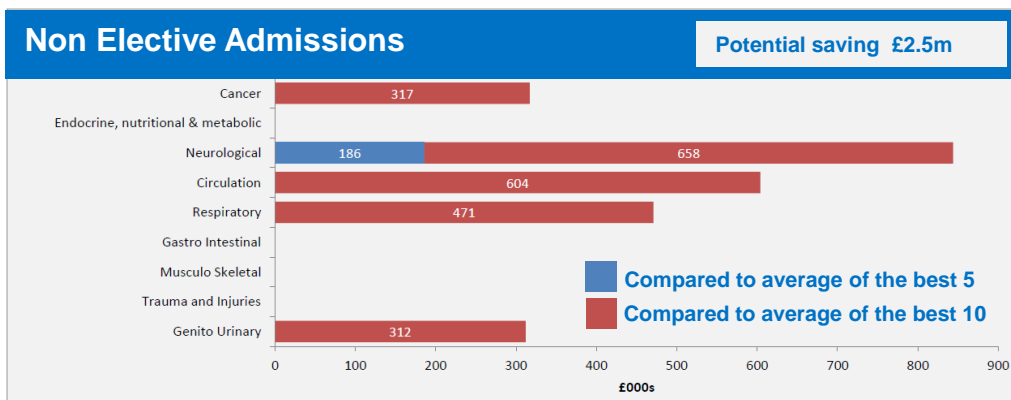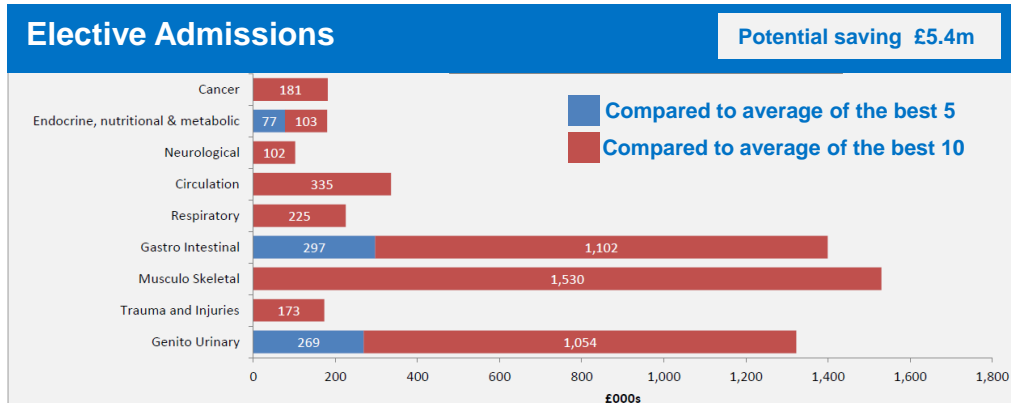
Identification of provider cost improvement plans – 2017/18 and 2018/19

Providers are developing plans to deliver the 2% cost improvement requirements outlined on page 18. These plans are consistent with the areas set out in the Carter review and include the following elements:

- **Procurement** – a total of £3.0m savings across the 4 providers in 2017/18 and a further £2.5m in 2018/19

- **Infrastructure** - £4.4m in 2017/18 and a further £2.5m in 2018/19. These savings are based on spend to save schemes, likely impairments and increased commercial income as part of an efficiency review linked to the Carter recommendations and other benchmarked opportunities such as estate management and PFI efficiencies.

- **Workforce** – this is the biggest area of focus in provider plans and is centred heavily on reducing spend on temporary staffing. Plans currently aim for £9.2m in 2017/18 and a further £9.0m in 2018/19.

- **Clinical Practice** – a reduction of £2.5m in 2017/18 and £4.0m in 2018/19. These savings include productivity and efficiency improvements in areas such as length of stay, day case rates, outpatient follow up rates, reducing non attenders and readmissions as well as more efficient prescribing practise and improved theatre utilisation.

- **Other** - £3.1m in 2017/18 and a further £3.7m in 2018/19. These savings include improved income recovery through better productivity, improved CQUIN performance and better contract management.

Note that, combined, these savings equate to £21.2m and £21.7m respectively for the next two years. However, in order to achieve control totals, additional savings across the providers or almost £27m will need to be identified in 2017/18. The plans need to be updated to reflect new areas and values being agreed.

2017/18 — stacked bar chart (Other, Clinical Practice, Workforce, Infrastructure, Procurement) for WAHT, WHCT, WVT, 2G

2018/19 — stacked bar chart (Other, Clinical Practice, Workforce, Infrastructure, Procurement) for WAHT, WHCT, WVT, 2G
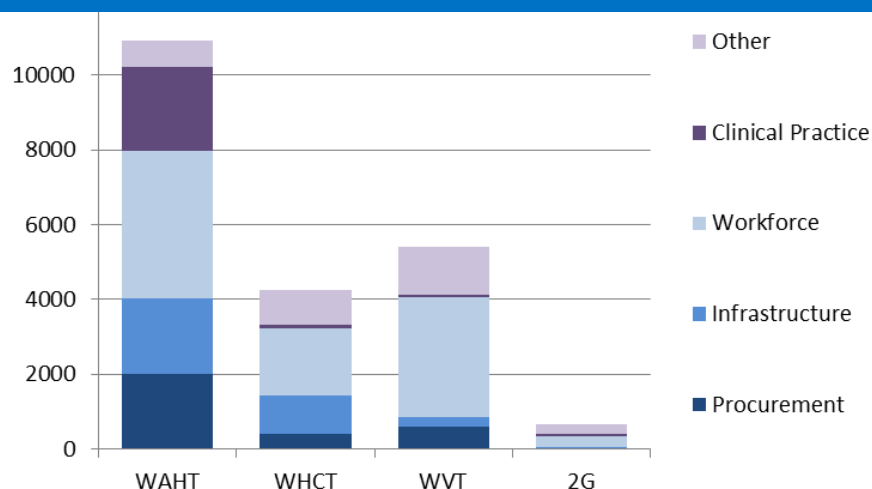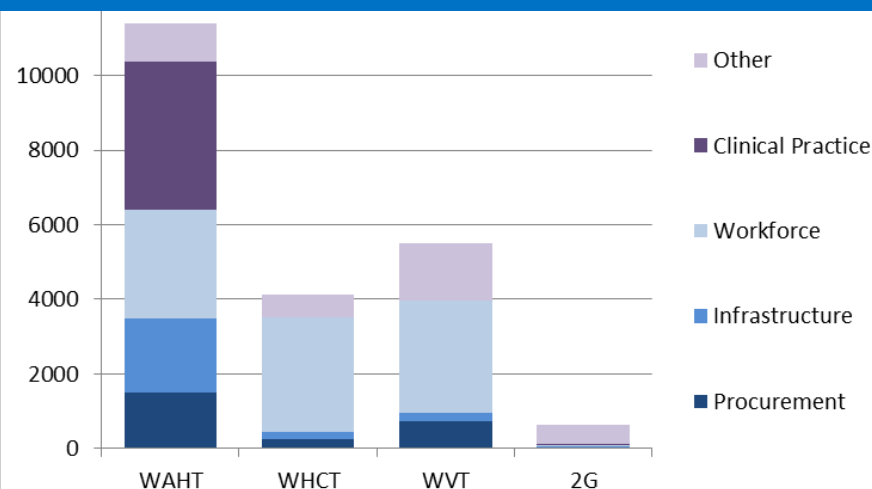
Identification of commissioner QIPP plans – 2017/18 and 2018/19

Commissioners are developing plans to deliver the 1% cost improvement requirements outlined on page 18. The QIPP detailed below is taken from the financial plans in March 2017. The plans cover the following areas:

- **Prescribing –** £9.6m in 2017/18 with a further £7.4m in 2018/19. This will be delivered through a number so ways including reducing variation in drugs prescribed, repeat prescribing and review drugs available for prescription

- **Acute Contracts –** This is the largest area of focus with £14.4m in 2017/18 and £10.2m in 2018/19. As well as a 2% demand management requirement the other areas include follow up outpatient reductions, elective procedures being reviewed, procedures of limited clinical benefit and reductions in emergency admissions. All areas reviewed are subject to clinical agreement. This also includes the Right care opportunities as identified in the previous slide.

- **Continuing Care Services -** £5.4m in 2017/18 and a further £3.5m in 2018/19. This will focus on follow up reviews, 1:1 care packages, nursing care packages and ensuring full compliance with approved policies

- **Other Programme Services** - £6.4m in 201718 and £13.5m in 2018/19. For 2017/18 this covers a number of areas including a full forensic review of all CCG budgets. In 2018/19 this is mainly unallocated at this planning stage and will be allocated across programme areas once fully identified and agreed.

- **Other Health Contracts -** £8.8m in 2017/18 and £3.3m in 2018/19. This covers all community areas including Physiotherapy Therapy Service redesign, better care fund realignments and other technical savings

Note that, combined, these savings equate to £48m and £39m respectively for the next two years.

2017/18
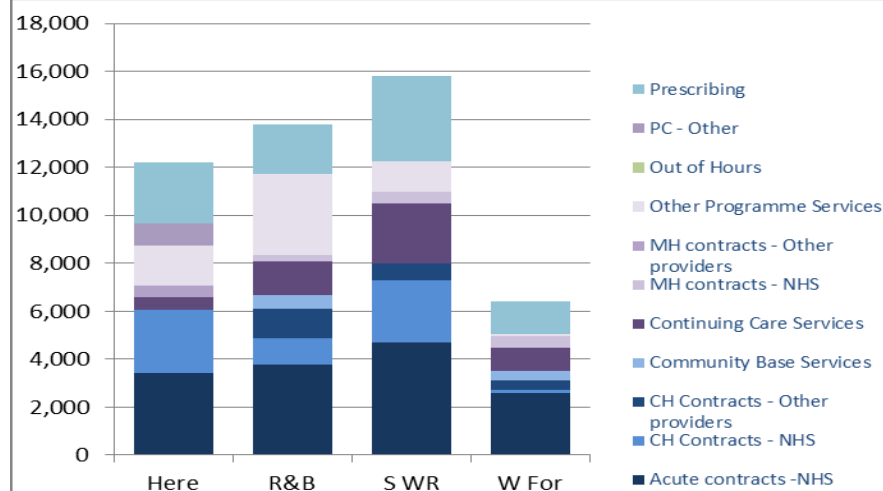
2018/19
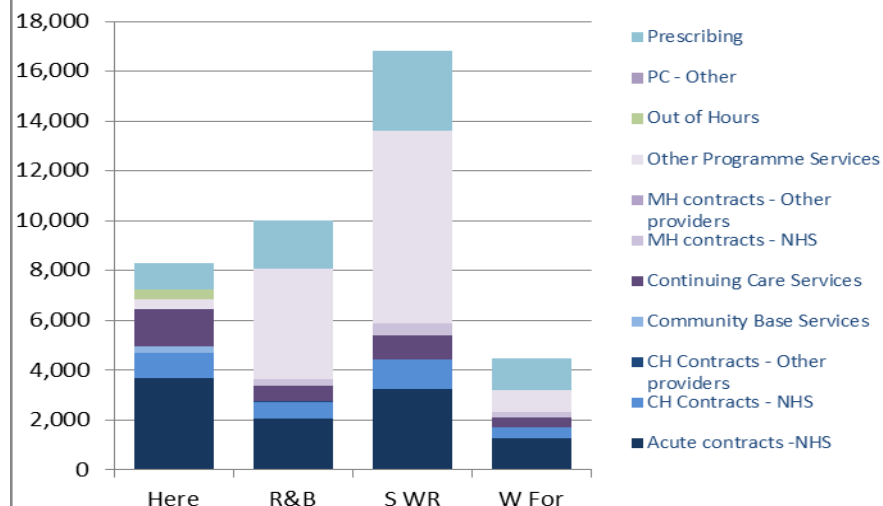
Our biggest challenges – finance and efficiency

Information has been updated to reflect the latest financial projections for CCGSs and Acute Providers, although work continues, the model continues to be updated to finalise our modelling assumptions and **refresh** the solutions. The current model is not a final position. Our financial modelling shows that we can bring the system into financial balance by 2020/21 by using **£26.7m** of our STF allocation to support sustainability. However, we have a significant challenge in achieving the system control totals for 2017/18 and 2018/19. In order to achieve the 2017/18 control totals, the Herefordshire system would need to achieve combined savings of £23.1m in year. For Worcestershire this figure is £58.6m. In reality because a significant proportion of the commissioner challenge would be in spend areas with the provider, the provider challenge would be further magnified. Significantly for the two acute providers these programmes equate to circa 12.2% and 10.2% of income respectively.

Herefordshire Commissioner Bridge 2017/18

*Note - comprised of CCG and NHSE Commissioner QIPP

*Hereford CCG Control Total was adjusted to £4.5m deficit in June 2017. This is not yet reflected in the model

	Value
Do nothing challenge	13.320
1% demand mitigation	6.800
Resultant gap	6.520
Additional QIPP	4.920
Control total	1.600
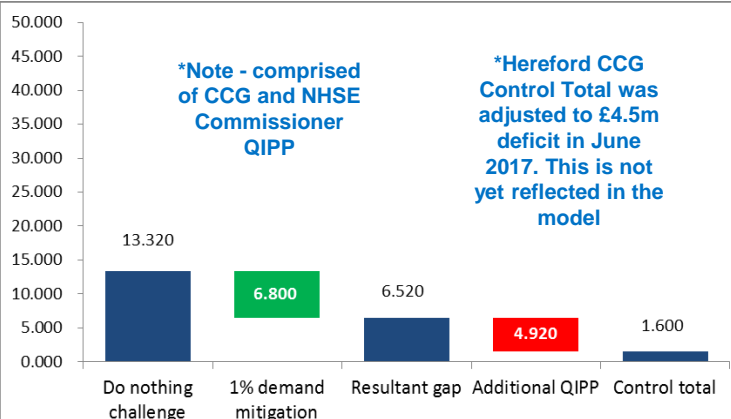
Herefordshire Challenge

£6.8m
£4.9m
£11.7m

£23.1m

£5.4m
£6.0m
£11.4m

circa **12.2%** CIP (inc impact of commissioner QIPP)

Worcestershire Commissioner Bridge 2017/18

	Value
Do nothing challenge	43.064
1% demand mitigation	11.200
Resultant gap	31.864
Additional QIPP	26.364
Control total	5.500

Worcestershire Challenge

£11.2m
£26.4m
£37.6m

£58.6m

£10.9m
£10.1m
£21.0m

circa **10.2%** CIP (inc impact of commissioner QIPP)

Wye Valley Finance Bridge – 2017/18

	Value
Do nothing challenge	40,221
2% CIP	5,414
STF allocation	4,192
Resultant gap	30,615
Additional CIP	6,005
Control total	24,610

Worcs Acute Finance Bridge – 2017/18

	Value
Do nothing challenge	61,789
2% CIP	10,901
STF allocation	12,663
Resultant gap	38,225
Additional CIP	10,104
Control total	28,121

Investing in change and transformation

An Allocative Approach to Budget Prioritisation

Partners on the programme board agreed to take a strategic approach to making investment and disinvestment decisions across the system budgets. A budget allocation exercise was facilitated by The Strategy Unit of the Midlands and Lancashire Commissioning Support Unit.

This process included partners reviewing national "asks", local performance and outcome information from the gap analysis and agreeing a strategic direction of travel for how we believed we could most efficiently optimise the use of resources to achieve the best outcomes for the population.

The core purpose was to enable rational allocation of any growth money that CCGs will receive in their allocations over the STP period and agree where the most significant efficiencies and service changes would need to be targeted in order to achieve this strategic intent. The intention is to use this process to support the strategic shift in resources over the lifetime of the STP.

However, it will be a significant challenge for the system to achieve this quickly using traditional methods of contracting. Any additional investment highlighted in the table is naturally reliant on the system's ability to disinvest equivalent amounts in the other areas. It is therefore a priority of the STP to move towards population based capitated allocations using more flexible contracts to enable commissioners and providers to ensure that resource is targeted to the right areas.

Through the joint operational planning process, CCGs and Providers are working together to develop joint schemes to support each other to deliver their respective financial positions.

Funding area	Indicative funding share	Real terms change*	Actual funding increase
Running costs	Reduce	-26%	-15%
Back office and infrastructure		-7%	
Urgent care and emergency admissions	Reduce	-6%	+7%
Maternity care	Increase	+1%	+15%
Mental health and learning disability services	Increase	+8%	+23%
Elective treatment – life threatening conditions (cancer, cardiac etc)	Increase	+7%	+22%
Elective treatment – non life threatening conditions	Reduce	-20%	-8%
Diagnostics and clinical support services	Reduce	-11%	+2%
Medicines optimisation	Reduce	-8%	+5%
Core primary care (GMS)	Apply national formula and GPFV requirements		
Extended primary and community services to support proactive out of hospital care	Increase	+17%	+33%
Total		**0.0%**	**+13.0%**

*Ambition for funding growth above inflationary increase

Investing in change and transformation

Allocating the STF Money

The allocation exercise was also used to inform discussions and prioritisation for use of the transformation element of the STF. These investments will need to be made early in the planning cycle if they are to begin delivering the scale of transformation required to improve services and achieve financial balance. Any risk to our ability to make this investment will severely compromise our ability to deliver a balanced plan by the end of the period.

The chart below shows the initial proposed allocation of the STF transformation element. It shows the funding allocated to providers in 2017/18 and 2018/19 which is included within Provider Control Totals agreed with NHS Improvement. The model assumes £17.3m in 2019/20 to £23.0m in 2020/21 is invested in transformational solutions. It is important to note that this is the initial proposed allocation and may be subject to change as further work is conducted to develop the project delivery plans in each area.
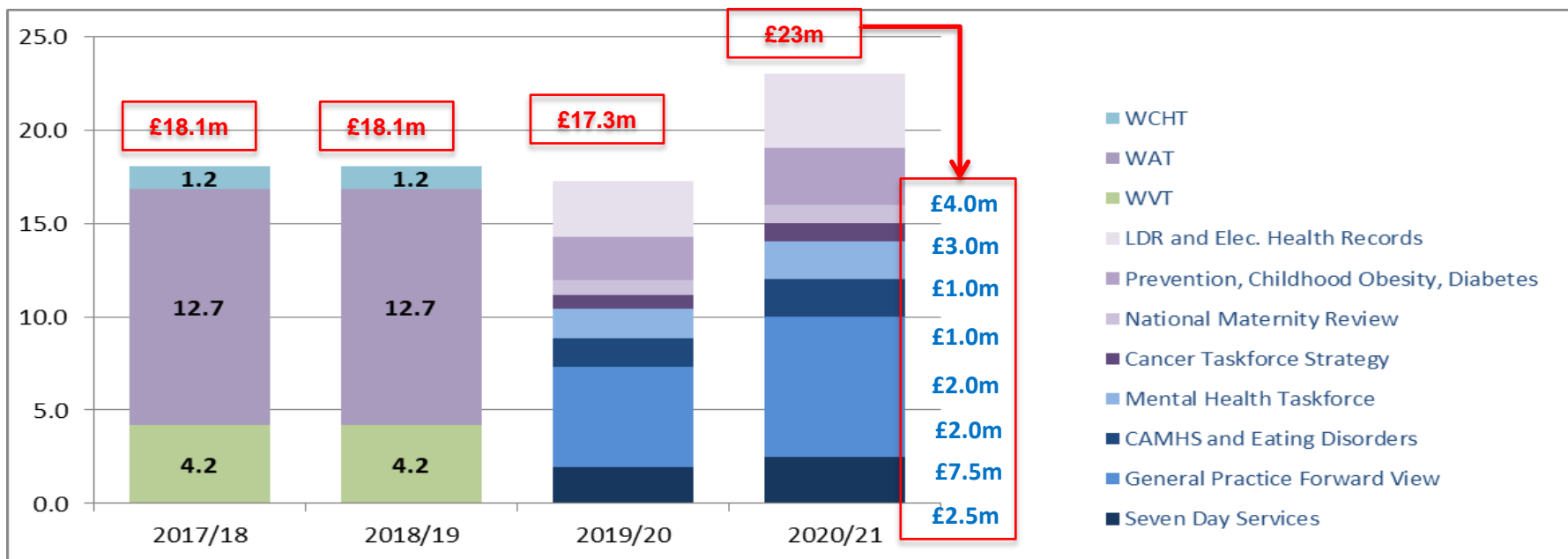
Within the use of this transformation resource there are specific primary care data sharing and governance issues that will need to be resolved.

Our priorities for transformation

Transformation Priorities	Delivery Programmes	Enablers
1 Maximise **efficiency and effectiveness** across clinical, service and support functions to improve experience and reduce cost, through minimising unnecessary avoidable contacts, reducing variation and improving outcomes.	• Maximising efficiency in infrastructure and back office services (annex 1a) • Transforming diagnostics and clinical support services (annex 1b) • Medicines optimisation and eradicating waste (annex 1c)	Develop **the right workforce and Organisational Development** within a sustainable service model that is deliverable on the ground within the availability of people and resource constraints we face.
2 Reshape our **approach to prevention**, to create an environment where people stay healthy and which supports resilient communities, where self-care is the norm, digitally enabled where possible, and staff include prevention in all that they do.	• Embedding prevention in everything we do and investing in 4 key at scale prevention programmes (annex 2a) • Supporting resilient communities and promoting self care and independence (annex 2b)	Invest in **digital and new technologies** to support self care and independence and to enable our workforce to provide, and patients to access, care in the most efficient and effective way, delivering the best outcomes.
3 Develop an improved **out of hospital care** model, by investing in sustainable primary care which integrates with community based physical and mental health teams, working alongside social care to reduce reliance on hospital and social care beds through emphasising "own bed instead".	• Investing in primary care to develop the infrastructure, IG requirements and a new workforce model that has capacity and capability as well as resilience (annex 3a) • Redesigning and investing in community based physical and mental health services to support care closer to home (annex 3b) • Redefining the role for community hospitals (annex 3 c)	Engage with the **voluntary and community sector** to build vibrant and sustainable partnerships that harness innovation, further strengthen community resilience and place based solutions.
4 Establish **sustainable services** through development of the right networks and collaborations across and beyond the two counties to improve urgent care, cancer care, elective care, maternity services, specialist mental health and learning disability services.	• Investing in mental health and learning disability services (annex 4a) • Improving urgent Care (annex 4b) • Delivering improved maternity care (annex 4c) • Improving elective care and reducing variation (annex 4d & 4e)	Develop a **clear communications and engagement plan** to set out our strong commitment to involving key stakeholders in the shaping of our plan and describe the process and potential timelines associated with this.

Arrangements for delivering the plan

Governance and delivery arrangements - A robust and inclusive framework has been developed to support the work undertaken to date on developing the STP. There is an independent chair of the programme board, which is comprised of all key organisational leads and stakeholders. Working to the programme board there is a programme management office (PMO) in place that will be enhanced as we move into the delivery phase. There is an STP wide communications and engagement strategy group and there are clinical references groups supporting both counties that will come together to agree on pan STP clinical issues. We will develop an STP wide transformation team to bring together transformation resources across the two counties to work in a more coordinated way. Where it makes sense to do so, programmes will be developed across the STP area, where there are local or geographic imperatives that require local solutions, these are and will continue to be managed within each county's tailored transformation programme structure.

| Health and Well Being Boards | Commissioner Governing Bodies Provider Boards | National regulators and Arms Length Bodies |

Overview and scrutiny committees

Herefordshire and Worcestershire STP Partnership Board

CCG Joint Committee

Herefordshire and Worcestershire STP Delivery Board

Herefordshire

- 1H Alliance Boards
- A&E Delivery Board
- Clinical Reference Group
- CCG Primary Care Committee

Worcestershire

- Alliance Boards
- A&E Delivery Board
- Clinical Reference Group
- CCG Primary Care Committee

STP Footprint

- Clinical Services redesign group
- Mental Health and Learning Disabilities
- Diagnostics and Clinical support
- Local Maternity Systems Board
- Prevention and self-care Board
- Medicines Optimisation

Enabling Delivery

- Finance and Efficiency
- Back office, Infrastructure, Est, Transport & Digital Board
- Local workforce assurance board
- Accountable care development
- Comms and Engagement Strategy Group

Five Year Forward View   **5th July 2017 - Publication**   **#futureNHS**

Nine must dos for 2017-18 and 2018-19 : STP Year 2 and 3

9 Must Dos	Delivery Programme

1. STP

- Implement agreed STP milestones, so that you are on track for full achievement by 2020/21.
- Achieve agreed trajectories against the STP core metrics set for 2017-19.

2. Finance

- Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector and CCG Sector needs to be in financial balance in each of 2017/18 and 2018/19.
- Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies.
- Demand reduction measures include: implementing RightCare; elective care redesign; urgent and emergency care reform; supporting self care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes.
- Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services.

3. Primary Care

- Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support and the 10 high impact changes.
- Ensure local investment meets or exceeds minimum required levels.
- Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors, pharmacists working in general practice by 2020,the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems.
- By no later than March 2019, extend and improve access in line with requirements for new national funding.
- Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.

STP Priorities 1,2,3 & 4

We have a significant challenge in achieving the system and provider control totals for 2017/18 and 2018/19. In order to achieve the 2017/18 control totals, Herefordshire would need to deliver a combined QIPP/CIP programme of £23.1m and Worcestershire £58.6m

Through delivering our programmes of work we will;
- Reduce spend across back office functions through sharing expertise and eradicating duplication, including reduced transaction costs of the NHS "market".
- Improve access to diagnostics to promote ambulatory care. Streamline pathways and reduce waste in diagnostic services through reducing unnecessary requests. Improve efficiency through centralisation of supporting infrastructure and pooling of functions
- Reduce variation in prescribing patterns and increase adherence to approved use of medicines, allowing allocation of additional resource available for new and proven treatments to support prevention and demand control
- To transform the way care is provided, proactively supporting people to live independently at home and providing responsive, compassionate and personalised care, delivered by an integrated health & social care workforce.

STP Priority 3

Programme 3a: Developing sustainable primary care
- Work with patients to develop improved access to routine and urgent primary care appointments across 7 days a week through roll out of Prime Minister's Access Fund initiatives.
- Local primary care working "at scale", developed through a "bottom-up" approach with practices working in partnership with patients, community pharmacy, third sector and public sector services as well as community and mental health services.
- We will implement the "10 high impact areas for General Practice" within and across practices.
- With increased capacity within primary care we will work with patient to adopt new ways of working: Moving to a proactive model of care, identifying and case managing through an MDT approach adopting early clinical assessment within a robust process to direct patients to the most appropriate clinician to achieve "right patient, right place, right time". This would ensure continuity of care for those with complex needs as opposed to those requiring same day episodic access.

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Nine must dos for 2017-18 and 2018-19 : STP Year 2 and 3

9 Must Dos

4. Urgent & Emergency Care

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each county, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

5. RTT and elective care

Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).
- Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.
- Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.
- Implement the national maternity services review, Better Births, through local maternity systems.

6. Cancer

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
- Ensure all elements of the Recovery Package are commissioned

Delivery Programme

STP Priority 4

Programme 4b: Improving Urgent Care
- Improve urgent care pathways to improve access, performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements
- Deliver the four priority standards for seven-day hospital services for all urgent network specialist services

Programme 4a: Improving mental health and learning disability care
- Access will be clear and timely at a practice, cluster, county, STP and cross STP level, ensuring the delivery of evidence based, sustainable and regulatory compliant provision.
- Implement the crisis concordat action plan

STP Priority 3 & 4

Programme 3c: The role of community hospitals
- More planned care will be available closer to home, e.g. outpatients and day case, reducing the need to travel for regular appointments

Programme 4c: Improving maternity care
- Citizens will have access to high quality, safe and sustainable, acute, women and neonatal and mental health services, localised where possible and centralised where necessary

Programme 4d: Elective Care
- Two aspects to improving elective care:
1. Effective commissioning policies and stricter treatment thresholds
2. Efficient organisation of services to meet demand, undertake more routine elective activity on a reduced number of "cold" sites

STP Priority 4:

Programme 4d: Elective Care
- We aim to achieve deliver world class cancer outcomes for our population by delivering the national cancer strategy. This will mean fewer people getting preventable cancers, more people surviving for longer after a diagnosis, more people having a positive experience of care and support; and more people having a better long-term quality of life.
- We aim to be better at prevention and deliver faster access to diagnosis and treatment. We aim to achieve consistent access of all cancer treatment standards .
- There will be fewer diagnoses made through emergency admission or unplanned care provision and better patient experience of cancer care received.

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Nine must dos for 2017-18 and 2018-19 : STP Year 2 and 3

9 Must Dos	Delivery Programme

7. Mental Health

STP Priority 4

- Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages; additional psychological therapies, more high quality Children and Young people services, treatment within 2 weeks for first episode of psychosis, increased access to individual placement support, community eating disorder teams and a reduction in suicides.
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.

Programme 4a:Improving mental health and learning disability care
- The requirements of the National Mental Health Policy "No Health Without Mental Health" and the requirements of the National Mental Health Five Year Forward Vision will be embedded across our two counties – including crisis care, Mental Health liaison, transforming perinatal care and access standards .
- Access to mental health and learning disability services will be clear and timely at a practice, cluster, county, STP and cross STP level, ensuring the delivery of evidence based, sustainable and regulatory compliant provision.
- Improved access to CAMHs Tier 3.5 to reduce demand for Tier 4
- The services in place will be responding to the health and wellbeing gaps and health inequalities identified.
- People who require more tertiary care/specialist support will have their care planned for via managed clinical networks.

8. Learning disabilities

STP Priority 4

- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.
- Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

Programme 4a:Improving mental health and learning disability care
- Addressing Health Inequalities for people with LD – This is a priority for LD services its aim is to reduce barriers , promote inclusion and therefore increase access to health and social care services.
- Transforming care - bringing people with LD and Autism back to their own communities from out of area placements and preventing admission to hospital, achieving safe discharge and robust community support.
- Collaborating across Counties to provide Specialist services more efficiently/effectively.

9. Improving quality

Priorities 1,2,3 & 4

- All organisations should implement plans to improve quality of care, particularly for organisations in special measures.
- Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services.
- Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

- There are currently two acute Trusts within STP area which are in special measures. A key component of our STP is to ensure care is delivered of a standard and quality which is acceptable for our population and to the CQC and is on a trajectory to GOOD and aspires to be OUTSTANDING.
- An impact of achieving this will be delivering safe, sustainable and productive services through transformation in general practice, primary care, urgent, non-elective and elective care as described in the annexes of this plan.

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Key risks and barriers to the delivery of our plan

	Key risk	Mitigation
Delivery	Insufficient redesign and transformation skills to transform the system and design care pathways across the health and care system	Learn from best practice elsewhere including successful individual organisational experience of transformation Core group identified and leading the STP Partnerships with external organisations (Provex, CSU to date , future plan being considered) Establish system transformation programme resource and central PMO
		Identify and maximise the transformation skills we have across the economy and ensure key people are focused on STP priorities
	Lack of sufficient capacity to focus on the change programme	Structure and commitment post 21st Oct submission being explored to transfer core STP work streams into operational plans, Programme Board are focused on capacity being identified
	Failure to maximise the potential for integration	Joint conversations and AO meetings to enable challenge to each other Significant relationship work has been undertaken to build trust
	Do not seize the opportunities presented by collaboration and continue to work in an isolated way	Joint conversations and AO meetings, Best Value challenge agreed at each point
	Programme does not deliver as insufficient focus and capacity agreed within the economy to deliver	Central PMO structure supported to 21st Oct submission but refresh of requirements moving forward currently underway
	Organisations do not commit to the changes and continue to look after self interests	Continued focus on local needs and the need to work differently as a system, national imperative OD plan moving forward to support more joined up working Develop a system risk share arrangement to incentivise system wide, not organisational thinking
	Planning process becomes overly health focused and as a consequence the role of social care, communities and the VCS sector is taken for granted and the associated costs not factored in	Engagement of wide range of partners on the STP Programme Board All SROs to consider this within workstream discussions Review of draft plans to strengthen this aspect Social care and the Voluntary and community sector are actively involved in programme board
	Inability to meet the requirements of the national strategies such as the mental health, maternity, and cancer strategies/taskforces within the resources that will be allocated	Establish clear agreement at STP board level over funding priorities Application of the strategic intent for resource allocation to operational plan development Develop alternative strategies where funding requirements cannot be fully met
Workforce	Insufficient staff are recruited or developed with the requisite skills to deliver the plan	Workstream focus on "World Class Worcestershire " – making system wide roles attractive. Ongoing recruitment processes Ongoing training programmes and collaboration with Universities to shape training for the future
	Retention of staff deteriorates during the changes	Monitoring systems in place to identify deterioration Effective communication and engagement with staff about proposed changes
	Fragility of the domiciliary and residential care market	Local Authorities to review the sustainability of the private domiciliary & residential care market
	Insufficient primary care staff to deliver at the scale required for the future, (42% of West Mids GP workforce expect to retire or reduce hours in the next 5 years)	Primary care workforce strategy Consideration of new roles and extended roles to support a potentially smaller GP workforce in the future

Key risks and barriers to the delivery of our plan

	Key risk	Mitigation
Engagement	Inability to resolve fundamental barriers for primary care relating to indemnity and property liability that will compromise their ability to engage with partners in new models of care or contracting arrangements	Recognition of the significance of the challenge at STP Board Level Continue work to explore resolutions that could be achieved to reduce the risk to individual GP partners On-going discussions taking place nationally to reduce structural barriers
	Insufficient clinical engagement to own and deliver the plan	Clinical engagement to date through reference groups, internal briefings and input into specific workstream discussions Clinical engagement strategy for post Oct being developed
	Insufficient public engagement in the early stages of the plan may undermine support moving forward	Public and community engagement strategy in place. Comprehensive engagement milestones and approaches which recognise co production H&WBB briefed regularly
	Failure to maintain continued involvement and support of staff	Regular briefings / updates on progress to staff Engagement strategy in place
	Wider clinical engagement does not yield support for the plan	Identify and respond as part of the Engagement strategy
Political & Regulatory	Limited or no political support for the decisions	Regular updates to key forums, specific briefings to MPs National recognition of case for change
	Disagreement between regulatory bodies around the key proposals	Regular communication with Regulators about emerging themes
	The limited capacity of leaders could impact on delivery of the transformation required. Compounded by regulatory processes already in place distracting focus	Identify specific leaders for the transformation process who are not absorbed in delivery of regulator actions day to day
Financial	Inability to release the resources from the existing urgent care system to create the ability to invest in scaling up primary and community service investment	Workstreams in place to identify top priorities. Financial support to model impact with CEO oversight
	Savings opportunities identified may deliver less than planned	Continued rolling refresh programme to revise assumptions Governance processes in place to provide oversight and assurance
	In year financial positions deteriorate further	Organisational recovery plans in place
	Insufficient resources allocated to fund the cost of change – Including availability of capital to enable reconfiguration of services	Programme Board oversight of resource requirement at STP level AOs to review internal capacity and how individuals roles and priorities can be aligned to the change and identify where and external expertise will be required and enabled
	Inability to access sufficient transformation funding to drive the changes required to release the longer term benefits, including the investment required to deliver the national must do's	Implement a clear process for developing and assessing robust business cases for proposed changes
	Decisions made in isolation by partners have unintended knock on consequences to other parts of the system and result in cost shunting	Risks to quality will be identified early stage through existing arrangements incorporating quality impact assessments. Key risks around decisions made under the STP will be fully considered at STP board level so they are identified and decisions are taken. Explore new ways of aligning financial incentives and risk share arrangements

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Next steps

There are a number of immediate next steps we need to take to move the STP forward:

- Refine the planning and financial assumptions based on the new control totals and STF funding allocations, with a particular focus on years 1 and 2.

- Identify the steps required to address the financial gaps related to the additional CIP and QIPP requirements identified on page 18.

- Develop our plan for stakeholder and public engagement plan to help us co-produce solutions to address the challenges set out in this document.

- Take immediate action and further development of the four key "at scale" prevention programmes.

- Take immediate action on the primary care sustainability workstream to increase resilience in core general practice and prepare for delivery of Primary Care at Scale.

- Continue to develop the new out of hospital integrated care models in each county.

- Participate in the West Midlands clinical review of the implementation of transforming urgent and emergency care services in the West Midlands.

- Seek NHSE support to review specific services and test proposals to address them which have a potential solution beyond the providers within Herefordshire and Worcestershire – eg. Stroke, mental health and cancer.

- Establish the benefits and delivery plan for those benefits of being a rural pathfinder for new ways of commissioning specialised services.

- Explore how we can unlock the benefits of the STP through different contracting models to incentivise delivery and develop partner risk share arrangements.

- Agree the revised governance structure to enable us to complete the planning process and transition into operational planning and contracting

- Commission support to help shape the refinements of specific issues to include :

  - An understanding of the clinical dependencies needed to support an acute service in Herefordshire and the resulting costs, reflecting the challenges of rurality.

  - Undertake further analysis of the bed modelling work and assess the potential for change alongside our ambition to deliver more care at or close to home.

- Continue to develop and implement delivery plans for the five year forward view next steps priorities; Urgent Care, Primary Care, Mental Health, Cancer and integrated care alongside local priorities.

- Put a functional delivery mechanism in place to ensure that the work programmes within the STP are developed and implemented.

Detailed Plans

Name of footprint	Herefordshire and Worcestershire
Region	Midlands and East
Nominated Lead	Sarah Dugan, Chief Executive Worcestershire Health and Care NHS Trust
Contact Email	whcnhs.yourconversationhw@nhs.net

Partners involved		
	GP Practices	90
	CCGs	4
	Acute Trusts	1
	Combined Acute and Community Trusts	1
	Combined Community and Mental Health Trusts	1
	Mental Health Trusts	1
	HealthWatch bodies	2
	District and Borough Councils	6
	Councils with Health & Well Being Boards	2

Key Statistics		
	Population	780,000
	Area	1,500sq miles
	Annual NHS Allocation – 2016/17	£1.168bn
	Annual NHS Allocation – 2020/21	£1.327bn
	STF allocation in 2020/21	£50m
	NHS "Do Nothing" financial gap to 2020/21	£288.1m
	NHS Residual Gap after applying national planning assumptions	£61.3m

Herefordshire and Worcestershire
Sustainability and Transformation Plan
5th July 2017

Redditch and Bromsgrove CCG (R&BCCG)
South Worcestershire CCG (SWCCG)
Wyre Forest CCG (WFCCG)
Worcestershire Acute Hospitals NHS Trust (WAHT)
Worcestershire Health and Care NHS Trust (WHCT)
4 Primary Care Collaborations (covering 66 practices)
Worcestershire County Council (WCC)

Herefordshire CCG (HCCG)
Wye Valley NHS Trust (WVT
2gether NHS Foundation Trust (2G)
Taurus GP Federation (representing 24 practices)
Herefordshire Council (HC)

Contents

Priority 1 – Maximise efficiency and effectiveness

Programme 1a	INFRASTRUCTURE AND BACK OFFICE	SRO	Michelle McKay, CEO Worcestershire Acute Hospitals NHS Trust
Overall aim	Reduce spend across back office functions through sharing expertise and eradicating duplication, including reduced transaction costs of the NHS "market".		

What will be different between now and 2020/21

We intend to move to a place based model for commissioning support services, infrastructure and back office which results in the best value The Back Office and Infrastructure Programme will both deliver improvements in service delivery and savings but will also enable the delivery of other STP work streams.

The key components are:

- **Single Procurement Strategy** - New contracting arrangements over longer time periods and single procurement framework for common services and products across all STP partners where beneficial.

- **Single Place Based Estates Strategy** – enabling co-location and service integration and the release of unwanted property and land. Careful consideration will be needed to see how the primary care estate can be included in this work given the different nature of ownership, financing and liability arrangements in place.

- **Single Transactional Services** – With end to end business processes and administration with joined up support services, commissioned and designed to meet the efficiency and STP programme agenda . – particularly in relation to consolidated approaches with an initial focus on:
  - Finance
  - Payroll
  - Procurement support services through making best use of NHS Shared Services or other competitive provider

- **"Virtual" Single Strategic Estates function** – making best use of collective resources, consistent with the "One Public Estate" ethos (and inclusive of wider partners eg. Police, Fire and DWP). To include considering the extension of Place Partnership Ltd in local NHS Property Management. Specific areas to be explored in wave 1:
  - Hospital Catering
  - EBME (Medical Device Management and servicing)
  - Courier & Taxi Services
  - Hard Maintenance
  - Help Desk
  - Waste Management

- **Joined up Digital Strategy** – with modern integrated technology ensuring 100% Digital Access, and paperless care by 2020 (ensuring all are digitally included and patients are empowered through technology) with a connected infrastructure and joined up access channels, including telephony. Overarching digital strategy which brings together the two Local Digital Roadmaps and future-proofs developments around five key areas: connected infrastructure, improving integration, empowering citizens, working collaboratively, enhancing our understanding.

- **Joined up Transport Strategy** – for patients and service users that ensures transport provision is optimised and a reduction in the number of vehicles on the road.

Priority 1 – Maximise efficiency and effectiveness

Programme 1a	INFASTRUCTURE AND BACK OFFICE	SRO	Michelle McKay, CEO Worcestershire Acute Hospitals NHS Trust

Overall aim	Reduce spend across back office functions through sharing expertise and eradicating duplication, including reduced transaction costs of the NHS "market".

How will this be better for residents and patients in Herefordshire and Worcestershire

Before reviewing the provision of front line services within the STP we recognise the importance of maximising the value and impact, whilst reducing costs of our business support functions.

Through this programme, we aim to:

- **Reduce spend** across back office functions by more than 20% through more efficient infrastructure, organisation and reduced transaction costs. This will include fundamentally changing the way in which local NHS bodies contract with each other, by moving towards population based capitated budgets rather than having an internal market.

- **Co-locate and integrate services** with shared platforms and administration leading to the optimisation of resources across organisational boundaries and reducing unnecessary contacts and journeys.

- Achieve **intelligent estate planning** across the whole "one public estate" to reduce wasted space, enable the sale of surplus land and property and make better use of existing local facilities to support care delivery.

- **Standardise technology applications** to enable a one stop shop approach across all partners , including things like a single Help Desk.

- **Co-ordinate procurement**, bringing efficiency and standard approaches to maximise purchasing power and operational efficiency.

- **Integrate digital care records** to improve clinical management of patients and result in fewer handovers between services and organisations.

- **Coordinate existing transport** provision more effectively to Improve patient access and customer journeys and **Reduce vehicles** on the road and the associated environmental impact

- **Create a common digital infrastructure** with better digital links across organisations bringing enhanced understanding through new ways of data use, leading to earlier intervention and improved outcomes with enhanced and joined up access channels for customers.

- **Joined up channel and telephony** with integrated and effective channels for improved patient access and customer journey resulting in fewer handovers between services and organisations.

All of these programmes of work will provide the opportunity to explore joint working between a range of public sector partners including fire and police

Priority 1 – Maximise efficiency and effectiveness

Programme 1b	DIAGNOSTICS AND CLINICAL SUPPORT	SRO	Michelle McKay, CEO Worcestershire Acute Hospitals NHS Trust

Overall aim	Improve access to diagnostics to promote ambulatory care. Streamline pathways and reduce waste in diagnostic services through reducing unnecessary requests. Improve efficiency through centralisation of supporting infrastructure and pooling of functions

What will be different between now and 2020/21

There are critical changes to be pursued within the STP. (1) **Amalgamation of pathology laboratory** services across the two counties and beyond and greater functional sharing and consolidation of infrastructure in other clinical support services such as radiology and pharmacy. (2) **Development of agreed system demand management strategies** and delivery mechanisms, with the aim of eliminating unnecessary requests and reducing overall requested activity.

Pathology:

- Early exploration of a consolidated service across both counties.

- Longer term plan to join forces with a larger regional provider or to explore the option of developing a private sector partnership model.

Radiology:

- Development of appropriate direct access initiatives to support ambulatory care outside of acute hospital settings.

- Shared arrangements for out of hours cover and diagnostic reporting.

- Centralisation of specialised services to align with emergency and elective centres.

Pharmacy:

- Development of a single stores, distribution and procurement function across the STP patch

- Options appraisal into medicines supply outsourcing at Worcestershire Acute.

- Other functional service consolidation such as medicines information.

How will this be better for residents and patients in Herefordshire and Worcestershire

- There will be fewer unnecessary requests for diagnostic imaging and laboratory testing, resulting in a reduction in unnecessary exposure to radiation and other harm.

- Workforce and processing of pathology samples will be centralised across a much wider area releasing costs, creating economies of scale and increasing purchasing power.   These savings will offset pressures in other front line service areas.

- Patients will be able to access diagnostic services more local to them in their communities for less complex procedures and greater direct access will result in reduced need for unnecessary hospital stays.

- Some more specialised diagnostic services will be centralised in fewer emergency / major elective centres to ensure quality and sustainability of clinical skills.

Priority 1 – Maximise efficiency and effectiveness

Programme 1c	MEDICINES OPTIMISATION	SRO	Simon Trickett, Accountable Officer, RBCCG and WFCCG

Overall aim	To ensure medicines optimisation is integrated across all services to provide safe, cost effective medicines use, reducing variation in prescribing and patient outcomes to secure best value from finite NHS resources.

What will be different between now and 2020/21

- Standardised Care pathways to rationalise choice and place in therapy of medicines used.

- Redesign and recommission services to ensure appropriate prescribing/supply of medicines to address issues identified in the pharmaceutical needs assessment and to optimise outcomes and reduce waste.

- Greater use of IM&T to support appropriate use of medicines at every stage of care.

- Reduced variation in prescribing spend between practices.

- Virtual elimination of spend on low priority treatments.

- Enhancing pharmaceutical skill mix to optimise medicines use across all pathways.

- Improving patient reported outcomes that demonstrate effective medicine use.

- Investment into clinical capacity to implement change and deliver new service models, extending into community services.

- Robust and co-ordinated public engagement and communication strategy to support change messages.

- Significantly enhanced role for community pharmacies, including a review of dispensing practices in light of local population access and the most recent guidance and legislation.

How will this be better for residents and patients in Herefordshire and Worcestershire

- Transformed access to medicines through service redesign, e.g. off- prescription supply models

- Greater integration and seamless care between all providers.

- Increased reporting of medication reviews across multiple care settings

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Priority 1 – Maximise efficiency and effectiveness

Programme 1c	MEDICINES OPTIMISATION	SRO	Simon Trickett, Accountable Officer, RBCCG and WFCCG

Overall aim	To ensure medicines optimisation is integrated across all services to provide safe, cost effective medicines use, reducing variation in prescribing and patient outcomes to secure best value from finite NHS resources.

Herefordshire

A value is only shown where the opportunity is statistically significant

If this CCG performed at the average of:
- Similar 10 CCGs
- Lowest 5 of similar 10 CCGs

Cancer
Endocrine, nutritional & metabolic
Mental Health
Neurological
Circulation — 167
Respiratory
Gastro Intestinal — 57
Musculo Skeletal
Trauma and Injuries — 38, 48
Genito Urinary

£000s
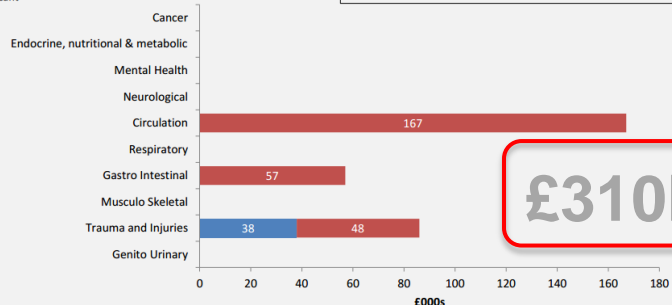
£310k

Redditch and Bromsgrove

A value is only shown where the opportunity is statistically significant

If this CCG performed at the average of:
- Similar 10 CCGs
- Lowest 5 of similar 10 CCGs

Cancer — 27
Endocrine, nutritional & metabolic — 396
Mental Health
Neurological
Circulation — 93
Respiratory — 20
Gastro Intestinal
Musculo Skeletal
Trauma and Injuries — 45
Genito Urinary — 228, 159

£000s
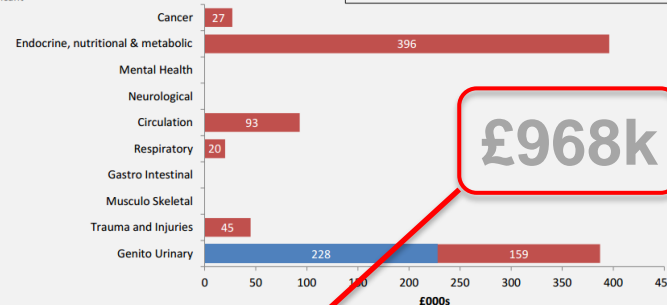
£968k

System total opportunity through achieving RightCare prescribing performance of comparable CCGs is a total **of £4.714m**

£4,714k

South Worcestershire

A value is only shown where the opportunity is statistically significant

If this CCG performed at the average of:
- Similar 10 CCGs
- Lowest 5 of similar 10 CCGs

Cancer — 128
Endocrine, nutritional & metabolic — 71, 748
Mental Health — 109, 377
Neurological
Circulation — 189, 377
Respiratory — 161
Gastro Intestinal
Musculo Skeletal — 99
Trauma and Injuries — 263, 80
Genito Urinary — 151, 198

£000s
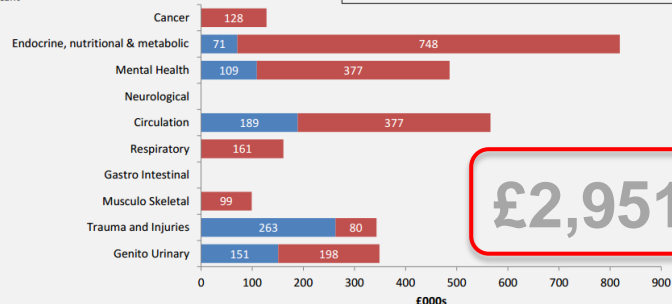
£2,951k

Wyre Forest

A value is only shown where the opportunity is statistically significant

If this CCG performed at the average of:
- Similar 10 CCGs
- Lowest 5 of similar 10 CCGs

Cancer
Endocrine, nutritional & metabolic — 70, 412
Mental Health
Neurological
Circulation — 77
Respiratory — 64
Gastro Intestinal
Musculo Skeletal
Trauma and Injuries — 18
Genito Urinary — 24, 90

£000s

£485k

Delivery Plan – Priority 1: Maximise Efficiency and effectiveness

Infrastructure and Back Office SRO	Michelle McKay - CEO Worcestershire Acute Hospitals NHS Trust	Programme Lead	Pauline Harris - Programme Manager Worcestershire County Council
Diagnostics and Clinical Support SRO	Michelle McKay - CEO Worcestershire Acute Hospitals NHS Trust	Programme Lead	Richard Cattell – Director Medicines Optimisation & Pharmacy Worcestershire Acute Hospitals NHS Trust
Medicines and Prescribing SRO	Simon Trickett Accountable Officer – RBCCG and WFCCG	Programme Lead	Jane Freeguard Head of Medicines Commissioning WCCG's

Gantt chart: Work programme with years 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 (each divided into Q1–Q4, starting Q3/Q4 for 2016/17).

Legend:
- Planning and Scoping
- Design: Engagement and consultation (as appropriate)
- Operational Delivery

1a Infrastructure and back office
- Single Procurement Strategy – Joined up Procurement Framework, including identification of top three categories for joint procurement and system/process changes and new operating model.
- Single Place Based Estate Strategy – including virtual single strategy estates function
- Joined Up Transport Strategy – for patients and service users,
- Single Transactional Services – Joined up support services, commissioned and designed to meet the efficiency agenda, particularly in relation to consolidated approaches.
- Joined up Digital Strategy – modern integrated technology, ensuring 1`00% Digital Access and Paperless Care by 2020 with connected infrastructure and joined up access channels

1b Diagnostics and clinical support
- Explore the benefits from integration in pathology, radiology and pharmacy across the two counties as per carter

1c Medicines optimisation
- Service redesign across the two counties for community service type medicines that do not need to be prescribed in primary care
- Improving medicines optimisation performance in line or better than national and regional outcomes
- Review of dispensing practice resources, outcomes and patient equity with respect to access to pharmacy services and recent good practice guidance and legislation dispensing practice review

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Priority 2 – Our approach to prevention, self care and promoting independence

Programme 2a	**PREVENTION**	Owner	Simon Hairsnape, Accountable Officer, HCCG

Overall aim	To embed at scale delivery of evidence based prevention interventions across the health and social care system, achieving population behaviour change, and improving health outcomes

What will be different between now and 2020/21

Ensure evidence based prevention is delivered at scale across health and social care, working with partners to ensure that prevention is everybody's business.

- We will use the approach to prevention set out in our health and well-being strategies, working with partners to address the causes of ill-health as well as to deal with problems well as soon as they arise
- 4 prevention delivery platforms embedded across all health and social care services:
  - **Social prescribing** - Reducing escalation of conditions, supporting recovery and reducing dependence on services
  - **Making Every Contact Count (MECC) and 'a better conversation' health coaching approach** - Staff work in partnership with patients having a different type of conversation that guides and prompts individuals to be more active participants in their care and behaviour change to achieve goals and outcomes that are important to them
  - **Digital inclusion** - Preventing social isolation and supporting self care and recovery
  - **Lifestyle change programmes** - Focusing on obesity (diet and physical activity) smoking and alcohol harm reduction. National Diabetes Prevention programme rolled out across the two counties, as part of an integrated obesity strategy
- System wide approach to tackling key local issues - Uptake of flu vaccinations in vulnerable groups and carers as well as both systematic and opportunistic immunisation by staff across all service groups, Building resilience in parents and children – Redesigned health visiting, school nursing and family support services. Prevention of Cancer and related Screening - Reducing both the incidence/prevalence of cancer and earlier diagnosis. Prevention of serious injury from falls - contributing to ageing well. Extended healthy life expectancy, and narrowing the health inequalities gap - Elimination of variation between practices
- Developing 'asset rich communities' where local people thrive in a network of families, neighbours and communities, getting involved in activities and organisations for the benefit of all, and where front line staff across the systems are able to link clients to their local assets easily and constructively. Dementia friendly communities – integrating with dementia services to provide dementia friends training and support for Dementia Alliances

How will this be better for residents and patients in Herefordshire and Worcestershire

- Staff are confident in undertaking motivational conversations about lifestyle and able to deliver brief intervention and signposting

- Population behaviour change prevents ill-health - at population level and for individuals

- Reduced levels of preventable disease – in particular those caused by misuse of alcohol, smoking, inactivity and obesity, reducing demand for both elective and non elective services

- Improved self care by patients and their carers – reducing demand for non-elective services and improving patient experience

- Reduced levels of social isolation – reducing demand for services, improving mental well-being and prolonging independence

- Improved community support of individuals and their carers – reducing demand for services and improving well-being

Priority 2 – Our approach to prevention, self care and promoting independence

Programme 2a	PREVENTION	Owner	Simon Hairsnape, Accountable Officer, HCCG

Overall aim	Promoting better long term life outcomes for children, young people and their families' needs to be at the heart of the STP agenda in order to prevent the need for more intensive and high cost services now and in the future. It is important to remember that 'Later interventions are considerably less effective if they have not had good foundations' (Marmot Review 2010)

What will be different between now and 2020/21

Best start in life - Focus on full implementation and adequate resourcing of the Healthy Child Programme (HCP) and broader early childhood services offer including;

- Effective early help - to improve the early identification and response to critical issues affecting children and young people's development as well as supporting parenting and socialisation
- 0 to 5 early years in Herefordshire – to improve the health, well-being, developmental and educational outcomes of children aged 0-5 years . Herefordshire is also currently developing and integrated 0-19 service model.
- Through the redesign of the Integrated Public Health Nursing 0-19 Service in Worcestershire, all children, young people and their families on their Starting Well journey will have access to the Healthy Child Programme delivered by skilled community Public Health teams at key development points
- Implement Connecting Families across Worcestershire taking a whole system response in overcoming challenges that prevent and/or delay positive outcomes for children, families and vulnerable individuals
- Vulnerable Groups - focus on vulnerable children and young people across the two counties who are more likely to experience difficulties in their lives and may need support to help overcome them. More can and should be done to address these health concerns through improving the quality of the workforce and range of interventions
- Mental Health - Focus on improving the emotional well being and mental health of children and young people
- Strengthening relationships with the education and skills sector as a key stakeholder in improving outcomes

How will this be better for residents and patients in Herefordshire and Worcestershire

In the short term:

- Improve information and support for children and families to enable self- management and independence
- Increase personalised care planning in partnership with children, young people and their families
- Strengthen information sharing across the system to enable a joined up approach and end to end care pathways
- Increase competency and confidence of staff across all sectors to manage children and young families needs in partnership with their parents
- Improve our 19-25 provision improving access to education for all (including recovery college)

In the medium term:

- Increased choice and control through increased uptake of personal budgets
- Reduced referrals to specialist services
- Reduced out of county placements
- Reduced numbers of looked after children
- Improved educational achievement for vulnerable children and young people including those with SEND
- Reduced NEET and increased young people in education/training
- Improved wellbeing for children, young people and families

Priority 2 – Our approach to prevention, self care and promoting independence

Reshape our approach to prevention, to create an environment where people stay healthy and which supports resilient communities, where self care is the norm, digitally enabled where possible, and staff include prevention in all that they do.

Driving prevention through everything we do; The following diagram demonstrates how we are ensuring that a focus on prevention is inherent across our STP for all age groups and all work streams, delivering an improvement in health and well-being.

Pregnancy & Newborn	Children & Young People	Younger Adults	Working Age	Retirement Age

Making Every Contact Count

Maternal smoking cessation (aim for < 10% at delivery)	To reduce premature mortality by reducing avoidable cancer death

	Parental smoking Cessation	Enabling person centred conversations at end of life

Improving breastfeeding rates — Delivering survivorship schemes for cancer

Investment in perinatal services and Improved access to psychological therapies for pre and postnatal mothers

Smoking cessation in targeted demographic groups — Promoting health ageing

'Transforming care' for people with learning disabilities — Falls Prevention

Address health inequalities for people with mental health conditions and learning disabilities — Supporting independent and health living in over 65's

0-19 service focusing on resilience through early intervention — Delivering 5 ways to well-being

Sexual Health education — Address variation in access and uptake of cancer screening and receiving early diagnosis

Improved identification and management of people at risk of hypertension

Delivering the Diabetes Prevention Programme — Focus on identifying the early signs of frailty and commencing interventions to prevent further decline

Promoting Sensible Drinking Levels

Improving mental health services by implementing the mental health task force recommendations to extend the range of services available to support people experience mental health needs at the earliest opportunity and on a par with physical health services

Priority 2 – Our approach to prevention, self care and promoting independence

Programme 2b	SELF CARE and PROMOTING INDEPENDENCE	Owner	Simon Hairsnape, Accountable Officer, HCCG

Overall aim	To support people to manage their own health and live independently, linking them with social support systems in their communities and identifying when a non-clinical intervention will produce the best experience and outcomes for patients. This approach should be led by communities with Health, Social Care and the Voluntary Sector working together to support.

What will be different between now and 2020/21

Building on the success of existing self care initiatives will continue to be regarded as a high priority area within the prevention agenda, helping people to stay well. Greater benefits will be realised for local people and staff as the following key interventions are expanded and further innovation applied:

- More individuals will utilise the range of solutions available to manage their condition including information, peer support, informal and formal education, digital approaches (e.g. Map My Diabetes, Patient Management Programme)
- Care planning and self-management will be hardwired into how care is delivered. Care plans will be digital and shared between care settings, owned by and useful for patients, their families and carers (e.g. iCompass)
- People already at high risk of ill health will be identified and offered behaviour change support (e.g. Pre Diabetes Project, Living Well service)
- Social prescribing schemes will be systematic, connecting individuals to non-medical and community support services (e.g. care navigators based in primary care to signpost and link people to social prescribing support).
- Extension of the roll out of national screening tools used to assess an individual's motivation to self care - thus tailoring the needs of the intervention (e.g. Patient Activation Measure)
- Early prevention will be embedded within each service that the person comes in contact with thus proactively supporting self care programmes, reducing social isolation and improving social integration [e.g. Health Checks, Falls Prevention, Strength and Balance classes, Reconnections] tailoring and focussing services on those who have the greatest need.
- We will be working more closely with front line services such as police, the Fire Service and housing agencies to deliver the prevention agenda.

How will this be better for residents and patients in Herefordshire and Worcestershire

Individuals will be increasingly independent, self-sufficient and resourceful to confidently manage their needs, thus reducing dependency on the health and social care system and improve their well-being and lifestyle. Ultimately individuals will:

- Increase their sense of control in their lives
- Feel confident to assess and address their health and well-being needs
- Better symptom management, including a reduction in pain, anxiety, depression and tiredness, reduced stress
- Experience improved health and quality of life
- Are able to live well with any health condition
- Are able to problem solve, make changes and manage their thinking, moods and behaviours positively
- Live as active participants in their communities
- Reduce their use of key services, with fewer primary care consultations, reduction in visits to out-patents and A&E, and decrease in use of hospital resources
- Increase their healthy life expectancy
- Live independently for longer

Every contact with a patient in primary, community and secondary care will be used as an opportunity to improve patient's knowledge of involvement in their care on an individual basis.

Delivery Plan – Priority 2: Our approach to prevention, self care and promoting independence

| 2 Prevention, Self care and promoting independence SRO | Simon Hairsnape
Accountable Officer – Herefordshire CCG | Programme Leads | Frances Howie – Director of Public Health, Worcestershire
Rod Thomson –Director of Public Health, Herefordshire
Menna Wyn-Wright - Transformation Programme Lead - Worcs CCGs
Jacinta Meighan-Davies - Clinical Programme Manager HCCG |

2 Prevention, Self Care and Promoting Independence

Work programme	2016/17		2017/18				2018/19				2019/20				2020/21			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

SOCIAL PRESCRIBING SCHEMES will be systematic, connecting individuals to non-medical and community support services [e.g. care navigators based in primary care to signpost and link with social prescribing support] and will align to social work practice models which are developing a strengths and community based asset approach.

LIFESTYLE BEHAVIOUR CHANGE - More individuals will utilise the range of solutions available to manage their condition including information, peer support, informal and formal education, digital approaches. These will include a strong offer on behaviour change linked to the NHS health checks programme.

MAKING EVERY CONTACT COUNT - Front-line staff across the system will be trained with accredited materials to enable them to have motivational conversations with patients and public about lifestyle choice and healthy behaviours, guiding individuals to achieve goals and outcomes that are important to them. Whilst delivering brief interventions and signposting to further support.

DIGITAL INCLUSION/INFORMATION – A range of measures will be delivered to increase digital inclusion, so that everyone who wants to is enabled to get on-line and benefit from the digitalisation of services. Care plans will be digital and shared between care settings, owned by and useful for patients, their families and carers. Digital aids and tele-health will be utilised where appropriate.

EMBEDDING PREVENTION - Early prevention will be embedded within each service that the person comes in contact. STP clinical work streams will include a specific set of prevention actions thus prevention is core in all that we do. Whilst proactively supporting self care programmes, reducing social isolation and improving social integration, tailoring and focussing services on those who have the greatest need.

SYSTEM WORKING – All partners within the system will work together to contribute to identifying problems early and intervening early to stop them from getting worse. This will include partners in fire and rescue, voluntary organisations, and local government including housing providers.

Planning and Scoping

Design: Engagement and consultation (as appropriate)

Operational Delivery

Five Year Forward View   5th July 2017 - Publication   #futureNHS

Priority 3 – Developing out of hospital care

Programme 3	INTEGRATED PRIMARY & COMMUNITY SERVICES	Owner	Sarah Dugan, Chief Executive, Worcs Health and Care NHS Trust

Overall aim	To transform the way care is provided, proactively supporting people to live independently at home and providing responsive, compassionate and personalised care, delivered by an integrated health & social care workforce.

What will be different between now and 2020/21

Care will be developed and enhanced through the implementation of new models of care, which we will deliver through alliance working as we develop our Accountable Care Systems. We will use the "Primary Care Home" approach, recognising that no one model will work for the range of communities that we serve across Herefordshire and Worcestershire.

In line with the Primary Care Home approach the following has been agreed by primary and community care leaders;

Localities representing General Practice across the STP have come together and agreed to develop a new model of care based on the principles of the emerging vanguards. The local arrangements will be built around natural localities that either already exist or which are rapidly coming together. These localities will range in size from around 35k to potentially more than 150k population. There is widespread agreement about the scope and focus of these localities in bringing together primary, community, mental health and social care services as well as some aspects of acute services that could be more effectively delivered from a community base.

There is agreement that there will need to be some form of infrastructure organisation to enable these localities to operate at the required scale to enable integration with county wide partners, to manage risk as well as to provide economies of scale around back office functions. It is agreed that the localities will have a central role in setting local strategy and priorities, but there is widespread recognition that planning and service delivery will need to be layered – with some consistent county or STP wide pathways operating alongside some very local pathways built around smaller groups of practices.

Priority 3 – Developing out of hospital care

Programme 3a	DEVELOPING SUSTAINABLE PRIMARY CARE	Owner	Graeme Cleland, Managing Director Taurus
Overall aim	Developing capacity and capability in Primary Care to deliver resilience and sustainability, and seamless working with community and acute services		

There are a number of fundamental challenges that need to be resolved to support primary care sustainability. Amongst the most significant of these are clinical indemnity, information governance and property liability. Successful delivery of the STP will be dependent on these issues being resolved in a way that enables full engagement of general practice in the new ways of working.

Implementing the GP forward view - Our system has long benefitted from strong primary care which has enabled us to adapt to change. We have a range of federations, including one of the most well developed federations in the country in Taurus. In Herefordshire and South Worcestershire there are already 7 day services delivered to the population. However the ability of primary care to continue to meet the changing needs of our population is at risk. Our approach will include investment from the transformation fund to ensure primary care remains sustainable and at the heart of delivery.

Our out of hospital care models will be based around the GP lists for local populations and this will support a shift of resource to enable out of hospital care to be a reality.

The models will recognise the differing needs across the "continuity of care spectrum" from those patients who absolutely need continuity of care to manage their conditions effectively and efficiently, to those with an episodic need where quick and convenient access is the priority. We will work with localities and practices to identify the "care functions" needed to provide holistic care across the spectrum.

The models will build on what is already working well and will embed social prescribing, health improvement and self-management, utilising digital

solutions where possible to provide these at scale and support demand management in primary care. The model will seek to extend 7 day access to high quality primary and community care where needed. It will also deliver proactive anticipatory care, through risk stratification, case finding, case management and an MDT approach. The models are predicated on the sharing of resources and specialist primary care expertise across practices. We will work with localities and groups of practices to develop and implement these using a "bottom up" approach to identify what they will deliver (and be accountable for) at practice level, at locality level or at county level and beyond.

Supported self management	Bottom up approach to collaborative working
Health improvement	Rapid access to specialist support
Social prescribing	7/7 for urgent primary care access
Meds optimisation	Information sharing
Risk strat and case mix	"Big system" management
Urgent care	

Triage linked to NHS 111

End of life, Uncertainty, Undefined Problems Complex Care and Coordination — GPs

LTC Management, Specific Problems (MSK, Dermatology, Repeat Prescriptions, Sick Notes — DNs and practice nurses, specialist nurses and practitioners, physios, pharmacists, community pharmacists,

Low level medical needs, LTC metrics, Blood Pressure, Health Checks etc — Healthcare Assistants

Simple procedures, eg Phlebotomy, ECGs — Technicians

Self management, community support and personal resilience — Individuals, families carers, VCS , Web GP

Priority 3 – Developing out of hospital care

Programme 3a	DEVELOPING SUSTAINABLE PRIMARY CARE	Owner	Graeme Cleland, Managing Director Taurus
Overall aim	Developing capacity and capability in Primary Care to deliver resilience and sustainability, and seamless working with community and acute services		

90% of all NHS contacts happen in primary care and it is widely accepted that if primary care fails then the whole health and social care system would be at risk. Therefore developing capacity and resilience in primary care, and particularly in general practice, is a priority for our STP. Resilient primary care with sufficient capacity and capability is also critical to our ability to improve health outcomes and to manage people closer to their own home/in community settings. It is a core building block to the development of our new model of care strategy

What will be different between now and 2020/21

- We will deliver this through local primary care working "at scale", developed through a "bottom-up" approach with practices working in partnership with community pharmacy, third sector and public sector services as well as community and mental health services.

- Through our GP 5YFV work we will implement the "10 high impact areas for General Practice" within and across practices. This will include:

  - Embedding prevention and health improvement to "Make Every Contact Count"

  - Embedding social prescribing, to connect patients and their carers with community support

  - Training and educating our staff to be able to support self care by patients and carers

  - Utilising digital solutions to enable social prescribing and self-management, as well as new consultation types such as skype consultations and these at scale

- We will encourage all staff to recognise when the end of life is approaching and to have frank and honest conversations with patients and their loved ones and carers. This will lead to development of shared expectations and clear guidance with a view to helping patients take control.

- Through "big system management" we will use real time data collection and analysis to support continuous quality improvement and demand management

- Through primary care at scale we will redesign the primary care workforce to support comprehensive skills and capacity across primary care. Through our alliance working we will deliver this in partnership with acute and community providers through a delivery model that:

  - Enables seamless working across health/mental health community teams, social care and acute services to provide seamless out of hospital care

  - Enables sharing of resources (clinicians and managers) across organisational boundaries

  - Supports professional accountability, clinical governance, line management, education and development across organisational boundaries

Priority 3 – Developing out of hospital care

Programme 3a	DEVELOPING SUSTAINABLE PRIMARY CARE	Owner	Graeme Cleland, Managing Director Taurus
Overall aim	Developing capacity and capability in Primary Care to deliver resilience and sustainability, and seamless working with community and acute services		

What will be different between now and 2020/21

- With increased capacity within primary care we will adopt new ways of working:

  - Moving to a proactive model of care, identifying and case managing through an MDT approach those at risk of ill-health and/or emergency admission

  - Adopting early clinical assessment within a robust process to direct patients to the most appropriate clinician to achieve "right patient, right place, right time". This would ensure continuity of care for those with complex needs as opposed to those requiring same day episodic access).

- We will build upon the success of our "Prime Ministers Access Fund" pilots to provide 7 day primary care services, including 7 day access to Urgent Care.

- There will be a statute and regulatory compliant data-sharing model initially developed and delivered across Primary Care that will manage the risk of data breach. This will learn from existing service leading models and will need to be formally approved by the regulatory bodies and legal advisors. This will go on to form the foundation of the "Big Data" workstream ultimately sharing appropriate live data, throughout the Health and Social Care organisations in real time based on the point of individual need and express consent.

How will this be better for residents and patients in Herefordshire and Worcestershire

- Improved access to primary care – for example in Herefordshire in 2016/17 an additional 24,106 appointments by the end of 2016/17 through the Prime Minsters Access Fund.

- Confidence that primary care can support their healthcare needs in a timely manner.

- Capacity and capability within primary care to meet their needs.

- Improved experience, and outcomes through support to prevent ill-health and self manage their own conditions.

- Continuity of care provided through consistent access to patient information.

- High quality care at every consultation, with reduced variation within and across practices.

- Resilient primary care, with the capacity to undertake proactive anticipatory care to prevent people becoming unwell.

- Continuity of care for those with complex needs

- Improved access to specialist opinion in primary care settings

- Patients consistently able to access the most appropriate help and support over 7 days, for both elective, urgent care needs and end of life care.

Priority 3 – Developing out of hospital care

Programme 3b	INTEGRATED PRIMARY & COMMUNITY SERVICES	Owner	Sarah Dugan, Chief Executive, Worcs Health and Care NHS Trust

Overall aim	To transform the way care is provided, proactively supporting people to live independently at home and providing responsive, compassionate and personalised care, delivered by an integrated health & social care workforce.

What will be different between now and 2020/21

- By April 2019 we will have used the Primary Care Home approach to deliver integrated primary and community services through our Accountable Care Systems.
- Our workforce will promote the wellbeing at every opportunity to reduce the impact of long term conditions. There will be a core focus on priorities such as immunisation programmes and falls prevention.
- Traditional organisational and professional boundaries will be removed, and a place-based model of care will be in place.
- The focus of the system will shift to an "own bed is best" model of care, using a proactive approach, optimising opportunities for independence and reducing reliance on bed based care.
- Care will be delivered by an integrated workforce, spanning primary, community, secondary and social care, organised around natural neighbourhoods.
- Local hubs will be developed from existing community sites as part of a coherent and effective local network of urgent care across 7 days, providing a comprehensive rapid response within communities and neighbourhoods – this includes a number of General Practices working collaboratively at scale, releasing GP capacity to care for patients with more complex needs.
- Specialist support will be available nearer to patients, reducing the time taken to access specialist input and reducing steps in the pathway.
- Robust information about patients, carers and their circumstances will be available digitally to all professionals involved in delivering care
- Personalisation of care will be prioritised , supporting self management and improvements in population health, working proactively with wider place based partners around the determinants of health (e.g. housing, leisure , education, employment, community engagement).
- An integrated frailty pathway will be in place which ensures people living with frailty are at the centre of services, enabling them to live well with their condition, age well and supporting them until the end of life. There will be a shift in focus on to what a person can do rather than what they can't do.
- Individual care and support plans will include carer support and encompass emotional as well as physical needs.

The chart below shows the activity that would be removed from the acute sector as a result **of full implementation of an integrated frailty pathway and other admission avoidance schemes** as , By 2020/21 there would be **10,359 fewer** hospital admissions within Worcestershire.

Admissions that will be avoided as a result of the new integrated frailty pathway and other admission avoidance schemes

- Emergency Admissions 0/1 day LOS
- Emergency Admissions, No procedure, LOS > 1 day
- Emergency Admissions, Diagnostic procedure, LOS > 1 day

The chart above shows that the most significant reduction in emergency admissions will be for those where the length of stay is one day or less.

Priority 3 – Developing out of hospital care

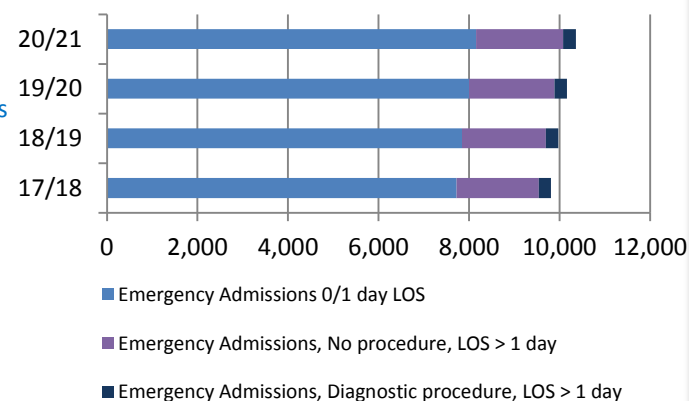| Programme 3b	INTEGRATED PRIMARY & COMMUNITY SERVICES	Owner	Sarah Dugan, Chief Executive, Worcs Health and Care NHS Trust
Overall aim	To transform the way care is provided, proactively supporting people to live independently at home and providing responsive, compassionate and personalised care, delivered by an integrated health & social care workforce.		

How will this be better for residents and patients in Herefordshire and Worcestershire

- Patients and their carers will be fully involved in the assessment of their needs, and integrated community teams will enable and support them to meet these needs whether they are health or social needs.

- Care plans will be person centred, and reflect specific needs and wishes. The plans should ensure that systems are in place to get help at an early stage to avoid a crisis.

- There will be continuity of care and support, patients will be able to build relationships with staff over time. Care will be delivered in an efficient and timely manner – things happen when they are supposed to and patients will know what to expect, and when.

- With patients permission, information from assessment and care planning is entered on to a digital record, and is shared with everyone involved including the patient. The professionals involved in care talk to each other and work as one team. Everyone has timely digital access to any updated assessments or changes to the care plans.

- Consistent information, is provided to patients and their carers at the right time, and in a format that is easily understood. Patients will have a consistent point of contact if they wish to discuss any concerns.

- Patients will be supported to be independent – our workforce are trained in coaching to enable patients to become more active in managing their own health, wellbeing and care. Staff have time to allow patients to continue to do what they can, make good choices and offer practical support where necessary rather than intervening because its is quicker. Clinicians work in partnership with patients to encourage lifestyle change, support self-management, increase medication compliance and aid complex decision making. This will be measured through Patient Activation Measures (PAMs)

- Patients are empowered to self manage their long term conditions using technology to achieve goals and outcomes that are important to them

- Patients at the end of life will be supported to have conversations about their choices, outcomes of the conversations will be shared and patients will be able to receive their care at home as long as it is safe to do so

- Patients will have one first point of contact in a crisis. It will be clear to the patients who to contact day and night and care will be seamless.

- Teams involved in care will have a comprehensive understanding of the range of formal and informal support available, so that they can offer alternative support where appropriate including from voluntary and 3rd sector agencies who will be part of the community teams.

- Carer's needs are considered – the needs and preferences of my family and other informal carers are taken into account, and they are able to access support to continue to care for as long as they wish.

- Where an admission to hospital is necessary, community teams familiar to the patient will in-reach and manage the discharge into the community and provide holistic support tailored to their needs.

Priority 3 – Developing out of hospital care

Programme 3c	THE ROLE OF COMMUNITY HOSPITALS	Owner	Simon Hairsnape, Accountable Officer, HCCG

Overall aim	To develop community hospitals as local delivery facilities for an increased range of activity including outpatients, day case and support services and also to develop the potential of some sites becoming specialist centres for frailty, stroke care etc

What will be different between now and 2020/21

- We are engaging with patients, the public, local clinicians and other stakeholders to understand how we can make better use of our community bedded resources to support care closer to home in line with the principle "own bed is best", in line with what the public has told us. A range of activities could be provided from these facilities such as outpatient services and/or elective surgical procedures to support improved local access. Some sites might therefore become specialist centres or be points for new pathways of care (e.g. frailty assessment and specialist stroke rehabilitation).

- Some community hospitals may be able to operate as bedless, e.g. as a "locality hub" for domiciliary based community services integrated with primary care. This may include the co-location and integrated delivery of community teams with primary care based services and/or 24/7 primary care.

- Some community hospitals may be able to operate with a defined role in the system of care, as part of an integrated care pathway and some may need to reduce the number of beds as services are provided in new ways such as domiciliary based care.

How will this be better for residents and patients in Herefordshire and Worcestershire

Our ambition is that any of the benefits of a new role for community hospitals are consistent with those for community services. In addition, our ambition is that:

- The model of care will move from a reliance on bed based care to care in peoples own homes/their usual place of residence, reducing crisis admissions, onward deterioration and poor outcomes at the point of discharge.

- More planned care will be available closer to home (outpatients and day care for example) reducing the need to travel for regular appointments.

- People will experience more of a "one stop shop" in their Locality Hub as their locality teams (including community, primary and social care staff) will all be co-located.

- People who are frail will experience a wrap around response designed to treat and stabilise so people do not have to go into an acute hospital.

We are undertaking this on the principle of co-production with patients, the public and wider stakeholders to ensure we meet the needs of local populations. We will also work with local clinicians to ensure services are integrated and work seamlessly across 7 days.

Priority 3 – Developing out of hospital care

Improving integration between health and social care

In order to transform our services it is essential that we find more effective ways of organising services to respond to the increasingly complex and chronic health and social care needs of our population. This is to reduce duplication as well as to deliver improved outcomes for people and their carers. The evidence indicates that integration results in improved clinical outcomes and a better patient experience (Ref: Stepping up to the Place, NHS Confed and ADASS, 2016). This is supported by our engagement with local people who live with long term conditions and/or multiple needs, which highlights that people want more joined up care. In particular they tell us that the divide between health and social care often impacts on the effectiveness and the efficacy of the support they receive.

We are committed to continue developing services that work in a more integrated way; wrapping the necessary skills and competencies around people and their carers to enable them to live as independently at home for as long as possible. We believe that redesigning services around the needs of individuals in a locality / place presents the best opportunity to improve health and well-being and reduce health inequalities whilst also helping to bring about financial sustainability.

We will use our integrated care plans (Better Care Fund) to drive this integrated front line service delivery, developing and sharing skills and competencies across organisations at locality level, and at larger levels where it makes sense to do so. This includes working with organisations outside the NHS, including public sector partners and the VCS, to meet the totality of peoples needs.

To deliver this we will:

- Improve early and consistent provision of advice and information to individuals, their carers and families, to enable proactive decision making that supports and enables independence and self care

- Offer more choice and control for individuals and their carers, including the wider adoption of Direct Payments/Integrated Personalised Budgets as appropriate

- Embed personalised care planning, in partnership with individuals and their carers, as the central tenet to our ways of working. We will ask' "what matters to you", as well as "what's the matter with you."

- Ensure joined up working across disciplines through the MDT approach, supported by shared information

- Develop a multi skilled workforce that can work across organisational and professional boundaries, whilst identifying tasks which can be shared across professional domains to reduce duplication and improve efficiency

- Work with local communities and the voluntary/community sector, to understand where and how partnership working can support individuals and carers to manage their own health and care needs

- Successful delivery will require us to nurture leadership across our workforces, to drive change in both culture and ways of working across personal and professional boundaries.

Delivery Plan – Priority 3: Developing out of hospital care

Primary Care SRO	**Graeme Cleland** Managing Director - Taurus Healthcare
Integrated Care SRO	**Sarah Dugan** CEO Worcs Health and Care NHS Trust
Community Hospitals SRO	**Simon Hairsnape** Accountable Officer – Herefordshire CCG

Programme Lead	**Lynda Dando –** Director of Primary Care , Worcestershire CCG's **Lesley Woakes -** Director of Primary Care, Herefordshire CCG
Programme Leads	**Sue Harris –** Director of Strategy Worcs Health and Care Trust **Matt Stringer –** Strategic lead new models of care WHCT **Alison Talbot-Smith –** Director of Transformation for One H **Nisha Sankey –** Associate Director of Transformation WCCGs

Work programme timeline spanning 2017/18, 2018/19, 2019/20, 2020/21 (quarters Q1–Q4)

3a Developing sustainable primary care

- Prioritise investment to ensure delivery of the General Practice Forward View – develop primary care at scale 'bottom up' and enhancing the role of wider primary care, including community pharmacy, ensuring stability in the longer term
- Create an environment that enables sharing of resources, focused on 'Out of Hospital Care' (clinicians & managers) across organisational boundaries
- Moving to a proactive model of care, identifying & case managing, potentially through an MDT approach, those at risk of ill health and/or emergency admission
- We will, where required, create 'legally compliant' information across the Primary Care Community. This will include practices & other providers (where statutory compliance is achieved), to enable seamless care wherever patients enter the system
- Through 'big system management' type activities, we will use real time data collection & analysis to support continuous quality improvement and demand management focusing on the future
- Delivery of improved access to routine & urgent primary care appointments across 7 days a week through roll our of Prime Minister's Access Fund Initiatives
- We will implement the '10 High Outcome Areas for General Practice' within and across practices
- Adopting and deploying a contractual model (MCP/ACO) pan STP that will promote early clinical assessment within a robust framework directing patients to the most appropriate clinician underpinned by the 'Six Rights'

3b Integrated primary & community services

- Through the Worcs Alliance Boards, develop population based integrated teams
- Through the One Herefordshire Alliance, develop population based integrated teams
- Embed the integrated out of hospital care model into the development of our ACOs
- Develop integrated frailty pathways in both counties

3c Community Hospitals

- Co-design options for change with patients, the public, local clinicians and other stakeholders to support care closer to home, based on the principle that "own bed is best".
- Implement any resulting changes to inpatient beds, community based "hubs" and increased in planned care in community hospitals

Legend:
- Planning and Scoping
- Design: Engagement and consultation (as appropriate)
- Operational Delivery

Five Year Forward View — 5th July 2017 - Publication — #futureNHS

Priority 4 – Establish clinically and financially sustainable services

Programme 4a	IMPROVING MENTAL HEALTH & LEARNING DISABILITY CARE	Owner	Shaun Clee, Chief Executive, 2gether NHS FT

Overall aim	To achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.

What will be different between now and 2020/21

We aspire to meet the requirements of the National Mental Health Policy "No Health Without Mental Health" and the requirements of the National Mental Health Five Year Forward Vision across the two counties. In order to achieve this aspiration, as partners across the system, we have agreed to prioritise investment in mental health services where financial circumstances permit.

We will work on the following priorities:

- A specific focus on Perinatal care as it delivers immediate benefits and evidence-based Mental ill-Health prevention.
- Increased access to psychological therapies for a range of common mental health disorders and the management of 'Medically unexplained symptoms' to reduce demand within acute and primary care.
- Strengthened management of people with dementia in acute urgent care systems and primary care at scale.
- Increased visibility, awareness and acceptability of mental health through a high profile Mental Health Cabinet focused on delivering integration rather than isolation.
- Collaboration to deliver a range of care more locally at an STP/STP Plus level i.e. Improved access to CAMHs Tier 3.5 to reduce demand for Tier 4 CAMHS, Locked Rehabilitation, Complex Dementia services, eating disorder and personality disorder services.
- Moving mental health care from Good to Outstanding with immediate priorities for delivery focused on talking therapies (IAPT) and Early Intervention Services (EIS).
- We will conduct coordinated work on reducing stigma through campaigns and communications.

Through delivering these priorities:

- There will be better access to mental health and learning disability services at a practice, cluster, county, STP and cross STP level, ensuring the delivery of evidence based, sustainable and regulatory compliant provision.
- Services will be responding to the health and wellbeing gaps and health inequalities identified within the Herefordshire and Worcestershire JSNA's and resultant Health and Wellbeing Strategies.
- Through *Transforming Care* - we will be bringing people with LD and Autism back to their own communities from out of area placements and preventing admission to hospital, achieving safe discharge and robust community support.
- People who require more tertiary care/specialist support will have their care planned for and provided across the STP and in partnership with neighbouring STPs via managed clinical networks.
- We will reduce expenditure in other programme areas, such as urgent care and complex care (ie CHC and social care packages) from the increased investment in mental health and learning disability services.

Priority 4 – Establish clinically and financially sustainable services

Programme 4a	IMPROVING MENTAL HEALTH & LEARNING DISABILITY CARE	Owner	Shaun Clee, Chief Executive, 2gether NHS FT

Overall aim	To achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.

How will this be better for residents and patients in Herefordshire and Worcestershire

- Citizens will have better access to information that promotes and supports positive mental wellbeing – social prescribing, MECC, digital inclusion and lifestyle change programmes – can all impact in the short to medium term. Longer term, tackling social deprivation through economic regeneration and the creation of healthy jobs has a significant role in improving population mental health and well being.

- The population's attitudes to individuals experiencing both common and more complex mental health difficulties will be better informed, more supportive and less stigmatised. This in turn will support earlier access to wellbeing services, diagnostics, treatment and better support and opportunities for recovery.

- Individuals who experience physical and mental health co-morbidities will experience well coordinated, education based packages of care that promote and enable self care and minimise the complications associated with comorbidities.

- Fewer people will need to access specialist services outside of the two counties.

- Improved rates of access to or sustained education, training and or employment consistent with local rates of whole population attainment.

- Improved access to and sustained stable accommodation consistent with local rates of whole population attainment.

Relationships between Social Determinants, Physical health and Mental health Adapted from "No health without mental health" by Prince et al in 2007

Priority 4 – Establish clinically and financially sustainable services

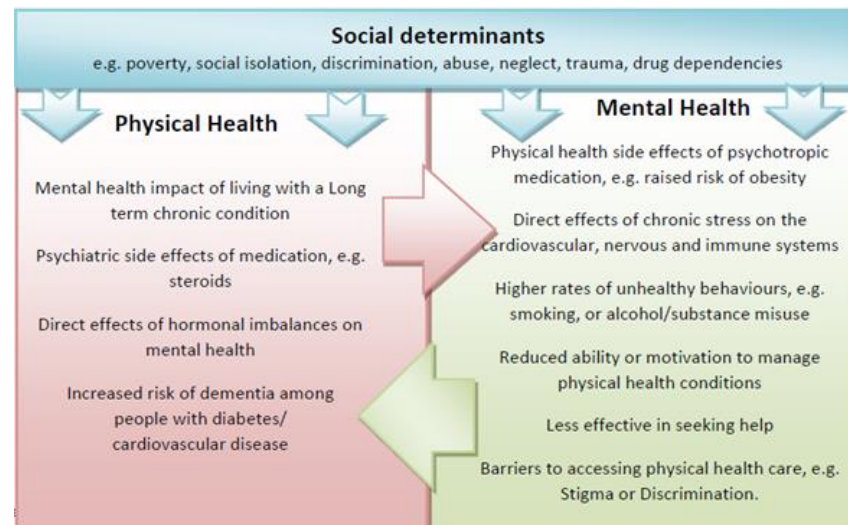| Programme 4a	IMPROVING MENTAL HEALTH & LEARNING DISABILITY CARE	Owner	Shaun Clee, Chief Executive, 2gether NHS FT

Overall aim	To achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.

Risks to delivery

There are a number of delivery risks to be addressed in order for us to deliver our shared ambition to make parity of esteem a living reality for the people of Herefordshire and Worcestershire. Predominantly we have to be able to address our immediate financial challenges and create the headroom to invest in improved services in line with the MHFYFV priorities. This will be challenging in the early years of the STP but we will continue to pursue the aspiration to prioritise investment in future planning cycles. To start this process off, we are commissioning a specialist review to examine existing expenditure patterns in order to explore opportunities to reprioritise current resources. This will include:

- Developing a plan that identified how to deliver core 24 standards in crisis care and MH liaison.
- Redesign early intervention services to extend age range and skills profile
- Review peri-natal pathways and opportunities to deliver STP wide service

- Develop a personality disorder service
- Develop more local CAMHS tier 3.5 and 4 service
- Develop a complex dementia service

Many of our services are rated highly by regulators and service users alike, and we are committed to maintaining and improving quality and supporting people to live healthy and fulfilling lives. As with other service areas, the ability to recruit and retain the right number and calibre of staff has a significant impact on the sustainability and development of services, and so our workforce development plans are therefore a key priority.

We are committed to adopting the early recommendations from the Kings Fund Evaluation of the New Models of Care, namely that mental health is a core component of all of our STP workstreams, especially in the design of Neighbourhood Teams and embedding of prevention initiatives. Therefore we will seek to involve patients, service users and carers early in the design process to develop mental health metrics that reflect outcomes, activity and quality of provision. Across our STP developments we will look to strengthen mental health capabilities in the primary and community health workforce by improving the confidence, competence and skills of GPs, integrated care teams and others and ensure that professionals involved in new models of care have protected time to provide an educational function to other members of staff, in order to share learning between health professionals working in physical and mental health.

Delivery Plan – Priority 4: Establish clinically and financially sustainable services

Mental Health & Learning Disabilities SRO	Shaun Clee - Chief Executive 2gether NHS Foundation Trust	Programme Lead MH Programme Lead LD	Colin Merker – Director of Service Delivery, 2gether NHS Foundation Trust Liz Staples – Deputy Director of Nursing ,Worcestershire Health and Care NHS Trust

Work programme	2016/17		2017/18				2018/19				2019/20				2020/21			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Independent review of Mental Health spend and scoping of opportunities for re-prioritisation																		
Increasing visibility, awareness and acceptability of mental health through a high profile Mental Health Cabinet																		
Collaboration to deliver a range of care more locally at an STP/STP Plus Level																		
Increasing access and availability of psychological therapy to 25% Worcestershire:																		
Increasing access and availability of psychological therapy to 25% Herefordshire:																		
Develop early intervention services in line with national proposals Worcestershire:																		
Develop early intervention services in line with national proposals Herefordshire:																		
Development of CAMHs community eating disorder services Worcestershire:																		
Development of CAMHs community eating disorder services Herefordshire:																		
Development of perinatal mental health services Worcestershire:																		

4a Improving mental health and learning disability care

Legend:
- Independent review of investment
- Planning and scoping
- Design, Engagement and Consultation (As appropriate)
- Operational Delivery

Delivery Plan – Priority 4: Establish clinically and financially sustainable services

Mental Health & Learning Disabilities SRO	Shaun Clee - Chief Executive 2gether NHS Foundation Trust	Programme Lead MH Programme Lead LD	Colin Merker – Director of Service delivery 2gether NHS Foundation Trust Liz Staples – Deputy director of nursing Worcestershire Health and Care NHS Trust

Work programme	2016/17		2017/18				2018/19				2019/20					2020/21			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Development of perinatal mental health services Herefordshire: *(To be agreed following independent review of investment)*																			
Development of crisis care and National Standards for Core 24/7 mental health urgent care services. (NB: small extended hours service currently in place) Worcestershire:																			
Development of crisis care and National Standards for Core 24/7 mental health urgent care services. (NB: small extended hours service currently in place) Herefordshire: *(To be agreed following independent review of investment)*																			
Development of CAMHS emergency, urgent and routine pathways																			
Development of dementia services – with a focus on early intervention, strengthened VCS links and interface with frailty pathway																			
Development of acute mental health care – reduce the need for admissions out of area and the number of re-admissions																			
Development of integrated mental health and physical health care pathways in line with alliance developments																			
Development of personality disorder services Worcestershire:																			
Development of personality disorder services Herefordshire:																			

(Row category label, vertical text): 4a Improving mental health and learning disability care

Legend:
- Independent review of investment
- Planning and scoping
- Design, Engagement and Consultation (As appropriate)
- Operational Delivery

Delivery Plan – Priority 4: Establish clinically and financially sustainable services

Mental Health & Learning Disabilities SRO	**Shaun Clee -** Chief Executive 2gether NHS Foundation Trust	**Programme Lead MH** **Programme Lead LD**	**Colin Merker** – Director of Service delivery 2gether NHS Foundation Trust **Liz Staples –** Deputy director of nursing Worcestershire Health and Care NHS Trust

4a Improving mental health and learning disability care

Work programme	2016/17		2017/18				2018/19				2019/20				2020/21			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Development of adult ADHD pathways subject to investment profile																		
Development of adult autistic spectrum disorder and neurodevelopment pathways subject to investment profile																		
With local authorities, develop joint outcomes and shared care for people with learning disabilities																		
"Transforming care" for people with learning disabilities – to reduce the number of people accessing services out of area																		
Improving rates of access to or sustained education, training and or employment - for people with learning disabilities - reducing health inequalities																		

Legend:
- Planning and Scoping
- Design: Engagement and consultation (as appropriate)
- Operational Delivery

Five Year Forward View   5th July 2017 - Publication   #futureNHS

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access, performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

Introduction

Delivery of high quality accessible urgent care services is a high priority for the populations in both Herefordshire and Worcestershire in terms of speedy access to the most appropriate services and of the experience of individuals entering the urgent care system. There are a number of key challenges that need to be tackled over the life of the STP, the most pressing challenge across both counties is to address the poor performance in terms of meeting the four hour emergency access standard. Acknowledging recent national guidance i.e. NHSE Urgent and Emergency Care delivery plan 2017, both Herefordshire and Worcestershire have reviewed and enhanced its local plan with actions to improve the emergency access standard. For the STP this reinforces the need to develop more effective streaming of patients to the most appropriate urgent care access point and to continue to improve lean patient flow through the system.

How will this be better for the residents and patients of Herefordshire and Worcestershire
- Communities will be able to access more convenient alternatives to hospital based urgent care services, such as community pharmacies which are closer to home
- People will have better access to primary care support and advice for their urgent care needs, 7 days a week (see priority 3A)
- Investment in public education to help communities navigate the new services, making it easier to get the right care, first time by the right person
- Patients who are at heightened risk of emergency admission will have their care more coordinated to reduce the likelihood of a crisis occurring
- Less patients will be admitted to acute hospitals, meaning they can receive care closer to home and remain in more familiar surroundings
- Patients who require emergency care from acute and/or mental health specialists will be quickly assessed and streamed into the most appropriate management, with fewer delays
- Patients receive supported discharge from hospital into an appropriate community environment, once the acute phase of their care is over
- Waiting time performance for access to key services – such as response to 999 calls and 4 hour waits in A&E will be significantly improved

There are many important aspects to our STP strategy for achieving this, namely:
- Integrated Urgent Care - Review of urgent care physical access points
- Development of seven day services
- Improving flow within hospitals
- West Midlands Urgent and Emergency Care network review
- Improving stroke services
- Designing an urgent care workforce fit for 2020/21

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

Introduction

Integrated Urgent Care - Urgent Care systems across both counties already provide 24/7 access for patients that need it. There are three 24/7 Accident and Emergency Departments, two 24/7 Minor Injury Units, 24/7 support and referral mechanisms through NHS111 and of course, accessible ambulance services through 999. In addition to this, although not operational 24/7, there are GPs working in one A&E in Worcestershire 8 hours a day on weekdays and 12 hours a day on weekends and GPs working with the ambulance service 12 hours a day on weekends and bank holidays. All of these services combine to provide a comprehensive urgent care offering. However, we recognise that we can do more to integrate services more effectively.

CCGs in both counties now have a newly commissioned Integrated Urgent Care Service, as part of the West Midlands service that went live on 8th November 2016. This new model provides a single point of access and clear onward referral arrangements to improve patient experience and to try and alleviate pressures across the health and social care systems. The model includes earlier clinical assessment and advice through the introduction of a clinical hub and supports closer working with the wider range of existing urgent care providers. The next phase of the development is looking at the expansion of the clinical hub; a number of pilots across the region including a Care Home HCP Support Line and the introduction of a Paramedic Support Desk by September 2017.

Within Worcestershire Care UK was selected to deliver both the NHS111 (for the WM Region) and the Out of Hours service (locally), ensuring that the opportunities for integration are maximised. Within Herefordshire, whilst different providers were selected for the two services, both are required to operate to a service specification that is built around effective integration between the two services under an Alliance Agreement.

The New Integrated Urgent Care Model
From November 2016 onwards

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

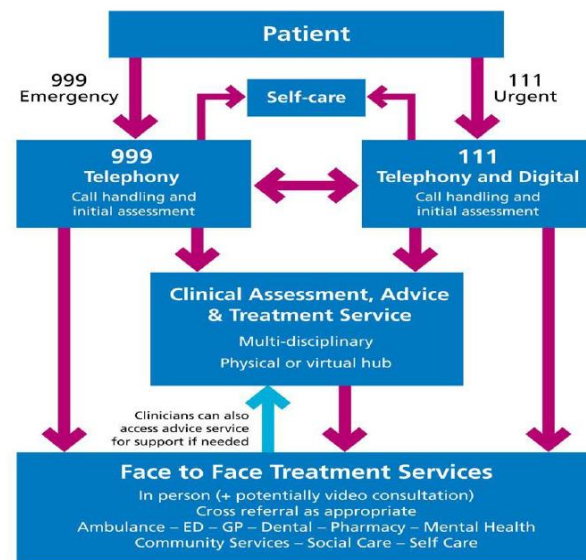| Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

Review of urgent care physical access points - Alongside the new integrated urgent care model, we need to review physical access to urgent care services and the provision of specialist facilities – including the number of hospital beds required to support the demand. Changes to physical access is required because the system simply contains too many options, too much duplication; is too confusing for patients and the population and professionals to navigate effectively:

The complex array of ways to access urgent and emergency care across Herefordshire and Worcestershire

Current Provision	Herefordshire	Worcestershire
Telephone access	**NHS 111 and 999**	**NHS 111 and 999**
Main A&E departments	**Hereford**	**Worcester and Redditch**
Minor Injury Units	**Ledbury** (7 days / 24 hours a day) **Kington** (7 days - *8am to 8pm*) **Leominster and Ross on Wye** (5 days, 8:30 to 5:30)	**Kidderminster** (7 days / 24 hours a day) **Evesham, Malvern and Tenbury** (7 days, *9am to 9pm*) **Bromsgrove** (*Mon-Fri – 8am to 8pm, Weekends – 12pm to 8pm*)
Walk In Centres	**Hereford** (*7 days a week – 8am to 8pm*)	**None** (*Worcester's was closed in 2014*)
GP Out of hours hubs (dial NHS 111)	**Hereford, Leominster and Ross on Wye** *Weekdays - 6:30pm to 8:00am,* *Weekends – 24 hours a day*	**Evesham, Malvern, Kidderminster, Redditch, Worcester** *Weekdays - 6:30pm to 8:00am,* *Weekends – 24 hours a day*
Prime Minister's Access Fund/ single points of access for patient flow	**Primary Care Access Hubs in** **Across Hereford, Leominster and Ross on Wye** *Mon-Fri 6.30pm to 8pm, Weekends 8am to 8pm*	**Clinical Contact Centre in South Worcestershire** **(Telephone and face to face)** *Mon-Fri 8am to 8pm, Weekends 8am to 12 noon* **Patient Flow Centre to navigate professionals to the correct discharge to assess pathway**
GP Practices	**24 Practices** *Mon-Fri 8:00am to 18:30pm*	**67 Practices** *Mon-Fri 8:00am to 18:30pm*

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

Review of urgent care physical access points– A&E and MIU Attendances during the last five years
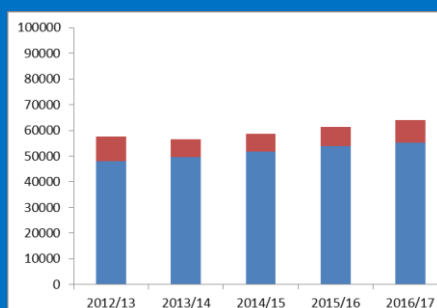
A&E and MIU Attendance Trends - Worcestershire
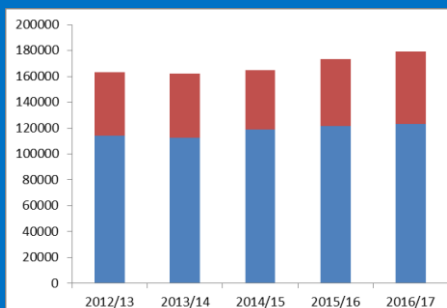
Trend over 5 yrs

A&E = +7.8%

MIU = +14.1%

Amb conveyed patients to A&E +26.5%

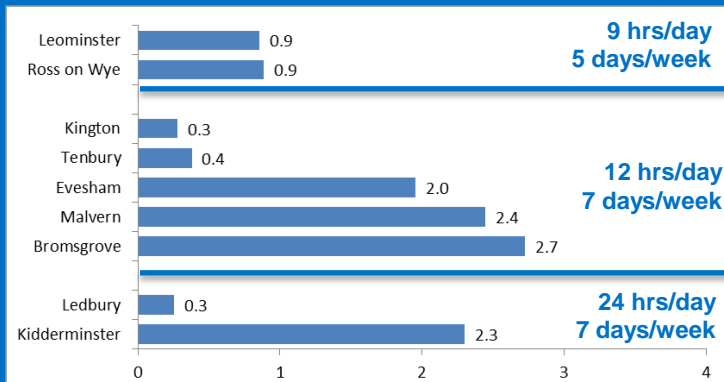### A&E and MIU Attendance Trends - Herefordshire

Trend over 5 yrs

A&E = +12.2%

MIU = +15%*

From 2013/14 otherwise opening hours not comparable

Average number of MIU attendances per hour open

	Attendances	Hours
Leominster	0.9	**9 hrs/day 5 days/week**
Ross on Wye	0.9	
Kington	0.3	**12 hrs/day 7 days/week**
Tenbury	0.4	
Evesham	2.0	
Malvern	2.4	
Bromsgrove	2.7	
Ledbury	0.3	**24 hrs/day 7 days/week**
Kidderminster	2.3	

- Activity in urgent care facilities has increased over the past five years across both counties. In Herefordshire the growth has been higher in the main A&E department than it has been in Worcestershire.

- Usage of MIUs varies significantly across the two counties, with not surprisingly, the busier units being based in larger population centres.

- There is a clear need to review the demand and capacity match and specification across all MIU sites to ensure that best use of resources is obtained from the facilities that are provided.

- Through implementation of the integrated urgent care model we expect to see this recent annual increase in demand mitigated initially before seeing actual reductions in later years of the STP as the service becomes embedded.

Priority 4 – Establish clinically and financially sustainable services

| Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

Review of urgent care physical access points – Emergency Admissions during the last five years

Emergency Admission Trend - Herefordshire
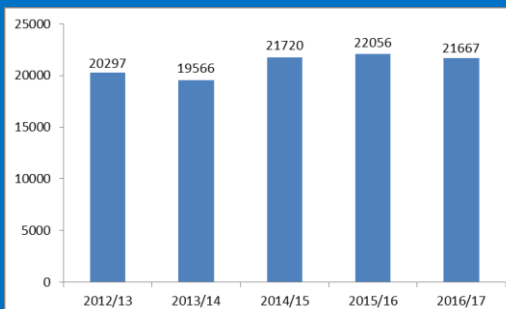
Trend over 5 yrs
Emergency admissions have increased by 6.7% over the last 5 yrs, but have steadied this year

Emergency Admission Trend - Worcestershire
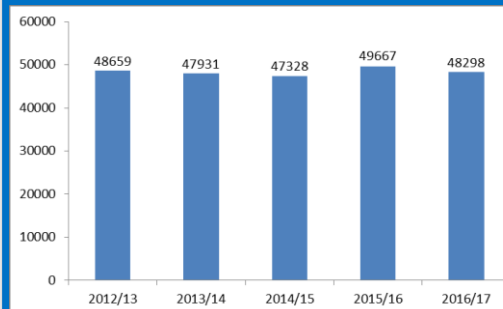
Trend over 5 yrs
Emergency admission have been flat over the period, but there has been a 6.8% increase in >75 admissions this yr compared to last yr.

Successful delivery of our strategy to improve out of hospital care will relieve pressure on main A&E departments and the need for emergency admissions.

Emergency Admission Trend – Herefordshire Age Group
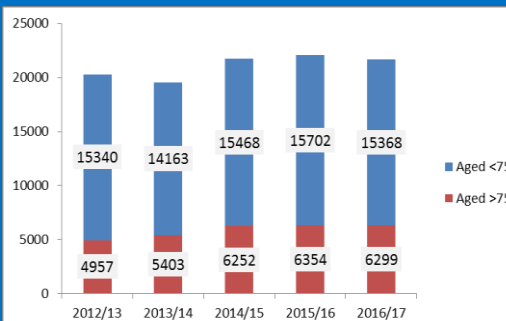
Trend over 5 yrs
>75 admissions have increased by 27% over the period and now represent 29% of all emergency admissions

Emergency Admission Trend – Worcestershire Age Group
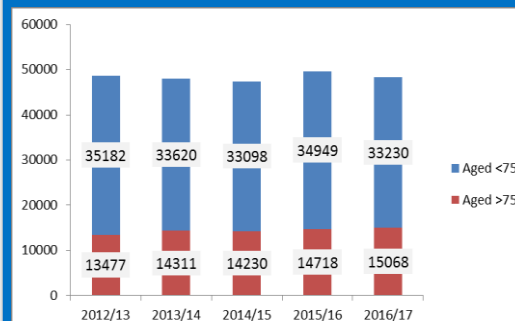
Trend over 5 yrs
>75 admissions have increased by 12% over the period and now represent 31% of all emergency admissions

2016/17 extrapolated from first 6 months and previous annual profiles

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

Implementing the seven day service standards

We intend to achieve roll out of the 4 priority clinical standards during 2017/18:

Standard	Our Baseline	Our Plan
2 - Time to consultant review Demonstrate evidence there is a clinical patient assessment by a suitable consultant and a first consultant review within 14hrs,7 days a week.	Target Compliance – 100% Current Compliance – 43.9% (Worcs), 40% weekdays and 70% weekends (Hfds)	All patients admitted through emergency portals will be reviewed by a consultant within 6 hours, supported by AEC and OPAL services.
5 - Access to diagnostics Access to diagnostic services 7 days a week for x-ray, ultrasound, CT and MRI, echocardiography, endoscopy, bronchoscopy and pathology.	Currently mainly 'day time' access to a number of these services x-ray available to Emergency Departments 24/7. Target Compliance – 100% Critical Care Current Compliance Within one hour – 100% Urgent Care Compliance Within 12 hours – <50%	95% of all patients requiring access to diagnostics will receive this within 12 hours Direct access to a range of diagnostics will be available for GPs to support admission avoidance
6 - Access to consultant-directed interventions Hospital inpatients have timely 24 hour access, 7 days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements.	Currently quite a traditional model of consultant availability prevails with ad-hoc GP to consultant telephone consultancy. Target Compliance – 100% Current Compliance – 33%	To utilise consultant telephone support for urgent care within agreed pathways to AEC, OPAL, hot clinics , direct diagnostics. 24/7 service for cardiac pacing across Herefordshire and Worcestershire to be developed.
8 - On-going review Patients on the AMU, SAU, ICU and other high dependency areas are seen and reviewed by a consultant twice daily. General ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours.	Target Compliance – 100% Twice daily ward rounds Current Compliance – 29% (Worcs.), 90% compliance (Hfds)	By March 2018 twice daily ward rounds will be undertaken on MAU, SCDU and ICU with 90% compliance 7 days a week.

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

What will be different between now and 2020/21

As part of the West Midland Urgent and Emergency Care Network we expect to participate in a fundamental re-organisation of our existing urgent care system.   In line with national guidance we aim to secure, for all patients with urgent care needs, a highly responsive service that provides care as close to home as possible and for those patients with more serious or life threatening conditions we will ensure they are treated in centres with the right expertise, processes and facilities to maximise their chances of survival and a good recovery. Key aspects will be:

- Working collaboratively with all system partners to further develop our A&E delivery board plan, clearly defining 'what good looks like', with clear mapping & matching of demand and system capacity and clearly understood outcome measures. Refresh to be undertaken beginning of November

- As part of this strategy we will include the further development of seven day services, including a comprehensive workforce plan to support urgent and patient flow.

- Building on the digital infrastructure across Herefordshire and Worcestershire, we will ensure all urgent, emergency, physical and mental health partners are connected and that effective and prompt communication underpins and facilitates excellence in urgent care and end of life care.

- Reducing hospital admissions through the local adoption of well proven methodologies; e.g. reducing care home admissions, remote monitoring

- Improving flow in hospitals through streaming at the front door and more timely access to speciality medicine

- Influencing the regional ambulance commissioning strategy to ensure the provision of an 'urgent care' model of ambulance provision with ambulance clinicians increasing their use of hear and treat and see & treat, making better use of alternatives to ED and therefore reducing ED activity and emergency admissions

- Continuing to progress current improvement initiatives

  - Urgent Care Connect

  - Review of ED GP support/streaming at the front door of A&E

  - Implementation of frailty pathways that maximise independence

  - NHS 111 - Increased referral to clinical advisors and defined links to care homes to promote alternate pathways

  - Improving patient flow; further defining the capacity required for D2A pathways and Trusted assessor models

  - Reviewing and updating escalation and de-escalation plans, focusing on cross system escalation and rapid de-escalations actions.

  - Exploring benefits of further integration of access points into one single point of access for professionals within Worcestershire

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

What will be different between now and 2020/21

Given our STP geography and system challenges, there are different but related review areas that we will need to explore locally to address our immediate pressures. These will need to be explored as part of the next phase of redesign and it is important, at this early stage, to identify their potential impact:

- **Review area 1** – Better use of telephone review (NHS 111 or local streaming through clinical contact centres), web based services and clinical navigation in providers to ensure people can either self- direct or are directed to the most appropriate facility. This action is core to our strategy and will be supported through the implementation of the new Integrated Urgent Care Pathway

- **Review area 2** – Review of existing access points and with the potential consolidation onto fewer individual sites. This would enable the scarce staffing to be co-located, resulting in a significantly reduced demand for expensive agency resources and simpler access routes . The sites that would need to be considered as part of this option in Herefordshire are the existing minor injury units, the out of hours GP hubs, and the Herefordshire Walk in Centre, in the context of the development of 7 day access to primary care . This option would have an impact on improving performance, better clinical outcomes through more specialisation and reducing cost through more effective use of existing resources. Within Worcestershire FOASHW plans to alter the provision of A&E services for certain conditions. The next stage will be to review the Worcestershire Urgent Care Strategy, taking into account national guidance, and the requirement for Urgent Treatment Centres (UTC's), determining the most appropriate location and capacity to meet the demand of the specification. We are planning for the provision of an 'urgent care' model of ambulance provision, in line with 'Clinical Models for Ambulance Services' with ambulance clinicians making better use of alternatives to ED, the new UTC's would strengthen this approach, further reducing conveyances to ED.

- **Review area 3** – This would explore the establishment of a single **Emergency Centre with Specialist Services** (ECSS) for Herefordshire and Worcestershire, alongside two **Emergency Centres (providing A&E functions) (**EC-A&E). This will be determined in conjunction with the regional network for urgent care. Based on current configurations, capability and geography, the ECSS) would need to be in Worcester, with EC-A&Es in Hereford and Redditch. This would enable more integrated working, mutual support and improved links to regional centres.

It is important to emphasise that any work to explore alternative options to the current model of provision would be subject to a full public consultation process.

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE		Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements

What will be different between now and 2020/21

The number of hospital beds required to support the system

Whichever model is pursued, there will need to be access to the right number of hospital beds to support patient care needs. Detailed modelling has been undertaken by an independent organisation (Strategic Healthcare Planning) to help identify the bed requirements for Herefordshire and Worcestershire over the life of the STP. This has identified that if partners can achieve the transformational changes that are sought in out of hospital and social care provision, caring for more patients with integrated primary and community services provided 24/7 to support patients within their own homes, there could be a significantly lower number of hospital beds required than there are now. The modelling, which is based on the agreed system assumptions shows the following:

- **Herefordshire** - The need for a **+15%** increase the number of acute beds in Herefordshire, but the potential for a reduction of up to **-62%** in the number of community hospital beds.

- **Worcestershire** – There is potential for a small reduction in the number of acute beds and a **-30%** reduction in the number of community hospital and resource centre beds. In terms of acute beds, the main issue to address is location, with more beds required in Worcester but less required in Redditch. This is likely to result in a rebalance of some low level acute services across the acute area. There is also scope to reduce the number of NHS commissioned beds from the private care home sector from 86 in the base year to 9 in 2020/21.

	Herefordshire		Worcestershire	
	Base yr	2020/21	Base yr	2020/21
Acute Beds	226	260	743	740*
Community Beds	97	37	260* (Jun 17)	182
Total Beds	323	297	1,003	922
		- 26		-81

FoASHW pre-consultation business case projection for 2018/19, all other numbers from the STP strategic model for 2020/21. # There have been planned bed reductions since the last STP submission

In order to facilitate this scale of reduction in beds overall, the out of hospital care offering needs to be optimized. We are taking this forward through our alliance working and in Herefordshire our upcoming public engagement, to develop integrated primary and community services that can support people in their own homes 24/7. This will build upon previous engagement across the two counties for example evolving the coproduced outcomes for integrated care in Wyre Forest. Work is also underway to analyse what additional capacity and skill sets would be required in primary and community care services to enact any further reduction in community beds that will lead to more care being provided in home based settings, leading to better clinical outcomes and improved independence. It is acknowledged this aspirational transformation needs to be tested for deliverability, would be incremental and services would need to be in place before any changes are made.

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

What will be different between now and 2020/21

An urgent care workforce for the future

Key to the delivery of the local A&E delivery board plan to improve the emergency access standard and to delivery of the vision for the STP is an enhanced workforce in the most appropriate setting with a range of urgent care skills. Whilst there are national and local challenges with the recruitment of clinical workforce the urgent care systems working within Herefordshire and Worcestershire will design, agree and implement new roles to support these improvements.

These roles will be a mixture of qualified and non qualified practitioners that support reduced duplicate assessments and focus on early assessments and streaming to the most appropriate urgent care setting and will be aligned to the pathways for urgent care that will be developed.

Herefordshire and Worcestershire will learn from each other related to the innovation and design of the workforce and will use the STP workforce planning process to support this.

Routes to workforce change

Current staff mix
Numbers, roles, skills

Current Training Pipeline

Skill Flexibility
Role Enhancement
Role Enlargement

Skill Development
Role Enhancement
Role Enlargement

New Roles

Future staff mix
Numbers, roles, Skills

Priority 4 – Establish clinically and financially sustainable services

Programme 4b	IMPROVING URGENT CARE	Owner	A&E Delivery Board Chair

Overall aim	Improve urgent care pathways and out of hospital care models to improve access performance and create better outcomes, resulting in a requirement for fewer beds, reduced staffing and estate requirements.

Stroke Services - The aim is to deliver high quality, sustainable stroke services across the two counties to ensure delivery of 7 day services and improved patient outcomes. A full options appraisal will be undertaken on the configuration of stroke services, specifically hyper acute and acute stroke services, to identify a sustainable solution that will deliver key clinical and performance standards in these areas (access to specialist consultant review, 24/7 thrombolysis and 4 hour admission to HASU) and which also delivers 7-day TIA services, high quality rehabilitation services including early supported discharge and a robust primary prevention strategy. Worcestershire is currently rated as Band D under the Sentinel Stroke National Audit Programme (SSNAP) and Herefordshire at Band B. The plans we are taking forward should achieve B (Good) across both counties once fully implemented.

What will be different between now and 2020/21

- High quality, timely and sustainable stroke services across Herefordshire and Worcestershire
- Telemedicine service across the two counties and networked with other Trusts to provide a service for Herefordshire, Worcestershire and mid-Powys.
- Collaboration across the two counties, to deliver a sustainable rota and seven-day TIA service.
- Highly skilled and competent workforce in place across Herefordshire and Worcestershire to ensure delivery of high quality stroke services and all key clinical and performance standards associated with delivery of stroke services;
- Robust clinical pathways to ensure optimum outcomes for patients throughout the stroke pathway

Specific short term goals for Worcestershire:
- Development of workforce plan that crosses organisational boundaries and optimises skills and expertise across the stroke pathway to build a robust and sustainable workforce going forward;
- Development of a 'Straight to Scanner' pathway;
- Development of nurse led TIA services;
- Establishment of an Early Supported Discharge service to facilitate timely discharge;

Specific short term goals for Herefordshire:
- Access to TIA clinics for those at risk of Stroke across seven days
- 24/7 thrombolysis treatment
- 24/7 access to specialist inpatient care advice
- Consistent access to therapists whilst an inpatient
- Consistent access to step-down community services

How will this be better for residents and patients in Herefordshire and Worcestershire

- Patients will receive best practice stoke services across the stroke pathway

- Improved outcomes for patients through access to timely and high quality stroke services

- Access to 7 day services

- Access to highly skilled stroke specialists as all stages of the pathway

- Improved primary prevention of stroke

- Increased levels of long term care at home

- Access to third sector services to support patients long term

- Care as close to home as possible

Priority 4 – Establish clinically and financially sustainable services

Programme 4c	IMPROVING MATERNITY CARE	Owner	Michelle McKay – CEO Worcestershire Acute Hospitals NHS Trust

Overall aim	Our vision is that our citizens have access to high quality, safe and sustainable, acute, women and newborn/neonatal and mental health services, localised where possible and centralised where necessary.

What will be different between now and 2020/21

Within Worcestershire maternity services are temporarily suspended on the Redditch site and re-provided on the Worcester site due to the Trust not being able to recruit sufficient staff to provide clinically sustainable services across two sites. The Future of Acute Services at Hospitals in Worcestershire (FOASHW) has completed public consultation on the permanent centralisation of these services on the Worcestershire Royal Site. This is a critical component of the clinical and financial sustainability of the Worcestershire service.

Beyond this **we plan to develop a Local Maternity System[LMS]to deliver Better Births , Saving Babies Lives and Maternal & Newborn Health safety Collaborative** locally across both counties. This will result in:

- The removal of traditional county boundaries with sharing of community and hospital based resources across a wider area. This is not expected to result in a change to the provision of obstetric services in Herefordshire.

- A joint maternity care offer with common clinical pathways that guide women to the most clinically appropriate place of birth.

- Review maternity specifications to reflect the requirements of a local maternity system.

- Integrated specialist/clinical teams (such as Antenatal Screening team, Governance team etc) to increase skills and ensure adequate access for women.

- Development of community hubs for maternity care.

- Integrated neonatal pathways between Hereford and Worcester.

- We will focus on the Secretary of States objectives of reducing still birth , perinatal mortality maternal death and brain injury by 20% by 2020 and 50% by 2030 based on 2010 data .

- We will focus on the implementation of Saving Babies lives bundle by reducing smoking in pregnancy, risk assessment and surveillance for fetal growth restriction, raising awareness of reduced fetal movements , effective fetal monitoring during labour.

- Working with the national Safety Collaborative to develop clinical leadership in the delivery suit , human factors training and enhanced training in developing a safety culture

- We will implement the national system to systematically review still birth and perinatal death –SCOR [standardised computerised objective review]

- Shared approach for perinatal mental health offer for families.

- Shared end to end electronic maternity information system.

- IT links between the hospitals services .

Priority 4 – Establish clinically and financially sustainable services

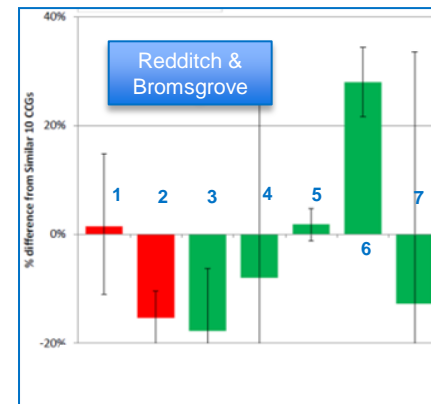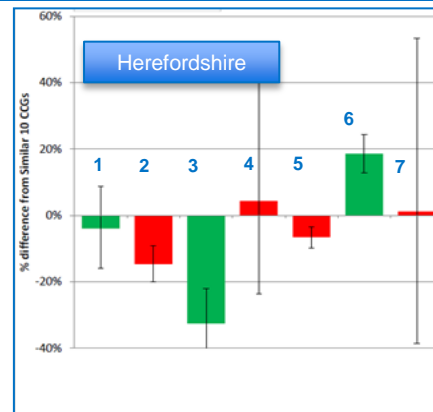| Programme 4c	IMPROVING MATERNITY CARE	Owner	Michelle Mckay. Chief Executive, Worcestershire Acute Hospital NHS Trust

Overall aim	Our vision is that our citizens have access to high quality, safe and sustainable, acute, Women and newborn/neonatal and mental health services, localised where possible and centralised where necessary.

How will this be better for residents and patients in Herefordshire and Worcestershire

The overriding benefit to the local population will be a higher quality, more sustainable service that achieves improved health and well being outcomes for babies and young children. This will be achieved through:

- Increased midwife led care and home birth numbers
- Improve women's access to birth in the most appropriate birth setting
- Reduce out of area neonatal transfers for sick and premature infants
- Increased specialist community based Perinatal Mental Health care
- Improved availability of access to specialist teams across both counties for women and babies
- Retaining local services for women and families within the counties
- Raised profile for maternity and newborn services across the West Midlands
- Reduction in Perinatal mortality rates
- Achieving national caesarean section rate
- Improved learning from strengthened governance will lead to a greater safety culture.
- Shared learning and development opportunities to increase and maintain knowledge and skills.

The charts of this page show where indicators are better (green) or worse (red) than comparable 10 areas nationally. Therefore the charts cannot be compared against each other.

1	2	3	4	5	6	7
< 18 Conception rates	Flu vaccine take-up by pregnant women	Smoking at time of delivery	% of low birthweight babies (<2500g)	Breast-feeding initiation (first 48 hrs)	Breastfeeding at age 6-8 weeks	Infant mortality rate
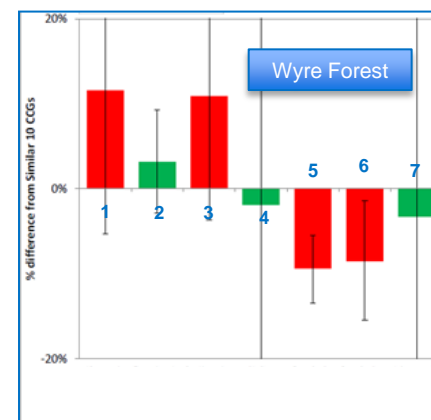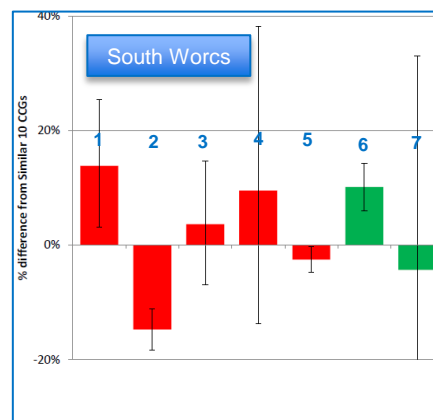
Priority 4 – Establish clinically and financially sustainable services

Programme 4d	ELECTIVE CARE	Owner	Carl Ellson, Accountable Officer, SWCCG

Overall aim	**Non – life threatening conditions** - Reduce clinical variation in referral and treatment, reduce the number of procedures performed where there is a limited clinical benefit or enhanced risk of harm and work with patients to improve their overall well being by seeking lifestyle improvement as part of the elective pathway.

What will be different between now and 2020/21

There are two key aspects to improving elective care – in terms of clinical effectiveness, achievement of performance standards and financial sustainability.

- **Effective commissioning policies** and stricter treatment thresholds
- **Efficient organisation of services** to meet demand.

During the allocative programme budgeting work, the STP partnership board recognised that significantly tightening commissioning policies and treatment thresholds for elective care would be required to support financial balance with the STP. In order to progress this, there were two distinct categories of elective care identified – treatment for life threatening conditions such as cancer, cardiac and renal services and treatment for non-life threatening conditions. The programme board agreed to prioritise investment in the former, in order to do this the following has been agreed:

- Develop a system wide (commissioner and provider across both counties) policy and treatment threshold on procedures that:
  - Are probably linked to an aesthetic benefit
  - Probably have a lower cost alternative
  - Have a relatively limited impact
  - Are perceived to have a close ratio of benefit to harm.
- Develop a policy to support lifestyle improvement by providing prevention interventions and alternatives such as social prescribing with regard to healthy weight (where possible), smoking and alcohol consumption to improve the likelihood of positive clinical outcomes following surgery.

Potential savings from achieving top decile rates

Elective procedures for non-life threatening conditions

CCG	Probably Aesthetic	Probably lower cost alternative	Limited Effect	Close Benefit to Harm Ratio
HCCG	£64k	£521k	£26k	£439k
RBCCG	£14k	£362k	£0k	£546k
SWCCG	£133k	£784k	£0k	£1,025k
WFCCG	£149k	£397k	£48k	£271k
Total	**£4,779k**			

Elective procedures that are likely to be wholly attributable to

CCG	Alcohol	Obesity	Smoking
HCCG	£0k	£28k	£72k
RBCCG	£124k	£57k	£153k
SWCCG	£599k	£59k	£478k
WFCCG	£279k	£50k	£199k
Total	**£2,098k**		

- Achieving top decile performance in these areas against comparator CCGs will release **£6.8m** worth of expenditure.

Priority 4 – Establish clinically and financially sustainable services

Programme 4d	ELECTIVE CARE	Owner	Carl Ellson, Accountable Officer, SWCCG
Programme 4e	CANCER CARE		

Overall aim	**Life threatening conditions (cancer and others)** -Increase funding to meet demographic pressures and increasing illness burden. Improve efficiency and reduce waste and waits across pathways and for all critical complex elective care, for clinical sustainability and quality outcomes, we will concentrate provision in centres of excellence

What will be different between now and 2020/21

- Our Clinical Reference Group will focus initially on Breast Screening, Renal and Cardiology services a with a view to improving clinical outcomes, deliverability and sustainability of services in the best interest of patients.

- We will have implemented the key changes required from the national cancer strategy

- There will be much greater alignment between prevention strategies and treatment, but adopting a more integrated approach, where driving the prevention and healthy lifestyles message is the responsibility of all partners in the system.

- Far greater uptake of screening programmes across the population, where local performance is currently poor (see overleaf)

- We will ensure that we maximise the use of the diabetes prevention programme pilot currently being implemented across the STP and use the learning from this for other possibilities for using risk identification to target intensive lifestyle interventions.

- Revised pathways with increased pan-STP working, particularly with UHCW and Gloucestershire to enhance clinical sustainability and specialism to improve outcomes.

- Reviewing opportunities for repatriating activity and referring out of area to achieve the best use of resources and outcomes for patients.

- Joint staffing appointments to specialist roles across the STP or wider STP area (for example interventional radiology).

- Concentration of specialist complex surgery on fewer sites to secure clinical sustainability and improve outcomes.

- As part of the Specialised Services Rural Pathfinder we expect to redefine existing pathways to be locally commissioned, repatriate some current pathways including renal, some cancers and cardiac care, working closely with regional specialised providers.

- Implement alternative models for cancer survivorship through remote monitoring and supporting patients in out of hospital environments.

How will this be better for residents and patients in Herefordshire and Worcestershire

- Local services will be better placed to deliver world class outcomes for cancer care.

- The system will achieve consistent access of all cancer treatment standards.

- Earlier recognition and faster diagnosis of cancers and other life threatening conditions.

- Faster treatments times and improved survival rates.

- Reduced diagnosis through emergency admission or unplanned care provision.

- Better patient experience of cancer care received (which is currently poor – see pages 77-79)

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Delivery Plan – Priority 4: Establish clinically and financially sustainable Services

Urgent Care SRO	A&E Delivery Board Chairs	Programme Leads	Stuart Ide – Urgent Care Lead – Worcestershire CCGs Hazel Braund – Operations Director – Herefordshire CCG
Maternity Care SRO	Michelle McKay Chief Executive – Worcs Acute Hospitals Trust	Programme Lead	Fay Baillie – Deputy Director Nursing and Midwifery Worcs Acute Hospitals NHS Trust
Elective Care SRO	Carl Ellson Accountable Officer - SWCCG	Programme Leads	Sarah Smith – Worcestershire Acute Hospitals NHS Trust Simon Gartland - Deputy Director of commissioning WCCGs

	Work Programmes	2016/17		2017/18				2018/19				2019/20				2020/21			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4b Improving urgent care	Complete review of emergency care provision, exploring reductions to the number of MIUs and the Walk in Centre in Herefordshire and standardised opening hours and enhanced specification for MIUs in Worcestershire.																		
	Shift to home based care – identify the requirements to increase home based care to deliver proposed bed reductions and test deliverability																		
	Design and agree a model for stroke services across two counties that meets the stroke standards and seven day working requirements																		
	Agree and implement a workforce plan for urgent care and patient flow across the health and social care within the two counties																		
4c Improving maternity care	Implement the clinical model for maternity inpatient, new born and children's services within Future of Acute Services in Worcestershire programme.																		
	Develop a Local Maternity System across Herefordshire and Worcestershire																		
	Establish a single service with specialist teams working under a common management structure, delivered locally.																		
	Deliver the FoASW objectives for gynaecology																		
4d Elective Care	Develop a system wide policy and treatment threshold on procedures of limited clinical value																		
	Develop a policy to support lifestyle prevention interventions and alternatives to improve health prior to surgery, thus improving outcomes																		
	Across Worcestershire undertake a greater proportion of routine elective activity on "cold" sites to reduce the risk of cancellations and to improve clinical outcomes																		
	Revised pathways with increased pan STP working, reviewing opportunities for repatriating activity and referring out of area to achieve the best use of resources and outcomes for patients																		
4E Cancer	Expand pan STP working on cancer services and deliver the requirements of the national taskforce.																		

Planning and Scoping

Design: Engagement and consultation (as appropriate)

Operational Delivery

Breast cancer screening
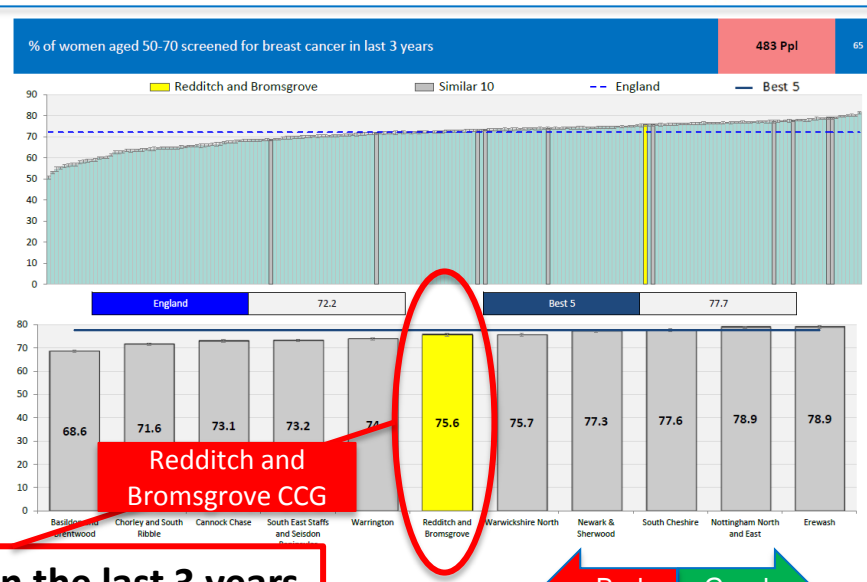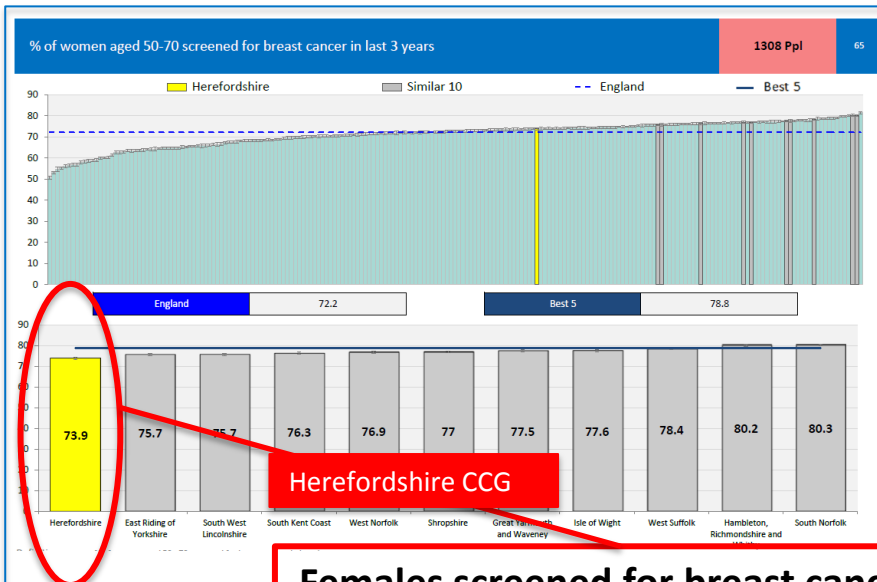
Females screened for breast cancer in the last 3 years

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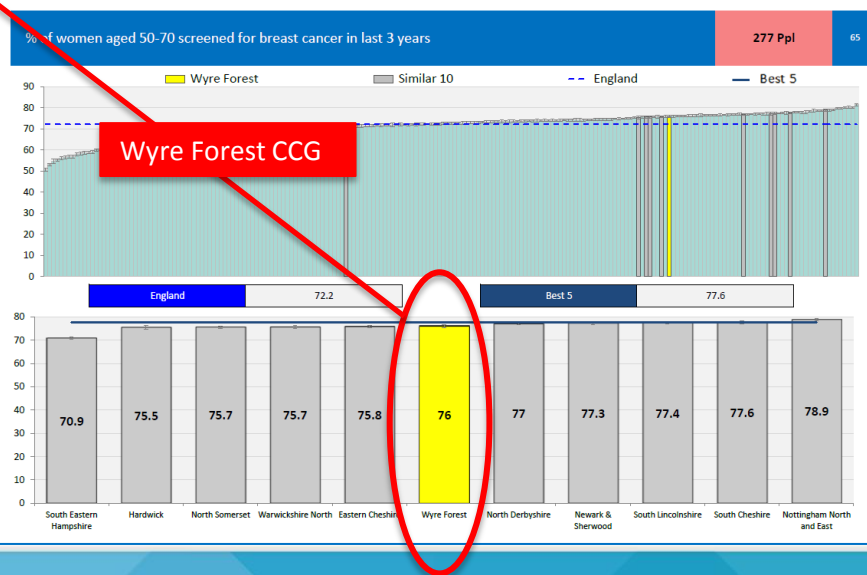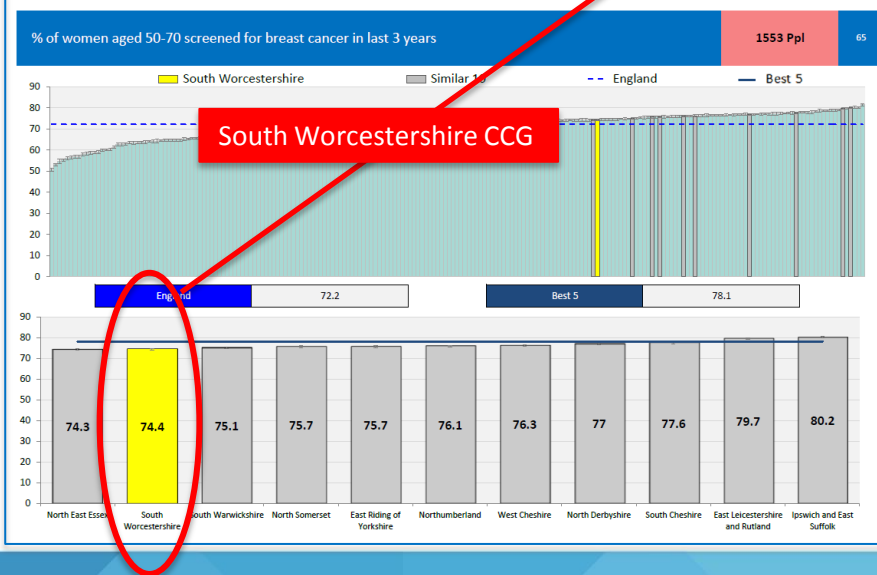
Bowel cancer screening
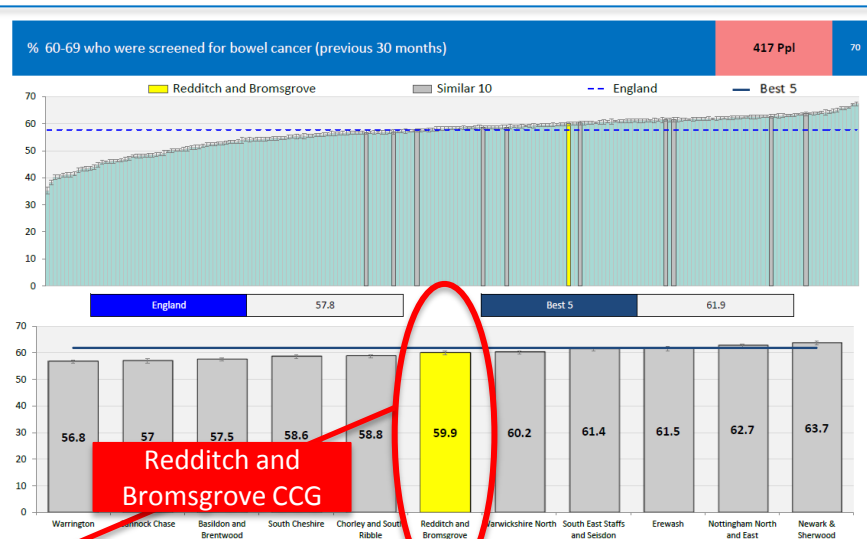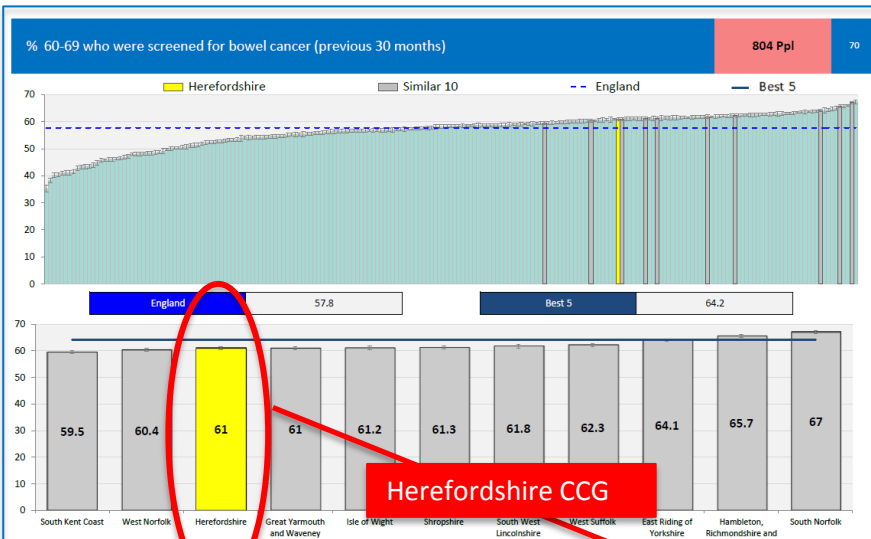
Population screened for bowel cancer in the last 3 years
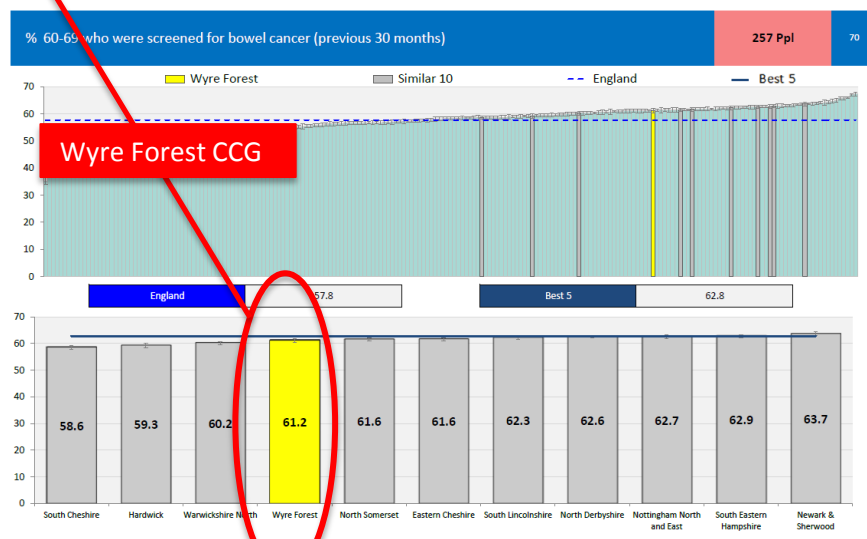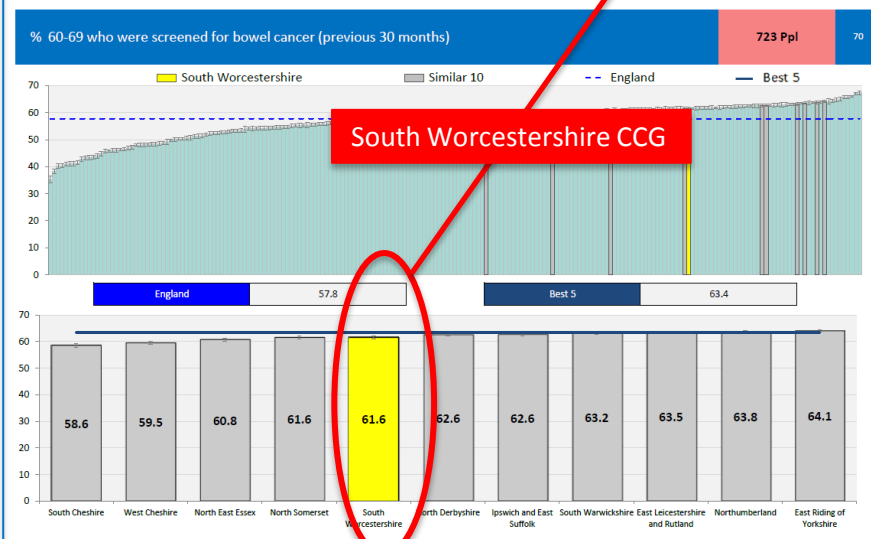
Herefordshire CCG

Redditch and Bromsgrove CCG

South Worcestershire CCG

Wyre Forest CCG

Patient experience of cancer care

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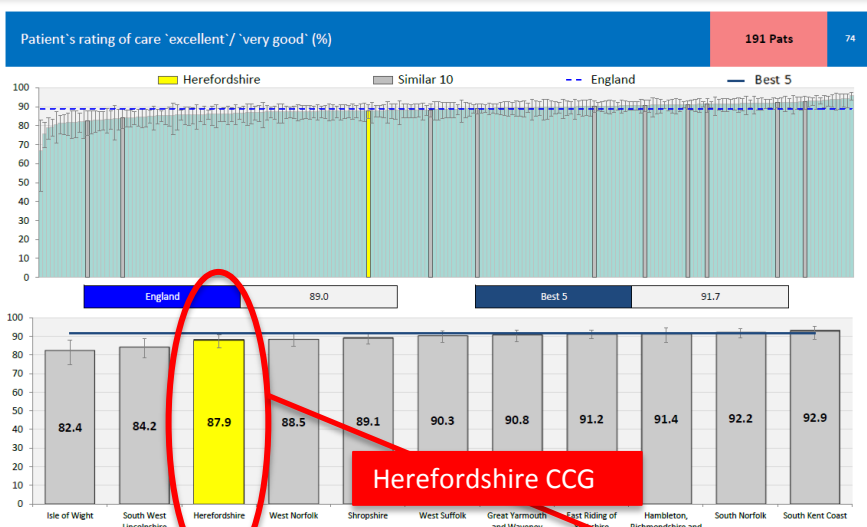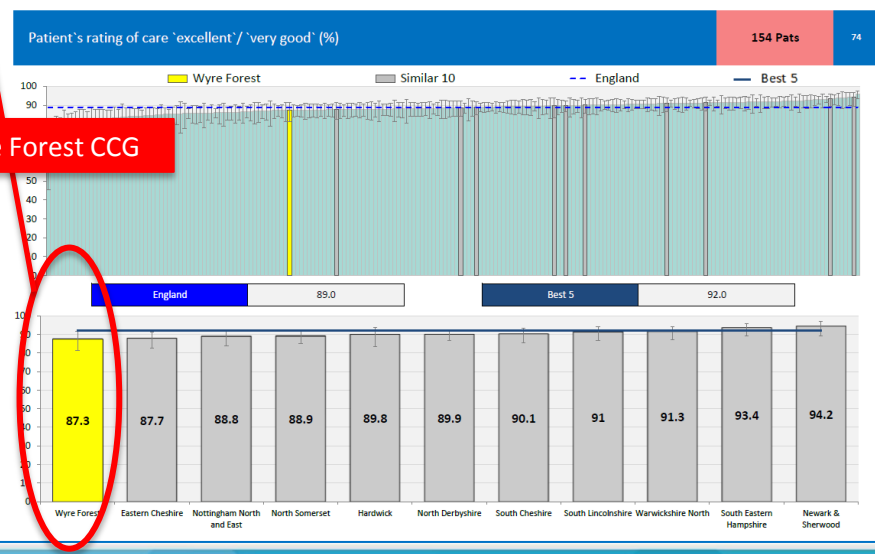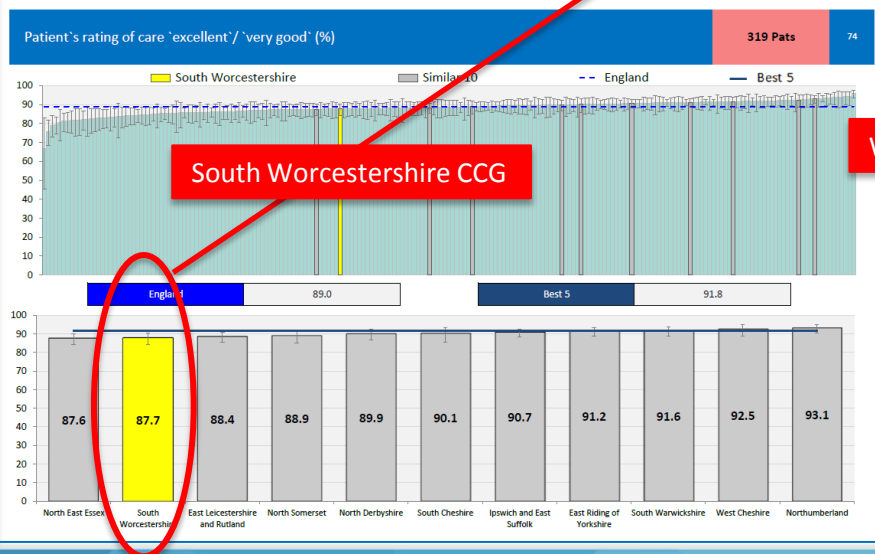
Enabling change and transformation

Workforce and OD

Enabler 1	WORKFORCE AND ORGANISATION DEVELOPMENT	Owner	Shaun Clee, Chief Executive, 2gether NHS Foundation Trust

Overall aim	Develop the right workforce and Organisational Development within a sustainable service model that is deliverable on the ground within the availability of people and resource constraints we face.

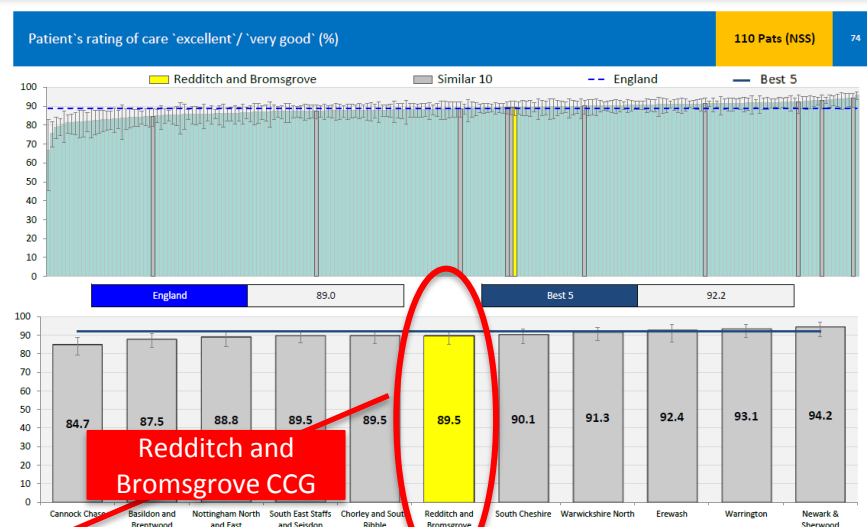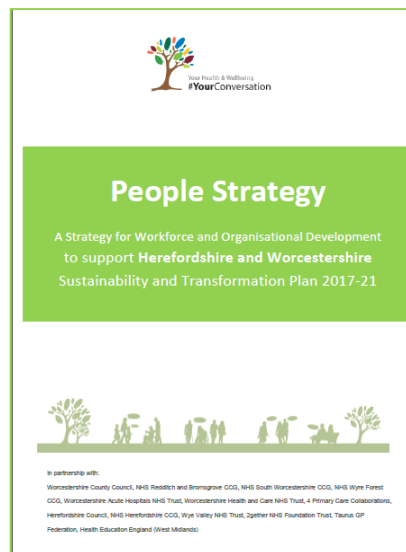During 2016/17 the Workforce and Organisational Development strand has engaged with stakeholders across the STP to develop a People Strategy and Delivery Plan. The Strategy builds on the STP vision and priorities identified in the STP submission.

What will be different between now and 2020/21 - Update

- Erosion of traditional boundaries to **'teams without walls'**, supported by a multi-disciplinary learning environment **Minimum standards for a multi-disciplinary system-wide Preceptorship programme have been drafted for consultation**
- Increased **investment** in the **mental health and learning disability** workforce
- **Less** reliance on **agency and temporary staffing HR Directors have agreed to lead on an STP-level piece of work during 2017**
- **Integrated multi-disciplinary teams** based around the person, supported by access to specialist advice and support
- Increased use of apprenticeship levy to ensure **appropriate training** for existing staff and 'new' roles, alongside work experience and **career pathways** to build the **future workforce University of Worcester has agreed to work with employers to develop an STP-level apprenticeship 'hub' during 2017**
- A **more diverse skill mix**, with 'new' roles embedded within teams offering greater flexibly and the potential to **work across traditional boundaries** and systems. **Nursing Associates 'fast follower' training programme started across the STP in April 2017**
- A shift to a workforce **culture focused on prevention , self-care and independence**, utilising, health coaching conversations across the workforce, improved signposting and better links to public health
- Flexible employment contracts, annualised hours, portfolio careers, and **incentives to retain and recruit staff** across the system
- **GPs** will have more time to focus on patient care **Primary Care workforce, workflow, capacity/demand work commenced as part of delivery of GPFV.**
- A more significant role for the voluntary and community sector, the public sector and the unpaid workforce (family, neighbours, carers, volunteers) **working together to deliver better outcomes for local people.**

People Strategy

A Strategy for Workforce and Organisational Development to support **Herefordshire and Worcestershire** Sustainability and Transformation Plan 2017-21

In partnership with: Worcestershire County Council, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG, NHS Wyre Forest CCG, Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care NHS Trust, 4 Primary Care Collaborations, Herefordshire Council, NHS Herefordshire CCG, Wye Valley NHS Trust, 2gether NHS Foundation Trust, Taurus GP Federation, Health Education England (West Midlands)

How will this be better for residents and patients

- **"Tell my story once"** with fewer 'hand-offs' between clinicians and other practitioners
- **More care will be provided out of hospital**, with greater continuity of care and care wrapped around the person
- Health coaching conversations will **enable healthy behaviours and increased self- management of care**
- People will co-produce and **'own' individual care and support plans**
- People with on-going conditions will have more control over their lives and receive **more care provided closer to home**
- Improved access to **specialist care and expertise will be available when people need it**
- **Education and development for carers**

Digital and Technology

Enabler 2	DIGITAL	Owner	Michelle McKay, CEO Worcestershire Acute Trust

Overall aim	Invest in digital and new technologies to enable our workforce to provide, and patients to access care in the most efficient and effective way, delivering the best outcomes

What will be different between now and 2020/21

- **We have two aligned Digital Road Maps within the two counties,** successful delivery of our digital roadmaps for Herefordshire & Worcestershire will be critical to improving access, increasing productivity and changing clinician /practitioner behaviour. One example is Worcestershire Health and Care NHS Trust being selected as a Global Digital Exemplar for Mental Health.

- **Creating a connected Infrastructure** e.g. modern and connected infrastructure enabling practitioners and linking services; e.g. better use of telemedicine and increasing use of e-consultations to improve access to specialist services

- **Improving integration** e.g. Integrated Digital Care Records for patient's and citizens across health and care - providing integrated records that have the ability to be interlinked care settings across the two counties; establishing a consent and information sharing model and robust data standards, security and quality.

- **Empowering residents and citizens through technology** e.g. creating a consistent user and patient experience – including common, digital front doors to our services, complementing traditional interactions. Enabling increased public and patient control and empowerment (i.e better use of apps, wearables and assistive technologies), moving away from a paternalistic culture of care; and supporting self-care and increasing levels of patient activation. A key enabler is consistent local access to broadband / digital options.

- **Enhancing our understanding**: New insights using health & care intelligence - Using data in new ways to lead to earlier intervention and enabling improved outcomes and wellbeing for people and the population

- **Working collaboratively** – ensuring we are reading as a system to work together and to deliver technological changes for the benefits of residents and patients, including using resources smartly and sharing good practice

How will this be better for residents and patients in Herefordshire and Worcestershire

- **Patient data access and information sharing**, care planning and transitions plans available across providers meaning patients will only have to tell their story once

- Patients access to own care records, giving a **better understanding of care received**

- Improved access to specialist services via telehealth and tele/video conferencing across acute and community, providing **faster access to specialist care**

- Use of tele/video conferencing in GP practices & nursing homes enabling **joined up care**

- Interoperability of systems across the two counties allowing **patient choice**

- Use of apps and wearables to support empowerment of patient and residents and **increase levels of patient activation**

- Better sharing of information

- Seamless care for patients

- Patients more engaged and self-sufficient

- Better use of pharmacies and review of medications

Engaging communities and the voluntary sector

Enabler 3	HEALTHY COMMUNITIES AND THE VCS	Owner	Martin Samuels, Herefordshire Council

- We recognise the importance of reengineering our system so that health and care services work alongside thriving communities to realise the value of individuals, their informal networks and wider communities. Being able to respond to the new landscape ahead requires the vision and commitment of all and embracing different partners into a new way of working. In particular this includes listening and responding to different solutions that are presented by the VCS, who often have effective methods, if not the means, to support those facing multiple disadvantage

- We will use the principles of co-production in our work with the VCS so that a common approach to the challenges we face is developed

- The adoption of 'a better conversation' approach across the wider system; including volunteers and community champions to develop a lay coaching model to focus on what is important to the individual in living with a health condition

- We recognise the depth of understanding that the sector can bring and the significant benefits of prevention. There are numerous asset based activities already implemented across our STP, creating social capital across our communities and we want to scale up this approach to promote and strengthen the factors that support good health and well-being, protect against poor health and foster positive communities and networks

- The VCS has a vital role in reducing demand on formal services such as unplanned hospital admissions for example through care navigation/bridging roles, peer support and group activities . The sector also helps to address health inequalities by contributing to wider social outcomes such as employment and school attendance

- Therefore, we need to find ways to tap into the energy, enthusiasm and innovation of the VCS in a coordinated manner, including a simplification of the commissioning process to enhance the contribution that the VCS can make, particularly those grassroots community organisations who struggle with complex commissioning arrangements. We will also strengthen how we support volunteering, recognising the assets and capacity of the workforce in our wider system planning

Healthwatch Perspectives

Five Year Forward View

5th July 2017 - Publication

#futureNHS

Engaging communities and the voluntary sector

The Chairs of Herefordshire Healthwatch and Worcestershire Healthwatch are members of the programme board and asked for the following content to be included in the STP submission:

healthwatch Herefordshire

Healthwatch Herefordshire (HWH) would wish to place on record its thanks to all involved in the production of the Herefordshire and Worcestershire Sustainability and Transformation Plan (2016 - 2021).

Healthwatch Herefordshire welcome the opportunity that STP presents in bringing all parties across health & social care together through the STP process to look at sustainability and importantly transformation of services. We hope that STP will lead to improved simplified patient pathways and increase access to services for the residents of Herefordshire and Worcestershire.

HWH wishes it to be noted that Herefordshire remains the most sparsely populated area of England. NHS England will need to address a number of key issues in relation to the needs of the population of Herefordshire and the future provision of the County's health and social care services. In HWH's view the sensitive issue of funding and the particular special case of rurality and rural sparsity is something which NHS England should take into account when it considers overall budget provisions.

HWH would like ensure that the plan recognises and addresses; issues which arise from the budget reductions to Herefordshire Council social care services and the projected increase in demand for services from the public in the future.

It is clear from proposed future models of service delivery in health and care across the STP footprint that greater involvement and assistance will be put on the voluntary and community sector to assist in maintaining peoples wellbeing . The STP needs to make sure that this is resourced and supported adequately, involving the public, communities and voluntary sector organisations in the plans and implementation.

As STP moves into the implementation phase HWH will continue to be actively involved and will ensure that the voice of the public is fully taken into account. The public need to see transparency and honesty throughout the STP process and a genuine opportunity for involvement

HWH has assisted in engagement and involvement of putting the public's views into this planning process from Autumn 2016- spring 2017 and we will be monitoring that the inclusion of those views are at the heart of the process and that the STP continues to inform the public abut the process going forward.

HWH would like to see that the focus of the STP is directed at how H&SC professionals and VCS organisations work across organisational, and where of benefit geographical, boundaries for shared outcomes for people's wellbeing, rather than being diverted into being concerned about structures. HWH makes a special a plea to NHS England to minimise the levels of bureaucracy in relation to the overall plan.

Engaging communities and the voluntary sector

healthwatch
Worcestershire

Healthwatch Worcestershire [HWW] has been engaged in the process to develop the Sustainability and Transformation Plan for the Herefordshire and Worcestershire footprint since January 2016. HWW's contribution has included membership of the former Programme Board since the Board was set up and more recently the Partnership Board. It has been represented on both Boards by its Chair, who has significant experience of working at a strategic leadership level in health and care matters across both Worcestershire and Herefordshire. HWW was also an attendee at the communications and engagement group in which HWW has provided advice, guidance and support to the NHS and Local Government stakeholders.

HWW recognises the inclusive approach the STP leadership team has taken to engaging with Local Healthwatch as the voice of patients and the public in developing STP proposals, given the constraints we understand were initially placed on engagement by NHS England, and the extensive programme of public/patient involvement that has taken place since the publication of the STP plan in November 2016. HWW welcomes the positive response the STP team have made to HWW's comments during the process and to the public's feedback during the engagement programme.

HWW therefore welcomes the opportunity to make the following comments on the July 2016 version of the plan :

• HWW recognises the need for change and has a track record of arguing for safe, sustainable and integrated health and care service provision in Worcestershire which, for example has enabled HWW to support the recommendations for the future delivery of acute hospital services in Worcestershire and the developments in primary care such as 'care at home' and new models of care. HWW therefore welcomes the incorporation of these and associated initiatives into the STP, building on Worcestershire's 'Well Connected Programme' as a pioneer and the review of future Acute Hospital Services in Worcestershire, with a view to delivering the necessary improvements in health care.

• HWW is principally concerned with championing the interests of those who use health and care services in Worcestershire. In that context, from the outset HWW has been concerned about the potential implication for Worcestershire's patients and public of 'pooling' the funding allocations to the Worcestershire CCGs with the allocation to the Herefordshire CCG.

In response to HWW concerns the 2020 financial position as between Herefordshire and Worcestershire has been detailed in the STP submissions, which reflects that Herefordshire's potential gap will be £468 per head as opposed to Worcestershire's gap of £279 per head.

Engaging communities and the voluntary sector

healthwatch Worcestershire

HWW welcomes the recognition from STP stakeholders that achieving financial balance across the STP footprint would result in significant subsidy to Herefordshire from Worcestershire, with a consequent impact on service provision for patients and the public in Worcestershire.

• HWW believes the patients and public in Worcestershire expect the NHS to make efficiency savings in the 'back office' and in the delivery of support services as a pre requisite to making savings in patient services. This should include consideration as to the number of commissioners and providers operating in Worcestershire, as well as the STP footprint.

• HWW recognises the STP proposals include significant reductions in 'elective care' and expects the CCGs to properly involve patients and the public in these proposals as they are developed.

• HWW is concerned that NHS plans to deliver care at home could place additional burdens on social care services and have raised an issue about domiciliary care based on its knowledge of the review of the existing care market in Worcestershire.

• HWW endorses the concerns that were widely expressed during the public engagement programme including the potential requirement that will be placed on patients to travel to access services, the implications of the planned reduction of beds across the community hospitals and the impact of the proposals on carers. In particular HWW is concerned about how the proposals will affect the vulnerable and those who live with health inequalities. HWW will expect work-streams in the STP to specifically address this issue.

• HWW recognises that the proposals relating to Self-Care and Prevention require significant behavioural change by the population at large and within the NHS, and considers that this is unlikely to be achieved without a national communications/engagement exercise because of the resources that will be required.

Herefordshire Council

Adults and Wellbeing
Director: Martin Samuels

Sarah Dugan

Sent via email

Our Ref:	MS/md
Please ask for:	Martin Samuels
Direct line / Extension:	01432 260339
E-mail:	Martin.samuels@herefordshire.gov.uk

5 July 2017

Dear Sarah,

Herefordshire Health and Wellbeing Board
Comments on Herefordshire and Worcestershire Draft STP Plan Submission 03 July 2017

I have been asked by the HWB to write to you, summarising the board's views regarding the STP plan.

The Herefordshire Health and Wellbeing Board welcomes the opportunity to comment on the draft Herefordshire and Worcestershire Sustainability and Transformation Partnership's (STP) plan at this latest stage in its development.

The board has received regular reports and presentations on the developing STP plan since the national process was first announced in December 2015. Sarah Dugan, as the lead Accountable Officer for the STP, and members of the STP project team, have attended these discussions. Every opportunity has been taken to answer board members' questions.

The Herefordshire Health and Wellbeing Board also met with the Worcestershire Health and Wellbeing Board on 13 June 2017 in a private joint development session to further discuss the STP plan.

Throughout these discussions, a number of points have been raised consistently by board members as being areas where further focus or strengthening was required within the plans:

- Herefordshire Health and Wellbeing Strategy priorities – The board has examined the draft STP plan and approach to provide assurance that the latest draft document has full regard to the priorities identified in the strategy. These priorities are:
  - o Mental health and wellbeing and the development of resilience in children, young people and adults;
  - o For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children;
  - o For older people, quality of life, social isolation, fuel poverty;
  - o For adults, long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health);
  - o Special consideration, reducing health inequalities - carers, returning veterans and armed forces families, the homeless, non-English speaking communities, women -

domestic abuse and sexual violence, families with multiple needs, those living in poverty, travellers, people with learning disabilities;

- o Impact of housing, fuel poverty and poverty and the impact of health and wellbeing; and
- o Hidden issues, alcohol abuse in older men and women and young mothers.

- Mental health and children and young people – The board note that there is very limited reference to these important issues, which represent the first priority within the Health and Wellbeing Strategy. This will need to be addressed in future drafts.

- Triple Aim – The board welcomes the conceptual basis of the STP plan, expressed in the triple aim of population health and wellbeing, quality services, and financial sustainability, with the recognition that these three are mutually interdependent. The board feels that the aspects of population health and wellbeing need to be more explicitly presented in the revised plan, with greater emphasis on people maintaining and regaining their independence, rather than just a focus on self-care.

- Housing – The board believes that housing and social exclusion are central securing individual wellbeing outcomes and has asked for the STP plan to include reference to closer working on housing across the whole system. This connects with the need, highlighted by the board, for connections to be reinforced with the voluntary sector and with the police, as well as other key partners.

- Transport – Members of the board believe that the very rural nature of the county must be recognised as a central factor in maintaining good access to services. The STP plan needs to have a clear travel component, recognising that many of the issues may be very locally specific, and should connect to the transport teams within the council. In so doing, the plans should have regard to the distinction between inconvenience and inaccessibility, linking to wider work around social exclusion and also the scope to provide more services through telecare.

- One Herefordshire – The board notes that there continues to be a close alignment between the One Herefordshire work and that being undertaken through the STP. It is felt to be a great strength that Herefordshire is speaking with one voice in influencing the overall direction. The board is reassured that the two processes are mutually reinforcing and supportive. Nonetheless, the board recognises that Herefordshire cannot solve its problems alone and that there will be a need to work across a greater footprint to tackle some issues. Worcestershire is the prime partner, but will not be the only partner engaged with.

- Details of STP plans – Members of the board have regularly asked for the detail of the plans. They have been broadly in agreement with the high level aims, but have wanted to see more detail about specific impact on local residents.

The STP has been amended during the period of time that the Board has held its meetings. The Board will next discuss the STP in public session at its meeting on 18 July.

Yours sincerely,

Martin Samuels

Martin Samuels
Director for Adults and Wellbeing
Herefordshire Council

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Mental Health Legislation Scrutiny Committee

DATE OF COMMITTEE MEETING: 12 July 2017

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

REVIEW OF MH ACT COMMISSIONER (CQC) VISITS

The two reportable exception areas which remained open following the MHAC visits had been progressed and related to the remedial works to CCTV in inpatient areas to support the use of printed pictures of service users for use if they were to go AWOL and amendments to the Safety Care Plan.

REVIEW OF ISSUES ARISING AT MH ACT REVIEWS

The Committee received assurance on the processes, responses and actions undertaken to address MHA Managers issues that arose during hearings. The Committee noted that no issues had been raised since the last meeting and all previous issues were now resolved. Mechanisms for Mental Health Act Managers to feedback views to the Trust had been discussed and MHA Managers had stated that they considered 2gether to be very good at communicating when compared to other Trusts.

KEY PERFORMANCE INDICATORS

The Committee received the key performance indicator report for January – March 2017 and the seven preceding quarters. Information on the use of long term Section 17 leave and community treatment orders was also provided. The Committee was significantly assured around the Trust's compliance with the Mental Health Act and Code of Practice. A number of trends were noted; however, none appeared to be of significant concern.

AUDIT OF DETAINED PATIENTS AND THE REMINDER OF THEIR RIGHTS

An audit of the recording of the provision of rights to patients subject to the Mental Health Act had been carried out. All patient records for those admitted as inpatients or on Community Treatment Orders on 20th June 2017 were checked, to ensure that RiO had been updated appropriately.

A slight dip in inpatients and a marginal improvement for Community Treatment Orders was noted. The Committee needed a continued focus on this and asked for further understanding of why there were different levels of performance on different wards. It was noted that CTOs were being proactively managed and reminders had been sent to consultants. The Operational Group would be asked to consider a rag rating/traffic light system to monitor the recording of the provision of rights to patients subject to the Mental Health Act. A re-audit would be carried out in September.

The Committee was significantly assured of the recording of the provision of rights to detained inpatients but noted a limited level of assurance in relation to Community Treatment Order patients.

POLICY FOR RESPONDING TO CARERS'/RELATIVES' CONCERNS

A review of a random selection of health records had been carried out to assure the Committee of compliance with this policy, which required particular attention to be paid to concerns of carers/relatives of CTO patients. The Committee noted that the health records of 20 (out of 57) current CTO patients had been reviewed.

The outcome of this review had been shared with the Director of Integration and Engagement. It added to the work currently underway in relation to Triangle of Care, which provided evidence of ongoing support of and engagement with carers. This review and the Triangle of Care offered a significant level of assurance of compliance with the Policy.

REVIEW OF DETENTION ISSUES AND IDENTIFICATION OF LESSONS LEARNED AND ACTIONS UNDERTAKEN

A review of the applications for detention submitted during May and June 2017 had been carried out. The Committee noted that cases where there were errors were a very small percentage of all cases and amounted to 2 out of several hundred. The Committee was assured that where there were issues these were being picked up. The Committee noted that the Mental Health Act Receipt and Scrutiny Policy included a checklist for wards to follow when receiving detention papers; the policy was due for review by the Committee in September and the use of checklists would be addressed at the next Operational Group.

UPDATE ON APPROVED MENTAL HEALTH PROFESSIONAL (AMHP) COVER

Discussions had taken place with the Local Authority around duty payments for AMHP work after 5pm and agreement to pay had been reached. This would be discussed with JNCC and an offer was to be made to colleagues.

Delays of several hours for getting people into hospital were being reported and in some cases the AMHP may be required to wait with the patient. These delays were caused by a lack of ambulance availability and were leading to patients either waiting or being transported privately. It had therefore been agreed with Commissioners that a Trust private transport service would be piloted using Healthcare Assistants with PMVA training. It was anticipated that this service would be introduced in September for a three month trial.

Discussions were also taking place around use of a hub and spoke model for the AMHP service and recruitment of additional AMHPs was beginning. However, there was a national shortage of AMHPs. Contingency arrangements have been issued to Commissioners for managing the unavailability of AMHPs and it was noted that the S136 Suite would not be available while there was no AMHP. A discussion would take place in August to consider alternative arrangements and the Police had offered to provide support to manage people if there was no AMHP available.

ACTIONS REQUIRED BY THE COMMITTEE

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

SUMMARY PREPARED BY: Quinton Quayle   **ROLE: Committee Chair**

DATE: 20 July 2017

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Mental Health Legislation Scrutiny Committee

DATE OF COMMITTEE MEETING: 12 June 2017

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

UPDATE FROM THE OPERATIONAL GROUP
It was reported that the Operational Group had last met in February. Meetings had been arranged since then but had had to be cancelled due to low numbers of attendees. The Committee agreed that it was important that meetings of the Operational Group took place between scheduled dates of MHLSC to enable reporting to the Committee; core members should ensure they attended or were represented to ensure follow up action from the MHLSC.

The Committee noted the Terms of Reference of the Operational Group.

REVIEW OF MH ACT COMMISSIONER (CQC) VISITS
For the period of the 1 January 2017 to the 5 June 2017 there had been one unannounced CQC Monitoring Visit to Willow Ward, Charlton Lane. This took place in April; the monitoring report had been issued and positive feedback had been received. Two focused monitoring visits to the Trust had also taken place in April.

The Committee noted the summary of completed and outstanding actions from CQC Monitoring Visit Reports issued to the Trust from 1 January 2016 to the end of April 2017. Of the seventeen action statements submitted to the CQC:
- 7 reports had been closed with all actions completed.
- 8 reports remained open with actions that were being coordinated centrally; the recording of advance decisions and advance statements.
- 2 reports remained open with original target dates having been missed and revised dates set (reports escalated to Operational Managers)

The two exception areas that remained open related to:
- The remedial works to CCTV in inpatient areas to support the adoption of CCTV as a means to print pictures of service users for use if they were to go AWOL
- Amendments to the safety care plan to take account of advance decisions and statements.

The Committee noted that target dates for actions had been amended on a number of occasions; and asked if these dates had been too ambitious. It was noted that actions were reviewed and some of these related to building refurbishments which had slipped due to delays in procurement, poor weather etc. All reports and actions were reviewed and confirmation sought by the Ward Manager, Matron and Service Manager concerned before action dates were finalised and submitted to the CQC. It was agreed that a review of the deadlines would be carried out at the next meeting of the Operational Group.

REVIEW OF ISSUES ARISING AT MH ACT REVIEWS
The Committee received a report which provided assurance on the processes, responses and actions undertaken to address MHA Managers issues that arose during hearings. Nine MHA

Hearing issue forms had been received between the 1 January 2017 and the 5 June 2017. The causes of the issues raised, included;

- Availability of historical service notes from another Mental Health Trust
- Care Coordinator not present
- Nursing report presenter not deemed prepared enough for the hearing.

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 and were monitored by the Assistant Director of Service Continuity. Of the nine issues forms received, 5 had been closed with all actions completed within the original target date set and 4 remained open with all actions expected to be completed within the target dates set.

The Committee was significantly assured that processes and structures were in place to manage and monitor MHA Manager issues.

INTERNAL AUDIT REPORTS – CAPACITY AND CONSENT AUDIT
The Committee received a re-audit of the standards measuring the level of Trust compliance with the Code of Practice (CoP) for the Mental Health Act regarding the recording of capacity and consent to treatment for patients detained under sections 3 and 37 of the Mental Health Act.

This was the sixth in a series of audits examining these criteria. Overall compliance had improved by 4 percentage points compared with last year (67% to 71%). For 75% of patients there was evidence of an assessment of capacity and consent at the time of first administration of medication following detention (compared with 73% last year) and 68% at the three month stage (62% last year). This audit also compared compliance between Gloucestershire and Herefordshire. In the previous audit, overall compliance for Gloucestershire was higher at 71% than for Herefordshire at 59%. However this position had been reversed with a significant improvement in Herefordshire to overall compliance of 91% but a decline in Gloucestershire to overall compliance of 64%. It was suggested that the decline in Gloucestershire was due to staff turnover and it was agreed that reminders would be sent out to key staff members.

There had been a slight improvement in the use of the MCA form for recording capacity from 24% to 29% at the start of treatment and from 21% to 24% at the 3 month stage; however, there was still scope for improvement. A number of recommendations and a SMART action plan were being made to improve practice and the Committee noted that all Approved Clinicians would be written to regarding the audit findings and their obligations. The audit would be repeated in August 2017

ACTIONS REQUIRED BY THE COMMITTEE

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

SUMMARY PREPARED BY: Quinton Quayle   **ROLE: Committee Chair**

DATE: 22 June 2017

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Governance Committee
DATE OF COMMITTEE MEETING: 16 June 2017

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PATIENT SAFETY
There had been 8 new serious incidents reported during May 2017; 6 serious incidents were reported for Gloucestershire - 1 incident was subsequently de-classified by commissioners and 2 serious incidents were reported for Herefordshire. The SI rate per 1000 caseload stood at 0.37.

STAFF INCIDENTS – QUARTERLY REPORTS
Fire - The Committee noted that there was Significant Assurance on the potential for staff to respond appropriately in the event of a fire due to insufficient or infrequent training as compliance was over 80%. Inpatient fire training was now at 95% due to the concerted efforts of Matrons, Ward Managers and Fire Trainers; Herefordshire Inpatients was now at 99%. The Committee welcomed the fire training compliance figures and congratulated those staff involved. The Committee received full assurance on system, equipment and building maintenance, and on the management of fire. Significant assurance was received around the low levels of false alarms proportionately to number of detector heads.

Health and Safety - The Committee noted that during 2016/17, there were 151 incidents reported for staff, visitors and contractors. Gloucestershire Countywide Services had the largest number of incidents reported across all types of Health and Safety incidents, reflecting the nature of their services. There were 9 RIDDOR reportable incidents during 2016/17.

The Committee was significantly assured around the accuracy of the 'grade of harm' or 'level of seriousness' as assessed by handlers. The new system had now been in place for 1 year, handlers had received training, and the system was embedded. The Committee was also significantly assured on Health and Safety incident reporting for 2016/17. The percentage of staff reporting incidents and near misses in the 2016 Staff Survey resulted in a "top five ranking score" at 97% compared to the national comparator NHS Trust average of 92%.

Training compliance on Health and Safety for all staff was at 99.6%.

INFORMATION GOVERNANCE ANNUAL REPORT
The Committee received the IG Annual Report which outlined the Trust's performance on IG issues during 2016-17. The report included statistical analysis of Freedom of Information requests received by the Trust, and provided an update on the Trust's performance in the annual IG Toolkit. Further information was given regarding information security, cyber security, and Subject Access Requests. Significant assurance was received.

SAFE STAFFING LEVELS
The Committee received the safe staffing levels report for April and May, noting the consistently high fill levels of over 97% for shifts within the 2 reporting periods. The Committee noted a number of occasions where planned staffing levels in certain wards had not been met and the Committee received assurance that these exceptions had presented no patient safety concerns.

CQC COMPLIANCE UPDATE REPORT
The CQC/Trust Quality Improvement Plan now showed 13 of the original 15 "Must do" actions as offering "Full" assurance and 2 offering "Significant" assurance of compliance. Of the 58 original

"Should do" recommendations, 54 were now shown as having "Full" assurance of compliance and 4 were shown as having a "Significant" level of assurance of compliance. The remaining "significant" actions were monitored as "Business as Usual" in the organisation and the CQC action plan would remain open to monitor progress of these. The CQC/TQI Action Plan would be monitored and challenged via the QCR Sub Committee.

This report provided significant assurance that the Trust was meeting the standards expected of the organisation by the CQC.

NHLSA – CLAIMS REVIEW
The Committee received the quarterly claims report which provided summary details of the annual review of clinical and non-clinical claims for 2016/17. This report also highlighted the significant impact of recent changes in the multipliers used in calculating future damages payments.

At the end of quarter 4 (2016/17) there were a total of 12 open claims comprised of;
- 5 x CNST (Clinical Negligence Scheme for Trusts)
- 7 x RPST (Risk Pooling Scheme for Trusts)

It was noted that the total estimated value of CNST claims has increased significantly to £21.266m as at quarter 4 2016/17. This increase related to a single case - a SIRI incident in 2013 where an individual suffered life changing injuries and where the potential loss was now estimated at some £15.7m.

The reason behind increase is mainly due to a recent change with higher multipliers being used in future damages calculations thereby increasing the value of all claims. Bevan Brittan recently attended an Executive Committee meeting to brief them on these changes and potential impact. It was likely that this would affect the Trust's CNST Scheme contribution for 2018/19.

The Secretary of State for Health announced that from April 2017 the process would begin of bringing together core services at the NHS Litigation Authority under the umbrella of a new name, NHS Resolution, a name that better reflects their remit and purpose. Their strategy signals an acceleration towards becoming an organisation which is more focused than ever before on prevention, learning and early intervention.

REVIEW OF GOVERNANCE COMMITTEE RISKS
This report provided details of those higher scoring risks (score 12 and above) that were on the Corporate and Locality Risk Registers; including those which the Governance Committee had specific oversight responsibility. The Committee noted the 3 'top 5' risks currently allocated to the Governance Committee and the update on actions/mitigations in place.

OTHER ITEMS
The Governance Committee at its June meeting also received and noted the assurance provided by the Resuscitation Annual Report, the Green Light for Mental Health (GLFMH) toolkit report and an update on progress with Datix.

ACTIONS REQUIRED BY THE BOARD

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

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

DATE: 22 June 2017

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Delivery Committee

DATE OF COMMITTEE MEETING: 28 June 2017

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PERFORMANCE DASHBOARD

The Committee received the performance dashboard report for the period to the end of May 2017, relating to the performance of operational services against our NHSI, Department of Health, contractual and CQUINS key performance indicators.

Of the 145 performance indicators, 78 were reportable in May with 64 being compliant and 14 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 services which accounted for 7 of the non-compliant indicators. Work was ongoing in accordance with agreed Service Delivery Improvement Plans to address the underlying issues affecting this performance.

To support our forward planning, an end of year forecast has been added to the dashboard to help focus our scrutiny. This tells us that we expect our year end out turn to be between 80 – 85% because of indicator thresholds we know we will not be able to meet and cannot influence and/or indicators whereby our recovery plans will not address the issues affecting our performance at the current time.

IAPT

The Delivery Committee had spent considerable time talking about IAPT, where a number of things had greatly improved. However, until we can resolve issues relating to resourcing for fluctuating demand, the improved performance will continue to deteriorate from a waiting times perspective. The Trust is seeing the number of people we are commissioned for and recovery rates are within National tolerance, but as demand (referrals) are higher than capacity, we are accumulating a waiting list, which is impacting on waiting times.

On a positive, the Delivery Committee heard how our move to manual reconciliation of individual staff performance is indicating that staff productivity within IAPT is in line with the National average or better, and we are continuing to try and improve our automated reporting of this.

WORKING WELL SERVICE OPTION APPRAISAL

The Committee received an update on Working Well, including a service option appraisal looking at the future of WW services. The Executive Committee would be reviewing this further and an update would be presented back to the Delivery Committee in July when a preferred option may emerge.

MAJOR INCIDENT PLANNING

The Committee agreed an extension for the revisions to our Major Incident Plan until December 2017, after reviewing further assurance around our current level of preparedness and testing. The revisions will improve our plan from a predetermined response perspective in relation to aspects of internal business continuity planning. This goes beyond the requirements for the National Major Incident Plan guidelines.

HEREFORDSHIRE LOCALITY REVIEW

The Delivery Committee heard of some really good local initiatives in Herefordshire around Service user engagement groups and self-help sleeping well information that has been developed. The use of Charitable Funds for staff initiatives such as yoga sessions was also reported as having had a positive

effect on the wellbeing of staff in Herefordshire. It was agreed that the Trust needed to ensure that we were sharing good practice widely across the Trust and the Director of Service Delivery had agreed to look at using Team Talk to do this. The minutes from the Delivery Committee usually focused on the more challenging issues we discuss and the Committee made a commitment to also try and balance them with more of the "what's going well" performance to help keep perspective.

Board members noted that a discussion had taken place regarding the recent notice of eviction received in relation to our Herefordshire CAMHS accommodation. This will remain under an ongoing review via our CAMHS Locality Exception Report. We have added this to the CAMHS risk register and will consider its escalation as necessary.

CLINICAL SERVICES STRATEGY UPDATE
The Committee received an update in relation to progress associated with the Trust's Clinical Services Strategy at the end of Q4. In both Gloucestershire and Herefordshire, services had made significant progress. Some examples of positive progress included the roll out of technology which had been a huge achievement across the Trust and the setting up and staffing of the new Hospital Liaison Service in Gloucestershire.

In Gloucestershire, IAPT remained a significant area of work, as the full requirements of the Recovery Plans agreed with local Commissioners, NHSI and NHSE were addressed. In Herefordshire a review of the potential opportunities for the reconfiguration of the service, either alongside Primary Care GP services or Trust IAPT services would progress in Q2 2017/18.

The Committee agreed that this review provided significant assurance that the Trust's Clinical Services strategy was making steady progress although varied in some areas.

LOCALITY EXCEPTION REPORTS
In CYPS, there was ongoing concern about the Trust's ability to achieve the CYPS Learning Disability waiting list. A costed business case had been presented to Commissioners which had been received well; however, no formal response had been given. The current service was dealing with this pressure well and assurance was given to the Committee that the service kept in touch with those people on the waiting list and people could be escalated into the service in a crisis.

In Herefordshire, the main issues affecting the locality included pay pressures and underspends. The three Stonebow unit wards had a combined pay overspend of £111k at month two and at large number of RMN vacancies were being covered. Significant work was taking place locally to reduce agency spend through attempts to increase recruitment options, review recruitment processes, bank deployment models and staff bank recruitment.

The Committee noted that Herefordshire Learning Disability Services were being internally reviewed to prepare for recommissioning.

OTHER ITEMS
The Delivery Committee also received:
- A review of Delivery Committee risks
- Delivery Committee Annual Report 2016/17 – to be presented to the Board at the July meeting

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ACTIONS REQUIRED BY THE BOARD

Nothing to report.

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

DATE: 24 February 2017

Agenda item   15   **Enclosure   Paper J**

Report to:	Trust Board, 27ᵗʰ July 2017
Author:	Ruth FitzJohn, Trust Chair
Presented by:	Ruth FitzJohn, 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**

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1.   PURPOSE, ASSURANCE AND RECOMENDATION

This report sets out the key activities of the Trust Chair and Non-Executive Directors for the period 17 May 2017 – 16 July 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.

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2.   CHAIR'S KEY ACTIVITIES

- Chairing a Board meeting in Herefordshire

- Chairing a Board meeting in Gloucestershire

- Chairing an Appointment and Terms of Service Committee

- Attending an Audit Committee to approve the Annual Report and Accounts

- Chairing a Council of Governors meeting

- Chairing a Board strategy development session

- Attending two meetings of the Gloucestershire Strategic Forum

- Attending the Gloucestershire Health and Social Care Overview and Scrutiny Committee

- Together with the Chief Executive, attending meetings with Chair and Chief Executive of Gloucestershire Care Services NHS Trust

- Co-chairing board to board meetings with Gloucestershire Care Services NHS Trust

- Meeting with the Accountable Officer from Gloucestershire Clinical Commissioning Group

- Participating in telephone meetings with the Chair of Gloucestershire Care Services NHS Trust

- Participating in a telephone meeting with the previous Chair of Gloucestershire Hospitals NHS Foundation Trust

- Supporting newly appointed Governors with six month reviews

- Meeting with the Deputy Director of Engagement

- Attending a meeting of the Aston Project in Cheltenham

- Holding a Pre-Election Event open to Prospective Parliamentary Candidates from the eight constituencies in Herefordshire and Gloucestershire at Wotton Lawn

- Meeting with the newly appointed Hate Crime Co-ordinator for Gloucestershire Police

- Meeting with the Managing Director of the Aurora Group

- Meeting with the Regional Healthcare Manager from Otsuka

- Preparing for and participating in the Chief Executive's appraisal

- Chairing the interview process and panel for the recruitment of the Strategic Transformation Partnership Independent Chair for Gloucestershire

- Participating in the Medical Director interviews and appointment process

- Participating in an informal Non-Executive Director personal progress meeting

- Participating in an informal Governor personal progress meeting

- Meeting with the Director of Medical Education

- Hosting a visit of Trust Governors to Stonebow in Hereford

- Hosting a visit by the Countess of Wessex at the opening of both the Pied Piper Room for Children and Families at Wotton Lawn and Alex Wellbeing House in Gloucester

- Attending the visit by the Countess of Wessex at the National Star College in

Cheltenham

- Meeting with a previous ²gether NHS FT Chair

- Attending the Big Health Check and Social Care Open day at Plock Court

- Participating in the GP Interview Skills workshop at Redwood Education Centre

- Participating in a radio show at BBC Radio Gloucestershire

- Attending a Bishops Breakfast planning meeting focussing on homelessness

- Visiting St Vincent's & St George's Association in Cheltenham, and meeting with the Chair and Chief Executive

- Attending the Trust's Medical Education Board meeting

- Visiting the Alex Wellbeing House in Gloucester with the Chief Executive of Swindon Mind

- Visiting the Nelson Trust in Gloucester and attending a strategic meeting

- 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;
June
- Prepared for and attended a board meeting
- Held discussions with the chair of delivery committee
- Held discussions with colleagues on the development committee
- Prepared for and attended the MHAM forum
July
- Prepared for and attended a board meeting
- Prepared for and attended a meeting of the appointments committee
- Prepared for and attended a Council of Governors meeting
- Held discussions with colleagues on the development committee

Nikki Richardson
Since her last report Nikki has;
June
- Prepared for and attended a Board of Directors meeting
- Attended a Governor visit to Wotton Lawn
- Prepared for and attended the Mental Health Legislation Scrutiny Committee
- Deputised for the Chair during period of leave
- Attended a Mental Health Act Managers Forum
- Prepared for and Chaired the Governance Committee
- Attended an SI review

- Attended Gardening Group celebration at Weavers Croft
- Participated in a Mental Health Act Managers hearing
- Attended the Headquarters ARRC Queen's Birthday Reception at Imjin Barracks
- Met with the President of Soroptimist International, Cheltenham and District
- Participated in the Medical Director interview panel

July
- Attended a Board Development Session
- Prepared for and attended Board of Directors
- Prepared for and attended Appointments and Terms of Service Committee
- Attended joint meeting with Gloucester Community Services
- Visited Oak House in Hereford
- Attended opening of Pied Piper room at Wotton Lawn
- Met with Gloucestershire Care Services
- Attended Gloucester STP Advisory Group
- Prepared for and attended the Council of Governors
- Attended meeting with NHS England's Chief Allied Health Professions Officer
- Attended Treasure Seekers Summer Show
- Prepared for and attended Audit Committee informal meeting
- Attended Speech & Language Therapy Apprenticeship meeting
- Attended AGM
- Attended Chair's meeting of Hereford & Worcester STP meeting

Marcia Gallagher
Since her last report Marcia has;
June
- Participated in the recruitment process for a new Medical Director
- Met with the Deputy Director of Finance
- Prepared for and attended the June Board meeting
- Attended an Appointments and Terms of Service Committee meeting

July
- Visited Oak House, Hereford
- Attended a working group meeting with Gloucestershire Care Services.
- Prepared for and attended a Governors meeting.
- Attended an Audit Committee meeting to discuss the completion of the Annual Audit Questionnaire
- Attended the Annual general meeting
- Undertook a booked telephone call with the Finance Director to discuss the June period Financial Report
- Prepared for and attended the July Board meeting.

Duncan Sutherland
Since his last report Duncan has;
- Attended the Trust Board meeting
- Chaired consultant interviews
- Participated in a MHA hearing in Stroud

Quinton Quayle
Since his last report, Quinton has:
June
- Had a one-to-one meeting with the Chair
- Attended a Mental Health Act Managers Training and Away Day

- Prepared for and attended a Governors' meeting
- Attended two Mental Health Act Manager Review hearings
- Prepared for and attended a meeting of the Delivery Committee
- Prepared for and attended an Audit Committee meeting
- Prepared for and attended a board meeting
- Prepared for and chaired a meeting of the Mental Health Act Scrutiny Committee
- Prepared for and attended a meeting of the Mental Health Act Forum

July
- Prepared for and attended a meeting of the Delivery Committee
- Prepared for and attended a Board meeting
- Prepared for and attended a meeting of the Appointments and Terms of Service Committee
- Attended a ceremony presided over by HRH the Countess of Wessex to open Alexandra House
- Had a one-to-one meeting with the Deputy Chief Executive
- Prepared for and chaired a meeting of the Mental Health Legislation Scrutiny Committee
- Prepared for and attended an Audit Committee lunch

<u>Maria Bond</u>
Since her last report, Maria has:
June
- Attended a Later Life team meeting at Weavers Croft
- Participated in a MHAM Panel hearing at Charlton Lane
- Met with another NED
- Prepared for and Chaired the Delivery Committee
- Met with Colin Merker ahead of Delivery Committee
- Prepared for and attended Governance Committee
- Prepared for and attended Board
- Met with Chair

July
- Prepared for and attended the Audit Committee 12 month review meeting
- Attended the AGM
- Prepared for and Chaired a Delivery Committee
- Met with Colin Merker ahead of Delivery Committee
- Prepared for and attended Board

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4. OTHER MATTERS TO REPORT

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

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Report to: Trust Board, 27 July 2017
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 January to March 2017 (Q4 2016/17) and April to June 2017 (Q1 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 4 2016/17, the Seal was used three times, as follows:

SCT Building Contract with EG Carter and Co Ltd for works at Pullman Plan, Gloucester
Date: 17 March 2017
Signed: Director of Service Delivery and Medical Director

Sale of Westridge to PS Livsey for £500k + overage
Date: 27 March 2017
Signed: Chief Executive and Director of Organisational Development

Lease of 29 – 31 Alexandra Road, Gloucester to Swindon Mind
Date: 29 March 2017
Signed: Director of Finance and Director of Organisational Development

During Quarter 1 2017/18, the Seal was used once, as follows:

Sale of Underleaf, Coleford to Mr and Mrs Henry for £145k
Date: 3 May 2017
Signed: Director of Quality and Director of Organisational Development

RECOMMENDATIONS

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

²GETHER NHS FOUNDATION TRUST

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

PRESENT:
Ruth FitzJohn *(Chair)*	Alan Thomas	Paul Toleman
Vic Godding	Jo Smith	Jenny Bartlett
Rob Blagden	Paul Grimer	Mervyn Dawe
Jennifer Thomson	Hilary Bowen	Svetlin Vrabtchev
Richard Butt-Evans	Said Hansdot	
Pat Ayres	Amjad Uppal	

IN ATTENDANCE: Quinton Quayle, Non-Executive Director
Duncan Sutherland, Non-Executive Director
Marcia Gallagher, Non-Executive Director
Nikki Richardson, Non-Executive Director
Neil Savage, Director of Organisational Development
Jane Melton, Director of Engagement and Integration
Marie Crofts, Director of Quality
Shaun Clee, Chief Executive
Kate Nelmes, Head of Communications
John McIlveen, Trust Secretary
Colin Merker, Deputy Chief Executive
Mike Scott, Member of the Public

1.   WELCOMES AND APOLOGIES

1.1   Apologies for the meeting had been received from Katie Clark, Cherry Newton and Elaine Davies. Hazel Braund and Roger Wilson did not attend in order to avoid a conflict of interest in the closed section of the meeting. Dawn Lewis did not attend the meeting. Ruth welcomed Mike Scott to the meeting.

2.   DECLARATION OF INTERESTS

2.1   There were no changes to the declaration of interests and no conflicts of interest with those items scheduled for discussion at the public meeting.

3.   COUNCIL OF GOVERNOR MINUTES

3.1   The minutes of the Council meeting held on 17th January 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 the majority of actions had been completed, or were progressing to plan. The inclusion of more detail against "completed" actions was helpful by way of tracking progress and adding additional assurance of completion. The Council noted the revised role description for Lead Governor which revised the term of office for Lead Governor to up to two years, with the possibility of re-election. The Head of Communications had provided the invitation list for the Cheltenham Governor event to Vic Godding and Alan Thomas prior to this meeting, and

consequently that action was closed. An update on the patient and staff surveys had been scheduled for the July Council meeting.

4.2   The Trust had recently launched a new website, and work had been ongoing to transfer the Governor portal to the new site. During this time the portal had been unavailable to Governors, and the Chief Executive apologised for this unavailability. Although there was still some work to do on the portal, it was now operational and an email would be sent out the following day advising Governors how to access the site.

4.3   Alan Thomas asked if the Trust could provide an update on Approved Mental Health Professional (AMHP) services. The Deputy Chief Executive informed the Council that the Care Quality Commission (CQC) had recently visited the Trust as part of a national programme of visits around AMHP services, and that Gloucestershire's Mental Health Act admission rate had remained stable, in contract to the rest of the country. The CQC had been complimentary about the structure of AMHP services, which it viewed as a stable service. An investment programme agreed by the local authority was currently being rolled out to support the development of AMHP services.

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 March 2017, including:
- NHS England Implementation Plan
- Accountable Care Systems
- CQC Action Plan
- Alexandra Wellbeing House

5.3   The Council noted that Accountable Care Systems would be discussed in more detail on the closed session of the Council meeting. There would also be a discussion around implementation of the Trust's strategy during that closed session. Alan Thomas asked whether mental health was being given fair prominence in Sustainability and Transformation Plan discussions. The Chief Executive said that this was a difficult question to answer. In answer to a question posed by NHS England, Herefordshire and Gloucestershire CCG and provider trust Chief Executives had agreed that existing funds were insufficient to meet agreed 2017/18 performance trajectories in full. However, whilst positive discussions were ongoing with commissioners, the local health system's limited financial capacity was currently focussed on supporting acute trusts.

5.4   Mervyn Dawe asked about the cost to the Trust of the Alexandra Wellbeing House. The Chief Executive replied that the initiative had been fully funded, therefore there was no cost to 2gether. Swindon Mind had been selected as the partner following a selection process.   Governors asked whether a visit to Alexandra Wellbeing House could be arranged, and the Trust Secretary was asked to organise a prospective date, in conjunction with the Director of

Engagement and Integration, which would be circulated to Governors in due course.

ACTION: Trust Secretariat to liaise with Director of Engagement and Integration to arrange a Governor visit to Alexandra Wellbeing House

5.5   Pat Ayres asked whether Alexandra Wellbeing House would provide support to service users with eating disorders. The Chief Executive replied that the Wellbeing House was designed primarily to support people in crisis regardless of their core clinical issue. He asked the Director of Engagement and Integration to put together a briefing note for Governors on Alexandra Wellbeing House and the services/support it offers.

ACTION: Director of Engagement and Integration to provide a briefing for Governors on Alexandra Wellbeing House and the support it offers

6.   PROVIDER LICENCE DECLARATIONS

6.1   The Trust Secretary reported that the Trust Board is required each year to self-certify regarding compliance with the conditions of its provider licence and the systems and processes for ensuring such compliance.

6.2   The Council noted that it is the Board which is responsible for ensuring compliance with the Trust's licence and any constitutional, statutory and contractual obligations placed upon the Trust. It is therefore a matter for the Board scrutinise the detail of any supporting evidence of compliance ahead of making these declarations. The Board is asked to make these declarations 'having regard to the views of Governors', and Governors should receive sufficient assurance to be satisfied about the robustness of the Board's own assurance processes in coming to a decision.

6.3   This report sought to provide that assurance to Governors by setting out the processes in place to enable the Board to receive assurance about its corporate governance systems and any risks to compliance with its licence conditions, both through the year and at year end when these declarations must be made. Governors were invited to comment about the declaration process to allow the May Board meeting to take account of Governors' views when making these declarations.

6.4   Alan Thomas expressed surprise that no risks had been identified in the report. Ruth FitzJohn clarified that the report referred to risks to compliance with the licence, and not to risks to the Trust itself, which did of course exist but were constantly mitigated by Executive action.

6.5   The Council noted the report and the assurance provided.

7.   NOMINATION AND REMUNERATION COMMITTEE REPORT

7.1   The Chair and Non-Executive Directors left the room while this item was discussed. Rob Blagden presented the Nomination and Remuneration Committee report.

Chair Appraisal

7.2   Rob Blagden informed the Council that the appraisal process had resulted in an assessment of strong performance by the Chair, as testified to by the positive feedback she had received for her appraisal. Particular strengths that were noted included Ruth's focus on strategy, building strong external relationships and being visible and engaged with staff, service users and carers. The Committee received assurance that areas for development had been discussed and that Ruth planned to focus on making improvements in these areas during the coming year.

7.3   The Council noted the positive appraisal report for the Trust Chair, to which 13 Governors had contributed, and thanked Nikki Richardson for carrying out the appraisal in her role as Senior Independent Director. Board members, Governors and external and internal stakeholders were given the opportunity to provide feedback on the Chair's performance.

NED Appraisal

7.4   Rob Blagden presented the outcome report from the Non-Executive Directors' appraisal process. All Non-Executive Directors had been appraised with the exception of Maria Bond whose term of office only began in November 2016 and who therefore did not fall into the 2016/17 process.

7.5   All five appraised NEDs had made valuable contributions to the Trust and were performing well at Board, as Committee Chairs and across their broader roles. It was noted that there were no performance issues to be raised with the Nomination and Remuneration Committee or with the Council of Governors. It was felt that the outcomes of all appraisals were positive and the Committee was content that any development points would be picked up and managed appropriately through the setting of annual objectives and meetings with the Trust Chair.

7.6   The Council of Governors noted the positive appraisal report for the Non-Executive Directors and assurance that this provided that the Trust was in competent hands.

Chair and Non-Executive Director Remuneration

7.7   Rob Blagden informed the Council that Non-Executive Directors' remuneration has historically reflected the uplift offered to staff as part of the national pay settlement. The N&R Committee had therefore considered and agreed to recommend that Non-Executive Director remuneration be subject to a 1% cost of living uplift for 2017/18, in line with the national NHS pay award. It was noted that allowances for other duties such as acting as the Chair of a Committee would remain unchanged.

7.8   The Council approved the proposed 1% uplift in NED and Chair remuneration for 2017/18 and agreed to backdate this to 1 April 2017.

Shadowing the Lead Governor

7.9   Rob Blagden reported that the Committee had discussed the possibility of Governors shadowing the Lead Governor prior to putting themselves forward to stand for the role. The Committee had agreed that Governors may have differing information or development needs, and so interested Governors should contact

Anna Hilditch or Rob Blagden in the first instance so that a bespoke development plan can be created for that Governor. The Council agreed the Committee's suggested approach to shadowing the Lead Governor.

8.   ANY OTHER BUSINESS

8.1   Alan Thomas commented on a press report regarding an inquest in connection with a death at Wotton Lawn. Alan noted that Governors had not been notified that the story may be in the press. The Chief Executive replied that the Trust had not known that the story would be run, and consequently had not had a chance to brief anyone in advance. The story had come out late on Sunday, and there had been no prior consultation with the Trust ahead of its publication, and thus no opportunity for the Trust to correct some errors which the story contained. The Trust had decided that it would not be in the interests of the family to raise this with the newspaper on this occasion, but would make contact with the newspaper to ask that the Trust be given the opportunity to comment on and if appropriate to correct any future stories. The Deputy Chief Executive informed the Council that the inquest jury had made reference to consultant cover in inpatient units. While this comment had caused some surprise to the Trust and to its legal advisers, the Trust had nevertheless taken the learning on board and had reconfigured the way in which consultants work in inpatient settings. This had improved both cover and visibility.

8.2   Alan Thomas thanked the Deputy Chief Executive for his comments, and asked whether the Governors would have been notified of the issue of the press coverage had he not raised it at the Council of Governors. The Chief Executive accepted Governors should have been made aware, and asked the Head of Communications to ensure that Governors receive notification when such issues are reported in the media.

ACTION: Head of Communications to ensure that Governors are made aware of media stories about the Trust.

8.3   Jenny Bartlett asked how Governors could be assured that where learning was available from issues such as these, that learning was captured and acted upon. The Chief Executive replied that all such learning is presented to and considered by the Governance Committee, which has Governor observers in attendance. Vic Godding confirmed that Governors could take good assurance that the Governance Committee ensured that learning was actioned in a timely and appropriate way.

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

9.1   Rob Blagden said that the key discussion point from the pre-meeting had been the issue of some Governors being requested not to take part in the closed session of the meeting, where the Council would discuss implementation of the Trust's strategy, due to a conflict of interest. Governors had discussed whether this could be perceived as a lack of trust, and asked whether some more background information could be provided to put the decision into context.

9.2   Ruth FitzJohn told the Council that the Trust has clear policies on conflicts of interest, and Governors are required to declare their interests upon election or appointment, on the understanding that occasionally Governors may be asked to recuse themselves from a discussion where those interests may be engaged. Ruth explained that these procedures were about good governance, and existed to protect not only the Trust, but also those individuals for whom the conflicts might apply. Ruth made it clear that the implementation of the policy on and individual occasion in no way reflected on integrity of any Governor whose previously declared interest required them to be excused from a discussion. As the Council would be discussing the Trust's strategy in its closed session, those Governors who represent organisations who commission us, or have links to other provider Trusts, had been asked to excuse themselves from the discussion. Two Governors had therefore agreed not to attend the meeting in order to avoid this conflict of interest, and two Governors who were present would be asked to step out.

9.3   The Council heard from Quinton Quayle and Duncan Sutherland that this was standard practice in business, and both gave examples of when they had been asked to excuse themselves from a particular discussion in their roles outside the Trust due to a potential or perceived conflict of interest. Mervyn Dawe also endorsed this principle.

9.4   Svetlin Vrabtchev asked who makes the decision about excluding a Governor from such discussions. The Chief Executive replied that the Trust's Constitution required Governors to absent themselves in these situations in order to ensure good governance and to protect the individuals concerned. However, the Trust wanted to be able to involve the Council of Governors in these discussions, and to take account of Governors' views when enacting its strategy. Rob Blagden agreed that the Council also wanted to be able to have that discussion. Jenny Bartlett said that it had been helpful to receive the explanation provided by Ruth FitzJohn and the Chief Executive.

9.5   Alan Thomas said that he disagreed with what had been said, and had not been able to check the provisions in the Constitution surrounding this issue. Alan felt that the matter was one of trust and integrity, and informed the Council of his intention to resign with immediate effect given his exclusion from the closed session of the meeting. Ruth FitzJohn expressed her regret at Alan's decision, and thanked Alan for his service to the Council over the past three years.

10.   DATE OF NEXT MEETINGS

Council of Governor Meetings

Business Continuity Room, Trust HQ, Rikenel		
Date	**Governor Pre-meeting**	**Council Meeting**
2017		
Thursday 13 July	9.00 – 10.00am	10.30 - 12.30pm
Tuesday 12 September	4.00 – 5.00pm	5.30 – 7.30pm
Thursday 9 November	1.30 – 2.30pm	3.00 – 5.00pm

Board Meetings

2017		
Thursday 25 May	10.00 – 1.00pm	Kindle Centre, Hereford
Thursday 27 July	10.00 – 1.00pm	Business Continuity Room, Rikenel
Thursday 28 September	10.00 – 1.00pm	Business Continuity Room, Rikenel
Thursday 30 November	10.00 – 1.00pm	Kindle Centre, Hereford

Council of Governors
Action Points

Item	Action	Lead	Progress
9 March 2017			
4.3	Regular monthly updates to the Governor Portal to be diarised by the Trust Secretariat and notification sent out to all Governors advising of those documents uploaded	Anna Hilditch	**Planned re-launch 1 August 2017** New Trust website has been launched and work is still in progress to transfer the Governor Portal to the new site. Work is taking place with the Communications Team to migrate this.
9 May 2017			
5.4	Trust Secretariat to liaise with Director of Engagement and Integration to arrange a Governor visit to Alexandra Wellbeing House	Anna Hilditch	**Ongoing.** A visit will be arranged to Alexandra House once the service is up and running, and will be incorporated into the Governor visiting schedule.
5.5	Director of Engagement and Integration to provide a briefing for Governors on Alexandra Wellbeing House and the support it offers	Jane Melton	**Complete.** On agenda for July meeting
8.2	Head of Communications to ensure that Governors are made aware of media stories about the Trust.	Kate Nelmes	**Complete**