

**Meeting of
Gloucestershire Care Services
NHS Trust Board**

Papers for Meeting to be held at
9.30am on Tuesday, 10th December 2013 at
Churchdown Community Centre,
Parton Rd, Churchdown, GL3 2JH

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

Meeting to be held on Tuesday 10 December 2013
at Churchdown Community Centre, GL3 2JH from 09.30 – 11.30

AGENDA (PART 1)

Item		Presenter
1.	Apologies	Chair
2.	Declaration of Interests	Chair
3.	Minutes of the Meeting held on 12 November 2013	Chair
4.	Matters Arising (Action Log)	Chair
5.	Questions from the Public <i>Questions relating to items on the agenda only should be provided in advance to the Board Secretary by 12noon on Monday 9 December 2013</i>	Chair
6.	Chair's Report	Chair
7.	Chief Executive's Report	Chief Executive
Governance, Quality and Safety		
8.	Organisational Development Strategy	Head of HR
9.	Charitable Funds Committee Report	Chair of Charitable Funds Committee
Strategy		
10.	Trust Vision – to follow	Director of Project Development and Strategy
11.	FT Programme Board Update	Director of Project Development and Strategy
Service Delivery and Performance		
12.	Quality & Performance Report	Director of Finance
13.	Finance Report	Director of Finance

Information		
14.	Any Other Business	Chair
15.	Date of Next Meeting <i>Tuesday 21 January 2014 - 09.30am at Dowty Sports & Social Club, Down Hatherley Lane, Down Hatherley, Staverton, Gloucester, GL2 9QH/QD</i>	

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential matters of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1 (2) Public Bodies (admission to Meetings) Act 1960]

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

Minutes of the Meeting held on Tuesday, 12 November 2013 at The Old Town Hall, Stroud, GL5 1AP

Voting Board Members	
Joanna Scott (JS)	Non-Executive Director, Vice Chair
Paul Jennings (PJ)	Interim Chief Executive
Rob Graves (RG)	Non-Executive Director
David Harwood (DH)	Non-Executive Director
Sue Mead (SM)	Non-Executive Director
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive
Elizabeth Fenton (EF)	Director of Nursing
Jo Bayley (JB)	Medical Director
Board Attendees (Non-Voting)	
Susan Field (SF)	Director of Adult Services
Simeon Foreman (SAF)	Board Secretary
Andrew Hall (AH)	Director (Project Development and Strategy)
Tony Hicks (TH)	Councillor, Gloucestershire County Council
Duncan Jordan (DJ)	Chief Operating Officer, Gloucestershire County Council
Candace Plouffe (CP)	Director of Countywide, C&YP Services
Tina Ricketts (TR)	Head of Human Resources
In Attendance	
Ruth Darling (RD)	Communications Manager
Josh Peett (JP)	Communications Officer
Laura Grainger (LG)	Graduate Trainee
David Miller (DM)	Chair, Stroud League of Friends
Bren McInerney (BI)	
Zoe Barnes (ZB)	Information Governance Officer
Rosi Shepherd (RS)	Locality Manager, Gloucester & Stroud
Mervyn Hyde (MH)	Stroud Against the Cuts representative
Dr Claire Mould (CM)	Chief Exec of Open House and Chair of Gloucestershire VCS Alliance
Myrtle Moreton-Cox (MM-C)	Chair, The Vale League of Friends
Jill Rowell (JR)	Minute taker

Members of the Public/observers

Ten members of staff/public were present at the meeting. The Board was joined at lunchtime by David Hagg, Chief Executive of Stroud District Council and Steve Lydon, Chair of the Health, Community and Care Overview and Scrutiny Committee.

Ref	Minute	Action
	<p>Introductory Comments</p> <p>The Vice Chair tendered Ingrid Barker's apologies (Chair), whose attendance was required in London at a Foundation Trust Network meeting. She welcomed staff, members of the public and representatives from Stroud stakeholder groups to the Trust's Board Meeting at the Old Town Hall and invited Board members to introduce themselves.</p>	
	<p>Patient/Staff Story – Healthy Lifestyle Team</p> <p>The Vice Chair introduced Elaine Watson, Head of Health Improvement, and Anna Gibbins, Health Improvement Practitioner for Older People, to the meeting to give a flavour of the wide range of work being carried out by the Healthy Lifestyle team to engage and support the wider community of Gloucestershire (including seldom heard groups).</p> <p>Elaine gave an overview of the services that comprise the Healthy Lifestyle team and reported the launch of a new Stop Smoking website in 2014, to include Facebook and Twitter accounts, allowing the public easier access to the service. Anna followed with an interactive presentation on the many seldom heard groups she engages with and how she utilises the resources already in place.</p> <p>A lively question and answer session on various aspects of the service followed. The Vice Chair thanked Elaine and Anna for a stimulating and interactive presentation and concluded the Healthy Lifestyle team offers a service that everyone should be aware of and GCS should make every effort to raise its profile.</p>	
TB 90/13	<p>Agenda Item 1: Apologies for Absence</p> <p>Apologies were recorded for Ingrid Barker, the Trust Chair.</p>	
TB 91/13	<p>Agenda Item 2. Declarations of Interest</p> <p>There were no declarations of interest noted.</p>	
TB 92/13	<p>Agenda Item 3. Minutes of the Meeting held on 10 September 2013</p> <p>The Board reviewed the minutes of the meeting held on 10 September 2013 and agreed the following amendments:</p> <p><i>TB 75/13 insert the words 'Transformation Fund' after Health and Social Care Integration in third paragraph.</i></p>	

	<p>Reflect in fifth paragraph staff concerns were voiced over security of Systm 1, not Hospital Trust concerns.</p> <p>TB 76/13 replace the word ‘manifest’ with ‘evolve’ in second paragraph of C.diff section.</p> <p>TB 87/13 At 5.1 insert the words ‘actual performance’ before ‘recorded at 97%’.</p> <p>TB 88/13 insert ‘sheet’ after ‘opening balance’ in last but one paragraph.</p> <p>The Board resolved that the minutes be APPROVED subject to the amendments agreed.</p>	SAF												
TB 93/13	<p>Agenda Item 4. Matters arising</p> <p>The Board reviewed the matters arising and noted actions that had taken place to close items. Where they have not been closed the Board received a progress update as follows and these are shown on the Action Log for the next Board meeting.</p> <p>The Board NOTED the following actions as complete.</p> <table><tr><th>Minute Reference</th><th>Action Agreed</th><th>Lead Exec</th><th>Update for 12th November 2013</th></tr><tr><td>TB63/13</td><td>The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013</td><td>Foundation Trust Programme Managers</td><td>FT Programme Managers to add. Strategy to be presented to December Board.</td></tr><tr><td>TB76/13</td><td>Concerns were expressed that actions raised at the Joint Commissioning Board (JCB) are not carried out jointly with the CCG, and it was recommended the Trust work with commissioners to address this point</td><td>Director of Finance</td><td>To be closed post October Board to Board meeting with CCG Chief Exec and DoF have raised concerns with Debbie Clark, new Joint Commissioning Manager Health & Social Care</td></tr></table>	Minute Reference	Action Agreed	Lead Exec	Update for 12th November 2013	TB63/13	The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013	Foundation Trust Programme Managers	FT Programme Managers to add. Strategy to be presented to December Board.	TB76/13	Concerns were expressed that actions raised at the Joint Commissioning Board (JCB) are not carried out jointly with the CCG, and it was recommended the Trust work with commissioners to address this point	Director of Finance	To be closed post October Board to Board meeting with CCG Chief Exec and DoF have raised concerns with Debbie Clark, new Joint Commissioning Manager Health & Social Care	
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	TB76/13	Further work required to develop a quality dashboard drawing data from initiatives that can be measured and quantified and presented to October's IG&QC	Director of Nursing	Development of quality reporting to be reviewed in the context of the government's response to Francis and reported to IGQC in December	
	TB78/13	Proposal from Chair of Audit that a standardised template be produced for sub-committees reporting to Board	Board Secretary	New look report to December Board	
	TB83/13	Re-issue Medical Director and Clinical Director job descriptions to reflect proposed swap of titles	Clinical Director	Medical Director (MD) to retire end of March 2014. Succession plan being worked on by Clinical Director and MD. Review quoracy of Board and sub-committees associated with job description changes.	
	TB88/13	Pursue an agreed opening balance for GCS in line with the LTFM	Director of Finance	DH has rejected PCT's balance sheet split and agreement on Trust's opening balance delayed till nearer end of the year. Update to December Board.	
TB 94/13	Agenda Item 5. Questions from the Public There were no public questions submitted prior to the Board meeting or from the floor.				
TB 95/13	Agenda Item 6. Chair's Report The report was RECEIVED by the Board. The Vice Chair was delighted to report the Trust had appointed three new Designate Non-Executive Directors with a wealth of experience to the Board; Chris Creswick, Nicola Strother-Smith and Sue Mead, who was in attendance and was introduced to the Board. A special note of thanks for her valued contribution was given by the Vice Chair to Anne Noble, who had stood down as a Non-Executive Director on 8 November.				

	The Board NOTED the content of the report.	
TB 96/13	<p>Agenda Item 7. Chief Executive's Report</p> <p>The Interim Chief Executive presented the report, and brought the following items to the Board's attention:</p> <p><u>Speak out Safely Campaign</u> – is a practical response, led by the Nursing Times, to the Francis Inquiry that organisations can sign up to. The Trust has taken up this option, guaranteeing that staff and volunteers who have patient safety concerns will be listened to.</p> <p><u>Listening into Action (LiA)</u> – is a programme the Trust has signed up to around engagement with staff to improve outcomes for patients and for the organisation, giving an opportunity to support teams in their development.</p> <p><u>Tewkesbury Hospital</u> – is now open and offers a remarkable environment for care. The Interim Chief Executive congratulated everyone at the hospital for their patience and hard work.</p> <p>The Board NOTED the content of the report.</p>	
TB 97/13	<p>Agenda Item 8. Quality Report</p> <p>The Director of Nursing presented the Annual Report of the Director of Infection Prevention and Control for 2012-13, which was the sole focus of the Quality Report this month.</p> <p>She paid credit to the Trust's clinical and hotel staff for sustained year on year improvement and acknowledged the achievement against targets for the reporting period from April 2012 to March 2013. Work continues in partnership across the healthcare community to minimise the number of infections across the County.</p> <p>Patient Environment Action Team (PEAT) inspections of community hospitals have been replaced by 'Patient lead assessment of the care environment' (PLACE) and the Director of Finance reported GCS' first PLACE scores s had not been as high as for the PEAT visits. However, this may be as a result of how questions have been interpreted within our community hospitals setting; for example, poor scores relating to single sex toilets despite single room accommodation and a review will be undertaken with those concerned.</p> <p>The Director of Nursing advised our annual staff survey reported that they did not feel they always had access to hand hygiene</p>	

	<p>equipment. This has been addressed by ensuring infection control staff met with teams and updated them on appropriate hand decontamination methods according to environment and ensured they were aware of the correct products to support this and how to order them.</p> <p>Rob Graves (RG), Non-Executive Director, raised an issue regarding a structural diagram within the report and agreed to discuss with the Director of Nursing outside of Board.</p> <p>The Board NOTED the good work and successes within the Report and APPROVED it for publication as required under the Health and Social Care Act.</p>	EF
TB 98/13	<p>Agenda Item 9. Service User Experience Report</p> <p>The Director of Project Development and Strategy (DoPDS) presented the report for Quarter 2 and highlighted the changes from the previous report to the Board. Going forward, it is intended to bring a summary to Board and a more detailed report to the Integrated Governance and Quality Committee.</p> <p>With effect from this month service user experience data is being reported to Locality Board meetings and the learning taken into account.</p> <p>More information and detail is available around the monitoring of complaints. The Action Plan (Appendix 1) sets out recommendations and actions from complaints currently being investigated and work is ongoing to improve the process and ensure GCS is learning from the findings.</p> <p>The Trust achieved more than the minimum response rate for completion of Friends and Family Test cards in September and October and an iPad option for members of the public completing this survey has been introduced at Cirencester Hospital.</p> <p>Work has been ongoing with the Your Care, Your Opinion Programme Board, and its sub-group, to bring more focus to the 'Comment Card' process and ensure a simple feedback method. This has resulted in a positive response and members of the public are choosing to leave their contact details with the Trust.</p> <p>The Board agreed it was imperative the Trust is transparent on reporting all complaints and compliments received and ensuring our survey schedule is robust. RG considered it important the learning from specifically raised points continues to come to the Board through this evolving document.</p>	

	<p>In response to a query on benchmarking GCS' performance around managing complaints, the Clinical Director advised it was not easy to assess as difficult to compare like for like organisations. However, post the Francis Inquiry, an improved picture is expected to be seen.</p> <p>Referring to Appendix 1, the Interim Chief Executive found the table useful but requested the use of the word 'upheld' in the end column be reviewed.</p> <p>The Board NOTED the content of report and was ASSURED of the ongoing work for future documents.</p>	AH
TB 99/13	<p>Agenda Item 10. Corporate Risk Register</p> <p>The Board Secretary introduced the report and appendix identifying GCS' corporate risks rated 12 and above, which are presented to the Exec Team for discussion each month. He proposed the Board receives the report two to three times a year, with the assurance risks have already been scrutinised routinely by the IGQC. The Assurance Framework will be discussed at the next Board Development session on 26 November.</p> <p>RG was satisfied with the reporting process and data available but asked if the detail was interrogated, for example, how long has a risk been red for or if the score rating has been reduced.</p> <p>The Board NOTED the report and RECOMMENDED the Board Secretary undertake more work to ensure the data comes to Board in a more consolidated way and detailed recommendations are forthcoming after IGQC's meeting on 19 December.</p>	SAF
TB 100/13	<p>Agenda Item 11. Board and Committee Terms of Reference Review</p> <p>The Board Secretary presented the report and the Board and its sub-committees' revised Terms of Reference (ToR) for approval. A review had been undertaken of the ToRs six months after the Trust's go 'live' date of 1 April 2013. He advised he was meeting with the Trust Chair the following day to review membership of the sub-committees in light of new NEDs appointment. Sue Mead, NED, commented on the lack of synergy she had noted between the draft Strategies and the sub-committees' ToRs.</p> <p>The Board APPROVED the Terms of Reference subject to a review of the sub-committees membership and cross checking GCS' strategies.</p>	SAF

TB 101/13	<p>Agenda Item 12. Report from the Audit & Assurance Committee (A&A)</p> <p>The Chair of the Audit & Assurance Committee (RG) presented a report of the key issues from the meeting held on 17 September.</p> <p>He advised the Committee will continue to look at areas within the organisation of interest to it and ensure accounts are correct. The Committee was satisfied with the participation of the external groups that sit on it.</p> <p>The Board RECEIVED and NOTED the report from the Audit & Assurance Committee and RECEIVED the approved minutes of the meeting held on 13 June 2013.</p>	
TB 102/13	<p>Agenda Item 13. Report from the Integrated Governance & Quality Committee (IGQC)</p> <p>In the absence of Ingrid Barker, Chair of IGQC, the Director of Nursing presented a report on the key issues from the meeting held on 17 October.</p> <p>The Committee had received an update on the methods and approaches employed by GCS, such as Mystery Shopper and the 15 Steps Challenge, to be assured essential standards of care were being met. Progress on the work at The Vale and Stroud Hospitals, being undertaken by two external consultants, was reported and will be used to inform the requirement for staff training and development.</p> <p>The Board RECEIVED and NOTED the report from the Integrated Governance and Quality Committee and the approved minutes of the meetings held on 23 July and 3 September 2013.</p>	
TB 103/13	<p>Agenda Item 14. Report from the Performance & Resources Committee (P&F)</p> <p>The Chair of the Performance & Resources Committee presented a report on the key issues from the meeting held on 25 October.</p> <p>He advised the Committee met six times a year on the months between Board meetings. At October's meeting the Cost Improvement Programme (CIP) Strategy, delegated to the Committee by the Board, had been approved, however the process required further review. Next month's meeting has been reinstated and will take place on 10 December when it is planned to review GCS' draft budget for 2014. The Director of</p>	

	<p>Finance and the Board Secretary will draft the meeting agenda.</p> <p>The Board RECEIVED and NOTED the report from the Performance and Resources Committee, the approved minutes of the meeting held on 8 August 2013 and the approved CIP Strategy.</p>	
<p>TB 104/13</p>	<p>Agenda Item 15. Vision, Values and Strategic Objectives</p> <p>The Director of Project Development & Strategy (DoPDS) presented a report updating the Board on the work that has been undertaken to refresh the Trust's vision and review and revise its values and strategic objectives.</p> <p>Consideration was given to wording the strategic objectives and values in a simpler and crisper manner to reflect the Trust has the right focus going forward. With the involvement of staff a series of behaviours were identified that encapsulate GCS' values:</p> <ul style="list-style-type: none"> • Caring • Open • Responsible • Effective <p>To take the Trust's Vision Report forward the Board was asked to approve and agree the values and strategic objectives contained in the report. These are also required for the organisation's '5 Year Plan' and will drive the Trust's business.</p> <p>The content of the report was discussed in depth and suggested the wording be reviewed, as 'managerial speak' in places, and the key messages be drawn out and made more 'punchier'. The Director of Countywide, Children & Young People's Services requested an additional point around Children's Services was included in the third strategic objective. The Director of Nursing and the DoPDS agreed to reword the sixth to pull out the detail. A suggestion from the floor (Elaine Watson) to use the organisation's workforce as ambassadors for strategic objectives iv) and v) was noted.</p> <p>A report on the Trust's identity and vision will be presented to December's Board meeting.</p> <p>The Board broadly RECEIVED the report subject to the recommendations and APPROVED the strategic objectives, noting the good work undertaken to reach this point in the process.</p>	

TB 105/13	<p>Agenda Item 16. Audit and Effectiveness Strategy</p> <p>The strategy was presented by the Director of Finance and the Director of Nursing and sets out the Trust's intentions around audit to gather and utilise information.</p> <p>The Chair of the Audit & Assurance (RG) reported the Committee will look at any area within the Trust where needed and, it was noted, a strength of effective auditing is to pick up on areas of weakness. The DoF reported a piece of work to look at the small cut off percentage in green areas will be undertaken by the Head of Performance (Matthew O'Reilly).</p> <p>Susan Mead, NED, commented on the omission of a Quality Assurance strategy framework and the Director of Nursing (EF) brought the Board's attention to the Quality Strategy diagram at Appendix 1. It was agreed SM and LF would continue the discussion outside Board. EF advised an outside consultant is preparing a proposal around the merger of the Trust's groups.</p> <p>The Board NOTED the useful points made and RECOMMENDED the Quality Assurance element is developed for inclusion in the report. Subject to refinement and consideration given to duplication of audits, the Board ADOPTED the Strategy.</p>	
TB 106/13	<p>Agenda Item 17. Urgent Care Plan</p> <p>The Director of Adult Services (DAS) presented the report based on the Trust's unique range of urgent care services. The Plan endeavours to develop an urgent care response for the whole system, taking note of commissioner intentions and the need to do more about public awareness, and outlines our partnership working. Three key programmes of work form the basis of this significant piece of work:</p> <ol style="list-style-type: none"> 1. Integrated Community Teams (ICT) 2. Urgent Care Centres 3. Children and Young People's Services <p>The Urgent Care NED lead, Rob Graves, noted the amount of work undertaken by the report's knowledgeable author. However, he had concerns regarding the 47 priorities listed in Appendix 1 and recommended the report be refined to make into a useable tool.</p> <p>Sue Mead, NED, noted there was little in the report around indicator case risk stratification, where the quality of care can be assessed independently of patient case mix, and considered it a critical area. The Interim Chief Executive reported the Trust is</p>	

	<p>doing well in this area in terms of model and sign up by all but one GP practice. However, he considered risk stratification works best if integrated with mental health. The DAS advised national evidence supports the idea that localised care is better for patients than acute services. She suggested Gloucestershire Village and Community Agents could take forward the risk stratification process.</p> <p>David Harwood, NED, recommended the financial implication in first sentence of item 6 of the report be reviewed and reworded and at item 7 the word 'incurring' replaced 'occurring'.</p> <p>The DAS will prepare a briefing paper for the Trust's Chair to share with Gloucestershire Hospitals NHS Foundation Trust and bring update to January's Board meeting when the frequency of reporting will be agreed.</p> <p>The Board ACKNOWLEDGED the substantial and knowledgeable piece of work. It RECOMMENDED the report's priorities are reflected as action plans, timelines and a diagram to make it a more useable tool and consideration is given to risk stratification.</p>	
TB 107/13	<p>Agenda Item 18. Foundation Trust Programme Board Update</p> <p>The Director of Project Development and Strategy presented the report on the activities of the Programme Board. He advised the organisation will be entering the Foundation Trust pipeline early in the new year and dedicated Board Development sessions will be used to ensure readiness.</p> <p>After review of the diagram at Appendix 1, the DoF requested an 'operational' segment be added and RG recommended they all link to the Trust's new strategic objectives.</p> <p>The Board ENDORSED the report and the work of the Programme Board. Further work and refinement to be undertaken at dedicated Board Development session.</p>	
TB 108/13	<p>Agenda Item 19. Transforming Local Care Programme (TLC) Board Update</p> <p>The Director of Project Development and Strategy presented the report on the progress of the Programme Board. The last meeting had focussed on how the Trust delivers change and the proposal that TLC moves towards a programme management methodology.</p> <p>Assurance around the delivery of the cost improvement plans</p>	

	<p>(CIP) was discussed and the CIP Plan will be reviewed at the Performance and Resources Committee on 10 December.</p> <p>The Board ENDORSED the report and the work of the TLC Programme Board.</p>	
<p>TB 109/13</p>	<p>Agenda Item 20. HR &OD Programme Board Update</p> <p>The Head of HR presented the report on the key issues recently discussed at the Programme Board. She advised additional staff engagement sessions had been arranged to help inform and develop the OD Strategy before the document is presented to December's Board. With support from Trade Union colleagues a staff charter will be developed to define appropriate behaviour in the work place.</p> <p>The Board NOTED the report and presentation of the OD Strategy to December's meeting.</p>	
<p>TB 110/13</p>	<p>Agenda Item 21. Your Care, Your Opinion (YCYO) Programme Board Update</p> <p>The Director of Project Development and Strategy presented the report on the activity of the Programme Board during September and October. The sub-group's meeting in September had focussed on the detail around service user feedback. The Programme Board had held an event at Gloucester Rugby Club in October for a large cohort of stakeholders to gain more extensive feedback on the strategy work.</p> <p>The Board ENDORSED the activities of the YCYO Programme Board.</p>	
<p>TB 111/13</p>	<p>Agenda Item 22: Integrated Quality & Performance Report</p> <p>The Director of Finance presented the report and updated the Board on the red and amber targets, both national and local.</p> <p>5.1 Clostridium Difficile Infections in Community Hospitals Plans are in place and in contrast to the spikes in C.Diff reporting witnessed earlier in the year (April and June) no cases had been confirmed in October. The DoF will notify the Board if fines are to be imposed by the CCG with regard to likely breach of this trajectory.</p> <p>5.5 Psychosexual Medicine The DoF advised the Trust had only just missed the waiting target and recent additional capacity within the service is improving the backlog.</p>	

	<p>5.6 Single Point of Clinical Access In September the service achieved its target of less than 5% of calls abandoned.</p> <p>5.10 Workforce Work was still required to achieve a target of 3% for sickness but an increase in the mandatory training rate is expected. With effect from January 2014 staff incremental increases will be linked to satisfactory completion of mandatory training.</p> <p>5.11 Adult Social Care Figures show a decrease in the number of people receiving direct payment but an increase in the number receiving self-directed support possibly as a consequence of patients having an input into the choice they get.</p> <p>5.11.2 Reviews The Director of Adult Services reported piece of work is underway with GCC to replace ERIC with another system, possibly System 1 already implemented by GCS. National money has been secured by GCC to fund a new IT system and must be spent by 2015.</p> <p>5.11.3 External Care An overspend of £6m is reported. Over the past six weeks good work has been done around analysis of the service users receiving care but more indicators are needed by GCS to enhance understanding.</p> <p>5.11.6 Quality Feedback from what people think of the reablement service has resulted in both financial and qualitative data.</p> <p>The Director of Adult Services proposed to produce a mini annual report showcasing the good work being done by services and anecdotal evidence on the continuous improvements being made within the Trust. It was important staff received these messages to motivate and inspire them.</p> <p>The Board RECEIVED the report provided for information and assurance and RECOMMENDED the evidence available is used in compilation of the Annual Report.</p>	
<p>TB 112/13</p>	<p>Agenda Item 23: Finance Report</p> <p>The Director of Finance reported that the Trust is still forecasting delivery of £2m surplus in line with plan. Key issues highlighted are as follows:</p> <p>QIPP</p>	

	<p>The Board were advised that the Trust had not yet agreed schemes with the Clinical Commissioning Group (CCG), despite meetings between Chief Executive and Directors of Finance. Discussions are ongoing to try and resolve this but if this does not happen then the Trust will need to involve the TDA.</p> <p>CQUIN</p> <p>There is currently a £330k gap resulting from 2.5% of CQUIN payments due from non-CCG commissioned activity. The CCG are due to discuss this with both NHS England and Public Health England on 25th November with a view to allocating to schemes.</p> <p>CIP</p> <p>The Chief Executive and Director of Finance are reviewing all CIP schemes with Directors and Programme leads and the outcome of this review will be reported to Board. A shortfall in the recurrent CIP can be covered by non-recurrent monies but there is need to shift focus onto delivery of recurrent CIPs in year.</p> <p>Capital Spend</p> <p>The Board heard that the new Tewkesbury hospital had finally opened to patients, and that work in underway to address and balance the financial costs of the delay by the builders across the wider NHS.</p> <p>Other capital spend items to note were that 50% of the syringe drivers have been replaced and that work needs to take place so that Operations request capital to improve quality, efficiency and costs.</p> <p>Capital spend forecast remains in line with plan.</p> <p>External Care</p> <p>The GCC SLA date for month 4 shows a £6m overspend on external care for older people and physical disabilities, with an underspend on the SLA. Attention was drawn to this amount being a small proportion of the overall Trust budget.</p> <p>Board members discussed a number of aspects of the report and raised some queries. The key points from these are reported as follows:</p> <p>There is confusion amongst suppliers on where to send invoices since the NHSA reforms in April 2013. This will be looked at in more detail by the Audit and Assurance Committee in December 2013.</p> <p>Following a waiver of Public Dividend Capital (PDC) payments in year, the Trust has received approval for £2m one-time spend</p>	<p>SAF</p>
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	<p>for invest to save schemes as detailed in Appendix 2. These funds will be moved out of reserves next month.</p> <p>A question was raised on how QIPP is managed across the whole health community and the Director of Finance explained there is a QIPP group comprising all finance leads that reports to the Gloucestershire Strategic Forum (Chair and Chief Officer group).</p> <p>The Board NOTED the position and the implications on the Trust.</p>	
<p>TB 113/13</p>	<p>Agenda Item 24: Appraisal Report</p> <p>The Head of HR presented the paper which followed a request made at the previous meeting. A further update was also tabled showing progress made since publication of papers.</p> <p>Appraisal completion performance rates were recorded at 64.19% in September 2013. These had increased to 74.95% at the end of October with further improvement as at 11th November 2013 where appraisal completion rates stood at 79.69%.</p> <p>The Head of HR explained that 15% improvement since September is the product of a data cleansing exercise which identified 7.5% of non-reported appraisals, with the rest of the improvement resulting from dates being booked for appraisals.</p> <p>The Board recognised the good progress in this area over the past two months and that the work to further improve performance will continue to meet the Trust target of 90%.</p> <p>Discussion took place on findings and response to the Internal Audit report into appraisal with the main issue being objectives not being reviewed or linked to organisational objectives. It was noted that the refresh of the strategic objectives earlier in the meeting would help with this, and it is also expected that both the Listening into Action and Leadership for Quality Care programmes will also help improve the quality of appraisals.</p> <p>Although some areas saw a reduction of 10% it was explained that this could be a result of appraisals being due in month or a small team.</p> <p>The Head of HR explained that following the meeting, detailed reports showing overdue appraisals will be distributed to the Executive team and Locality Managers.</p> <p>The Board RECEIVED the report and update on appraisal</p>	

	completion rates for information and discussion.	
TB 114/13	Agenda Item 25: Dates of Future Board Meetings <p>The proposed dates for future Board meetings through until March 2015 were presented. The Board Secretary reported that in addition to these dates the date for the Annual General Meeting for 2013/14 is still to be agreed and there may be a need for an additional Board meeting in March 2014 to review business planning items.</p> <p>The Board APPROVED the meeting dates to March 2015.</p>	
TB 115/13	Agenda Item 26: Any Other Business <u>System1 Launch (Mobile Working)</u> <p>The Director of Finance reported that System 1 work to support mobile working had commenced with Diabetic Specialist Nursing being the first team to go live. They will be followed by the Cardiac Failure team. Other teams will go live as part of a 12 month rollout programme.</p> <p><u>Community Hospitals Association Awards</u></p> <p>The Director of Nursing reported the Trust has been successful in receiving three awards from the Community Hospitals Association. The awards will be formally presented to the Trust in May 2014 and were awarded for work on;</p> <ul style="list-style-type: none"> • Community Hospitals Rapid Improvement Events • Forest of Dean Unitary Health Records • Linking Safeguarding to Pressure Ulcers <p>The Board welcomed the fantastic news and the Chair extended thanks to all of the staff and volunteers involved.</p> <p>The Board NOTED the any other business items.</p>	
TB 116/13	Agenda Item 27: Date of Next Meeting <p>9.30am to 11.30am on Tuesday, 10 December 2013 at Churchdown Community Centre, GL3 2JH</p>	

Chairs Signature

Date

Gloucestershire Care Services NHS Trust Board Action Log

Minute Reference	Action Agreed	Lead Exec	Update for 10 December 2013	Proposed Close Date	Status
Actions Carried forward from Gloucestershire Care Services Operational Board					
6/11/12 – item 8.11	Operational Board agreed that a detailed study on stress within the organisation should be progressed. It subsequently agreed that an employee health and wellbeing plan should be incorporated within the HR Strategy	Head of HR	Employee Health and Wellbeing Plan scheduled to be considered by Board in July. However this will now be taken forward by the HR and OD Programme Board, with the aim of a draft HR Strategy to be submitted to the board in March 2014.	Mar-14	Open
6/11/12 – item 8.2	Reporting GCC and GCS financial performance to be presented consistently	Director of Finance	GH advised at September Board new management reporting packs are being sent out and resulting reports will be available for November Board GCC and GCS data packs now aligned	Nov-13	Closed
Gloucestershire Care Services NHS Trust Board Action Log					
TB43/13	Further to liP Assessment report the Board agreed funding to progress undertaking the "top up" assessment and the Health and Wellbeing Framework	Head of HR	Progressing led by the Head of HR and overseen by HR and OD Programme Board. TR advised liP progress report will be considered by the HR/OD Programme Board in Jan 14 with an update being provided to the Board in March 14.	Mar-14	Open

Minute Reference	Action Agreed	Lead Exec	Update for 10 December 2013	Proposed Close Date	Status
TB50/13	Board to consider fitting commemoration for John Hale and Frank Baynham	Board Secretary	Progressing. Chair is due to meet to discuss this in September 2013. <i>Discussions ongoing</i> Update in Chair's report	Sep-13	Closed
TB62/13	Board to review the progress of the Organisational Development Plan in January 2014	Head of HR	The Organisational Development Plan will be developed once the OD Strategy has been approved by the Board. The draft OD Strategy is scheduled to be submitted to the December Board.	Jan-14	Open
TB63/13	The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013	Foundation Trust Programme Managers	FT Programme Managers to add. <i>Strategy to be presented to December Board.</i> For January 2014 Board	Jan-14	Open
TB68/13	If capital charges amnesty is confirmed Board requested the Director of Finance draw up plans for how this amount would be invested	Director of Finance	£2.3m capital charges to be discussed at Exec Management Meeting GH to comment <i>Approved schemes in November's Finance Report</i>	Nov-13	Closed
TB68/13	Board requested quality indicators are reported against all productivity monitoring reports to ensure level of service is maintained	Director of Finance	Starting to happen - leave status as 'open'. Review in November	Nov-13	Closed

Minute Reference	Action Agreed	Lead Exec	Update for 10 December 2013	Proposed Close Date	Status
TB68/13	Concerns were expressed that actions raised at the Joint Commissioning Board (JCB) are not carried out jointly with the CCG, and it was recommended the Trust work with commissioners to address this point	Director of Finance	To be closed post October Board to Board meeting with CCG Chief Exec and DoF have raised concerns with Debbie Clark, new Joint Commissioning Manager Health & Social Care	Nov-13	Closed
TB76/13	Further work required to develop a quality dashboard drawing data from initiatives that can be measured and quantified and presented to October's IG&QC	Director of Nursing	Development of quality reporting to be reviewed in the context of the Government's response to Francis and reported to IGQC in December	Jan-14	Open
TB77/13	Recommended next Service User Experience Report include a section on how the clinical care complaints are being addressed and remedied	Director of Project Development & Strategy	Qtr 2 Report to November meeting	Nov-13	Closed
TB78/13	Proposal from Chair of Audit that a standardised template be produced for sub-committees reporting to Board	Board Secretary	New look report to December Board	Dec-13	Closed
TB79/13	Amend Charitable Funds ToR at 5.2 by removing the word "typically"	Board Secretary	ToR updated	Nov-13	Closed
TB83/13	Re-issue Medical Director and Clinical Director job descriptions to reflect proposed swap of titles	Clinical Director	Medical Director (MD) to retire end of March 2014. Succession plan being worked on by Clinical Director and MD. Review quoracy of Board and sub-committees associated with job description changes.	Jan-14	Closed
TB87/13	Bring update on actions being taken to address the issue around low level completion of staff appraisals to next meeting	Head of HR	See agenda item24	Nov-13	Closed

Minute Reference	Action Agreed	Lead Exec	Update for 10 December 2013	Proposed Close Date	Status
TB87/13	Bring update on actions being taken to address the number of outstanding assessments through the recruitment of more practitioners	Director of Finance	Regular reporting in Quality & Performance report	Nov-13	Closed
TB87/13	Formally record the Board's appreciation on the vast improvement in performance reporting	Board Secretary	Letter to be sent	Nov-13	Closed
TB88/13	Board approved work be progressed to address identified cost pressures being offset by underspends	Director of Finance		Nov-13	On-going
TB88/13	Pursue an agreed opening balance for GCS in line with the LTFM	Director of Finance	DH has rejected PCT's balance sheet split and agreement on Trust's opening balance delayed till nearer end of the year. Update to December Board.	Dec-13	Open

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 10th December 2013
Location: Churchdown Community Centre

Agenda item 6: Report of the Trust Chair

Purpose

This paper highlights the following activities in relation to the role of the Chair and Non-Executive Directors since my report to the Board in November.

Board Level Recruitment

I am delighted to welcome three new Designate Non-Executive Directors to the Board; Sue Mead, Chris Creswick and Nicola Strother Smith. Another recruitment campaign is to be launched later in December with a view to appointing a further Non-Executive Director in the New Year with a financial or business development background, in anticipation of David Harwood's planned departure in March. In the meantime, portfolios of responsibility and special interest for each NED are shown in the attached chart (Appendix 1), which may be refined over the coming weeks. Any changes will be reported to the Board.

Chief Executive Recruitment

At the present time we are in the process of recruiting a permanent Chief Executive. Long listing has taken place and an assessment centre has been arranged for 5th December which will involve a number of key stakeholders and partners. A final interview panel has been scheduled for 12th December and its recommendation considered by the Remuneration Committee on 13th December, so I hope to be able to make an announcement soon after that.

Meet the Board Members meetings

Last week the Interim Chief Executive and I hosted seven locality meetings with colleagues across the Trust, updating them on the refreshed values and objectives for the organisation and discussing plans for the leadership development of bands 7/8 as well as a new organisational engagement exercise known as 'Listening into Action' which is due to begin in January.

Foundation Trust Network

Since the last Board I have attended the national Board of the Foundation Trust Network (as the Community Trust Chairs' representative) and also its national meeting for Chairs and Chief Executives. I have been able to engage in debate in relation to the Integration Development Fund which is due to be implemented in

2015 and the Shadow Secretary of State's current policy thinking about the future of the NHS and social care as an integrated system. I have briefed the Board on these and other matters discussed at FT Network sessions. Details of the proposals for the Integration Development Fund can be seen in the attached letter (Appendix 2) and its implications were discussed fully at a meeting of the Gloucestershire Strategic Forum on 26th November.

Hard Truths: The Journey to Putting Patients First

The Secretary of State, the Right Honourable Jeremy Hunt, has sent a letter directly to all Chairs of provider trusts in England asking us to note the government's response to the Francis Report, 'Hard Truths: The Journey to Putting Patients First'. The Board has responsibility for ensuring that the learning from this report is embedded in our Trust's culture and so I attach his letter for the Board to consider (Appendix 3). A paper will be presented to January's Board.

Trust Memorial Awards

I previously reported to the Board the sad loss of two of our longstanding friends and partners in the Forest of Dean, John Hale OBE and Councillor Frank Baynham. It was agreed that their contribution should be formally recognised and remembered. Following discussion with those closest to John and Frank, it is proposed that in each case we should name an award in their memory (for volunteering and for partnerships with communities, respectively) and present these at the Trust's awards ceremony to be held in the first part of next year.

Recommendation

The Board is asked to **NOTE** the content of the report.

Ingrid Barker
28 November 2013

Appendices

Appendix 1: NEDs Portfolio chart

Appendix 2: Next Steps on implementing the Integration Transformation Fund letter

Appendix 3: Jeremy Hunt letter – 'Hard Truths: The Journey to Putting Patients First'

Appendix 1

NON-EXECUTIVE DIRECTOR (NED) PORTFOLIOS

NED	LOCALITY /SERVICES	BOARD COMMITTEE LEAD	PROGRAMME BOARD LEAD	COMMITTEE/PROGRAMME BOARD MEMBERSHIP ¹	FUNCTIONAL INTEREST	OTHER
Ingrid Barker (Chair)		<ul style="list-style-type: none"> Board Leadership Remuneration & Terms of Service Committee (Rem Com) 	<ul style="list-style-type: none"> FT Programme Board Your Care, Your Opinion Programme Board 	<ul style="list-style-type: none"> IGQC 	Board Development	<ul style="list-style-type: none"> NHS Constitution Champion
Chris Creswick (Designate)	Urgent Care		<ul style="list-style-type: none"> HR/OD Programme Board 	<ul style="list-style-type: none"> PRC Rem Com FT Programme Board 	HR and OD Development	<ul style="list-style-type: none"> Colleague Council Emergency Planning, Response and Resilience (EPRR)
Robert Graves	Cheltenham & Cotswold	<ul style="list-style-type: none"> Audit & Assurance Committee (AAC) 	<ul style="list-style-type: none"> Transforming Local Care (TLC) Programme Board 	<ul style="list-style-type: none"> Rem Com PRC 	Finance and Information	<ul style="list-style-type: none"> Health and Safety Whistleblowing / Senior Independent Director (SID)
David Harwood	Forest & Tewkesbury	<ul style="list-style-type: none"> Performance and Resources Committee (PRC) 		<ul style="list-style-type: none"> Rem Com AAC CFC 	Business Development and Marketing	

¹ All NEDs except the Chair are members of the Audit & Assurance Committee with those above showing as the regular attendees.

Appendix 1

NON-EXECUTIVE DIRECTOR (NED) PORTFOLIOS

NED	LOCALITY /SERVICES	BOARD COMMITTEE LEAD	PROGRAMME BOARD LEAD	COMMITTEE/PROGRAMME BOARD MEMBERSHIP ¹	FUNCTIONAL INTEREST	OTHER
Susan Mead	Children and Young People (CYP) Services	<ul style="list-style-type: none"> Integrated Governance & Quality (IGQC) 		<ul style="list-style-type: none"> Rem Com AAC 	Clinical and Social Care	<ul style="list-style-type: none"> Equality Champion
Joanna Scott (Vice Chair)	Gloucester & Stroud	<ul style="list-style-type: none"> Charitable Funds Committee (CFC) 		<ul style="list-style-type: none"> Rem Com IGQC Your Care, Your Opinion Programme Board 	Communications and Engagement	<ul style="list-style-type: none"> Learning Disability (LD) Partnership
Nicola Strother-Smith (Designate)	County Wide Services			<ul style="list-style-type: none"> Rem Com IGQC CFC TLC Programme Board 	Quality and Safety	<ul style="list-style-type: none"> Caldicott

17 October 2013

To: CCG Clinical Leads
Health and Wellbeing Board Chairs
Chief Executives of upper tier Local Authorities
Directors of Adult Social Services

cc: CCG Accountable Officers
NHS England Regional and Area Directors

Dear Colleagues

Next Steps on implementing the Integration Transformation Fund

We wrote to you on 8 August 2013 setting out the opportunities presented by the integration transformation fund (ITF) announced in the spending review at the end of June. While a number of policy decisions are still being finalised with ministers, we know that you want early advice on the next steps. This letter therefore gives the best information available at this stage as you plan for the next two years.

Why the fund really matters

Residents and patients need Councils and Clinical Commissioning Groups (CCGs) to deliver on the aims and requirements of the ITF. It is a genuine catalyst to improve services and value for money. The alternative would be indefensible reductions in service volume and quality.

There is a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. We encourage Health and Wellbeing Boards to extend the scope of the plan and pooled budgets.

Changing services and spending patterns will take time. The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care. Accordingly the NHS planning framework will invite CCGs to agree five year strategies, including a two year operational plan that covers the ITF through their Health and Wellbeing Board.

A fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk. There is excellent practice in some areas that needs to be replicated everywhere. The ingredients are the same across England; the recipe for success differs locality by locality.

Integrated Care Pioneers, to be announced shortly, will be valuable in accelerating development of successful approaches. We are collaborating with all the national partners to support accelerated adoption of integrated approaches, and will be launching support programmes and tools later in 2013.

Where does the money come from?

The fund does not in itself address the financial pressures faced by local authorities and CCGs in 2015/16, which remain very challenging. The £3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals. This calls for a new shared approach to delivering services and setting priorities, and presents Councils and CCGs, working together through their Health and Wellbeing Board, with an unprecedented opportunity to shape sustainable health and care for the foreseeable future.

Working with providers

It will be essential for CCGs and Local Authorities to engage from the outset with all providers, both NHS and social care, likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for local providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the fund includes agreement to the service change consequences.

Supporting localities to deliver

We are acutely aware that time is pressing, and that Councils and CCGs need as much certainty as possible about how the detail of the fund will be implemented. Some elements of the ITF are matters of Government policy on which Ministers will make decisions. These will be communicated by Government in the normal way. The Local Government Association and NHS England are working closely together, and collaborating with government officials, to arrive at arrangements that support all localities to make the best possible use of the fund, for the benefit of their residents and patients. In that spirit we have set out in the attached annex our best advice on how the Fund will work and how Councils and CCGs should prepare for it.

The Government has made clear that part of the fund will be linked to performance. We know that there is a lot of interest amongst CCGs and Local Authorities in how this “pay-for-performance” element will work. Ministers have yet to make decisions on this. The types of performance metrics we can use (at least initially) are likely to be largely determined by data that is already available. However, it is important that local discussions are not constrained by what we can measure. The emphasis should be on using the fund as a catalyst for agreeing a joint vision of how integrated

care will improve outcomes for local people and using it to build commitment among local partners for accelerated change.

Joint local decision making and planning will be crucial to the delivery of integrated care for people and a more joined up use of resources locally. The ITF is intended to support and encourage delivery of integrated care at scale and pace whilst respecting the autonomy of locally accountable organisations.

This annex to this letter sets out further information on:

- How the pooled fund will be distributed;
- How councils and CCGs will set goals and be rewarded for achieving them;
- Possible changes in the statutory framework to underpin the fund;
- The format of the plans for integrated care and a template to assist localities with drawing up plans that meet the criteria agreed for the fund;
- Definitions of the national conditions that have to be met in order to draw on the pooled fund in any locality; and
- Further information on how local authorities, CCGs, NHS England and government departments will be assured on the effective delivery of integrated care using the pooled fund.

Leads from the NHS and Local Government will be identified to assist us to work with Councils and CCGs to support implementation. More details on this can be found in the annex. We will issue a monthly bulletin to Councils and CCGs with updates on the Integration Transformation Fund.

Yours faithfully



Carolyn Downs
Chief Executive
Local Government Association



Bill McCarthy
National Director: Policy
NHS England

Advice on the Integration Transformation Fund

What is included in the ITF and what does it cover?

Details of the ITF Fund

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the ITF will be created from the following:	
£1.9bn NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:	
<ul style="list-style-type: none"> • £130m Carers' Breaks funding • £300m CCG reablement funding • £354m capital funding (including c.£220m of Disabled Facilities Grant) • £1.1bn existing transfer from health to social care 	

1. The Integration Transformation Fund will be £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users. In 2014/15 an additional £200m transfer from the NHS to social care in addition to the £900m transfer already planned will enable localities to prepare for the full ITF in 2015/16.
2. In 2014/15 use of pooled budgets remains consistent with the guidance¹ from the Department of Health to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with this:
3. *"The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used."*
4. *A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for*

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

5. *In line with our responsibilities under the Health and Social Care Act, NHS England is also making it a condition of the transfer that local authorities and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.*
6. *NHS England is also making it a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer”*
7. In 2015/16 The fund will be allocated to local areas, where it will be put into pooled budgets under joint governance between CCGs and local authorities. A condition on accessing the money in the fund is that CCGs and local authorities must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

How will the ITF be distributed?

8. Councils will receive their detailed funding allocation following the Autumn Statement in the normal way. When allocations are made and announced later this year, they will be two-year allocations for 2014/15 and 2015/16 to enable planning.
9. In 2014/15 the existing £900m s.256 transfer to Local Authorities for social care to benefit health, and the additional £200m will be distributed using the same formula as at present.
10. The formula for distribution of the full £3.8bn fund in 2015/16 will be subject to ministerial decisions in the coming weeks.
11. In total each Health and Wellbeing Board area will receive a notification of its share of the pooled fund for 2014/15 and 2015/6 based on the aggregate of these allocation mechanisms to be determined by ministers. The allocation letter will also specify the amount that is included in the pay-for-performance element, and is therefore contingent in part on planning and performance in 2014/5 and in part on achieving specified goals in 2015/6.

How will Councils and CCGs be rewarded for meeting goals?

12. The Spending Review agreed that £1bn of the £3.8bn would be linked to achieving outcomes.
13. In summary 50% of the pay-for-performance element will be paid at the beginning of 2015/16, contingent on the Health and Wellbeing Board adopting a plan that

meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance. We are still agreeing the detail of how this will work, including for any locally agreed measures.

14. In practice there is a very limited choice of national measures that can be used in 2015/6 because it must be possible to baseline them in 2014/5 and therefore they need to be collected now with sufficient regularity and rigour. For simplicity we want to keep the number of measures small and, while the exact measures are still to be determined, the areas under consideration include:

- Delayed transfers of care;
- Emergency admissions;
- Effectiveness of re-ablement;
- Admissions to residential and nursing care;
- Patient and service user experience.

15. In future we would hope to have better indicators that focus on outcomes for individuals and we are working with Government to develop such measures. These can be introduced after 2016/7 as the approach develops and subject to the usual consultation and testing.

16. When levels of ambition are set it will be clear how much money localities will receive for different levels of performance. In the event that the agreed levels of performance are not achieved, there will be a process of peer review, facilitated by NHS England and the LGA, to avoid large financial penalties which could impact on the quality of service provided to local people. The funding will remain allocated for the benefit of local patients and residents and the arrangements for commissioning services will be reconsidered.

Does the fund require a change in statutory framework?

17. The Department of Health is considering what legislation may be necessary to establish the Integrated Transformation Fund, including arrangements to create the pooled budgets and the payment for performance framework. Government officials are exploring options for laying any required legislation in the Care Bill. Further details will be made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward.

How should councils and CCGs develop and agree a joint plan for the fund?

18. Each upper tier Health and Wellbeing Board will sign off the plan for its constituent local authorities and CCGs. The specific priorities and performance goals are clearly a matter for each locality but it will be valuable to be able to:

- Aggregate the ambitions set for the fund across all Health and Wellbeing Boards;

- Assure that the national conditions have been achieved; and
 - Understand the performance goals and payment regimes have been agreed in each area.
19. To assist Health and Wellbeing Boards we have developed a draft template which we expect everyone to use in developing, agreeing and publishing their integration plan. This is attached as a separate Excel spread sheet.
20. The template sets out the key information and metrics that all Health and Wellbeing Boards will need to assure themselves that the plan addresses the conditions of the ITF. We strongly encourage Councils and CCGs to make immediate use of this template while awaiting further guidance on NHS planning and financial allocations.
21. Local areas will be asked to provide an agreed shared risk register, with agreed risk sharing and mitigation covering, as a minimum, steps that will be taken if activity volumes do not change as planned. For example if emergency admissions increase or nursing home admissions increase.

What are the National Conditions?

22. The Spending Review established six national conditions:

National Condition	Definition
Plans to be jointly agreed	<p>The Integration Plan covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups.</p> <p>In agreeing the plan, CCGs and Local Authorities should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.</p>
Protection for social care services (not spending)	<p>Local areas must include an explanation of how local social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with the 2012 Department of Health guidance referred to in paragraphs 2 to 6,</p>

National Condition	Definition
	above.
<p>As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends</p>	<p>Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement.</p> <p>There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The forthcoming national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England will provide guidance on establishing effective 7-day services within existing resources.</p>
<p>Better data sharing between health and social care, based on the NHS number</p>	<p>The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.</p> <p>Local areas will be asked to:</p> <ul style="list-style-type: none"> • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing open APIs (ie. systems that speak to each other); and • ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place. <p>NHS England has already produced guidance that relates to both of these areas, and will make this available alongside the planning template. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health).</p>

National Condition	Definition
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas will be asked to identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning.
Agreement on the consequential impact of changes in the acute sector	Local areas will be asked to identify, provider-by-provider, what the impact will be in their local area. Assurance will also be sought on public and patient engagement in this planning, as well as plans for political buy-in.

How will preparation and plans be assured?

23. Ministers will wish to be assured that the ITF is being used for the intended purpose, and that the local plans credibly set out how improved outcomes and wellbeing for people will be achieved, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
24. To maximise our collective capacity to achieve these outcomes and deliver sustainable services we will have a shared approach to supporting local areas and assuring plans. This process will be aligned as closely as possible to the existing NHS planning rounds, and CCGs can work with their Area Teams to develop their ITF plans alongside their other planning requirements.
25. We will establish in each region a lead local authority Chief Executive who will work with the Area and Regional Teams, Councils, ADASS branches, DPHs and other interested parties to identify how Health and Wellbeing Boards can support one another and work collaboratively to develop good local plans and delivery arrangements.
26. Where issues are identified, these will be shared locally for resolution and also nationally through the Health Transformation Task Group hosted by LGA, so that the national partners can broker advice, guidance and support to local Health and Well Being Boards, and link the ITF planning to other national programmes including the Health and Care Integration Pioneers and the Health and Well Being Board Peer Challenge programme. We will have a first review of readiness in early November 2013.
27. We will ask Health and Well Being Boards to return the completed planning template (draft attached) by 15 February 2014, so that we can aggregate them to provide a composite report, and identify any areas where it has proved challenging to agree plans for the ITF.



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

To Chairs of NHS Foundation Trusts and NHS Trusts in England

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

19 NOV 2013

Dear colleagues,

Hard Truths: The Journey to Putting Patients First

You'll have seen that we published *'Hard Truths: The Journey to Putting Patients First'* today, the Government's further response to the Mid Staffordshire NHS Foundation Trust Public Inquiry. The report can be found at:
<http://bit.ly/responsetofrancis>

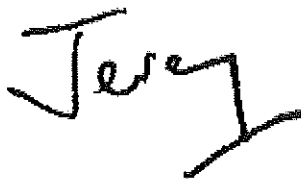
Robert Francis's inquiry contained difficult truths for everyone in the health and care system. I know from my regular visits to health and care services around the country that NHS organisations have been reflecting deeply on the inquiry's key messages and engaging with their patients and staff to consider what this means for all of us.

Today's response sets out our core messages for everyone working in health and care: to hear the patient and strive to see things from their perspective; to ensure the public know what's really happening in their local NHS services; to be open about mistakes; and when things go wrong, to ensure that there is proper accountability. Together, these key themes are about fostering a culture which will make a reality of placing patients at the heart of a safe, compassionate NHS.

The best boards are already driving this agenda forward – putting patients first, supporting staff, and embracing openness and transparency. The Care Quality Commission will help us identify where this is working well and we need to build on this work and share what is working with others.

The response sets out a range of actions by different partners in the health and care system to address the recommendations set out in the Francis inquiry. When I wrote to you earlier this year after the publication of *Patients First and Foremost*, I asked that all NHS hospitals should set out publicly how they intend to respond to the inquiry's conclusions before the end of this year. Collectively, and with your drive, commitment and innovation, I know we will see real and lasting change.

Yours ever,

A handwritten signature in black ink, appearing to read 'Jeremy', with a stylized flourish at the end.

JEREMY HUNT

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 10th December 2013

Location: Churchdown Community Centre, Churchdown, GL3 2JH

Agenda item 7: Chief Executive's Report

1. Board Approval of 2014-16 Plans

The Trust is required to submit draft plans, approved by the Board, for the 2014-2016 period to the NHS Trust Development Authority (TDA) by 13th January 2014. The template for this submission is not expected to be released until week commencing 16th December 2013.

In order to achieve Board approval of the plans and meet the TDA deadline, the Board is asked to **APPROVE** the following process;

The Performance and Resources Committee will review plans and high-level figures at the meeting on 10th December 2013, and then further work will continue through December and into January to finalise the detail.

It is proposed that Board **DELEGATE** authority for final sign off of the submission to the Executive Team, along with the Trust Chair and the Chair of the Audit & Assurance Committee.

2. SystmOne Launch

SystmOne is the new Clinical System for Community and Children Services which provides a secure single Electronic Patient Record (EPR) accessible by GPs. SystmOne will replace the old and unsupported systems.

Benefits of SystmOne are:

- real time data access for all patient information
- reduce paper records, saving of staff time and paper costs
- improve the way we use clinic times, making better use of clinical resources for GPs, nurses and other healthcare professionals delivering clinics
- improve service processes to support patient safety and clinical governance

- improve efficiency in our reporting, with data quality meeting the Department of Health's Community Information Data Set requirements
- provide on-line patient access to records subject to GP agreement

Enabling

- improved quality of care
- releasing time to care

Roll out began the week commencing 11th November 2013 and we now have 80 users across the following services; Diabetes, Heart Failure, Cardiac Rehab, Respiratory, Tissue Viability, Intravenous Therapy, Parkinson's Disease, Bone Health and Palliative Care. This rollout will continue over the next 12 months with Stroke ESD, Adult Speech & Language Therapy followed by Podiatry, MSK and Physiotherapy, Integrated Community Teams and Children's and Young Peoples Services.

Feedback has been positive with services being pleased with the speed of letter creation and recording consultations which can now happen directly into SystmOne. The Heart Failure administrators are already seeing a reduction in paper using SystmOne scanning as they are reducing the need to photocopy.

All Services have been very positive about the amount of floorwalking support they are receiving and the training that has prepared them for Go Live.

3. Getting Mrs Foster Home Week – 25th November – 1st December

Following two workshops involving health colleagues from across Gloucestershire, a countywide campaign was launched to test out discharge processes across the whole health and social care community. 'Mrs Foster', a fictional character, has the same needs as many patients:

Timely and responsive services ; staff who understand her needs ; telling her story just once ; staff who talk to her and to each other

Gloucestershire Care Services NHS Trust has been working with colleagues from Gloucestershire County Council, Gloucestershire Clinical Commissioning Group and Gloucestershire Hospitals NHS Foundation Trust in the initiative, aiming to improve the timeliness and responsiveness of patient discharges from Gloucestershire Royal Hospital.

An update on the how the campaign went will be provided at the meeting.

4. Gloucestershire Respiratory Team

The Community Respiratory Team managed by Gloucestershire Care Services and the hospital-based Respiratory Assisted Discharge Team have merged to form the Gloucestershire Respiratory Team (GRT). This merger was commissioned by the CCG's Respiratory Clinical Programme Group, and is a result of collaborative working across the organisations involved.

The GRT, now operational, provides a 'one stop shop' to support GPs in the management of complex patients. It provides urgent assessment within 48-72 hours of referral, with non-urgent referrals being seen within 14 days. The service can be accessed through the GRT's referral centre, using a specific referral form. It offers a broad range of care packages including:

- Exacerbation Support
- Pulmonary Rehabilitation
- Symptom Management
- Medicines Optimisation
- Palliative Care advice
- Supported Discharge
- Home Oxygen Assessment Service

5. Change to Dental Services at Beeches Green Surgery, Stroud

Dental services at Beeches Green Surgery in Stroud are moving to a new surgery on site at the Redwood House, Beeches Green. Services previously provided at Beeches Green will re-open at the Dental Clinic, Redwood House, from Monday 16 December.

During the transition period, routine appointments have been rescheduled at Southgate Moorings, Cirencester Hospital and Vale Community Hospital and patients have been advised accordingly.

Telephone numbers for Beeches Green Dental Clinic will remain the same through the transition period and when services re-open. Please continue to contact 01453 758591 or 0300 421 8969 where reception staff will be able to help with routine enquiries and appointment queries.

If anyone has problems contacting the Stroud clinic then please call our main Gloucester clinic at Southgate Moorings on 01452 380073. The dental service can also be contacted at Vale Community Hospital on 0300 421 8463 and Cirencester Hospital on 01285 884664 although these may not be staffed every day.

6. Twitter

On 27th November, I joined the “Twittersphere”, under the Twitter handle @Glos_CareCEO.

If you are one of the millions of people who use Twitter to keep up to date with the world, then you can now use Twitter to get in touch, start a conversation, ask a question or just find out what the Chief Executive gets up to.

7. Recommendations

The Board is asked to **NOTE** the content of the report and to **APPROVE** the process for the review and signoff of 2014-16 plans under delegated authority by the Executive Team, Trust Chair and the Chair of the Audit and Assurance Committee.

Paul Jennings
Interim Chief Executive
December 2013

Gloucestershire Care Services NHS Trust Board

Title:	Organisational Development Strategy (v0.5)	Date of Meeting: 10 December 2013
Agenda Item:	8	
Purpose of Paper:	To request the Board's support for the Organisational Development Strategy	
Key Points:	<p>The Organisational Development Strategy has already been reviewed, amended and endorsed following scrutiny by the HR/OD Programme Board. Moreover, this Strategy has been circulated to all Board members ahead of this meeting, and resultant comments have been actioned as appropriate.</p> <p>It is noted that the Trust has yet to agree its vision statement, and therefore, the statement that appears in section 2.1 of the Strategy, will be updated at a later date.</p>	
Options and decisions required	The Board is asked to approve and ratify the Organisational Development Strategy for adoption by the Trust	
Fit with strategic objectives	Achieve the best possible outcomes for our service users through high quality care	x
	Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	Provide innovative community services that deliver health and social care together	x
	Work as a valued partner in local communities and across health and social care	x
	Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	Manage public resources wisely to ensure local services remain sustainable and accessible	x

Next steps/ future actions	A detailed Organisational Development Implementation Plan, and an Equalities and Diversities Implementation Plan will be developed, that will subsequently be monitored by the HR/OD Programme Board.		
Author name and title	Rod Brown, Programme Manager	Director name and title	Tina Ricketts Head of HR

ORGANISATIONAL DEVELOPMENT STRATEGY

2013-18

*To inspire commitment
to a shared vision,
culture and set of values
that support the
delivery of high-quality
person-centred care*

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Executive lead:	Tina Ricketts, Head of HR
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ORGANISATIONAL DEVELOPMENT STRATEGY 2013-18

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ORGANISATIONAL DEVELOPMENT STRATEGY 2013-18

0. Executive Summary

This Organisational Development Strategy serves to identify how the working environment of Gloucestershire Care Services NHS Trust (“the Trust”) will be advanced over the period 2013-18, in order to create a sustainable culture that supports the delivery of high-quality, person-centred care across all of the organisation’s health and social care services.

As such, this Strategy is focused upon:

- embedding the Trust’s core values, then ensuring that these are reflected in behaviours to support the growth of the Trust culture: this will be achieved by the reconfiguration of key organisational processes including recruitment, appraisals, communications and business planning;
- developing a supportive and learning culture, that emphasises the importance of team working to achieve common goals, and that shares the results of actions in order to improve future performance: this will be realised by observance of an operational framework that will empower individuals and teams with a clear sense of purpose and understanding, that will enable them to deliver improved outcomes;
- increasing the capacity and capability of leadership across the Trust: this recognises the significant role that leaders at all levels of the organisation play in inspiring others and championing key agendas, in particular, the drive to ensure continuous quality improvement;
- supporting, encouraging and motivating colleagues, and eliciting their direct involvement with, and positive contribution to, all relevant Trust planning and decision-making: this demonstrates the value that the Trust places upon its workforce, and actively seeks to engage all colleagues so that they are enthused to take ownership;
- ensuring that the Trust responsibly promotes Human Rights, challenges all discrimination, and ensures appropriate equity in service delivery and employment.

It is important to note that much of the content of this Organisational Development Strategy has been shaped in partnership with a range of health and social care colleagues. Its ultimate objective is to ensure that the Trust can encourage a more motivated, happy and entrusted workforce, who will therefore be able to deliver a better service that will enhance the experiences and outcomes of service users, carers and families across Gloucestershire.

It is noted that this Strategy is supported by an Organisational Development Implementation Plan and an Equalities and Diversity Implementation Plan, which will clarify the practical actions, timelines, milestones and resources necessary to fulfil the respective ambitions within the Strategy.

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1. Introduction

“The presence of a positive and supportive organisational culture often goes hand-in-hand with high quality care and an enthusiastic workforce. When organisations and teams need to come together, understanding the similarities and differences between the organisational cultures, values and priorities can be a considerable challenge. This is often underestimated, but is essential to achieve joined-up care”

NHS Institute for Innovation and Improvement

- 1.1 The NHS is currently experiencing one of its most significant periods of national reform, at the heart of which lies an explicit requirement to deliver £20 billion in efficiency savings by 2014/15, and a further £30 billion savings in the following five years, whilst nevertheless, maintaining optimum quality of care delivery.

Such whole-system transformation naturally has particular impact upon staff morale, yet it is against this background that Gloucestershire Care Services NHS Trust (“the Trust”) has developed this Organisational Development Strategy.

- 1.2 Additional to the need to deliver these cost-efficiencies, the Trust also faces a number of local complexities, all of which are designed to improve the quality of care provided to service users across Gloucestershire, but which may nevertheless impact upon the immediate morale and aspirations of the organisation’s workforce. These include the following:
- the Trust is presently undergoing integration of its health and social care services, which requires colleagues from different backgrounds and with different perspectives to learn to work together effectively and share a common goal;
 - many colleagues from front-line and support services are becoming more mobile, supported by the increasing availability of appropriate technology. One result of this however, is that more people are working autonomously or in smaller teams, which therefore increases the challenge of creating and sustaining a single Trust culture across the entire workforce;
 - the Trust is also responding to the requirement to deliver 7 day working where appropriate, and therefore introduce altered shift patterns in order to ensure a more service user-focused approach to services (reference *Everyone Counts: Planning for Patients 2013/14*, NHS Commissioning Board, 2013).

- 1.3 It is the fundamental intent of this Organisational Development Strategy to identify how the Trust will navigate these unique circumstances, and encourage the continued positive growth of an organisation with the ability and enthusiasm to own:

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- a set of core values that characterise the ethos and principles of the Trust, and that can be readily translated into practical behaviours that are demonstrable across all local health and social care practice and settings;
- a supportive working culture, in which all Trust colleagues feel respected and valued, and which allows them to be productive, innovative and focused;
- a working environment in which learning is positively encouraged and supported, and thus where there are robust processes to facilitate the exchange of information and communications, so as to ensure that the results of actions can always be fed back into the system, enabling colleagues to learn from practice.

1.4 Given the remit of this Organisational Development Strategy, and its importance in underpinning the Trust's growth over the next five years, it is essential that all strategies, policies and business plans that are henceforth developed by the organisation, reference the specific actions, priorities and recommendations contained within this Strategy, so as to ensure a consistent approach to the Trust's development.

1.5 The need for this Organisational Development Strategy however, is ultimately determined by the unequivocal evidence that high-performing, motivated and supported staff who feel happy and inspired in their roles, are far more likely to be successful, and thus most importantly, deliver improved outcomes for service users, carers and families across Gloucestershire (reference Boorman's *NHS Health and Well-being Review*, Department of Health, 2009).

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2. Ambition and Objectives

- 2.1 The ambition of this Organisational Development Strategy is “*To inspire commitment to a shared vision, culture and set of values that support the delivery of high-quality person-centred care*”.

This aligns to the Trust’s overarching vision of “*Working with you to provide high quality local health and social care*”, given the shared undertaking to put people at the centre of everything that the Trust does.

- 2.2 This five year Organisational Development Strategy seeks to ensure that by 2018, the following objectives will have been embedded, linked to the Trust’s overarching strategic objectives:

Organisational Development Objectives	Trust Strategic Objectives
<ul style="list-style-type: none">• Maintaining a motivated and empowered workforce whose demonstrable values and behaviours have direct positive impact upon the quality of care provided• Communicating learning from Trust activities to colleagues at all levels, encouraging a more informed organisation that is able to grow, develop and mature	<i>Achieve the best possible outcomes for our service users through high quality care</i>
<ul style="list-style-type: none">• Listening to, and learning from, service users, carers and families to ensure that the care and support that they experience reflects the Trust’s values and behaviours• Ensuring representative equality and diversity within the Trust’s organisational composition, enabling colleagues to be best placed to understand and reflect the individual needs of local communities	<i>Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work</i>

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<ul style="list-style-type: none"> • Ensuring the direct involvement of all health and social care colleagues in integration and change processes, in order to move beyond communication and achieve active engagement 	<p><i>Provide innovative community services that deliver health and social care together</i></p>
<ul style="list-style-type: none"> • Communicating clear vision, values and strategic objectives that are known and understood by all local public and professional stakeholders 	<p><i>Work as a valued partner in local communities and across health and social care</i></p>
<ul style="list-style-type: none"> • Ensuring that colleagues are appropriately recognised for their contributions to the delivery of high quality care • Enabling the Trust to be regarded as an exciting and innovative place to work, and is recognised an employer of choice • Empowering colleagues with leadership capability so that they can play a key role in helping the Trust to succeed • Maintaining an organisation in which fairness and equality of opportunity are central to its business • Achieving optimum levels of colleague satisfaction 	<p><i>Support individuals and teams to develop the skills, confidence and ambition to deliver our vision</i></p>
<ul style="list-style-type: none"> • Maximising the skills, knowledge and expertise of individuals within the organisation so that they can support the delivery of high-quality care across Gloucestershire within available resources 	<p><i>Manage public resources wisely to ensure local services remain sustainable and accessible</i></p>

3. National Context

3.1 In response to recent national concerns regarding the quality of care provided by some NHS organisations, a number of key government-led policies and directives have sought to encourage a culture of openness and candour across the health and social care system. These national documents, which have impact upon the Trust's local aspirations for organisational development, include:

- the Department of Health's initial published response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry, *Patients First and Foremost* (2013), which called for radical transparency, excellence in leadership, clarity of accountability, consequences for failure, and rewards for the very best in care services, in order to revitalise the culture of the NHS, and ensure a renewed and consistent focus upon the needs of service users;
- the Berwick Report, *A Promise to Learn - a Commitment to Act* (National Advisory Group on the Safety of Patients in England, 2013), which studied the accounts of Mid Staffordshire, as well as the recommendations of the *Francis Report* (2013), and concluded that in order to effect the necessary cultural changes across the NHS, there is clear need to:
 - foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work;
 - embrace transparency in the service of accountability, trust, and the growth of knowledge;
- the Cavendish Review, *An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings* (Department of Health 2013), which gave particular consideration to the role of health and social care assistants, identifying the need for common standards of training, clearer career pathways, and recruitment, training and management processes linked to values, attitudes and aptitudes so as to develop a more compassionate and empowered workforce.

3.2 Additionally, Monitor's *Quality Governance: Guidance for Boards of NHS Provider Organisations* (Monitor, 2013) delivers clear steer to established and aspirant NHS Foundation Trusts, as it recognises the importance of organisational culture in the development of attitudes around service user safety and quality improvement. Thus, Monitor suggests that an organisation that puts service users at the forefront of its vision and activities, will be an organisation that demonstrates a culture of openness and learning. Such an organisation will also have an environment in which colleagues feel able to raise concerns about quality of care at an early stage, and be assured that these concerns will be effectively addressed.

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4. Local Context

4.1 This document is one of a suite of strategies developed by the Trust that underpins its Integrated Business Plan. More specifically, this Organisational Development Strategy has particularly synergy with the Trust's Workforce Strategy which details the organisation's aspirations with regard to:

- the recruitment and retention, recognition and reward of high-performing colleagues;
- the planned workforce reconfigurations in response to service developments;
- the training and education of colleagues;
- the means by which the Trust will seek to encourage and maintain a healthy workforce.

4.2 The Trust currently employs approximately 2,600 people (excluding bank staff). In addition, the Trust is responsible for the management of 800 colleagues from Gloucestershire County Council, who work within the Trust's Integrated Community Teams.

As of April 2013, the profile of the Trust's healthcare workforce was recorded as follows:

- 64% colleagues were aged between 40-60 years, with a further 8.5% aged 60+, which is reflective of the NHS age profile;
- 92% of the workforce was female, reflecting the traditionally female bias in caring roles;
- 95% of the workforce was classified as white British, 2% were white non-British, and 3% were from a black and minority ethnic (BME) background, which is not quite reflective of the county profile, wherein 93.5% of people are white British.

4.3 It is important to note that this Strategy was written following an extended period of change in organisational form, which included the commencement of integration with Gloucestershire County Council's adult social care services in 2010, and the Trust's establishment as a standalone community provider in April 2013. One result of this long-term change process has been the growth of an organisational culture described by the Trust's workforce as being hierarchical, disjointed, uncommunicative and closed.

This Organisational Development Strategy therefore seeks to move forward from this position, in order to develop a renewed, focused and more positive direction.

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- 4.4 The enthusiasm to address perceived organisational weaknesses was reflected in the Trust's most recent Staff Survey, which highlighted colleagues' intent to seek development and improvement in the following key areas:
- monitoring and analysis of performance data (including that relating to both service users and staff);
 - communication, involvement and engagement between colleagues, which will enable links to be strengthened between individuals and team performance, as well as organisational and service user outcomes;
 - clarification of roles and responsibilities;
 - workforce education, training and support.
- 4.5 Despite the concerns noted in sections 4.3 and 4.4 above, in April 2013, the Trust was accredited with the Investors in People (IIP) standard. The principle strengths of the organisation that were noted by the assessors were the Trust's sound and visible business planning, and the engagement with the workforce that recognised and affirmed their contributions to Trust activities.
- 4.6 This Organisational Development Strategy has been shaped in partnership with health and social care colleagues across the Trust, following workshops, staff forums, Locality Boards etc (for details of this consultation, refer to Appendix 1 below). This Strategy is therefore truly representative and reflective of the views and opinions of those people who are of fundamental importance to the continued success of the Trust – its workforce.
- One immediate and tangible result of this consultation approach, has been a pledge to recognise the importance of all staff groups: as such, this Strategy and all other similar documents that have been, or will be, developed by the Trust, will refer to its workforce as "colleagues" reflecting a move towards a more inclusive and all-encompassing culture.
- 4.7 It is recognised that the Trust maintains a robust and visible whistleblowing process ("It's OK to Ask Why"), so that colleagues have the ability to report any concerns that they may have regarding the quality of care, the safety of service users or colleagues, professional misconduct or financial malpractice including fraud, bribery or corruption. This process explicitly supports and underpins this Organisational Development Strategy.

5. Quality Goals

In order to ensure that this Organisational Development Strategy maintains focus upon achieving quality outcomes - and that therefore service users, carers and families across Gloucestershire are ultimately able to benefit from tangible improvements to the Trust's working environment - the following goals have been identified:

- to embed the Trust's core values across the organisation, ensuring that these are reflected in behaviours, and are used to inform and support the growth of the Trust culture;
- to maintain a culture that is both supportive and learning in nature, and that therefore emphasises the importance of team working to achieve common goals, and also shares the results of actions in order to improve future performance and outcomes;
- to increase the capacity and capability of leadership across the Trust, encouraging corresponding behaviours in colleagues;
- to support, encourage and motivate colleagues, and elicit their direct involvement with, and positive contribution to, all relevant Trust planning and decision-making;
- to ensure that the Trust responsibly promotes Human Rights, challenges all discrimination, and ensures appropriate equity in service delivery and employment.

6. Priorities and Actions

The following priorities have been identified, mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the HR/OD Programme Board.

6.1 To embed the Trust's core values across the organisation, ensuring that these are reflected in behaviours, and are used to inform and support the growth of the Trust culture

A value is "a belief that a specific mode of conduct is preferable to an opposite or contrary mode of conduct" (Rokeach, *The Nature Of Human Values*, 1973). An organisation's values will therefore suggest the ways in which that organisation will act, the ideals that it will favour and prioritise, and the standards to which it will aspire. Specifically in respect of the NHS, the Department of Health notes that commitment to values can:

- drive the long-term success and impact of visionary NHS organisations;
- lead to staff feeling more satisfied, successful and supported; and
- result in improved experiences for service users.

Moreover, and although every individual NHS organisation is distinct, both the Government and the *Francis Report* (2013) agree that the values set out in the *NHS Constitution* (Department of Health, 2013), should be common to all Trusts, namely:

- **working together for service users:** putting the needs of individuals and communities before organisational boundaries;
- **respect and dignity:** valuing every person - whether service user, their families or carers, or colleague - as an individual, respecting their aspirations and commitments in life;
- **commitment to quality of care:** insisting on quality, and striving to get the basics of quality care right, every time;
- **compassion:** responding with humanity and kindness to each person's pain, distress, anxiety or need;
- **improving lives:** cherishing excellence and professionalism in the everyday things that make people's lives better, as much as in clinical practice, service improvements and innovation;
- **everyone counts:** maximising resources for the benefit of the whole community, and making sure that nobody is excluded, discriminated against or left behind.

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Values are also a critical consideration of *Compassion in Practice* (NHS Commissioning Board, 2012) which champions the “6 C’s” as the standards that nursing and care staff should adopt during their working practice i.e.:

- Care, which exists to help the individual person and improve the health of the whole community. People receiving care expect it to be right for them, consistently, throughout every stage of their life;
- Compassion, which is how care should be given, via relationships based on empathy, respect and dignity;
- Competence, which means that all those in caring roles have the ability to understand an individual’s health and social care needs, and the expertise to deliver effective care and treatments based on research and evidence;
- Communication, which is central to successful caring relationships and to effective team working;
- Courage, which enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working;
- Commitment, which is the inner drive to improve the care and experience of service users, to take action to make this vision a reality for all, and meet the health, care and support challenges ahead.

Whilst absolutely committed to observing the Constitution’s values and the principles of the 6 C’s, the Trust has also agreed a set of local values, which the organisation believes are fundamental to its own unique circumstances as a provider of community-based integrated health and social care services in Gloucestershire.

Thus, these local values are **Caring, Open, Responsible** and **Effective**, defined as per the below:

	Definition
Caring	Feeling and exhibiting compassion and empathy for others
Open	Being honest, candid and frank, free from prejudice, limitations and boundaries
Responsible	Making, and being accountable for, rational decisions based on sound judgement
Effective	Having the intended or expected effect

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In line with the mnemonic that these values create, the Trust is committed to ensuring that its CORE values permeate every aspect of its business, and thereby seeks to embed them as follows:

- 6.1.1 A series of behaviours will be extrapolated from the CORE values in order to represent the attitudes that will be required of Trust colleagues in a variety of settings. An initial view of these behaviours is illustrated below:

		Audiences		
		Service Users	Trust colleagues	Wider community
Core Values	Caring	Compassionate in interventions	Courteous in attitude	Respectful in manner
	Open	Honest in communications	Approachable in style	Collaborative in principle
	Responsible	Professional in demeanour	Trustworthy in delivery	Reliable in performance
	Effective	Successful in outcomes	Productive in endeavours	Efficient in results

By ensuring that colleagues across the organisation exhibit appropriate behaviours at all times, it is anticipated that a shared sense of consistency and accountability will be instilled at all levels of the Trust.

Moreover, these behaviours and their associated values will be applicable to all colleagues irrespective of setting, and thus are pertinent to people working in integrated health and social care, specialist services, children's services, health improvement and corporate services.

- 6.1.2 The Trust will ensure that its CORE values are not used solely as a "top-down" measure by which the organisation will seek to regulate and govern the activities of its workforce. Thus, the Trust will:
- develop and observe a Charter, by which the Trust will pledge to observe the same CORE values in its management of its workforce, in order to build trust, respect and confidence in the organisation itself;
 - ensure that all leaders across the Trust effectively lead by example in their demonstration of commitment to CORE values and the corresponding behaviours.

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6.1.3 The Trust's CORE values and the corresponding behaviours will become fundamental to all support processes and activities. This will include, for example:

- throughout recruitment, the Trust's CORE values and behaviours will be used as a basis for evaluating and selecting potential employees;
- CORE values will become intrinsic to all training across the organisation, including induction;
- appraisals will include clear consideration of colleagues' adherence to behaviours;
- the ability of Trust initiatives and innovations to support CORE values will be assessed as part of the business planning process, in order to ensure that values are perpetuated throughout service improvement and development activity.

6.1.4 The Trust will ensure that its CORE values are central to all communications and engagement activities, to ensure that they become instinctively recognised and understood by all colleagues (NB this approach is supported by the 2012 Chartered Institute of Personnel and Development (CIPD) *Employee Outlook* report which showed that whilst only 29% UK employees are aware of their organisation's values, 73% acknowledged the importance of values to behaviour).

Thus, the Trust will maintain a comprehensive and rolling programme of communications and engagement, utilising a variety of appropriate media, in order to keep CORE values at the forefront of colleagues' minds.

6.1.4 The Trust will ensure that there are clear means to address colleagues who exhibit disregard for the organisation's CORE values and the corresponding behaviours.

Equally, the Trust will ensure that there are ways in which colleagues can effectively challenge the Trust where the organisation has failed to live up to the pledges within its Charter.

Conversely, the Trust will ensure that it routinely acknowledges, recognises and rewards colleagues, where their actions and behaviours exceed expectations (NB this approach is detailed explicitly within the Trust's Workforce Strategy).

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- 6.2 To maintain a culture that is both supportive and learning in nature, and that therefore emphasises the importance of team working to achieve common goals, and also shares the results of actions in order to improve future performance and outcomes

The NHS Improvement Programme defines culture as an organisation's patterns, idiosyncrasies, rules (written and unwritten), beliefs, perspectives, attitudes, values and behaviours. Culture therefore reflects the style, approach and atmosphere of an organisation, and can be both an accelerator and a brake to organisational performance.

Given that the Trust aims to maintain the CORE values of Caring, Open, Responsible and Effective as described in section 6.1 above, the organisation's culture seeks to build upon these foundations in order that it may develop a supportive ("caring") environment in which individuals work together respectfully and only offer challenge that is positive and constructive ("open"), creating dedicated teams who will take accountability ("responsible") for producing successful outcomes ("effective").

This team approach which is to be adopted by the Trust, is reflective of the Task Culture as defined by Charles Handy (*Understanding Organisations* 1999), the principles of which are:

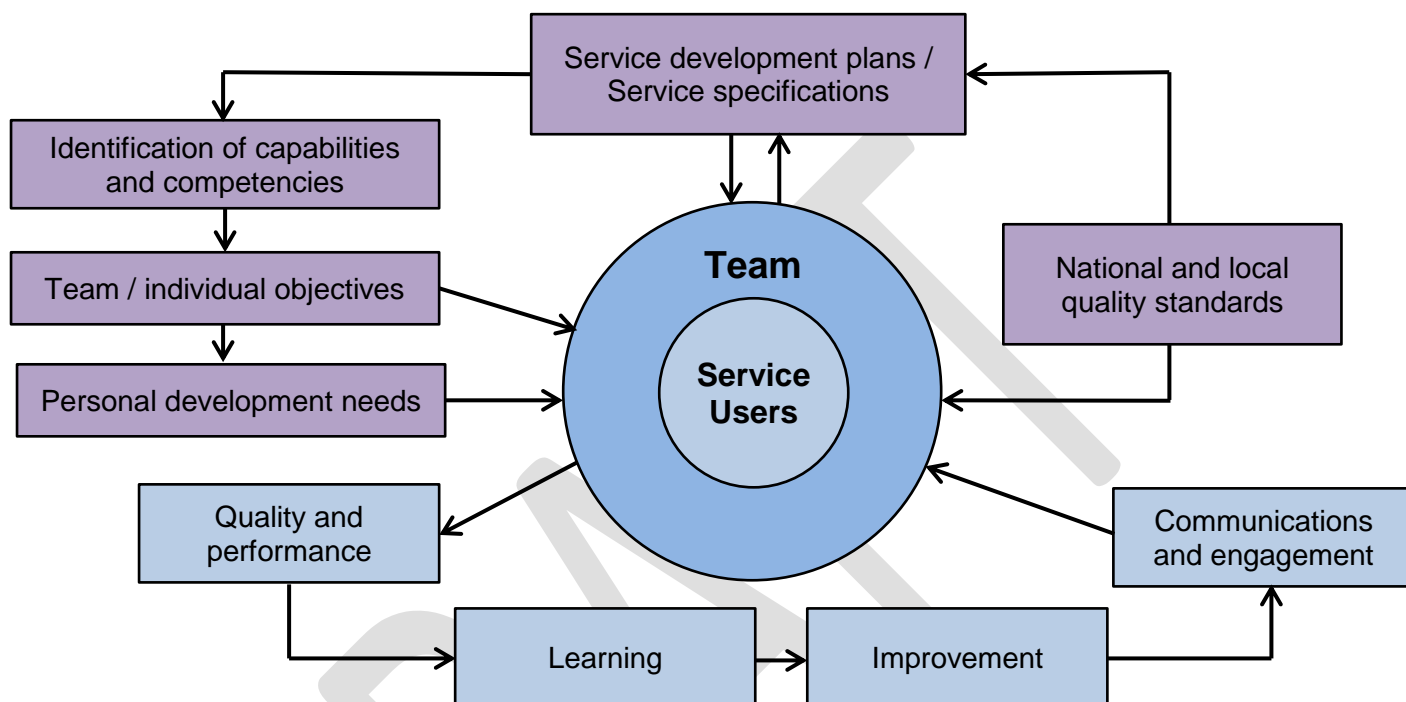
- to bring together the right people at the right level, and empower them with the right resources so that they may work together in efficiently-functioning teams, and thereby achieve their objectives with optimum effectiveness;
- to ensure that senior managers retain overall accountability, but concentrate more on the delegation of responsibilities, people and resources, and exert little day-to-day control over ways of working;
- to allow teams to be more important to success than any one individual staff member's objectives, status or style;
- to ensure that influence is based on expertise, as opposed to position or title;
- to enable colleagues to make decisions autonomously where appropriate within the scope of their role and competency;
- to allow colleagues to be evaluated by the results of their actions;
- to facilitate easy working relationships within groups, and encourage mutual respect amongst colleagues based upon individuals' abilities rather than their age or status.

In order to embed such a culture, the Trust will seek to implement the following actions:

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- 6.2.1 The Trust will develop and maintain an operational framework that will help facilitate creation of the culture as described above, wherein the primary focus is upon empowering teams to act with appropriate responsibility for performance and success.

This framework can be illustrated as per the below:



In order to develop and maintain this framework – and thereby, encourage the corresponding culture - the Trust will seek to ensure that:

- complete, accurate and up-to-date service development plans will be maintained for all services provided by the Trust, including care, corporate and support functions;
- the Trust will thereafter identify the specific range of competencies necessary to fulfil the requirements of each service development plan: these competencies will be reflected within clear and concise job descriptions, and will subsequently lead to the establishment of effective teams who have the skills and capabilities to complete any particular task or function;
- every team, and each individual within that team, will be assigned personal objectives and contributions by which they will be assessed and appraised, and against which their personal development and training needs can be clearly identified, in order to enhance collaborative team working;

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- quality performance score cards relevant to each individual team will be developed and evaluated, so as to assess success and/or identify gaps in service delivery;
- learning will be captured as a result of team quality and performance, so as to support future quality improvement: moreover, this learning will be effectively communicated across the Trust to all relevant colleagues so as to share best practice;
- the Trust will ensure that all colleagues have opportunity to feed back into the business planning process, in order to inform organisational decisions and subsequent iterations of the service development plan;
- all elements of the operational framework, will be practically informed by the Trust's vision, values and strategic objectives: therefore, there will be clear processes to validate synergy between the Trust's overarching intentions, the performance of local teams and the contribution of individuals' roles.

6.2.2 In order to encourage the embedding of this operational framework, and the resultant culture, the Trust will develop a bespoke visual identity that captures and reflects its ethos. This visual identity will then be utilised across all Trust communications and engagement activities, so as to reinforce understanding of its purpose.

6.2.3 The Trust recognises that one of the biggest challenges to a single organisational culture is that smaller cultures, or sub-cultures, can often grow and prosper, and thereby affect the integrity of the whole. Such sub-cultures can lead to a variety of negative impacts ranging from poor satisfaction, to the failure to detect serious deficiencies in quality. This challenge is particularly pertinent within the Trust, given the range and diversity of the organisation's workforce, as well as its increased emphasis upon mobile working which can lead to the dissolution of traditional team working, and create smaller, more independent working units, as described in section 1.2 above.

The Trust acknowledges the reality of sub-cultures, and will recognise the benefit that such multiculturalism can offer in terms of encouraging locally-focused teams or networks, whilst nevertheless seeking to align any sub-culture to the organisation's basic principles, values and behaviours as described above.

Additionally, the Trust will undertake routine engagements with all colleagues, based on the "Listening into Action" principles, which will include focus groups, staff forums, locality boards etc, so as to provide opportunities for feedback, and to help identify and address any potential barriers to a single culture that colleagues may perceive (see also section 6.4 below).

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6.3 To increase the capacity and capability of leadership across the Trust, encouraging corresponding behaviours in colleagues

In line with the principles espoused in “*The Healthy NHS Board*” (NHS Leadership Academy, 2013), the Trust’s Board recognises its critical role in leading the organisation. Notwithstanding, the Board also acknowledges its responsibility for encouraging and empowering leadership skills across the organisation, in order that colleagues at all levels are able to provide a clear sense of direction, purpose and contribution, motivate teams and individuals to work effectively, and focus on improving system performance. As such, the Trust aims to improve the outcomes and experience for service users, carers and families across Gloucestershire by providing its workforce with the skills and competencies to help achieve such improvement.

Thus, the Trust will seek to embed leadership throughout the organisation by the following actions:

6.3.1 The Board will maintain a robust and formal process for Board development, so as to ensure that all Board members continue to lead in the key areas of formulating strategy, ensuring accountability, and shaping a healthy culture for the organisation based on the principles outlined in section 6.2 above.

6.3.2 The Trust understands its obligations to identify and develop emerging talent and potential leaders. This will be driven through the appraisal process in which every member of the workforce will participate, thereby ensuring that colleagues from all backgrounds and disciplines are afforded equal consideration. Thus, the use of a Leadership Assessment Tool during appraisals will help to identify talented individuals who have the potential, drive and commitment to undertake leadership development, and who will thereafter be encouraged to progress within the organisation.

In particular, the Trust recognises the need to increase clinical leadership, and the essential role that clinical leaders have in guiding the strategic direction of the organisation.

Additionally, the Trust will invest in developing a dedicated coaching and mentoring network for its senior managers.

6.3.3 Colleagues who are identified as appropriate for leadership development, will undertake training that observes the principles of the *NHS Leadership Framework* (NHS Leadership Academy, 2011) i.e. colleagues will be supported to develop their capabilities to:

- deliver high standards of service using their personal qualities, strengths and abilities;
- work with others in teams and networks;

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- manage services, resources, people and performance;
- improve services and make a difference to service users' health;
- set direction, contribute to the strategy and aspirations of the Trust, and act in a manner consistent with agreed values;
- communicate and embody the Trust's vision;
- develop strategy and translate into achievable operational plans.

6.3.4 Through direct engagement, the Trust will seek to reinforce that leadership demands accountability, particularly in respect of the quality agenda, and therefore those colleagues who assume leadership responsibility, must also expect to be held to account for performance and activities within their spheres of influence.

Examples of where the Trust would require its leaders to demonstrate this accountability, and thereby complement key assurances received by the Board, would include:

- participation in the structured walk-arounds of Trust facilities by Board members and senior managers in collaboration with frontline colleagues, including the setting of programmes based on known quality issues, and the subsequent delivery and reporting of actions stemming from resultant improvement plans;
- increasing evaluations of particular clinical areas, through peer challenge (ref: the Clinical and Professional Care Strategy);
- leading engagement events where appropriate, actively questioning, listening and responding to colleagues, and prompting them with dialogue and discussion so that the whole workforce feels involved, and individuals are able to link their role and local team objectives to those of the Trust;
- integrating service user feedback into key performance indicators at operational level;
- delivering presentations to the Board on initiatives that have had a measurable impact on service user experience, quality and safety.

6.3.5 Trust leaders across the organisation will be instrumental in improving internal communications, and thus will be responsible for cascading information as appropriate to their teams and other colleagues: equally, they will provide the conduit by which information, learning and experiences will be escalated back to more senior levels of the organisation as necessary.

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6.4 To support, encourage and motivate colleagues, and elicit their direct involvement with, and positive contribution to, all relevant Trust planning and decision-making

The CIPD *Employee Outlook* (2013) noted that despite people's high pride in working for the NHS, employee engagement levels are low: thus, less than one third of NHS employees feel involved with their organisation, with only 27% nursing staff feeling engaged. To address this, the Trust seeks to give all colleagues a clear voice in the organisation's decision-making, planning and policy development, and so is committed to the following:

6.4.1 Even whilst still an aspirant Foundation Trust, the Trust will treat all colleagues as members, enabling them to be involved in the running of their services, and in the wider decisions of the Trust itself. Thus, the Trust will elicit the views and opinions of colleagues throughout business-critical planning processes, using a variety of methods, and ensuring that everyone has opportunity to contribute, including those who are hard-to-reach such as night workers. Methods will include:

- additional staff surveys, ensuring that all resultant comments are transparent, and that actions stem from this feedback;
- dedicated engagement events, that build upon the Staff Forums and Staff Council, to create more focused opportunities for colleagues to engage on a range of issues: similarly, the Trust will review its Joint Negotiation and Consultative Forum (JNCF) so as to ensure colleagues are suitably represented;
- focus groups and away days that will allow colleagues to explore key topics in detail, in an open and honest environment;
- other more informal events whereby staff can interact freely across all levels, and pose pertinent questions.

6.4.2 To support the operational framework detailed in section 6.2.1 above, the Trust will empower colleagues with the ability to make autonomous decisions wherever appropriate. Thus, the parameters of each team's autonomy will be detailed within their service development plan, whilst individuals' rights will be clarified within their job description. By allowing greater freedom within the limits of agreed responsibilities and accountabilities, colleagues will feel more entrusted, motivated, and committed to successful outcomes.

6.4.3 The Trust will ensure that future organisational change follows clear discussion, debate and evaluation with service users, resulting in unequivocal evidence of improved outcomes and/or public benefits. By making this evidence available prior to any service redesign, it is anticipated that colleagues will be more open and understanding of the need for change, and more positive in their contributions.

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6.5 To ensure that the Trust responsibly promotes Human Rights, challenges all discrimination, and ensures appropriate equity in service delivery and employment

The Trust aspires to lead in promoting equality, diversity and Human Rights. Thus, the Trust absolutely believes that the workforce should reflect the communities and people it serves, in both service delivery and employment. To realise this ambition, the Trust will seek to ensure the following actions:

- 6.5.1 Equality will be mainstreamed in business development processes. Thus, no formal service development plan, whether this be to achieve service improvement, redesign or cost efficiency, will be submitted for formal consideration, unless it is supported by a robust Equality Impact Assessment. Such assessments will utilise tangible data, and reference best practice guidance where available, in order to consider whether the proposed changes will have any detrimental impact upon any community within the Gloucestershire population, and specifically, upon any population comprising protected characteristic groups.
- 6.5.2 The Trust will seek to improve the quality of its evidence on equalities. This will require the Trust to routinely assess the profiles of service users supported by each service, as well as data on complaints, incidents and service user experience, so as to ensure that there are measured reductions in inequalities, and to accommodate extra or different needs. Equally, it will require the Trust to evaluate the profiles of its workforce, and review staff survey data and anecdotal evidence on colleagues' experiences, so as to ensure a working environment that is free from discrimination, and that enables everyone to reach their full potential, regardless of personal characteristics or circumstances.
- 6.5.3 The Trust will increase its dialogue with external stakeholders (including service users, carers, families and the wider local public, as well as partner, voluntary and community support organisations), especially those who have, or represent, people with protected characteristics, or people who experience disadvantages in health and/or in the NHS (i.e. the seldom heard, seldom seen). By undertaking more extensive engagement with these populations, the Trust will seek to ensure a truer insight into their unique needs, and understand how better to embrace and support all populations. Further detail in respect of the Trust's aspirations in this respect is provided within its Communications and Engagement Strategy.
- 6.5.4 The Trust will seek to ensure a diverse workforce that actively promotes equality in its work and beyond. Thus, the Trust will actively re-evaluate its recruitment processes from Board downwards, so as to ensure commitment to the employment of a representative staff group across all areas.

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7. Quality Measures

Each of the quality goals as identified in section 5 above, will be supported by a series of performance measures as detailed below, to be reported to, and monitored by, the HR/OD Programme Board on a routine basis:

Quality Goal	Quality Measure
To embed the Trust's core values across the organisation, ensuring that these are reflected in behaviours, and are used to inform and support the growth of the Trust culture	<ul style="list-style-type: none"> • Reduction in the number of service user complaints re: staff attitudes • Reduction in the number of internal complaints re: colleagues' attitudes • Recruitment to all new posts will be based upon evaluation of values and behaviours • All training programmes will embed understanding of values, behaviours and culture • All documented business plans (including Service Development Plans) will include explicit reference to how activity will perpetuate agreed values and behaviours
To maintain a culture that is both supportive and learning in nature, and that therefore emphasises the importance of team working to achieve common goals, and also shares the results of actions in order to improve future performance and outcomes	<ul style="list-style-type: none"> • 100% service development plans will identify the competencies necessary to support the service • An increasing number of colleagues per year will have up-to-date, clear and concise job descriptions that include a person specification and expected competencies • Each team will be supported by a dedicated quality performance scorecard linked to team objectives, and monitored by an appropriate forum
To increase the capacity and capability of leadership across the Trust, encouraging corresponding behaviours in colleagues	<ul style="list-style-type: none"> • Increase appraisal completion rates to 90%+ • 100% completed appraisals will include use of the Leadership Development Tool • The objectives within the Trust's two year Business Plan and Integrated Business Plan will be achieved by means of clear leadership • Stability of the executive team

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<p>To support, encourage and motivate colleagues, and elicit their direct involvement with, and positive contribution to, all relevant Trust planning and decision-making</p>	<ul style="list-style-type: none"> • Maintain the Investors in People accreditation • Increase staff satisfaction reported via the National Staff Survey • Report appropriate sickness/absence rates • Report appropriate staff turnover • Ensure that organisational change processes demonstrate positive post-implementation impact upon service user experiences
<p>To ensure that the Trust responsibly promotes Human Rights, challenges all discrimination, and ensures appropriate equity in service delivery and employment</p>	<ul style="list-style-type: none"> • Set specific, measurable equality objectives • Publish annual performance on equality • Ensure representative service user involvement in Trust decision-making and business planning • 100% documented policies, implementation plans and business plans will be supported by robust Equality Impact Assessments • Maintain an organisational profile that is reflective of the local population's diversity

8. Accountabilities and Assurances

8.1 Trust Board

The Trust Board is ultimately responsible for fostering the culture that will enable the organisation to realise its vision, values and strategic objectives. Moreover and in particular, the Board has specific documented responsibility for ensuring that this Organisational Development Strategy remains observed and effective, and validating that suitable management is in place across the Trust to action all outputs and recommendations of this Strategy.

8.2 HR/OD Programme Board

The HR/OD Programme Board is responsible to the Trust Board for delivery of this Strategy. In doing so, the Programme Board will be accountable for providing the necessary evidence that the Trust is operating effectively, and with openness, transparency and candour. The Programme Board is also responsible for seeking suitable assurances that systems of control are robust and reliable, and that all actions identified in the OD Implementation Plan and the Equalities and Diversities Implementation Plan are completed.

8.3 Chief Executive

As Accountable Officer, the Chief Executive is personally responsible for agreeing the direction of travel as identified within this Organisational Development Strategy.

8.4 Senior Managers

Given that the Trust's values and culture affect every aspect of the organisation's operations, all senior managers will have equal responsibility for supporting the implementation of this Strategy, and will lead by example with respect to the Trust's values and behaviours.

8.5 Head of HR

The Trust's Head of HR has a key role in overseeing the implementation of this Organisational Development Strategy, and for monitoring its successes, reporting to the HR/OD Programme Board.

8.6 All Trust colleagues

All colleagues across the Trust are responsible for observing the respective requirements of this Organisational Development Strategy. In particular, they are responsible for ensuring that the values and behaviours that they demonstrate, whether during their dealings with service users, carers, families and the public - or during their interactions with colleagues from within the Trust or from partner organisations – reflect the standards expected of them.

9. Enabling and Supporting Strategies

- 9.1 This Organisational Development Strategy underpins all strategies that are maintained by the Trust, given that the organisation's values and culture directly impacts upon all activities.

However, there is particular synergy between this Organisational Development Strategy and the following documents:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;
- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;
- the Workforce Strategy, which seeks to ensure that the Trust's projected staffing models are appropriate to deliver effective health and social care within Gloucestershire, are that all Trust colleagues are suitably involved, motivated, supported, resourced, trained and developed;
- the Communications and Engagement Strategy, which aims to ensure that the Trust's mission to provide high-quality health and social care across Gloucestershire is fully supported by an effective programme of communications and engagement activity with service users, carers, families and the wider Gloucestershire public, as well as with the organisation's own workforce and professional partners;
- the Membership Strategy, which outlines how the Trust will establish, develop and maintain an active membership comprising both public and staff members, following the organisation's authorisation as an NHS Foundation Trust.

- 9.2 The Service Development Plans that have been developed by the Trust, are critical to supporting the operational framework as described in section 6.2.1 above.

- 9.3 This Organisational Development Strategy is directly supported by the Organisational Development Implementation Plan and the Equalities and Diversity Implementation Plan, which will jointly clarify the actions to be undertaken by the Trust within the period 2013-18 in order to fulfil the ambitions of this Strategy.

10. References

- NHS Constitution* (Department of Health, 2013)
- Everyone Counts: Planning for Patients 2013/14* (NHS Commissioning Board, 2013)
- NHS Health and Well-being Review* (Department of Health, Boorman, 2009)
- Patients First and Foremost* (Department of Health, 2013)
- A Promise to Learn - a Commitment to Act* (National Advisory Group on the Safety of Patients in England, Berwick, 2013)
- An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings* (Department of Health, Cavendish, 2013)
- Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry Executive Summary* (Department of Health, Francis, 2013)
- Compassion in Practice* (NHS Commissioning Board, 2012)
- The Nature Of Human Values* (Rokeach, 1973)
- Understanding Organisations* (Handy, 1999)
- Engaging Boards - The Relationship between Governance and Leadership, and Improving the Quality and Safety of Patient Care* (The Kings Fund, Alimo-Metcalfe, 2012)
- Quality Governance: Guidance for Boards of NHS Provider Organisations* (Monitor, 2013)
- Employee Outlook* (Chartered Institute of Personnel and Development Employee Outlook, 2012 and 2013)
- The Healthy NHS Board* (NHS Leadership Academy, 2013)
- The Healthy NHS Board: A Review of Guidance and Research Evidence* (NHS National Leadership Council, 2013)
- NHS Leadership Framework* (NHS Leadership Academy, 2011)
- Towards a New Model of Leadership for the NHS* (NHS Leadership Academy, Storey / Holt, 2013)
- Quality and Safety in the NHS: Evaluating Progress, Problems and Promise* (West / Baker, 2013)

ORGANISATIONAL DEVELOPMENT STRATEGY 2013-18

Appendix 1: Consultation

Drafts of this Organisational Development Strategy have been presented to the following groups so as to ensure appropriate Trust-wide support, prior to escalation to the Trust Board in December 2013 for ratification:

Consultation Group	Date of Meeting
Staff Forums	
Tewkesbury Staff Forum	10 September
North Cotswolds Staff Forum	11 September
Children and Young People Staff Forum	13 September
Stroud Staff Forum	16 September
Forest Staff Forum	18 September
South Cotswolds Staff Forum	23 September
Countywide and Corporate Staff Forum	27 September
Cheltenham Staff Forum	27 September
Gloucester Staff Forum	29 October
Locality Boards	
Children and Young People Operational Board	17 September
Countywide Operational Board	18 September
Forest and Tewkesbury Locality Board	20 September
Cheltenham and Cotswolds Locality Board	20 September
Gloucester and Stroud Locality Board	23 September
Team meetings	
HR Directorate	23 September
PMO / Strategy Directorate	25 September
Finance / IT / Estates / Performance Directorate	25 September
Clinical Quality and Development Directorate	7 October
Other	
Organisational Development Away Day	16 July 2013
HR/OD Programme Board	31 July 2013
Board Development	24 September
HR/OD Programme Board	9 October 2013
Executive Management Team	17 October 2013
HR/OD Programme Board	15 November 2013
Trust Board	10 December 2013

Gloucestershire Care Services NHS Trust Board

Title:	Report from the Charitable Funds Committee	10th December 2013
Agenda Item:	9	
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the Charitable Funds Committee meeting on 19 th November 2013.	
Key Points:	<p>The report sets out the key points discussed at the meeting.</p> <p>The Committee requested that the Head of HR be an attendee at meetings.</p>	
Options and decisions required:	<p>The Board is asked to;</p> <ul style="list-style-type: none"> • NOTE the report • APPROVE attendance by the Head of HR at the Committee • RECEIVE the approved minutes of 8th August 2013. 	
Fit with strategic objectives;	1. Achieve the best possible outcomes for our service users through high quality care	
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
	3. Provide innovative community services that deliver health and social care together	X
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X
Next steps/future actions:	The Committee will provide regular reports to Board following each meeting and the approved minutes of meeting to the next Board meeting.	
Author name and title:	Simeon Foreman Board Secretary	Director Name and Title: Joanna Scott Non-Executive Director

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 10th December 2013

Location: Churchdown Community Centre, Churchdown, GL3 2JH

Agenda item 9: Charitable Funds Committee Report

1. Purpose

To provide the Board with a summary of the key issues and actions arising from the Charitable Funds Committee meeting on 19th November 2013.

2. Recommendations

The Board is asked to;

- **NOTE** the report
- **APPROVE** attendance by the Head of HR at the Committee
- **RECEIVE** the approved minutes of 8th August 2013

3. Background

The Charitable Funds Committee meets quarterly

4. Discussion of Issues

In addition to the Quarter 2 activity report, the Committee received an update on the land at Brokenborough and the work taking place with NHS Property Service Ltd to resolve ownership.

5. Key Findings and Actions

- External auditors will be appointed to review the Charitable Funds accounts
- The Head of HR is to join the Committee as an attendee
- A policy on use of funds for staff events is required and will be developed

6. Financial implications

The administration costs from the Trust to the charitable fund account need to be amended to reflect additional time spent by the Director of Finance on the Brokenborough land.

7. Implementation and Review of Progress

Systems are in place to review applications bidding for charitable funds, with regular review and monitoring by the Committee on a quarterly basis.

8. Legal Implications

The Trust has a duty to comply with relevant legislation related to the ongoing management of the Charity.

9. Risk Implications

There are no risk implications associated with this paper.

10. Implications for Health Inequalities

There are no health inequality implications associated with this paper.

11. Implications for Equalities

There are no equality implications associated with this paper.

12. Consultation and Communication including Public Involvement

None

13. Links to:

Not applicable.

Prepared by: Simeon Foreman, Board Secretary

Presented by: Joanna Scott, Non-Executive Director

Appendices:

Appendix 1: Approved minutes of the meeting held on 8th August 2013

**GLOUCESTERSHIRE CARE SERVICES NHS TRUST
CHARITABLE FUNDS COMMITTEE**

**Minutes of the Meeting held on Thursday 8th August 2013 from
13:00 to 14:00 in the Warden Room**

Present:	
Members:	
Joanna Scott (JS)	Non-Executive Director (Committee Chair)
David Harwood (DH)	Non-Executive Director
Glyn Howells (GH)	Director of Finance
In Attendance:	
Johanna Bogle (JB)	Financial Accountant
Simeon Foreman (SAF)	Board Secretary
Ziana Maideen (ZM)	PA to Chair, NEDs & Board Secretary (Minutes & Committee Support)

Ref.	Minute	Action
CFC 01/13	<u>Apologies</u> There were no apologies received.	
CFC 02/13	<u>Declarations of Interest</u> There were no declarations of interest.	
CFC 03/13	<u>Terms of Reference</u> The Committee reviewed the Terms of Reference as approved by Board on 22 nd March 2013 and requested that the Board Secretary make the following amendments prior to approval by Board in September 2013; <ul style="list-style-type: none"> <i>Charity name and number to be included with the purpose as defined on Charity Commission website.</i> <i>Membership at 3.1 to be clarified that of the two Non-Executive Directors, one will be nominated as Committee Chair.</i> <i>3.1 requirement of Finance Director or Deputy and a</i> 	SAF

Ref.	Minute	Action
	<p><i>Non-executive Director</i></p> <ul style="list-style-type: none"> <i>Frequency section to be reworded to reflect quarterly meeting with further ad hoc meetings called by the Chair.</i> <i>Expand 6.3 to make reference to appointing a professional advisor to advise the charity on investment strategy.</i> <i>Quoracy to be stated as one Non-Executive Director and the Director of Finance (or nominated Deputy).</i> <p>Resolution: The Committee APPROVED the Terms of Reference subject to the agreed amendments being made.</p>	
CFC 04/13	<p><u>Confirmation of Purpose of Charitable Funds</u></p> <p>The Committee agreed that the funds could not be used as a replacement of exchequer funds or to provide something that the NHS should already be providing, however they did support the principle that the funds could be used to enhance or “top up” NHS services where it is not possible to fund this from other Charitable sources.</p> <p>Discussion took place on how the charity will work with League of Friends to make purchases and support procurements and that further details will be provided when process for applying for funds is discussed.</p> <p>The Terms of Reference will be amended to include the purpose of the charity as defined on the Charity Commission website.</p> <p>The Committee suggested that a list be drawn up to outline those items and purchases where Charitable Funds can be used and to share this with staff across the Trust.</p> <p>Resolution: The Committee AGREED the purpose of the Charitable Funds Committee and principles which would be applied when making decisions.</p>	JB

Ref.	Minute	Action
CFC 05/13	<p><u>Formal acceptance of funds being transferred</u></p> <p>The Director of Finance informed the Committee that on 1st April 2013 the bank balance was at £103,750 which was transferred from PCT. The current total fund balance is £292,698 which includes non-cash assets (£150k value attributed to land).</p> <p>To seek assurance on these amounts, the Committee requested that a copy of last year's bank statement and final statement of Charitable Funds account be brought to the next meeting. It was noted that charitable funds accounts will be audited for further assurance.</p> <p>2 banks accounts are in operation for Charitable Funds, one for income and one for payments. The Director of Finance will approve payments on a GCS cost centre and once this is made then funds will be transferred across from the Charitable Funds account.</p> <p>Resolution: The Committee formally ACCEPTED the funds transferred from Gloucestershire Primary Care Trust which amounted to £103,750 on 1st April 2013 and non-cash assets being Land at Brokenborough.</p> <p>Resolution: The Committee NOTED the current fund balance stood at £292,698 which includes the non-cash assets.</p>	JB
CFC 06/13	<p><u>Overview in changes in administration</u></p> <p>The Committee noted that the management of the funds has transferred to GCS from Gloucestershire Hospitals NHS Foundation Trust and that the funds are being managed on a new system called Harlequin.</p> <p>The Financial Accountant prepares documents each year for auditing. The new Harlequin system will allow GCS to produce annual account calculations at any point during the financial year. The cost for this system</p>	

Ref.	Minute	Action
	<p>(including admin resource) is £6k - £10k pa which relates mostly to staff time. The Committee requested a better understanding of the transactions going through the accounts to justify the administration charge to the funds.</p> <p>The Committee supported consolidating the different individual funds. This will be facilitated by the Financial Accountant mapping the funds to nominated administrators and budget holders and reviewing potential consolidations.</p> <p>Resolution: The Committee NOTED the update on changes in administration.</p>	<p>JB</p> <p>JB</p>
CFC 07/13	<p><u>Process for applying for funds</u></p> <p>The Committee were informed that the process for applying for funds is as follows;</p> <ul style="list-style-type: none"> <i>Bids or requests will be approved by Matron/Locality Manager.</i> <i>The form will then be sent to the Financial Accountant and entered onto system and forwarded to the Director of Finance for sign off approval.</i> <i>The order will be confirmed with Matron/Locality Manager and any relevant details are collected for the order to be placed on IPROC system.</i> <i>Once item is delivered the bid lead will notify the finance team to receipt on system.</i> <p>The approval threshold limit is set so that bids up to £25k can be authorised by the Director of Finance, with amounts of £25k and above requiring Committee approval. The Committee can escalate decisions for approval to Board where appropriate.</p> <p>The Committee noted that that process has been simplified and further information on intranet will also make it easier for staff to understand.</p> <p>Resolution: The Committee NOTED the process for</p>	

Ref.	Minute	Action
	<p>applying for funds and agreed the bids below £25k could be approved by the Director of Finance and ratified at the next meeting of the Committee.</p>	
CFC 08/13	<p><u>Report in approved bids; Activity since last NHSG Charitable Funds Committee</u></p> <p>The Director of Finance presented a paper showing summary funds by localities. Some overdrawn are showing which mainly are general purposes. The Committee agreed that Locality Managers review this and try to streamline and pull together a plan.</p> <p>Resolution: The Committee NOTED the report and agreed that future quarterly reports will be on summary, income and expenditure by fund.</p>	JB
CFC 09/13	<p><u>Update on Brokenborough Land</u></p> <p>The Director of Finance advised the Committee that the Brokenborough land was left to predecessor organisations in 1968. 10 acres of land was left equally for Fairford Hospital, Cirencester Hospital and Wiltshire Hospital.</p> <p>As the deeds have since lost, PCT has put information together to claim this land via oath in 1995. Wiltshire has sold their share of the land where houses have been built. The remaining land has been used for animal grazing for over 50 years and recently it has been favourite walking rambler's footpath.</p> <p>The Trust would like to seek planning permission for housing on the site, as this could potentially increase the value to charity up to £11million. The Director of Finance instructed solicitors to make sure all the details are in order if the organisation gets challenged. In order to support this GH would like to secure our right on this land therefore requesting £20k fund to be approved by the committee for solicitors to start working on this matter.</p>	

Ref.	Minute	Action
	<p>The Committee were asked to decide on level of involvement on requiring planning permission and selling process and note that further legal advice will be needed to protect GCS from any challenges.</p> <p>Resolution: The Committee NOTED the update on the land at Brokenborough (near Malmesbury) and APPROVED expenditure of up to £20k for legal services to allow the Trust to investigate the possibility of increasing the value of the land if planning permission were to be granted and approved on the site.</p>	
CFC 10/13	<p><u>Forward Agenda Plan</u></p> <p>Resolution: The Committee NOTED the forward agenda planner.</p>	
CFC 11/13	<p><u>Proposed Schedule of Meeting Dates</u></p> <p>Resolution: The Committee AGREED to hold scheduled meetings quarterly on the Third Tuesday of the month and for meeting invites to be issued.</p>	ZM
CFC 12/13	<p><u>Any Other Business</u></p> <p>There were no items of any other business.</p>	
CFC 13/13	<p><u>Matters for Board and other Committees</u></p> <p>The revised Terms of Reference will be presented to Board for approval in September 2013.</p>	

The above minutes have been approved by the Charitable Funds Committee.

Name:

Signature: **Date:**

Gloucestershire Care Services NHS Trust Board

Title:	Foundation Trust Programme Board Update	Date of Meeting: 10 December 2013
Agenda Item:	11	
Purpose of Paper:	To provide an update to the Trust Board on the activities and progress of the Foundation Trust ("FT") Programme Board	
Key Points:	The Board is asked to note the key risks to the FT programme in Section 9.	
Options and decisions required	The Board is asked to endorse the current functions and activities of the FT Programme Board in its mission to further the FT application on behalf of the Trust	
Fit with strategic objectives	Achieve the best possible outcomes for our service users through high quality care	x
	Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	Provide innovative community services that deliver health and social care together	x
	Work as a valued partner in local communities and across health and social care	x
	Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	Manage public resources wisely to ensure local services remain sustainable and accessible	x
Next steps/future actions	The next meeting of the FT Programme Board is scheduled for 16 January 2014	
Author name and title	Rod Brown - Programme Manager	Director Name and Title Andrew Hall - Director of Project Development and Strategy
	Jason Brown - Programme Manager	

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 10 December 2013

Location: Churchdown Community Centre, Gloucester, GL3 2JH

Agenda item 11: Foundation Trust Programme Board

1. Purpose

This paper seeks to provide assurance to the Board of Gloucestershire Care Services NHS Trust (“the Trust”) that the Foundation Trust (“FT”) programme is achieving its requisite targets and milestones and that, therefore, the Trust’s FT application has optimum opportunity for success.

2. Recommendations

The FT Programme Board recommends that the Trust Board endorses its current remit, functions and activities.

3. Background

It is currently anticipated that the Trust will enter the FT application pipeline, wherein it will be formally evaluated by the Trust Development Authority (“TDA”) in early 2014, and the Trust’s plans, as overseen by the FT Programme Board, have been designed to reflect this timeline.

4. Discussion of Issues

The FT Programme Board is tracking the progress of all key deliverables necessary to the FT application, and is satisfied that the majority of workstreams are on schedule. Exceptions to this are detailed in Section 9 below.

5. Key Findings and Actions

The key activities currently being undertaken by the FT Programme Managers, as scrutinised by the FT Programme Board, are:

- continuing to develop the portfolio of strategies that will underpin the Trust’s pending Integrated Business Plan: in particular, drafts of the Clinical and Professional Care Strategy, the Performance and Information Strategy, the IT Strategy and the Risk Management Strategy, are all being finalised for subsequent presentation to the Trust Board on 21 January 2014;

- preparing for the 2 Year Business Plan and the 5 year Integrated Business Plan, high-level versions of which are due for submission to the TDA on 13 January 2014, pending the delivery of guidance and templates from the TDA on 16 December;
- continuing to compile the evidence that will demonstrate the Trust's practices, protocols and standards of Board Governance in line with the requirements of the Board Governance Assurance Framework;
- continuing to compile the evidence that will demonstrate the Trust's practices, protocols and standards of Quality Governance in line with the requirements of the Quality Governance Framework;
- overseeing appropriate processes of financial governance;
- contributing to all associated workstreams that support the FT application, including service development planning, business development planning, and ensuring good governance across all aspects of the Trust's culture, policies and structures.

6. Financial implications

The Trust is currently reviewing the necessary financial commitments to ensure a robust FT infrastructure, particularly given the requirements for additional marketing, communications, engagement and membership resource and will continue to report on this matter through the appropriate forums, as proposals coalesce.

The Performance and Resources Committee will additionally agree any detailed proposals for the revision of programme budgets (NB the Director of Finance is giving a budget update at the Committee meeting on 10 December 2013).

7. Implementation and Review of Progress

The FT programme is currently operating to schedule. Significant concerns and risks are captured within the FT Programme Board Risk Register, and summarised in Section 9 below.

8. Legal Implications

There are currently no legal implications that are specific to the FT programme, other than those already known to the Trust as part of its on-going activities (i.e. requirements stipulated by the Care Quality Commission etc).

9. Risk Implications

Salient risks to the FT programme are formally documented, reported, managed and mitigated by the FT Programme Board: at present, these risks relate to the following:

- the schedule for the 2013/14 Cost Improvement Programme (CIP) has yet to be finalised: equally, the schedule for 2014/15 and 2015/16 require completion;
- Gloucestershire Clinical Commissioning Group only published its draft commissioning intentions in late November 2013. Work will now need to take place to ensure the Trust's developing strategies and IBP are consistent with these;
- the Trust plans to address identified operational gaps in tailored service provision for service users with learning disabilities at a workshop on 10 December;
- there is concern at slippage in the work necessary to evidence the requirements of the Quality Governance Framework: the Programme Managers are working with the responsible leads to drive this work forward.

10. Implications for Health Inequalities

This programme of work *per se* has no direct implications on health inequalities. However, the end result of the process, namely authorisation as a Foundation Trust, will provide the Trust with greater independence, freedom and flexibility to introduce service developments and innovations that can proactively address prevailing health inequalities in all areas served by the Trust.

11. Implications for Equalities (Black and Other Minority Ethnic / Disability / Age Issues)

In preparation for authorisation, the Trust will be seeking to establish a fully representative membership that will reflect – and be able to listen to, and act upon – the views and opinions of all members of the community served by the Trust. Planning and implementation of this activity will be overseen within the FT Programme Board.

12. Consultation and Communication including Public Involvement

A programme of informal consultation will begin with Trust colleagues and external stakeholders once the Trust formally enters the FT pipeline (Spring 2014).

At present, it is anticipated that the three month formal public consultation will commence in Autumn 2014.

13. Links to:

This programme links to the Trust's strategic objectives, which have recently been refreshed as a result of the work of the FT team i.e.:

- to achieve the best possible outcomes for our service users through high quality care
- to understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work
- to provide innovative community services that deliver health and social care together
- to work as a valued partner in local communities and across health and social care
- to support individuals and teams to develop the skills, confidence and ambition to deliver our vision
- to manage public resources wisely to ensure local services remain sustainable and accessible

Prepared by: Rod Brown / Jason Brown, Programme Managers

Presented by: Andrew Hall, Director of Project Development and Strategy

Gloucestershire Care Services NHS Trust Board

Title:	Quality and Performance Report	Date: 10 th December 2013
Agenda Item:	12	
Purpose of Paper:	To provide information to the Gloucestershire Care Services NHS Trust Board outlining Health and Social Care quality and performance against nationally and locally commissioned targets for continual improvement.	
Key Points:	<p>GCS' Health performance is showing Green or Amber against targets on a year to date basis as follows:</p> <p>National = 96.9% Local = 96.9%</p> <p>Improvement plans and actions are described in the areas where performance is not at the required level.</p> <p>For Social Care, performance is showing Green or Amber against targets in the scorecard on a year to date basis as follows:</p> <p>National = 75.0% Local = 80.0%</p>	
Options and decisions required	Report provided for information and assurance	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	X
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	X
	3. Provide innovative community services that deliver health and social care together	X
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X

Next steps/future actions	Report presented for assurance		
Author name and title	Matthew O'Reilly Head of Performance and Information	Director Name and Title	Glyn Howells Director of Finance

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 10th December 2013

Location: Churchdown Community Centre, Gloucester

Agenda item 12: Quality and Performance Report

1. Purpose

This report is provided to update Gloucestershire Care Services (GCS) NHS Trust Board on Health and Social Care current performance (October 2013). The report details Gloucestershire Care Services (Health) and Gloucestershire County Council (Social Care) quality and performance against national and local targets for 2013/14.

The report appraises overall performance. It also focuses on those performance target areas where GCS is not meeting the targets and outlines remedial actions taken to address those areas requiring improvement.

2. Recommendations

The Gloucestershire Care Services NHS Trust Board is asked to note and discuss the contents of this report and endorse the actions that have been put in place in order to address those areas of performance falling below target.

3. Background

This is an exception report that provides an update on targets and indicators that are not currently achieving target on a year to date basis. This will include background facts and context to the Board.

4. Discussion of Issues

The table below shows the number of targets reported within the main sections of the Health scorecard and the year to date RAG rating in comparison between national and locally commissioned targets.

Target	Red	Amber	Green	Total
National	1	3	28	32
Local	1	1	30	32
Total	2	4	58	64

Target	Red	Amber	Green	Total
National	3.1%	9.4%	87.5%	100.0%
Local	3.1%	3.1%	93.8%	100.0%
Total	3.1%	6.3%	90.6%	100.0%

The table below shows the number of targets reported within the main sections of the Adult Social Care scorecard and the year to date RAG rating in comparison between national and locally commissioned targets (GCC).

	Red	Amber	Green	Total
National	1	0	3	4
Local	3	2	10	15
Total	4	2	13	19

	Red	Amber	Green	Total
	25.0%	0.0%	75.0%	100.0%
	20.0%	13.3%	66.7%	100.0%
	26.7%	13.3%	86.7%	100.0%

The health performance and scorecards are reported to the CCG Contract Board and the Adult Social Care scorecard to the GCC – GCS SLA group on a monthly basis for scrutiny and challenge.

5. Key Findings and Actions

National Targets – Red

5.1 Number of post 48 hour Clostridium Difficile Infections in Community Hospitals

The GCS target for the number of post 48 hour Clostridium Difficile infections in Community Hospitals for 2013/14 is a maximum of 18 cases. The trajectory for October 2013 was no more than 2 cases. There were no cases recorded.

Year to date performance remains ahead of trajectory at 15 cases compared to target of no more than 11 cases and there is risk to the year-end delivery of this target at this stage and is rated red. However performance in the last four months has shown a pattern of incidence within tolerance.

In addition to the year to date red rating, the number of cases recorded in April and June were significantly above target and rated red. September performance was also above target and rated amber.

The table below shows the number of cases at each Community Hospital in 2013/14 to date.

Hospital	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Total
Dilke	2	0	1	0	0	1	0	4
Lydney	0	0	2	0	1	0	0	3
Stroud General	0	0	2	0	0	1	0	3
Cirencester	1	0	1	0	0	0	0	2
North Cotswolds	1	1	0	0	0	0	0	2
Tewkesbury	0	1	0	0	0	0	0	1
Total	4	2	6	0	1	2	0	15

Actions include:

- Clostridium Difficile action plan has been rolled out across GCS and progress continues to be monitored against the plan.
- A countywide plan is in place and being reviewed by Countywide Acquired Infection Group. Actions in place include Ribotyping all cases of Clostridium Difficile to identify possibility of cross-infection.
- A multi-professional group has been set-up to review every inpatient across the health community that has been identified as contracting Clostridium Difficile from November 2013. This will be led by a Consultant Gastroenterologist.

National Targets – Amber

5.2 Children's Services – Newborn Bloodspot Screening

The GCS target for tests to be *recorded* by 17 days of age has now been achieved since June and in-month performance for October is rated green.

Year to date performance is now rated amber due to the continued improvement in performance in the last five months.

Actions taken include:

Performance has been on target since the daily electronic upload of data was implemented at the beginning of June. The expectation is that the 95% target will be achieved before the end of the financial year.

5.3 Friends and Family Test Response Rate

The Friends and Family Test response rate is rated amber on a year to date basis (14% compared to target of 15%) but was ahead of target in October 2013 with performance of 16%. Performance has now been on target for the last three months.

The Friends and Family Test (FFT) aims to provide a simple, headline metric which can be used to drive cultural change and continuous improvements in the quality of the care received by NHS patients.

The FFT consists of the question: "How likely are you to recommend our ward/department/service to friends and family if they needed similar care or treatment?" with a follow-up question "Please can you tell us the main reason for the score you have given?"

The aim is that all patients being discharged from an inpatient ward or visiting a Minor Injury Unit (MIU) are provided with the opportunity to answer the FFT.

In MIUs patients are given a card to complete and post in the comments box before they leave the unit. On the wards, patients are either surveyed as part of the real-time survey or given a card on discharge to complete before they leave the ward.

There were 911 responses received in total in October 2013, which was a response rate of 16% (MIUs 744 responses (14% response rate) and wards 167 responses (42% response rate)).

The Trust is expected to achieve a minimum response rate of 15% of all patients either discharged from a ward or having visited a Minor Injury Unit.

Actions taken include:

Service User Experience reports provided to each Locality to highlight performance and feedback.

Friends and Family Test documentation is to be inserted into discharge documentation to ensure it is a priority on discharge. Ongoing emphasis to

ensure all patients (or their families if clinically appropriate) discharged home from wards complete this.

5.4 HPV Immunisation

The current performance for the immunisation programme shows that 71% of first immunisations have been completed compared to a trajectory of 75% for October 2013 (service delivery is based on the academic year rather than financial year).

Performance is ahead of that for this stage last year (65.5%).

The target of 90% that the Trust is commissioned to deliver is applicable to all three immunisations.

Actions include:

There were two schools that were scheduled to be visited in October that were not visited, due to teacher strike and a school closure due to a flooding incident. This totalled 204 girls that could have been immunised and it is expected that performance would have been on target unless there was a poor uptake. Both schools have been rescheduled.

Other actions include:

- Follow-up of unreturned consent forms after first Immunisation sessions
- Follow-up of any girls notifying GCS that they would be attending their GP Practice for immunisation to check that this has happened and to ensure systems are updated
- Regular contact with schools to provide further information as required

Local Targets – Red

5.5 Sexual Health – Psychosexual Medicine

Gloucestershire Care Services is required to achieve the Operating Standard of 95% of patients referred to the Psychosexual Medicine service receiving treatment within 8 weeks of referral.

Performance for patients treated in October 2013 was 69%. This represented four patients not treated within the target of 8 weeks due to previous capacity issues within the service. Two of the four patients were treated within 9 weeks a further patient within 10 weeks and the final patient within 13 weeks.

Year to date performance has declined further to 75% and is also rated red.

Actions include:

The service has an action plan in place to address this under-performance. This includes a service review which is due to be reported by the end of December 2013.

Local Targets – Amber

5.6 Single Point of Clinical Access

Percentage of calls abandoned was 6.0% in October 2013 compared to a target of less than 5%. Year to date performance is now 7.1% and rated amber.

This equated to 143 calls that were abandoned out of 2,401 calls received in October 2013.

Actions include:

Capacity modelling is to be developed and recruitment for the increase to 24/7 working needed in support of Rapid Response service development.

On-going activity monitoring will be maintained and include review of average

5.7 Adult Social Care

National Targets – Red

5.7.1 Self-directed support as direct payments

Performance in October 2013 showed 24.4% of service users receiving self-directed support as direct payments, compared to target of 26.6% which is rated as red. Overall 84.2% of eligible service users are receiving self-directed support compared to a target of 82.7% in October which is rated green.

Actions include:

Provision of weekly monitoring reports and review of those receiving self-directed support but not as direct payment.

Additional reports to be developed to identify service users who have been offered a direct payment but have actively declined (for comparison purposes).

Local Targets – Red

5.7.2 Reviews

Work continues to reduce the number of reviews outstanding, however the trajectory to deliver continues to decrease.

It should be noted that there is some time lag between the review being undertaken and the entry onto the ERIC system, which will result in a slightly lower level of completion being seen in the reports on a snapshot basis than is actually the case.

The metrics of reviews against trajectory are identified overleaf:

	Care Review SC510	Home Team	Universal Services (meals on wheels etc.) SC340	Community Services SC 330
Trajectory	381		643	507
Actual	441		735	431
Variance	-60		-92	+76
Total	76 reviews behind trajectory			

Gloucester, Stroud, Tewkesbury and Cheltenham's figures will improve during November as new staff started on 1st October and will be fully operational following induction.

In the Forest of Dean a new staff member will start for three days per week on 23rd October and an impact will be seen thereafter.

Cotswolds locality is the only area without additional staff at present due to difficulty in recruitment.

It has been agreed at the Adult Social Care Management Team (ASMT) to introduce a threshold for completion of annual reviews such that they are completed within a threshold of 52 to 58 weeks of the last review, this will be implemented from April 2014.

5.7.3 Reassessments (SC330)

Despite integrated community teams working to full capacity, there continues to be demonstrable improvements across the county in completing the outstanding reassessments for community services shown in the chart overleaf.

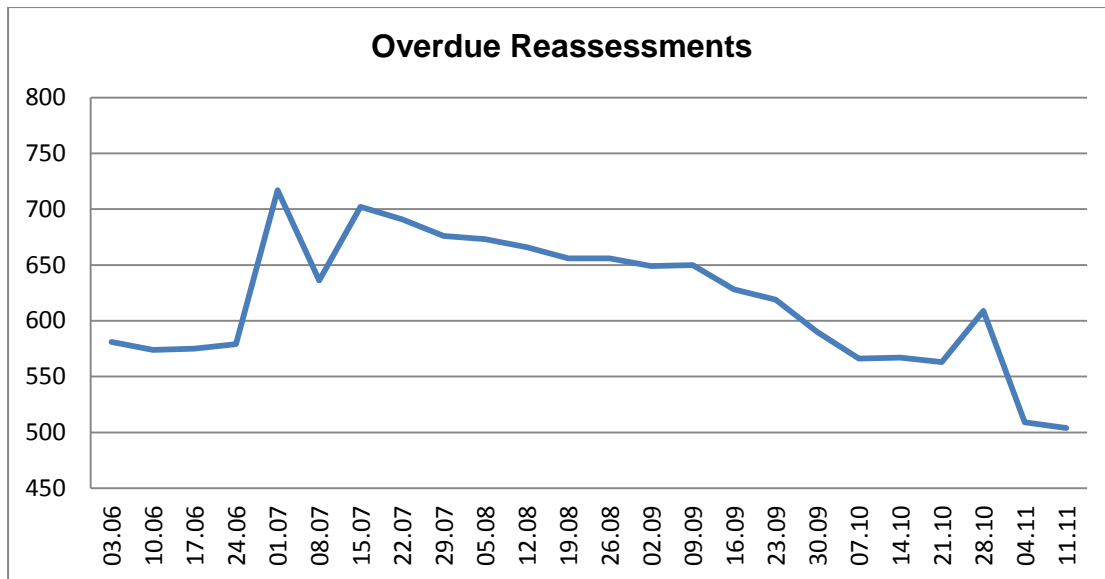
It should be highlighted that data includes those reassessments due over the next two months, that service users have been in receipt of continuous support for more than 12 months and that they have not been reassessed in that period of time.

The peak at the beginning of July is apparent in each of the localities but most prominent for Stroud and Gloucester.

Additional actions that have been taken include the following:

- Three times weekly allocation meetings so that scheduling of assessor workloads for ICT staff becomes more systemised and equal

Overdue reassessments:



5.7.4 Outstanding Assessments

The current number of outstanding assessments is shown in the table below.

Locality	Pending Worker				Named Worker				Total			
	Apr-13	Sep-13	Oct-13	Variance (Oct-Apr)	Apr-13	Sep-13	Oct-13	Variance (Oct-Apr)	Apr-13	Sep-13	Oct-13	Variance (Oct-Apr)
Cheltenham	282	270	310	28	335	264	178	-157	617	534	488	-129
Stroud	17	116	151	134	403	199	145	-258	420	315	296	-124
Forest	166	155	164	-2	181	152	125	-56	347	307	289	-58
Gloucester	208	25	50	-158	306	146	139	-167	514	171	189	-325
Cotswolds	141	106	123	-18	104	125	55	-49	245	231	178	-67
Tewkesbury	163	23	23	-140	118	116	106	-12	281	139	129	-152
Countywide	40	37	43	3	124	106	52	-72	164	143	95	-69
Grand Total	1,017	732	864	-153	1,571	1,108	800	-771	2,588	1,840	1,664	-924

This indicates the number of service users that are allocated a named worker or are pending allocation to a worker. This shows an overall reduction of 35.7% between April 2013 and October 2013.

However, the number of service users on pending lists remains a concern. This has been exacerbated by the need for therapists to support the Reablement competency programme, and focusing on reducing progressions from Reablement. The number of safeguarding cases per week is also impacting on the capacity of teams.

Actions taken by ICT members include:

- Utilising locum Social Worker staff to take the longest waiting service users off the list
- Utilising referral centre staff to complete the more simple interventions during quieter periods
- Additional administrative time into referral centres to release assessor time where those staff are currently taking referrals

- Weekly review of pending lists to check accuracy
- Having dedicated OTs to focus on Reablement practice and process, enabling others to focus on the waiting list.

5.7.5 Ongoing development

Further work is ongoing to support the scorecard process and this includes the following:

- Developing reablement additional reports
- Reablement analysis - % Contact Time (improving data reliability and developing analysis), assessment of use of interim/reablement beds
- Expanding analysis of waiting times
- Continuing to spend time with teams to ensure they have good understanding of the reports and how to use them

A number of targets and associated RAG (Red - Amber - Green) ratings have been included within the scorecard, along with a selection of other indicators that have a three month average comparator included within the scorecard. This is intended to demonstrate performance in the latest three months in 2013/14 compared to that for the same three months in 2012/13.

This will be provided to Locality Managers for review on an ongoing basis. Action plans will follow for any targets that are not being achieved.

Quality

5.8 Patient Experience

Friends and Family Test Net Promoter Score

The Friends and Family Test (FFT) aims to provide a simple, headline metric which can be used to drive cultural change and continuous improvements in the quality of the care received by NHS patients.

The FFT consists of the question: “How likely are you to recommend our ward/department/ service to friends and family if they needed similar care or treatment?” with a follow-up question “Please can you tell us the main reason for the score you have given?”

The aim is that all patients being discharged from an inpatient ward or visiting a Minor Injury Unit (MIU) are provided with the opportunity to answer the FFT.

In MIUs patients are given a card to complete and post in the comments box before they leave the unit. On the wards, patients are either surveyed as part of the real-time survey or given a card on discharge to complete before they leave the ward.

Net Promoter Score

The overall Net Promoter Score for GCS in October 2013 (including Minor Injury Units and Community Hospital Inpatient Wards) was 83, with Minor Injury Units scoring 88 and Community Hospital Inpatient Wards scoring 61.

This is considerably above the benchmark of 62 set by the Aspiring Community Foundation Trust benchmarking group, and the average recorded by the group to date (September) of 72.5.

The score is given as a numerical score between +100 and -100 and is not expressed as a percentage.

The score is calculated by taking away the proportion of responses who would not recommend the service ('neither likely nor unlikely', 'unlikely' and 'extremely unlikely') from the proportion of responses who were 'extremely likely' to recommend the service.

Although the 'likely' responses are not mentioned in the calculation they will form part of the total (the denominator for both parts of the calculation) and the number of 'likely' responses are therefore highly influential in calculating the final score.

5.9 CQUIN

The report for the milestones in Quarter 2 2013/14 was shared with Commissioners at the end of October for review. Confirmation has been received of full compliance and payment.

The current potential risk of delivery of the Community element of the Dementia CQUIN remains. This is being further assessed and may result in this being rated amber.

The Steering Group continues to meet on a monthly basis and all operational leads have a project plan in place detailing key requirements, milestones and deadlines.

Further CQUIN indicators are being devolved into Locality Scorecards in order to gain further assurance that all of the CQUIN targets are achieved in Quarter 3 and Quarter 4

The schemes are as follows:

1. NHS Safety Thermometer
2. Dementia Care
3. Patient Experience Escalator
4. Falls Reduction
5. End of Life Care
6. Pressure Ulcers
7. Learning Disabilities

5.10 QIPP

Targets for 2013/14 remain subject to confirmation, with discussions ongoing between GCS and Commissioners. Performance will be reported via the quality and performance scorecard once targets are finalised.

Where schemes have been agreed, targets and key performance indicators have been developed and devolved to individual teams. Overall performance against these indicators is ahead of planned levels.

Please see the Finance report for more details.

5.11 Workforce

Key workforce indicators are included within the performance scorecard and reviewed by Locality Managers and their service leads who are being actively supported by the Workforce team and HR Business Partners with the provision of more detailed information to help the Boards with the management of performance within their localities.

The key indicators, targets and current performance are summarised in the table below:

Indicator	Target	Performance
Sickness absence	3%	4.35%
Mandatory Training	90%	89.12%
Appraisal completion	90%	80.14%
Turnover rate	7-17%	11.14%

Sickness absence levels have increased slightly this month. The overall rate is 4.35% for rolling 12 months to October. This is rated as red compared to the target of 3%. However, this compares favourably with the benchmark data provided by the Aspirant Community Foundation Trusts Network (ACFTN) which shows an average rate of 4.72% (rolling 12 month data to September).

This remains significantly above the GCS target of 3% and ACFTN benchmark target of 4%.

In month performance for October was 4.92%.

All mandatory training programmes have improved take-up again this month. The mandatory Fire and Health and Safety training rates are 89.12% (October), which compares favourably against the ACFTN average rate of 80.0% (September data), however still behind the target of 90% and therefore rated amber.

Appraisal rates have further improved this month following a piece of work being undertaken with line managers to 80.14% (from 74.59%). This is now comparing very favourably with the ACFTN rate of 73.71% (September), nonetheless the Trust expects to achieve further improvement as we progress through the year.

This remains rated as red compared to the target of 90%.

The staff turnover rate of 11.14% in October remains higher than the ACFTN average of 10.51% (September data). However, performance is within the benchmark target range of 7-17% and therefore rated green.

6. Financial implications

A detailed report outlining any financial implications with delivery of quality and performance targets is included within the Finance Board Report.

7. Implementation and Review of Progress

This report outlines progress towards recovery of under-performing targets including actions to improve performance.

8. Legal Implications

None

9. Risk Implications

Risks will be identified by Managers and included within the narrative of the report. If necessary, risks will escalate to the Operational Risk Register with the relevant operational leader as the owner.

10. Implications for Health Inequalities

This report presents the organisation's quality and performance exception report update. The targets involved are both national and local targets which have been designed to tackle health inequalities.

11. Implications for Equalities (Black and Other Minority Ethnic / Disability / Age Issues)

Any implications (and subsequent actions) for equality groups have been noted within this report.

12. Consultation and Communication including Public Involvement

Examples of public involvement and consultation are evident with the Patient Experience surveys. Actions from these surveys are informed from the opinion of service users.

13. Links to:

None.

Prepared by: Matthew O'Reilly

Presented by: Glyn Howells

Appendices:

Appendix 1: Quality and Performance Scorecard

Gloucestershire Care Services Quality and Performance scorecard 2013/14

NATIONAL TARGETS

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM	
UNSCHEDULED CARE																				
Primary Care Centres																				
National	Face to Face Consultations in PCC for those assessed as an Emergency to be seen within 1 Hour	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field	
		Actual	94%	100%	100%	100%	100%	100%	100%	100%						100%	100%			
National	Face to Face Consultations in PCC for those assessed as an Urgent to be seen within 2 Hours	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field	
		Actual	96%	97%	97%	96%	98%	95%	96%	100%						97%	97%			
National	Face to Face Consultations in PCC for those assessed as a Less Urgent Case to be seen within 6 Hours	Target	98%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	99%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field	
		Actual	98%	98%	98%	99%	99%	98%	99%	100%						99%	99%			
COMMUNITY HOSPITALS																				
MIU - TIMELINESS QUALITY INDICATORS																				
National	% seen and discharged within 4 Hours in MIU	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	Locality Managers	
		Actual	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%						99.9%	99.9%			
	Number of breaches of 4 hour target	Actual number	51	3	6	5	5	1	6	2							28			48
National	Total time spent in MIU less than 4 hours (95th percentile)	Target	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers	
		Actual	01:48	01:50	01:56	01:51	01:56	01:51	01:51	01:54						01:52	01:52			
National	Time to initial assessment for patients arriving by ambulance (95th percentile)	Target	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers	
		Actual	00:11	00:12	00:10	00:07	00:10	00:10	00:10	00:10						00:10	00:10			
National	Time to treatment in department (median)	Target	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers	
		Actual	00:22	00:25	00:24	00:24	00:25	00:24	00:24	00:25						00:23	00:23			
MIU - PATIENT IMPACT QUALITY INDICATORS																				
National	Unplanned re-attendance rate within 7 days	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers	
		Actual	4.1%	3.6%	3.5%	4.0%	4.6%	4.0%	4.2%	3.9%						3.9%	3.9%			
National	Left department without being seen	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers	
		Actual	0.5%	0.5%	0.7%	0.6%	1.0%	0.7%	0.5%	0.7%						0.6%	0.6%			
SEXUAL HEALTH																				
Chlamydia Screening																				
National	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	Target		Target to be agreed - anticipated 2,300 per 100,000 population														Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe	
		Actual	1775	1785	2074	2187	1881	2106	2010	2717						2113	2113			
	Number of Positive Screens - GCS and Joint responsibility	Target		87	91	90	76	96	96	87	94	97	127	96	106	536	1143			
		Actual		83	91	104	82	85	91	118						654	1121			
	Number of Positive Screens - GCS responsibility	Target		68	70	71	57	76	61	54	67	73	82	73	79	403	831			
		Actual		70	75	84	74	63	72	99						537	921			
	Number of Positive Screens - Joint responsibility	Target		19	21	19	19	20	35	33	27	24	45	23	27	133	312			
		Actual		13	16	20	8	22	19	19						117	201			
CHILDREN'S SERVICES																				
IMMUNISATIONS																				
National	HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed)	Target (all 3)*	90%	ACADEMIC YEAR 2012/13 - Target 90% all 3 immunisations by end of academic year (July 2013)						ACADEMIC YEAR 2013/14 - Target 90% all 3 immunisations by end of academic year (July 2014)								Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe	
		Target	90.0%	30.0%	50.0%	75.0%	90.0%	90.0%							40%		90%			
		3rd Immunisation	87.9%	58.5%	79.8%	85.6%	86.7%	86.7%												
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%				40%	75%	85%	90%	90%				90%
		2nd Immunisation	90.0%	88.2%	89.0%	89.3%	89.6%	89.9%												
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	30%	75%	85%	90%	90%	90%	90%	30%	90%			
		1st Immunisation	90.5%	89.5%	90.0%	90.1%	90.3%	90.5%	30%	71%						71%	90%			
			No Consent %	7.0%	6.9%	7.2%	7.2%	7.2%	7.2%	1.6%	4.5%					4.5%	4.5%			
CHILDHOOD MEASUREMENT PROGRAMME																				
				ACADEMIC YEAR 2012/13 - Target 85% of children measured by end of academic year (July 2013)						ACADEMIC YEAR 2013/14 - Target 85% of children measured by end of academic year										
National	Percentage of children in Reception Year with height and weight recorded	Target	85%	85%	85%	85%	85%	85%	0%	4%	33%	56%	84%	85%	85%	0%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe	
		Actual	96.2%	93.2%	93.8%	93.9%	93.9%	93.9%	0.5%	7.9%						7.9%	85.0%			
National	Percentage of children in Year 6 with height and weight recorded	Target	85%	85%	85%	85%	85%	85%	2%	35%	83%	85%	85%	85%	85%	2%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe	
		Actual	94.8%	94.0%	94.1%	94.2%	94.2%	94.2%	2.7%	43.4%						43.4%	85.0%			
NEWBORN HEARING SCREENING																				
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%			100%
National	Screens completed by 5 weeks (community sites) - Well babies	Target	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	Exception report to GCSMT	Candace	

Gloucestershire Care Services Quality and Performance scorecard 2013/14

Target type	TARGET	2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM	
National	Screens completed by 5 weeks (community sites) - seven babies	Actual	98.9%	98.7%	99.5%	98.8%	98.6%	98.6%	99.5%	98.2%					98.8%	98.8%	and remedial action plan	Plouffe	
NEWBORN BLOODSPOT SCREENING																			
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	Candace Plouffe	
		Actual	99.9%	100.0%	100.0%	99.7%	100.0%	99.8%	100.0%	100.0%					100.0%	99.9%			
National	Timeliness of result (by 17 days of age)	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe	
		Actual	82.0%	78.1%	78.3%	97.7%	97.0%	95.2%	96.5%	98.0%					91.5%	91.5%			
HEALTH VISITORS																			
National	Number of Health Visitors to meet Call to Action requirements	Target		0.00	2.10	1.20	3.25	0.00	-0.80	5.80	0.00	0.00	0.00	5.50	0.00	5.75	17.05	For discussion at Contract Board when WTE numbers are not met	Candace Plouffe
		Actual		0.00	0.00	0.00	0.00	0.00	5.94						5.94	17.05			
QUALITY																			
NEVER EVENTS																			
National	Number of Never Events reported	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report and remedial action plan	Sue Field / Candace Plouffe	
		Actual	0	0	0	0	0	0	0	0					0	0			
SERIOUS INCIDENTS REQUIRING INVESTIGATION																			
National	Number of Serious Incidents Requiring Investigation (SIRI) reported	Actual	23	1	3	0	2	0	0	2					8	14	Exception report and action plan	Sue Field / Candace Plouffe	
Friends and Family Test																			
National	Response Rate	Target		15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual		21%	9%	10%	11%	17%	16%	16%					14%	14%			
INFECTION CONTROL																			
National	Number of post 48 hour Clostridium Difficile Infections in Community Hospitals	Target	24	1	2	1	2	2	1	2	1	1	1	2	2	11	18	Any Month = Exception report, 2nd Consecutive Month =	Locality Mangers
		Actual	16	4	2	6	0	1	2	0					15	22			
National	Number of MRSA bacteraemias	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual	0	0	0	0	0	0	0	0					0	0			
National	Number of MSSA Infections	Actual	1	0	0	0	0	0	0	0					0	0	Exception report to GCSMT and remedial action plan	Locality Mangers	
National	Number of E.Coli Bloodstream Infections	Actual	2	0	0	0	0	0	0	0					0	0	Exception report to GCSMT and remedial action plan	Locality Mangers	
DIAGNOSTIC TEST WAITING TIMES																			
National	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Target	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	2% of service line revenue	Sue Field	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%			
Cancelled operations																			
National	No urgent operation should be cancelled for a second time	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	Locality Mangers	
		Actual	0	0	0	0	0	0	0	0					0	0			
National	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	Locality Mangers	
		Actual	0	0	0	0	0	0	0	0					0	0			
MIXED SEX ACCOMODATION BREACHES																			
National	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	£250 per day per patient affected	Locality Mangers	
		Actual	0	0	0	0	0	0	0	0					0	0			
Data Quality - Submitted to Secondary Uses Service (SUS)																			
National	Percentage of In Patient episodes that have a valid ethnic code recorded	Target	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	100.0%			
National	Percentage of In Patient episodes that have a valid NHS number recorded (compared to National average)	Target	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual	99.6%	99.9%	99.8%	99.8%	99.9%	99.9%	99.8%	99.8%					99.8%	99.8%			
National	Percentage of In Patient episodes that have a GP Practice Code recorded (compared to National average)	Target	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	100.0%			
National	Percentage of MIU attendances that have a valid ethnic code recorded (compared to National average)	Target	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual	97.9%	98.2%	97.6%	97.3%	97.1%	97.0%	97.0%	97.1%					97.3%	97.3%			
National	Percentage of MIU attendances that have a valid NHS number recorded (compared to National average)	Target	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual	97.9%	96.3%	97.0%	96.9%	97.0%	97.3%	97.4%	97.7%					97.1%	97.1%			
National	Percentage of MIU attendances that have a GP Practice Code recorded (compared to National average)	Target	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	Exception report to GCSMT and remedial action plan	Locality Mangers	
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	100.0%			

LOCAL TARGETS

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
REFERRAL TO TREATMENT																			
Adult Community & Therapy Services																			
Local	Speech and Language Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	99%	100%	100%	100%	100%	100%	99%	100%						100%	100%		
Local	Podiatry - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	97%	99%	99%	99%	99%	98%	97%	98%						98%	98%		
Local	Occupational Therapy Services - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	99%	100%	100%	100%	100%	100%	100%	100%						99%	99%		
Local	Physiotherapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	LM's & Candace Plouffe
		Actual	97%	100%	100%	98%	96%	96%	95%	96%						97%	97%		
Local	Occasional Wheelchairs - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%		
Specialist Nurses																			
Local	Parkinson's Nursing - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%		
Local	Diabetic Nursing - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	99%	100%	100%	100%	100%	100%	100%	100%						100%	100%		
Local	Bone Health Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	98%	97%	96%	95%	98%	97%	98%	98%						97%	97%		
Local	MSK Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	98%	100%	99%	95%	96%	99%	96%	96%						97%	97%		
MUSCULOSKELETAL CLINICAL ASSESSMENT AND TREATMENT SERVICE																			
Local	% of referrals referred on to secondary care	Target	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	6%	4%	9%	4%	6%	6%	5%	5%						6%	6%		
Local	Patients referred to secondary care within 2 days of decision to refer onwards	Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%		
Local	The wait from referral for routine patients to be seen should not exceed 4 weeks	Target	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	2.8	2.9	2.7	3.7	3.7	3.4	3.5	2.9						3.3	3.3		
Local	The wait from referral for urgent patients to be seen should not exceed 2 weeks	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	1.4	1.3	1.8	1.8	1.7	1.4	1.7	1.4						1.6	1.6		
Single Point of Clinical Access (SPCA)																			
Local	Calls Offered (received)	Actual	26806	2487	2411	2119	2488	2397	2126	2401						16429	28164	Exception report to GCSMT and remedial action plan	Rosi Shepherd
	Calls Handled (answered)	Actual	25317	2375	2267	1911	2256	2177	2021	2258						15265	26169		
	Calls Abandoned	Actual	1489	112	144	208	232	220	105	143						1164	1995		
Local	% of calls abandoned	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Rosi Shepherd
		Actual	5.5%	4.5%	6.0%	9.8%	9.3%	9.2%	4.9%	6.0%						7.1%	7.1%		
Local	% of calls resolved with agreed pathway within 20 mins	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Rosi Shepherd
		Actual	96.9%	95.0%	96.2%	96.2%	96.2%	96.3%	96.2%	95.0%						95.9%	95.9%		
COMMUNITY HOSPITALS																			
ADMITTED PATIENTS																			
AVERAGE LENGTH OF STAY																			
Local	Average Length of Stay - 95th percentile	Target		Operating Standard to be agreed - proposed target 15.3 days														Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	15.8	15.5	15.1	15.4	14.8	14.0	15.3	14.1						15.1	15.1		
	Average Length of Stay	Actual	16.8	17.6	17.2	17.7	16.6	15.9	17.4	15.8						16.9	16.9		
	Direct Admissions - Average Length of Stay	Actual	12.8	14.7	10.4	14.3	11.8	13.4	14.6	13.4						13.2	13.2		
	Non-Direct Admissions - Average Length of Stay	Actual	20.9	20.3	22.4	21.0	21.7	18.6	20.6	18.2						20.4	20.4		
DIRECT ADMISSIONS																			
Local	% of direct admissions to community hospitals	Target	50%	Operating Standard to be agreed														Remedial action plan for sites not meeting the target YTD	Locality Mangers
		Actual	52%	39%	50%	49%	59%	52%	53%	51%						51%	50%		
	% of direct admissions to community hospitals - following transfer from GP	Target		Operating Standard to be agreed														Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	44%	34%	42%	39%	49%	42%	39%	38%						38%	40%		
	% of direct admissions to community hospitals - following transfer from GHNHSFT	Target		Operating Standard to be agreed														Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	8%	5%	8%	10%	10%	10%	14%	13%						13%	10%		

Gloucestershire Care Services Quality and Performance scorecard 2013/14

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
DELAYED TRANSFERS OF CARE																			
Local	Delayed Transfers of Care to be maintained at a minimal level (average number of patients each month)	Target	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	Report to Contract Board on reasons for delays and actions taken to resolve	Locality Mangers
		Actual	9	6	8	5	5	5	5	8						8	8		
Telehealth																			
Local	Number of Telehealth units in the Community	Target		NUMBER AND MONTHLY TRAJECTORY TO BE AGREED														Any Month = Exception report, 2nd Consecutive Month =	Sue Field
		Actual		153	154	142	139	136	142	148						148	148		
ESD																			
Local	Proportion of new patients assessed within 2 days of notification	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month =	Sue Field
		Actual	99%	100%	100%	100%	100%	100%	100%	100%						100%	100%		
Local	Proportion of patients discharged within 6 weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month =	Sue Field
		Actual	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%		
SEXUAL HEALTH																			
REFERRAL TO TREATMENT - SEXUAL HEALTH																			
Local	Contraception Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	98%	99%	99%	100%	99%	99%	100%	100%						99%	99%		
Local	HIV Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%		
Local	Psychosexual Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	93%	100%	88%	80%	83%	60%	73%	69%						75%	75%		
Terminations																			
Local	% of terminations carried out within 10 weeks of gestation	Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	Any Month = Exception report, then remedial required when target not met	Candace Plouffe
		Actual	77%	82%	88%	78%	95%	83%	76%	89%						84%	84%		
CHILDREN'S SERVICES																			
REFERRAL TO TREATMENT - Community Services																			
Paediatric																			
Local	Paediatric Speech and Language Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	99%	100%	100%	100%	99%	99%	100%	96%						99%	99%		
Local	Paediatric Physiotherapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	99%	99%	97%	99%	99%	100%	98%						99%	99%		
Local	Paediatric Occupational Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	98%	100%	100%	95%	96%	100%	97%	100%						98%	98%		
BREASTFEEDING																			
Local	Coverage of Breastfeeding at 6-8 weeks: number of children with a breastfeeding status recorded as a % of all infants due for a 6-8 week check	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	99%	99%	97%	98%	98%	99%	97%	93%						97%	97%		
Local	Continuation rate of Breastfeeding at 6-8 weeks: for patients breastfeeding at 2 weeks to continue on to 6-8 weeks	Target		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	If not meeting at the Quarterly submission, discussion to determine issues and agree how to improve performance	Candace Plouffe
		Actual		96%	82%	88%	92%	88%	88%	87%						89%	89%		
QUALITY																			
Pressure ulcers																			
Pressure ulcers in Community																			
Local	Total number of patients with pressure ulcers		25	43	28	13	28	15	25	23							23	Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	Locality Mangers
	Number grade 1 pressure ulcers		6	4	3	0	5	2	5	2							2		
	Number grade 2 pressure ulcers		14	30	19	10	20	12	16	16							16		
	Number grade 3 pressure ulcers		5	5	5	3	2	1	4	5							5		
	Number grade 4 pressure ulcers		0	4	2	0	1	0	0	0							0		
	Total number of pressure ulcers		25	43	29	13	28	15	25	23							23		
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Target	<28%	Target to be confirmed															
		Actual	20.0%	20.9%	24.1%	23.1%	10.7%	6.7%	16.0%	21.7%							21.7%		

Gloucestershire Care Services Quality and Performance scorecard 2013/14

Target type	TARGET	2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM	
Pressure ulcers in Community Hospitals																			
Local	Total number of patients with pressure ulcers		21	35	19	23	19	16	20	27						27	Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	Locality Mangers	
	Number grade 1 pressure ulcers		4	8	5	2	3	6	5	7						7			
	Number grade 2 pressure ulcers		12	18	13	18	12	7	16	16						16			
	Number grade 3 pressure ulcers		5	6	1	3	4	3	1	4						4			
	Number grade 4 pressure ulcers		1	3	0	1	1	0	0	2						2			
	Total number of pressure ulcers		22	35	19	24	20	16	22	29						29			
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Target	<25%	Target to be confirmed															
	Actual	28.6%	25.7%	5.3%	16.7%	25.0%	18.8%	4.5%	20.7%						20.7%				
Pressure ulcers in Community - Childrens Services																			
Local	Total number of patients with pressure ulcers		0	0	1	0	1	0	0	0						0	Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	Candace Plouffe	
	Number grade 1 pressure ulcers		0	0	1	0	1	0	0	0						0			
	Number grade 2 pressure ulcers		0	0	0	0	0	0	0	0						0			
	Number grade 3 pressure ulcers		0	0	0	0	0	0	0	0						0			
	Number grade 4 pressure ulcers		0	0	0	0	0	0	0	0						0			
	Total number of pressure ulcers		0	0	1	0	1	0	0	0						0			
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Target	<28%	Target to be confirmed															
	Actual	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					0.0%				
Falls																			
Local	Reduction in Total number of Falls in Community Hospitals	Target		Target to be confirmed following calculation of CQUIN baseline													Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	Locality Mangers	
		Actual	1089	87	84	104	91	77	86	99						628			1077
Local	Number of falls resulting in serious harm	Actual	3	0	0	0	0	0	0	0						0	0	Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	Locality Mangers
	Percentage of falls resulting in serious harm should be less than 1% of total falls	Target		<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%		
		Actual	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						0.0%	0.0%		
VTE																			
Local	VTE Risk Assessment - % of relevant inpatients with assessment completed	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Mangers
		Actual	97.3%	98.7%	97.8%	98.3%	98.5%	97.2%	94.9%	93.9%						97.0%	97.0%		
BREASTFEEDING																			
Local	Implementation of UNICEF baby friendly initiative (Health Visiting)	Target	Level 2	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2	Level 2	Level 2	Level1	Level 2	Failure to produce Implementation plan by end of Q2 will result in discussion at Contract Board	Candace Plouffe
		Actual	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1						Level 1		

Key to traffic lights:

On or better than plan	Green
Below plan	Amber
Significantly worse than plan	Red

Gloucestershire Care Services NHS Trust
Adults Social Care Operational & Performance Management Scorecard. County Totals

ADULT SOCIAL CARE		Measure method	Lead		
NATIONAL INDICATORS (Gloucestershire Summary)					
ASCOF 1C Part 1	Percentage of service users receiving self-directed support	Percentage	Sue Field	Target	Target
ASCOF 1C Part 2	Percentage of service users receiving self-directed support as Direct Payments	Percentage	Sue Field	Target	Target
ASCOF 2A Part 1	Admissions to residential & nursing care, per 100,000 population (Age 18-64)	Rolling 12-Month Average	Sue Field	Target	Target
ASCOF 2A Part 2	Admissions to residential & nursing care, per 100,000 population (Age 65+)	Rolling 12-Month Average	Sue Field	Target	Target
ASCOF 2B	Achieving independence for older people through reablement	Percentage	Sue Field	Target	Target
ASCOF 2C Pt 1	Delayed transfers of care	In Month	Sue Field	Target	Target
ASCOF 2C Pt 2	Delayed transfers of care from hospital attributable to adult social care	In Month	Sue Field	Target	Target
THLY FIGURES					
Referral Centre					
SC010	Referrals	In Month	Sue Field	Actual	Actual
SC020	Referrals resolved at referral point	In Month	Sue Field	Actual	Actual
SC021	Percentage of referrals resolved at referral point	Percentage	Sue Field	Actual	Actual
SC030	Referrals passed elsewhere	In Month	Sue Field	Actual	Actual
SC031	Percentage of referrals passed elsewhere	Percentage	Sue Field	Actual	Actual
SC040	Referrals progressed to reablement	In Month	Sue Field	Actual	Actual
SC041	Percentage of referrals progressed to reablement	Percentage	Sue Field	Actual	Actual
SC050	Referrals progressed to Integrated Community Team	In Month	Sue Field	Actual	Actual
SC051	Percentage of referrals progressed to ICT	Percentage	Sue Field	Actual	Actual
SC055	Referrals (priority within 2 hours)	In Month	Sue Field	Actual	Actual
SC056	Percentage of referrals (priority within 2 hours)	Percentage	Sue Field	Actual	Actual
Reablement					
SC060	All reablement (includes OT) starting in month	In Month	Sue Field	Actual	Actual
SC061	Community & Bed based reablement starting in month	In Month	Sue Field	Actual	Actual
SC062	Community reablement starting in month	In Month	Sue Field	Actual	Actual
SC063	Bed based reablement starting in month	In Month	Sue Field	Actual	Actual
SC072	Community reablement in progress	Snapshot	Sue Field	Actual	Actual
SC073	Bed based reablement in progress	Snapshot	Sue Field	Actual	Actual
SC082	Community reablement completing within 3 weeks	In Month	Sue Field	Actual	Actual
SC083	Bed based reablement completing within 3 weeks	In Month	Sue Field	Actual	Actual
SC092	Community reablement completing within 3-6 weeks	In Month	Sue Field	Actual	Actual
SC093	Bed based reablement completing within 3-6 weeks	In Month	Sue Field	Actual	Actual
SC102	Community reablement completing after 6 weeks	In Month	Sue Field	Actual	Actual
SC103	Bed based reablement completing after 6 weeks	In Month	Sue Field	Actual	Actual
SC105	Total completing community reablement	In Month	Sue Field	Actual	Actual
SC106	Total Completing Bed-Based Reablement	In Month	Sue Field	Actual	Actual
SC107	People completing reablement	In Month	Sue Field	Actual	Actual
SC109	Service user contact time %	In Month	Sue Field	Target	Target
SC110	PLACEHOLDER % decrease in IB from start to end of reablement (10% check on SU)	In Month	Sue Field	Target	Target
SC120	PLACEHOLDER Number of admissions avoided	In Month	Sue Field	Actual	Actual
SC130	PLACEHOLDER Service user satisfaction rate	In Month	Sue Field	Actual	Actual
FACE overview assessments					
SC140	Requested (new service users)	In Month	Sue Field	Actual	Actual
SC150	Requested (existing service users)	In Month	Sue Field	Actual	Actual
SC160	Open	Snapshot	Sue Field	Actual	Actual
SC170	Open longer than 28 days	Snapshot	Sue Field	Actual	Actual
SC180	Completed	In Month	Sue Field	Actual	Actual
SC181	Completed within 28 days	In Month	Sue Field	Actual	Actual
SC190	Completed with the intention to fund a personal budget	In Month	Sue Field	Actual	Actual
SC200	Average time taken to complete an assessment	In Month	Sue Field	Actual	Actual
Support Plans					
SC210	Support plans completed	In Month	Sue Field	Actual	Actual
SC220	Support plans presented to panel	In Month	Sue Field	Actual	Actual
SC230	Support plans approved at panel	In Month	Sue Field	Actual	Actual
SC231	Support plans outstanding	Snapshot	Sue Field	Actual	Actual
Personal budgets					
SC240	Service users eligible for personal budgets	Snapshot	Sue Field	Actual	Actual
SC250	Service users with personal budgets	Snapshot	Sue Field	Actual	Actual
SC260	Percentage of eligible service users with personal budgets	Snapshot	Sue Field	Actual	Actual
SC270	Service users with personal budgets as Direct Payments	Snapshot	Sue Field	Actual	Actual
SC280	Percentage of eligible service users with personal budgets as Direct Payments	Snapshot	Sue Field	Actual	Actual
Service Provision					
SC290	Service users (community)	Snapshot	Sue Field	Actual	Actual
SC300	New service users (community)	Snapshot	Sue Field	Actual	Actual
SC310	Service users (residential and nursing)	Snapshot	Sue Field	Actual	Actual

2012/2013						2013/2014						Average for Last 3 Months					
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Variance	M7 YTD	Average 2012/2013	Average 2013/2014	Variance
63.3%	66.7%	70.0%	73.3%	76.7%	80.0%	80.3%	80.7%	81.0%	81.3%	81.7%	82.0%	82.7%					
78.1%	78.5%	79.4%	79.5%	80.0%	80.9%	82.4%	80.9%	81.7%	82.7%	82.8%	83.4%	84.2%	7.0%	82.6%			
13.5%	13.6%	13.7%	13.8%	14.0%	14.1%	26.0%	26.1%	26.2%	26.3%	26.4%	26.5%	26.6%					
25.7%	26.0%	26.1%	26.1%	25.9%	26.0%	25.7%	25.1%	24.3%	24.1%	23.9%	24.2%	24.4%	-1.0%	24.5%			
47	46	48	51	52	49	45	45	48	47	48	48	44	35	325			
885	914	951	949	963	984	990	1017	1035	1033	1008	932	896	767	6911			
					87.5%												
					71.5%												
8	8	8	7	7	6	10	10	10	10	10	10	10	-8	35	8	6	-2
						4	4	4	4	4	4	4					
4	4	4	3	3	3	3	3	3	2	2	2	-	-9	15	4	2	-2
		657	1909	1823	2227	2369	2295	2250	2836	2450	2557	2679		17436		2562	
		139	371	378	719	664	720	831	1084	961	1000	1006		6266			
		21.2%	19.4%	20.7%	32.3%	28.0%	31.4%	36.9%	38.2%	39.2%	39.1%	37.6%		35.9%			
		38	99	128	83	102	92	118	160	97	121	142		832			
		5.8%	5.2%	7.0%	3.7%	4.3%	4.0%	5.2%	5.6%	4.0%	4.7%	5.3%		4.8%			
		91	252	242	235	307	300	213	269	242	298	235		1864			
		13.9%	13.2%	13.3%	10.6%	13.0%	13.1%	9.5%	9.5%	9.9%	11.7%	8.8%		10.7%			
		377	1153	1036	1123	1223	1145	1043	1266	1095	1080	1216		8068			
		57.4%	60.4%	56.8%	50.4%	51.6%	49.9%	46.4%	44.6%	44.7%	42.2%	45.4%		46.3%			
		25	85	163	243	286	307	341	457	399	408	255		2453		354	
		3.8%	4.5%	8.9%	10.9%	12.1%	13.4%	15.2%	16.1%	16.3%	16.0%	9.5%		14.1%			
725	700	507	678	661	732	843	838	767	791	739	775	686	1031	5439			
362	355	267	336	267	332	359	375	344	383	355	336	290	253	2442	327	327	0
323	314	236	295	241	295	321	330	308	342	305	290	266	214	2162	295	287	-8
39	41	31	41	26	37	38	45	36	41	50	46	24	39	280	32	40	8
389	402	363	359	350	354	376	340	307	296	281	276	287	-102	287			
26	28	25	42	42	36	38	40	41	41	38	36	29	3	29			
140	137	117	96	109	134	133	176	148	174	153	137	121	257	1042			
18	26	20	12	10	18	12	22	16	21	27	23	16	26	137			
80	78	75	61	56	67	72	78	91	95	90	83	67	150	576			
16	10	9	8	11	11	14	13	12	13	15	14	11	4	92			
100	86	83	142	85	90	94	112	102	84	77	66	67	62	602	103	70	-33
5	3	5	4	5	14	10	8	7	7	11	5	4	2	52	7	7	0
320	301	275	299	250	291	299	366	341	353	320	286	255	469	2220			
39	39	34	24	26	43	36	43	35	41	53	42	31	32	281			
359	340	309	323	276	334	335	409	376	394	373	328	286	501	2501			
						45	45	45	45	45	45	47					

SC320	New service users (residential and nursing)	Snapshot	Sue Field	Actual	Actual	81	100	79	58	71	107	96	77	122	91	88	114	39	-42	39			
	Reassessments																						
SC330	Service users overdue a community service reassessment	Snapshot	Sue Field	Target	Target							579	607	635	663	691	599	507					
				Actual	Actual	464	498	525	562	608	492	552	555	547	537	505	452	431	-76	431			
SC340	Service users overdue a FAST reassessment	Snapshot	Sue Field	Target	Target							1255	1153	1051	949	847	745	643					
				Actual	Actual	1004	1084	1143	1219	1268	1205	1133	1076	997	978	842	703	735	92	735			
SC350	Reassessments completed	In Month	Sue Field	Actual	Actual	635	647	515	575	591	446	532	563	503	511	491	545	458	-380	3603	571	498	-73
	Carers																						
SC360	Carers (personal details known)	Snapshot	Sue Field	Actual	Actual	1428	1431	1398	1339	1284	1183	1163	1113	1222	1226	1250	859	833	-595	833			
SC370	Carers (personal details unknown)	Snapshot	Sue Field	Actual	Actual	582	530	415	480	480	455	503	527	418	463	471	521	498	-84	498			
SC380	Carers offered assessment	In Month	Sue Field	Actual	Actual	703	642	481	541	553	500	568	615	505	526	541	586	556	-336	3897			
SC390	Carers accepting assessment	In Month	Sue Field	Actual	Actual	631	559	422	480	502	458	519	568	446	476	499	542	519	-176	3569			
SC400	Separate assessments completed	In Month	Sue Field	Actual	Actual	28	19	7	13	7	12	12	9	10	11	7	7	10	-73	66			
SC410	Percentage of carers accepting the offer of assessment	Percentage	Sue Field	Actual	Actual	89.8%	87.1%	87.7%	88.7%	90.8%	91.6%	91.4%	92.4%	88.3%	90.5%	92.2%	92.5%	93.4%	3.1%	91.6%	88.4%	92.7%	4.3%
SC420	Carers receiving carers specific services	Snapshot	Sue Field	Actual	Actual	889	899	874	832	815	726	701	676	774	794	818	716	708	-181	708			
	Safeguarding																						
SC425	New safeguarding alerts	In Month	Sue Field	Actual	Actual						94	117	157	179	159	180	224	251		1267		218	218
SC430	New safeguarding referrals	In Month	Sue Field	Actual	Actual	51	49	39	37	35	46	73	77	96	75	84	87	96	294	588	49	89	40
SC440	Safeguarding referrals completed	In Month	Sue Field	Actual	Actual	25	44	29	55	42	49	44	68	70	84	64	58	109	271	497	34	77	43
SC450	Safeguarding referrals substantiated	In Month	Sue Field	Actual	Actual	8	26	12	15	12	5	11	7	11	13	19	19	24	32	104	11	21	10
	Finance																						
SC640	Average cost per panel award	In Month	Sue Field	Actual	Actual																		
SC650	Average External care spend per service user	In Month	Sue Field	Actual	Actual																		
	Caseloads																						
SC660	Pending List	Snapshot	Sue Field	Actual	Actual	487	490	580	611	775	811	830	885	742	866	776	746	870	383	870			
SC670	Pending worker allocations	Snapshot	Sue Field	Actual	Actual												862	689		689			
SC680	Pending worker de-allocations	Snapshot	Sue Field	Actual	Actual												420	587		587			

Gloucestershire Care Services NHS Trust
Adults Social Care Operational & Performance Management Scorecard. Countywide Locality

ADULT SOCIAL CARE COUNTYWIDE SERVICES 2013/14					2012/2013						2013/2014								
Measure Method					Lead						Apr May Jun Jul Aug Sep Oct Variance M7 YTD								
Sensory services																			
SC460	Sensory Services Referrals	In Month	Sue Field	Actual						129	126	159	98	138	116	124	164		925
SC470	Assessments completed	In Month	Sue Field	Actual	66	55	27	47	41	39	47	37	44	51	47	40	39	14	305
SC480	Assessments completed within 28 days	In Month	Sue Field	Actual	35	29	12	22	19	26	26	24	24	36	30	24	26	2	190
SC490	Awareness sessions held	In Month	Sue Field	Actual							0	1	0	0	0	2	5		8
SC500	Assessments completed (Hard of Hearing/Gloucestershire Deaf Association)	Snapshot	Sue Field	Actual	62	45	39	62	39	59	75	67	41	63	45	55	28	23	28
Care home reviews																			
SC510	Reviews outstanding	Snapshot	Sue Field	Target							549	541	533	525	477	429	381		381
				Actual	478	511	545	567	597	532	517	535	492	492	466	463	441	34	441
SC520	Reviews completed	In Month	Sue Field	Actual	26	47	47	44	57	49	77	75	88	66	47	56	57	237	466
Community development support team																			
SC530	Contacts made	In Month	Sue Field	Actual							0	66	0	0	61	0	102		229
SC540	Events held	In Month	Sue Field	Actual							0	18	0	0	10	0	9		37
SC550	People attending events	Snapshot	Sue Field	Actual							0	223	0	0	193	0	208		624
Carers Emergency Schemes																			
SC560	Registered schemes	In Month	Sue Field	Actual	2241	2259	2247	2191	2160	2073	2000	1965	1107	1131	1148	1091	1074	-5388	9516
SC570	Activations	In Month	Sue Field	Actual	6	2	8	11	5	4	2	2	5	5	1	4	0	-12	19
Homeless Healthcare																			
SC580	Consultations in month (homeless health care patients)	In Month	Sue Field	Actual	1003	918	781	1036	708	696	866	819	1004	1220	959	735	953	-24	6580
SC590	Consultations in month (potentially violent patients)	In Month	Sue Field	Actual							28	28	25	36	42	55	43		257
Wheatridge																			
SC600	People starting complex reablement	In Month	Sue Field	Actual	data by month will be available next month						1	3	3	3	1	5	6		22
SC610	People completing complex reablement	In Month	Sue Field	Actual	data by month will be available next month						1	3	4	2	3	6	5		24
Telecare																			
SC620	Service starts	In Month	Sue Field	Actual	72	58	36	59	35	46	53	66	44	57	54	79	104	81	457
SC630	Supported users	In Month	Sue Field	Actual	259	202	161	103	66	53	1728	1753	1761	1762	1781	1805	1857	9512	12447

NB. Figures in italics are provided separately from ERIC and manually entered.

CQUIN PERFORMANCE SCORECARD

CQUIN Indicator	TARGET		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	reporting frequency	Indicator Value (£000's)	Total Value (£000's)	Operational Lead	
1 - NHS Safety Thermometer																					
1.1	Completeness of data submission to the Health and Social Care Information Centre (HSCIC). Monthly submission monitored quarterly	Target	Data submission			Data submission			Data submission			Data submission					Quarterly	£87.3	£87.3	Carol Grimsdale & Veronica Hourston	
		Actual	Data submitted for Q1			Data submitted for Q2															
2 - Dementia Care																					
2.1	Dementia Case Finding - % of direct admissions asked dementia case finding question as part of admission process	Target	Baseline report			Update provided detailing progress to target			Update provided detailing progress to target			90%			90%	Quarterly	£94.30	£314.3	Mandy Hampton & Sarah Warne		
		Actual																			
2.2	Diagnostic Assessment for Dementia - % of patients identified in 2.1 who have had a diagnostic assessment complted using recognised assessment tool	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%			90%	Quarterly	£94.30				
		Actual																			
2.3	Referral for specialist diagnosis - of patients with symptoms of memory loss, or possible dementia who are referred for specialist diagnosis	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%			90%	Quarterly	£31.43				
		Actual																			
2.4	Care Planning - % of patients where cognitive impairment identified are commenced upon care plan which evidences appropraite management as described in 2.3	Target				Update provided detailing progress to target			Update provided detailing progress to target			80%			80%	Quarterly	£62.87				
		Actual																			
2.5	Training on Diagnostic Assessment	Target	Confirm number and grade of staff to be trained. Scope training programme options and agree.			Completion of 10% of eligible staff trained and report			Completion of 25% of eligible staff trained			Completion of 50% of eligible staff trained				50%	Quarterly			£31.43	
		Actual																			
3 - PATIENT EXPERIENCE ESCALATOR																					
3.1	Responding to feedback - submit quarterly reports detailing update on community hospital inpatient real-time survey programme. To include areas surveyed, key issues raised and resultant action plans	Target	Quarterly report completed			Quarterly report completed			Quarterly report			Quarterly report					Quarterly	£78.6	£314.3	Linda Edwards & Alison Reddock	
		Actual																			
3.2	Provider of choice - implementation of Friends and Family Test	Target	Quarterly report completed			Quarterly report completed			Quarterly report			Quarterly report					Quarterly	£78.6			
		Actual																			
3.3	Shared Decision Making - Implementing the use of the Personal Decision Making tool for patients / carers within areas of Children's Services (OT, Physio, SLT)	Target	Identification of service areas to champion this work and staff education and training			Implementation			Evaluation of Implementation			Develop and action plan to build on and further roll out the use of the personal decision making tool					Quarterly	£78.6			
		Actual																			
3.4	Leadership - "15 step challenge"	Target	Scope the feasibility of implementation including areas for trial; consideration of training and awareness raising			Launch "The Challenge" with organisational sign up within the agreed areas for the trial			Review and Evaluation of this trial, what we have learnt about patient and users views			Plan for wider adoption of "The Challenge" across GCS during 2014/15					Quarterly	£78.6			
		Actual																			
4 - Reduction in number of falls																					
4.1	Reduce harm to patients and service users. Trajectory for reduction in number of falls set through Q2-4 based on baseline collection in Q1	Target	Baseline data collection on number of falls and level of harm established and agreed. To include:			Reduction of 5% in the number of falls against baseline			Reduction of 10% in the number of falls against baseline			Reduction of 15% in the number of falls against baseline					Quarterly	£220.0	£314.3	Julie Ellery & Alison Reddock	
		Actual	Number of falls, Harm categories from falls profiling report, number of referrals to falls related specialist services																		
4.2	Staff Training - training of identified staff groups to increase knowledge relating to falls prevention and bone health.	Target				Scope content of training programme			% of eligible staff accessing training			50% of eligible staff accessing training					Quarterly	£94.3			
		Actual																			
5 - End of Life Care																					
5.1	End of Life Care Planning - patients at the end of life will have care that is planned, implemented and evaluated to meet their needs. Increase of 15% against Q1 baseline for where there is documented evidence of 3 components of care planning	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					Quarterly	£188.6	£314.3	Theresa Cuthbert & Pat Anderson	
		Actual																			
5.2	End of Life Care Symptom Management - improved symptom management	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					Quarterly	£125.7			
		Actual																			

6 - Pressure Ulcers													
6.1	Decrease in acquired pressure ulcers by 17% in hospital and community	Target	Identify baseline number of acquired pressure ulcers from Q3 and Q4 data for 2012/13. Data by grade of pressure ulcer (1-4)	Decrease of 5% from baseline	Decrease of 5% from baseline (Q3 and Q4 2013/14)	Decrease of 17% from baseline (Q3 and Q4 2013/14)			Quarterly	£251.5	£314.3	Jane Evans & Lucy Woodhouse	
		Actual											
6.2	Joint working with other providers to reduce inherited pressure ulcers	Target	Identify baseline from Q3 and Q4 incident reports for 2012/13. Establish top 3 care providers from whom GCS inherits pressure ulcers	Establish joint investigation process to ensure timely investigation and resolution. Agree year-end target for reduction in inherited pressure ulcers. Evidenced by meeting minutes and investiagtion pathway.	Report detailing progress towards year-end target for reduction in inherited pressure ulcers	Achievement of year-end target for reduction in inherited pressure ulcers			Quarterly	£62.9			
		Actual											
7 - Learning Disabilities													
7.1	Reasonable Adjustment Training - a range of training and development opportunities is developed to ensure employees of GCS are aware of the need to provide reasonable adjustment for people with Learning Disabilities, the resources to assist them and are able to translate to a range of care and treatment settings	Target	Work with LD colleagues to scope available tools / resources to support reasonable adjustments for people with learning disabilities. This will include discussion with LD self-advocacy groups	Develop training programme to raise awareness of the needs of people with learning disabilities, disability equality duties and resources available to staff. Final programme to be supported by LD self-advocacy groups	Implement training programme across all staff groups	Evidence training of 25% of staff and patient stories to illustrate reasonable adjustments made			Quarterly	£87.3	£87.3	Helen Ballinger	
		Actual											
											£1,746		

Key to traffic lights:		
On or better than plan		Green
Below plan		Amber
Significantly worse than plan		Red
thresholds to be developed		

Please note that from May onwards, the cost centres have been revised and applied to the new structures. This means that any previous data is not comparable, and has therefore been removed if it is not top level activity.

Item	Mar-13	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
ESTABLISHMENT													
Staff in post FWTE - Snapshot end of Month	1955.01	1958.67	1950.69	1955.65	1956.28	1984.88	2009.80	2019.71					
Vacancies FWTE - during month	20.57	53.48	37.1	28.45	44.81	49.95	37.77	32.63					
Number of vacancies advertised - During month	24	64	44	29	52	61	46	41					
Headcount (excluding Bank Staff) - Snapshot end of month	2586	2589	2586	2579	2572	2605	2627	2637					
Bank Staff - Snapshot end of Month	307	313	320	306	304	307	307	313					
Number of Nursing Staff - FWTE - Snapshot at end of month	951.74	954.78	951.01	951.76	952.04	970.02	982.96	985.76					
Number of Nursing Staff WTE vacancies advertised during month		16.08	23.83	13.63	10.37	14.16	10.26	10.74					
New Starters (Headcount Excluding Bank Staff) - during month	21	25	14	18	28	42	58	32					
SICKNESS													
Sickness % of workforce - 12 month rolling average.	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
	4.51%	4.41%	4.30%	4.27%	4.20%	4.25%	4.27%						
Corporate		3.72%	3.66%	3.57%	3.52%	3.66%	3.82%						
Adult		4.99%	4.86%	4.85%	4.71%	4.78%	4.80%						
Countywide And Children, Family & Young People		3.63%	3.61%	3.56%	3.58%	3.52%	3.52%						
Sickness cost	£206,284	£209,877	£173,876.60	£164,555.00	£146,940.69	£201,596.52	£209,994.75						
MANDATORY TRAINING													
% of staff (excl bank) completed Mandatory Training - Fire / Health & Safety	84.73%	85.17%	85.27%	86.16%	86.51%	86.37%	86.26%	89.12%					
Corporate		81.73%	80.37%	82.10%	83.33%	84.10%	84.66%	86.85%					
Adult		86.56%	86.63%	87.25%	87.12%	86.60%	86.49%	89.80%					
CYP & Countywide		85.35%	85.68%	86.70%	87.44%	87.61%	86.47%	88.81%					
% of staff (excl bank) completed Mandatory training - Equality & Diversity	49.81%	51.26%	51.09%	51.50%	51.70%	50.77%	58.32%	66.93%					
Corporate		41.18%	40.49%	41.05%	41.67%	41.90%	51.53%	53.52%					
Adult		49.61%	49.47%	49.79%	49.75%	48.62%	56.89%	66.33%					
CYP & Countywide		57.98%	58.00%	58.52%	59.02%	58.08%	63.47%	73.21%					
% of staff (excl bank) completed Mandatory Training - Info Governance	67.05%	67.40%	66.99%	67.17%	67.10%	65.94%	65.09%	67.46%					
Corporate		42.72%	39.19%	49.82%	50.18%	49.28%	48.91%	50.72%					
Adult		68.68%	68.54%	68.66%	68.19%	66.78%	65.89%	69.05%					
CYP & Countywide		74.79%	74.25%	74.49%	75.00%	74.12%	72.93%	74.17%					
% of staff (excl bank) completed Mandatory Training - Conflict Resolution	54.52%	56.54%	57.76%	59.35%	60.08%	59.55%	59.08%	65.68%					
Corporate		48.30%	45.53%	58.24%	58.97%	58.33%	57.97%	62.23%					
Adult		58.20%	59.04%	60.35%	60.87%	60.01%	59.69%	67.35%					
CYP & Countywide		56.90%	59.21%	61.67%	62.80%	62.82%	61.92%	67.74%					
CORPORATE INDUCTION TRAINING													
Number of staff attending Corporate Induction Year to Date	288	17	31	44	60	87	119	183					
% of new starters attending induction training Year to Date	94.71%	68.00%	79.49%	77.19%	70.59%	68.50%	64.32%	84.33%					
APPRAISALS													
Target	85%	85%	85%	85%	85%	90%	90%	90%	90%	95%	95%	95%	95%
Number of qualifying staff with up to date appraisal	1447	1400	1334	1365	1480	1439	1573	1695					
% of qualifying staff with Up to Date Appraisal	66.90%	65.09%	61.73%	63.05%	67.95%	66.07%	74.59%	80.14%					
Corporate		67.19%	63.60%	67.43%	69.85%	67.17%	87.45%	77.95%					
Adult		60.84%	57.64%	58.29%	63.64%	60.44%	70.31%	79.08%					
CYP & Countywide		71.76%	68.21%	69.75%	74.82%	75.58%	77.00%	82.84%					
EMPLOYEE TURNOVER (NB: Any cost centres which have been closed have now been included in Turnover figures, which have been updated Apr - July. New process continues from August onwards)													
Turnover FTE %	12.19%	11.69%	11.65%	11.63%	11.36%	11.35%	10.86%	11.14%					
Corporate		12.87%	13.12%	13.28%	13.42%	13.15%	12.52%	13.20%					
Adult		12.54%	12.75%	12.77%	12.28%	12.24%	11.93%	12.21%					
CYP & Countywide		9.61%	8.98%	8.80%	8.75%	8.91%	8.14%	8.27%					

GCC - GCS Staff Information													
	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Establishment													
Headcount	710	709	714	714	708	699	687	685					
FTE	538.18	539.01	544.65	544.9	540.06	539.22	531.81	535.22					
New Starters	2	4	9	4	2	2	3						
Leavers	2	5	4	4	8	11	15	2					
SICKNESS													
Sickness % of workforce - Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
GCC - Cheltenham & Cotswolds	3.72%	2.47%	2.22%	3.26%	2.87%	4.92%	2.70%	4.42%					
GCC - Forest of Dean & Tewkesbury	0.65%	2.10%	1.85%	2.01%	3.88%	3.22%	3.90%	4.33%					
GCC - Gloucester & Stroud	3.97%	5.43%	3.68%	3.77%	5.95%	4.32%	4.30%	4.32%					
GCC - Countywide Services	1.88%	3.22%	2.56%	2.44%	5.12%	3.40%	4.50%	2.82%					
Overall	2.94%	3.72%	2.78%	3.11%	4.60%	4.13%	3.81%	4.24%					

Gloucestershire Care Services NHS Trust

Title:	Finance Report	10th December 2013
Agenda Item:	13	
Purpose of Paper:	To advise the Board on the year to date actual and forecast full year out-turn position for the Trust and also to provide updates regarding financial risks and priorities.	
Key Points:	<p>For Health budgets, the Trust has planned for a full year surplus of £2m. The current forecast for the full year is in line with budget.</p> <p>Current year budget includes £4.0m of in year savings from CIP schemes, a number of which are still being developed. QIPP is being forecast to deliver £3.9m though agreement of the detailed schemes still outstanding with the commissioner. CQUIN is being forecast to deliver in full whilst there remains a risk around gaining £330k.</p> <p>Gloucestershire County Council (GCC) expenditure figures for the internal Service Level Agreement (SLA) are in line with budget but external care spend forecasts are currently forecast at £6.6m over budget. Significant work is currently going into understanding this overspend more fully and delivering on action plans to reduce the overspend and implement more robust financial control.</p>	
Options and decisions required	The Committee is asked to note the current position and implications for the Trust.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
	3. Provide innovative community services that deliver health and social care together	
	4. Work as a valued partner in local communities and across health and social care	
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X

Next steps/future actions	<ul style="list-style-type: none"> • Develop remaining CIP plans to ensure in year £4m and recurrently £4.7m of savings • Agree risk share with the commissioners on QIPP schemes • Agree payment of CQUIN £330k through collaborative arrangements • Implement further benchmarking reports through ESSBASE • Manage one off spend associated with PDC holiday 		
Author name and title	Stuart Bird Deputy Director of Finance	Director Name and Title	Glyn Howells Director of Finance

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 10 December 2013

Location: Churchdown Community Centre

Agenda item 13: Finance Report

1. Purpose

To advise the Board of both the year to date and full year forecast out-turn positions for Gloucestershire Care Services NHS Trust. Also, to update on progress with transition to a separate trust and to highlight risks and plans to mitigate them.

2. Recommendations

The Board is asked to note the performance of the Trust and to be aware of the risk and opportunities within the current full year forecast.

3. Background

GCS is now fully operational as a separate trust, though has not yet received final details of its opening balance sheet.

The plans for the current financial year are challenging with £3.9m of QIPP income to be earned and £4.0 of CIP savings required to deliver the budgeted surplus of £2m.

In addition to management of its own financial position, GCS also has responsibility for approximately £74m of spend made through Gloucestershire County Council (GCC). This expenditure is approximately £17m on reablement and social workers working in the Integrated Community Teams and £57m of external care spend with care homes and domiciliary care agencies.

4. Discussion of Issues

The main issues that the Trust faces from the financial perspective are:

1. Getting contractual agreement on several areas:
 - a. QIPP (including headroom)
 - b. CQUIN
 - c. Staffing for in-patient wards
 - d. Approval for Integrated Community Team development
2. Delivering against health cost improvement plans (CIP) and GCC Meeting the Challenge
3. Managing non recurrent spend on current year projects being funded through the year one dispensation not to pay a PDC dividend (3.5% of average net assets) to the Department of Health
4. Addressing the current overspend on external care that is reported in GCC
5. Managing the Trust's cash position.

The issues and plans to address are detailed below.

5. Key Findings and Actions

Historical Financial Performance

Annual Plan

As a separate statutory organisation, the Trust has to submit an annual plan which was approved by the Board. This approved annual plan was then used to form the original budgets for the organisation. As changes are made to the services the Trust is commissioned to perform, additional cost budgets are created that are offset by additional income budgets. This means that over time, the budget that the forecast outturn is being compared to starts to move away from the originally approved annual plan.

As part of the Primary Care Trust (PCT) last year, Gloucestershire Care Services (GCS) did not have to submit an annual plan that it was then measured against and so all variance in the financial reports only referred to the budget in place at that time.

£000s			
	Income	Cost	Surplus / Deficit
Plan	101,990	99,990	2,000
Budget (M7)	104,200	102,200	2,000
Plan v Budget (M7)	2,210	2,210	0
S75 OT higher than LTFM assumptions	856	856	0
Additional PH Nurse Training	150	150	0
Additional funding for education training and research from NMET	558	558	0
Other (multiple small items)	646	646	0
Explained by:	2,210	2,210	0

Decisions are awaited on a number of significant funding matters that will move budget away from plan to an even larger extent when recognised in the position (e.g ICT enhancement, inpatient staffing and funding for depreciation and capital charges). These items are expected to be agreed during December.

Budget Monitoring

The performance against budget is tracked and reported against individual localities and cost centres. New budget monitoring reports have been generated from ESSBASE in this month with “books” of management accounting information produced for the operational directors and locality managers. All reports are being cascaded down through the organisation so

budget holders and their managers will receive consistent performance to date and full year forecast out-turn positions.

For the executive team, as well as their own area detail a Trust summary is now being produced including headcount and worked whole time equivalent (WTE) information. This Trust level report is attached at Appendix 3.

Reports are also now in production for a number of services that compare performance across comparable functions within the organisation by combining activity, quality and financial information into a single report. Further samples of these reports will be circulated as they become available.

Reports already in production cover MIU and inpatient activity, reports under development are for podiatry and children's services. It is planned that similar reports will eventually exist for all services.

Work is continuing to net off historical cost pressures and underspends to provide ever more accurate achievable budgets for budget holders to work to. Much of the work is now complete though progress continues to be hampered by staffing issues within the Finance Team which are providing significant issues with capacity. This work is expected to be complete by the end of month 9 to enable clarity in quarter 4 reporting and to help with understanding the cost base when preparing 2014/15 budgets.

Management accountants are allocated a set of cost centres that they are responsible for supporting, each individual's coverage of these budget holders with respect to meetings held to discuss are monitored monthly and reported up through the Audit and Assurance Committee.

Performance in Achieving Cost Improvement Plans

For 2013/14 the CIP target is £4.7m of recurrent savings of which £4.0m is required to be delivered in year to enable delivery of the planned £2m surplus. The latest CIP tracker for 2013/14 is attached as an appendix to this report. CIP plans for 2014/15 are now beginning to be planned and developed in conjunction with operational and strategic planning.

Detailed reviews have now taken place on all the current year CIP schemes. These have identified significant shortfalls on a number of the current year projects. An alternate scheme has been identified that will be reflected on a recurrent basis in the figures presented next month.

The 2013/14 benefits for the largest scheme (Mobile Working) are now being adjusted within service budgets and will be included in the reported figures at the end of month 9.

Alongside this increased capacity being removed from budgets, a detailed piece of analysis is being completed for each integrated community team (20 in total) to map the future structure of the team by profession and band, including the impact of the soon to be commissioned ICT enhancements

against the current staffing after adjusting for the improvement in productivity through mobile working.

Further progress has also been made this month in identifying where the procurement savings are going to come and developing plans with the shared service procurement team to ensure they are delivered.

The current forecast position includes £2m of benefit from CIP schemes and a further £2m of non-recurrent savings to deliver the £2m surplus. Introducing a managed vacancy factor will offset under delivery in year on many of the productivity CIPs and ensure that the required £4.7m recurrent cost saving is adjusted into the opening cost base for 2014/15.

The latest tracker of CIP plans is attached as Appendix 1 to this report.

QIPP

The requirements to be delivered to ensure receipt of QIPP income of £3.9m is still being discussed with the CCG with around £3m still not agreed. During the month further information has been supplied to the CCG and this is now being reviewed. A response is expected soon but input might be needed from the TDA and NHS England to achieve a prompt resolution. As reported previously, the CCG has moved in terms of their requirement to show reduction in volumes or improvement in KPIs at the Acute hospital. Further discussions are happening with the CCG on the risk share for the QIPP schemes the Trust is working on around agreeing the benefits that are reasonable to expect to be delivered in year given the late agreement of schemes. If the discussions are not conclusive then this matter will need to be escalated to the Trust Development Authority.

For the remaining £900k that is agreed the required improvements are being mapped down to locality and individual team levels and a scorecard being created to support the delivery.

The Trust is also still identifying additional QIPP opportunities to discuss with the CCG at an operational level with the plan that these additional savings will allow the CCG to reduce the level of Trust income dependent upon the contentious items mentioned above.

The forecast currently includes receipt of all £3.9m QIPP income. An appendix has been attached to show performance where schemes have been agreed. Additional schemes will be added as they are agreed with commissioners.

CQUIN

The Trust has had CQUINs agreed by the CCG though not yet varied into the contract. We have however identified an issue in that under the contract the Trust is entitled to £2,076k CQUINs and the CCG has only valued the CQUINs it has agreed with the Trust at £1,746k. The gap of £330k relates to 2.5% of the contract value for contracts that the CCG is administering through

the main contract on behalf of other commissioners. This was raised at the August Contract Board and the CCG is attempting to get agreement through their collaborative agreements with the other commissioners for the CCG schemes to be prorated up rather than requiring additional schemes to be identified and delivered at this stage of the year.

The CCG met with other commissioners to agree approach to gaps in current year CQUIN in a collaborative commissioning meeting on 25th November. We await an update on the outcome of this meeting.

New Business

The request from the CCG that the Trust expand the level of the services in Integrated Community Teams that was referred to in the previous finance report has now been confirmed in writing. Detailed plans are being drawn up within the Trust and once all recruitment trajectories have been finalised a variation to the contract will be drawn up. In year this is likely to be less than £1m but £3.9m recurrently. Detailed planning has identified some funding gaps that are being discussed with commissioners.

Capital Spend

Capital Expenditure Plan 2013/14	Q1	Q2	Q3	Q4	TOTAL
Tewkesbury Community Hospital	1,156	0	844	0	2,000
Medical - Equipment	0	293	314	410	1,017
Premises and Plant refurbishments	0	0	547	2,292	2,839
Community Health System	0	0	0	400	400
IM&T	0	0	218	226	444
Total Expenditure by Project Type	1,156	293	1,923	3,328	6,700

The main capital projects currently underway are Tewkesbury Hospital (£2m), replacement of Syringe Drivers (£0.3m) and the implementation of a new community system where the element that can be capitalised is under discussion with the auditors.

Tewkesbury hospital opened on 7th October following some delays due to commissioning issues with the building management systems (lifts, nurse call systems plus others). The issue of damages for delays is being pursued in line with the contract.

The Capital Expenditure Committee continues to meet on a monthly basis to review and approve capital spend within the capital plan that was approved by Board as part of the annual Plan approval.

The current forecast for capital spend is in line with plan. Detailed analysis of forecast versus plan is presented in detail in a separate report to the Performance and Resources Committee. Further invest to save ideas area being sought from operations staff during November/December to inform the

capex plans for Q4 of the current financial year and to identify longer term requirements for 2014/15 and beyond.

GCC SLA

Due to differences in timing of public meetings most recent GCC data is taken to Part 2 of the main Board meetings of the Trust. Appendix 4 to this report contains the latest (Month 7) information available to the trust.

6. Financial implications

The delivery of CIPs, QIPP and CQUIN are all forecast to deliver in line with budget and these remain the largest risks to the Trust's financial position.

The TDA has confirmed that in our first year of existence, in line with Transforming Community Services guidelines, the Trust will not be charged for public dividend capital (PDC). The impact of this has now been evaluated and the exec team has now agreed suitable uses of these monies on a non-recurrent basis to either drive up quality or accelerate cost improvements. A number of new cost centres have been created with non recurrent cost budgets to be used in 2013/14. These will be tracked and monitored by the executive and the Performance and Resources Committee will be updated regularly on progress. £0.8m was held back from the PDC holiday as an additional reserve against the risks referred to in Section 9 of this report.

7. Implementation and Review of Progress

Income and expenditure position

The year to date financial performance and related forecast performance for the remainder of financial year 2013/14 is summarised in the table below and shown in detail at Appendix 3..

NHS Trust - Summary by Organisation - Surplus/(Deficit) £k - 2013/14

	Actual	Budget	Actual v Budget	Forecast	Budget	Forecast vs Budget
	YTD(Oct)	YTD(Oct)	YTD(Oct)	Full Year	Full Year	Full Year
Cheltenham & Cotswold	(6,470)	(6,156)	(314)	(11,196)	(10,555)	(641)
Gloucester & Stroud	(6,341)	(6,097)	(244)	(11,582)	(10,442)	(1,140)
Forest & Tewkesbury	(6,078)	(5,859)	(219)	(10,486)	(10,022)	(464)
Unscheduled Care	(3,838)	(4,062)	224	(6,844)	(6,964)	121
Specialist Nursing	(1,491)	(1,540)	49	(2,587)	(2,640)	53
Adult Services	(24,218)	(23,714)	(504)	(42,695)	(40,624)	(2,071)
Children, Family & Young People	(6,237)	(6,486)	250	(10,865)	(11,121)	256
Countywide	(8,924)	(9,101)	177	(15,502)	(15,601)	98
Children & Countywide Services	(15,161)	(15,587)	427	(26,367)	(26,722)	355
Clinical Quality & Development	(1,036)	(1,180)	144	(1,846)	(2,023)	176
Estates, Facilities & Hotel Services	(2,853)	(2,680)	(172)	(4,788)	(4,596)	(192)
Central Income	52,113	51,104	1,009	89,444	87,608	1,837
Total Operations	8,845	7,943	902	13,749	13,643	105
Corporate	(6,363)	(5,497)	(866)	(9,544)	(9,353)	(191)
Corporate Projects	(124)	(334)	210	(1,897)	(2,006)	109
Recharges	(688)	(388)	(300)	(1,250)	(665)	(586)
Savings	(18)	1,191	(1,209)	3,210	3,166	44
Reserves	(147)	(1,809)	1,662	(2,267)	(2,786)	519
Unallocated	0	0	0	0	0	0
Total Overheads	(7,339)	(6,837)	(503)	(11,749)	(11,643)	(105)
Total Trust	1,506	1,106	400	2,000	2,000	0

The year to date overspend in Cheltenham and Cotswold is due to higher costs of running North Cotswolds Hospital (which is being funded non recurrently at present and additional costs of inpatient staffing where funding has not yet been agreed with the commissioner but is expected to be agreed. These are both offset by additional income in Central Income.

The full year overspend in Gloucester and Stroud is due to higher costs of running The Vale Hospital which is being funded non recurrently at present and additional costs of inpatient staffing where funding has not yet been agreed with the commissioner but is expected to be agreed. Approx £650k of the overspend is offset by additional income in Central Income while the remainder is the agency premium introduced by changing staffing levels before substantive staff were in post.

The year to date overspend in Forest & Tewkesbury is due to additional costs of inpatient staffing where funding has not yet been agreed with the commissioner but is expected to be agreed. These are both offset by additional income in Central Income.

The overspend in Corporate relates to additional costs of finance staff relating to the establishment of the Trust that were funded and so are offset by additional income in Central Income plus an additional £83k of cost pressure due to higher than budgeted NHSLA costs. These increased costs are being sought from commissioners as the budget was based on an internal allocation within the Primary Care Trust.

Most other areas are forecasting an underspend due to non-recurrent delays in recruiting and vacancy control within support services.

The full year forecast for 2013/14 remains as a surplus of £2m which is in line with budget.

Budgeted reserves are expected to be adjusted during month 9 reporting when depreciation and capital charges are finalised after receipt of opening balances. The current working assumption is that any underfunding in the opening budget for depreciation and capital charges (mainly regarding assets transferred to NHS property services and upon which the Trust will now pay rent) will be added to the block contract funding from Gloucestershire CCG.

Forecast reserves currently include non recurrent elements that will be used to offset under delivery of CIP in year. The amount available to offset underdelivery on CIP, CQUIN and QIPP is now approx. £2.4m. The comparable figure at the previous month end was £2.8m and the difference relates to increases in ward staffing costs that are not expected to be recovered from the CCG.

Working capital and cash

Cash position is on plan with regularly updated forecasts and robust cash collection procedures in place to bring monies due to the Trust in from commissioners. Over 95% of monthly Trust income is now received on or before the tenth working day of the month. End of October cash balance was £3.4m compared to plan level of £3.7m

Supplier payments are regularly monitored to ensure that none are being paid outside agreed payment terms. Supplier confusion following Trust separation is now reducing and the payment performance is improving. There are still issues with invoice approval via oracle due to on-going scanning and indexing service issues at SBS.

8. Legal Implications

None

9. Risk Implications

- a) Ability to earn QIPP of £3.9m built into current forecasts, and
- b) Delivery of CIP schemes in year, and
- c) Earning £1,976 CQUIN for the year. Known risk of £330k
- d) Ensuring PDC holiday is invested in ways that deliver benefit and does not generate any recurrent spend
- e) Ensuring the capital plan for the year is aligned to strategic and invest to save initiatives
- f) Reputational risk associated with external care overspend currently being experienced through GCC

All of these items will remain on the risk register throughout the year and will be regularly reported to the Board to ensure that they are managed appropriately and that their impact is minimised as early in the year as possible.

10. Implications for Health Inequalities

None

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

None

12. Consultation and Communication including Public Involvement

None

13. Links to:

Objective 6.











Prepared by: Stuart Bird

Presented by: Glyn Howells

Appendices

- Appendix 1 Cost improvement plan (CIP) tracker
- Appendix 2 Trust level finance report from ESSBASE
- Appendix 3 CQUIN update.
- Appendix 4 GCC SLA Reporting
- Appendix 5 QIPP update

T.L.C. PROGRAMME - FINANCIAL BENEFITS TRACKER

THEME Ref	CIP Project	Executive Lead	Target 13/14 £'000	Forecast 13/14 £'000	Var £000	RAG Rating
1	Ambulatory Care Review	Sue Field	399	58	(341)	
4	Integrated Community Team Development	Sue Field	287	287	0	
5	Mobile working	Glyn Howells	885	1,184	298	
6	Support Services Review	Tina Ricketts	1,012	497	(515)	
	Procurement Review	Glyn Howells	338	108	(230)	
	Estates Review	Glyn Howells	434	198	(236)	
	Medicines Management	Liz Fenton	358	157	(201)	
	Centralised Booking	Candance Pluffe	150	-	(150)	
Non-TLC CIP	Medical SLA (Cirencester & Stroud)	TBC	200	-	(200)	
Grand Total			4,063	2,489	(1,574)	

Managed Vacancy CIP to be added

NHS Trust - Summary by Organisation - Surplus/(Deficit) £k - 2013/14

Surplus/(Deficit)

	Actual YTD(Oct)	Budget YTD(Oct)	Actual v Budget YTD(Oct)	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
Consolidated (GCS & GCC)						
Cheltenham & Cotswold	(8,798)	(8,733)	(65)	(15,572)	(15,240)	(332)
Gloucester & Stroud	(10,014)	(9,945)	(69)	(18,262)	(17,003)	(1,259)
Forest & Tewkesbury	(8,510)	(8,393)	(116)	(14,904)	(14,491)	(413)
Unscheduled Care	(4,057)	(4,311)	254	(7,231)	(7,395)	164
Specialist Nursing	(1,491)	(1,540)	49	(2,587)	(2,640)	53
Adult Services	(32,870)	(32,922)	53	(58,557)	(56,770)	(1,786)
Children, Family & Young People	(6,237)	(6,486)	250	(10,865)	(11,121)	256
Countywide	(9,848)	(10,127)	278	(17,208)	(17,436)	228
Children & Countywide Services	(16,085)	(16,613)	528	(28,073)	(28,557)	484
Clinical Quality & Development	(1,036)	(1,180)	144	(1,846)	(2,023)	176
Estates, Facilities & Hotel Services	(2,853)	(2,680)	(172)	(4,788)	(4,596)	(192)
Central Income	52,113	51,104	1,009	89,444	87,608	1,837
Total Operations	(731)	(2,291)	1,560	(3,820)	(4,339)	519
Corporate	(6,483)	(6,822)	339	(10,385)	(10,269)	(116)
Corporate Projects	(124)	(334)	210	(1,897)	(2,006)	109
Recharges	(688)	(388)	(300)	(1,250)	(665)	(586)
Savings	(18)	1,191	(1,209)	3,210	3,166	44
Reserves	(147)	(1,809)	1,662	(2,267)	(2,786)	519
Unallocated	0	0	0	0	0	0
Total Overheads	(7,459)	(8,161)	702	(12,589)	(12,559)	(30)
Total Trust	(8,190)	(10,452)	2,262	(16,409)	(16,898)	489
GCS						
Cheltenham & Cotswold	(6,470)	(6,156)	(314)	(11,196)	(10,555)	(641)
Gloucester & Stroud	(6,341)	(6,097)	(244)	(11,582)	(10,442)	(1,140)
Forest & Tewkesbury	(6,078)	(5,859)	(219)	(10,486)	(10,022)	(464)
Unscheduled Care	(3,838)	(4,062)	224	(6,844)	(6,964)	121
Specialist Nursing	(1,491)	(1,540)	49	(2,587)	(2,640)	53
Adult Services	(24,218)	(23,714)	(504)	(42,695)	(40,624)	(2,071)
Children, Family & Young People	(6,237)	(6,486)	250	(10,865)	(11,121)	256
Countywide	(8,924)	(9,101)	177	(15,502)	(15,601)	98
Children & Countywide Services	(15,161)	(15,587)	427	(26,367)	(26,722)	355
Clinical Quality & Development	(1,036)	(1,180)	144	(1,846)	(2,023)	176
Estates, Facilities & Hotel Services	(2,853)	(2,680)	(172)	(4,788)	(4,596)	(192)
Central Income	52,113	51,104	1,009	89,444	87,608	1,837
Total Operations	8,845	7,943	902	13,749	13,643	105
Corporate	(6,363)	(5,497)	(866)	(9,544)	(9,353)	(191)
Corporate Projects	(124)	(334)	210	(1,897)	(2,006)	109
Recharges	(688)	(388)	(300)	(1,250)	(665)	(586)
Savings	(18)	1,191	(1,209)	3,210	3,166	44
Reserves	(147)	(1,809)	1,662	(2,267)	(2,786)	519
Unallocated	0	0	0	0	0	0
Total Overheads	(7,339)	(6,837)	(503)	(11,749)	(11,643)	(105)
Total Trust	1,506	1,106	400	2,000	2,000	0
GCC						
Cheltenham & Cotswold	(2,328)	(2,577)	249	(4,376)	(4,685)	309
Gloucester & Stroud	(3,673)	(3,848)	175	(6,681)	(6,562)	(119)
Forest & Tewkesbury	(2,432)	(2,534)	102	(4,418)	(4,469)	51
Unscheduled Care	(219)	(249)	30	(387)	(431)	44
Specialist Nursing	0	0	0	0	0	0
Adult Services	(8,652)	(9,208)	556	(15,862)	(16,146)	284
Children, Family & Young People	0	0	0	0	0	0
Countywide	(924)	(1,026)	101	(1,706)	(1,836)	130
Children & Countywide Services	(924)	(1,026)	101	(1,706)	(1,836)	130
Clinical Quality & Development	0	0	0	0	0	0
Estates, Facilities & Hotel Services	0	0	0	0	0	0
Central Income	0	0	0	0	0	0
Total Operations	(9,576)	(10,234)	658	(17,568)	(17,982)	414
Corporate	(120)	(1,325)	1,204	(841)	(916)	75
Corporate Projects	0	0	0	0	0	0
Recharges	0	0	0	0	0	0
Savings	0	0	0	0	0	0
Reserves	0	0	0	0	0	0
Unallocated	0	0	0	0	0	0
Total Overheads	(120)	(1,325)	1,204	(841)	(916)	75
Total Trust	(9,696)	(11,558)	1,862	(18,409)	(18,898)	489

NHS Trust - Summary by Organisation - Income £k - 2013/14

Income

	Actual YTD(Oct)	Budget YTD(Oct)	Actual v Budget YTD(Oct)	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
Consolidated (GCS & GCC)						
Cheltenham & Cotswold	2,700	2,617	83	4,604	4,541	63
Gloucester & Stroud	2,808	2,616	192	4,751	4,502	248
Forest & Tewkesbury	1,972	1,838	134	3,233	3,163	70
Unscheduled Care	111	123	(13)	175	211	(36)
Specialist Nursing	6	3	3	6	5	1
Adult Services	7,596	7,196	400	12,768	12,422	346
Children, Family & Young People	1,084	1,155	(71)	2,155	2,263	(108)
Countywide	884	827	57	1,615	1,282	332
Children & Countywide Services	1,968	1,982	(14)	3,769	3,545	224
Clinical Quality & Development	199	196	3	340	336	5
Estates, Facilities & Hotel Services	71	92	(21)	115	158	(42)
Central Income	52,119	51,104	1,015	89,464	87,608	1,857
Total Operations	61,953	60,570	1,383	106,458	104,069	2,389
Corporate	431	186	244	711	291	420
Corporate Projects	0	0	0	0	0	0
Recharges	2	0	2	2	0	2
Savings	0	143	(143)	549	549	0
Reserves	126	163	(37)	213	279	(66)
Unallocated	32	0	32	55	0	55
Total Overheads	590	492	98	1,530	1,119	411
Total Trust	62,543	61,062	1,481	107,988	105,188	2,800
GCS						
Cheltenham & Cotswold	2,653	2,590	63	4,475	4,440	35
Gloucester & Stroud	2,452	2,335	116	4,122	3,933	190
Forest & Tewkesbury	1,859	1,743	116	3,041	2,988	53
Unscheduled Care	111	123	(13)	175	211	(36)
Specialist Nursing	6	3	3	6	5	1
Adult Services	7,080	6,794	286	11,819	11,577	242
Children, Family & Young People	1,084	1,155	(71)	2,155	2,263	(108)
Countywide	799	725	75	1,375	1,180	195
Children & Countywide Services	1,883	1,880	3	3,530	3,443	87
Clinical Quality & Development	199	196	3	340	336	5
Estates, Facilities & Hotel Services	71	92	(21)	115	158	(42)
Central Income	52,119	51,104	1,015	89,464	87,608	1,857
Total Operations	61,352	60,066	1,286	105,269	103,121	2,148
Corporate	398	147	252	658	251	407
Corporate Projects	0	0	0	0	0	0
Recharges	2	0	2	2	0	2
Savings	0	143	(143)	549	549	0
Reserves	126	163	(37)	213	279	(66)
Unallocated	32	0	32	55	0	55
Total Overheads	558	452	106	1,477	1,079	398
Total Trust	61,910	60,518	1,392	106,746	104,200	2,546
GCC						
Cheltenham & Cotswold	47	27	20	129	101	28
Gloucester & Stroud	357	281	76	628	570	59
Forest & Tewkesbury	113	95	18	192	175	17
Unscheduled Care	0	0	0	0	0	0
Specialist Nursing	0	0	0	0	0	0
Adult Services	516	402	114	950	845	104
Children, Family & Young People	0	0	0	0	0	0
Countywide	85	102	(17)	239	102	137
Children & Countywide Services	85	102	(17)	239	102	137
Clinical Quality & Development	0	0	0	0	0	0
Estates, Facilities & Hotel Services	0	0	0	0	0	0
Central Income	0	0	0	0	0	0
Total Operations	601	504	97	1,189	948	241
Corporate	32	40	(8)	53	40	13
Corporate Projects	0	0	0	0	0	0
Recharges	0	0	0	0	0	0
Savings	0	0	0	0	0	0
Reserves	0	0	0	0	0	0
Unallocated	0	0	0	0	0	0
Total Overheads	32	40	(8)	53	40	13
Total Trust	633	544	89	1,242	988	254

NHS Trust - Summary by Organisation - Pay £k - 2013/14

Pay

	Actual YTD(Oct)	Budget YTD(Oct)	Actual v Budget YTD(Oct)	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
Consolidated (GCS & GCC)						
Cheltenham & Cotswold	9,179	9,144	(35)	15,925	15,739	(185)
Gloucester & Stroud	10,993	10,887	(105)	19,568	18,632	(936)
Forest & Tewkesbury	8,833	8,598	(235)	15,090	14,705	(385)
Unscheduled Care	3,647	3,856	210	6,456	6,611	155
Specialist Nursing	1,267	1,371	103	2,253	2,350	97
Adult Services	33,919	33,857	(62)	59,291	58,037	(1,254)
Children, Family & Young People	6,819	7,187	368	12,266	12,604	337
Countywide	7,450	7,534	83	13,055	12,857	(197)
Children & Countywide Services	14,269	14,720	451	25,321	25,461	140
Clinical Quality & Development	868	895	27	1,492	1,534	42
Estates, Facilities & Hotel Services	1,721	1,785	64	2,928	3,060	132
Central Income	0	0	(0)	0	0	(0)
Total Operations	50,776	51,257	480	89,033	88,092	(941)
Corporate	2,962	3,931	969	5,589	4,800	(789)
Corporate Projects	34	53	19	294	321	27
Recharges	0	0	0	0	0	0
Savings	0	(284)	(284)	(1,461)	(1,418)	44
Reserves	12	190	178	12	325	313
Unallocated	0	0	0	0	0	0
Total Overheads	3,008	3,890	883	4,434	4,029	(405)
Total Trust	53,784	55,147	1,363	93,466	92,121	(1,345)
GCS						
Cheltenham & Cotswold	7,025	6,859	(166)	12,137	11,760	(377)
Gloucester & Stroud	7,217	7,199	(18)	13,098	12,308	(790)
Forest & Tewkesbury	6,558	6,308	(250)	11,207	10,795	(412)
Unscheduled Care	3,438	3,625	187	6,086	6,215	129
Specialist Nursing	1,267	1,371	103	2,253	2,350	97
Adult Services	25,505	25,361	(144)	44,781	43,429	(1,353)
Children, Family & Young People	6,819	7,187	368	12,266	12,604	337
Countywide	6,435	6,504	69	11,195	11,092	(102)
Children & Countywide Services	13,254	13,691	437	23,461	23,696	235
Clinical Quality & Development	868	895	27	1,492	1,534	42
Estates, Facilities & Hotel Services	1,721	1,785	64	2,928	3,060	132
Central Income	0	0	(0)	0	0	(0)
Total Operations	41,348	41,731	384	72,663	71,719	(944)
Corporate	2,880	2,724	(155)	4,873	4,651	(222)
Corporate Projects	34	53	19	294	321	27
Recharges	0	0	0	0	0	0
Savings	0	(284)	(284)	(1,461)	(1,418)	44
Reserves	12	190	178	12	325	313
Unallocated	0	0	0	0	0	0
Total Overheads	2,925	2,683	(242)	3,717	3,880	162
Total Trust	44,273	44,415	142	76,380	75,598	(782)
GCC						
Cheltenham & Cotswold	2,154	2,285	131	3,788	3,979	191
Gloucester & Stroud	3,776	3,689	(87)	6,469	6,323	(146)
Forest & Tewkesbury	2,275	2,291	15	3,883	3,910	27
Unscheduled Care	208	231	23	370	397	27
Specialist Nursing	0	0	0	0	0	0
Adult Services	8,413	8,496	82	14,510	14,609	99
Children, Family & Young People	0	0	0	0	0	0
Countywide	1,016	1,030	14	1,860	1,765	(95)
Children & Countywide Services	1,016	1,030	14	1,860	1,765	(95)
Clinical Quality & Development	0	0	0	0	0	0
Estates, Facilities & Hotel Services	0	0	0	0	0	0
Central Income	0	0	0	0	0	0
Total Operations	9,429	9,525	96	16,370	16,374	4
Corporate	82	1,207	1,125	716	149	(567)
Corporate Projects	0	0	0	0	0	0
Recharges	0	0	0	0	0	0
Savings	0	0	0	0	0	0
Reserves	0	0	0	0	0	0
Unallocated	0	0	0	0	0	0
Total Overheads	82	1,207	1,125	716	149	(567)
Total Trust	9,511	10,732	1,221	17,086	16,523	(564)

NHS Trust - Summary by Organisation - Non Pay £k - 2013/14

Non Pay

	Actual YTD(Oct)	Budget YTD(Oct)	Actual v Budget YTD(Oct)	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
Consolidated (GCS & GCC)						
Cheltenham & Cotswold	2,319	2,205	(113)	4,252	4,042	(210)
Gloucester & Stroud	1,829	1,673	(156)	3,445	2,874	(571)
Forest & Tewkesbury	1,649	1,633	(16)	3,047	2,949	(98)
Unscheduled Care	521	578	57	949	995	45
Specialist Nursing	229	172	(57)	340	295	(45)
Adult Services	6,547	6,261	(286)	12,034	11,155	(878)
Children, Family & Young People	502	455	(47)	753	780	27
Countywide	3,282	3,420	138	5,768	5,861	93
Children & Countywide Services	3,784	3,875	91	6,521	6,642	120
Clinical Quality & Development	367	481	113	694	824	130
Estates, Facilities & Hotel Services	1,203	988	(215)	1,975	1,694	(281)
Central Income	7	0	(7)	20	0	(20)
Total Operations	11,907	11,604	(303)	21,245	20,315	(929)
Corporate	3,952	3,077	(875)	5,507	5,760	253
Corporate Projects	90	281	191	1,603	1,685	82
Recharges	689	388	(302)	1,252	665	(587)
Savings	18	(764)	(782)	(1,200)	(1,200)	(0)
Reserves	261	1,782	1,521	2,468	2,740	272
Unallocated	32	0	(32)	55	0	(55)
Total Overheads	5,042	4,763	(279)	9,686	9,650	(36)
Total Trust	16,949	16,368	(582)	30,930	29,965	(965)
GCS						
Cheltenham & Cotswold	2,098	1,887	(211)	3,534	3,234	(299)
Gloucester & Stroud	1,576	1,233	(343)	2,606	2,066	(540)
Forest & Tewkesbury	1,379	1,294	(85)	2,320	2,216	(104)
Unscheduled Care	511	560	50	933	961	28
Specialist Nursing	229	172	(57)	340	295	(45)
Adult Services	5,792	5,147	(645)	9,732	8,772	(960)
Children, Family & Young People	502	455	(47)	753	780	27
Countywide	3,288	3,321	33	5,683	5,688	6
Children & Countywide Services	3,790	3,776	(14)	6,436	6,469	33
Clinical Quality & Development	367	481	113	694	824	130
Estates, Facilities & Hotel Services	1,203	988	(215)	1,975	1,694	(281)
Central Income	7	0	(7)	20	0	(20)
Total Operations	11,159	10,391	(768)	18,858	17,759	(1,099)
Corporate	3,882	2,919	(962)	5,330	4,953	(376)
Corporate Projects	90	281	191	1,603	1,685	82
Recharges	689	388	(302)	1,252	665	(587)
Savings	18	(764)	(782)	(1,200)	(1,200)	(0)
Reserves	261	1,782	1,521	2,468	2,740	272
Unallocated	32	0	(32)	55	0	(55)
Total Overheads	4,972	4,606	(366)	9,508	8,843	(665)
Total Trust	16,131	14,997	(1,134)	28,366	26,602	(1,764)
GCC						
Cheltenham & Cotswold	221	318	97	718	807	89
Gloucester & Stroud	253	440	187	840	808	(32)
Forest & Tewkesbury	270	339	69	727	734	7
Unscheduled Care	11	18	7	17	34	17
Specialist Nursing	0	0	0	0	0	0
Adult Services	755	1,114	360	2,302	2,383	81
Children, Family & Young People	0	0	0	0	0	0
Countywide	(6)	98	105	85	173	88
Children & Countywide Services	(6)	98	105	85	173	88
Clinical Quality & Development	0	0	0	0	0	0
Estates, Facilities & Hotel Services	0	0	0	0	0	0
Central Income	0	0	0	0	0	0
Total Operations	748	1,213	464	2,387	2,556	169
Corporate	70	157	87	178	807	629
Corporate Projects	0	0	0	0	0	0
Recharges	0	0	0	0	0	0
Savings	0	0	0	0	0	0
Reserves	0	0	0	0	0	0
Unallocated	0	0	0	0	0	0
Total Overheads	70	157	87	178	807	629
Total Trust	818	1,370	552	2,565	3,363	798

NHS Trust - Summary by Organisation - Expenditure £k - 2013/14

Expenditure

	Actual YTD(Oct)	Budget YTD(Oct)	Actual v Budget YTD(Oct)	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
Consolidated (GCS & GCC)						
Cheltenham & Cotswold	11,498	11,350	(148)	20,177	19,781	(395)
Gloucester & Stroud	12,822	12,560	(262)	23,013	21,506	(1,507)
Forest & Tewkesbury	10,482	10,231	(251)	18,137	17,654	(483)
Unscheduled Care	4,168	4,434	267	7,406	7,606	200
Specialist Nursing	1,496	1,543	47	2,593	2,645	53
Adult Services	40,466	40,118	(347)	71,325	69,193	(2,132)
Children, Family & Young People	7,321	7,641	321	13,020	13,384	364
Countywide	10,732	10,953	221	18,823	18,719	(104)
Children & Countywide Services	18,053	18,595	542	31,842	32,103	260
Clinical Quality & Development	1,235	1,375	141	2,187	2,358	172
Estates, Facilities & Hotel Services	2,924	2,772	(152)	4,903	4,754	(149)
Central Income	7	0	(7)	20	0	(20)
Total Operations	62,684	62,861	177	110,277	108,407	(1,870)
Corporate	6,914	7,008	95	11,097	10,560	(536)
Corporate Projects	124	334	210	1,897	2,006	109
Recharges	689	388	(302)	1,252	665	(587)
Savings	18	(1,048)	(1,066)	(2,661)	(2,618)	44
Reserves	272	1,972	1,699	2,480	3,065	585
Unallocated	32	0	(32)	55	0	(55)
Total Overheads	8,049	8,654	604	14,119	13,678	(441)
Total Trust	70,733	71,515	781	124,397	122,086	(2,311)
GCS						
Cheltenham & Cotswold	9,123	8,746	(377)	15,671	14,995	(676)
Gloucester & Stroud	8,793	8,432	(361)	15,704	14,375	(1,330)
Forest & Tewkesbury	7,937	7,602	(335)	13,527	13,011	(517)
Unscheduled Care	3,949	4,185	236	7,019	7,175	157
Specialist Nursing	1,496	1,543	47	2,593	2,645	53
Adult Services	31,298	30,508	(789)	54,513	52,201	(2,313)
Children, Family & Young People	7,321	7,641	321	13,020	13,384	364
Countywide	9,723	9,826	102	16,877	16,781	(97)
Children & Countywide Services	17,044	17,467	423	29,897	30,165	268
Clinical Quality & Development	1,235	1,375	141	2,187	2,358	172
Estates, Facilities & Hotel Services	2,924	2,772	(152)	4,903	4,754	(149)
Central Income	7	0	(7)	20	0	(20)
Total Operations	52,507	52,123	(384)	91,520	89,478	(2,043)
Corporate	6,761	5,644	(1,118)	10,203	9,604	(598)
Corporate Projects	124	334	210	1,897	2,006	109
Recharges	689	388	(302)	1,252	665	(587)
Savings	18	(1,048)	(1,066)	(2,661)	(2,618)	44
Reserves	272	1,972	1,699	2,480	3,065	585
Unallocated	32	0	(32)	55	0	(55)
Total Overheads	7,897	7,289	(608)	13,225	12,723	(503)
Total Trust	60,404	59,412	(992)	104,746	102,200	(2,546)
GCC						
Cheltenham & Cotswold	2,375	2,604	229	4,506	4,786	281
Gloucester & Stroud	4,029	4,128	99	7,309	7,131	(178)
Forest & Tewkesbury	2,545	2,629	84	4,610	4,644	34
Unscheduled Care	219	249	30	387	431	44
Specialist Nursing	0	0	0	0	0	0
Adult Services	9,168	9,610	442	16,812	16,992	180
Children, Family & Young People	0	0	0	0	0	0
Countywide	1,009	1,128	119	1,945	1,938	(7)
Children & Countywide Services	1,009	1,128	119	1,945	1,938	(7)
Clinical Quality & Development	0	0	0	0	0	0
Estates, Facilities & Hotel Services	0	0	0	0	0	0
Central Income	0	0	0	0	0	0
Total Operations	10,177	10,738	561	18,757	18,930	173
Corporate	152	1,365	1,212	894	956	62
Corporate Projects	0	0	0	0	0	0
Recharges	0	0	0	0	0	0
Savings	0	0	0	0	0	0
Reserves	0	0	0	0	0	0
Unallocated	0	0	0	0	0	0
Total Overheads	152	1,365	1,212	894	956	62
Total Trust	10,330	12,103	1,773	19,651	19,886	235

NHS Trust - Summary by Organisation - Worked WTE - 2013/14

Worked WTE

	Actual YTD(Oct)	Budget YTD(Oct)	Actual v Budget YTD(Oct)	Forecast Full Year	Budget Full Year	Forecast v Budget Full Year
Consolidated (GCS & GCC)						
Cheltenham & Cotswold	343.20	354.92	11.71	0.00	355.59	355.59
Gloucester & Stroud	346.41	371.57	25.15	0.00	368.95	368.95
Forest & Tewkesbury	312.41	327.20	14.79	0.00	328.72	328.72
Unscheduled Care	79.70	93.76	14.06	0.00	93.94	93.94
Specialist Nursing	54.81	61.85	7.04	0.00	61.91	61.91
Adult Services	1,136.53	1,209.29	72.76	0.00	1,209.10	1,209.10
Children, Family & Young People	323.23	335.79	12.56	0.00	351.23	351.23
Countywide	295.72	306.19	10.47	0.00	305.11	305.11
Children & Countywide Services	618.95	641.98	23.03	0.00	656.33	656.33
Clinical Quality & Development	34.11	35.74	1.63	0.00	35.27	35.27
Estates, Facilities & Hotel Services	101.13	130.94	29.82	0.00	130.69	130.69
Central Income	0.86	0.00	(0.86)	0.00	0.00	0.00
Total Operations	1,891.58	2,017.95	126.37	0.00	2,031.39	2,031.39
Corporate	101.33	106.91	5.58	0.00	106.58	106.58
Corporate Projects	0.00	0.00	0.00	0.00	0.00	0.00
Recharges	0.00	0.00	0.00	0.00	0.00	0.00
Savings	0.00	(50.00)	(50.00)	0.00	(50.00)	(50.00)
Reserves	0.00	0.00	0.00	0.00	0.00	0.00
Unallocated	0.00	0.00	0.00	0.00	0.00	0.00
Total Overheads	101.33	56.91	(44.42)	0.00	56.58	56.58
Total Trust	1,992.91	2,074.86	81.95	0.00	2,087.97	2,087.97
GCS						
Cheltenham & Cotswold	343.20	354.92	11.71	0.00	355.59	355.59
Gloucester & Stroud	346.41	371.57	25.15	0.00	368.95	368.95
Forest & Tewkesbury	312.41	327.20	14.79	0.00	328.72	328.72
Unscheduled Care	79.70	93.76	14.06	0.00	93.94	93.94
Specialist Nursing	54.81	61.85	7.04	0.00	61.91	61.91
Adult Services	1,136.53	1,209.29	72.76	0.00	1,209.10	1,209.10
Children, Family & Young People	323.23	335.79	12.56	0.00	351.23	351.23
Countywide	295.72	306.19	10.47	0.00	305.11	305.11
Children & Countywide Services	618.95	641.98	23.03	0.00	656.33	656.33
Clinical Quality & Development	34.11	35.74	1.63	0.00	35.27	35.27
Estates, Facilities & Hotel Services	101.13	130.94	29.82	0.00	130.69	130.69
Central Income	0.86	0.00	(0.86)	0.00	0.00	0.00
Total Operations	1,891.58	2,017.95	126.37	0.00	2,031.39	2,031.39
Corporate	101.33	106.91	5.58	0.00	106.58	106.58
Corporate Projects	0.00	0.00	0.00	0.00	0.00	0.00
Recharges	0.00	0.00	0.00	0.00	0.00	0.00
Savings	0.00	(50.00)	(50.00)	0.00	(50.00)	(50.00)
Reserves	0.00	0.00	0.00	0.00	0.00	0.00
Unallocated	0.00	0.00	0.00	0.00	0.00	0.00
Total Overheads	101.33	56.91	(44.42)	0.00	56.58	56.58
Total Trust	1,992.91	2,074.86	81.95	0.00	2,087.97	2,087.97
GCC						
Cheltenham & Cotswold	0.00	0.00	0.00	0.00	0.00	0.00
Gloucester & Stroud	0.00	0.00	0.00	0.00	0.00	0.00
Forest & Tewkesbury	0.00	0.00	0.00	0.00	0.00	0.00
Unscheduled Care	0.00	0.00	0.00	0.00	0.00	0.00
Specialist Nursing	0.00	0.00	0.00	0.00	0.00	0.00
Adult Services	0.00	0.00	0.00	0.00	0.00	0.00
Children, Family & Young People	0.00	0.00	0.00	0.00	0.00	0.00
Countywide	0.00	0.00	0.00	0.00	0.00	0.00
Children & Countywide Services	0.00	0.00	0.00	0.00	0.00	0.00
Clinical Quality & Development	0.00	0.00	0.00	0.00	0.00	0.00
Estates, Facilities & Hotel Services	0.00	0.00	0.00	0.00	0.00	0.00
Central Income	0.00	0.00	0.00	0.00	0.00	0.00
Total Operations	0.00	0.00	0.00	0.00	0.00	0.00
Corporate	0.00	0.00	0.00	0.00	0.00	0.00
Corporate Projects	0.00	0.00	0.00	0.00	0.00	0.00
Recharges	0.00	0.00	0.00	0.00	0.00	0.00
Savings	0.00	0.00	0.00	0.00	0.00	0.00
Reserves	0.00	0.00	0.00	0.00	0.00	0.00
Unallocated	0.00	0.00	0.00	0.00	0.00	0.00
Total Overheads	0.00	0.00	0.00	0.00	0.00	0.00
Total Trust	0.00	0.00	0.00	0.00	0.00	0.00

CQUIN PERFORMANCE SCORECARD

CQUIN Indicator	TARGET		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	reporting frequency	Indicator Value (£000's)	Total Value (£000's)	Operational Lead	
1 - NHS Safety Thermometer																					
1.1	Completeness of data submission to the Health and Social Care Information Centre (HSCIC). Monthly submission monitored quarterly	Target	Data submission			Data submission			Data submission			Data submission					Quarterly	£87.3	£87.3	Carol Grimsdale & Veronica Hourston	
		Actual	Data submitted for Q1			Data submitted for Q2															
2 - Dementia Care																					
2.1	Dementia Case Finding - % of direct admissions asked dementia case finding question as part of admission process	Target	Baseline report			Update provided detailing progress to target			Update provided detailing progress to target			90%			90%	Quarterly	£94.30	£314.3	Mandy Hampton & Sarah Warne		
		Actual																			
2.2	Diagnostic Assessment for Dementia - % of patients identified in 2.1 who have had a diagnostic assessment complted using recognised assessment tool	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%			90%	Quarterly	£94.30				
		Actual																			
2.3	Referral for specialist diagnosis - of patients with symptoms of memory loss, or possible dementia who are referred for specialist diagnosis	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%			90%	Quarterly	£31.43				
		Actual																			
2.4	Care Planning - % of patients where cognitive impairment identified are commenced upon care plan which evidences appropraite management as described in 2.3	Target				Update provided detailing progress to target			Update provided detailing progress to target			80%			80%	Quarterly	£62.87				
		Actual																			
2.5	Training on Diagnostic Assessment	Target	Confirm number and grade of staff to be trained. Scope training programme options and agree.			Completion of 10% of eligible staff trained and report			Completion of 25% of eligible staff trained			Completion of 50% of eligible staff trained				50%	Quarterly			£31.43	
		Actual																			
3 - PATIENT EXPERIENCE ESCALATOR																					
3.1	Responding to feedback - submit quarterly reports detailing update on community hospital inpatient real-time survey programme. To include areas surveyed, key issues raised and resultant action plans	Target	Quarterly report completed			Quarterly report completed			Quarterly report			Quarterly report					Quarterly	£78.6	£314.3	Linda Edwards & Alison Reddock	
		Actual																			
3.2	Provider of choice - implementation of Friends and Family Test	Target	Quarterly report completed			Quarterly report completed			Quarterly report			Quarterly report					Quarterly	£78.6			
		Actual																			
3.3	Shared Decision Making - Implementing the use of the Personal Decision Making tool for patients / carers within areas of Children's Services (OT, Physio, SLT)	Target	Identification of service areas to champion this work and staff education and training			Implementation			Evaluation of Implementation			Develop and action plan to build on and further roll out the use of the personal decision making tool					Quarterly	£78.6			
		Actual																			
3.4	Leadership - "15 step challenge"	Target	Scope the feasibility of implementation including areas for trial; consideration of training and awareness raising			Launch "The Challenge" with organisational sign up within the agreed areas for the trial			Review and Evaluation of this trial, what we have learnt about patient and users views			Plan for wider adoption of "The Challenge" across GCS during 2014/15					Quarterly	£78.6			
		Actual																			
4 - Reduction in number of falls																					
4.1	Reduce harm to patients and service users. Trajectory for reduction in number of falls set through Q2-4 based on baseline collection in Q1	Target	Baseline data collection on number of falls and level of harm established and agreed. To include:			Reduction of 5% in the number of falls against baseline			Reduction of 10% in the number of falls against baseline			Reduction of 15% in the number of falls against baseline					Quarterly	£220.0	£314.3	Julie Ellery & Alison Reddock	
		Actual	Number of falls, Harm categories from falls profiling report, number of referrals to falls related specialist services																		
4.2	Staff Training - training of identified staff groups to increase knowledge relating to falls prevention and bone health.	Target				Scope content of training programme			% of eligible staff accessing training			50% of eligible staff accessing training					Quarterly	£94.3			
		Actual																			
5 - End of Life Care																					
5.1	End of Life Care Planning - patients at the end of life will have care that is planned, implemented and evaluated to meet their needs. Increase of 15% against Q1 baseline for where there is documented evidence of 3 components of care planning	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					Quarterly	£188.6	£314.3	Theresa Cuthbert & Pat Anderson	
		Actual																			
5.2	End of Life Care Symptom Management - improved symptom management	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					Quarterly	£125.7			
		Actual																			

6 - Pressure Ulcers													
6.1	Decrease in acquired pressure ulcers by 17% in hospital and community	Target	Identify baseline number of acquired pressure ulcers from Q3 and Q4 data for 2012/13. Data by grade of pressure ulcer (1-4)	Decrease of 5% from baseline	Decrease of 10% from baseline (Q3 and Q4 2013/14)	Decrease of 15% from baseline (Q3 and Q4 2013/14)			Quarterly	£251.5	£314.3	Jane Evans & Lucy Woodhouse	
		Actual											
6.2	Joint working with other providers to reduce inherited pressure ulcers	Target	Identify baseline from Q3 and Q4 incident reports for 2012/13. Establish top 3 care providers from whom GCS inherits pressure ulcers	Establish joint investigation process to ensure timely investigation and resolution. Agree year-end target for reduction in inherited pressure ulcers. Evidenced by meeting minutes and investiagtion pathway.	Report detailing progress towards year-end target for reduction in inherited pressure ulcers	Achievement of year-end target for reduction in inherited pressure ulcers			Quarterly	£62.9			
		Actual											
7 - Learning Disabilities													
7.1	Reasonable Adjustment Training - a range of training and development opportunities is developed to ensure employees of GCS are aware of the need to provide reasonable adjustment for people with Learning Disabilities, the resources to assist them and are able to translate to a range of care and treatment settings	Target	Work with LD colleagues to scope available tools / resources to support reasonable adjustments for people with learning disabilities. This will include discussion with LD self-advocacy groups	Develop training programme to raise awareness of the needs of people with learning disabilities, disability equality duties and resources available to staff. Final programme to be supported by LD self-advocacy groups	Implement training programme across all staff groups	Evidence training of 25% of staff and patient stories to illustrate reasonable adjustments made			Quarterly	£87.3	£87.3	Helen Ballinger	
		Actual											
											£1,746		

Key to traffic lights:	
On or better than plan	Green
Below plan	Amber
Significantly worse than plan	Red
thresholds to be developed	

Gloucestershire Care Services: Adult Social Care
SLA and Locality Board Summary

31st October 2013

Overall Position	SLA				OP External Care				PD External Care				Overall		
	Budget £000	Forecast £000	Variance £000		Budget £000	Forecast £000	Variance £000		Budget £000	Forecast £000	Variance £000		Budget £000	Forecast £000	Variance £000
Gloucester	3517	3489	-28		9297	10394	1097		2697	3832	1135		15511	17715	2204
Stroud	2512	2711	199		9363	10354	991		2089	2328	239		13964	15393	1429
Cheltenham	2645	2385	-260		7447	8055	608		2671	3359	688		12763	13799	1036
Cotswolds	2040	1992	-48		6746	7600	854		1533	1475	-58		10319	11067	748
Forest	2211	2390	179		6839	7221	382		1589	1778	189		10639	11389	750
Tewkesbury	2257	2028	-229		5514	6029	515		1178	1141	-37		8949	9198	249
Countywide	2799	2574	-225										2799	2574	-225
Joint Director- Snr Mgt	346	368	22										346	368	22
Joint Director- NHS Funding for Social Care *	570	570	0										570	570	0
ASMT Meeting: Adjustments		tbc				tbc				tbc			tbc		0
Total	18897	18507	-390		45206	49653	4447		11757	13913	2156		75860	82073	6213

* £157k Early Stroke Discharge, £413k Integrated Discharge Team

Scheme	Unit Price (TBC)		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD Performance Achieved	YTD £	Full Year	Full Year £	
Programme 1 - Community Hospital Inpatients (Direct Admissions)	£1,600	Actuals / Forecast 2013/14	152	195	164	223	192	191	204						1321	£2,113,600	2265	£3,624,000	
		2013/14 Target	175	224	222	223	242	240	260	222	228	241	224	251	1586	£2,537,600	2752	£4,403,200	
		2012/13 baseline	123	172	170	171	190	188	208	170	176	189	172	199	1222	£1,955,200	2128	£3,404,800	
		Movement above 2012/13 baseline	29	23	-6	52	2	3	-4						99	£158,400	137	£219,200	
Programme 2 - IV Therapy	£1,600	Actuals / Forecast 2013/14	194	185	221	213	204	171	203						1391	£2,225,600	2385	£3,816,000	
		2013/14 Target	128	136	135	159	177	152	187	166	150	146	137	123	1074	£1,718,400	1796	£2,873,600	
		2012/13 baseline	114	122	121	145	163	138	173	152	136	132	123	109	976	£1,561,600	1628	£2,604,800	
		Movement above 2012/13 baseline	80	63	100	68	41	33	30						415	£664,000	757	£1,211,200	
Programme 3 - Rapid Response & ICTs	£1,600	Actuals / Forecast 2013/14	Target and Implementation plan to be confirmed												0	£0	0	£0	
		2013/14 Target													0	£0	0	£0	
		2012/13 baseline													0	£0	0	£0	
		Movement above 2013/14 target													0	£0	0	£0	
Programme 4 - Musculoskeletal Service Re-design		Actuals / Forecast 2013/14	Target and Implementation plan to be confirmed												0	£0	0	£0	
		2013/14 Target													0	£0	0	£0	
		2012/13 baseline													0	£0	0	£0	
		Movement above 2013/14 baseline													0	£0	0	£0	
Programme 5 - Paediatric Admission Avoidance	£429	Actuals / Forecast 2013/14	33	30	51	42	47	32	52						287	£123,123	492	£211,068	
		2013/14 Target	104	107	78	55	59	75	59	62	69	54	58	55	537	£230,373	835	£358,215	
		2012/13 baseline	85	88	59	36	40	56	40	43	50	35	39	36	404	£173,316	607	£260,403	
		Movement above 2012/13 baseline	-52	-58	-8	6	7	-24	12						-117	-£50,193	-115	-£49,335	
Programme 6 - Integrated Discharge Teams																			
Recruitment - All recruitment as identified in attached milestone plan to be appointed.		Actuals / Forecast 2013/14	£100,000												£100,000		£100,000		
		2012/13 baseline	£100,000												£100,000		£100,000		
Operational Process - One medically fit list agreed between GHFT and GCS		Actuals / Forecast 2013/14	£25,000													£25,000		£25,000	
		2012/13 baseline	£25,000													£25,000		£25,000	
Operational Process - Service operational with protocols agreed and communicated between GHFT, GCS and CCG.		Actuals / Forecast 2013/14	£50,000													£50,000		£50,000	
		2012/13 baseline	£50,000													£50,000		£50,000	
Operational Process - Electronic referral form developed and in place		Actuals / Forecast 2013/14	£75,000														£75,000		£75,000
		2012/13 baseline	£75,000														£75,000		£75,000
Training - Training plan for ward and IDT staff developed and delivered (this covers all wards, ED and short stay assessment wards across both acute sites).		Actuals / Forecast 2013/14	£50,000														£50,000		£50,000
		2012/13 baseline	£50,000														£50,000		£50,000
Helpline - Helpline established and operational.		Actuals / Forecast 2013/14	£50,000													£50,000		£50,000	
		2012/13 baseline	£50,000													£50,000		£50,000	
Specialist Team integration - Links with the specialist teams established (as per attached milestone plan)		Actuals / Forecast 2013/14	£0														£0		£0
		2012/13 baseline	£50,000														£50,000		£50,000
Programme 7 - MIU Utilisation (Ambulance Arrivals)	£102.72	Actuals / Forecast 2013/14	45	49	48	62	52	50	47						353	£36,260	605	£62,146	
		2013/14 Target	202	220	210	213	216	212	209	203	196	218	199	202	1482	£152,231	2500	£256,800	
		2012/13 baseline	40	58	48	51	54	50	47	41	34	56	37	40	348	£35,747	556	£57,112	
		Movement above 2012/13 baseline	5	-9	0	11	-2	0	0						5	£514	49	£5,033	
Programme 8 - Reablement Progressions		Actuals / Forecast 2013/14	Target and Implementation plan to be confirmed																
		2012/13 baseline																	
		Movement above 2012/13 baseline																	

2013/14 Target	£3,910
2013/14 Forecast QIPP Delivery	£1,736

Additional Schemes

200 patient cohort		Actuals / Forecast 2013/14	Details to be confirmed and patient list required															
		2012/13 baseline																
		Movement above 2012/13 baseline																

Further additionalk schemes to be agreed.