

²GETHER NHS FOUNDATION TRUST

BOARD MEETING RIKENEL, GLOUCESTR 27 MARCH 2019

PRESENT

Ingrid Barker, Joint Trust Chair
Maria Bond, Non-Executive Director
John Campbell, Director of Service Delivery
Marcia Gallagher, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Andrew Lee, Director of Finance
Jane Melton, Director of Engagement and Integration
Colin Merker, Deputy Chief Executive
Nikki Richardson, Non-Executive Director
Paul Roberts, Joint Chief Executive
Neil Savage, Joint Director of HR & Organisational Development
Duncan Sutherland, Non-Executive Director
John Trevains, Director of Quality
Dr Amjad Uppal, Medical Director
Jonathan Vickers, Non-Executive Director

IN ATTENDANCE

Lisa Evans, Assistant Trust Secretary
John McIlveen, Trust Secretary
Bren McNerney, Member of the Public
Kate Nelmes, Head of Communications

1. WELCOMES, APOLOGIES AND INTRODUCTIONS

- 1.1 There were no apologies received for this meeting.

2. DECLARATIONS OF INTERESTS

- 2.1 There were no Declarations of Interest received from those present.

3. MINUTES OF THE PREVIOUS MEETING HELD ON 30 JANUARY 2018

- 3.1 The minutes of the meeting held on 30 January were agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

- 4.1 The Board reviewed the action points, noting that these were now complete or progressing to plan. There were no matters arising.
- 30 January 2019 - 8.5 – Meeting dates for the Senior Leadership Network had been circulated - Complete
 - 30 January 2019 - 10.4 - Health and Care Professions" Governor staff class now included reference to psychology staff, as well as AHPs - Complete.

5. QUESTIONS FROM THE PUBLIC

- 5.1 The Board had received no questions in advance of the meeting under the Public Questions and Protocol and there were no questions received at the meeting. However, Bren McNerney, Trust Governor/Member of the public thanked the Chair for the open and honest way in which she chaired the Board meetings. He also thanked all those at both Trusts for the work they were undertaking in respect of the proposed merger. The Board noted that Bren had received a written response in relation to his question submitted to the January Board meeting.

6. PATIENT EXPERIENCE PRESENTATION

- 6.1 The Board welcomed Bill Singh to the meeting. Bill was in attendance to talk about his experiences of suffering from a mental health breakdown three years earlier. Bill's wife Prob also spoke about the effect this had had on the family.
- 6.2 Bill spoke about how his journey to recovery had been supported by his wife and family. Bill told the Board that he was an ex-Police Officer and former Project Manager, he now worked with the Trust as an Expert by Experience and as a tutor at the Recovery College. Bill used his experience to help others and to encourage people to become better at communicating about their own mental health. Bill reported that the Recovery College course was also available to family members and his wife Prob had attended. Bill said that his recovery would not have been possible without the help he received from the Trust which had made him feel valued and useful.
- 6.3 Marcia Gallagher said that she had met Bill at another event recently and had been hugely impressed by how he had turned a difficult situation into something positive. Marcia asked Prob what more could have been done to support her as a carer in the early stages of Bill's diagnosis. Prob said that at times she had felt alone and didn't feel supported; she also said that this had been a very difficult experience for their grown up children. She said that she would have liked somewhere to go for assurance and suggested a staffed information point where carers could talk to someone and be directed to the right people. She also highlighted some issues around changeover times and new staff not understanding the patient and family's story. Prob reported that she had received counselling when Bill was discharged but she felt that this would have been more useful at an earlier stage. The Medical Director reported that staff were being encouraged to ensure that Carer's Assessments were being offered. However, Bill reported that he had felt supported and valued from the beginning; he received good advice and was directed to the right people to discuss finances and benefits.
- 6.4 Nikki Richardson asked if the Trust was using this information around peoples experience to improve the service the Trust provided. The Director of Engagement and Integration confirmed that this happened and she reported that it was always useful to hear firsthand experience. Marcia asked if the Trust provided any financial advice and the Director of Engagement and Integration confirmed that there were leaflets available but more could be done. The Medical Director advised that finance and benefits information was updated constantly so patients and families were signposted to experts at the Citizens Advice Bureau. Bill confirmed that although the system was complex he had received excellent help and guidance from the staff at Wotton Lawn.
- 6.5 The Deputy Chief Executive asked Bill and Prob if there was any help that had it been available, might have made a difference before he became unwell. Bill said that he felt unable to approach his employer due to the stigma around mental health issues. He said that workload was a factor and suggested that mental health champions in the work place may have helped. The Director of Engagement and Integration said that there was a tackling stigma campaign but there was more work to do around this.
- 6.6 Ingrid Barker thanked Bill for telling his story, and Prob for opening up about her experience. She said that the Board would take some time to digest the story and then discuss this and agree any potential actions to take forward at its meeting later in the day.

- 6.7 The Director of Engagement and Integration also expressed her thanks to Bill for attending the meeting and for all of the work that he carried out and his contribution to 2gether as a volunteer and expert by experience.

7. QUALITY REPORT (QUARTER 3)

- 7.1 The Director of Quality reported that this was the third review of the Quality Report priorities for 2018/19. The Board noted the progress made towards achieving targets, objectives and initiatives identified in the Annual Quality Report. Overall, at Q3, there was one target which was not being met:
- 2.1 – Numbers of service users being involved in their care
- The Director of Quality reported that while this was still outstanding progress was being made.
- 7.2 The Board noted that KPMG, the Trust's external auditors, had commenced initial testing on the two indicators that the NHSI Guidance had mandated as required for the external assurance audit for the Quality Report:
- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral.
 - Inappropriate out-of-area placements for adult mental health services
- 7.3 It was noted that the Trust provided Trust Governors with the opportunity to select an additional quality indicator for external audit. At their March 2019 Council meeting, Trust Governors were asked to select a chosen indicator for audit purposes and the Director of Quality confirmed that they had asked that Internal Audit focus on the following target:
- 3.1 - Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.
- 7.4 There continued to be a sustained focus on the unmet target; the progress made to date and the actions in place to improve and sustain performance where possible were noted. The Board agreed that this was a positive picture, with much improved performance being seen from this point last year against the key quality indicators.
- 7.5 Jonathan Vickers referred to target 3.2 – 'Detained service users who are absent without leave (AWOL) will not come to serious harm or death'. Jonathan noted that in 2015/16 the Trust reported 114 occurrences of AWOL; he said that these numbers felt high and noted that no improvement was being made. However, it was encouraging to see that no harm had been caused by these incidents and Jonathan asked if the Trust was being too strict. It was noted that AWOL work had been subject to a lot of attention through the Trust's work with the South West Safety Collaborative, and the Trust used low levels of coercive control and did not lock patients in. The Director of Quality reported that although the Trust was reporting low levels of harm there was still the opportunity for harm to occur, and he would like to reduce the numbers, as AWOLs caused concern for the families and also took staff away from their core duties. It was reported that there were opportunities for learning from work in different wards; Safety Huddles were taking place in Mortimer which had seen improvements, this learning had been shared with colleagues in Gloucestershire.
- 7.6 Marcia Gallagher noted the lack of comparative data regarding readmissions to hospital within 28 days of discharge, and asked whether any benchmarking information was available. The Director of Quality replied that comparison was made difficult as contract specification changes often meant that data needed to be collected in a different way, which

made comparison difficult. However, the Director of Quality agreed to consider whether any comparative data could be made available.

ACTION: The Director of Quality to consider whether comparative data could be made available regarding readmissions to hospital within 28 days of discharge

- 7.7 The Board noted Target 3.3, to reduce prone restraint. This was showing considerable improvement over time and was anticipated to continue as there was evidence of a cultural shift in moving to the use of supine restraint, supported by training and positive practice.

8. SERVICE EXPERIENCE REPORT

- 8.1 The Director of Engagement and Integration provided the Board with a high level overview of feedback received from service users and carers in Quarter 3 2018/19. Assurance was also provided that service experience information had been reviewed, scrutinised for themes, and considered for both service-specific and general learning across the organisation. The Board noted that the report 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 in February.
- 8.2 The Director of Engagement and Integration reported that the Trust continued to seek feedback about service experience from multiple sources on a continuous basis. This quarter concerns and complaint themes focussed on communication issues by services with service users and/or their carers. Colleagues across the Trust were working hard to develop practice in this area. It was reported that other themes which had been identified following triangulation of all types of service experience information included the following learning:
- We must listen to carers and relatives even though we may not be able to share information with them.
 - We must ask people how they want us to contact them
- 8.3 Duncan Sutherland asked if there could be a focus in these areas. The Director of Engagement and Integration reported that more work on communications could be undertaken by the Director of Quality and herself, however she assured the Board that current training for nurses, doctors and AHPs included communications. Maria Bond asked whether there was an opportunity to develop something in the light of the messages received in the Patient Story item earlier in the meeting, where communications with carers appeared to be less comprehensive than that with patients. The Director of HR & OD suggested that it might be possible to develop a generic communication skills training package. The Board asked the Executive Directors to consider the feasibility of developing such training.

ACTION: Executives to consider developing generic communication skills training for staff

- 8.4 The Board was assured that service experience information had been reviewed, scrutinised for themes, and considered for both service-specific and general learning across the organisation. The Board received significant assurance that the organisation had listened to, heard and understood service user and carer experience. This assurance was offered from a triangulation of information gathered across all domains of feedback including complaints, concerns, comments and compliments. Survey information had been triangulated to understand service experience.

- 8.5 The Board was also significantly assured that service users valued the service being offered and would recommend it to others. During Quarter 3 80% of people who completed the Friends and Family Test said that they would recommend 2gether's services. Response rates had continued to increase this quarter meaning that more feedback was received and this may have had an impact on the overall score. However, there was limited assurance that people were participating in the local survey of quality in sufficient numbers. The Trust's How did we do? survey was launched during Quarter 1 2017/18 and whilst feedback given by respondents had generally been positive, response rates remained lower than hoped for. Encouragingly Quarter 3 2018/19 had seen an increase in the numbers of responses received. The Service Experience team were continuing to embed a new system to receive collate and analyse feedback to encourage more responses to surveys. It was anticipated that the system would be implemented by end of Quarter 4 2018/19.
- 8.6 The Board received significant assurance that services were consistently reporting details of compliments they had received. Numbers had significantly increased during Quarter 3 and work continued to increase reporting by colleagues throughout the Trust. The Board received full assurance that complaints had been acknowledged within the required timescale and significant assurance that all people who complained had their complaint dealt with by the initially agreed timescale. There was also significant assurance that all complainants received regular updates on any potential delays in the response being provided.

9. SAFE STAFFING 6 MONTHLY UPDATE

- 9.1 The Director of Quality updated the Board regarding revised safe staffing guidance issued by the National Quality Board (NQB) in July 2016 and provided significant assurance on current progress and monthly reporting. The report also included related updates through the developmental inpatient quality dashboard and temporary staffing. This 6 monthly update outlined:
- Quality dashboard for inpatient units
 - National reporting requirements, latest developments and the latest data in their required format
 - Local Trust exception reporting
 - Update of agency use across wards
 - Confirmation of achievement of the NQB expectations
- 9.2 It was reported that National reporting with regards to fill rates continued to be uploaded monthly and reported to the Governance Committee on behalf of the Board. From April 2018 the Trust had been mandated to also include the Care Hours Per Patient Day (CHPPD) within the upload. The Board noted that the Trust continued to have strong compliance with planned versus actual fill rates – over 97% compliant for January 2019 and the latest figures presented at the Governance Committee in February 2019 were noted.
- 9.3 The Board noted that with regard to temporary staff – the Trust continued to use high levels of agency locum medics and agency IAPT workers, however there were many actions which would seek to address this moving forward. The current predicted forecast for agency spend for 2018/19 was above the control total.
- 9.4 The Board noted the updated quality dashboard for the inpatient wards which was a requirement of the NQB guidance; this dashboard provided triangulation of both staffing; workforce indicators and patient experience. This report indicated that some wards experienced higher rates of sickness and turnover but this was an improving picture compared to the September 2018 report.

- 9.5 The Director of Quality reported that the Quality dashboard would continue to be developed to include community services over the next 6-12 months. The Trust Quality Management Team was working to develop this dashboard into a tool that could be used on monthly frequency to further improve board to ward line of sight quality assurance. Regarding NQB expectations, the Board noted the achievement of all expectations as per guidance. Some areas were currently being progressed further such as workforce development, safe staffing reviews and ensuring diversity of the workforce was representative of the communities served.

10. CQC ACTION PLAN

- 10.1 The Director of Quality reported that the 2018 CQC/Trust Quality Improvement Plan which had 11 “Must do” actions and 23 “Should do” actions had been reviewed and was now completed. The Board noted that the completion improvement plan had been discussed and agreed with CQC lead officers and the ongoing work identified within the plan had been moved into “business as usual” quality development/CQC compliance workstream.
- 10.2 The Board noted that the Trust had a two-step procedure whereby “local assurance” was provided by the individual services; however, the Trust had also implemented a second level of verification labelled “total assurance”. Full assurance of compliance was also provided when the action had had time to become embedded, and if necessary assurance had been provided that the action was being undertaken trust wide.
- 10.3 The Board noted that all “local assurance” scores were now green and had been allocated a full assurance level. The organisation could now close down the 2018 CQC action Plan. With regard to the total assurance Trust wide, there were 9 of the original 11 “Must do” actions allocated a “Full” assurance level of compliance and 2 allocated a “Significant” level of assurance. Of the 23 original “Should do” recommendations 21 were now shown as having “Full” assurance and 2 had been allocated a significant level of assurance.
- 10.4 The Director of Quality reported that in order to gain further assurance in regard to the observations made by the CQC following their previous two visits to Berkeley House a comprehensive internal peer review had been carried out. The outcome of that internal peer review had found that the service was rated internally as Good overall. Nikki Richardson reported that Governance Committee had received an excellent presentation about Berkeley House at its last meeting and had taken assurance from the work being undertaken there.
- 10.5 The Board noted that the remaining actions would now become “Business as Usual” on the Organisational TQI Action Plan and would be monitored and challenged via the QCR Sub Committee. The Trust was working with GCS colleagues to progress integration of CQC registration, compliance reporting and work towards the merged organisation achieving “outstanding” regulatory compliance status. Regular face to face meetings with the CQC were in place where progress was reported and issues discussed. It was noted that the Trust’s CQC lead officers’ provided positive feedback and had reported no significant areas of concern about the Trust. They had advised that they considered 2gether to be responsive and proactive regarding quality issues.

11. PERFORMANCE DASHBOARD

- 11.1 The Board received the performance dashboard outturn report which set out the performance of the Trust’s Clinical Services for the period to the end of January 2018,

against NHSI, Department of Health, Herefordshire and Gloucestershire CCG Contractual and CQUIN key performance indicators.

- 11.2 The Board noted that of the 194 performance indicators, 94 were reportable in January with 88 being compliant and 6 non-compliant at the end of the reporting period. The Director of Service Delivery reported that work was being undertaken to reduce the number of KPIs. Where performance was not compliant, Service Directors were taking the lead to address issues.
- 11.3 The Board was pleased to note that there had been no Under 18 admissions to Adult Inpatient Wards during this time although this area remained a priority for the Trust. The Director of Service Delivery reported that the Local Authority was looking at a solution for Tier 4 beds to avoid Out of County placements for young people. The Board also noted that the Eating Disorders Service had been remodelled and was now seeing an increase in referrals which was being monitored. The Director of Service Delivery reported that the Trust continued to monitor performance against the KPIs related to the IAPT service and an annual report would be presented to the Delivery Committee in May to set out performance and initiatives in place to further improve the position.
- 11.4 The Board noted the dashboard report for Month 10 of 2018/19, and the assurance that this provided.

12. SECLUSION UPDATE

- 12.1 The Director of Service Delivery updated the Board on the current position regarding issues raised by the CQC about the Trust's use of Seclusion. He reported that although the Trust's method of seclusion differed from usual practice he believed that our practice enhanced patient care.
- 12.2 It was noted that under the Trust's policy at no time was a service user locked alone in a room which was monitored by staff from the other side of a locked door. An Extra Care Area (ECA) system was operated, within which staff remained in contact with the patient during the episode of ECA use and were never separated from the patient by a locked door or other fixed physical barrier and in these circumstances 15 minute monitoring would be oppressive and could be viewed as coercive.
- 12.3 The Director of Service Delivery reported that the Trust was trying to get agreement from the CQC around this practice and an update would be provided to the next meeting of the Mental Health Legislation Scrutiny Committee.

13. LEARNING FROM DEATHS QUARTER 3

- 13.1 The Medical Director presented information on Learning from deaths for the period October to December 2018 (Q3 2018/19). Changes to the selection criteria and the Mortality Review function – RCPsych SJR adopted in November 2018, applied to open deaths and incorporated into the Learning from Deaths process. The Board noted that 111 deaths had been closed without further review due to being open to solely ACI-Monitoring caseloads (58) or excluded due to a primary diagnosis of dementia and over 70 years of age (53).
- 13.2 The Medical Director reported that 1 death had raised a cause for concern within a partner organisation during Q3 2018/19. That death was raised with the organisation's Mortality Lead; however there were no concerns about care provision within 2gether. It was noted

that there had been a key post vacant since August 2018 and the Patient Safety Manager was now recruiting a substantive PST Administrator.

- 13.3 The Board noted the information provided and recognised that remedial work continued to improve the unsatisfactory position currently observed.

14. GUARDIAN OF SAFE WORKING REPORT

Guardian of Safe Working Hours Quarterly Reports covering May, June, July 2018 & August, September and October 2018

- 14.1 The Board received two quarterly reports for the periods May, June, July 2018 and August, September and October 2018. Amjad Uppal reported that all new Psychiatry Trainees, Foundation Trainees and GP Trainees rotating into a Psychiatry placement were now on the new 2016 Terms and Conditions of Service with occasional exceptions. There were 35 trainees (junior doctors) working in the 2gether NHS Foundation Trust during the period May, June and July and 40 during August, September and October 2018, all on the new Terms and Conditions of Service on different sites.
- 14.2 The Board noted that the 'exception' reporting process, which was part of the new Juniors Doctors Contract enabled them to raise and resolve issues with their working hours and training. The trainees could raise 'exception reports' for excessive hours worked, missed breaks, or missed educational opportunities and this system was now well established in the Trust. These 'exception reports' where possible had been resolved by the preferred option of time off in lieu (TOIL); those where TOIL would impact on colleagues' workload or educational opportunities had received payments. Exception reports may also trigger work schedule reviews and if necessary fines could be imposed on the Trust by the Guardian of Safe Working if issues remained unresolved. It was noted that exception reporting rates were variable between different sites.
- 14.3 The Board noted that the Quarterly Board reports from the Guardian which summarised all exception reports, work schedule reviews and rota gaps, and provided assurance on compliance with safe working hours by both the employer and doctors in approved training programs, would be considered by CQC, GMC, and NHS employers as key data during reviews. The purpose of the report was to give assurance to the Board that the doctors in training were safely rostered and their working hours were compliant with the TCS.
- 14.4 The Board noted the content of this report, in particular the on-going challenges within Herefordshire Junior doctors' rota and the on-going challenges in engaging trainees and educational supervisors in the exception reporting process. The Board also noted that there had been some enhancement in salaries paid to the trainees in Herefordshire based on data received from exception reports regarding out of hours work; this was currently under review.

15. STAFF SURVEY

- 15.1 The Director of Organisation Development presented a summary of the 2018 Annual Staff Survey, carried out between October and early December 2018 and published on 26th February 2019. All staff in post on 1st September 2018 were invited to take part in the confidential online survey. The response rate was 40.5%, down from 44.7% in the previous (2017) survey. The Trust's results had been benchmarked against the usual comparator group of 24 Mental Health and Learning Disability trusts, the average response rate for this

group being 54%. A reduction in the response was expected in light of the culture survey and pulse surveys also being undertaken at the time.

- 15.2 The Director of HR & Organisational Development reported that significant changes had been made to the reporting of the 2018 survey. The findings were now grouped into 10 “Themes”, replacing the previous 32 “Key Findings”. For consistency and ease of use, the results were shown over a period of 5 years to clearly demonstrate trends.
- 15.3 The Board received an overview of the results and noted of the 10 Themes:
- The Trust was better than average in 8 and below average in 2.
 - The themes where the Trust scored highest in were “Equality, Diversity & Inclusion” and “Safe Environment – Violence”.
 - The lowest scoring Theme for the Trust was the “Quality of Appraisals”. The Board noted that these were being carried out but were not of the quality expected. Neil reported that he had looked at other Trusts where their performance on appraisals was better but they had worse turnover. John Campbell suggested that the Trust may need to consider if continued dialogue was more useful.
 - Staff engagement received a top quartile score of 7.2, against a best in class score of 7.4, an average score of 7 with a worse score of 6.5 out of a possible 10 and the Board noted a rating of significant assurance on staff experience and engagement within the Trust.
- 15.4 The Board noted that quality of care had consistently mirrored the average results for MH/LD trusts. However, the Directorates Report showed that Medical and Nursing staff had a less positive view of the quality of care that the Trust provides. Only Countywide Services and Herefordshire Locality staff reported that the quality of care was higher in their area than in the Trust as a whole. CYPs & CAMHS, Gloucestershire South, Entry level Services and Gloucestershire North staff reported that the quality of care they provide was lower than the overall Trust score. The Director of Organisational Development confirmed that further work was being done to understand this.
- 15.5 It was reported that of the survey questions that were asked in 2017 and again in 2018:
- 42.5% had improved over 2017
 - 22.5% stayed the same as 2017
 - 35% had reduced scores compared to 2017
- There were also 11 questions asked for the first time in 2018. Of these:-
- 75% were better than the average response rate for comparator MHLDTs
 - 25% were the same as the average response rate for comparator MHLDTs
- 15.6 The Board noted the report, its conclusions and recommendations and the localities would agree 2 to 3 actions to supplement a Trust-wide action plan to be brought back to the Delivery Committee for late April / May. The Board also noted that the relevant outcomes in the survey would inform the NHS Workforce Disability Equality Standard and the NHS Workforce Race Equality Standard Action Plans, both of which need to be completed by August 2019.

16. CHIEF EXECUTIVE'S REPORT

- 16.1 The Chief Executive presented his report to the Board which provided an update on key national communications and a summary of progress against local developments and initiatives.

- 16.2 The Board also noted the extensive engagement activities that had taken place during the past month by both the CEO and the Executive Team, and the importance of these activities in order to inform strategic thinking, raise awareness of mental health, build relationships and influence the strategic thinking of others. The report offered the Board significant assurance that the Executive Team was undertaking wide engagement.
- 16.3 The Chief Executive reported that he continued to hold a range of meetings with staff groups from across both Trusts. He had attended Team Talk at Weavers Cross and noted that increasingly Team Talks contained a mix of colleagues from the two Trusts which provided an ongoing opportunity to build relationships and to start improving provision. He reported that he took the opportunity to update colleagues on merger developments and to hear back from them; he said that two-way communication processes were at the heart of how the Trust wanted to work.
- 16.4 The Board was updated on the values work being led across both Trusts by the Director of Engagement and Integration and Linda Gabaldoni, GCS Head of Organisation Development and Improvement. The Board noted the progress with this work and the next steps which included a further 11 'Valuing your Involvement' sessions. The Chief Executive reported that it was anticipated that a full report would be provided to the Board in May.

17. SUMMARY FINANCIAL REPORT

- 17.1 The Board received the summary Finance Report that provided information up to the end of February 2019. The month 11 position was a surplus of £778k which was in line with the planned surplus. The month 11 forecast outturn was an £834k surplus in line with the Trust's control total. There remained the potential for the Trust to receive incentive PSF payments of £42k if the Trust delivered this forecast position which would take the surplus to £876k.
- 17.2 The Director of Finance reported that the Trust had a Single Oversight Framework segment of 1 and a Finance and Use of Resources metric of 2. The agency cost forecast was £4.459m, a decrease of £0.068m on last month's projection and £1.325m above the Agency Control Total. This decrease was due to lower than anticipated Medical and IAPT agency spend in February.
- 17.3 The Board noted that National planning guidance for 2019/20 had been released. The Financial Control Total (FCT) for 2019/20 had been reduced to an £803k surplus and the Trust Board had confirmed it would accept the new FCT. The Trust was progressing well with budget setting for next year and would be presenting a separate report to the Board in March. The Trust has identified £1.75m of recurring savings up to February 2019 and the year end cash projection was £15.9m; £6.1m greater than the plan.
- 17.4 The Director of Finance advised that the Trust was on track with its CIP and mitigations were in place to manage any concerns that may arise before year-end. The Board thanked the Director of Finance and his team for all their work.

18. CHANGES TO THE TRUST CONSTITUTION

- 18.1 The Board received a report which set out proposed changes to the Trust constitution. The Board noted that a change to the Trust's Constitution was proposed which would incorporate the Trust's new name, once agreed and appropriately notified to stakeholders, into the constitution. The revised clause made the change of name conditional upon the

merger with Gloucestershire Care Services taking effect. It was noted that the Boards of both Trusts would need to agree the name of the new Trust.

- 18.2 The Board noted that the Council of Governors had agreed at its meeting on 14th March to make this change, subject to a slight change to the proposed wording which had been incorporated into this report. The Trust Secretary reported that if agreed by the Board today, the revision would be incorporated in to the Trust Constitution, but would have no effect unless and until the merger was formally approved.
- 18.3 The Board approved an amendment to the Trust's Constitution, renaming the Trust based on the final name determined by the Boards of both 2gether and Gloucestershire Care Services NHS Trust when they met at the end of March.

19. GENDER PAY GAP ANNUAL REPORT

- 19.1 The Director of HR & Organisational Development reported that the current Gender Pay Gap legislation required NHS Trusts to publish annually a series of calculations that highlighted the gender pay gap across the workforce. The information must be published on the Trust website and Gov.UK by 30 March 2019. This would be the second year that organisations with 250 or more employees, public and private sector, must publish gender pay gap information on their website and on the Government's website.
- 19.2 The Board noted that recent HMRC figures suggested that being a woman in Gloucestershire reduced pay income by 26%, meaning that being a woman in the county meant that their earnings would be nearly £9,000 less per annum than men. This picture reflected a similar pattern more widely across the South West, with women having an average pre-tax income of £25,000 compared to £33,987 per annum for men. The picture was similar at a national level. This report contained the statutorily required calculations, presenting the gender pay gap within the Trust against the six indicators. These were the result of a snapshot of the Trust's workforce on 31st March 2018 as required and the Board noted:
- Mean average gender pay gap – Females earned 22% less than males
 - Median average gender pay gap - Females earned 16% less than males
 - Mean average bonus gender pay gap – Females were paid 35% less than males
 - Median average bonus gender pay gap – Females were paid 0.3% less than males
 - 44% of males received a bonus payment (Consultant Clinical Excellence Awards) compared with 13% of females
 - Proportion of males and females when divided into four groups ordered from lowest to highest pay - there were a higher proportion of females in all quartiles although the gap closes with progression toward the upper quartile
- 19.3 The Trust's gender pay gap revealed that female colleagues earned 22.6% less than male colleagues, which was higher than in the previous reporting year (20.84%). This evidenced that while colleagues were paid on the basis of equal opportunities compliant pay and terms of conditions, because of key contributors such as working patterns, part-time working, job tenure, Clinical Excellence Award bonus payments and career breaks, females earned significantly less than males in the Trust. The Board also noted that the data showed that on the 31st of March 2018 the Trust's gender pay gap was the result of a disproportionate number of men in more senior Agenda for Change roles, more men in Executive Director roles with longer NHS and director-level experience, alongside a disparity of Clinical Excellence Awards being applied for and issued to male Consultants compared to females.

- 19.4 The Board noted that this report had been discussed at the Appointments and Terms of Service meeting the previous week. A useful conversation had taken place and additional work was suggested around training for Directors to enable them to deliver coaching and mentoring for staff from protected characteristics.

20. BOARD COMMITTEE REPORTS – DELIVERY COMMITTEE

- 20.1 The Board received the summary reports from the Delivery Committee meeting held on 29 January and 27 February. The reports and the assurances provided were noted.

21. BOARD COMMITTEE REPORTS – DEVELOPMENT COMMITTEE

- 21.1 The Board received the summary report from the Development Committee meeting held on 14 March. This report and the assurances provided were noted.
- 21.2 The Committee received a review of the Capital Programme at month 10 of the financial year 2018/19. At month 10 capital expenditure was £1,147k; an under spend of £1,007k against the Trust's Revised Budget Plan of £1,314k. A number of programmes had suffered slippage but many of these were due to factors outside of the Trust's control.
- 21.3 The Board also noted that the Strategy Alignment work would now be overseen by the Shadow Board.

22. BOARD COMMITTEE REPORTS – GOVERNANCE COMMITTEE

- 22.1 The Board received the summary report from the Governance Committee meeting that had taken place on 22 February. The Board noted the summary report and the assurances provided.
- 22.2 Nikki Richardson reported that the Committee had received a presentation about Berkeley House and had noted the uncertainty felt by staff. This was raised at the Delivery Committee and The Deputy Director of Service Delivery had reported that he had spoken to the team. The Director of Organisational Development reported that work was taking place to improve engagement in the Learning Disabilities team and at Berkeley House.
- 22.3 The Committee had also received a report from Debbie Furniss which detailed Lessons Learned from Feedback in Gloucestershire Locality.

23. INFORMATION SHARING REPORTS

- 23.1 The Board received and noted the following reports for information:
- Chair's Report
 - Council of Governors Minutes – January 2019

24. ANY OTHER BUSINESS

- 24.1 The Board noted that the AGM was to be held on Tuesday 23rd July at a venue to be confirmed.
- 24.2 The Board agreed that approval of the Provider License Declaration would be delegated to the Audit Committee to consider at their meeting on Friday 24th May.

25. DATE OF THE NEXT MEETING

- 25.1 The next Board meeting would take place on Wednesday 6 June 2019 at 10.00am at Rikenel, Montpellier, Gloucester, GL1 1LY

Signed:
Ingrid Barker, Chair

Date:

**BOARD MEETING
ACTION POINTS**

Date of Mtg	Item ref	Action	Lead	Date due	Status/Progress
27 March 2019	7.6	The Director of Quality to consider whether comparative data could be made available regarding readmissions to hospital within 28 days of discharge	John Trevains	June 2019	
	8.3	Executives to consider developing generic communication skills training for staff	Execs	June 2019	