

Trust Public Board Meeting – PART 1

Agenda

Date: Tuesday, 26 January 2016

Time: 11:00hrs – 15.30hrs

Venue: Gloucestershire Care Services NHS Trust
Edward Jenner Court (Coopers Room)
1010 Pioneer Avenue, Brockworth, Gloucester, GL3 4AW

Item	Ref No.	Subject	Outcome	Presenter	Time
1	01/0116	Service User Story – Gloucestershire Older Persons' Association (GOPA)	To receive	Jim Rollinson and Anna Gibbons	11:00
LUNCH					12:00
STANDING ITEMS					
2	02/0116	Welcome and apologies	To receive	Chair	12:30
3	03/0116	Confirmation that the meeting is quorate	To note	Assistant Trust Secretary	
4	04/0116	Declaration of Interests	To receive	Chair	
5	05/0116	Minutes of the meeting 24 November 2015	To approve	Chair	
6	06/0116	Matters Arising (Action Log)	To note	Chair	
7	07/0116	Forward Agenda Planner review	To approve	Chair	
8	08/0116	Questions from the Public	To discuss	Chair	
9	09/0116	Chair's Report	To receive	Chair	12:45
10	10/0116	Chief Executive's Report	To receive	Chief Executive Officer	13:00
11	11/0116	Chief Operating Officer's Report	To receive	Chief Operating Officer	13.30
GOVERNANCE, QUALITY AND SAFETY					
12	12/0116	Quality and Performance Committee Update plus Minutes	To discuss and note	Chair of Quality and Performance Committee, Sue Mead	14:00

Item	Ref No.	Subject	Outcome	Presenter	Time
13	13/0116	Workforce and Organisational Development Committee Update plus Minutes	To discuss and note	Chair of Workforce and Organisational Development Committee, Nicola Strother Smith	14:10
14	14/0116	Quality and Performance Report	To receive for assurance	Chief Operating Officer	14:20
15	15/0116	Finance Committee Update plus Minutes	To discuss and note	Chair of Finance Committee, Robert Graves	14:35
16	16/0116	Finance Report	To discuss and note	Director of Finance	14:40
17	17/0116	Update of CQC Quality Improvement Plan	To discuss and note	Director of Nursing	14:55
COFFEE BREAK					15:05
INFORMATION AND ASSURANCE					
18	18/0116	Charitable Funds Committee Update plus Minutes	To receive	Chair of Charitable Funds Committee, Nicola Strother Smith	15:20
TO NOTE					
19	19/0116	Register of Gifts and Commercial sponsorship	To note	Chair	15:25
20	20/0116	Any other business	To note	Chair	15:30

The next Trust Public Board Meeting will be take place on:

Tuesday, 22 March 2016

Cirencester Town Football Club

The Corinium Stadium

Kingshill Lane

Cirencester, Gloucestershire, GL7 1HS

AGENDA ITEM 2

WELCOME AND APOLOGIES

AGENDA ITEM 3

CONFIRMATION THAT THE MEETING IS QUORATE

AGENDA ITEM 4

DECLARATION OF INTEREST

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Date: 24th November 2015

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Jennings	Chief Executive (Voting Member)
Robert Graves	Non-Executive Director, Vice Chair (Voting Member)
Joanna Scott	Non-Executive Director (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Mead	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Glyn Howells	Director of Finance/Deputy Chief Executive (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Dr. Mike Roberts	Medical Director (Voting Member)
Duncan Jordan	Chief Operating Officer
Candace Plouffe	Director of Service Delivery
Tina Ricketts	Director of Human Resources
In attendance	
Louise Simons	Assistant Trust Secretary
Rod Brown	Head of Corporate Planning
Secretariat	
Jenny Goode	Executive Assistant (Minute Taker)

Ref	Minute
01/1115	<p>Service User Story</p> <p>The Chair set the context for the ensuing presentation and discussion, by explaining that service user stories are a positive way of connecting people who use the Trust's services, to the Board.</p> <p>The Chair introduced Kelly Threadingham, Vice-Chair of the GLOSCATS Transgender Group and pointed out that it was a timely presentation as the 20 November 2015 was the Transgender Day of Remembrance and Trans Awareness Week took place between the 14-20 November 2015.</p> <p>Kelly thanked the Board for inviting her along to the meeting and highlighted the following points from her presentation;</p> <p>Transgender people in Gloucestershire: Who are we and how many people in Gloucestershire are Trans?</p> <p>GLOSCATS was formed in late 2005 with four people and today has over four hundred members which include people from South Gloucestershire and Wiltshire. The Group is self-funding and they provide support and education to the transgender community. Ages range from 18 years upwards as anybody under the age of eighteen is not permitted to join.</p> <p>The University of Gloucestershire have also established their own transgender group and now have around forty people who wish to join.</p>

	<p>Self-medication with hormones is common and GLOSCATS make people aware of the risks of self-medication as in the wrong hands the medicines are lethal.</p> <p>What is it like to receive care when you are Transgender?</p> <p>In most places now it is acceptable and you are no longer treated as a “two headed monster”. If there is any doubt, then clothes and make up are removed when you are admitted.</p> <p>Kelly addressed a recent event that took place when a transgender person that identified as female was admitted to Gloucestershire Royal Hospital and placed on a male ward. Kelly immediately contacted the Director of Nursing at the hospital and within four hours the individual was transferred to a female ward.</p> <p>Kelly asked the Board what assurances they could give her if she was admitted into any of the Community Hospitals. Would a transgender be placed in an isolation room? The Director of Nursing commented that the Matrons in the Community Hospitals treat all patients as individuals and they work with transgender people to find the best way to suit their needs. The Director of Nursing (Susan Field) invited Kelly and her colleagues to personally contact her in relation to any concerns or issues they may have with any of Gloucestershire Care Services NHS Trust Community Hospitals.</p> <p>What is it like for Transgender people in the workplace?</p> <p>Kelly asked the Board members to consider what they would do if a male colleague turned up dressed as a woman and what guarantees can Gloucestershire Care Services NHS Trust recommend to transgender people, with regards to opportunities in the workplace. The 2006 Transgender Recognition Act protects people in the workplace who are going through Transition. The Director of Human Resources explained that Gloucestershire Care Services NHS Trust have a zero tolerance policy towards any form of discrimination and have with best practice in recruitment by having people’s names hidden by the system until a shortlist has been agreed.</p> <p>The Chief Executive thanked Kelly for her presentation and for sharing some of the difficulties and challenges. The Chief Executive stated that one of the things we are trying to do in our services is described by our strapline of “understanding you”, as an individual. Whoever you are. He said that he felt that things are getting better, but there is still a long way to go.</p> <p>The Medical Director thanked Kelly for a fascinating presentation. He explained that GPs do not receive any special training in dealing with Transgender issues and encouraged Kelly to give a presentation to the Clinical Commissioning Group (CCG).</p> <p>Jan Marriott echoed the Medical Director’s comment about speaking to the Clinical Commissioning Group (CCG), but also asked if there was anything else that Gloucestershire Care Services NHS Trust could do to help. In response to this Kelly suggested that there is a need to educate the public as every time she presents to an audience, people then leave with a completely different perspective of transgender people.</p> <p>The Chair thanked Kelly for a very thoughtful and challenging presentation.</p>
02/1115	<p>Welcome and Apologies</p> <p>The Chair welcomed the Board and noted the apologies of Ian Dreelan.</p> <p>The Chair also welcomed members of the public to the meeting:</p> <ul style="list-style-type: none"> ▪ Jill Hawkins and Sara Humphrey from Gloucestershire Voices ▪ Bren McInerney – Vice Chair for Gloucestershire LINK and Community Volunteer

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	<ul style="list-style-type: none"> ▪ Dorrett Samuels – Gloucestershire BAME Community and Focus Group ▪ Ann Chambers – Chair, Tewkesbury League of Friends ▪ Peter Aldridge – Vice-Chair, Tewkesbury League of Friends ▪ Angela Arthur – Lead Nurse, Sexual Health (Hope House) ▪ Holly Sweet – Graduate Trainee, UWE <p>With the presence of cameras and recording equipment in the room, the Chief Executive explained that going forward there is a proposal to broadcast the Board meetings live and the recording was to trial the equipment that will be used for this. The Chief Executive also assured the members of the public that they were not in view of the cameras and that the proceedings were not being broadcast today.</p>
03/1115	<p>Confirmation the Meeting is Quorate</p> <p>The Chair confirmed that the meeting was quorate.</p>
04/1115	<p>Declarations of Interest</p> <p>Members were asked to provide relevant updates to their previous declarations of interest where appropriate.</p> <p>No additional interests were noted.</p>
05/1115	<p>Minutes of the Meeting Held on 22nd September 2015</p> <ul style="list-style-type: none"> • <i>Page 7 - Chief Operating Officer's report amendment to heading "System-wide capacity and winter planning, resilience, preparedness and response".</i> • <i>Page 7 – Item 11 – System-wide capacity and winter planning</i> Joanna Scott felt the minutes did not reflect the discussion and challenge around resilience. Nicola Strother Smith had asked a question about how the system wide process was overseen or challenged and what the assurance process was. The Chief Operating Officer and the Director of Finance commented that this is reflected in the paper but not in the minutes. • <i>Page 7 – CQUIN</i> The CQUIN income is split between the Clinical Commissioning Group (CCG) and NHS England rather than local and national. • <i>Page 9 – Quality and Performance Update</i> John's campaign – should be reworded as follows: The Director of Nursing then drew the Board's attention to the "John's Campaign" initiative which focused on the rights of people living with dementia and enabling carers to be with them in hospital <p>Subject to the above amendments, the minutes were received and approved as an accurate record.</p>
06/1115	<p>Matters Arising (Action Log)</p> <p>The following matters were discussed and noted:</p> <p>13/0915 – John's Campaign This will now be discussed at the Quality and Performance Committee in December 2015, prior to discussion at Board in January 2016.</p>

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07/1116	<p>Forward Plan Review</p> <p>The Forward Plan Review was discussed and approved with minor changes as listed below.</p> <p>Assistant Trust Secretary Rob Graves commented that as the year progresses we end up with more history and less about the future. The Trust needs to ensure the planner rolls forward at all times. The Chair agreed to discuss this further with the Chief Executive at their next Board Agenda Planning Meeting, scheduled to be held on the 16 December 2015.</p> <p>Assistant Trust Secretary Richard Cryer raised the point that the Audit & Assurance Committee is only ever referred to as being “for information” and is never presented to the Board. His view is that all the main committees should be standing reports. The Chair agreed to discuss this issue further with the Chief Executive at their next Board Agenda Planning meeting.</p> <p>Assistant Trust Secretary Approval of the Draft Annual Plan is to be added to the meeting on the 26th January 2016.</p> <p>Approval of budgets is to be added to the meeting on the 22nd March 2016.</p>
08/1115	<p>Questions from the Public</p> <p>Bren McNerney asked to speak in respect of the recording equipment and Forward Planner and pointed out that he believed that Gloucestershire Care Services NHS Trust should be recognised for their vision and for moving forward. The Chair thanked Bren for his comment.</p> <p>There were no further questions from the public.</p>
09/1115	<p>Chair’s Report</p> <p>The Chair presented her report and brought to the attention of the Board the following:</p> <p>Some members of the Board had recently attended the NHS Providers Annual Conference in Birmingham.</p> <p>The stand-out presentation from the two days was given by Professor David Williams who is the Florence Sprague Norman and Laura Smart Norman Professor of Public Health, at the Harvard School of Public Health and Professor of African and African American Studies and of Sociology at Harvard University. He is internationally recognised as a leading social scientist focusing on social influences on health.</p> <p>Professor Williams described the complex ways in which race inequality affects health and the growing evidence of promising strategies to effectively address this challenge.</p> <p>The key areas included in Professor William’s presentation are:</p> <ul style="list-style-type: none"> • what progress has been made on race • why race still matters for health after social economic status is taken into account • how racism persists and remains consequential for health • moving forward with diversity • why we should care about diversity • the benefits of diversity <p>The Chair quoted Professor Williams, saying “there is nothing as unfair as equal treatment of unequal people” and stated that she felt that the Trust has made our own small dent in this</p>

	<p>inequality by approaching people through our 'Your Care Your Opinion' event.</p> <p>The Chair encouraged everyone to read the summary so that it was at the forefront of everyone's minds.</p> <p>Nicola Strother Smith commented that in order to help encourage people from ethnic communities to apply for positions with Gloucestershire Care Services NHS Trust, perhaps we should go one step further and provide help with completing applications etc. The Director of Finance commented that perhaps this could be an LIA project.</p> <p>The Chair also thanked everyone, colleagues and partner organisations, who had helped organise this year's AGM, held at Blackfriars Priory in Gloucester, on Monday, 2nd November 2015, which was a great success. The Chair further thanked Gloucestershire Voices for their fabulous show which had given everyone a real insight into what how the world is experienced by someone with learning disabilities.</p> <p>The Board received and discussed the Chair's report.</p>
10/1115	<p>Chief Executive's Report</p> <p>The Chief Executive presented his report and summarised key national and local issues and developments. In particular the following:</p> <p>Understanding Why events Whilst the numbers of people attending were low, those who did attend found them valuable. Learning would be taken from the low attendance and future events will be tied into existing team meetings.</p> <p>Listening into Action (LIA) The results of the Pulse Check are now in and show a slightly mixed picture. We have done well in terms of the quality of service we provide, but not so well in other areas.</p> <p>Nursing Celebration and Learning Event The Chief Executive commented that this was an excellent event, culminating in Annie MacCallum being presented with her BEM (British Empire Medal), by Dame Janet Trotter DBE.</p> <p>End of Life Working Group The Chief Executive explained that a working group was now in place. This is one of our key CQC action milestones and the lead officers for this group are the Director of Nursing and the Medical Director.</p> <p>NHS Funding The Chief Executive briefly updated the Board members on the breaking news in respect of the Comprehensive Spending Review, which had been discussed in the media that morning. By the end of April 2016 there will be an extra £8bn for NHS England services, however; services outside of NHS England's responsibilities were no longer protected from significant cuts in funding.</p> <p>He informed the Board that full details would be made in an announcement on 25th November.</p> <p>Jan Marriott commented on the Nursing Celebration event and also emphasised that she looks forward to a similar event being organised for the Allied Health Professionals (AHPs – therapists and other professional groups). She stated that staff in the NHS are feeling undervalued and it is important that the Trust keeps the momentum going to make our staff feel more valued.</p>

	<p>Richard Cryer welcomed the “Kick the Cigs into Touch” campaign and noted that Gloucestershire Care Services NHS Trust has one of the most effective stop smoking services in the country and that our One Stop Shop is very effective – eight out of ten people who visit the shop will have stopped smoking after four weeks.</p> <p>Rob Graves queried on how the Forest of Dean engagement events were progressing. In response the Head of Corporate Planning explained that the process had started well with many meetings being held across the Forest of Dean, these will continue into Spring/early Summer of 2016.</p> <p>The Board received and discussed the Chief Executive’s report.</p>
11/1115	<p>Chief Operating Officer’s Report</p> <p>The Chief Operating Officer presented his report which outlined key local issues and developments. In particular, he reported upon the following:</p> <p>Winter Planning</p> <p>The preparedness and operation of the Urgent Care system across the county is under close scrutiny by the CCG.</p> <p>The Chief Executive and the Chief Operating Officer are now attending fortnightly high level meetings with all parts of the provider system represented along with Health and Social Care commissioners. A Systems Directors Group also meets fortnightly to review performance and address any bottle necks in the system. The Chief Operating Officer stated that Gloucestershire Care Services NHS Trust are far better prepared than they have been before due to new systems that have been brought in over the last few months, however, the system will never be able to manage large spikes in admissions. He asked the Board what information they wish to see in the future bearing in mind this is likely to be out- of-date information and how they would prefer to receive this information?</p> <p>Sue Mead expressed her appreciation for the volume of work undertaken to strengthen the process in terms of winter planning. Noting that many lessons had been learned from last year. She asked about the modelling of metrics from the whole system and asked for a more detailed understanding of these.</p> <p>Sue Mead also queried on how robust is the governance side to ensure we get into systems to resolve conflict quickly in terms of the whole service? In response to this the Chief Operating Officer stipulated that capacity is a big issue, but we now hold a far better understanding of both the Acute capacity and performance but also the community alternatives and that it was not just about bed capacity.</p> <p>The Director of Nursing said that there was a problem last year in the lack of sharing information throughout the system but signs for this year are really positive that the additional information now available; including forward looking plans around activity and capacity was helping prepare for the peaks in patients presenting at ED.</p> <p>The Chair confirmed that the Board needs to be kept informed on what is happening, what the trigger point is for this and what the metrics are for the system. The Chief Operating Officer confirmed that an email would be submitted to the Board members if the system reached “red” levels.</p> <p>Jan Marriot raised an issue about the heightened terror situation in relation to the IT failure. Now that the Trust is paperless, how do nurses know which patients they need to see? The Director of</p>

Service Delivery commented that the recent IT failure did not affect all the systems and many lessons have been learned from this situation.

The Director of Finance confirmed that a “lessons learned” exercise was in progress and there is learning to be taken away from the network outage including finding alternative ways to communicate rather than relying on email.

Human Resources

The sickness rate stands at 4.88% and whilst this remains comparable with the end of last year it is still above the target set by the Trust. Despite the monitoring and actions being taken by line managers and supported by the HR team the Trust seems unable to reduce this figure. Senior managers continue to monitor hotspots. Ancillary (6.6%) and unqualified nursing (7.9%) staff in particular are highlighted, but also one or two staff groups within some ICTs and Community Hospitals are exceeding a 6% absence rate. Focussing on these groups and supporting them back to work is key to reducing sickness absence in the longer term.

Joanna Scott raised a point about sickness levels in particular relating to anxiety, stress, depression, etc. and suggested that a more strategic discussion about these issues is required.

In response to this the Director of HR explained that a report will be discussed at a future Workforce & Organisational Development Committee and in addition a scheme to address this issue has been set-up under Listening to Action.

Richard Cryer queried how the sickness levels contribute to nursing agency requirements. The Chief Operating Officer responded that we always try to use existing staff or bank to cover sickness but that there would be some shifts covered by agency staff.

Minor Injuries and Illness Units

The Trust's Care Quality Commission Quality (CQC) Improvement Plan identifies areas of work that require attention following our inspection in June. Ten of the key areas of improvement relate to our Minor Injuries and Illness Units (MIUs). Discussions are ongoing with the Clinical Commissioning Group (CCG) around commissioning the service differently.

New operating arrangements are now in place within the MIUs and additionally, the Trust is recruiting a clinical lead for MIUs on a short-term secondment. This role will support implementation of the remainder of the recommendations from the CQC.

The Chair commented that she was pleased to see clinical leads being appointed and then queried what happens if there is a delay in decisions being made by the Commissioners. Some of the issues raised by the CQC inspectors were about affordability and the ability to cover a range of opening hours.

The Chief Operating Officer responded that the Trust is currently raising the issue from a quality perspective, to ensure services are safe and wider discussions around what options could look like and what additional services would be needed, if sites would have different opening hours. If we cannot acquire a satisfactory resolution, then the Board will need to consider which route the Trust should take.

Chief
Operating
Officer

The Director of Nursing highlighted that she had met with the Commissioners recently where outline proposals to include increased activity, had been discussed. Since April 2015, MIU activity has increased by 7% at Tewkesbury and the Vale. It was agreed that the Trust will go back to the Clinical Commissioning Groups with formal proposals in terms of opening times and the paper will be brought to Board for discussion in January 2016.

	<p>The Director of Nursing further confirmed that the Trust is currently working with Gloucestershire County Council, and the challenge around making decisions on opening times and the impact on the wider system.</p> <p>Community Hospitals</p> <p>Agreement has been reached for Gloucestershire Hospitals NHS Foundation Trust (GHFT) to provide planned day case surgery at Cirencester Hospital from 1 January 2016.</p> <p>IT Infrastructure</p> <p>The Chief Operating Officer updated the Board in respect of the major failure in the IT network experienced over the weekend of the 31 October 2015 and the 01 November 2015. He reassured the Board that no patients were overlooked and information logged manually at the time has now been entered onto SystmOne.</p> <p>Countywide IT Services (CITS) have drawn up an action plan to address some of the systemic weaknesses highlighted by this incident, including a more robust and better tested failsafe system, better distribution of contact lists and technical documentation at key locations, the establishment of an IT incident team, development of a formal communications plan to be followed during incidents and a review of on-call arrangements.</p> <p>The Board received and discussed the Chief Operating Officer's report.</p>
12/1115	<p>Board Assurance Framework (BAF): Corporate Risks</p> <p>The Director of Finance presented the report and highlighted the following:</p> <p>Due to timetabling issues, this document has not been discussed by the Executive Team prior to submission to Trust Board today and a full comprehensive review is scheduled at the next Executive meeting on 10th December 2015.</p> <p>The Chief Executive commented that a new risk may have to be incorporated relating to the Comprehensive Spending Review released today.</p> <p>The Director of HR raised a query about the Quality And Performance Committee in respect of risks around demand and capacity. Sue Mead stated that the Committee will have further discussions about this as over half the risks highlighted relate to demand. It encompasses all the current issues the Trust are dealing with in terms of workforce, waiting times, and it does warrant further discussion which is due to take place at the upcoming Quality and Performance Committee in December 2015. There is also a wider strategic issue that we need to discuss and take a view on.</p> <p>Assistant Trust Secretary: The Chair confirmed that this should be further discussed at a Board Strategic meeting scheduled for February 2016.</p> <p>The Board discussed and approved the Board Assurance Framework (BAF): Corporate Risks.</p>
13/1115	<p>Quality and Performance Committee Report</p> <p>Sue Mead as Chair of the Quality and Performance Committee, presented the report to Board and commented on the following points:</p> <p>Safe Staffing</p> <p>This is a very significant issue, the Quality and Performance Committee discussed in detail</p>

proposals for how the Trust will modify its current safe staffing regime, which is currently based on NICE guidance of 1:8 ratio (1 registered nurse to 8 patients).

There were some caveats:

- That the NICE guidance was not intended to apply to community hospital environments but was for acute trusts.
- That the Trust proposes that for the early and late shifts there would be 2 registered nurses on per shift; that there would be a dedicated shift lead; that there would be a flexible but clinically led approach by the Matrons and Senior Sisters decisions made based on demand and acuity of patients and their assessment as to whether additional registered staff would be required. Additional assurances would be provided by the hospital clinical teams utilising a day situation report developed by the matrons.
- That greater clarity would be sought with regards to future safe staffing reporting and governance arrangements both internally and externally would be put in place.

Community Hospital Bed Occupancy Levels

The Committee also noted the increasing risk as a consequence of the Trust's high bed occupancy rates which are now consistently over 95% and was 97.4% in September 2015. The CQC commented on the remarkable care in our hospitals, however, it did seem to the Committee that there are some risks associated with this that should be flagged up and monitored.

The Board received the Quality and Performance Committee update.

14/1115

Finance Committee update

Rob Graves as Chair of the Finance Committee presented the report and highlighted the following points:

As at the end of Quarter 1, the Trust was behind plan by £198k with a deficit of £486k though the trust is still forecasting achieving the full year position of £0.1m surplus. Since the date of the report that was reviewed the Trust has agreed and additional £900k surplus with the TDA based on capitalisation of SystmOne and reviewing the safer staffing guidelines for community hospitals. At the end of quarter 1, cash was better than plan position.

The Committee received an update on business development and was also informed that the Trust had not been successful in winning the Springbank GP tender; a summary feedback session had also been held with the commissioner which will help inform future tender responses.

The Director of Finance updated the Board on the CIP position and said that he had been informed that we will not receive the £900k risk share however; the Trust will be given alternative schemes to work to throughout winter in order to re-earn the money.

The Chief Operating Officer reiterated the message around CIP and commented that he is working with the Director of HR and Head of Transformation and Change to look at removing non-clinical posts from our structure.

The Chair commented that there is real clarity emerging about where the savings are coming from.

Nicola Strother Smith queried the statement about utilising 50% of available capacity at

	<p>Community Hospitals (page 2 of the report). Rob Graves stated that this is something they are very aware of and needs more emphasis. The Director of Finance confirmed the Trust have picked up additional utilisation from Care UK in Cirencester Hospital and have also been commissioned by the Clinical Commissioning Group to run lower limb services which would start to use some of this surplus capacity.</p> <p>Following a query by the Chair regarding when the review was going to happen, the Director of Finance confirmed it would be before the end of the financial year in April 2016.</p> <p>The Board received the Finance Committee update.</p>
15/1115	<p>Workforce and Organisational Development Committee update</p> <p>Nicola Strother Smith as Chair of the Workforce and Organisational Development Committee presented the report and highlighted the following points:</p> <p>The Director of HR was congratulated on the new format of the report.</p> <p>One of the most significant points to draw to the Board's attention to is the Rose report and the appendix to the report which identifies 19 recommendations, with table 2 showing those that are relevant to GCS and how they will be incorporated into existing plans.</p> <p>The Committee discussed areas of concern is respect of recruitment and retention, including the top reasons for people leaving the Trust which include retirement and incompatible working relationships. Building on this the Trust is looking at exit interviews and HR teams are working towards making these a more robust process, and easier for staff to complete exit interviews.</p> <p>The Chair stated she very much supports focussing on high impact areas and requested Board Members to formally note the recommendations contained within the Rose Report.</p> <p>The Board received the Workforce and Organisational Development Committee update and noted the actions being taken to mitigate the key workforce and organisational development risks. The Board also formally noted the recommendations from the Rose Report.</p>
16/1116	<p>Quality, Finance and Performance Report</p> <p>The Chief Operating Officer presented the report to Board, summarising activity and performance under the Trust's six strategic objectives. Discussion focussed on the following issues:</p> <p>The Chief Operating Officer noted the report to Board is lengthier this time due to the inclusion of the "Understanding You" report included under Strategic Objective 2.</p> <p>The Director of Nursing queried if the Understanding You report should be discussed at Quality and Performance Committee ahead of Trust Board. The Chair requested that in future it is discussed at Quality and Performance Committee prior to being discussed at Trust Board.</p> <p>The Director of Nursing also pointed out that the data relates to September and that a trial run of more current "Raw Data" is being brought to the Quality and Performance Committee in December 2015.</p> <p>The Chief Operating Officer also highlighted that the SPCA seems to be a victim of its own success as recently there has been a significant increase in usage. The Chair questioned if there was an issue about the capacity and expectations which needs to be addressed. The Director of Nursing confirmed that this situation is currently being monitored.</p>

Chief Operating Officer	<p>With reference to Reablement Service Key Indicators contained within the report, the Chair asked if there was any progress currently being made. The Director of Service Delivery explained that there has been a recent deep dive carried out and discussions are taking place with the commissioners. She stated that the Trust are hoping the deep dive will support some of the discussions with the commissioners and that to achieve 60% would mean people would see fewer people for longer time.</p> <p>Sue Mead queried the safeguarding figures and stated that she did not understand the decrease, which has reduced significantly and questioned why this was. In response to this challenge the Chief Operating Officer confirmed that he would investigate and report back on this at the next Board meeting In January 2016. The Director of Service Delivery commented that this could be a reflection of the changes made in respect of the new social care management.</p>
Director of Service Delivery	<p>Strategic Objective 2 - Understanding the needs and views of service users, carers and families, the Head of Corporate Planning presented this section of the report. Confirming that he had done a proxy measure for each of the 9 areas of the report and noting the Trust needs to review the data quality issues and improve for future reports.</p> <p>The Director of Service Delivery commented that it would be helpful to have a deep dive of the dental service.</p> <p>Sue Mead commented that she thought this report was a very enjoyable read and that she would like to see this at Quality and Performance Committee. The Chair confirmed that report would also be available for the Quality and performance report.</p> <p>The Chair commented on the interesting feedback from Healthwatch Gloucestershire in respect of GCS and she asked what the Trust is doing in respect of timeframes in responding to the Healthwatch Discharge Report. The Director of Nursing explained that GCS has responded to the report and also that she met recently with Healthwatch. There is a view across the community that it should be a system wide response to the report. Healthwatch said they were going to discuss this with Mary Hutton at the Clinical Commissioning Group (CCG),</p>
Director of HR	<p>Strategic Objective 3</p> <p>The Chief Operating Officer noted that the Trust is actively engaged in Urgent Care planning and monitoring and that the County is starting to really benefit from the use of system wide Alamac data and the increased level of granularity that this allows planning to be completed at. The COO then congratulated the still relatively new Rapid Response service for achieving the commissioned level of referrals during September and noted that this was contributing significantly to out of hospital treatment that would help the system manage the typical winter pressures.</p> <p>Strategic Objective 4</p> <p>The Director of HR commented that in relation to the FFT score for staff that would recommend the Trust as a place of work we cannot seem to move away from the level of 51%. The Chief Operating Officer pointed out that the percentage from exit interviews is higher. The Chief Executive commented that the pulse check results are not in line with this and further work is being carried out to identify any key areas.</p> <p>Strategic Objective 5</p> <p>The Director of Finance asked if there were any question on the summary in the report on Finance, the Chair commented that the summary is was clear.</p> <p>The Director of Finance also confirmed the most prevalent risk lies with Gloucestershire Hospitals NHS Foundation Trust (GHFT) in respect of the Trust's not being able to agree recharges between them. The Chief Executive confirmed that this has raised now this matter with the Chief Executive of Gloucestershire Hospitals NHS Foundation Trust to enforce a solution.</p>

	<p>The Board received the Quality, Finance and Performance report and:</p> <ol style="list-style-type: none"> noted the reported position requested that the NICE Guidance be discussed at the Clinical Senate considered the most appropriate forum and reporting mechanism for Non-Executive Directors' Quality Visits should be at the Executive Team meeting before being presented to Board.
17/1115	<p>Operational Resilience Capacity and Trust Escalation Plan</p> <p>The Director of Nursing presented the report to Board and highlighted the following points:</p> <ul style="list-style-type: none"> The Trust's plan has been written in conjunction with those produced by other Gloucestershire Health and Care providers and the GCCG System Resilience Group (SRG). The plan will be subject to further refinement throughout the Winter period and it should be noted that risks remain in terms of accurately forecasting and reporting capacity within Community Services. <p>Further to the Trust's robust de-brief of the 2014-15 Winter, the Trust is in an improved position due to the following ongoing actions:</p> <ul style="list-style-type: none"> Service Business Continuity Plans have been reviewed working with key stakeholders Revised service escalation triggers and internal measures have been re-introduced During periods of escalation a corporate deployment plan has been developed The Trust's out of hours rota has been reviewed to include a focus on capacity management Agreement has been sought with the GCCG to plan for and open additional community bed capacity Plan has been formalized to support internal communication at times of escalation and to provide colleagues with regular feedback Regular Winter feedback sessions have been planned with services to learn "in action" and adjust plans in a more timely way A variety of meetings are taking place as previously explained: Chief Executive level fortnightly meetings; monthly resilience meetings; weekly meetings. <p>Sue Mead asked that given the management changes that have taken place, is social care actively engaging in this process as they are an integral part of it? The Director of Nursing confirmed there is risk and Margaret Willcox (Commissioning Director of Gloucestershire County Council), is aware of this. The County Council are working with the Trust at an operational level and Margaret Willcox is invited to attend the weekly Director of Nursing meetings.</p> <p>The Chief Operating Officer also stated from a system directors perspective concerns were starting to be raised as Social Care seemed less responsive at times. .</p> <p>The Director of Service Delivery queried the wording on Item 3.4 single sex breaches and the Chief Executive suggested this is revised.</p> <p>The Chair summarised the discussion as follows:</p> <ul style="list-style-type: none"> The organisation appears to be in a better position for the approaching period. There are clearly risks that have been outlined by Board members. It was agreed that the Chief Operating Officer will inform Board members via email, when escalation levels reach red and above, along with a commentary on actions being taken.

Chief
Operating
Officer

	<p>Following the above discussion, the Board noted and approved the report.</p>
18/1115	<p>2016/17 One Year Operational Plan Overview</p> <p>The Director of Finance presented the report to Board highlighting the following points:</p> <p>The Trust has not been able to submit a 5 year plan during 2015/16 as we have not been able to agree long term principles with the Clinical Commissioning Group. This is the subject of ongoing meetings between the Chair, Executive and the CCG Accountable Officer and colleagues. A standalone one year plan for 2016/17 is now due to be submitted early in the new year and discussions are continuing with the Clinical Commissioning Group with reference to the same how the Trust supports countywide longer term planning.</p> <p>The 2016/17 plan is currently due to be discussed by the Finance Committee in December 2015 and will then be discussed at the Trust Board in January 2016, before it is submitted to the Trust Development Authority (TDA) at the end of March 2016.</p> <p>The Board noted the position and approved the approach proposed.</p>
19/1115	<p>Minutes from Statutory Committees:</p> <p><u>Charitable Funds Committee</u></p> <p>The minutes from 14th July 2015 were received as noted as an accurate reflection of the meeting.</p> <p>Nicola Strother Smith, as Chair of Charitable Funds Committee, gave a brief verbal update on the outcome of the meeting held on 19th October 2015 and the minutes from that meeting will be presented to Board at its next meeting on 26th January 2016.</p> <p><u>Audit and Assurance Committee</u></p> <p>The minutes from 23rd September 2015 were received and noted as an accurate reflection of the meeting.</p> <p>Richard Cryer, as Chair of the Audit and Assurance Committee, gave a verbal update on the outcome of the meeting held on the 18th November 2015 and the minutes from that meeting will be presented to Board at its next meeting on 26th January 2016.</p>
20/1115	<p>Any Other Business</p> <p>The Director of Finance raised an issue in respect of the capital plan for 2015/16. The Capital plan as approved at Board had included the Trust's contribution to the replacement of countywide shared wide area network and local area network and switches. The contract with the supplier will need to be in the name of one entity and Gloucestershire Hospitals NHS Foundation Trust has now asked if we will give a letter of support confirming our commitment to the spend. The cost to Gloucestershire Care Services NHS Trust (GHNHSFT) is £400k for this year and £300k for next year.</p> <p>Following a brief discussion the Board agreed that the Trust should confirm its commitment to the project with a letter of support to GHNHSFT.</p> <p>There were no other additional items of business and the Chair thanked everyone for attending the meeting. The meeting was then closed by the Chair at 3.35pm.</p>

Date of the next Public Trust Board Meeting

It was agreed that the next meeting of the Board will be held on:

Tuesday 26th January 2016
Gloucestershire Care Services NHS Trust
Edward Jenner Court,
1010 Pioneer Avenue,
Gloucester Business Park,
Brockworth, Gloucester, GL3 4AW







Chair's Signature:










Date:









TRUST PUBLIC BOARD (Part 1) – 26 January 2016 – Matters Arising Action Log










Key to RAG RATING











	Action completed within agreed original timeframe		Action on track for delivery within agreed original timeframe
	Action deferred once, but there is evidence that work is now progressing towards completion		Action deferred more than once











Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
TB110/14	Receipt of Annual Accounts	To receive annual accounts	Director of Finance	May 2015	CLOSED	
TB006/15	IBP and Long Term Financial Model	To be included on September agenda	Director of Finance	September 2015	CLOSED	
TB038/15	Quality of food action plan	Quality of Food Action Plan for North Cots to be received and discussed at next QP committee and confirmed to board	Director of Nursing SF (EF)	July 2015	CLOSED	
01/05/15(Service User Story)	Further support for people with Learning disabilities	RC requested improvement in this critical area of service delivery by developing a detailed and documented plan	Director of Nursing SF (EF)	Sept 2015	CLOSED	
	Liaison nurses to support people with learning disabilities when transferred to community hospitals	Community Hospitals Development Group to consider as part of a future agenda item	Chief Operating Officer	September 2015	CLOSED	
	Gloucestershire Voices AGM presentation	PJ invited Glos Voices to present at AGM – JB to follow up	Head of Corporate Governance	July 2015	CLOSED	










Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
007/05/15	Nurse Revalidation report	Report to go to Q&P and presentation to September board	SF (EF)	Sept 2015	CLOSED	
	Social care integration report	COO report to include social care integration update	Chief Operating Officer	July 2015	CLOSED	
	Quality Strategy Metrics	Going forward the report for Quality, Finance and performance produced for board is to now also include Quality Strategic metrics. Understanding You report will also be included in this report	Chief Executive Officer	July 2015	CLOSED	
	Regulatory Change	CEO report to include section on regulatory change	Chief Executive Officer	September 2015	CLOSED	
	Communications	CEO report to include a section on communications	Chief Executive Officer	September 2015	CLOSED	
	Meeting request from member of public	BM requested a meeting with DJ to discuss recent feedback received whilst visiting a community hospital.	Chief Operating Officer	July 2015	CLOSED	
	Lesson Learnt Report Lead Exec	PJ to nominate an exec lead to champion the Lessons Learnt Report programme of work and respond to board in September	Chief Executive Officer	September 2015	CLOSED	
011/05/15	Cost Improvement Programme	DJ to present to next finance committee full and detailed CIP report with minutes to follow to board	Chief Operating Officer	September 2015	CLOSED	
	Tender process for Public Health Services	DJ stated that following a discussion at Transformation and Change Board meeting it was suggested that the Trust should invest in developing in house core capacity to delivery and write tenders .PJ and DJ to explore further	Chief Executive/ Chief Operating Officer	September 2015	CLOSED	











Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	BAF	Assurance required by Board members that executive colleagues review risks as appropriate to their areas of operation. Committees to report discussion of risk registers and any mitigating actions within mins as presented to Trust Board	All Execs	Ongoing	CLOSED	
013/05/15	Quality and Performance Committee update – Mandatory training rates	Executive team asked to change existing processes in order to make appraisals easier. TR working with operation colleagues to streamline processes further.	Director of Human Resources	September 2015	CLOSED	
014/05/15	FFT Lydney	SF to investigate response rates for FFT at Lydney	Director of Service Transformation	July 2015	CLOSED	
	Performance Exceptions	SF to look into the MIU unplanned re-attendance rate and provide update to board	Director of Service Transformation	July 2015	CLOSED	
	Adult Social Care Key Indicators	Trust performance is reported to be higher than is demonstrated SF to look into matter and report back to Board	Director of Nursing	September 2015	CLOSED	
	NICE Guidance	Further assurance was requested from GH regarding the Trust's compliance with NICE guidelines. EF to report back to board with update in July	Director of Nursing	August 2015	CLOSED	
15/05/15	Mortality Report	Data contained within the report to be presented in an easier read format in future reports	Medical Director	September 2015	CLOSED	
16/05/15	Annual Accounts	GH to continue to provide Chair and CEO on any matters arising following sign off from external auditors on 3 rd June	Director of Finance	Ongoing	CLOSED	





Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
017/05/15	Complaints Policy	To be review at board in September 2015, ensuring narrative within the policy is appropriate	Director of Nursing	September 2015	Deferred to March 2016 Trust Board	
	Complaints Policy	Communications within the literature submitted to Readers Panel and board requested feedback to inform future iterations	Head of Corporate Planning	September 2015	CLOSED	
018/05/15	Duty of Candour	To be introduced into mandatory corporate training	Director of Human Resources	July 2015	CLOSED	
018/05/15	Duty of Candour	PJ to confirm exec lead and accountability at July board	Chief Executive	July 2015	CLOSED	
	Duty of Candour	Policy effectiveness to be monitored through Quality and Performance Committee	Director of Nursing	September 2015	CLOSED	
	Duty of Candour	Policy to be reviewed at September board with appropriate narrative	Director of Nursing	September 2015	Deferred to March 2016 Trust Board	
019/05/15	Finance Report	Future reports to show cash reporting in more detail	Director of Finance	July 2015	CLOSED	
B006/15	Membership Strategy	To be developed and presented to the Executive management team in November 2015 and presented to Board in January 2016	Trust Secretary	March 2016	Ongoing	
Service User Story TB 21 July	Communication needs with deaf and hard of hearing service Users	Further consideration given to exploring other means of communication in line with NHS Accessible Information Standard	Director of Service Delivery / Director of Nursing	Complete by July 2016	Ongoing	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	Deaf Awareness Training Film	Training film to be circulated to all Board members and to be included in Mandatory Training Programme	Director of Human Resources	September 2015	CLOSED	
44/0715	HCOSC	Schedule of meeting with HCOSC Chair	Chair	September 2015	CLOSED	
46/0715	COO report. CIP Sign off	Lack as assurance of CIP signoff in respect of signatories	Chief Operating Officer	September 2015	CLOSED	
	COO Report, Cirencester Hospital theatre facilities	Update required in respect of theatre facilities utilised at Cirencester Hospital	Chief Operating Officer	September 2015	CLOSED	
	COO Report, Housebound criteria and action plan	Update required in respect of interface between DN Action plan and wider Trust strategy	Chief Operating Officer	September 2015	CLOSED	
	COO Report, ICT Model	Detailed report to Board in respect of ICT Model	Chief Operating Officer	September 2015	CLOSED	
47/0715	BAF – Corporate Risks	Medical Devices Risk (SD7/CWS) solution to be implemented	Director of Nursing	September 2015	CLOSED	
48/0715	Quality and Performance Committee Update Report.	Opportunity for development of easy read clinical policies for colleagues and public. Oversight of this to Quality and Performance Committee	Director of Nursing	September 2015	CLOSED	
51/0715	Quality, Finance and Performance Report (Objective 1)	Report requested detailing medication and drug errors due to rise in May 2015	Director of Nursing	September 2015	CLOSED	
	Quality, Finance and Performance Report (Objective 1)	Staff and agency spend report requested to Quality and Performance Committee in September	Director of Nursing	September 2015	CLOSED	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	Quality, Finance and Performance Report (Objective 2)	Number of dental concerns raised to be investigated and a report back to Quality and Performance Committee	Director of Service Delivery	September 2015	CLOSED	
	Quality, Finance and Performance Report (Objective 3)	Quality and validity of Data to be investigated and reported back to Board	Chief Operating Officer	September 2015	CLOSED	
	Quality, Finance and Performance Report (Objective 6)	CIP Programme of work to be discussed at Finance Committee and an update back to Board	Chief Operating Officer	September 2015	CLOSED	
11/0915	Chief Operating Officer's report	Winter Planning and Resilience Report to be presented at November Board, and to also included a suitable set of metrics for review	Chief Operating Officer	November 2015	CLOSED	
	Chief Operating Officer's report	Community Hospitals – negotiations continuing in respect of Cirencester, further update to November Board	Chief Operating Officer	November 2015	CLOSED	
12/0915	Board Assurance Framework – Operational Risks	Board members expressed concerned at increased risk in respect of sickness, more detailed report to be provided at November Board	Director of Human Resources	November 2015	CLOSED	
	Board Assurance Framework – Operational Risks	Concern expressed in respect of risk (SD7/CWS) medical devices. Director of Nursing to look into and provide update to November Board	Director of Nursing	November 2015	CLOS ED	
13/0915	Quality and Performance Committee Update	Timeliness of data presented to Committee. Director of Finance to make raw data available for future committees	Director of Finance	November 2015	CLOS ED	
06/1115	Quality and Performance Committee Update	Progress report requested in respect of John's Campaign to be brought to next Board meeting	Director of Nursing	Dec 2015 Q&P	CLOS ED	
15/0915	Workforce and Organisational Development Committee Update	Following a concern raised by the Chair in respect of countywide vacancy rate the Director of Human Resources agreed to include the action plan in the next update to the Board	Director of Human Resources	November 2015	CLOS ED	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
16/0915	Quality, Finance and Performance Report (Objective 1)	Agreed target of 20 minutes per call for SPCA to be challenged at next Contract Board meeting.	Director of Finance	November 2015	CLOS ED	
	Quality, Finance and Performance Report (Objective 1)	Review of skill mix and competency framework in respect of the Echocardiographer role to explore if the role can be absorbed by other clinical teams.	Director of Nursing	November 2015	CLOS ED	
	Quality, Finance and Performance Report (Objective 2)	Response to the inpatient survey questions regarding food concerning, all Board members to conduct a taster session at a community hospital and feedback vies to next Board	All Board Members	November 2015	CLOS ED	
	Quality, Finance and Performance Report (Objective 4)	Quality metrics unmeasurable against this Objective, new metrics to be identified for future reports	Head of Corporate Planning	November 2015	CLOS ED	
18/0915	Learning Disabilities Report	Six monthly reports required via the Quality and Performance Committee.	Head of Corporate Governance	February 2016		
07/1116a	Forward Plan Review	Planner requires moving forward - The Chair to discuss further with the Chief Executive at the Board Agenda Planning meeting on the 16 Dec 2016.	Assistant Trust Secretary	January 2016		
07/1116b	Forward Plan Review	Audit & Assurance Committee only referred to as being "for information" and never presented to Board - The Chair to discuss further with the Chief Executive at the Board Agenda Planning meeting on the 16 Dec 2016.	Assistant Trust Secretary	January 2016		
07/1116c	Forward Plan Review	Annual Plan to be approved and added to the Board Agenda for the 26 January 2016.	Director of Finance	January 2016		
07/1116d	Forward Plan Review	Budgets to be approved and added to the Board Agenda for the 22 March 2016.	Director of Finance	March 2016		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
11/1115a	Chief Operating Officer's Report	Winter Planning: A cascade list is to be compiled.	Director of Finance	January 2016		
11/1115b	Chief Operating Officer's Report	Winter Planning: A "lessons learned" exercise is in progress and future updates are to be submitted via text.	Director of Finance	January 2016		
11/1115c	Chief Operating Officer's Report	HR- Sickness Levels relating to anxiety, stress and depression: A report will be discussed at a future Workforce & Organisational Development Committee.	Director of Human Resources	January 2016		
11/1115d	Chief Operating Officer's Report	The Director of Nursing to discuss with CCG formal proposals in terms of MIU opening times and a paper will be brought to the next Trust Board for discussion.	Chief Operating Officer	January 2016		
12/1115	Board Assurance Framework (BAF): Corporate Risks	Quality & Performance Committee: Risks around demand and capacity to be discussed at the next Board Strategic meeting – February 2016.	Board	March 2016		
13/1115a	Quality and Performance Committee Report	Bed occupancy: 97.4% in September 2015. There may be some risks associated with this that should be flagged up and monitored.	Chair of Quality & Performance Committee	January 2016		
13/1116a	Quality, Finance and Performance Report	To ensure the Understanding You report will be discussed at the next Quality & Performance Committee ahead of Board.	Trust Secretary	January 2016		
16/1116b	Quality, Finance and Performance Report	Safeguarding figures have decreased. This is to be investigated and reported back to Board.	Chief Operating Officer	January 2016		
16/1116c	Quality, Finance and Performance Report	Deep dive of the Dental Service.	Director of Service Delivery	March 2016		
16/1116d	Quality, Finance and Performance Report	Strategic Objective 4 – Further work being carried out to identify key areas.	Director of HR	March 2016		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
17/1115a	Operational Resilience Capacity and Trust Escalation Plan	The Director of Service Delivery queried the wording on Item 3.4 single sex breaches and the Chief Executive suggested this is revised.	Chief Operating Officer	January 2016		
17/1115b	Operational Resilience Capacity and Trust Escalation Plan	It was agreed that the Chief Operating Officer will inform Board members via email, when escalation levels reach red and above, along with a commentary on actions being taken.	Chief Operating Officer	Ongoing		
19/1115a	Minutes from Statutory Committees	Charitable Funds Committee: Minutes from the meeting held on the 19 October 2015 to be presented to the next Board.	Director of Finance	January 2016		
19/1115b	Minutes from Statutory Committees	Audit and Assurance Committee: Minutes from the meeting held on the 18 November 2015 to be presented to the March Trust Board	Director of Finance	March 2016		

TRUST PUBLIC BOARD - PART 1									
MONTH:	24 November 2015	26 January 2016	22 March 2016	18 May 2016	19th July 2016	20th September 2016	22nd November 2016	24th January 2017	21st March 2017
VENUE:	Oxstalls Gloucester	Edward Jenner Court Brockworth	Cirencester Town FC Cirencester	The Pavilion Cheltenham	TBC	TBC	TBC	TBC	TBC
Standard Items									
	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies
	Service User Story - GlosCats - Transgender Community	Service User Story- TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC
	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate
	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests
	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting
	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log
	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner
	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public
	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report
	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report
	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report
Governance, Quality & Safety									
	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks	Board Assurance Framework - Corporate Risks
	Quality and Performance Committee Update (August Minutes and update from 22 October Meeting)	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update	Quality and Performance Committee Update
	Workforce and OD Committee Update (10 August Minutes and update from 19 October Meeting)	Workforce and OD Committee Update	Workforce and OD Committee Update	Workforce and OD Committee Update	Workforce and OD Committee Update	Workforce and OD Committee Update	Workforce and OD Committee Update	Workforce and OD Committee Update	Workforce and OD Committee Update
	Quality, Finance and Performance Report	Quality and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report	Quality, Finance and Performance Report
	Finance Committee Update (2 Sept Minutes and update from 3 Nov Meeting)	Finance Committee Update	Finance Committee Update	Finance Committee Update	Finance Committee Update	Finance Committee Update	Finance Committee Update	Finance Committee Update	Finance Committee Update
		Finance Report							
		Update on CQC Quality Improvement Plan	Update on review of Safer Staffing - SField? If not resolved at Q&P						
Strategy									
		Approval of proposed strategy consolidation							
			Board Priorities (Strategy on a page)						
			Strategy update/Strategy matrix						
Corporate									
	DoC/Complaints Policy Review - Deferred to Jan Board (COG)	DoC/Complaints Policy Review - Deferred from Nov Board (COG)	Operational Resilience Capacity and Trust Escalation Plan (Winter Plan SF)						
		Update - Operational Resilience Capacity and Trust Escalation Plan (Winter Plan SF) COO	Approval of annual plan (from Finance Committee Feb) GH						
		EPRR - COO	Approval of Annual budgets (from Finance Committee Feb) GH						
		Director portfolio and initial consultation update - CEO to present							
Assurance and Information									
	Charitable Funds Audit and Assurance	Charitable Funds	Charitable Funds Audit and Assurance	Charitable Funds Audit and Assurance	Charitable Funds Audit and Assurance	Charitable Funds Audit and Assurance	Charitable Funds Audit and Assurance	Charitable Funds Audit and Assurance	Charitable Funds Audit and Assurance
		Audit and Assurance							
	Any other business	Register of Gifts and Commercial Sponsorship	Register of Declaration of interests						
	Review of Board's performance	Any other business	Register of Seals						
	Date of next meeting		Any other business	Any other business	Any other business	Any other business	Any other business	Any other business	Any other business
		Date of next meeting	Review of Board and subcommittee performance	Review of Board and subcommittee performance	Review of Board and subcommittee performance	Review of Board and subcommittee performance	Review of Board and subcommittee performance	Review of Board and subcommittee performance	Review of Board and subcommittee performance
			Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting

Chief Executive Officer's Report to include:
CSCP update, Comms update, any regulatory changes, draft annual plan on planning assumptions.

Chief Operating Officer's Report for the 26 January 2016 Board only, to include:
MIU update and appendix community nursing service model from the November Board.

NOTE:
Cover sheet for COO report, CEO report, Charitable Funds and Audit Assurance to include: Information, what decisions the Committee made, what concerns the Committee had and what is escalated to the Board or needs Board management.

AGENDA ITEM 8

Questions from the Public

From Bren McInerney: Vice Chair for Gloucestershire LINK and Community Volunteer

I would like to formally record an open question at the January 2016 Gloucestershire Care Services NHS Public Trust Board meeting. The open question is for a response to the recently published book (December 2015) by James Titcombe, titled "Joshua's Story".

I don't wish to be prescriptive about what the response is, or should include, I would simply welcome a response to the content of this book.

It isn't just the sadness of a family fighting the system at a time they should otherwise be experiencing great joy, it is the ability to be totally honest when mistakes have been made.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: Tuesday, 26 January 2016

Location: Edward Jenner Court, Brockworth

Agenda item 9: Chair's report

Working with our Communities

I hosted a visit by Tewkesbury Mayor Ron Allen and Mayoress Elaine MacTiernan, when they visited Tewkesbury Hospital on the 25 November 2015.

The Hospital has had a moving piece of poetry installed in a glass globe on the wall in the reception area, to commemorate staff members who have passed away.

The poem's author Marcus Moore, was present on the day to talk about the process of writing and creating his work, which has been warmly received by colleagues at the site and visitors to the hospital.

During their visit, our guests toured the hospital site meeting colleagues and patients in the minor injuries and illness unit, outpatients department, Abbey View ward and theatre and the assessment and rehabilitation unit.

The official opening of the Milsom Centre in Cheltenham was held on Thursday, 7 January 2016, which was attended by myself and members of the Executive Team.

This is a quality facility hosting sexual health services which had previously been based at two separate locations on the Cheltenham General Hospital site. This now means we are offering a full suite of services from one central location.

The Trust had envisaged the site being used by other community services after its refurbishment by the estates team and I'm pleased to say that it is now being used by the Complex Leg Wound Service, which is being rolled out countywide throughout the year.

Following the attendance at a recent public Trust Board meeting by Catherine Kevis, the new Chief Executive of the Gloucestershire Association for Voluntary and Community Action (GAVCA), Rod Brown, the Head of Corporate Planning and I met with her to explore potential mutual interests. GAVCA provides information and support for voluntary and community organisations and organises networking events and volunteer fairs.

Working with our partners

The Chief Executive and I, supported by a number of Executive Directors, hosted an informal meeting with Gloucestershire County Council's Health and Care Overview and Scrutiny Committee (HCOSC) members, to brief them on current and

forthcoming issues for the Trust. As last year, this meeting was warmly received by the members, with all of us feeling that this development of mutual understanding enables our Trust to be appropriately held to account through the HCOSC committee. The latest HCOSC meeting was held on the 12 January 2016 and a verbal update will be made to Board on the key points.

The Director of Nursing, Head of Corporate Planning, Director of Service Delivery and I, attended a very well supported engagement event, hosted by Healthwatch Gloucestershire and held at Gloucester Guildhall on the 3 December 2015. Healthwatch organises such events throughout the year where different organisations (both providers and commissioners), are invited to present to members of the public. The Head of Corporate Planning, Rod Brown, gave a presentation on the range of services provided by our Trust, and we were able to respond to a very active question time from the audience. In addition, I have held my usual quarterly meeting with Healthwatch Chair, Claire Feehily.

Together with the Chief Executive Officer, Director of Nursing and Head of Corporate Planning, I hosted our regular quarterly meeting with the League of Friends Chairs, when we were able to update them on current issues within the Trust and the implications of recent national events such as the Comprehensive Spending Review on our local system.

The Forest of Dean engagement process continues with the Head of Corporate Planning working in tandem with colleagues from the Gloucestershire Clinical Commissioning Group, to host conversations with colleagues, key stakeholders and members of the public. In response to the 13 staff engagement events held November-December 2015, our Trust received more than 130 responses from colleagues, and these will help shape the proposals to go out to consultation later in the year. I was also pleased to be able to support engagement with our stakeholders by attending a meeting with the Forest of Dean district, county and parish councillors, at the District Council offices on the 16 December 2015. Additionally, I would note that the Head of Corporate Planning arranged for the Forest of Dean Locality Reference Group, which is attended by all key stakeholders, to visit Tewkesbury Community Hospital on the 20 January 2016, giving members the opportunity to see one of our newer and more modern community hospitals in action.

I attended a national meeting of Chairs and Chief Executives hosted by NHS Providers. I also attended a two day board session of NHS Providers when we discussed the future strategic direction of this key voice for Trusts in England.

Engaging with our colleagues

The Non-Executive Directors (NEDs) and I, attended several Christmas volunteer events at our community hospitals, which gave us an opportunity to personally thank the hundreds of volunteers at the Trust for their commitment and caring during the year. We highlighted to them that during its inspection in June 2015, the Care Quality Commission had considered the work of the volunteers to be 'outstanding'.

The NEDs and I continue our regular quality visits and during January the NEDs were active in visits to the community hospitals and, in particular, to our Minor

Injuries and Illness Units, to assure ourselves over their safety and quality following observations made during the CQC inspection last summer.

Board Developments

The Board has continued its own development with a two day 'summit', the second of which was facilitated once again by Sheila Damon, which gave us an opportunity to explore our strategic priorities in depth.

Ingrid Barker
Chair

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: Tuesday, 26 January 2016
Location: Edward Jenner Court, Brockworth

Agenda Item 10: CHIEF EXECUTIVE'S REPORT

National Planning Guidance

On the 22 December 2015, the six national NHS bodies (NHS Improvement, NHS England, the CQC, NICE, Health Education England and Public Health England), collaboratively published planning guidance for 2016/17 – 2020/21. In response, the Trust is required to produce the following two plans over the coming months:

- a five year Sustainability and Transformation Plan, place-based and driving the Five Year Forward View (due end of June);
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging Sustainability and Transformation Plan (initial submission due February 8, with final draft due April 11).

Alongside these plans, there will be a series of activity, finance, workforce and quality submissions – full details on these, together with the required format of the one and five year plans, will be issued in early January 2016.

This is the first time that we have been tasked, as individual health and care providers, to come together and make joint submissions based upon local ambitions for delivering services. It is also the first time that the planning process has central money attached, as the most compelling and credible five year Sustainability and Transformation Plans will receive additional funding from April 2017.

It is also noted that within our planning, we need to respond to a series of national “must do’s”. These include challenges relating to seven-day services – specifically for us as a Trust, this relates to the need to improve access to out of hours care by achieving better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours services, to enhance patient flows into hospital. The other national “must do’s” are:

- return the system to aggregate financial balance;
- implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues;
- get back on track with access standards for A&E and ambulance waits, ensuring more than 95% patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75% Category A calls within eight minutes;

- improve against NHS Constitution standards that more than 92% patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice;
- deliver the NHS Constitution 62 day cancer waiting standard;
- achieve the two new mental health access standards;
- deliver actions to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy;
- develop and implement an affordable plan to make improvements in quality, and participate in the annual publication of avoidable mortality rates.

On the 15th January 2016 we received a letter from NHS Improvement (see Appendix 1) outlining the requirements for the Trust to access some of the Sustainability and Transformation funding. In return for the Trust meeting the conditions laid out in letter we will receive £400k of additional funding, one of those requirements is for the Trust to return a surplus of £1.1m. This will be discussed in more detail in the private session of the Trust Board meeting on the 26th January 2016.

Listening into Action

The teams and schemes taking the Listening into Action approach into year three, held a launch event on Friday, 4 December 2015.

I have talked in the past about the ten 'big ticket' items we have which are aimed at creating substantial change across the Trust focused on patient and service user care. LiA aims to embed permission to act and front-line problem solving into the culture of the Trust.

These ten teams will be building on our initial two years to spearhead work on significant issues, including capacity and caseload management in our integrated community teams, embedding the Gold Standard Framework for end of life care across adult services and admissions prevention through 'at home' diagnostic procedures.

Sitting alongside these are five “Enabling Our People” schemes, aimed at supporting colleagues. These include improving the health and wellbeing of colleagues and maximising the visibility of the Trust across the country.

On Wednesday, 20 January 2016 the Trust held its Pass It On! celebration. This was an opportunity for colleagues who have been involved in LiA throughout the entire two years, to recount how it has changed their approach to work and generate continued momentum for this approach.

The Listening into Action lead Sonia Pearcey, will be giving a verbal update to the Board.

Board Recruitment

Both the Chief Operating Officer and Trust Secretary roles are currently being advertised on the NHS Jobs website. Closing dates are the 24 and 25 January 2016, respectively. The Interviews for Trust Secretary are due to be held on the 17 February 2016 and for the Chief Operating Officer on the 25 February 2016.

Ambassador for Cultural Change

A new post has been advertised within the Trust which will amalgamate the lead role for Listening into Action and that of the Freedom to Speak Up Guardian.

Sir Robert Francis QC proposed the introduction of Freedom to Speak Up Guardians in his 2015 report. He wrote: "I believe such a role can make a huge contribution to developing trust within an organisation and improving the culture and the way cases [of raising concerns] are handled. As a minimum there needs to be someone to whom staff can go, who is recognised as independent and impartial, has the authority to speak to anyone within or outside the trust, is expert in all aspects of raising or handling concerns, has the tenacity to ensure safety issues are addressed, and has dedicated time to perform this role."

I strongly agree that the introduction of a Freedom to Speak Up Guardian can make a significant contribution to a culture of openness and transparency within our own Trust. This role is a good fit with the Listening into Action role, both of which require leadership and the ability to have influence and clinical credibility across the entire organisation.

I would add that the Freedom to Speak Up component of the role will complement all the other channels by which people can raise concerns.

Safeguarding

The Trust has appointed Alison Bradshaw as the Named Nurse for Adult Safeguarding. This role is key for supporting vulnerable adults across Gloucestershire; working in Partnership with Gloucestershire County Council and other organisations; ensuring compliance with national guidance and regulatory bodies such as the Care Quality Commission. Alison brings a wealth of safeguarding experience, is passionate about making a difference and will also be responsible, alongside the Trust's Director of Nursing, for overseeing some of the Trust service developments associated with Learning Disability service users.

Milsom Centre opening

The Milsom Centre was officially opened on Thursday, 7 January 2016 by Cheltenham MP Alex Chalk, and some other key stakeholders including Iain Dobie, Chair of the Health and Care Overview Scrutiny Committee, were also present and able to tour the building. We are providing genito-urinary medicine and contraceptive services on this site, which had previously been offered at two separate clinics at Cheltenham General Hospital and providing sexual health counselling for people in

Cheltenham for the first time. The centre is also home to the Cheltenham locality complex leg wound service, which is being rolled out countywide throughout the year.

Emergency Preparedness, Resilience and Response, Annual Assurance 2015/16

Dame Barbara Hakin, Deputy Chief Executive of NHS England, wrote to NHS Chief Executives on the 9 December 2015, requesting a statement of compliance be taken to a Trust Public Board meeting.

The Trust's statement is appended to this report for discussion and acceptance of our levels of preparedness. (Appendix 2)

Health and Social Care Economy

Gloucestershire Hospitals NHS Foundation Trust: Final interviews for the role of Chief Executive are due to be held on the 1 and 2 February 2016. Current Chief Executive Dr Frank Harsent will be retiring on the 15 May 2016.

Healthwatch: The Healthwatch Board meeting on the 12 November 2015 noted positive public comments for the Rapid Response service.

Legislative and Statutory Changes

- CQC

The Care Quality Commission (CQC) is to have its government grant cut by 25% over the next four years. The CQC's board papers of the 16 December 2015, state that following discussions with the Department of Health the organisation "has been advised to undertake our budget setting on the assumption that we will have to achieve 25% saving on our Grant Aid over four years."

- NHS Mandate

NHS England is responsible for arranging the provision of health services in England. The Government's mandate to NHS England 2016-17 sets the Government's objectives and any requirements for NHS England, as well as its budget. The mandate sets the direction for the NHS and helps ensure the NHS is accountable to Parliament and the public. This year, every government department is producing a plan setting out its objectives to 2020 and how it will achieve them. The mandate therefore sets out NHS England's contribution to the Government's goals for the health and care system as a whole, in line the manifesto commitments.

In 2016-17, specific objectives within the manifesto are:

- Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities
- To help create the safest, highest quality health and care services
- To balance the NHS budget and improve efficiency and productivity

- To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
- To maintain and improve performance against care standards
- To improve out of hospital care
- To support research innovation and growth

The full document is available at:

www.england.nhs.uk/wp-content/uploads/2015/12/05.PB_17.12.15-Annex-A-Mandate-to-NHS-England.pdf

Association of British Pharmaceutical Industry

UK pharmaceutical companies are to publish benefits they give in cash or in kind, to healthcare organisations and individual healthcare professions, on a publicly searchable database on the Association of British Pharmaceutical Industry (APBI) website from June 2016. Any such transfers of value which happen at our Trust, have to be declared on the Register of Commercial Sponsorship and Gifts for which we have a form on the internal intranet. We are issuing a reminder to colleagues regarding declarations of any commercial sponsorship.

Media Coverage and Communications

Overnight closures of the Minor Injuries Units at Stroud and Cirencester due to staffing pressures, made significant headlines in the local media and there are ongoing enquiries although follow-on coverage has been sporadic.

At the time of writing this report, the media was beginning to take more interest in winter pressures with reports focused on other Trusts in the south west, acting as a catalyst for interest and reports on long waits at the Emergency Department in Gloucester.

BBC Radio Gloucestershire ran an 'advent calendar' throughout December 2015, featuring a bite-sized interview with a different colleague each day from a wide range of services across the Trust. They also ran accompanying video clips of colleagues on their Facebook page. A lot of these received in excess of 1,000 views and some received significantly more; in total they were viewed approximately 30,000 times.

On social media the Trust followed its 'Kick the Cigs into Touch' promotion of our Stop Smoking Service, with a new football-themed animation 'Make Quitting your Goal' targeted again via Facebook as well as being released on Twitter. The new campaign was backed by Cheltenham Town FC. The original Kick the Cigs into Touch campaign reached 21,000 people on Facebook and there was a clear increase in the number of people accessing the service website and making contact with the service.

A 30-second video of colleagues singing the new telephone number for Cirencester Hospital to the tune of Auld Lang Syne, was released on social media on Tuesday, 5 January 2016. It was retweeted by NHS choirmaster Gareth Malone and the participants were subsequently invited to sing it live on BBC Radio Gloucestershire

on Thursday, 7 January 2015. The radio station also replayed the jingle on the Breakfast Show, with an explanation of what was happening, when the number changed on Monday, 11 January 2015. This was followed by screening of the video on BBC Points West on the 12 January 2016.

Videos aimed specifically at the 18-25 year old age group were released with a Christmas theme over the festive period, in order to raise awareness of Chlamydia screening specifically and sexual health services more generally.



NHS Improvement

(Monitor and the NHS Trust Development Authority)

Paul Jennings
Chief Executive
and
Glyn Howells
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15 January 2016

2015/16 Outturn and 2016/17 Plan including Sustainability and Transformation Fund

As announced in the recent Spending Review, the government has committed to provide an additional £8.4 billion real-terms funding for the NHS by 2020/21. The increase in funding available for 2016/17 totals £3.8 billion in real terms, a £5.4 billion cash increase. It includes a £1.8 billion Sustainability and Transformation Fund (S&T Fund) for the provider sector in 2016/17 which will comprise a 'general' and a 'targeted' element. The general element of the fund will be targeted at providers of acute emergency care.

This is a good settlement for the NHS in times of public spending constraint when the majority of government departments are facing real-terms funding reductions. However, this settlement is dependent on the NHS provider sector delivering a deficit of not more than £1.8 billion in 2015/16 and breaking even in 2016/17 after application of the fund. To realise this settlement, this letter sets out what your board must urgently do during the remainder of the 2015/16 financial year.

2016/17 Financial framework and planning

On 22 December 2015 we published *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*. This sets out the steps to help local organisations deliver a sustainable, transformed health service and improve quality of care, wellbeing and NHS finances. The planning guidance includes details of the operational planning approach for the next financial year and sets out a pragmatic approach to tariff setting and business rules, with the aim of supporting system stability and recovery in 2016/17. The key details of this package, which is favourable for most NHS providers, are set out in Appendix 1.

In addition, the planning guidance introduces the £1.8 billion S&T Fund for 2016/17. The fund is to support providers move to a sustainable financial footing. It will be primarily

allocated to providers of acute emergency care that have been under the greatest financial pressure, although it will include an element to support providers achieve overall sustainability by driving maximum efficiencies. The fund will be deployed in a way that creates a balanced aggregate financial position in the NHS trust and NHS foundation trust sector in 2016/17. Payments will be made by commissioners, but approved by NHS Improvement. The fund replaces the need for the current scale of direct Department of Health (DH) cash funding for providers. Details of the fund and of eligibility to access it are attached in Appendix 2.

This additional funding is conditional on the NHS provider sector breaking even in 2016/17. To ensure this happens, every NHS trust and NHS foundation trust will have to deliver an agreed financial control total for 2016/17. This will be a core part of the new financial oversight regime that NHS Improvement will put in place.

An impact assessment model has been developed by NHS Improvement that models a range of known factors at an individual provider level. The outcome of this work will be used to allocate acute emergency care providers with an indicative payment from the S&T Fund and all providers with a control total for 2016/17. The key assumptions and the detail for your trust are attached in Appendix 3.

The offer of payment to your trust from the S&T Fund, explained in Appendix 3 and to be made by your lead commissioner, is for a limited period only. Please confirm by **8 February 2016** that your trust accepts this offer and in doing so agrees to the conditions. It is then our expectation that the operational plans you submit in February and April will be consistent with, or better than, the control total outlined.

The NHS settlement for 2016/17 relies on tight financial management of the capital budget. We will need to work very closely with providers to develop a capital framework which enables them to operate within the resource available. Providers should develop their capital plans for 8 February 2016, distinguishing essential expenditure from strategic investments. This should prepare providers for restrictions to both access to external finance and deployment of existing cash reserves to ensure the NHS does not exceed its capital budget. Providers that have agreed local capital to revenue transfers for 2015/16 will not be disadvantaged by these agreements in 2016/17.

2015/16 Outturn

As you will be aware, the scale of what we need to do in the future depends on how well we end this financial year. Collective urgent action is required now to ensure we contain the aggregate provider deficit position to within a £1.8 billion control total in 2015/16.

To limit the scale of the financial distress that will be carried forward into 2016/17, we would like your continued commitment to take the actions necessary to improve your current year financial position, while ensuring that safe care is delivered. We also ask

you to review your plan for the remainder of 2015/16, focusing particularly on the areas listed in Appendix 4, with the aim of improving your financial position in quarter 4 (Q4; January to March) 2015/16. These areas include both operational efficiencies and technical or one-off measures that we will need to deploy to deliver the £1.8 billion control total.

In addition, we will be meeting a number of challenged providers this month to agree a set of actions, including headcount reduction, additional to the current plan, with the clear intention of improving the financial position of those individual providers.

We cannot over emphasise that the 2016/17 Spending Review settlement that we have outlined above depends on every NHS organisation delivering the best possible financial outturn for 2015/16.

Many thanks for your continued support.



Bob Alexander
Deputy Chief Executive
NHS TDA



Stephen Hay
Deputy Chief Executive
Monitor

Copy to:

Jim Mackey, Chief Executive NHS Improvement
Elizabeth O'Mahony, Director of Finance, NHS TDA
Jason Dorsett, Director of Finance, Reporting and Risk, Monitor
Anne Eden, Director of Development and Delivery (South) NHS TDA
David Robertson, Business Director (South) NHS TDA

Key details of the 2016/17 financial framework for providers

We recognise that the planning documents include a large amount of technical information. Given this, we would like to draw your attention to the key details of the favourable financial framework we have secured for 2016/17 with the aim of delivering maximum stability and financial recovery.

Proposals in relation to the national tariff (soon to be subject to consultation):

- A delay in the introduction of HRG4+ to provide a year of pricing stability combined with no changes to specialised top-ups.
- A cost uplift of 3.1%, reflecting a stepped change in the cost of employers' pension contributions.
- Additional funding to cover the aggregate increased cost of CNST contributions. In addition to the general cost uplift, the majority of the increase in CNST contributions will be targeted at particular HRG chapters.
- An efficiency factor of 2%, which results in a net prices uplift of 1.1%.
- An increase in the marginal rate for emergency admissions to 70% for all providers.
- No application of a specialised services marginal rate in 2016/17. A consultation on the marginal rate will form part of the engagement on the implementation of HRG4+ in 2017/18. We will also move to centralised procurement of devices with set national reference prices.

Other system management changes:

- Commissioners are required to plan to spend 1% of their allocations non-recurrently, consistent with previous years. For provider funds to insulate the health economy from financial risks, the 1% non-recurrent expenditure should be uncommitted at the start of the year.
- The introduction of a commissioner sparsity adjustment for remote areas. The financial impact of this is added to the target allocation of the relevant CCGs. This results in an adjustment for six CCGs in relation to eight hospital sites. The adjustments to target allocations total £31 million.
- The requirement for commissioners and councils to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) in 2016/17. Further, BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care.

Sustainability and transformation funding

1. The Spending Review settlement confirms a recurrent £5.4 billion cash increase to the NHS England Mandate in 2016/17. This will be deployed as follows:
 - £3.6 billion to flow recurrently into commissioning allocations and related budgets
 - £1.8 billion to be passed through commissioners to fund a Sustainability and Transformation Fund (S&T Fund) which will be provisionally allocated to individual providers this month with the intention of eliminating the NHS provider deficit position in 2016/17 (linked in part to emergency services).
2. The S&T Fund for 2016/17 replaces the need for the current scale of direct Department of Health (DH) cash funding. The fund will be used to support providers move to a sustainable financial footing and will be deployed in a way that creates a balanced aggregate financial position in the NHS trust and foundation trust sector in 2016/17. As such, the 2016/17 S&T Fund will have two elements:
 - a 'general element' which will be distributed to all providers of acute emergency care and be linked to the setting of agreed control totals
 - a 'targeted element' to support trusts drive efficiencies and go further faster; this will be targeted at leveraging greater than 1:1 benefits from providers.
3. Details on how to access the targeted element of the fund will be made available later in the planning process. This will be particularly relevant for mental health ambulance, and community services providers who are unlikely to be eligible for the general element of the fund.

The remainder of this appendix will consider the general element of the fund.

General element of the S&T Fund

4. To be eligible to access the general element of the fund, providers must provide acute emergency services and formally meet all the conditions in Table 1 below:

Table 1: S&T Fund conditions and measurement

Objective	Conditions/measurement
<p>Deliver agreed control total</p> <p>Provider deficit reduction/surplus increase</p>	<p>Q1: Agreement of milestone-based recovery plan (OR surplus increase) with NHS Improvement AND agreed control total for 2016/17. Agreement to capital control total.</p> <p>Plans to include milestones for Carter implementation (including reporting and sharing data in line with the national timetable) and compliance with the NHS Improvement agency controls guidance.</p> <p>Q2 to Q4: Delivery of plan milestones AND capital and revenue control totals.</p>
Access standards	<p>Q1: Agreeing with NHS England and NHS Improvement a credible plan for maintaining agreed performance trajectories for delivery of core standards for patients, including the four-hour A&E standard, the 18-week referral to treatment standard and, for appropriate providers, the ambulance access standards.</p> <p>Q2 to Q4: Delivery of agreed performance trajectories.</p>
Transformation	<p>Q1 to Q3: Local Sustainability and Transformation Plans (STPs) – to work with commissioners and develop an integrated five-year plan in line with the national STP timetable.</p> <p>Q4: STP agreed with NHS England and NHS Improvement.</p> <p>Providers will also have the option to volunteer to join an accelerated 2016/17 transformation cohort.</p>

5. As a condition of the overall fund being approved, the NHS has to demonstrate tangible progress towards a credible plan for achieving seven-day services for patients across the country by 2020. Recipients of funding will be expected to continue to make progress towards achieving seven-day services in 2016/17.
6. S&T funding will be made available to providers as income, which will be paid by a lead commissioner and replace the need for the current scale of DH cash support. The S&T Fund allocated to CCG(s) will be ring-fenced as pass-through payments to the relevant provider in addition to normal contractual payments.
7. This funding will be provisionally allocated at the start of the planning process to ensure providers have the maximum amount of time to prepare a credible plan in sufficient detail to meet their control total and achieve the maximum amount of financial benefit in year.

8. Release of funding will be subject to a quarterly review process in arrears. This review process will cover delivery against the S&T Fund only. Arrangements are being agreed for providers who require working capital prior to the release of funds, but are likely to involve interest-bearing working capital facilities provided by DH. Plans should be prepared on this basis until further guidance is provided.
9. Access to funding will be through a formal agreement between NHS Improvement and trust boards in advance of any funds being paid. This agreement will be embedded in a high quality board-approved plan that is fully compliant with the criteria outlined above.
10. In addition, those providers eligible for S&T funding that meet the conditions of the fund will not face a 'double jeopardy' scenario whereby they incur contract penalties as well as losing access to funding; a single penalty will be imposed.
11. Providers that are in deficit and that require cash support after receipt of the funding and after local efficiencies will have access to DH interim support loans, as at present via interest bearing loans.

Individual provider detail

2016/17 Sustainability and Transformation Fund

Trust Name: The Gloucestershire Care Services National Health Service Trust

The 2016/17 financial plan for each provider will be contingent upon its 2015/16 year-end financial position. For the purpose of the provider impact assessment, the Month 6, 2015/16 forecast has been used as the baseline adjusted for the assumed effect of agency controls and other recurrent measures in Q4 2015/16. Any further deterioration in this position will require the relevant provider to deliver higher efficiency levels to achieve the 2016/17 control total.

We have also taken into account other national funding flows in setting the control total such as the impact of changes to the tariff, education and training, CQUIN, CNST, etc.

Both the setting of the baselines and the control totals, and the measurement of performance versus control totals, will exclude gains on disposals of assets.

The general element of the fund will be distributed to providers in proportion to the cost of emergency services as reported in the 2014/15 reference costs ('Emergency Services' definition from the 2014/15 Reference Costs).

S&T funding and 2016/17 control total	
General element – S&T Fund Subject to provider eligibility and conditions	£0.4m
Targeted element – S&T Fund Subject to provider eligibility and conditions	To be confirmed
2016/17 Control total	£1.1m surplus

This exercise has been undertaken to set control totals for 2016/17 and considers a range of incremental common factors only. Rather than debate the method by which the numbers above have been calculated, provider boards should now consider if, with the proposed tariff/business rule changes and access to the S&T Fund, their control total is achievable in 2016/17.

Details on how to access the targeted element of the fund will follow.

Financial improvement in Q4 2015/16

All providers are requested to consider the following opportunities and to report on them in their Month 9 outturn estimates submitted to either Monitor or the NHS TDA. A simple memorandum schedule detailing how much has been attributed to each of the items below should be submitted.

Description	Detail
Local capital to revenue transfers	Delivery of maximum amount of safe deferral or reduction in capital expenditure to be supported by capital-to-revenue transfers as agreed with either the NHS TDA or Monitor and the Department of Health.
Accurate monthly capital forecasting	To assist with the national capital position, ensure accurate capital forecasting including identification of any underspend.
Accurate provision reporting	To assist with the national position, ensure provisions are carefully reviewed at Month 9 and, where possible, accurately estimated for the full year.
Workforce	No non-medical agency cover for short-term sickness (<3 days), implementing acting down/cross-cover arrangements to ensure patient safety.
Agency staffing	Full compliance with the policy, including completing the weekly reporting. Review self-certification in weekly reports to identify opportunities for improvement. Focus on reducing number of shifts above rate caps and remaining within nursing agency ceiling.
Reviewing in-year priorities	Reviewing priorities in all areas: revenue maximisation, cost control, efficiency and investments
Balance sheet review: prudence	Remove prudence from estimates of: <ul style="list-style-type: none"> • accrual; • deferred income; • injury cost recovery (formerly RTA) debtor • partially completed spells

Description	Detail
Bad debt provisions	Remove prudence in bad debt provisions, including ensuring impairments to receivables are line with IFRS and are based on incurred losses and not general estimates or future expected loss events.
VAT changes	Review latest COS guidance to ensure maximum reclaim of VAT including latest position on IT spend.
Annual leave	To the maximum extent allowed under NHS contracts, manage the carry forward of annual leave. Ensure that this does not lead to the use of additional agency staff to cover leave periods. Ensure data used for calculations from HR systems are robust.
Asset valuations	Revalue operational assets at the modern equivalent asset value using the alternative site method where advantageous.
Asset lives review	Review all equipment and buildings asset lives given that less capital will be available for replacement in future. The resulting adjustment will reduce depreciation charges while creating a one-off impairment. Providers will be held to account by NHS Improvement for their financial performance before accounting for impairments.

Gloucestershire Care Services NHS Trust Board - 26 January 2016

Emergency Preparedness, Resilience & Response Assurance 2015/16

Statement of Compliance (Gateway Ref 04494)

1.0 Introduction

Dame Barbara Hakin wrote to NHS Chief Executive Officers on the 9th December 2015 requesting a statement of compliance be taken to a Public Board meeting of Gloucestershire Care Services NHS Trust (the Trust).

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or service user care. These could be anything from extreme weather conditions, to an outbreak of an infectious disease, or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

2.0 Assessment against NHS England Core Standards

As part of the national EPRR assurance process for 2015/16, the Trust was required to self-assess against the core standards and undertake a 'confirm and challenge' meeting with Gloucestershire Clinical Commissioning Group.

When the Trust submitted its self-assessment against these Core Standards (Sept. 2015) the results were as follows:

The Trust was fully compliant with 17/39 standards. This has subsequently been revised to 24/39. A further 4 of these are led by other organisations, with 9 standards relating to CBRN/HAZMAT training. The remaining 2 relating to deployment plans require a change in completion dates due to turnover of staff and proposed organisational restructure. This will be carried forward into the 2016/17 work programme. Therefore we have declared Partial Compliance against the Core Standards with an improvement plan in place to deliver the remaining by 31st March 2016.

The revised NHS England EPRR Framework, issued in November 2015, has been incorporated into current plans, including clarity around Incident classification and Levels. The full EPRR work programme will include the revised guidance and will be monitored by the Emergency Preparedness & Resilience Group (EPRG), with assurance or exception reporting taken to the

Audit & Assurance Committee, with any statutory or legislative changes brought to this Board.

During 2014-15 the Trust had recognised that the service-level business continuity plans were no longer robust and the Trust's EPRG had tasked the Emergency Preparedness, Resilience & Response Officer with developing a more robust, risk based plan. The Trust recognises that it is in the process of rolling out new Business Impact & Continuity Plans to ensure appropriate service-level plans are in place in line with ISO 22301. It is understood by Business Continuity experts that it will take a minimum of three years to fully embed the principles of Business Continuity across the organisation.

A multi-agency exercise to test sharing of information across organisations, with particular focus on Vulnerable Individuals, was undertaken on the 6th August 2015 and an Information Governance Sharing Protocol is being developed to support this. A further exercise will be scheduled during 2016/17.

During November 2015, the Accountable Executive Officer role was handed over from the Director of Service Transformation to the Chief Operating Officer.

PWC was commissioned to undertake an internal audit of the Trust's Business Continuity Strategy during October/November 2015. It should be noted that areas of good practice were also noted in draft Audit report and the learning identified will be reviewed by the EPR Group and included in the work programme for 2016-17.

Further guidance was issued by NHS England during 2015 on Surge & Escalation and this has also been incorporated into the Trust's Surge & Escalation Plan 2015-16 which was presented at the November 2015 Board. Already throughout 2015-16, the Trust had encouraged a proactive approach to learning from experience / incidents which has been included within further planning. This was particularly relevant and has been an important factor with regards to the Trust's Surge & Escalation Plan 2015/16 and its Winter Resilience Plan 2015/16.

3.0 Recommendation

The Board is asked to formally discuss and minute its acceptance of the level of preparedness for the Trust as Partial Compliance, with an improvement plan in place to deliver Fully Compliant status by 31st March 2016.

The full EPRR work programme will be monitored by the Emergency Preparedness & Resilience Group (EPRG), with assurance or exception reporting taken to the Audit & Assurance Committee with any statutory or legislative changes brought to this Board.

Trust Board

Date: 26th January 2016

Agenda Item:	11
Agenda Ref:	11/0116
Author:	Duncan Jordan, Chief Operating Officer
Presented By:	Duncan Jordan, Chief Operating Officer
Sponsor:	

Subject:	Chief Operating Officer's Report
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This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☐ Assurance ☐ Information

Executive Summary:

Colleagues have done a tremendous job in managing the pressures that have occurred so far this winter and local planning has been effective.

Across health and social care, resourcing remains a key pressure that limits capacity and the ability to drive service improvements and change. At the Trust our vacancy levels remain high, but in line with the national and local picture. The effective vacancy rate within teams is also increased by sickness levels. The Workforce and Organisational Development Committee continues look in detail at these issues and the actions being taken by the Trust.

Additional staff are utilised to maintain safe working levels, but this in turn increases our expenditure. In some professional areas such as emergency nurse practitioners, musculoskeletal (MSK) and the integrated discharge teams (IDT) we are unable to backfill because of the shortage of the required specialists, so adjustments to service provision and targets have to be made by the teams. At all times quality and safety of care come first and if this cannot be maintained a service will close.

Staffing pressures have led to overnight closures at both Cirencester and Stroud Minor Injuries and Illness Units (MliUs). We do not believe this is having a significant impact on capacity because of the very low number of people that historically attend after 11 pm at night. People are being signposted to the most suitable alternative service to ensure their needs are met.

MSK pathways and service models are currently under review in a joint project with commissioners and Gloucestershire Hospitals NHS Foundation Trust. MSK waiting times remain below target due to staff vacancies.

The targets for a number of areas need to be reviewed with commissioners to ensure they reflect appropriate and funded service levels. For example, following Christmas, the IDT and rapid response teams had their busiest and hardest weeks of the year and could not have achieved more. However, their service targets were not achieved.

A Trust wide consultation on reducing non-frontline posts including director, manager and administrative levels, began on Monday 11 January and is continuing throughout the month as part of the Trust's cost improvement programme.

Recommendations:

The Board is asked to note and consider the contents of the report.

Considerations:*Quality implications:**Human Resources implications:**Equalities implications:*

N/A

Financial implications:

N/A

Does this paper link to any risks in the corporate risk register:

No

Does this paper link to any complaints, concerns or legal claims

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?**P or C**

Achieve the best possible outcomes for our service users through high quality care

P

Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

P

Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

Manage public resources wisely to ensure local services remain sustainable and accessible

P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?**P or C**

Caring

Open

Responsible

Effective

Reviewed by (Sponsor):**Date:**18th January 2016**Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?****Explanation of acronyms used:****Contributors to this paper include:**

Matt Blackman, Communications Manager

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: Tuesday, 26 January 2016

Location: Edward Jenner Court, Brockworth

Agenda item 11: Chief Operating Officer's Report

1. DISCUSSION OF ISSUES

Operational Resilience, Capacity and Trust Escalation

I wish to commend colleagues from across the Trust and partner organisations, for their dedication and hard work that has gone in to managing an extremely busy and pressurised period.

Our services have been running flat out to manage the additional patients that have come into the health and social care system over Christmas and the New Year. The +100 beds that were released to create capacity before Christmas were full by the 28th December 2015. The activity levels that have been managed across all of our services including the single point of clinical access (SPCA), the integrated community teams (ICTs), rapid response, and the integrated discharge team (IDT), have been a credit to everyone involved. As just one example, the IDT safely managed the transfer and discharge home of more than 100 patients in a three day period, which is an exceptional level of performance at a critical time.

As the demand surge moves through the acute hospitals and in to the community services any free capacity is quickly taken, which can then impact discharge and patient flow. Our community hospitals are extremely busy, with bed occupancy remaining high, but the teams continue to ensure that people are able to return home or move to alternative locations, in the mostly timely way that reflect the different needs of each patient. The reablement service is operating at 35% above its normal referral rates and the length of time that people are in reablement is starting to rise, because of reduced capacity in follow-on service areas.

This system-wide planning has proved to be more effective than 2014/15. December was relatively normal with no incidents declared in Gloucestershire. As we would expect following two consecutive bank holiday weekends, the pressure started to escalate during Christmas and at the beginning of January 2016.

As part of the winter planning, our Trust opened an additional 12 escalation beds in community hospitals from the 21 December 2015 and these remain open. There are eight in Coln Ward (Cirencester), three in the Dilke Hospital and one in the Lydney Hospital.

From the 4 January 2016 our Trust also put in place the following additional actions:-

- Rapid response practitioners working with the IDT in emergency departments on both Gloucestershire Royal and Cheltenham General Hospital sites (admission avoidance)
- External communications – using social media to highlight appropriate access to healthcare using the ASAP website (www.asapglos.nhs.uk) or downloading the ASAP Glos NHS App
- Daily community hospital conference calls regarding medically stable patients and blocks to patient flow
- An additional ten nursing home beds have been allocated to the Trust to use for bed capacity.

Working with our community partners, we are monitoring these arrangements closely to ensure patients continue to access the care, services and support they need. It is important to acknowledge that winter has only really just started with the first cold snap in mid-January 2016 and pressures are likely to remain across the System well in to the Spring.

Emergency Preparedness, Resilience and Response (EPRR)

Industrial Action – Junior Doctors

The talks between the British Medical Association (BMA), NHS Employers and the Department of Health around the junior doctors' contract dispute have not reached a resolution. As a result junior doctors in England took further industrial action on the 12th January 2016 with other events planned for the following dates:

- 26th to 28th January 2016
Emergency care only between 8am on Tuesday, 26th January and 8am on Thursday, 28th January (48 hours)
- 10th February 2016
Full withdrawal of labour between 8am and 5pm on Wednesday, 10th February

Our Trust has identified three potential junior doctors within the Sexual Health team who may take action. The Sexual Health team has given assurance that no disruption to services will be experienced during this time.

Cold Weather Alerts

All colleagues have been made aware of the cold weather alerts to enable them to plan service resilience. The EPRR Officer reviews all daily alerts and forwards to appropriate service leads plus the on call management team, highlighting key actions required.

Counter Terrorism Awareness

The local security management specialist is undertaking a review of the following policies in line with guidance and raised counter terrorism awareness.

- Suspect Package & Bomb Threat Guidance
- Lockdown Policy

These documents will be reviewed at the EPRR Group.

Head of Capacity

Interviews for the head of capacity were held on Thursday 10th December 2015 and I am very pleased to announce that Mandy Hampton, Matron of Forest Hospitals was subsequently appointed. This post will be central to ongoing developments for managing capacity across all of our services including the ICTs, community hospitals and the further development of the SPCA.

Community Hospitals

The Trust monitors the quality of care provided in community hospitals through a series of metrics. We have a target to provide 95% 'harm free' care, which means preventing falls and the acquisition of urinary tract infections (UTIs), pressure ulcers and specific blood clots called venous thrombo-embolisms (VTEs).

A snapshot of patients is taken on a day each month as an indicator, which in November 2015 showed 87.5% 'harm free' – the first time this has dropped below 90% since May 2015. This represented 23 patients with harm, with eight new cases of 'harm' in November 2015 made up of three acquired pressure ulcers, 1 VTE, 3 UTIs and a fall. Community hospital matrons discuss these results and do not believe there is a single cause, but that the results are showing a cumulative effect of unrelated incidents.

With regard to VTE, the aim is for 95% of relevant inpatients to have had a risk assessment completed. From April to June this year, our results were over 96%. They fell to 90% in July and August 2015 and then 84%, 76% and 64% in September, October and November 2015 respectively. This drop mirrors the roll-out of SystmOne into community hospitals. The VTE assessments are being completed, but are not being captured because they are kept as paper records. Community hospital colleagues are being reminded of the importance to ensure that they record the VTE risk assessment on SystmOne.

At Cirencester the theatre is undergoing some upgrades in readiness for Gloucestershire Hospitals NHS Foundation Trust (GHFT) starting their new service. They are planning a phased opening of the theatre with full activity by April 2016.

Minor Injuries and Illness Units (MliUs)

A shortage of emergency nurse practitioners has been prompting the overnight closure of MliUs at both Stroud and Cirencester. Stroud has closed overnight on nine occasions through November 2015 and December 2015 and Cirencester on ten occasions. Where the units have closed, managers have attempted to adjust shifts to keep them open until 11:00 hrs. We are updating the Trust website with details of closures on an ongoing basis and ensuring that any closures are reported in to the System for other operating agencies such as 111.

We do not believe these closures are having any significant impact on other parts of the health and social care system as data shows the number of patients accessing MliUs between 11:00 hrs and 19:30 hrs is extremely low. However, there is risk associated with our payment for the Quality, Innovation, Productivity and Prevention programme (QiPP) milestone relating to MliU opening times.

From the 5 January 2016 Cirencester was open as usual and Stroud is expected to be back to full operation after the 17 January 2016.

Musculoskeletal (MSK) Services

Adult musculoskeletal services - MSK physiotherapy, MSK podiatry and MSK clinical assessment and treatment (CAT), are involved in a collaborative project with Commissioners and Gloucestershire Hospitals NHS Foundation Trust (GHFT), reviewing musculoskeletal pathways and service models with a view to reducing the number of patients being referred to trauma and orthopaedic services, (Gloucestershire is an outlier on a number of orthopaedic procedures e.g. hip revisions and foot surgery).

Seven specific services areas have been reviewed: orthopaedics, rheumatology, pain, physiotherapy, podiatry, orthotics and interface services. Involvement to date has included mapping out current service provision, review of costs and activity, current pathways, future models of provision, measures of performance and outcomes, clinical guidance and individual funding requests (procedures not normally funded).

This work has involved senior staff and clinicians from MSK Services within the Trust and has absorbed a lot of their time. Their commitment to the project is to be commended. The process has highlighted challenges and threats to current services.

New service specifications are being written and the Gloucestershire Clinical Commissioning Group (GCCG) is proposing to re-negotiate the current local tariffs. There will be a significant change to the pathways in both 'core' physiotherapy and 'core' podiatry services. These services will be the default first referral point, which potentially will bring additional capacity pressures on services currently operating within block contracts.

As part of the proposed changes the Trust would develop a community falls service to work alongside GHFT's falls service. The GCCG is also proposing to appoint a head of rehabilitation services, with an initial specific focus on stroke, whose post (and funding) will transfer to our Trust at a later date. Work has commenced on developing our rehabilitation strategy with the formation of an in-house team of relevant specialists.

Friends and Family Test (FFT)

During 2015 we received over 27,000 responses to the FFT throughout our services. Generally the feedback has been very positive with over 96% of respondents saying that they are extremely likely or likely to recommend the service they accessed.

During the year we received responses from patients seen in more than 50 different service areas, at an average of more than 2,000 responses each month. Response rates vary considerably between services. In 2015, the average response rate in community hospital inpatients was 45%, in MliUs it was 27%, specialist services 23%, children's services 5% and ICTs 2%.

More than half of respondents provide written comments about the service, of which the majority is praise about the staff and service. All comments are sent to service leads on a weekly basis so that these can be shared with staff and any issues and problems looked into in a prompt and efficient manner.

Respondents are also given the opportunity for the service experience team to contact them if they have any concerns or issues they would like to discuss. This has allowed us to help people who have had concerns and might otherwise have found it difficult to know how to raise these.

We use a variety of methods to reach different patients groups, including paper surveys, online forms, text messaging, emails and surveys via SystmOne. We have different questionnaires in each service allowing for service areas to ask specific questions outside the FFT question and the other four core questions that are used throughout the Trust. We have developed specific questionnaires for young children and older children and are just about to launch an easy read version of the FFT.

Stop Smoking Service

The Trust's stop smoking service won national awards from the smoking cessation magazine, The Advisor, in December. We won both the Team of the Year award and received a joint award for Debbie Crebbin and Cindy Ferneyhough, in the Quit Stop Shop, as Advisors of the Year. Our congratulations and thanks go to the team.

2. FINANCIAL IMPLICATIONS

QiPP and Commissioning for Quality and Innovation (CQUIN)

Total value of QiPP for quarter two (Q2) was £830,625. The Trust is facing penalties for missed milestones of £65,625 with queries over a further £30,000, meaning the worst case position is that we will receive 88.5% of the total available.

In Q2 the missed milestones were for:

- IDT admission avoidance
- Reablement waiting times
- MSK waiting times
- Community nurses (training needs analysis)

The same milestones are at risk in Q3, as well as a milestone for the MliU opening times. For Q3, the financial risk is currently estimated at £135,625 out of a total of £480,625, meaning 28% of the QiPP funding is at risk.

The Trust has been invited by the GCCG to identify alternatives to the risk share QiPP, which is worth £900,000 to the Trust.

Value of CQUIN for both Q2 and Q3 is £435,900. At risk is £87,000 for non-achievement of the frailty CQUIN, regarding which our commissioners requested additional evidence. We are scheduling meetings with them to discuss how best to demonstrate compliance with milestones.

Cost Improvement Programme (CIP)

The Trust will deliver its CIP savings for 2015-16.

A consultation on non-frontline support service and administration posts began on Monday 11th January, with documents outlining proposed changes. This consultation will be open until the end of January. The proposals would result in a realignment of functions with a reduced number of directors, senior managers and non-frontline administrative colleagues. A third round of the mutually agreed resignation scheme is also running at the same time.

Subject to the outcome of the consultation, quality and equality impact assessments would be undertaken before posts were deleted.

3. RISK IMPLICATIONS

As noted above.

Prepared by: **Duncan Jordan**
Matt Blackman

Presented by: **Duncan Jordan**

Appendices: None

Trust Board

Date: 26th January 2016

Agenda Item:	12
Agenda Ref:	12/0116
Author:	Susan Field, Director of Nursing
Presented By:	Sue Mead, Non-Executive Director
Sponsor:	Sue Mead, Non-Executive Director

Subject:	Quality and Performance Committee Report
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This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

The Trust Board are asked to received assurance that the following items were **APPROVED** by the Quality and Performance Committee:

- The 22nd October 2015 Committee meeting minutes (attached)
- The Terms of Reference for the Trusts Clinical Reference Group (previously known as the Clinical Senate)
- A revised Committee Forward Planner
- That the Trusts "Sign Up to Safety" plans were supported and that the Trust Board would be presented with the final details for formal ratification at the Trust Board meeting in March.

The Trust Board are asked to receive assurance that the following items were **NOTED** by the Quality and Performance Committee:

- Took assurance that Trust wide activities were currently underway to improve the timeliness of performance data, enhance further the governance and reporting of information.
- Took assurance that the Trusts resilience and preparedness plans for winter in our Trust were in place, however also concerns about IDT performance and dangers of high occupancy. Committee asked to keep up to date between meetings.
- The Trusts annual Medical revalidation report
- The Trusts annual Mortality Review report
- Progress made by the Trust against its CQC Quality Improvement Plan
- Took assurance that the Trusts activities with the Freedom to Speak Up post had progressed but acknowledged that further clarity was required with regards to providing further assurance about the level of independence associated with the role

Recommendations:*The Board is asked to:*

The Board is asked to receive the report and the approved minutes of the Quality and Performance Committee held on 22nd October 2015.

Considerations:*Quality implications:*

This report draws on discussions and decisions at the Quality and Performance Committee and therefore has significant quality and patient safety assurance/implications throughout.

Human Resources implications:

N/A

Equalities implications:

N/A

Financial implications:

N/A

Does this paper link to any risks in the corporate risk register:

No

Does this paper link to any complaints, concerns or legal claims

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?**P or C**

Achieve the best possible outcomes for our service users through high quality care

P

Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

P

Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

P

Manage public resources wisely to ensure local services remain sustainable and accessible

Which Trust value(s) does this paper Progress (P) or Challenge (C)?**P or C**

Caring

P

Open

P

Responsible

P

Effective

P

Reviewed by (Sponsor):

Date:

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

Explanation of acronyms used:

CQC – Care Quality Commission

Contributors to this paper include:

Quality and Performance Committee December 2015 Report

Introduction

This report provides an executive summary of the key issues and subsequent actions arising from the Quality and Performance Committee meeting held on 17th December 2015. The minutes of the 22nd October meeting were approved and can be seen in Appendix 1. It is the following issues that the Committee Chair and Director of Nursing would like to draw to the Trust Board's attention:

Resilience Planning & Responsiveness.

The Committee was assured about the Trusts preparedness for winter and will continue to discuss the risks associated with limited capacity, consistently high bed occupancy rates within the Community Hospitals and commissioner performance concerns within those services that are integral to the Trusts response to increased demand and wider winter pressures – these are primarily the Integrated Discharge Team (IDT), Rapid Response and MIUs. Operational leads are actively recruiting to any vacant posts and continue to work with the GCCG colleagues to review some of the performance metrics associated with these services. This is in addition to other forums such as the System Resilience Groups (SRG) whereby system wide capacity management is overseen.

The Committee requested that updates be provided on a regular basis to Trust Board members between Committee meetings.

Freedom to Speak Up

The Trust proposals for implementing this particular Francis Report Recommendation were discussed in detail by Committee members. Assurance was provided that work had progressed but requested that further clarity was required about the levels of independence this role would have in addition to the levels of authority to act in order to gain confidence and trust of Trust colleagues.

In the meanwhile, the Trust will continue to progress with the recruitment and selection process for what will be known as the Ambassador for Cultural Change role.

Performance Data Reporting

As previously reported at the Quality & Performance Committee and Trust Board there is a continued requirement to improve the timeliness and reporting arrangements of Trust management, quality and performance data. After an interactive demonstration at its December meeting the Committee took assurance as to what was available to support management, governance and reporting and discussed ways it could enhance the work of the Committee. Work will actively progress over the coming months.

Mortality Report

The Committee discussed and noted this report and sought assurance that there was not a significant trend of increased deaths at weekends and also noted the alignment to this work with the Trust End of Life Activities. The Committee requested that the next mortality report be received by the Committee December 2016, unless there is any significant change with Trust Mortality rates that arise from the Trusts Quality and Performance reports.

Medication Errors.

The Committee sought further assurance by benchmarking information and supported the actions proposed by management in order to address this risk for the Trust. The further progress report would be received by the Committee April 2016.

Medical Revalidation

The Committee was assured and noted that there were currently no risks associated with those medical colleagues working for the Trust meeting their regulatory body requirements. The Committee would receive the next Medical Revalidation report December 2016.

“Sign up to Safety”

The Committee noted progress made by Trust colleagues and supported the recommendation that the Trust Board should receive and formally ratify the Trusts Sign Up to Safety plan March/April 2016

Clinical Reference Group

The draft terms of reference for the Clinical reference Group were reviewed and ratified by the Committee. This group will replace what was previously known as the Clinical Senate and will have the purpose of:

- providing assurance to the Executive Leadership Team and Trust Board, via the Quality and Performance Committee;
- supporting the Director of Nursing and Medical Director with sign-off for Quality and Equality Impact Assessments that are completed by Trust colleagues and will include Cost Improvement Programme (CIP);
- overseeing and supporting the development of integrated clinical care pathways;
- agreeing GCS' clinical priorities and oversight of the Clinical Priorities Forum;
- ensuring effective engagement and communication across the clinical and professional workforce via the professional forums, but also at an organisational level;

- actively supporting clinical and professional educational development and leadership via involvement in developing the Trust's education framework and internal leadership events;
- fulfilling the Mortality Review Group function for GCS, which will be a standard Agenda item, led by the Medical Director;
- sharing learning across GCS, especially in relation to SIRIs and Never Events;
- oversight of CQC inspections and subsequent recommended action plans; and
- contributing to the development of and overseeing QIPP and CQUIN initiatives from a quality perspective.
- overseeing compliance with NICE guidance

Care Quality Commission (CQC) Quality Improvement Plan

The Quality and Performance Committee noted progress made by the Trust with its Quality Improvement Plan (QIP). Since the Committee meeting the first triumvirate review of the QIP has taken place between GCS, the GCCG and Trust Development Authority (TDA), where the main risks (MIUs in particular) within the plan were discussed and actioned accordingly.

Report prepared by: Susan Field, Director of Nursing

Report Presented by: Sue Mead, Chair, Quality and Performance Committee and Non-Executive Director

Appendix 1: Approved minutes of Quality and Performance Committee meeting: 17th December 2015

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

22 October 2015, 1:30pm-4:30pm
Boardroom

Committee members present:

Sue Mead	Chair (Non-Executive Director)
Susan Field	Director of Nursing
Duncan Jordan	Chief Operating Officer
Tina Ricketts	Director of Human Resources
Nicola Strother Smith	Non-Executive Director
Ian Dreelan	Non-Executive Director
Jan Marriot	Non- Executive Director
Candace Plouffe	Director of Service Delivery
Mike Roberts	Medical Director

In attendance:

Michael Richardson	Deputy Director of Nursing
Jason Brown	Head of Corporate Governance
Helen Chrystal	Deputy Director of Nursing, Gloucestershire Clinical Commissioning Group
Laura Bucknell	Head of Medicines Management (for items 12 & 13)
Sam Lonnen	Infection Prevention and Control Team Lead (for item 18)
Julie Goodenough	Head of Community Hospitals (for item 14)
Pauline Edwards	Designated Nurse for Children in Care (for item 17)
Christine Thomas	Minute Taker

Item	Minute	Action
1.	Welcome and Apologies The Chair welcomed the Committee and introductions were completed. Apologies were Received from: Glyn Howells, Director of Finance Matthew O'Reilly, Head of Performance and Information	
2.	Confirmation that the meeting is quorate The meeting was confirmed as quorate by the Head of Corporate Governance/Trust Secretary.	
3.	Declarations of Interests In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.	

Item	Minute	Action
4.	<p>Minutes of the meeting held on 7 September 2015</p> <p>The minutes of the meeting held on 7 September 2015 were Received and Approved as an accurate record.</p>	
5.	<p>Matters arising (action log)</p> <p>The following matters were discussed and noted:</p> <p>15/QP015 - Harm discussions to take place with GCCG and GHFT regarding safety thermometer. The Director of Nursing had met with the GCCG and GHFT and this was currently work in progress. GCCG to lead and SF would keep the Committee updated.</p> <p>15/QP018 – No. of service users transferred (Strategic Obj 4). Further analysis of the report requested - Closed</p> <p>15/QP020 - Risk Registers to be given same level of scrutiny across all Directorates. Head of Corporate Planning to schedule meetings with all Directors. Head of Corporate Governance/Trust Secretary advised that risk champions were in place, that they had been attending various meetings to discuss the completion of risk registers. Head of Corporate Planning to further update the Committee in December.</p> <p>15/QP021 - Metrics and KPIs to be included in next report – it was agreed to move the completion date to December 2015</p> <p>15/QP030 - Manchester Safety Framework – Self Assessment Exercise. SF to find out if this had progressed across the Trust – Update 22/10/2015 this had not progressed Director of Nursing and Medical Director to discuss</p> <p>15/QP033 - The Director of Nursing to look into “raw data” scorecards being made available for the Committee to review in response to timeliness of data currently presented – A test run of data would be presented at the December Committee meeting.</p>	<p>GH</p> <p>DoN/MD</p>
6.	<p>Forward agenda planner</p> <p>The Forward Planner was Discussed and Approved and the following changes were requested:</p> <ul style="list-style-type: none"> An update from the CQC Programme Board to be brought to the December meeting. 	DoN
7.	<p>Corporate Risk Register – Quality and Performance Risks</p> <p>The Head of Corporate Governance/Trust Secretary introduced the report and highlighted the following points;</p> <p>A new risk had been added on:</p>	

Item	Minute	Action
	<p>Change in HV Commissioning (Score 12) With change in HV commissioning from NHSE to Local Authorities, change in which cohort of children CYPS are required to provide service to from registered GP population to residency. There is a risk that the some children will be missed from service provision, or that the change will result in additional work to the current HV and CHIS service.</p> <p>The following risk rating had been increased:</p> <p>Migration of out-of-hours work to MIUs and MIU capacity (score 16) The risk to this had been increased from 12 to 16 due to significant level of change management occurring in MIUs.</p> <p>The following risks had been decreased</p> <p>Service User status alerts (Score 15 was 20) SystmOne service user status alerts are not displayed on the disconnected working module used by mobile workers</p> <p>Ability to deliver CIPs against pay costs (Score 12 was 16) The Trust is finding it difficult to deliver the £1.5m of administrative pay cost savings targeted in the current year. Need to identify tasks no longer required since implementation of SystmOne (and other IT solutions) and agree which posts are no longer required.</p> <p>Ability to reduce pay costs of clinical roles is impacted by input based commissioning and poor historic record keeping which means that no contract base line has been established and agreed.</p> <p>It was discussed whether the CQC QIP should be on the risk register. It was agreed that the Director of Nursing would raise this at the next CQC Programme meeting. It was also agreed that the Chief Operating Officer would raise at the next Trust Board meeting as to whether capacity and demand risks should be on the corporate risk register.</p> <p>The Chair raised a concern that the high Community Hospital bed occupancy levels were not on the risk register. The Director of Nursing had discussed this with the Head of Performance and Information as this was currently flagged as green but the continual 95% plus occupancy rates meant this should be red. The Director of Nursing to progress this.</p> <p>The Committee Discussed and Approved the Corporate Risk Register subject to these amendments and noted the new risks.</p>	<p>DoN COO</p> <p>DoN</p>
8.	<p>Unscheduled Care Directorate Report</p> <p>The Director of Nursing introduced the report and highlighted the following:</p>	

Item	Minute	Action
	<p>Resilience (Winter)</p> <p>Trust colleagues continued to progress work around this in preparation for Winter.</p> <p>The SPCA service was currently working with the Community Hospital Matrons to help them better understand patient flows, improve the number of patients being placed in a Community Hospital nearer to their home or residence. Multi-Disciplinary Team (MDT) stable patients waiting for discharge were slowly decreasing and were currently in their low 20's.</p> <p>The Trust was in the midst of planning for additional Community Hospital beds in readiness for winter. It was likely that this would be 12 although funding for these beds was still under discussion. The Chair raised concerns that the Hospitals would be facing additional risks with the extra beds in place. The Chief Operating Officer advised that Cirencester Community Hospital were preparing for 8 of these extra beds, but there were some concerns about any additional beds at Forest of Dean hospitals, which will be progressed, due to infection risks and learning from Winter 2014/15.</p> <p>There were some concerns raised that Gloucestershire Hospital Foundation Trust (GHFT) were currently not meeting their 4 hour/95% target and had not done so consistently for the previous 2 months.</p> <p>Patient Transfers</p> <p>Jan Marriot wanted to compliment the Trust's efforts to start to place service users in Hospitals close to their home and families. The Director of Nursing advised that this was very much being supported by the Single Point of Clinical Access (SPCA) team.</p> <p>The Committee Discussed and Approved the Unscheduled Care Directorate Report.</p>	
9.	<p>Scheduled Care Directorate Report</p> <p>The Director of Service Delivery introduced the report and outlined the following key points:</p> <p>Service Specification Work</p> <p>The GCCG and GCS were near to completing the Service Specification for Integrated Community Teams (ICTs). This would receive formal sign off from the Director of Nursing and Director of Finance. Alongside this GCC have produced a draft Service Level Agreement for the Trust to work towards (Social Care elements such as reablement, telecare and referral centres). The frameworks are currently very lengthy so the Locality Manager was working on having a concise and clear document that would be included with the next report. For the next meeting the Director of Service Delivery</p>	DoSD

Item	Minute	Action
	<p>also agreed to include the agreed ICT Governance Structure.</p> <p>District Nursing Action Plan</p> <p>A joint GCCG and GCS statement was currently being drafted for primary care. The new working hours for Community Nurses had been introduced and so far this had been successful. It was also noted by the Committee that the Trust has included a family friendly shift for the first three months on a trial basis as part of the transition arrangements.</p> <p>It was agreed that the Director of Service Delivery would arrange for a communication to be put together that could be taken to meetings to help advise GPs of the shortage of District Nurses. The Director of Service Delivery to bring this to the next meeting.</p> <p>Reablement</p> <p>There was concern that the Trust would not meet its commissioned targets for this service including increased contact time. The Locality Manager was completing a “deep dive” exercise.</p> <p>Overall countywide Physiotherapy performance is 91% and Occupational therapy is 85% against a target of 95%.</p> <p>The Committee Discussed and Approved the Scheduled Care Directorate Quality and Performance Report</p>	DoSD
10.	<p>Quality Directorate Update</p> <p>The Deputy Director of Nursing introduced the report and outlined the following key points:</p> <p>There remained concerns with regards to the resilience of delivering the Safeguarding Training. The team had recently provided the first dementia awareness training to admin colleagues and there would be half day training available soon.</p> <p>Harm Free care rose from 95% in August to 96% in September - better than the national average.</p> <p>Three new incidents had been reported under Duty of Candour since the last Quality and Performance Committee meeting.</p> <p>The Buurtzorg Model of Care was discussed by the Committee. The Deputy Director of Nursing asked if the Trust could consider further becoming a pilot site for this model. The initial process would be to explore what the pilot involved, though concerns were raised over funding. It was agreed that further discussions would take place outside of the Committee and that the Deputy Director of Nursing would explore further opportunities to becoming a pilot site, what this would entail and then further discussions would take place with the Director of Service Delivery, Director of Nursing and ICT Locality</p>	DDoN

Item	Minute	Action
	<p>Manager.</p> <p>The Committee Discussed and Approved the Quality Directorate Report</p>	
14.	<p>Safe Staffing</p> <p>The Deputy Director of Nursing and the Head of Community Hospitals presented the Safe Staffing paper for the Committee to discuss and approve. Currently wards are staffed on a 1:8 basis, which means ensuring that 3 registered nurses are working for both early and late shifts. However, this is based on NICE guidance that is for Acute Hospitals and do not apply to Community Hospitals. Due to nurse shortages the current guidelines often mean that the third Registered Nurse was needed to be called on from either Bank or Agency, which was having a significant financial impact for the Trust.</p> <p>The proposal discussed by the Committee is to have 2 registered nurses on for both early and late shifts, with an option to have a third if it was deemed necessary according to patient acuity and clinical judgment. There would also be a designated shift leader to undertake a daily assessment of the latter issue. This decision for additional nurses could be taken by either the Matron or Senior Sister and would not need Director approval which is the case now. The Deputy Director of Nursing explained that they would look to also introduce a shift co-ordinator role who would ensure that safe staffing levels were reached for all shifts. It was also highlighted that the staffing on the ward was more than just Registered Nurses (RNs) and that it was important to look at the team as a whole.</p> <p>There were some concerns expressed as to whether this change was clinically or financially led. The Deputy Director of Nursing confirmed that it was anticipated there would be some financial benefits and they would expect to save approx. 1.5 RN shifts per day per ward. But it was also reported that there were no anticipated safety risks to this proposal as the final decision as to safe levels could be made at a senior clinical level. One of the biggest risks could be communication, it was important that communication, both internally and externally, was handled sensitively so as to not cause concern or alarm.</p> <p>Committee members were happy to support the proposal in principle but requested that an Equality Quality Impact Assessment (EQIA) be discussed at the next Clinical Senate meeting. The Director of Nursing requested assurances about what future safe staff reporting would look like once this change was implemented.</p> <p>Overall, the Committee supported in principle based on the following:</p> <ul style="list-style-type: none"> • See more detail on spend and financial impact • Assurance that the Clinically Focused Situation report would be fully utilised re: flexibility of staff according to the patient acuity • Agree the approval for agency process • EQIA to be reviewed in detail at a future Clinical Senate 	<p>DoN</p>

Item	Minute	Action
	<p>meeting</p> <ul style="list-style-type: none"> • That further work take place on how this would be communicated • Further clarity about future reporting to the Trust Board. <p>This to be included in the Quality and Performance report to Board on 24th November.</p> <p>The Committee Discussed and Approved in principle the Safe Staffing Report.</p>	
18.	<p>Annual Infection Control Report</p> <p>The annual infection control report was presented by the Infection Prevention and Control Team Lead, this report covered the period of 1st April 2014 to 31st March 2015.</p> <p>In previous years they had not met the tolerance levels for C. difficile, but this had been achieved for this reporting period. Outbreaks that had occurred were exacerbated by the additional beds opened in some Community Hospitals.</p> <p>The Patient Lead Assessment of the Care Environment (PLACE) scores this year had been very good and that Hotel Services should be recognised for their good work.</p> <p>It was requested that the infection control annual report for 2015-16 be presented to the Quality and Performance Committee in May-June 2016. This was supported by the Committee.</p> <p>The Committee Received and Approved the 2014-15 annual infection control report.</p>	
11.	<p>Quality and Performance Report</p> <p>The Director of Nursing presented the Quality and Performance Report and highlighted the following:</p> <p>The Trust was still showing a higher rate of falls compared to other benchmark Trusts. The falls action plan was in place and was being implemented.</p> <p>Within the mortality review it had been noted that there were more deaths on a Saturday compared to any other day. The Medical Director suggested a “deep dive” approach to be adopted and it was agreed by Committee members that the Medical Director would bring an update back to the Committee within the next Mortality Report.</p> <p>The Director of Nursing reassured the Committee that the Trust was committed to not breaching its single sex policy for inpatient wards, though the Trust had been challenged on this by other Trusts and it was envisaged that it would again be the case during the winter months.</p>	MD

Item	Minute	Action
	<p>The Chair asked if new ways of getting responses for family and friends tests (FFT) were being looked at. The Director of Service Delivery assured the Committee they would be looking at this at the next Scheduled Care meeting and would bring back an update in the Scheduled Care report to the next Quality and Performance Committee.</p> <p>The Committee Approved the Quality and Performance Report.</p>	DoSD
12.	<p>Controlled Drugs Accountable Officer Report</p> <p>The Chair asked the Committee to note the report and asked if there were any questions for the Head of Medicines Management.</p> <p>There being no questions the Committee Noted the report.</p>	
13.	<p>Medicines Management Report</p> <p>The Head of Medicines Management presented the report to the Committee.</p> <p>Nicola Strother Smith highlighted that there appeared to be some outstanding issues with the new Lloyds pharmacy contract. The Head of Medicines Management confirmed that this was the case and that this included the Trust being charged at the wrong contract price - this had now been rectified and the overpayment will be credited back to the Trust.</p> <p>It was agreed that an update would come to the Quality and Performance meeting in February 2016 with the medicines optimisation report.</p> <p>The Committee Discussed and Noted the medicines management report and that further assurance was required</p>	HoMM
15.	<p>Complaints and Duty of Candour</p> <p>The Deputy Director of Nursing requested that the Committee defer this paper until additional work that had arisen from the last Complaints Oversight Group (COG) meeting had been implemented first.</p> <p>The Committee agreed to Defer this paper and would be brought back to the next Quality and Performance meeting in December 2015.</p>	
17.	<p>Annual Report Children in Care</p> <p>The Designated Nurse for Children in Care presented this report to the Committee.</p> <p>The Chair noted that the amount of resource devoted to Children in Care within the organisation was an increasing issue. The Designated Nurse for Children in Care advised that there were</p>	

Item	Minute	Action
	<p>capacity issues within the schools workforce. There was currently only 1 specialist post, where there should be 6 for the amount of school aged children across Gloucestershire.</p> <p>It was noted that this was a multi-agency report it was felt that this report was unclear as to what actions and activities were the responsibility of the Trust. There was concern that the report did not provide assurance that Children in need needs were being met, partly due to it being a cross organisational report.</p> <p>It was agreed that the Committee Chair and Director of Nursing would formally write a letter to the Children's lead commissioner.</p> <p>The Committee Discussed and Noted the report and the concerns and specific actions required.</p>	Chair/DoN
16.	<p>Quality Equality Impact Assessment (QEIA) Outcomes Report</p> <p>The Director of Nursing presented the QEIA report. The QEIAs were now becoming more embedded into activities across the Trust and part of this approach was that QEIAs were discussed at the Clinical Senate meetings and the reviews from these were becoming more robust.</p> <p>The Committee Noted the report.</p>	
19.	<p>Nutrition and Hydration Plans</p> <p>The Deputy Director of Nursing presented the Nutrition and Hydration report. This was a progress report and it was recommended that the Committee note progress to date and that a more comprehensive report would come to the Committee early 2016. The following observations were noted:</p> <ul style="list-style-type: none"> • The report focused more on food rather than hydration • An in-depth review of any finance implications was required • Control of meal times appeared to be made by catering staff, not nursing, and this needed to change. • Concern over the use of food and hydration charts • The role of the speech and language therapists needed to be included in this plan <p>It was agreed that an update would come to the Quality and Performance Committee in February 2016.</p> <p>The Committee Noted the current plan and the additional work required.</p>	DDoN
20.	<p>CQC Quality Improvement Plan - update</p> <p>The report provided assurance that the Quality Improvement Group were currently working on this.</p> <p>There were a total of 101 actions to be worked on. The plan had been reviewed by the Executive team and had been shared with the</p>	

Item	Minute	Action
	<p>TDA and GCCG for feedback. The biggest risks were still deemed to be end of life and MIIU activities. The Trust envisaged submitting this plan to CQC on 6th November.</p> <p>The Director of Nursing stressed the importance to continue the momentum built up prior to the CQC visit with regards to quality site visits and for this to include all services. It was envisaged that the Non-Executive Directors would increase their visits particularly within the MIIUs.</p> <p>It was agreed that the Director of Nursing would provide a further update to the Committee in December. The Committee were asked to approve the Terms of Reference.</p> <p>The Committee Approved the Terms of Reference and Noted the progress made.</p>	DoN
21.	<p>Nurse Revalidation</p> <p>The Director of Nursing updated the Committee on the progress of Nurse Revalidation in readiness for the April 2016 implementation date. Nurses would have to achieve 450 practice hours as a registered nurse or midwife and 900 hours for dual registration.</p> <p>GCS were working with nurses to help prepare themselves for this implementation as if they missed the date to register they could not practice clinically - meaning a potential risk to the Trust.</p> <p>There was still a potential risk that nurses nearing retirement may choose to not register and instead leave the Trust (and NHS), though the impact of this would not be known until closer to the time.</p> <p>The Committee Noted the report and the risks highlighted.</p>	
22.	<p>Subgroup Reports</p> <p>There were concerns raised about the level of apologies received at some of the Sub-Committees, though it was felt that the sub-committees were still providing assurances via the current governance arrangements.</p> <p>It was requested that an update from the Clinical Senate to go on the forward agenda.</p> <p>The last Understanding You had been a successful event, but it was felt that there was a need for the communications for these events to be improved. The Head of Corporate Governance to pick this up with the Head of Corporate Planning and The Trust Chair.</p> <p>The Committee Received the minutes from Sub-Committees.</p>	<p>DoN</p> <p>HoCG</p>
22.	<p>Any Other Business</p> <p>No other business was raised and the Chair thanked everyone for</p>	

Item	Minute	Action
	attending.	
23.	Date of the next meeting The next meeting of the Committee to be held on 17 December 2015 in the Boardroom at 1:30pm.	

Signed Date

Trust Board

Date: 26th January 2016

Agenda Item:	13
Agenda Ref:	13/0116
Author:	Tina Ricketts, Director of HR
Presented By:	Duncan Jordan and Nicola Strother Smith
Sponsors:	Duncan Jordan and Nicola Strother Smith

Subject:	Workforce & OD Committee Update Report
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This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☒ Information

Executive Summary:

As a standing agenda item, this report provides the Board with a summary of the key workforce risks and areas of underperformance. The report summarises the information considered by the Workforce & OD Committee in December 2015 to seek assurance regarding these matters and notifies the Board of items that were approved at the meeting.

Section four of the report details the proposed Workforce & Organisational Development Strategic priorities for 2016, which the Committee reviewed and supports, but these are presented to the Board for approval.

Recommendations:

The Board is asked to approve the workforce and organisational development strategic priorities for 2016 which are summarised in appendix 2.

The Board is asked to note the actions being taken to implement the Workforce & OD Strategies and to mitigate the key workforce and organisational development risks.

Considerations:

Quality implications:

The Organisational Development & Workforce Strategies have been put in place to support the delivery of high quality care. The role of the Workforce & OD Committee is to oversee the effectiveness of the strategies and to ensure that actions are prioritised to mitigate risks to the quality of services provided.

Human Resources implications:

Human Resource accounts for 75-80% of the Trust's expenditure and therefore it is essential that we manage this resource wisely in line with our strategic objectives.

Equalities implications:

None identified

Financial implications:

None identified

Does this paper link to any risks in the corporate risk register:

Yes – this paper links to all workforce risks

Does this paper link to any complaints, concerns or legal claims

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsors): Duncan Jordan & Nicola Strother Smith

Date:

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

Workforce & OD Committee
Workforce & OD Steering Group
Workforce Education & Development Group

Explanation of acronyms used:

Contributors to this paper include:

Workforce & Organisational Development - Board Report January 2016

1.0 Introduction

This report provides a summary of key agenda items considered by the Workforce & OD Committee at its meeting on 14th December 2015. Attached in appendix one are the approved minutes of the meeting held on 19th October 2015.

The Committee is responsible for overseeing the implementation of the Trust's Organisational Development & Workforce Strategies and for seeking assurance that the Trust is aware of all key OD & workforce risks and that appropriate actions are being taken to mitigate these.

As a reminder to the Board to the key workforce risks by theme are:

Table 1: Workforce Risks by Theme

Organisational Development	Workforce
<p><i>Culture to support freedom to speak up/ speak up safely</i> – the CQC report states that the threshold for reporting incidents within the Trust was too high and that improvements need to be made in how learning from incidents are shared across the organisation</p> <p><i>Leadership capability and capacity</i> – insufficient leadership capability and capacity within the organisation may be impacting on the pace of service transformation and development</p> <p><i>Staff satisfaction</i> – the listening into action pulse check, staff friends and family test and NHS staff survey results all indicate that staff engagement and satisfaction requires improvement</p>	<p><i>Workforce capacity to meet demand</i> – the increase in demand on services coupled with vacancy rates within qualified nursing and Allied Health Professions may impact on the quality and level of service provided. This may also be having an impact on staff morale and sickness absence as colleagues frequently report that they do not have enough resources to meet demand</p> <p><i>Workforce development</i> – the lack of an overall workforce development plan linked to the Trust's Integrated Business Plan may impact on the pace of future service transformation and development</p> <p><i>Sickness absence</i> – there has been an increase in sickness absence rates in 2014/15 which is having an impact on workforce capacity</p> <p><i>Retention</i> – there has been an increase in the overall turnover rate in 2014/15 which is impacting on workforce capacity</p>

To monitor the effectiveness of the strategies, a number of key performance indicators are monitored by the Committee and the areas requiring improvement as at 31st December 2015 are as follows:

Key Performance indicator	Performance as at 31st December 2015	Target
Appraisal completion rate	79%	90%
Staff FFT (recommending Trust as a place to work)	51%	60%
Mandatory Training (excludes resuscitation and safeguarding)	82%	90%
Sickness absence	4.85%	4.4%
Turnover	15.6%	11%

2.0 Items the Committee NOTED that the Board should be aware of

2.1 Workforce Education and Development Report – the Head of Professional Practice and Education updated the Committee on the progress that is being made in response to the Care Quality Commission’s Quality Improvement Plan with regard to clinical supervision, mandatory and essential training. Assurance was received that good progress is being made in all areas which is being overseen by the Workforce Education & Development Group. It was highlighted that more work is required on establishing the delivery methods and accessibility of the training and ensuring that these can be recorded and reported centrally. A training plan outlining the revised statutory, mandatory and “essential to role” training is scheduled to be presented to the Committee in February 2016 with the revised timetable going live on 1st April 2016.

2.2 Listening into Action Report – The Listening into Action lead updated the Committee on the key actions that had been undertaken during 2015. Details were provided on the 10 big ticket items and the 5 enabling our people schemes that had been identified at the Trust’s acceleration event in November 2015. The 15 schemes were launched on 4th December 2015 and will be taken forward over the next 20 weeks by a range of colleagues from across the organisation. The Committee was provided with the pulse check results for November 2015 and an analysis of how these compared to last year and other similar Trusts. Whilst the results were slightly down on last year, the Trust was performing in line with other organisations.

2.3 Staff Engagement update – The Head of Corporate Planning provided the Committee with comprehensive feedback on the staff engagement pilot workshops that had taken place at Tewkesbury Integrated Community Team and Stroud Community Hospital. These sessions had sought to explore in detail, the reasons for colleagues’ lack of engagement and involvement with the Trust, and also, what

practical actions could be taken by the Trust to address some of the concerns raised via the Listening into Action Pulse Check, the staff survey, the Understanding You engagement events etc. Attendees made suggestions for improvements in communications, access to training and development, and their involvement in the business of the Trust. An additional recurring theme within the workshops was the conflict between the demand on services and the resources available to meet this demand. The Committee was informed that the identified areas for improvement would be clarified further by the engagement team in the coming months, working alongside relevant Trust leads: these areas for improvement would also be prioritised under the updated Workforce & OD Strategy.

2.4 SystmOne Review Report – the Director of Service Delivery presented a report which summarised the benefits realisation of SystmOne from a workforce and organisational development perspective. Review sessions had taken place with each service area 18 months after SystmOne had been implemented. Many clinical benefits had been realised but it was recognised that further analysis is required to identify whether productivity had been improved as a result of the new system. Other benefits of the system included the ability of administrative staff to work as virtual teams and a reduction in paper records and associated stationery and archive costs. The unintended consequences of the system were identified as an increase in administrative processes in some areas (such as scanning), an increase in lone working, the ergonomics of colleagues spending more time on computers and an increase in colleagues' views that the use of laptops during home visits could be perceived as a barrier to patient experience. In summary it was recognised that further work needed to be undertaken in terms of the cultural changes that SystmOne had invoked and this will be taken forward through the Workforce & OD Steering Group.

2.5 Recruitment and Retention report - the Head of HR provided a detailed report on the vacancy levels across the Trust and highlighted that the hard to recruit roles were Band 5 Staff Nurses, Band 6 Community Nurses, Band 7 Specialist Nurses, Band 5 Physiotherapists and Specialist Speech & Language Therapists. The Committee was assured that targeted recruitment campaigns were continuing and that a number of actions are being taken to improve the retention of colleagues within these staff groups. This included the review of shift patterns within Community Nursing Services and further investment in learning and development. A detailed analysis of exit interviews was provided with specific examples being given of two recent Community Nurse resignations. A number of actions had been identified as a result of this analysis which will be taken forward through the Workforce & OD Steering Group.

2.6 Workforce risk register- the Committee was presented with the latest workforce risk register and it was highlighted that the top risks remained as highlighted in section one above. The Committee requested that the overall rating of the staff morale risk be increased to 12 to recognise the consistent feedback from colleagues that there is insufficient capacity to meet the demand on services.

3.0 Items the Committee APPROVED that the Board should be aware of

3.1 The CQC Quality Improvement Plan - this plan contains a high number of actions around workforce education and development with a challenging completion date of 31st March 2016. To ensure progress is kept on track, a Workforce Education & Development Group has been established which is chaired by the Director of HR. The Committee reviewed and approved the terms of reference for this group, which will report directly to the Committee.

3.2 HR Policy Development- the Committee ratified the following policies that had been developed through the Joint Negotiating & Consultative Forum:

- Secondment
- Professional Registration
- Social Media
- General Appearance Standards

4.0 Items the Committee REVIEWED and supports, but are presented for the Board to APPROVE

A detailed discussion took place at the Committee regarding the workforce and organisational development strategic priorities for 2016. It was noted that the Board had previously approved the combining of the two separate policies into one document. Following these discussions a “strategy on a page” has been developed, which can be seen in appendix 2. The Board is asked to approve the strategic priorities as detailed within this document. It should be noted that a separate strategy dashboard will be developed which will contain key metrics to measure progress against the priorities.

Appendix 1

Minutes of the Workforce and Organisational Development Committee

Boardroom, Edward Jenner Court

19th October 2015 – 10am – 12.00 pm

Committee

Members present:

Nicola Strother Smith	Non-Executive Director	CHAIR (NSS)
Tina Ricketts	Director of Human Resources	TR
Michael Richardson	Deputy Director of Nursing	MR
Rod Brown	Head of Corporate Planning	RB
Lindsay Ashworth	Head of Human Resources	LA
Joanna Scott	Non-Executive Director	JS
Susan Field	Director of Nursing	SF
Stuart Bird	Deputy Director of Finance	SB
Candace Plouffe	Director of Service Delivery	CP
Duncan Jordan	Chief Operating Officer	DJ
Richard Cryer	Non-Executive Director	RC
Linda Gabaldoni	Head of Organisational Development (OD)	LG
Maria Wallen	Head of Professional Practice and Education	
Jenny Goode	Executive Assistant (minute taker on behalf of Harriet Howell)	JG/HH

Item	Minute	Action
15/HR070	<p>1. <u>Welcome and apologies</u></p> <p>The Chair thanked everyone for attending the meeting and welcomed the new members present.</p> <p>Apologies were received from Sonia Pearcey (Listening into Action Lead) and Keith Dayment (Head of Human Resources Business Support).</p>	
15/HR071	<p>2. <u>Confirmation of Quoracy</u></p> <p>The Chair confirmed that the Committee was quorate.</p>	
15/HR072	<p>3. <u>Declaration of Interests</u></p> <p>There were no conflicts of interest declared.</p>	
15/HR073	<p>4. <u>Minutes of the Meeting held on 20th August 2015</u></p> <p>The minutes of the meeting held on 20th August 2015 were Received and Approved as an accurate record subject to</p>	

Item	Minute	Action
	minor amendments.	
15/HR074	5. <u>Action Log</u> The Action Log was Approved . See action log for updates.	
15/HR075	6. Forward Agenda Plan The Forward Planner was Discussed and Approved with amendments / additions as listed below: 14th December 2015: <ul style="list-style-type: none"> • Deep Dive report on progress against CQC Improvement Plan, particularly around mandatory training, to be discussed at next meeting of the Committee on 14th December 2015. • Update report on Core Values Behaviour Framework to be discussed at next meeting on 14th December 2015. • Report on sickness absence hotspots required for next meeting on 14th December 2015. • LIA update report on the 10 big ticket items required for next meeting on 14th December 2015 showing key milestones. • Review into statutory training requirements, including amount of training clinicians have to undertake report for meeting on 14th December 2015. • Report on the operational review of SystmOne for next meeting. • Forward plan to show agenda's for meeting in 2016. • Next workforce education & development report to update Committee on reporting and ownership of training data. 18th February 2016: <ul style="list-style-type: none"> • Approval of Workforce Plan for 2016/17. 	MW TR KD SP MW CP TR/HH KD/MW SB
15/HR076	7. OD Strategy Progress Report The Director of HR presented the report to the Committee and the following comments were made: The Deputy Director of Finance queried the percentage of people with up to date job descriptions. The Director of HR explained that due to the late publication of the CORE values framework, the roll out of the new job description template had been delayed. The Chief Operating Officer (COO) queried whether there is a need for a rethink about the OD priorities concentrating on	

Item	Minute	Action
	<p>a few key areas. The Director of HR reminded the Committee that they signed up to the strategic priorities and supporting implementation plan in February 2015, but agreed to look at them again and bring back to next meeting on 14 December 2015. NSS said it would be helpful to have feedback from the new Committee members on OD priorities for 2016/17.</p> <p>The Head of Corporate Planning said it would be helpful to tie this in with the CQC Improvement Plan and also the Business Planning process.</p> <p>The Director of HR proposed that the OD Strategy report will be discussed again at the December meeting. The Head of Corporate Planning said in his view, an overall refresh and reprioritise is required and we need to regroup all the strategies in light of CQC.</p> <p>The Deputy Director of Nursing raised a concern about the reduction in numbers of service users' concerns. The measure of success should be that we have more complaints and the Director of HR agreed to review this.</p> <p>Following discussion and the above comments, the Committee noted progress being made against the Organisational Development Strategy and agreed to discuss the priorities for 2016/17 at the December meeting of the Committee.</p>	<p>TR</p> <p>TR</p>
15/HR077	<p>8. <u>Learning and Development Update report</u></p> <p>The Chair welcomed the Head of Professional Practice and Education, (Maria Wallen), to the meeting and congratulated her on her appointment to post in September 2015. The Chair explained that the Committee is keen to see progress in this area.</p> <p>The Head of Professional Practice and Education thanked the Chair and Committee for their welcome, and explained that she plans to submit more detailed reports to the Committee from December onwards.</p> <p>She confirmed that a review of the Learning and Development Agreement is currently taking place and will be reported to the next meeting of this Committee on 14 December. This will include a summary of what we are doing locally to deliver against the actions identified.</p> <p>In connection with the financial baseline analysis, Richard Cryer asked if there is an analysis in any particular areas i.e. where we are underspending. Were there funding</p>	<p>MW</p>

Item	Minute	Action
	<p>opportunities that we are not taking advantage of?</p> <p>He also queried the sign off of the Learning and Development Agreement and whether this needs to be discussed by the Committee. The Director of HR confirmed that this is a contract between the Trust and Health Education England and we sign up to say that we will meet governance arrangements to spend the money.</p> <p>The Director of Nursing queried partnership working across the County and asked what support there is for staff going through changes as a result of cost improvement plans.</p> <p>The Deputy Director of Finance confirmed that there is availability for access to money for training, but stressed that there is a need to be absolutely clear what this will be spent on.</p> <p>Joanna Scott said that communication with staff needs to be handled very carefully with a need to manage expectations.</p> <p>The COO asked how the issue of reimbursement for training costs was managed when colleagues leave the Trust. He also felt it is essential to have a workforce that has the skills we need as well as the capacity to deliver high quality care. He suggested we be more focused on the skills gap as sometimes it appeared to be more about an individual's benefit rather the organisations.</p> <p>Richard Cryer raised the issue about performance management software and the Director of HR confirmed she is working towards this model.</p> <p>The Director of HR raised the issue about consistency of language and it was agreed that the Education and Learning Group will be renamed Workforce Education and Development Group.</p> <p>The Committee discussed the report, and subject to the above comments it was approved. The Committee were assured of measures that are in place to support learning and development strategies.</p>	
15/HR078	<p><u>9. Rose Report and implications for Gloucestershire Care Services NHS Trust</u></p> <p>The Director of HR presented the report to the meeting and following discussion the Committee agreed that the report will be presented to the next Trust Board, including tables 1 and 2.</p> <p>The Director of HR confirmed that the Trust needs to</p>	TR

Item	Minute	Action
	implement the recommendations as soon as possible and confirmed that the Trust does not have to formally respond to the report.	
15/HR079	<p>10. <u>Workforce Strategy Progress Report</u></p> <p>The Committee discussed the report and agreed that it would be helpful to have a refresh of the strategy and implementation plan including streamlining where priorities sit.</p>	KD
15/HR080	<p>11. <u>Workforce Report</u></p> <p>In the absence of the Head of Business Support Unit, the Director of HR presented the report to the Committee. She highlighted the following issues:</p> <p>Most areas are below the appraisal target of 85% that was set for September 2015. The recent meeting of the Workforce & OD Steering Group discussed how teams and managers can be supported to improve performance.</p> <p>Teams have reported that the data is incorrect; it has been pointed out that the Workforce Team can only use the information they are provided with. Future reports may be sent to the actual appraisers instead of line managers to see if this helps the situation.</p> <p>The Director of Service Delivery commented that trends are not shown in the current report and the Director of HR confirmed that following discussions at the last Steering Group, the next report to this Committee will include this.</p> <p>The Head of HR also confirmed that the Head of the Business Support Unit will be presenting a report to the next Steering Group on the scheduling of appraisals across the year.</p> <p>Richard Cryer commented that perhaps pressure should be put on all Managers in the Trust to improve training statistics and confirmed that it should be made part of the culture of the organisation.</p> <p>Richard Cryer queried the figures for the bank staff and the Director of HR confirmed that this is currently being looked into.</p> <p>Subject to the above comments, the Committee noted the report.</p>	<p>KD</p> <p>KD</p>

Item	Minute	Action
15/HR081	<p>12. <u>Workforce Plan Update (including progress against Non-Frontline Pay CIP)</u></p> <p>The Director of HR presented the report to the Committee and the following comments were made:</p> <p>The Director of Nursing expressed concern that this information is now in the public domain in terms of the clinical posts.</p> <p>In answer to a query from the Chair, the Director of Nursing confirmed that the Quality Impact Assessment regarding clinical staff has not yet been drafted or discussed at Clinical Senate.</p> <p>The Deputy Director of Finance confirmed that the information has been submitted to the TDA and the Director of Nursing stated that she felt it should have contained a caveat which was not evident in the report.</p> <p>The Director of Nursing also commented that the timescales are very tight.</p> <p>The Director of Nursing said we need to be very clear that we are aligning this to our CIP programme. She also gave her support to a planned approach for next year.</p> <p>The Director of Service Delivery said she felt it needs to be a joint agreement between Finance, HR and the Commissioners.</p> <p>It was pointed out that the report contains an error relating to Medical and Dental numbers and the Deputy Director of Finance stated that it is not possible to correct this as the information has been sent to the TDA, but he has informed them that the detail was entered onto the wrong line.</p> <p>The Director of HR confirmed that the revised workforce plan will be discussed at Part 2 of the Trust Board in November.</p> <p>The Committee discussed and noted the progress made against the workforce plan for 15/16 and agreed that further work is required as commented above.</p>	
15/HR082	<p>13. <u>Seven Day Services Report</u></p> <p>The Director of Nursing gave a verbal update to the Committee.</p> <p>A county-wide steering group involving Gloucestershire</p>	

Item	Minute	Action
	<p>Care Services NHS Trust (GCS), Gloucestershire County Council (GCC), Gloucestershire Hospitals NHS Foundation Trust (GHFT) and the 2gether NHS Foundation Trust, has been set up which is chaired by Dr. Frank Harsent, Chief Executive of GHFT. The group reports through the CCG. It was confirmed that South Western Ambulance Service Trust (SWAST) are not involved this group.</p> <p>The steering group has now reached the point where it needs a refresh and the group will be holding a further meeting on Thursday 22 October 2015, where it needs to be made clear what can be done in terms of 7 day services. There is a view that this centres around 7 day urgent care. The Director of Nursing stressed that there are significant challenges for us.</p>	
15/HR083	<p>14. <u>Recruitment and Retention report (including Nursing update)</u></p> <p>The Head of HR presented the report to the meeting and highlighted the following points:</p> <p>The numbers of nurses recruited (starters) and leavers is still disappointing; however this does reflect the national picture.</p> <p>It is proposed to hold a county-wide HR meeting to encourage more collaborative working.</p> <p>A successful HCA recruitment event was held and subsequently a number of people will be joining us shortly.</p> <p>The Head of HR welcomed any further thoughts/ideas on how we could increase recruitment. The Head of Professional Practice and Education suggested working with the University of the West of England and developing bespoke programmes.</p> <p>The Committee discussed and noted the action plans in place.</p>	
15/HR084	<p>15. <u>Exit Interviews / reasons for leaving – Deep dive</u></p> <p>The Head of HR presented her report to the Committee and highlighted the following issues:</p> <p>Leavers' forms are sent to HR too late to be able to undertake an exit interview.</p> <p>There are a high number of people not wanting to have an exit interview.</p>	

Item	Minute	Action
	<p>Questions are to be reviewed.</p> <p>The questionnaire may need to be shortened as it's possibly too long.</p> <p>There are concerns around the "other" reason for leaving category. More detail required.</p> <p>There are concerns about number of leavers due to incompatibility/poor working relationships.</p> <p>One theme the exit interviews conducted highlighted was poor local induction The Trust needs to make sure it is meaningful, and is followed up. This could be aligned to the engagement work being undertaken.</p> <p>Richard Cryer commented that perhaps the exit interview could be conducted by a colleague rather than someone from HR. The Head of HR will look into this suggestion.</p> <p>The Committee discussed the report and agreed the proposed recommendations.</p>	LA
15/HR085	<p>16. <u>Workforce Risk Register</u></p> <p>The Director of HR presented the report to the Committee.</p> <p>The Committee subsequently discussed the report and noted the following:</p> <ul style="list-style-type: none"> • New Risk: Training Records (p1) – RAG to be reduced to amber. • New Risk: Workforce Team (p4) – RAG to stay red. • Risk ID 406 (appraisals) should remain as amber. 	
15/HR086	<p>17. <u>HR Policy Development</u></p> <p>The Head of HR presented the report to the Committee.</p> <p>The Chair has a number of comments on the policies and it was agreed that she would pass these to the Head of HR outside the meeting.</p> <p>The Committee noted the report but did ratify the policies subject to the changes which the Chair will discuss with the Head of HR.</p> <p>The Director of Nursing left the meeting at 12:10pm.</p>	NSS

Item	Minute	Action
15/HR087	<p>18. <u>Sustainability / CSR Policy</u></p> <p>The Corporate Social Responsibility Manager presented her report to the Committee, pointing out that it is still work in progress. The Committee made the following comments:</p> <ul style="list-style-type: none"> Does the report capture carbon emissions from business mileage? <p>The Corporate Social Responsibility Manager confirmed that the total carbon footprint across the whole of Gloucestershire has increased and more work is being done to understand this in geographical areas.</p> <ul style="list-style-type: none"> With regards to the broader corporate responsibility, does this capture some of the work that the Trust is doing, i.e. social prescribing, health and wellbeing? <p>The Corporate Social Responsibility Manager undertook to incorporate these suggestions.</p> <p>It was commented that the vending machines at EJC does not promote healthy living.</p> <p>The Chair suggested that the photographs need to be changed to match the subject area.</p> <p>The Committee subsequently discussed the report and approved the Policy and Plans subject to the comments above.</p>	<p>GS</p> <p>GS</p>
14/HR088	<p>19. <u>Minutes from Sub-Committee</u></p> <p>The Committee noted the minutes from:</p> <ul style="list-style-type: none"> JNCF – 28 May 2015 Workforce and OD Steering Group – 14 August 2015 Learning and Development Steering Group – 14 October 2015 	
15/HR099	<p>20. Any Other Business</p> <p>No other business was tabled for discussion. The Chair thanked everyone for attending.</p> <p>The Chair closed the meeting at 12.20 p.m.</p>	
	<p>Date and Time of Next Meeting: 14th December 2015, 10am–12pm, Boardroom, EJC.</p>	

Workforce & Organisational Development Strategic Priorities for 2016

Pledge 1 – Valuing our colleagues

Ensure colleagues feel valued and supported by the organisation through listening into action and targeted communication, involvement and engagement activities. Be clear on Trust priorities, team and individual objectives and how these are set in both the national and local context. Recognise the valuable contribution colleagues make to patient care and experience through local and trust-wide recognition schemes.

Pledge 2 – Realising colleagues full potential

Ensure all colleagues have access to protected learning time to fulfil their mandatory, continued professional development and professional registration requirements. Ensure effective and accountable leadership and management across the Trust so that all colleagues have access to regular supervision, team meetings and 1:1 meetings with their manager.

Pledge 3 – Supporting our colleagues

Through the CORE values framework embed a culture where colleagues feel empowered and supported to raise concerns. Offer a range of service friendly flexible working opportunities to enable colleagues to maximise their work/life balance. Improve colleagues' health and wellbeing by offering a range of health promotion initiatives whilst maximising support during periods of sickness absence.



Outcomes:

- Increase in colleagues recommending the Trust as a place to work
- Increase in positive exit interviews
- Reduction in the number of vacancies
- Increase in the number of candidates applying to work at the Trust
- Improvement in the compliance rates for appraisals and mandatory training
- Improvement in the compliance rates for colleague supervision
- Reduction in the number of staff safety incidents
- Healthier workforce
- Reduction in sickness absence relating to stress

Trust Committee

Date: 26th January 2016

Agenda Item:	14
Agenda Ref:	14/0116
Name of Committee:	Quality and Performance Committee
Author:	Matthew O'Reilly – Head of Performance and Information; Rob Brown – Head of Corporate Planning
Presented By:	Duncan Jordan – Chief Operating Officer & Susan Field – Director of Nursing
Sponsor:	Duncan Jordan – Chief Operating Officer & Susan Field – Director of Nursing

Subject:	Quality and Performance Report
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This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☐ Assurance ☐ Information

Executive Summary:

The integrated quality and performance report, which is driven by the organisation's priority to deliver safe and effective care, has been developed to provide the Board and its sub committees with assurance that quality is being carefully monitored and that improvement measures are being identified and implemented where necessary. It also enables the Trust to demonstrate its commitment to encouraging a culture of continuous learning, improvement and accountability to patients, communities, the commissioners of its services and other key stakeholders.

Based on the data as at the end of November 2015 the key areas of concern and improvement are:

Performance issues include the following:

- Community Hospital average length of stay continues to increase which impacts upon throughput and discharge. Roll-out of SystmOne into all inpatient wards is now giving increased visibility of Estimated Dates of Discharge and discharge plans.
- Continuing issue with VTE assessment not recorded on SystmOne.
- Initial assessment for patients arriving by ambulance at MIU not being achieved.
- Capacity affecting Physiotherapy and Occupation Therapy RTT performance.
- IDT and Rapid Response targets not achieved.

Areas of good/improving performance include the following:

- Improvement in MSKCAT service RTT.
- Improvement in Chlamydia Screening positive screening.
- National Childhood Measurement Programme and HPV vaccinations programmes ahead of trajectory.

Recommendations:

The Committee is asked to:

1. To consider the reported position for quality and performance;
2. To consider the most appropriate forum for reporting and considering the Non-Executive Directors' Quality Visits and the National Institute for Health and Care Excellence (NICE) Guidance

Considerations:
<i>Quality implications:</i>
N/A
<i>Human Resources implications:</i>
N/A
<i>Equalities implications:</i>
N/A
<i>Financial implications:</i>
N/A
<i>Does this paper link to any risks in the corporate risk register:</i>
Yes
<i>Does this paper link to any complaints, concerns or legal claims</i>
Yes

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	p

Reviewed by (Sponsor):	Duncan Jordan – Chief Operating Officer, Susan Field – Director of Nursing
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Date:	18 th January 2016
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Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
N/A

Explanation of acronyms used:
N/A

Contributors to this paper include:

Duncan Jordan – Chief Operating Officer

Susan Field – Director of Nursing

Matthew O'Reilly – Head of Performance and Information

Rod Brown – Head of Corporate Planning

Nicky Goodwin – Quality and Safety Manager

Quality and Performance Report

**Trust Board
26th January 2016**

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Report Overview

Gloucestershire Care Services NHS Trust is committed to providing high quality care and ensuring patient safety. We strive to make improvements in the quality of the care that we provide, at the same time as ensuring that it is clinically effective, person focused and safe.

This report has been developed to provide the Trust Board with assurance that quality is being carefully monitored and that improvement measures are being identified and implemented where necessary. It also enables the Trust to demonstrate its commitment to encouraging a culture of continuous improvement and accountability to patients, communities, meeting its contractual obligations with the commissioners of its services and other key stakeholders.

The report has been realigned to meet with the Trust's changed strategic objectives (five rather than six), and provides a high level overview of our progress towards meeting those commitments, illustrated via dashboards within this report.

This report includes key themes related to year to date performance up to end of November 2015, identified within each Strategic Objective on the following slides.

Strategic Objective 1 - Achieve the best possible outcome for our service users through high quality care

- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target was achieved in November 2015, however has not been achieved for 5 out of 8 months in 2015/16. This is a target that is part of QIPP delivery programme and activity is funded on a cost and volume basis.
- Patient slips, trips and falls within Community Hospital in-patient setting remains the highest reported incident by type. Of the patient falls, 420 (72%) resulted in no harm (*see page 21*).
- The Trust has reported 2 Serious Incident Requiring Investigation (SIRI) during November (*see page 17*). *GCS is reporting a lower rate of SIRIs (2.0 average per month) compared to the average of the Trusts within the Aspirant Community Foundation Trust group (2.8).*
- The Trust surveyed 1,091 patients episodes of care for the November Safety Thermometer report. Of these 1,038 (95.14%) were harm free. 53 harms were reported, of which 14 were new harms (*see pages 18-20*). *This means that GCS reported 1.28% new harms compared to national average of 2.1% new harms. The national average for harm free care was 94.3%.*
- On a year-to-date basis (April to November 2015) the Trust is reporting 85.7% compliance with national targets and 57.6% compliance with local health targets. *This represents a slight increase in national target compliance from 84.0% reported previously; local target compliance has also increased slightly in comparison with the performance reported previously (see page 11).*

Strategic Objective 2 - Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

- The Trust is committed to providing care in an environment that protects privacy and dignity. This is supported by providing care in a single sex environment. No breaches have been reported (April to November 2015).
- The Friends and Family Test question asks service users “How likely are you to recommend our services to your friends and family”. During November, there were 2,391 responses (5.5%) from a total of 43,356 patients accessing GCS services. *This is a decrease from the 5.7% response rate recorded in October 2015. The highest rate was received from Inpatients (57.9%) and Minor Injury and Illness Units (19.3%). The average of Trusts within the Aspirant Community Foundation Trust group is 30.7% (based on 6 Trusts, with variance from 1.4% to 94.7%). Information regarding the Friends and Family Test response best practice has been requested from high-performing Trusts within the group but not yet received*
- Of those that responded, 94.6% said they were extremely likely or likely to recommend us. *This is above the average of Trusts within the Aspirant Community Foundation Trust group (94.2%).*
- 10 NHS Choices comments were received in October and a further 10 were received in November: in each month, 70% comments were positive. *Negative comments were directed to the service experience team to discuss the concerns further. Comments were also shared with the relevant Matrons and service leads.*
- Complaints: 4 complaints were received in November. In quarter two, 94.4% complaints were responded to within agreed timescale of 25 working days.

Strategic Objective 3 - Actively engage with health and social care partners as well as local communities, in order to deliver seamless, joined-up services across Gloucestershire

- There are performance indicators with the new pharmacy provider which will detail drug usage for GCS and ordering frequency by all sites and services. This information will be shared monthly with Heads of Service and will be reviewed by the Medicines Management committee. This will strengthen governance of medicine usage across the organisation.
- Rapid response referrals achieved target for the first time in September, however have declined subsequently despite actions that are in place (page 51).
- Reablement indicators are currently rated as red, with the exception of average length of reablement service (see pages 30-31).
- The Trust is performing well against its data quality targets. The 45 data indicators that measured from data submitted to the Secondary Uses Services (SUS) shows Trust performance to be 99.1% against a target of 96%, monitored by Health and Social Care Information Centre (HSCIC) (April 2015 to September 2015). The National average is 96.1%, South Central regional average 93.7%.
- Average length of stay in Community Hospitals increased further to 21.3 days in November, and continues to be higher than in 2014/15 (page 54). The median (mid-point) in November across Community Hospitals was 10 days. *The NHS Benchmarking network average for 2014/15 was 26.7 days.*
- Bed Occupancy rates were 97.4% in September. *The NHS Benchmarking network average for 2014/15 was 90.75%.* Thresholds have been set by Head of Community Hospitals to identify over-performance. The CQC Report for GCS Community Health Inpatient Services identifies that when occupancy rates rise above 85%, it can affect the quality of the care provided to patients and the orderly running of hospitals.

Strategic Objective 4 - Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatments (81% Q2); however, there is opportunity to improve the Trust's recommendation as a place to work (see page 57)
- Sickness absence: remains above target (4.85% in October compared to target of 3%) (see page 58). *Note: sickness absence is report 1 month in arrears.*
- Appraisals: rate of reported completed appraisals (78.6%) remains behind trajectory (see page 58).
- Mandatory training: Infection Control, Health and Safety, Equality and Diversity and Conflict Resolution are now ahead of trajectory; however, Fire Safety and Information Governance remain behind trajectory (see page 58).

Strategic Objective 5 - Manage public resources wisely to ensure local services remain sustainable and accessible










- Detailed Finance report will be provided to Trust Board.

**Strategic Objective 1:
Achieve the best possible outcome for our service users
through high quality care**

Quality Strategy metrics 2015-16 against strategic objective 1

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Harm-free care in community hospitals and ICTs	More than 95%	95.9%	93.9%	95.2%	95.1%	95.1%	95.8%	95.4%	95.4%					95.2%
Number of new harms (Safety Thermometer)	Less than 267 (14/15 total)	12	15	8	13	14	10	10	14					96
Reduction in incidents that result in severe harm	Less than 12	0	1	0	0	0	1	0	0					2
Not exceeding the agreed threshold of C. diff infections	Less than 18	0	1	2	0	1	1	0	2					7
Achieving agreed staffing levels in community hospitals	80-120%	104.7%	103.4%	104.7%	105.6%	99.2%	98.7%	99.7%	99.8%					102.0%
Number of Never Events within the Trust	0	0	0	0	0	0	0	0	0					0

Summary of health performance key indicators - November year to date

	November cumulative year-to-date (with comparators to September)							September cumulative year-to-date		
	Red		Amber		Green		Total	Red	Amber	Green
National	3 10.7%		1 3.6%		24 85.7%		28	2 8.0%	2 8.0%	21 84.0%
Local	9 27.3%		5 15.2%		19 57.6%		33	8 24.2%	8 24.2%	17 51.5%
Total	12 19.7%		6 9.8%		43 70.5%		61	10 17.2%	10 17.2%	38 65.5%

National indicators

Red	Diagnostic tests waiting less than 6 weeks	Page 12
	Time to initial assessment for patients arriving by Ambulance (MilU)	Page 12
	VTE risk assessment - % of inpatients with assessment completed	Page 12
Amber	Newborn Bloodspot screening coverage by 17 days of age	Page 12

Local indicators

Red	Rapid Response – Number of referrals	Page 13
	Integrated Discharge Team – Number of avoided admissions (3 targets)	Page 13
	Chlamydia Screening –positives	Page 13
	Occupational Therapy (Adult) – referral to treatment	Page 13
	7 Day Service – Inpatients (2 targets)	Page 13
	Stop smoking service - number quitting	Page 13

Local indicators

Amber	Bed occupancy	Page 14
	Physiotherapy (Adult) - referral to treatment within 8 weeks	Page 14
	Single Point of Clinical Access - % of Calls abandoned	Page 14
	Single Point of Clinical Access - % of calls resolved with agreed pathway within 20 minutes	Page 14
	MSKCAT service - referral to treatment within 8 weeks	Page 14

Performance exceptions - Year-to-date 2015 National targets

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
Percentage of diagnostic tests waiting longer than 6 weeks		Performance in November was 100% (target >99%)	The target for access to Echocardiography was not achieved during July and August due to capacity following staff sickness. The service reviewed its patient tracking processes which are robust – no significant changes to current practice have been made as a result.	Target achieved in last 3 months – however there is a risk of breaches of target due to potential capacity issues.
Time to initial assessment for patient arriving at MilU by ambulance		Performance in November for the 95 th percentile was 21 minutes (target <15 minutes). Year to date performance is 18 minutes.	This measure had been within target during months 1 to 4 but deteriorated since August. There have been a number of delays recorded by staff limitations of having one registered practitioner on a shift but only registered practitioners can triage. If the registered practitioner is with a patient this has resulted in a delay.	Target achieved months 1 to 4 – however there is now a risk of continued breaches of target due to staffing.
VTE risk assessment - % of inpatients with assessment completed		Performance in was 64% compared to target of 95%.	Community hospitals have confirmed that assessments are being completed, however the relevant template has not been populated on SystmOne. Community Hospitals SystmOne User Group working on this issue and all hospitals to link with Cirencester Hospital who are reporting consistently.	Target achieved in early months of 2015/16 where backlog of data has been input. Hospitals to focus on inputting missing data.
Newborn bloodspot screening coverage by 17 days of age		Performance on year to date basis is 92% (target 95%)	The midwifery service in GHNHSFT are currently undergoing update training to try and reduce their repeat rate for newborn bloodspot screening. In addition they are reviewing the lancets being used in case this will also improve their rate. This has been flagged at the regional operational group, the antenatal and newborn screening programmes board thereby being monitored by Public Health England and the South West QA team.	Ongoing. CCG has agreed to remove this target.

Performance exceptions - Year-to-date Local

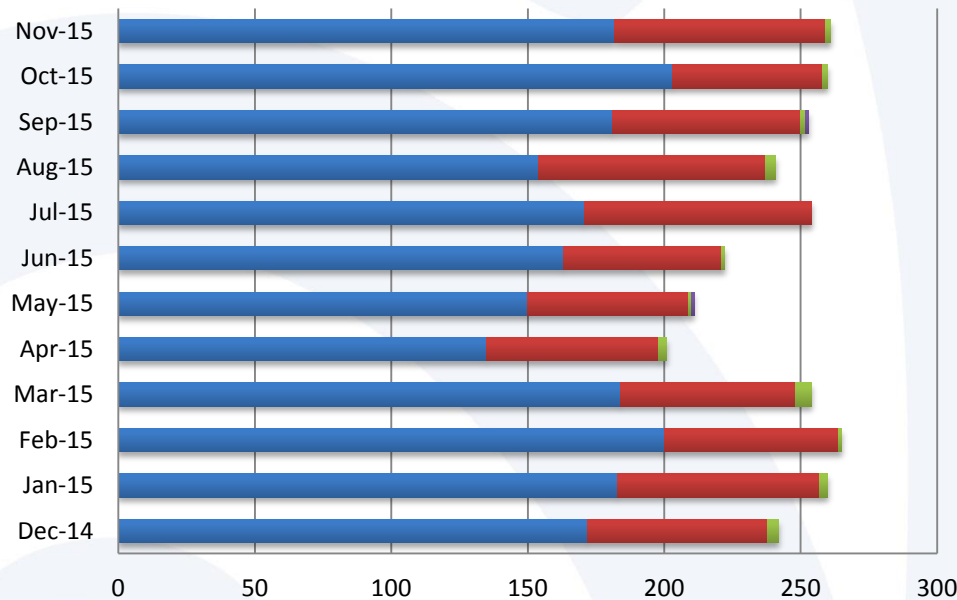
Indicator	YTD RAG	Performance	Actions	Project date of remedy
Rapid response – number of referrals		Performance continues to be behind target, 214 referrals compared to a target of 257 in November	The service is continuing to work to action plan, this includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads to have regular contact with GP surgeries in an attempt to increase referrals. Throughput has been impacted by a number of IV therapy patients on caseload that that cannot be stepped down but take a lot of resource, and number of patients requiring more input. Duration of first visit times has increased in November.	Dependant on receipt of referrals. Service to continue working to action plan.
Integrated Discharge Team (IDT) – number of avoided admissions (3 targets)		Performance in November was 142 avoided admissions compared to a target of 300; year to date performance remains behind target	Service is working with health community service providers to review out of hours and reablement pathways to identify any scope for increase in IDT involvement. GCCG funding being used to increase resilience within the service	Alternative model of service delivery being implemented.
Chlamydia Screening - number of positive screens		Performance to the end of November is behind trajectory by 55 positive screens, (667 positive screens compared to trajectory of 722)	The service have an action plan in place to achieve the number of positive screens which has been shared with Commissioning lead.	Action plan in place however dependant on identification of positive screens.
Average number of discharges per day from Community Hospital (weekends)		Performance on a year to date basis is an average of 4.6 discharges at weekend compared to target of 10	Number of discharges are currently behind target. The number of discharges have been impacted by an increased average length of stay within the Community Hospitals which has reduced throughput.	Discharge action plan in place to improve performance.
Average number of discharges per day from Community Hospital (weekdays)		Performance on a year to date basis is an average of 11.5 discharges on weekdays compared to target of 20	However the basis for the target is also being investigated by Head of Community hospitals as this would require an average length of stay in the region of 10 days.	
Adult Occupational Therapy - referral to treatment within 8 weeks		Performance in November was 85% compared to a target of 95%; year to date performance of 87%	Data continues to be reviewed with service following SystmOne go-live to ensure validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target.	Target unlikely to be achieved due to capacity.
Stop smoking service - number quitting		Performance to the end of quarter 2 is behind trajectory by 185 (983 compared to trajectory of 1,168)	Performance currently shows as being behind target, however improvement is expected following 'Stoptober' campaign.	By end of financial year.

Performance exceptions - Year-to-date Local

Indicator	YTD RAG	Performance	Actions	Project date of remedy
Adult Physiotherapy Service - referral to treatment within 8 weeks		Performance in November was 92% compared to a target of 95%; year to date performance 92%	The under-performance reported is within the MSK and ICT Physiotherapy service areas. Staff vacancies continue to impact on delivery of this target. Action plans to be developed to improve the performance.	Target unlikely to be achieved due to capacity.
Single Point of Clinical Access % of calls abandoned		Performance in September was 7.3% compared to a target of less than 5%; year to date performance 6.8%	The target was not achieved due to demand. There were 3,426 calls received in November (highest volume in 2015/16), 249 were abandoned. This equates to 78 calls abandoned above the threshold.	Performance has been consistent at this level due to demand and is expected to continue.
Single Point of Clinical Access % of calls resolved with agreed pathway within 20 minutes		Performance in November was 91.9% compared to target of 95%; year to date performance 93.3%	The target was not achieved due to demand. Call complexity is adding to length of calls.	Performance has been consistent at this level due to demand and is expected to continue.
MSKCAT service - referral to treatment within 8 weeks		Performance in November improved to 99% compared to a target of 95%; year to date performance of 94%	The target was achieved in November due to increased capacity within the service following a number of new starters.	In-month November 2015.
Bed occupancy		Performance in November was 97.8% compared to a target of 90%; year to date performance of 95.5%	Thresholds have been set by Head of Community Hospitals to identify over-performance. The CQC Report for GCS Community Health Inpatient Services identifies that when occupancy rates rise above 85%, it can affect the quality of the care provided to patients and the orderly running of hospitals.	Occupancy has been consistent at this level due to demand and is expected to continue.

Incidents by category of harm

Incidents by Category of Harm



	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
No Harm	172	183	200	184	135	150	163	171	154	181	203	182
Low Harm	66	74	64	64	63	59	58	83	83	69	55	77
Moderate Harm	4	3	1	6	3	1	1	0	4	2	2	2
Severe Harm	0	0	0	0	0	1	0	0	0	1	0	0
Death	0	0	0	0	0	0	0	0	0	0	0	0

Benchmarking

Number of incidents (GCS)	149.6 per 1,000 WTE staff	April 2015-October 2015
Number of incidents (Aspirant Community Foundation Trust Group)	188.4 per 1,000 WTE staff	April 2015-October 2015

Duty of Candour (DoC)

Duty of Candour applied to 8 incidents in 2015/16. 3 new cases and one from previous period (May) being downgraded following completion of SIRI when it was established and confirmed that no harm had been caused. Patients and relatives have received a verbal apology and written apology as per DoC guidance

Incident reporting

Incident reporting has been identified as one of the LiA "Big Tickets" to involve developing a reporting system fit for purpose and a culture of learning that empowers and enables colleagues to raise safety concerns. The aim is to reduce service user harm through an incident reporting system that is fit-for-purpose, and to maximise the potential to learn from incidents.

Benchmarking data is showing an improvement against our Aspirant Community Foundation Trust Group although we are still below the Group's average. NRLS data for community hospitals has GCS ranked significantly higher than the national median which is an improvement from bottom ranking 18 months ago.

The Quality & Safety team are now raising awareness of the incident governance process through workshop based sessions at staff learning events. A workshop is planned for the Nursing Celebration event.

Incidents by type (top 5 only)

Category of harm /Type of incident - <u>Patients</u> (top 5 categories)	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	12-month total
Slip, Trip or Fall (Patient)	81	86	81	69	96	72	77	69	81	93	79	77	961
Medication or drug error	14	21	16	16	14	30	31	28	36	28	29	50	313
Pressure Ulcer	9	11	9	10	21	19	23	22	20	19	19	46	228
Treatment or procedure problem	7	9	10	9	5	20	16	20	13	12	20	11	152
Problem with patient records / information	6	10	9	10	5	8	13	15	7	21	8	7	119
Total (All)	170	194	190	177	201	211	222	254	241	253	260	261	2,634

Category of harm /Type of incident - <u>Staff</u> (top 5 categories)	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	12-month total
Staffing issues	4	4	8	11	8	14	11	33	17	27	19	8	164
Verbal/written abuse	6	7	7	7	6	6	5	3	8	11	2	8	76
Premises / buildings	3	7	6	7	7	3	5	11	2	5	6	1	63
IT related issue	1	3	5	6	2	0	9	0	4	8	12	10	60
Property	4	5	4	3	4	4	9	3	3	5	2	3	49
Total (All)	71	72	79	80	84	78	91	107	83	96	82	73	996

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORs)

There have been 12 RIDDOR reportable incidents this year to date. Of the reportable incidents 11 were staff incidents, 1 was a patient incident. The patient incident has been withdrawn following completion of a root case analysis (RCA). All of the reportable incidents are reviewed by the Health and Safety Committee.

RIDDOR Actions taken

Staff reminded of process for cleaning.

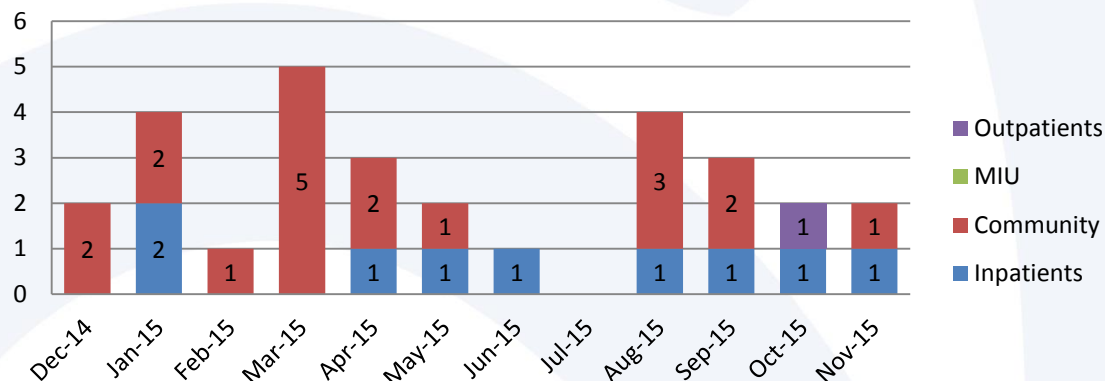
Lone working protocols information sharing reinforced. Care provider to update control process.

Clinical Alert System (CAS)

No overdue CAS alerts this year.

Serious Incidents Requiring Investigation And Never Events

SIRIs by Service Area

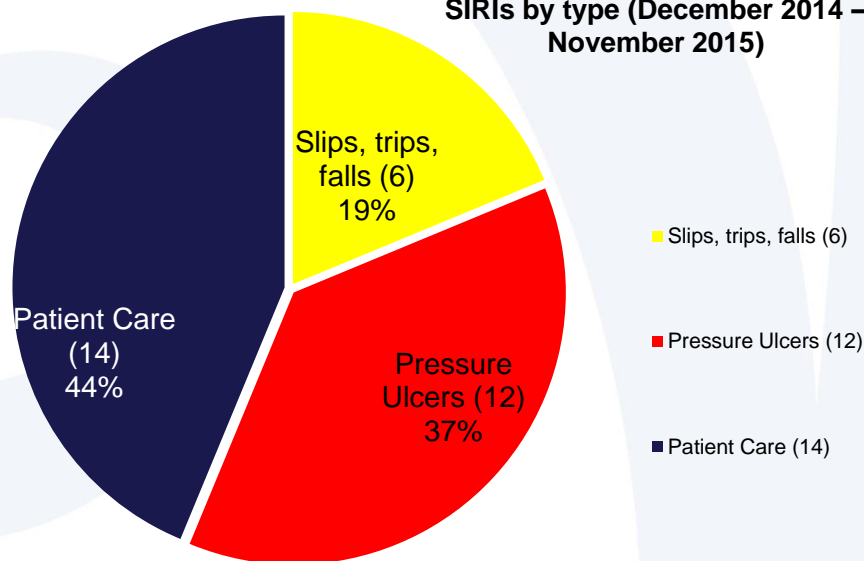


SIRIs

The Nursing and Quality directorate are starting to work with colleagues to identify and share learning from incidents. A Quarterly Quality and Safety newsletter will first be produced this Autumn which will include themes and lessons learned from selected incidents (including SIRIs), complaints and safety themes. The directorate will work with colleagues to support services in their implementation of agreed actions from SIRIs which may include, audits, meetings, learning sets and quality checks.

No Never Events have been reported in 2015/16 to the end of November.

SIRIs by type (December 2014 – November 2015)

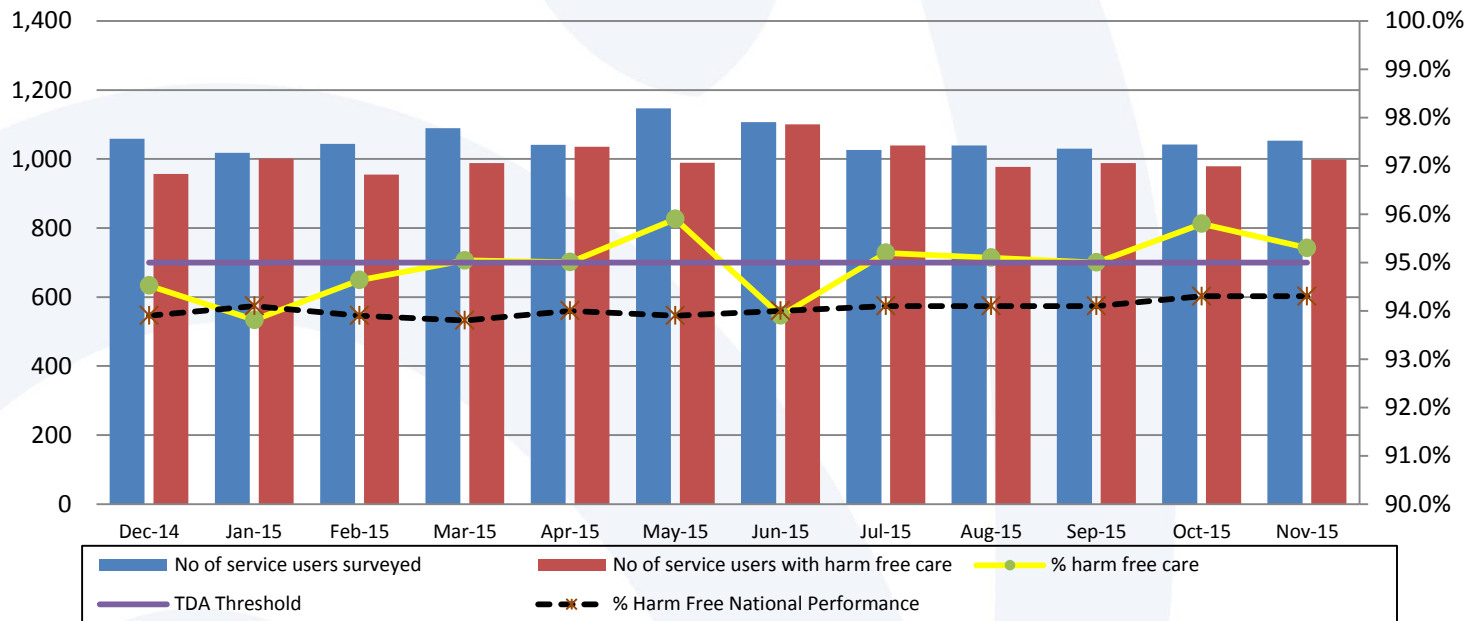


Benchmarking

New SIRIs (GCS)	2.0 average per month, April 2015 – October 2015
New SIRIs (Aspirant Community Foundation Trust Group)	2.8 average per month, April 2015 – October 2015

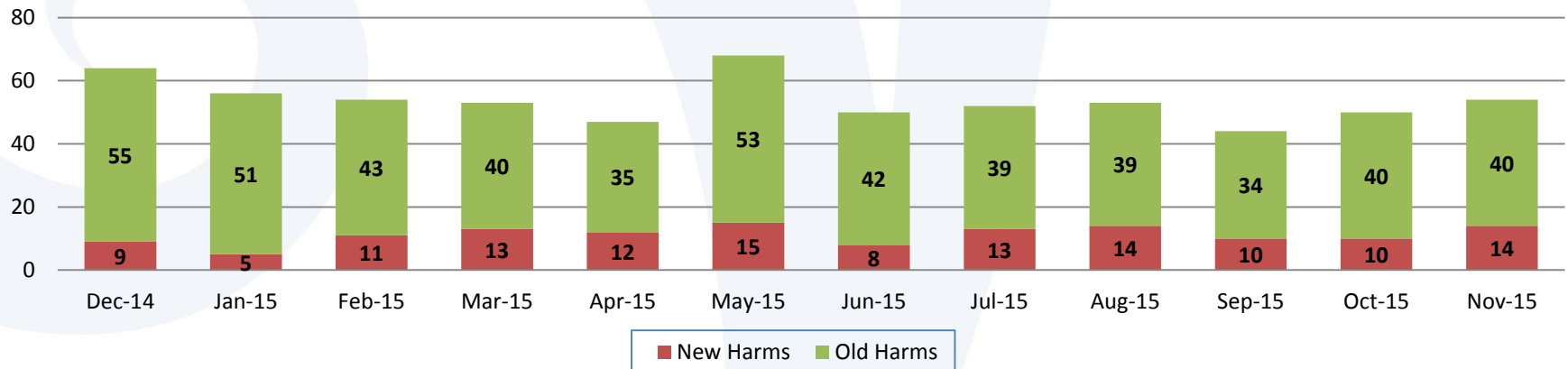
Harm-free care / Safety Thermometer

Safety Thermometer 2015/16

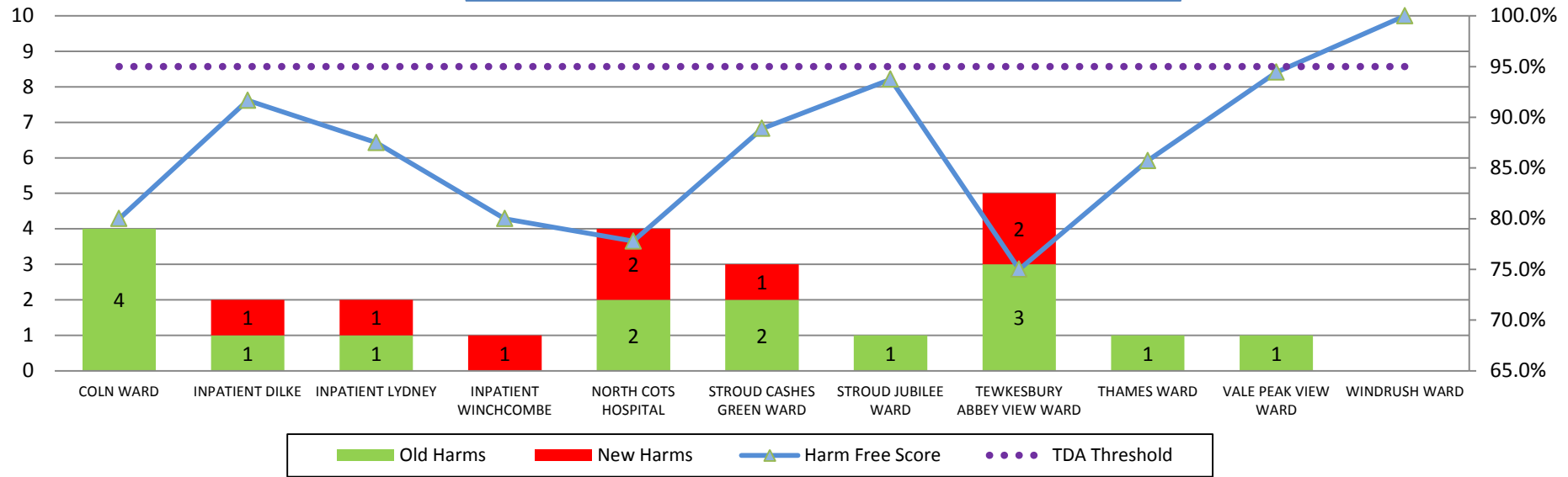


- Achievement of 95.0% harm free with variation of 75.0% - 100% across teams
- Focus remains on the key areas of falls and pressure ulcers looking at those patients who experienced harm and working across the health community to further reduce this risk

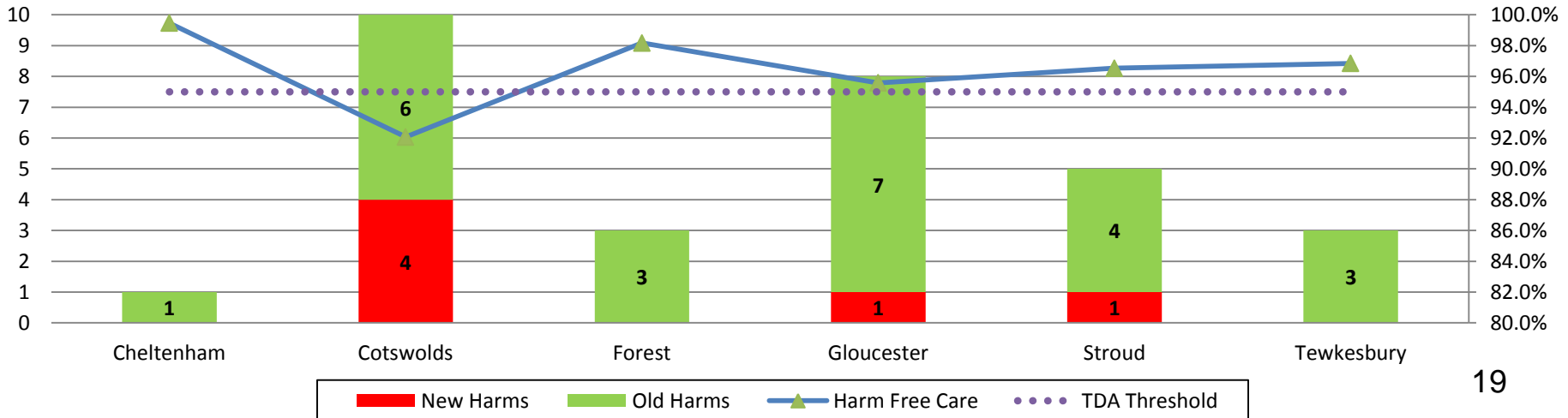
Total Harms 2015/16



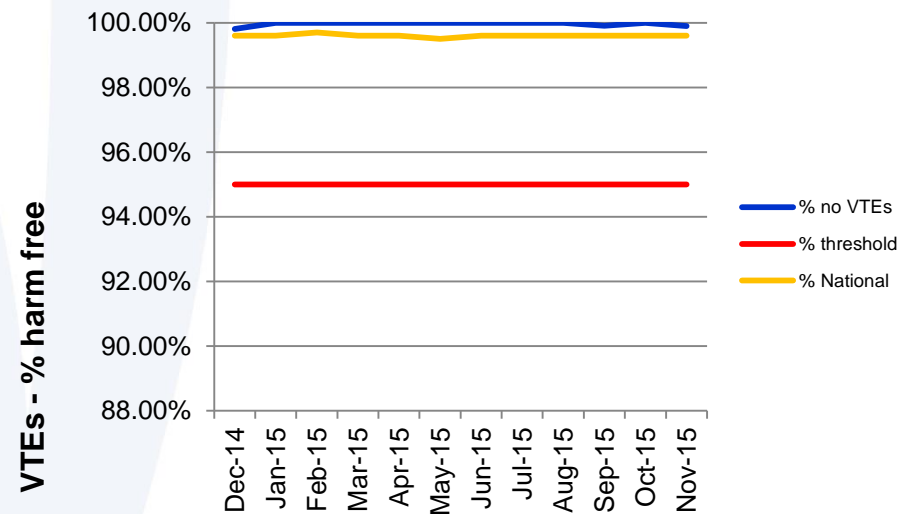
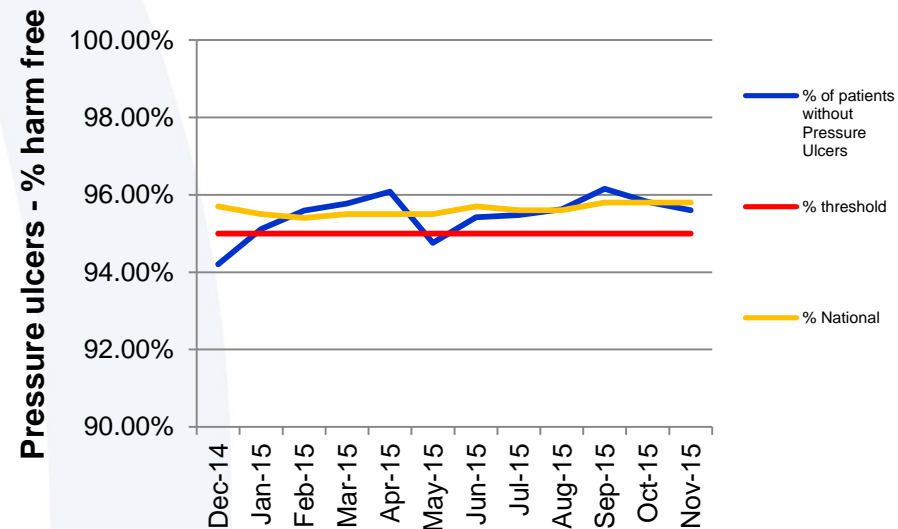
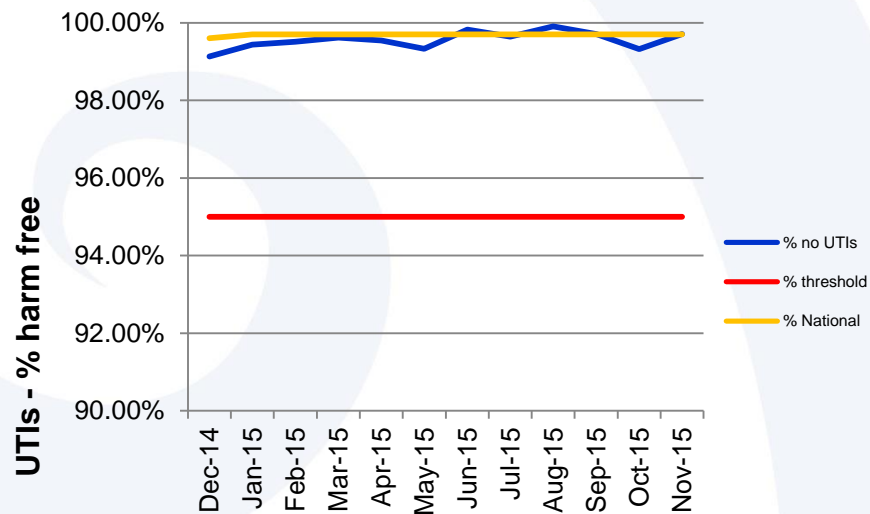
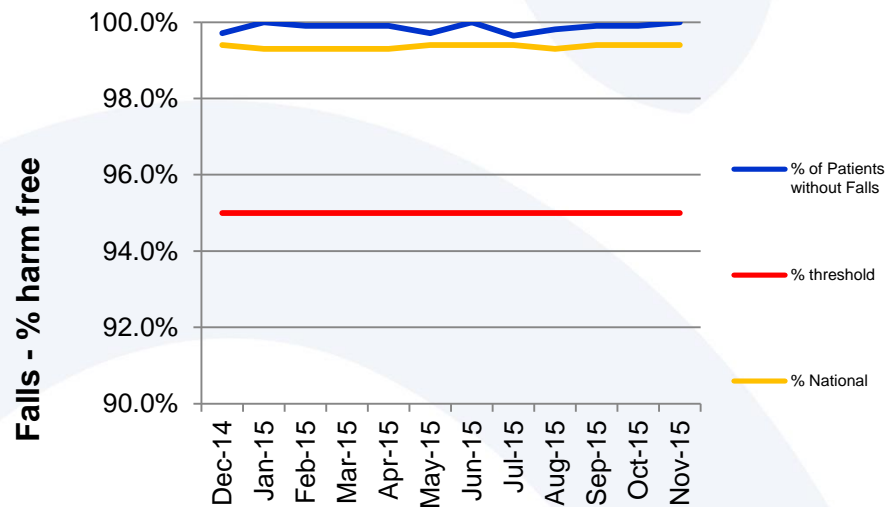
Harms - Community Hospital – November 2015



Harms - Community – November 2015



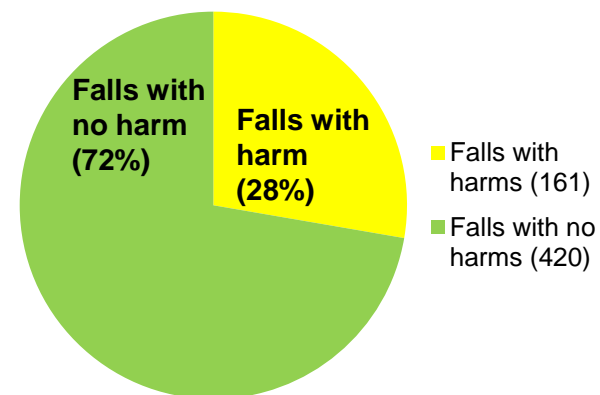
Harm-free care by type / Safety Thermometer



Falls in an inpatient setting

Hospital	Total Falls				Falls with harm			
	2015/16 Year to Date		2014/15 Total		2015/16 Year to Date		2014/15 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
North Cotswolds	89	17.5	137	18.3	21	4.1	43	5.8
The Vale	77	16.3	157	22.7	22	4.7	34	4.9
Tewkesbury	70	14.8	117	16.8	17	3.6	27	3.9
Dilke	82	14.1	74	9.0	25	4.3	23	2.8
Cirencester	156	13.2	213	12.5	51	4.3	65	3.8
Lydney	45	9.1	85	11.3	9	1.8	24	3.2
Stroud General	62	6.9	96	7.7	16	1.8	27	2.2
TOTAL	581	12.6	879	13.2	161	3.5	243	3.6
FORECAST	872				242			

**Result of falls
(year-to-date)**



Actions undertaken:

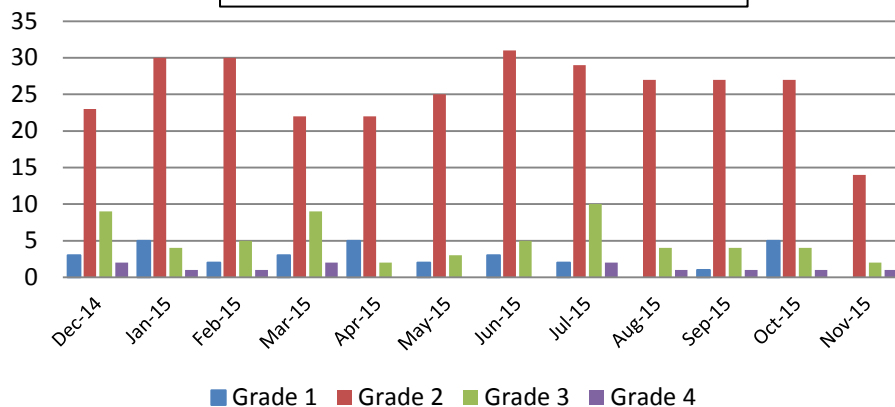
- Review of the Falls Prevention Policy
- Continued implementation of an action plan focussed on sharing best practice and learning by Clinical colleagues
- Standardisation of falls alert signage in line with NICE guidance

Benchmarking

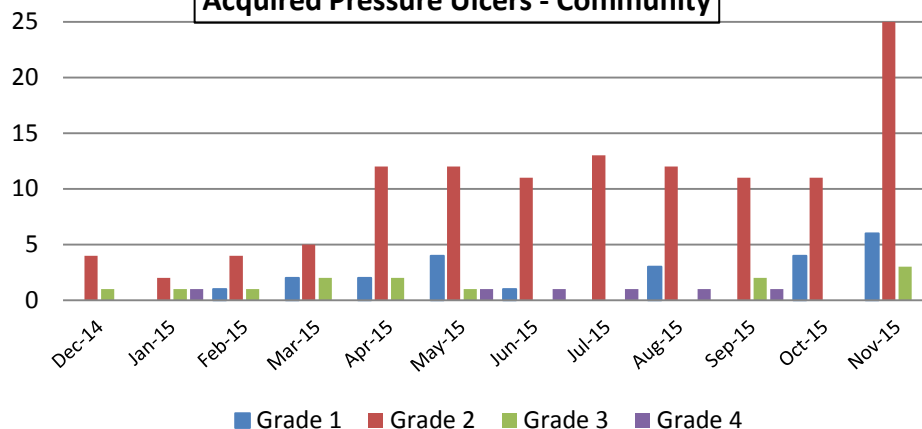
Falls with harm per 1,000 inpatient occupied bed days (GCS)	3.5 average per month (April 2015– October 2015)
Falls with harm per 1,000 inpatient occupied bed days (Aspirant Community Foundation Trust Group)	2.7 average per month (April 2015– October 2015)

Pressure ulcers

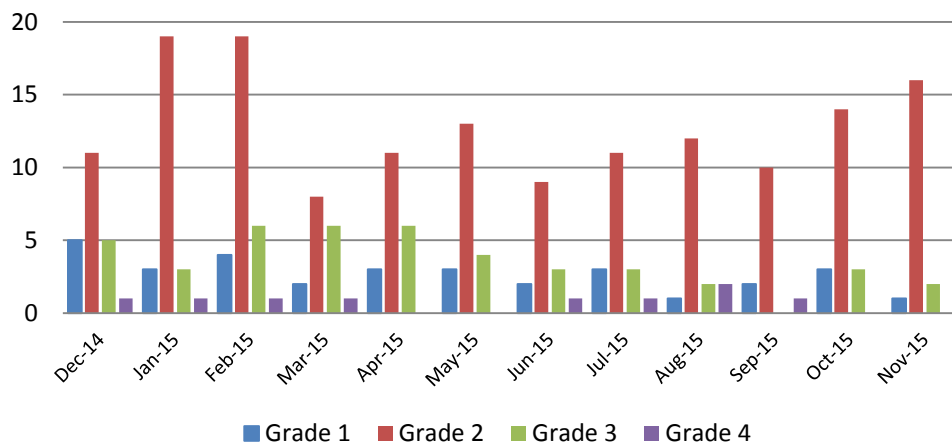
Inherited Pressure Ulcers - Community



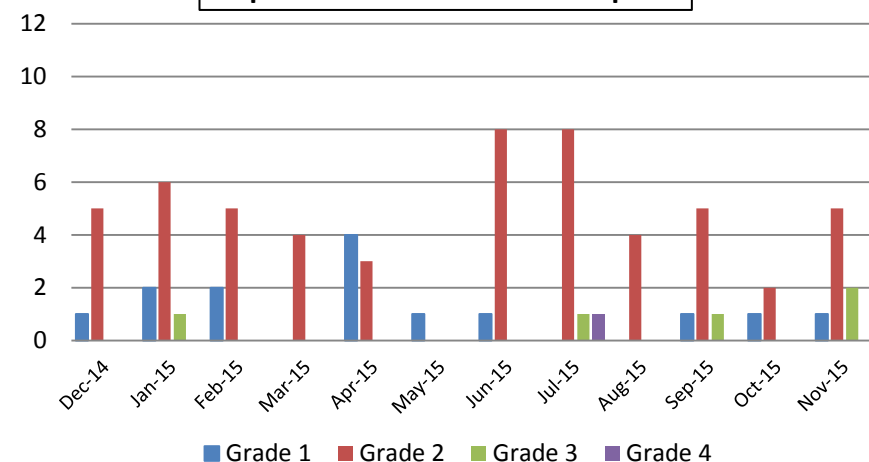
Acquired Pressure Ulcers - Community



Inherited Pressure Ulcers - Hospitals



Acquired Pressure Ulcers - Hospitals



Data shows a varied picture of success as to the effectiveness of current measures to manage pressure ulcers both in and out of the community hospital setting. The Patient Safety Thermometer is becoming an effective tool which supports the interrogation and management of pressure ulcers. It supports the ongoing work to embed the lessons learnt from each pressure ulcer reported on 'Datix' the incident reporting system. The next Quarter will see further work around pressure ulcer recognition and the development of SystmOne to support good record keeping.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
C diff Cases	0	1	2	0	1	1	0	2					7
Avoidable cases in GCS care	0	0	0	0	0	1	0	TBC					1
Unavoidable cases in GCS care	0	1	2	0	1	0	0	TBC					4
Norovirus Outbreaks	2	2	0	0	0	0	0	0					4

C. difficile November 2015:

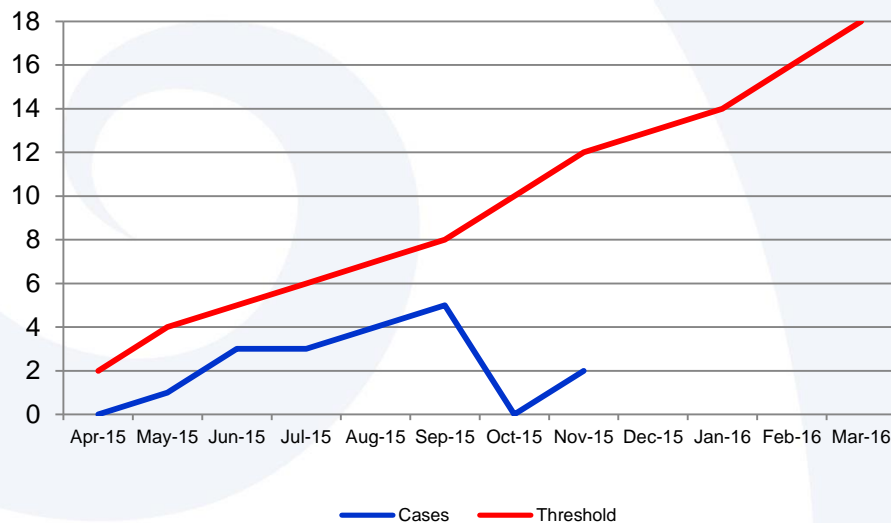
North Cotswold Hospital – the patient had experienced repeated admissions (6 admissions to GHT since January 2015), admitted with community acquired pneumonia, subjected to repeated courses of antibiotics.

Lydney – identified that the patient had been treated for a UTI by GP with an overlong prescription timeframe. There was a C. difficile GENE positive case on the ward in the same period of time that the patient was at Lydney. Ribotyping for both cases has been requested but the GENE positive sample was insufficient to provide a type and await a result on the TOXIN positive sample.

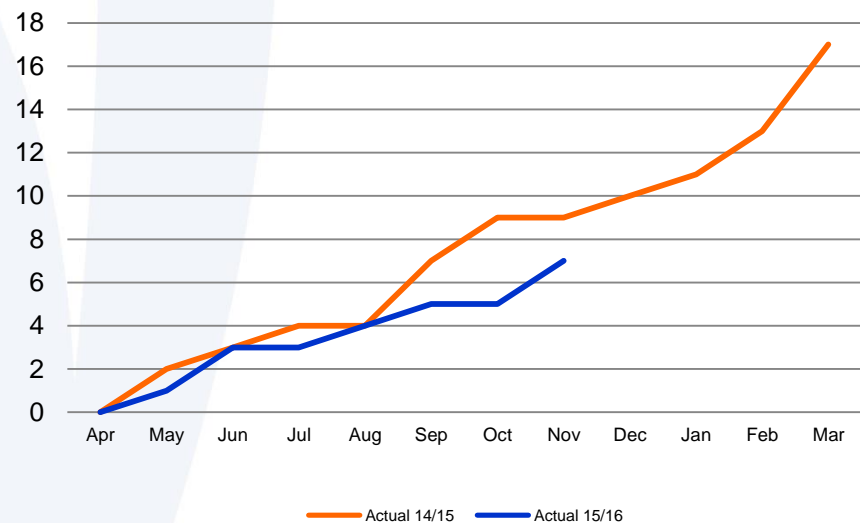
C. difficile October 2015: No cases reported

No outbreaks recorded during November 2015

Incidence of C. diff 15/16 (compared to threshold)

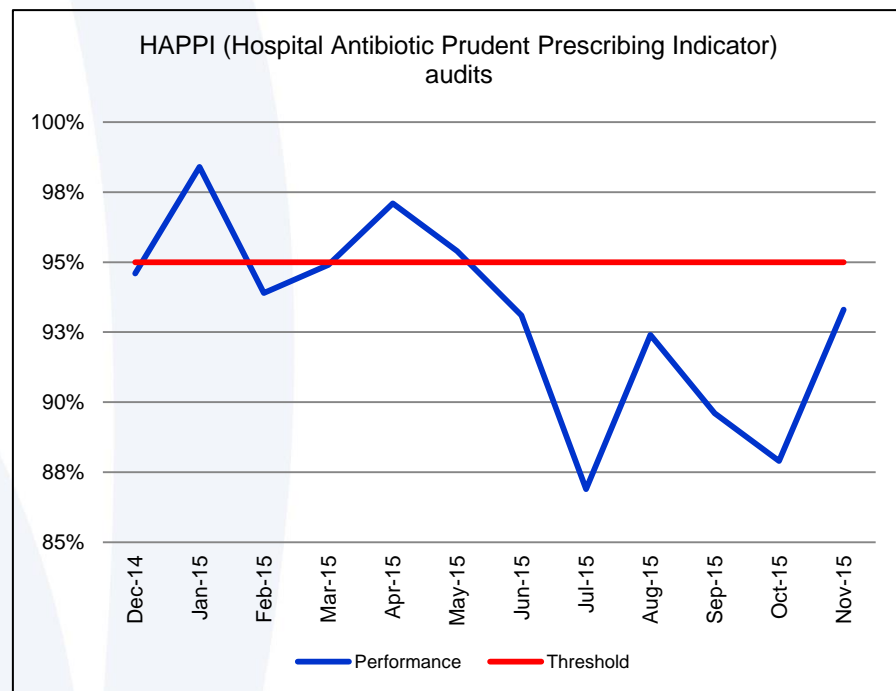


Incidence of C. diff (comparing 14/15 actuals to 15/16 actuals)



Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2015-16	16	33	38	29	40	29	32	53					270
2014-15	22	26	12	21	14	21	27	16	15	23	20	18	235

Medication incidents by sub-category (2015/16)	Number
Omitted or delayed administration	98
Medication administered in error/incorrectly	68
Controlled drugs issue	31
Medication prescribed incorrectly/in error	15
Illegible or unclear information	10
Medication storage Issue	10
Medication missing	10
Medication dispensed incorrectly	7
Failure to follow up or monitor	7
Failure to discontinue medication or treatment	4
Non medical prescribing issue	3
Prescribed with known allergy	3
Information/advice to patient not given/wrong	2
Discharge/transfer medication related issue	1
Medication supply problem	1
Total	270



Hospital Antibiotic Prudent Prescribing Audits

Results since June have been below threshold.
This is being investigated by Pharmacy team

All Controlled Drugs (CD) issues are investigated by CD accountable officer. If staff are not following process or policy then this is discussed with the relevant Team Manager to work with the individual staff member. Unaccountable losses are subject of surveillance review for trends that would be investigated by CD accountable officer.

Safe staffing - November 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	95.6%	98.1%	100.0%	100.0%	99.3%
	Windrush Ward	97.1%	93.1%	100.0%	98.3%	99.8%
	Thames Ward	105.0%	114.3%	100.0%	100.0%	100.0%
Dilke	The Ward	105.5%	106.5%	103.3%	120.0%	98.1%
Lydney and District	The Ward	96.7%	102.4%	100.0%	100.0%	92.7%
North Cotswolds	NCH Ward	97.2%	97.6%	100.0%	101.7%	99.2%
Stroud General	Cashes Green Ward	98.3%	101.9%	100.0%	116.4%	97.7%
	Jubilee Ward	100.0%	95.2%	100.0%	101.7%	99.8%
Tewkesbury Community	Abbey View Ward	99.4%	94.3%	100.0%	100.0%	94.5%
Vale Community	Peak View	99.4%	96.2%	100.0%	103.3%	99.5%
TOTAL		99.0%	99.0%	100.4%	104.4%	97.8%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	14.1%	9.8%
	Windrush Ward	14.6%	9.3%
	Thames Ward	18.8%	10.6%
Dilke	The Ward	2.8%	4.2%
Lydney and District	The Ward	9.1%	5.6%
North Cotswolds	NCH Ward	12.2%	11.2%
Stroud General	Cashes Green Ward	8.2%	19.2%
	Jubilee Ward	7.9%	17.6%
Tewkesbury Community	Abbey View Ward	2.5%	7.0%
Vale Community	Peak View	16.2%	17.7%
TOTAL		10.1%	11.2%

Exception reporting required if fill rate is <80% or >120%

It should be noted that the Trust are currently reviewing the National 1:8 staffing guidance and are working on alternative staffing models. This work is being led by the Agency Usage Group and in essence reintroduces Clinical judgement and proactive management into staffing levels rather than purely a numbers based approach.

Safe staffing - October 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	94.6%	94.0%	132.3%	98.4%	98.7%
	Windrush Ward	97.3%	94.0%	100.0%	98.4%	98.5%
	Thames Ward	101.6%	150.0%	96.8%	103.2%	96.4%
Dilke	The Ward	100.0%	101.8%	100.0%	98.4%	94.5%
Lydney and District	The Ward	93.5%	101.4%	100.0%	100.0%	91.4%
North Cotswolds	NCH Ward	98.9%	92.2%	100.0%	100.0%	98.1%
Stroud General	Cashes Green Ward	98.9%	100.5%	98.4%	119.4%	93.5%
	Jubilee Ward	100.8%	94.5%	100.0%	100.0%	98.8%
Tewkesbury Community	Abbey View Ward	94.1%	103.7%	100.0%	101.6%	97.3%
Vale Community	Peak View	97.8%	98.2%	100.0%	117.7%	98.9%
TOTAL		97.4%	99.4%	103.1%	103.7%	96.6%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	14.1%	9.8%
	Windrush Ward	14.6%	9.3%
	Thames Ward	18.8%	10.6%
Dilke	The Ward	2.8%	4.2%
Lydney and District	The Ward	9.1%	5.6%
North Cotswolds	NCH Ward	12.2%	11.2%
Stroud General	Cashes Green Ward	8.2%	19.2%
	Jubilee Ward	7.9%	17.6%
Tewkesbury Community	Abbey View Ward	2.5%	7.0%
Vale Community	Peak View	16.2%	17.7%
TOTAL		10.1%	11.2%

Exception reporting required if fill rate is <80% or >120%

•Cirencester Coln Ward, Thames Ward– all report staffing levels increased to meet care need required

Quality Snapshot - Community Hospital Inpatient Care November 2015

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers	Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month	
								No Harm	Minor	Moderate	Major	Death		Grade 1 & 2	Grade 3 & 4		RNC	HCA	RNC	HCA		RNC
SGH	Cashes Green	0.0%	0	-	1	0	88.9%	5	1	0	0	0	0	0	98.8%	105.1%	7	1.9% (12.19)	9.6% (14.41)	92.9%	100.0%	↕
SGH	Jubilee	0.0%	0	-	0	0	93.8%	0	0	0	0	0	1	0	100.0%	96.7%	0	12.6% (10.80)	0.21% (13.41)	69.3%	58.8%	↔
NCH	North Cotswold	44.7%	17	94.1%	0	1	77.8%	8	2	0	0	0	0	0	97.9%	98.5%	8	1.0% (11.29)	7.5% (13.99)	46.7%	63.2%	↓
VLH	Peak View	38.5%	10	100.0%	0	0	94.4%	7	1	0	0	0	2	0	99.6%	97.8%	3	3.8% (11.56)	8.1% (12.43)	86.7%	70.6%	↓
DLK	Dilke	53.3%	16	93.8%	0	0	91.7%	10	3	0	0	0	1	1	104.6%	109.6%	0	1.2% (20.59)	4.6% (16.63)	92.3%	90.5%	↓
TWK	Abbey View	54.2%	13	100.0%	0	0	75.0%	11	2	0	0	0	1	1	99.6%	95.6%	8	2.9% (17.44)	5.6% (16.87)	77.3%	85.0%	↑
LYD	Lydney	77.8%	21	95.3%	0	1	87.5%	4	0	0	0	0	1	0	97.5%	101.9%	5	7.7% (13.2)	15.2% (16.16)	87.5%	91.3%	↓
CIR	Coln	64.3%	9	88.9%	0	0	80.0%	7	2	0	0	0	0	0	96.7%	98.5%	8	10.2% (15.8)	4.5% (12.83)	80.0%	80.0%	↓
CIR	Windrush	121.4 %	17	94.1%	0	0	100.0%	4	2	0	0	0	0	0	97.5%	94.4%	11	6.1% (12.5)	7.4% (12.09)	60.0%	46.7%	↑
CIR	Thames	40.0%	2	100.0%	0	0	85.7%	1	0	0	0	0	0	0	103.3%	110.3%	1	0.0% (9.72)	0.0% (5.33)	81.8%	66.7%	↕

Quality Snapshot - Community Teams November 2015

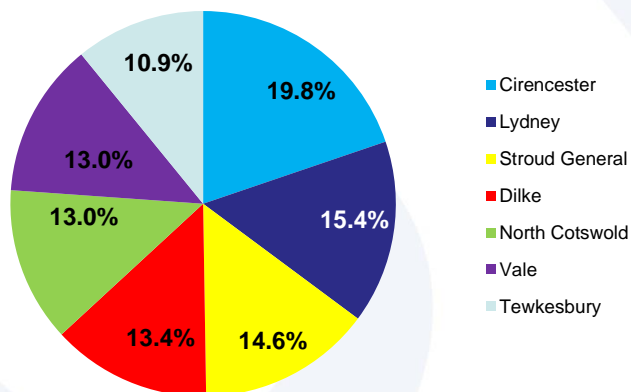
Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	99.5%	0	6	0	0	10.5% (75.3)	79.6%	1	↑
Cotswold	92.1%	1	1	0	0	6.4% (73.1)	72.7%	0	↓
Forest	98.2%	0	3	1	0	4.6% (60.1)	98.6%	0	↓
Gloucester	95.6%	2	5	2	0	8.5% (82.7)	88.7%	0	↑
Stroud	96.5%	2	3	0	0	4.8% (89.7)	80.0%	0	↓
Tewkesbury	96.8%	1	7	0	0	6.4% (57.0)	81.5%	0	↔

Mortality Reviews: Community Hospitals

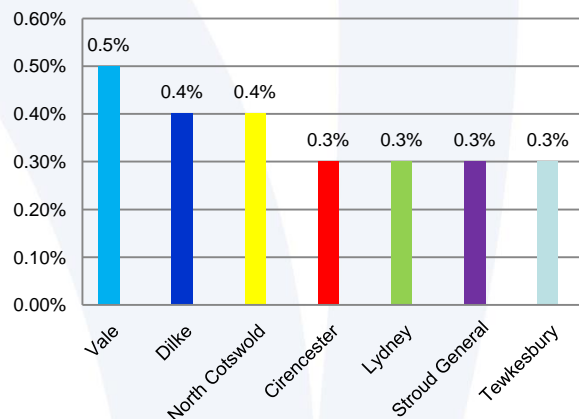
Number of Discharges from Community Hospital where discharge reason is as a result of death

Hospital Site	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Rolling 12 month total
Cirencester	3	8	6	2	2	5	5	3	6	3	4	2	49
Lydney	8	5	1	4	5	2	2	0	4	3	2	2	38
Stroud General	7	3	4	4	6	5	0	2	1	3	0	1	36
Dilke	3	2	3	1	2	2	3	6	4	3	3	1	33
North Cotswold	4	2	5	1	0	2	4	4	3	3	2	2	32
Vale	7	5	2	3	2	1	1	2	2	4	3	0	32
Tewkesbury	3	4	1	5	2	3	2	0	2	1	1	3	27
Total	35	29	22	20	19	20	17	17	22	20	15	11	247

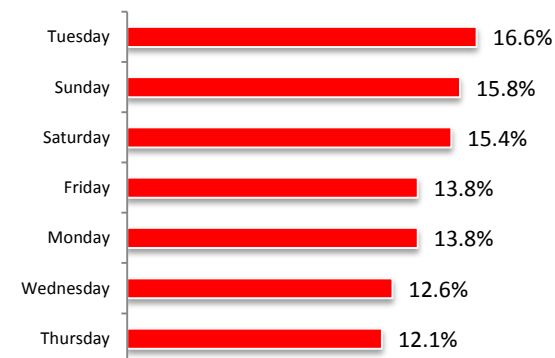
Number of deaths per Community Hospital (%) – Rolling 12 month Total



Number of Deaths as % of Occupied Bed Days per Hospital - Rolling 12 month Total



Number of Deaths (%) per Weekday - Rolling 12 month Total



- MIDAS is used to capture the record of care after death in the community hospital setting. A detailed analysis of the July to October 2015 period can be found in the mortality report presented to December Quality and Performance Committee.
- It was evident from the analysis that incorporating this data into the SystemOne template would make the system more effective and reliable to ensure all data is captured first hand.

Reablement Service Key Indicators

Reablement service key actions to improve performance are detailed on the subsequent page

Target description	2014/15 Outturn	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun -15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Target 2015/16
% Contact Time	34.9%	42.2%	37.0%	41.3%	35.6%	39.0%	37.7%	37.3%	37.8%	36.7%	37.3%	41.4%	42.9%	40%-60% by Mar 16 Target this month: 54%
Number of Community Reablement Starts	Average 257	334	367	276	296	335	287	332	358	302	289	291	336	
Number of Current Cases open longer than 6 weeks	106	121	96	118	118	73	62	53	45	35	38	45	47	0
% of cases progressed within 6 weeks (from those closing this month)	81.1%	82.7%	83.1%	83.2%	73.8%	86.4%	80.5%	79.5%	84.4%	84.9%	83.9%	84.4%	83.1%	100%
Average Length of Reablement Service (weeks)	4.0	3.6	4.8	4.0	5.9	3.1	3.7	3.3	3.2	2.9	3.0	2.9	3.0	6.0
Sickness rate in Reablement Workforce	6.9%	7.2%	5.4%	6.1%	6.6%	6.2%	3.2%	5.3%	5.5%	7.7%	6.8%	6.8%	TBC	3%

The Reablement Delivery Group (locality Manager lead, Reablement lead, Transformation Team support, lead Joint Commissioner) was established in May 2015 to monitor performance and set an Action Plan, meets fortnightly.

'Deep dive' report shared with ICT Performance and Delivery Group (30th November), including list of points for discussion.

Actions to deliver improvement are shown against key targets below:

Measure	Definition	Actions
Face to Face Contact Time	This targets relates to the amount of time the Reablement workers spend giving direct intervention with a service user	<ul style="list-style-type: none"> • Data now available on the time every reablement worker spends on which activity, so a Team Manager can check quickly. • 'Deep dive' taken place in each locality onto Coldharbour system, reviewing what is input, by whom, under what categories of activity and when. • Draft action plan being developed following 'deep dive' which will include additional actions. This has been shared at Community Managers meeting. • Reablement Co-ordinator workshops held in November, which were very successful and generated further actions. • Additional work on definitions of activity categories underway, to be completed in December.
Sickness absence	This target relates to sickness absence of all staff within the reablement service	<ul style="list-style-type: none"> • Performance / Sickness management processes to support staff to return to work as quickly as possible and if not possible, then to consider appropriate alternatives, • Changes to role of Team managers responsibilities has enabled a confirmation that they directly manage the Reablement Co-ordinators, and therefore 'local ownership' of the performance targets and their delivery has been reinforced. • 9 staff members have now left the service following long term sickness management process.
Over 6 week length of stay	This target relates to the number of people receiving a reablement service who have been in the service for longer than 6 weeks	<ul style="list-style-type: none"> • New data pack provided to all Community Managers on a monthly basis, including Average Length of Stay, Face to Face contacts, new starts, so they have 'whole story' available. • Updated spreadsheet goes to Team Managers on a weekly basis with a drop down box of just 4 options as to why the person is in the service more than 6 weeks; collation and analysis will take place on receipt, and provide monthly data. • Decision to use a tool for qualitative data collection.

Integrated Community Teams Key Indicators

Integrated Community Teams key indicators

Target description	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun -15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
% Service User referrals resolved at point of referral	46.9%	48.9%	61.2%	70.3%	70.5%	70.1%	70.5%	70.3%	71.7%	70.8%	68.0%	63.9%
Number of Service User referrals resolved at point of referral	1,178	1,644	1,443	1,720	2,167	2,044	2,334	2,470	2,107	2,226	1,907	1,639
Service User 'Person-led Plans' undertaken and completed	262	226	263	284	253	309	319	289	220	266	272	260
Service User Referrals from ICT to Specialist Services	19	29	24	27	41	24	18	37	30	20	23	68

The indicators above are reported to the ICT Performance & Delivery Group on a monthly basis as a part of a wider set of metrics and indicators. This Group is part of the revised Governance structure for ICTs and will be responsible for overseeing the specific delivery and development of the current ICT model including associated performance issues.

This group will review operational issues in more detail and report operational issues to the GCCG Contract Board and wider strategic issues to the new Joint Integration Reference Panel Group.

The Joint Integration Reference Panel replaces the previous ICT Steering Group and is designed to focus on wider strategic issues relating to integration and multi-agency working across the health, social care and third sector in Gloucestershire.

Total	2014-15 outturn	Apr -15	May-15	Jun-15	Jul-15	Aug -15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Adult safeguarding concerns raised by GCS	247	35	23	28	18	10	6	10	8					138
Total county adult safeguarding concerns	3,853	356	343	338	289	246	265	310	271					2,418
GCS adult section 42 enquiries	112	17	4	7	4	3	1	2	3					41
Total county section 42 enquiries	397	137	108	100	63	57	65	80	62					672
Number of new Children's Serious Case Reviews	4	0	0	0	0	0	0	0	0					0
Number of new Safeguarding Adult Reviews	3	0	0	1	0	0	0	0	0					1
Number of children subject to a Child Protection Plan	428	425			522			582						582

*Breakdown of adult safeguarding enquiries (2015/16)

Client group		Type of concern	
Dementia	17	Financial	15
Physical Disability	14	Neglect	11
Learning Disabilities	9	Physical injury	9
Other Vulnerable	1	Sexual	4
Mental Health	0	Psychological	3
		Institutional	0

2014/15 Children's Serious Case Reviews (4) all continue through the SCR process, one of which is also subject to a Domestic Homicide Review.

2014/15 Adult Serious Case Reviews (now called Safeguarding Adult Reviews) are completed and either published or at the final action plan stage.

June 2015 Safeguarding Adult Review is a fire death. GCS services were involved in care provision. This is currently under investigation.

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 1/6

Date	Who	Service	Location	Status	Feedback from visit
30 th April	<u>Richard Cryer</u> James Curtis	Stop Smoking Service	Gloucester	Visit Completed	Service users felt adequately involved and informed of the effects of smoking and the available non-smoking aids.
14 th May	<u>Ingrid Barker</u> Liz Bromwell	Public Health Nursing Service	Cheltenham	Visit Completed	One theme that came through from both families was how much continuity of care from a single named health visitor matters to them. A proposal is being considered to organise the team geographically
21 st May	<u>Nicola Strother-Smith</u> Louise Simmonds	Community Nursing Service (ICT)	Winchcombe	Visit Completed	Awaiting report
2 nd June	<u>Rob Graves</u> Sharon Clark	Community Nursing Service (ICT)	North Cotswold	Visit Completed	All the patients were very appreciative of and complimentary about the service they receive from our community nurses.
4 th June	<u>Joanna Scott</u> Sarah Nicholson	Adult MSK Physiotherapy	Stroud	Visit completed	Awaiting report

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 2/6

Date	Who	Service	Location	Status	Feedback from visit
1 st July	<u>Rob Graves</u> Linda Piontek	Community Nursing Service (ICT)	Newent Health Centre	Visit completed	The service users spoken to were very positive about their experience of services and their interaction with the community nursing team.
8 th July	<u>Ingrid Barker</u> Alex Harrington	Podiatry	Gloucestershire Royal Hospital	Visit completed	Great improvements have been made to the telephone service as previously, patients had experienced technical difficulties with the old system when making contact with the service
9 th July	<u>Richard Cryer</u> Debbie Gray	Integrated Discharge Team	Cheltenham General Hospital	Visit confirmed	There are clearly challenges for a team that is funded cross organisationally between GHT and GCS but there was assured that the working relationships are now both constructive and functioning well, with the interests of patients being regarded as paramount.

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 3/6

Date	Who	Service	Location	Status	Feedback from visit
22 nd July	<u>Nicola Strother</u> <u>Smith</u> Joanna Griffin	MSKCAT	Gloucester Access Centre	Visit completed	Awaiting report
26 th August	<u>Ingrid Barker</u> Rachel Bucknell	Community Nursing Service (ICT)	Heathville Surgery, Gloucester	Visit completed	Challenges regarding accommodation were evident from discussions. Communications regarding changes to rotas could apparently be better. It was evident that the wording of Friends and Family Test question is quite complicated for elderly or unwell people to follow easily.
9 th September	<u>Ian Dreelan</u> Gayle Clay	Homeless Healthcare Centre	Vaughan Centre, Gloucester	Visit agreed	Awaiting report
10 th September	<u>Ingrid Barker</u> Steve Carpenter	Stroke Coordinators	Gloucester	Visit completed	Compassion and clear communication evident, providing advice and information to anxious and unwell patients. Patients felt supported by interventions.

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 4/6

Date	Who	Service	Location	Status	Feedback from visit
14 th September	<u>Jan Mariott</u> Sue Davies	Community Nursing Service (ICT)	Quayside, Gloucester	Visit agreed	All staff very professional and caring wanting to do best for patients. Rapid Improvement exercises to streamline processes and create LEAN working seem vital.
15 th September	<u>Joanna Scott</u> Becky Davis	Children's Community Service	Gloucester	Visit completed	Awaiting report
8 th October	<u>Rob Graves</u> Catherine Fern	Cardiac Rehab Specialist Nurse	Longford Village Hall, Gloucester	Visit completed	Service users without exception were complimentary about the service they receive in this setting and the caring attitude of the team.
13 th October	<u>Ingrid Barker</u> Holly Gittings	Telecare	Healthy Living Centre, Cheltenham and accompany staff on home visits	Visit completed	Challenging home visit showed how range of equipment can enable vulnerable persons to stay at home safely. Responsiveness and professionalism of the service was evident.
21 st October	<u>Nicola Strother</u> <u>Smith</u> Val Welsh	Sexual Health	Hope House, Gloucester	Visit completed	Awaiting report

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 5/6

Date	Who	Service	Location	Status	Feedback from visit
6 th November	<u>Richard Cryer</u> Sandra Major	Dental Service	Redwood House, Stroud	Visit completed	Staff demonstrated skills to support service users with special needs. Good features observed included equipment to allow wheelchair users to be treated in situ and easy read leaflets that had received positive patient feedback.
12 th November	<u>Sue Mead</u> Jade Mills	School Nurse Continence Service	Stonehouse Health Clinic	Visit completed	High turnover of school nurses had meant difficult period for staff. Some issues as a result of processes following SystemOne introduction in MIUs.
16 th November	<u>Jan Marriott</u> Tina Haywood/Sarah Claridge	Physio/OT	Accompanying Physio and OT	Visit agreed	Awaiting report
17 th November	<u>Jan Marriott</u> Jane Stroud	SLT	Accompanying Jane Stroud SLT, outpatients, GRH	Visit agreed	Awaiting report
17 th November	<u>Joanna Scott</u> Louise Alexander	Health Visiting	Rosebank Team, Finlay Hub, Gloucester	Visit agreed	Awaiting report

Non-Executive Directors (NED) Quality Visit Schedule (2015/16) 6/6

Date	Who	Service	Location	Status	Feedback from visit
Q4	<u>Ingrid Barker</u> Sue Watts	Parkinson's/MND	TBC	Visit confirmed	-
Q4	<u>Sue Mead</u> Janet Mills	School Nurse Service	Highnam	Previous visit cancelled, to be rescheduled for Q4	-
October /November	<u>Sue Mead</u> Tina Craig	Podiatry/MSKCAT	Cirencester	Awaiting confirmation on date	-

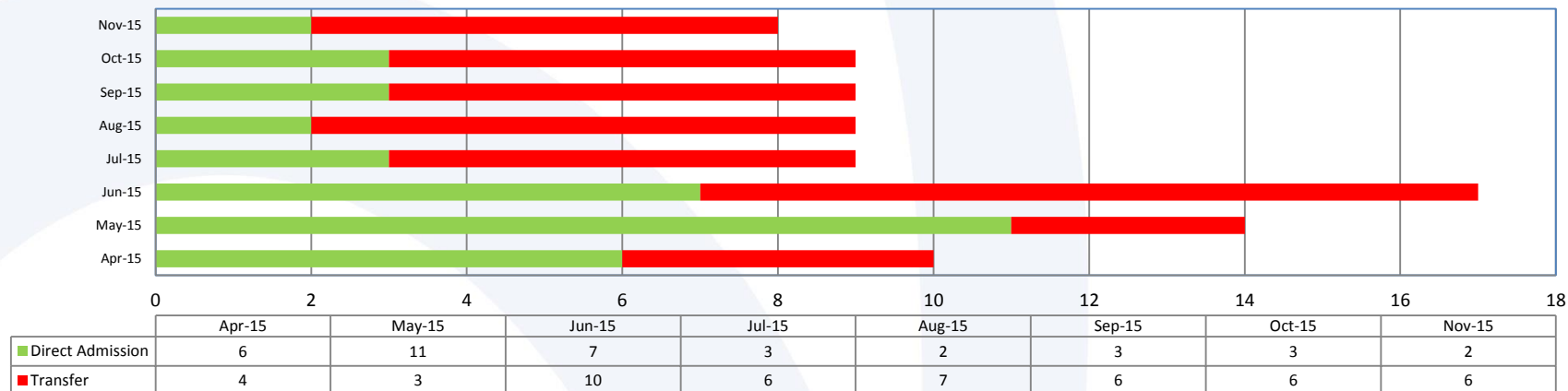
**Strategic Objective 2:
Understand the needs and views
of service users, carers and families
so that their opinions inform every aspect of our work**

Quality Strategy metrics 2015-16 against strategic objective 2

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Percentage of service users recommending the Trust as a place of care	More than 90%	95.9%	96.1%	95.6%	95.7%	96.1%	93.5%	94.7%	94.6%					95.3%
Measured increase in the number of service users who feel appropriately involved in their care and treatment	Equal or more than 95%	94.4%	95.3%	94.7%	95.5%	95.2%	93.4%	94.6%	94.0%					94.7%
Increasing the number of service users who feel treated with dignity and respect	Equal or more than 98%	98.3%	98.4%	98.7%	98.7%	98.4%	97.9%	97.9%	98.5%					98.3%
Increased response rates of service users completing the Friends and Family Test	More than 4.6%	5.6%	6.9%	5.6%	5.1%	5.4%	4.8%	5.7%	5.5%					5.6%
Increase in the number of public focus / discussion groups per quarter	Two topics per quarter	2			3			13 (includes Healthwatch event, work with the VCS, Forest engagements etc)						18

Transitions from one service to another, for people on care pathways, are made smoothly

Below are the details of transfers into community hospitals wards between 23:00 and 05:59:



Additional analysis - admissions between 23:00 and 05:59 (November 2015)

Time of admission	Direct Admission	Transfer	Total
23:00 - 23:59	1	2	3
00:00 - 00:59	1	0	1
01:00 - 01:59	0	1	1
02:00 - 02:59	0	0	0
03:00 - 03:59	0	0	0
04:00 - 04:59	0	2	2
05:00 - 05:59	0	1	1
Total	2	6	8

Day of admission	Direct Admission	Transfer	Total
Saturday	0	0	0
Sunday	2	2	4
Monday	0	0	0
Tuesday	0	3	3
Wednesday	0	0	0
Thursday	0	0	0
Friday	0	1	1
Total	2	6	8

Admitting Hospital	Direct Admission	Transfer	Total
Stroud General	0	4	4
North Cotswold	1	2	3
The Vale	1	0	1
Lydney	0	0	0
Cirencester	0	0	0
Tewkesbury	0	0	0
Dilke	0	0	0
Total	2	6	8

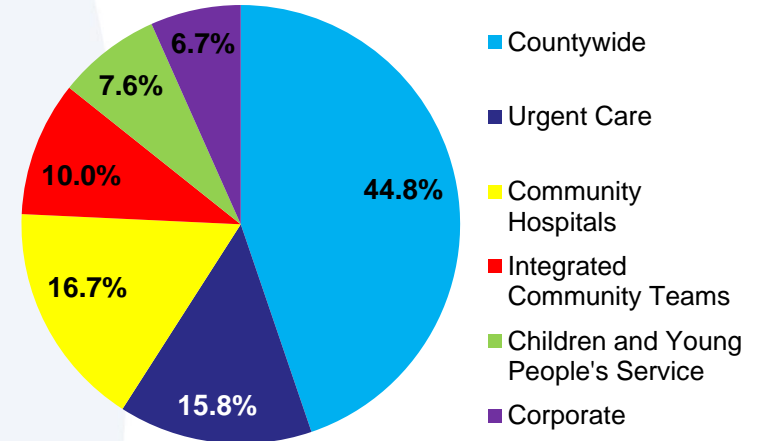
The number of admissions into Community Hospitals between 23:00 and 05:59 in November was the lowest in 2015/16. Of the 8 transfers in November:

- 38% (3) of the 8 admissions occurred between 23:00 and 23:59.
 - 50% (4) admissions occurred on a Sunday.
- 50% of the admissions were to Stroud General (4).

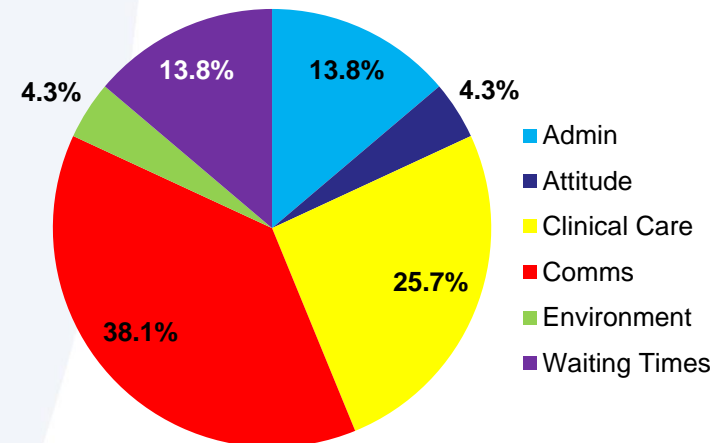
When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse

Below are details of reported concerns:

Concerns	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	YTD
Countywide	19	8	16	12	9	8	10	12	94
Community Hospitals	4	3	4	5	4	3	7	5	35
Urgent Care	2	2	7	3	3	7	1	5	30
ICTs	0	1	1	3	2	6	7	1	21
CYP Services	3	6	2	2	1	1	1	0	16
Corporate	0	2	1	1	1	0	4	5	14
Total	28	22	31	26	20	25	30	28	210

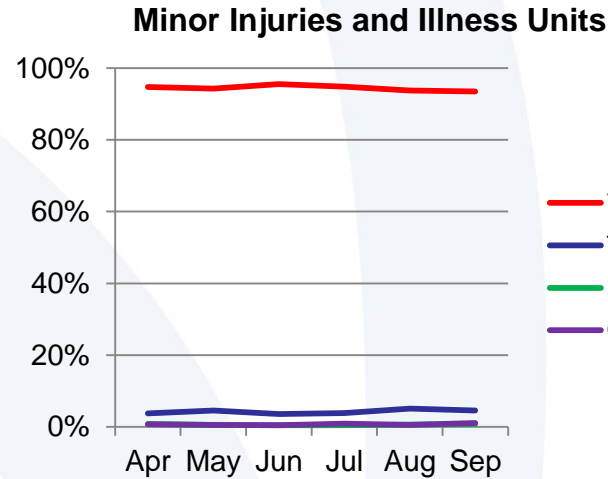
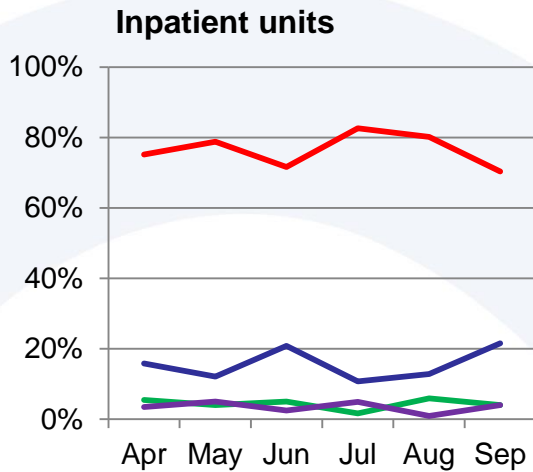


Concerns	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	YTD
Communications	13	10	16	10	3	8	11	9	80
Clinical Care	7	3	6	9	10	9	6	4	54
Admin	2	3	3	1	3	3	4	10	29
Waiting Times	6	5	4	3	1	2	5	3	29
Attitude	0	0	2	1	0	2	3	1	9
Environment	0	1	0	2	3	1	1	1	9
Total	28	22	31	26	20	25	30	28	210

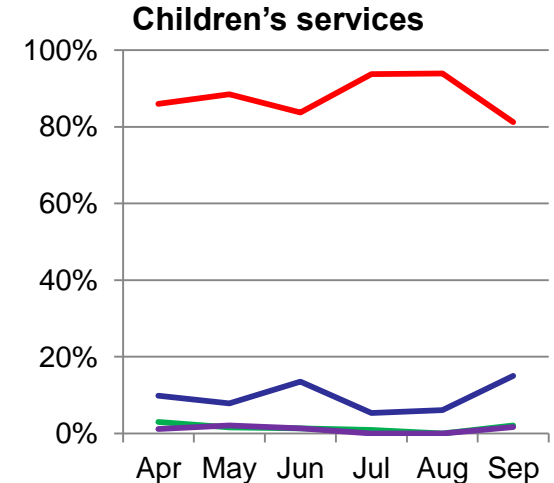
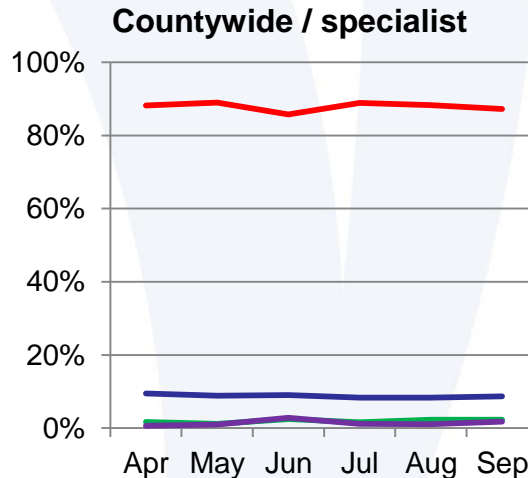
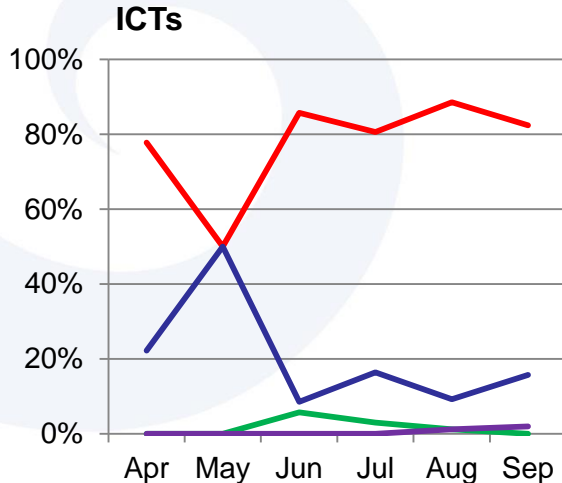


People are informed and supported to be as involved as they wish to be in decisions about their care

“Were you involved as much as you wanted to be in decisions about your care and treatment?”

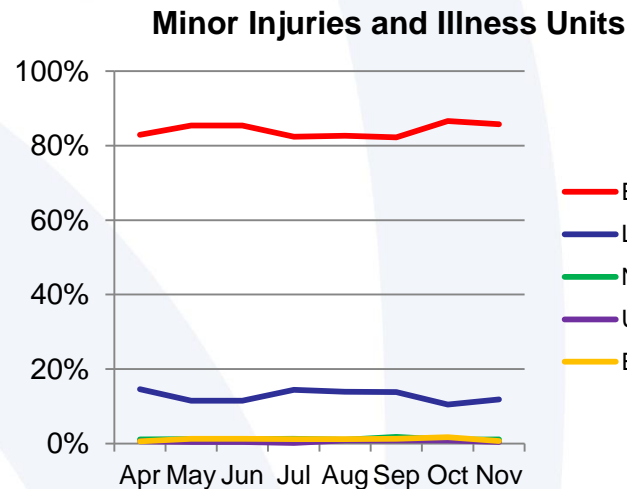
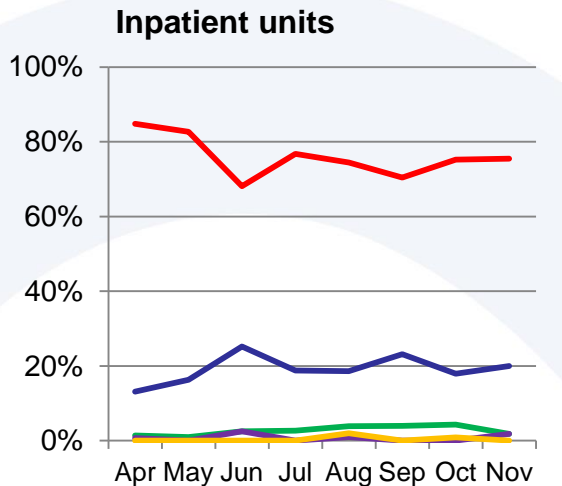


Please note that data for a number of services is based on a small sample so may not be wholly representative



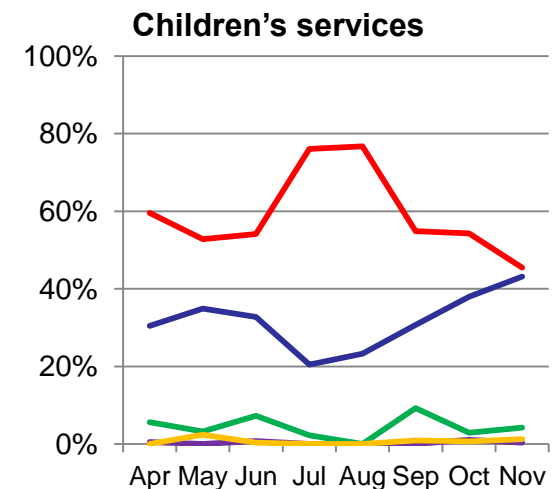
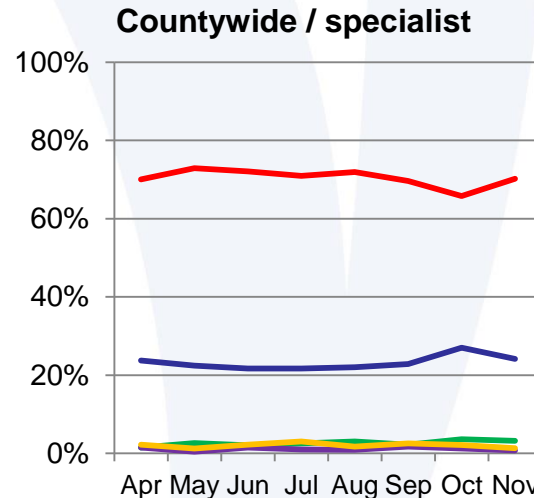
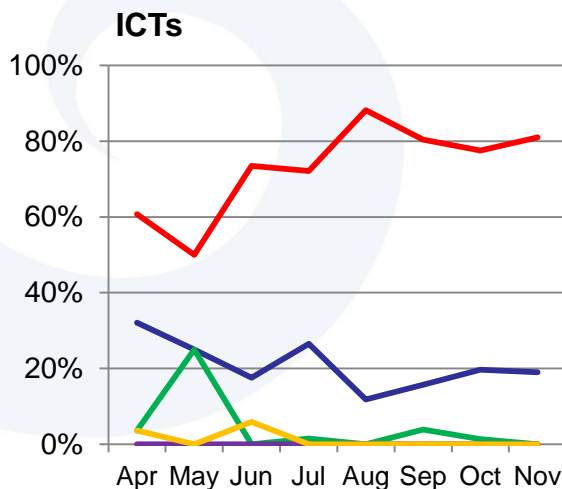
People report positive experiences of the NHS

Friends and Family Test outcomes best indicate positive experiences of service users:



Extremely likely
Likely
Neither
Unlikely
Extremely unlikely

Please note that data for a number of services is based on a small sample so may not be wholly representative



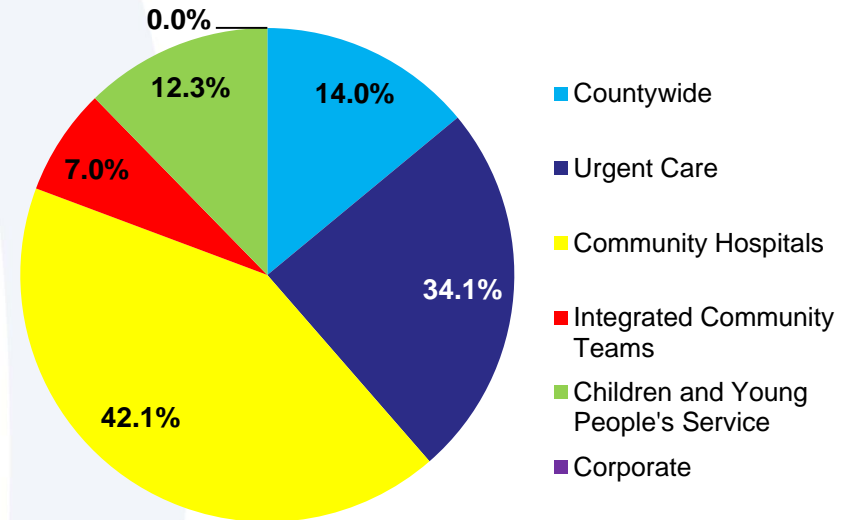
People report positive experiences of the NHS (cont)

We received 20 NHS Choices comments in October and November 2015 which were shared with the relevant teams for actioning:

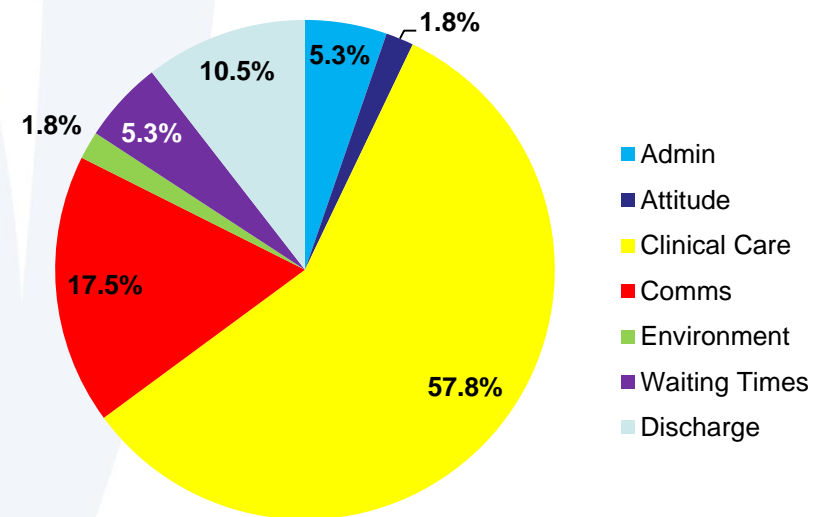
Service	Themes	Positive	Negative
Stroke team	<i>"Whole experience was great" • "Exemplary in care and attention as well as advice"</i>	1	0
Dental services	<i>"I cannot fault the service I received" • "Kind, polite and wonderfully patient staff" • "This is how visiting a dentist should be" • "Cannot thank or praise enough" • "Would definitely recommend"</i> Not timely service, triage was not felt to be supportive/appropriate	3	1
Stroud Physiotherapy	<i>"Well organised" • "Positive atmosphere" • "People arrive with frowns and leave with smiles"</i>	1	0
Cirencester Physiotherapy	<i>"Lovely physiotherapist" but "Couldn't get through on the phone"</i>	1	0
Dilke MliU	<i>"Didn't feel welcome" • "Terrible service" • "Not acknowledged, waited for half an hour and left"</i>	0	2
Stroud MliU	<i>"Staff were brilliant!" • "Well worth the wait" • "Thoughtful and reassuring nurse"</i>	3	0
Tewkesbury MIU	<i>"Super service, I was very impressed" • "Friendly caring attitude" • "Excellent service"</i>	2	0
Vale MIU	<i>"Very rude" • "Patronising behaviour" • "Whole experience left us feeling embarrassed and hurt"</i>	0	2
Cirencester MIU	<i>"Very efficient and friendly"</i>	1	0
Cirencester Hospital	<i>"Excellent" • "Husband was treated in minutes"</i>	1	0
North Cotswolds Hospital	<i>"Service was excellent, administration kept to a minimum and the nursing care quick, precise and friendly"</i> <i>"Care plan is insufficient" • "Bad communication" • "Poorly treated and family given little support"</i>	1	1

People's complaints about services are handled respectfully and efficiently

Complaints	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	YTD
Community Hospitals	5	5	1	2	1	2	5	3	24
Urgent Care	2	0	0	0	3	9	0	0	14
Countywide	2	1	4	0	0	0	1	0	8
ICTs	0	0	0	0	0	0	3	1	4
CYP Services	0	0	2	1	1	0	3	0	7
Corporate	0	0	0	0	0	0	0	0	0
Total	9	6	7	3	5	11	12	4	57



Complaints	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	YTD
Admin	0	0	0	0	0	1	0	2	3
Attitude	0	1	0	0	0	0	0	0	1
Clinical Care	3	4	3	2	4	10	6	1	33
Communications	3	1	3	0	0	0	3	0	10
Environment	0	0	0	0	0	0	1	0	1
Waiting Times	2	0	0	0	0	0	1	0	3
Discharge	1	0	1	1	1	0	1	1	6
Total	9	6	7	3	5	11	12	4	57



People's complaints about services are handled respectfully and efficiently (cont)

Response Time	Q1	Q2
Target time within agreed timescale (25 working days)	90.5%	94.4%

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	3.5 average per month, April - October 2015
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.2 average per month, April – October 2015

Strategic Objective 3:
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

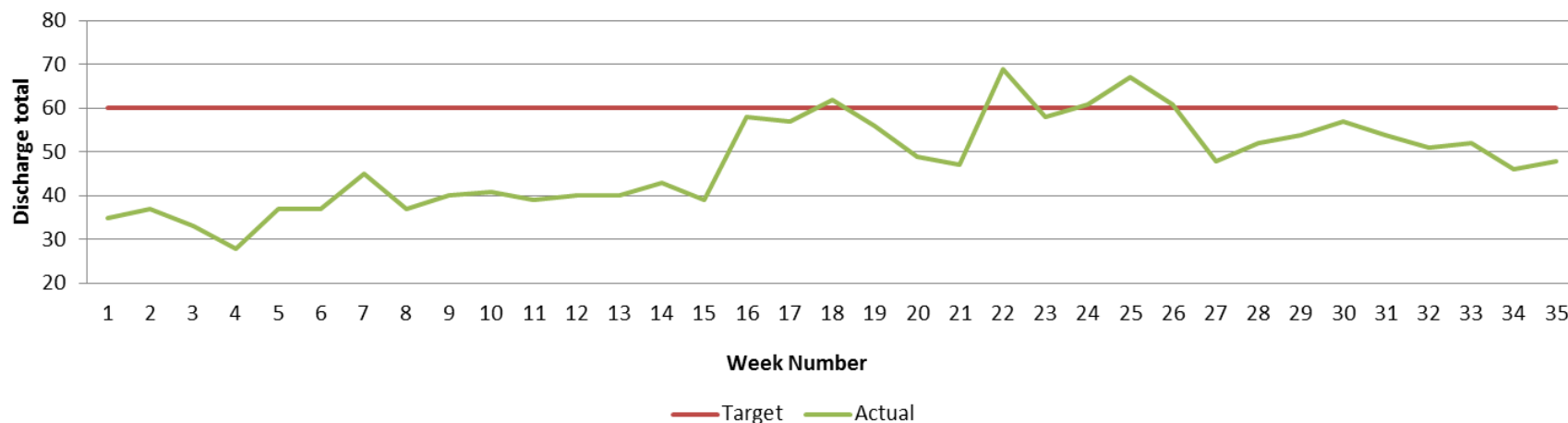
Quality Strategy metrics 2015-16 against strategic objective 3

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
% CQUIN milestones achieved against agreed plan	n/a	100%			TBC									100%
% QIPP milestones achieved against agreed plan	n/a	94.3%			TBC									94.3%
Number of referrals accepted by Rapid Response service	Target	254	266	256	266	265	256	265	257					2,085
	Actual	146	178	178	243	239	264	244	214					1,706
Number of avoided admissions as a result of ICT intervention	80%+	96.6%	98.3%	96.1%	96.3%	97.9%	97.0%	98.0%	98.6%					97.4%
Number of service users discharged by the IDT from the acute Trust Emergency Department	280 per month	119	96	120	124	96	119	119	121					112 average per month
Number of service users discharged by the IDT from the acute Trust ACU (same day)	56 per month	33	42	49	50	33	37	30	29					41 average per month

Rapid Response - Key Indicators

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16	14/15 Outturn
Number of referrals accepted (plan)	Target	254	266	256	266	265	256	265	257	263	263	246	263	2,085	
Number of referrals accepted	Actual	146	178	178	243	239	264	244	214					1,706	1,381
% of patients with assessment initiated within 1 hour	95%	95.2%	97.2%	94.8%	96.2%	95.1%	95.8%	96.9%	96.1%					95.9%	92.4%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%
% of patients where the direct referrer reports that rapid response intervention avoids hospital admission		96.6%	98.3%	96.1%	96.3%	97.9%	97.0%	98.0%	98.0%					97.4%	82.0%
Number of referrals where the direct referrer reports that rapid response intervention avoids a hospital admission		139	173	169	234	227	253	236	206					1,637	1,154

Rapid Response Weekly Discharges against Target 2015/16 (April - November)



Rapid response referrals:

Actions plan continues to be followed to increase referrals. This includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads to have regular contact with GP surgeries.

Alamac - Gloucestershire Health Community reporting (1/2)

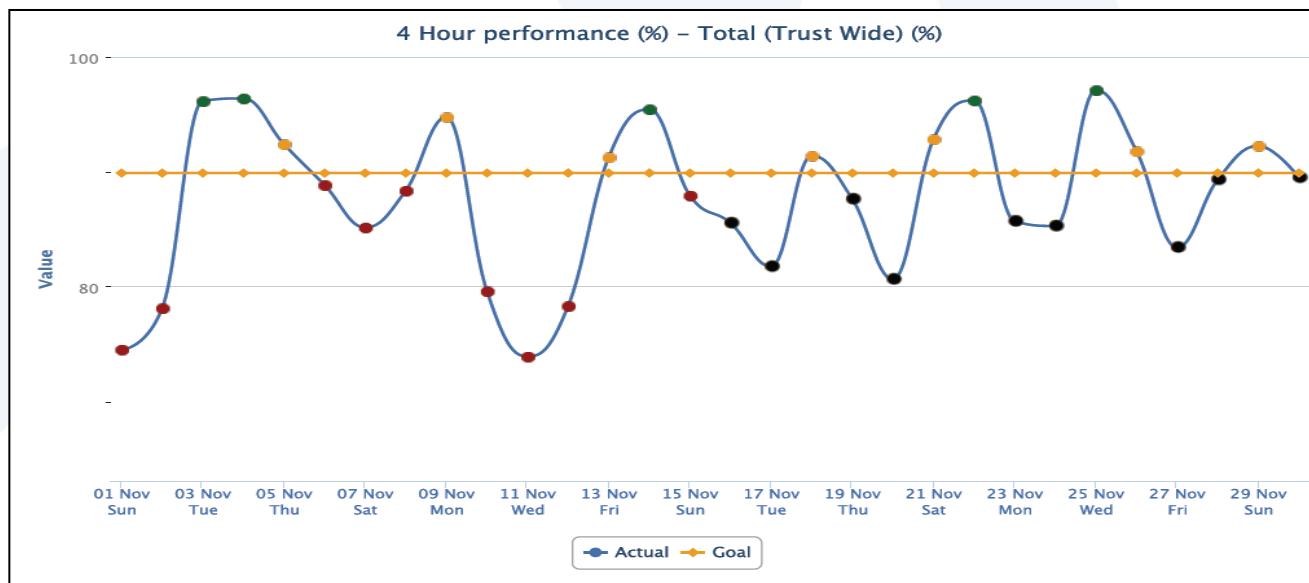
The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. This approach has been commissioned by the CCG and adopted by a number of other NHS providers including GHFT and SWASTFT. It has been in place for approximately 9 months.

As part of the process, Community Hospitals inpatient wards, SPCA, IDT and Rapid Response teams gather (on a daily basis) relevant, capacity and activity data and then use this as information to drive actions which deliver real benefits across the health & care economy.

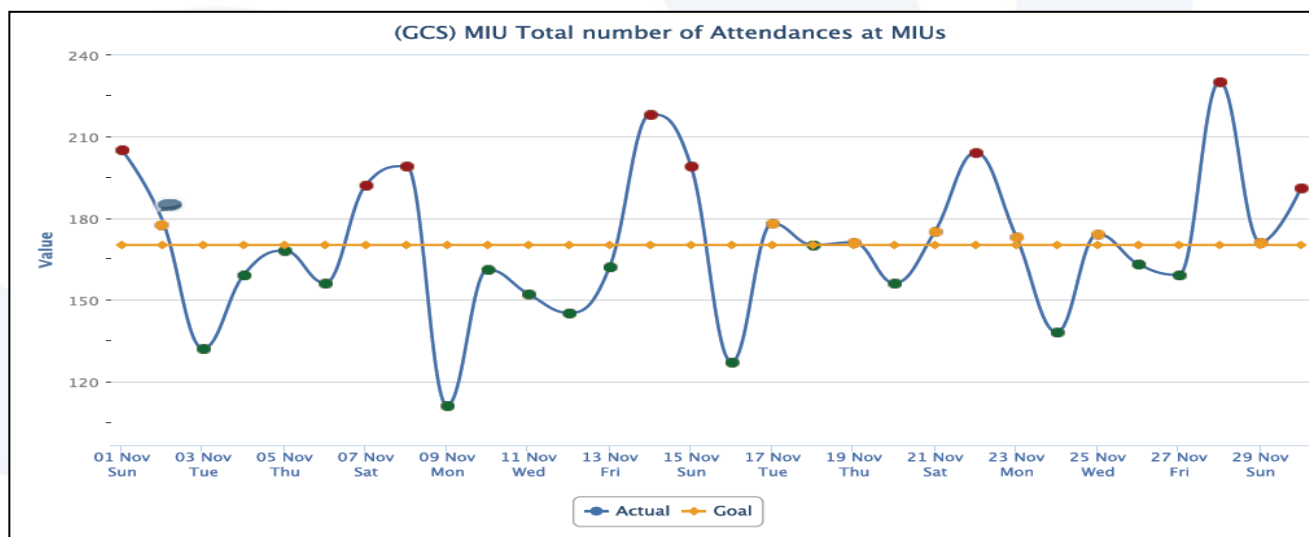
The long-term aim has been to create behavioural and cultural change alongside our partner organisations, creating improvements which can be measured, monitored and managed in real-time. This involves a daily “diagnosis” on system-wide issues and helps to inform actions (via daily conference calls) and to effectively manage these issues.

The “Alamac” approach has allowed the Trust (and others) to work on objective intelligence and reality, rather than emotion and myth. What has emerged is a more disciplined culture of support rather than blame and of action rather than story. The process of inputting data is one that is relatively simple and involves work alongside teams to gather relevant data. We are continuing to work with colleagues within the teams mentioned above to be able use this data as information to drive action - leading to more measurable improvements.

Alamac - Gloucestershire Health Community reporting (2/2)

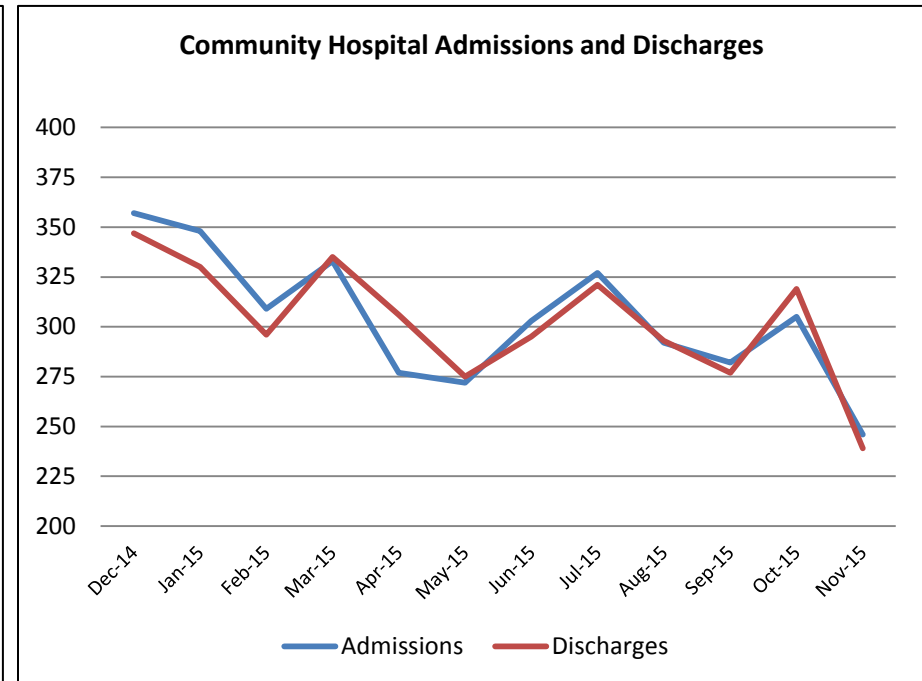
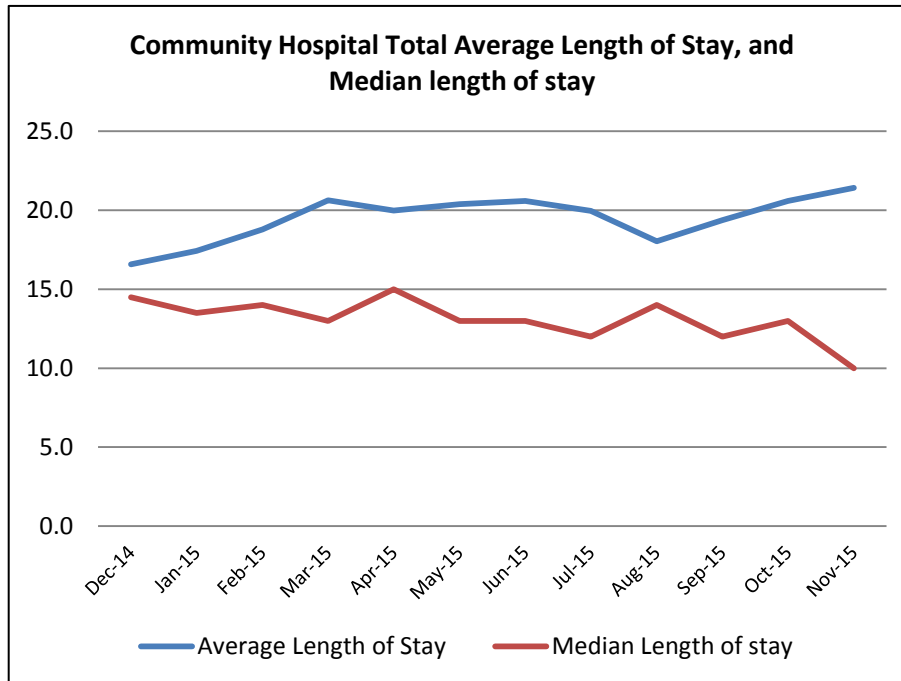


Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target – performance level was only achieved 5 times during November.



GCS Minor Illness and Injury unit attendances during November 2015.
This shows fluctuation in number of attendances with several peaks exceeding 200 attendances on a number of days.

Community Hospitals - Average Length of Stay



	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	12 Month Total
Average Length of Stay	16.6	17.4	18.8	20.6	20.0	20.4	20.6	20.0	18.0	19.4	20.6	21.4	19.5
Median Length of Stay	14.5	13.5	14.0	13.0	16.0	15.8	16.5	14.0	14.5	16.5	14.5	18.0	15.1
Admissions	357	348	309	333	277	272	303	327	292	282	305	246	3,651
Discharges	347	330	296	335	306	275	295	321	293	277	319	239	3,633

The average length of stay within Community Hospitals has increased significantly since December 2014. There has been a reduction in short-stay admissions, but an increase in longer-stay admissions. This is currently being reviewed by Head of Community Hospitals. Deployment of SystmOne into Community Hospital inpatient wards has given increased visibility of patient information to Matrons and ward teams to ensure Estimated Date of Discharge (EDD) for patients is accurate, and to review patient management plans in line with the Estimated Date of Discharge and have an impact on patient length of stay. As at 10th December there were 50 patients that were current inpatients with an ongoing length of stay in excess of 25 days (25.5% of bed stock).

**Strategic Objective 4:
Support individuals and teams to develop the skills, confidence
and ambition to deliver our vision**

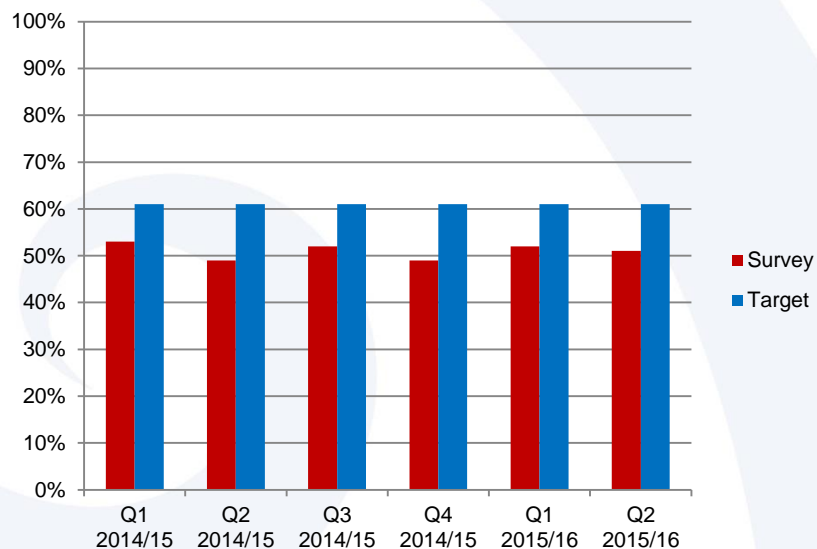
Quality Strategy metrics 2015-16 against strategic objective 4

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Staff recommending the Trust as a place to work	More than 60%	52%			51%			tbc						51%
Percentage of annual staff appraisals	More than 95%	72.1%	78.2%	77.9%	77.7%	76.8%	76.1%	77.6%	78.6%					78.6%
Completion of all mandatory training	100%	78.4%	81.2%	83.1%	81.8%	80.4%	79.4%	80.4%	82.2%					82.2%

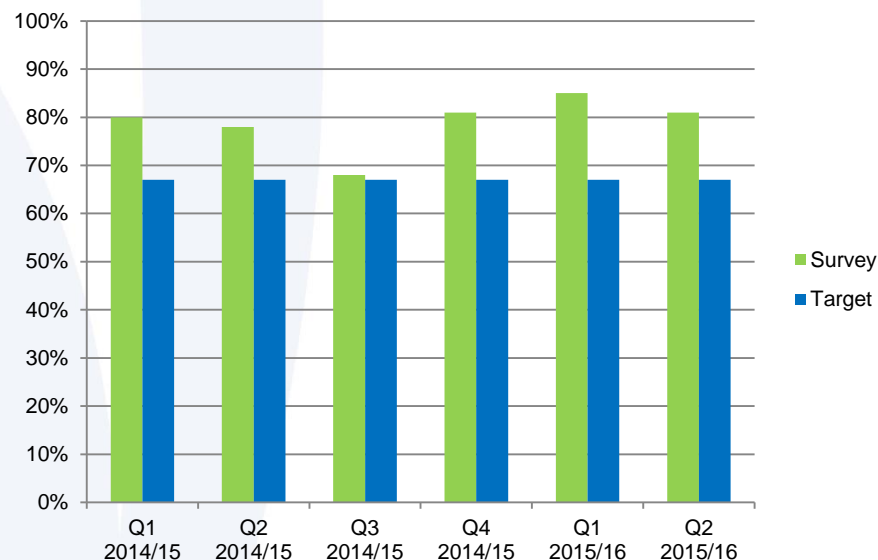
Staff Friends and Family Test

	2014-15				2015-16	
	Q1	Q2	Q3	Q4	Q1	Q2
Percentage of staff who would recommend the Trust as a place of work	53%	49%	52%	49%	52%	51%
Percentage of staff who would recommend the Trust as a place to receive treatment	80%	78%	68%	81%	85%	81%

Place of work



Place of treatment



Full analysis of the data is being undertaken. More detailed report provided to Workforce & OD Committee
Deep Dive into Staff FFT and outcomes shared at Workforce & OD Committee.
OD plan updated accordingly.

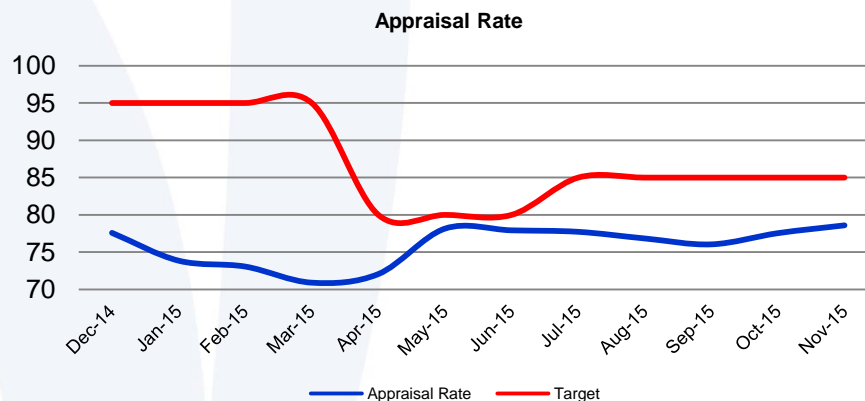
Sickness absence / mandatory training / appraisals

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Target
Sickness absence average % rolling rate - 12 months	4.8	4.92	4.89	4.85	4.86	4.82	4.77	4.85	4.84	4.88	4.85	*	3.00
Sickness absence % rate (1 month only)	5.15	5.35	4.54	4.11	4.56	3.98	3.74	5.13	5.04	4.93	5.09	*	3.00

*sickness absence reported 1 month in arrears

Mandatory training course	Target (End November 2015)	November performance
Infection Control	85%	88.26%
Health & Safety	85%	88.26%
Equality & Diversity	85%	87.07%
Conflict Resolution	85%	87.00%
Fire Safety	85%	75.50%
Information Governance	85%	67.36%

Appraisal rate	Target	Performance
November	85%	78.6%



Appraisal rates remain behind target. Regular reports are produced by the Information team to highlight to managers the staff that have appraisals due in future months to allow them to be appropriately scheduled. The onus is on managers to ensure appraisals are scheduled, completed and reported as completed. The target increases to 90% by December 2015. A full list of staff that have not completed Information Governance training has been provided to the Information Governance team for follow-up.

**Strategic Objective 5:
Manage public resources wisely to ensure local services remain
sustainable and accessible**

Quality Strategy metrics 2015-16 against strategic objective 5

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Achievement of agreed CIP financial targets against plan	Target	£340,000			£750,000									£1,090,000
	Actual	£691,000			£699,000									£1,390,000
Achievement of agreed CQUIN financial targets against plan	Target	£435,952.50			TBC									TBC
	Actual	£435,952.50												
Achievement of agreed QIPP financial targets against plan	Target	£1,125,625			TBC									TBC
	Actual	£1,110,000												
Measured reduction in the number of legal claims / coroner inquests received by the Trust	103 in year	36	25	8	6	17	11	2	4					109 total
Financial sustainability via a continuity of services risk rating	2.5 or more	3.0	3.0	3.0	3.0	3.0	3.0							3.0 (average)

Detailed Finance report will be provided separately.

Change request log

Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
13	Director of Finance	Charts added to illustrate Mortality reviews as % of Occupied Bed Days per Hospital site and also % of Mortality reviews per Day of the week	33	8 th May 2015
14	Director of Finance	Graphical representations of Key Adult Social Care Indicators	53	8 th May 2015
15	Director of Nursing and Quality	Addition of details of Internal Audit – Clinical Record Keeping	39-41	8 th May 2015
16	Director of Nursing and Quality	Details on National Audit of Intermediate Care benchmarking completed May to August 2014	42-43	8 th May 2015
17	Director of Nursing and Quality	Executive Summary added	3	8 th May 2015
19	Director of Nursing and Quality	NED Quality Visit schedule expanded to include feedback from visit	60-63	8 th May 2015
20	Head of Workforce Transformation	Appraisal and Mandatory Training targets adjusted to 95%	59	8 th May 2015

Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
21	Director of Nursing and Quality / Director of Finance	Change of format and structure of report (ongoing)	Report	18 th June 2015
22	Director of Finance	Rolling 12 month trend data added to charts	Report	21 st July 2015
23	Head of Corporate Planning	Monitor compliance statements added to report	65	21 st July 2015
24	Head of Corporate Planning	Board statements added to report	66-67	21 st July 2015
25	Head of Corporate Planning	NHS Choices data added to report	34	21 st July 2015
26	Head of Corporate Planning	Quality Strategy metrics added to report	Report	21 st July 2015
27	Director of Service Transformation	Alamac slides added to report	58-60	21 st July 2015
28	Director of Finance	Finance report incorporated	71-80	21 st July 2015

Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
29	Head of Corporate Planning	Added details in respect of some of the Monitor Compliance Statements	64-65	7 th September 2015
30	Director of Finance	Community Hospitals – Average Length of Stay	59	7 th September 2015
31	Head of Corporate Planning	Inclusion of translation and interpretation data	36-37	22 nd September 2015
32	Head of Corporate Governance & Trust Secretary	Inclusion of Legal services data	40-44	22 nd September 2015
33	Head of Performance and Information	Adult Social Care key indicator slides removed following change in management responsibility from 1 st August 2015	n/a	22 nd October 2015
34	Head of Corporate Planning	Expanded Strategic Objective 2 (Understanding You report)	43	24 th November 2015
35	Head of Performance and Information / Head of Corporate Planning	Update of report content to reflect the refreshed strategic objectives Updated Quality Strategy metrics	n/a	24 th November 2015

Trust Board

Date: 26th January 2016

Agenda Item:	15
Agenda Ref:	15/0116
Author:	Glyn Howells – Director of Finance
Presented By:	Robert Graves – Chair of Finance Committee
Sponsor:	

Subject:	Finance Committee Update
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This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☒ Information

Executive Summary:

The Finance Committee met on 22nd December:

1. Items the Committee NOTED that the Board should be aware of
The Month 7 finance report was presented and discussed; in particular the Committee noted the positive result of the revaluation of building assets which will deliver circa. £2m of benefit recurrently.

The Director of Nursing presented a paper explaining how the trust is managing both Agency spend and the reporting requirement to the TDA on agency shifts used and exception reporting when the Trust needs to use non-framework agencies.

The Committee received an update from the Chief Operating Officer on the Trusts position on CIP and QIPP and the Director of Nursing updated on CQUIN. The Committee noted the delivery off all major milestones on CQUIN and QIPP and the positive discussions that have started with the Clinical Commissioning Group regarding replacement schemes for the under-delivery of the risk share element of QIPP.

The Committee received a presentation from Chris Boden the acting General Manager of Countywide Services and Amina Ismail who provides Operational Finance support. Chris took the Committee through detailed information relating to cost structure, operation performance issues, workforce profiles and demographic information relating to MSK, MSKCAT and Podiatry services. Committee members had the opportunity to question Chris on detailed issues such as recruitment and retention plans, differences in rates of patients not attending appointments across different services and geographies. The Committee welcomed the additional insight in to the services that this review had allowed and Chris responded that he had found the preparation of this report very useful and had shared the information widely within his team. These detailed reviews will continue on a rolling basis across all significant budgets.

The Committee reviewed business development opportunities with both existing and new commissioners / customers; progress against the Capital plan and the Finance element of the Corporate Risk Register.

The Committee reviewed the Reference Cost Report that was presented by the Commercial Manager. The overall highlights are that the Trust is around 3% below the market force adjusted national average for all of the services it provides. However, Community Hospital inpatient beds and MIUs are relatively high cost compared to other Trusts (primarily based on the size and location of the facilities) and if these are removed from the analysis then the remaining Community Services are around 11% below the market forces adjusted national average reflecting the good value that the Trust provides to commissioners. The report highlights opportunities for further improving efficiency by showing how the information varies by team / geography which gives an indication of where employing best practice consistently across the Trust could produce further efficiencies.

2. Items the Committee APPROVED that the Board should be aware of

There were no items approved at the Committee meeting.

3. Items the Committee REVIEWED and supports, but are presented for the Board to APPROVE

The Committee received the first draft of the proposed Annual Plan for 2016/17, this was in advance of the issuance of planning guidelines and so contained a large number of estimates from the finance team. The Committee questioned some of the assumptions and received assurance as to the views being taken by the Finance team. This will be being updated with the planning assumptions when issued and will come to the closed section of the Board in January for approval by the Board.

Recommendations:

The Board is asked to:

The Board is asked to note the work completed by the committee.

Considerations:

Quality implications:

Human Resources implications:

Equalities implications:

Financial implications:

Does this paper link to any risks in the corporate risk register:

Does this paper link to any complaints, concerns or legal claims

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	
Open	
Responsible	P
Effective	P

Reviewed by (Sponsor):	Glyn Howells, Director of Finance
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Date:	18 January 2016
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Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Finance Committee 22 nd December 2015

AGENDA ITEM 15.1

Gloucestershire Care Services NHS Trust

Minutes of the Finance Committee	
Malvern Room, Edward Jenner Court 13.30 – 16.30	
28 th October 2015	
Committee Members present:	
<p>Rob Graves – Non-Executive Director (Chair)</p> <p>Glyn Howells – Director of Finance (DoF)</p> <p>Candace Plouffe – Director of Service Delivery</p> <p>Richard Cryer – Non-Executive Director</p> <p>Susan Field – Director of Nursing (DoN), until 3.30pm</p>	
In attendance:	
<p>Stuart Bird – Deputy Director of Finance</p> <p>Kate Calvert – Head of Transformation and Change</p> <p>Louise Simons – Assistant Trust Secretary</p>	

Item	Minute	Action
15/FC64	<p>Agenda Welcome and Apologies</p> <p>The Chair welcomed everyone to the Finance Committee meeting</p> <p>Apologies were Received from;</p> <p>Sue Mead – Non-Executive Director</p> <p>Ian Dreelan – Non-Executive Director</p> <p>Jason Brown - Head of Corporate Governance (Trust Secretary)</p> <p>Johanna Bogle – Head of Operational Accounts</p> <p>Duncan Jordan – Chief Operating Officer</p>	
15/FC065	<p>Confirmation that the meeting is quorate</p> <p>The meeting was Confirmed as quorate by the Assistant Trust Secretary.</p>	
15/FC066	<p>Declarations of Interests</p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.</p>	

15/FC067	<p>Minutes of the Finance Committee held on 2nd September 2015</p> <p>The minutes of the meeting held on 2nd September were Received and subject to minor amends were Approved as an accurate record.</p>	
15/FC068	<p>Matters Arising (Action Log)</p> <p>The following matters were Discussed and Noted:</p> <p>15/FC039 DoF requested analysis from Deputy DoF in respect of overspend on non-pay – Closed</p> <p>15/FC039 Business case requested to executive colleagues in respect of land at Hatherley Road – Closed</p> <p>15/FC039 Chief Operating Officer to provide recommendations of working group in respect of agency spend – Closed</p> <p>15/FC041 Business Development Tracker The Director of Service Delivery updated the Committee in respect of the recent Springbank Tender confirming that the Trust had been unsuccessful. The Director of Service Delivery, and Steven Wainwright, Business Development Manager attended a feedback session with the Clinical Commissioning Group which will assist the Trust in any future opportunities and tendering applications.</p> <p>The Chair asked if further strategic discussions would be appropriate to take forward to the Board Development session in December. The Director of Finance confirmed that he would take this forward and arrange for this topic to be discussed at the next available session with Board colleagues.</p> <p>15/FC052 The DoF informed the Committee that due to annual leave commitments for colleagues, the budget holder review would not be presented to the Committee today but noted that a schedule is now in place with Podiatry and MSK which will be presented to the Finance Committee on 22nd December 2015 followed by Estates and Pharmacy at future committees.</p> <p>The Chair acknowledged this scheduling had now taken place.</p> <p>15/FC 049 Agency Spend to become a standard agenda item. This is now included in the CIP report. - Closed</p> <p>15/FC053 Risk register updates had now been made to the relevant risk registers – Closed</p>	DoF/Assistant Trust Secretary

15/FC069	<p>Forward Agenda Planner</p> <p>The Forward Planner was discussed and approved with minor changes as listed below:</p> <p>The DoF agreed to work with the Assistant Trust Secretary to plan the following 12 months planner for review at a future Finance Committee meeting.</p> <p>The Chair requested that in respect of the Budget Holder Review the service area is also added to the Forward Planner for ease of reference.</p> <p>The DoF also confirmed that an update on Non-Pay CIP to include GHFT recharges will be brought to the Finance Committee in December 2015.</p> <p>Subject to the above changes the Forward Agenda Planner was Approved.</p>	<p>DoF/Assistant Trust Secretary</p> <p>DoF / Assistant Trust Secretary</p> <p>DoF</p>
15/FC070	<p>CIP Report</p> <p>Kate Calvert presented the CIP Report highlighting the follows areas:</p> <p><u>Financial Position as at 30 September 2015</u></p> <p>The financial position for the CIP (cost improvement plan) is monitored monthly and actual savings achieved are compared to the phased savings targets provided to the Trust Development Authority (TDA) earlier this year. The Trust has reported at month six, achievement of £1,484k against a CIP target of £1,090k, of which £809k is recurrent (full year effect).</p> <p><u>E-rostering</u></p> <p>The roll-out of RosterPro is now complete for inpatients in community hospitals, Minor Injury and Illness Units (MliUs), Rapid Response and Single Point of Clinical Access (SPCA). Following the introduction of new shift patterns for community nursing, these teams will be live on RosterPro by the end of October. Endoscopy, outpatients and allied health professionals in community hospitals have also been trained and will go live during November. Countywide Services will then follow.</p> <p><u>Digital Dictation</u></p> <p>The implementation of digital dictation is progressing with the purchase of a server which Countywide Information Technology Services (CITS) are currently configuring. The supplier will be installing the software once the server is ready</p>	

	<p>and training is planned for the beginning of November; following which the system will go live. This initiative's return on investment was calculated on the basis of the removal of two whole time equivalent (WTE) non-frontline (medical secretary) posts. To date, 0.61 WTE's have been removed as part of the leaver process. The remainder will be considered as part of the future operating model.</p> <p><u>Patient Call System</u></p> <p>Although a patient call system has been identified as an 'efficient' way of working by clinicians, being able to identify cashable benefits from its implementation has proven somewhat difficult. The decision has therefore been taken to defer this until a non-frontline staff operating model has been completed and agreed, and recurrent costs and savings clarified.</p> <p><u>Managing Non-Frontline Staffing Costs</u></p> <p>Validation of the Trust's non-frontline staffing and associated budget and cost information is now complete. Staff have been mapped across all services and sites, existing organisational chart structures identified and associated activity data analysed. The Director of Human Resources (HR) and members of the Transformation and Change Team are now meeting with Service Managers to discuss how the Trust can achieve its £1.5m CIP savings target on a recurrent basis.</p> <p>Once a model has been agreed, HR business advisors will work with Service colleagues to plan for and implement changes. Key to implementation will be effective communication and support for all staff involved.</p> <p>The Chair asked for an update in respect of a timeline for when decisions would be made and then information about the communications and support to colleagues involved for the next Finance Committee meeting. The Head of Transformation and Change agreed to follow this up for the next meeting in December 2015 with an update to the Committee.</p> <p><u>Establishing Non-Frontline Standard Operating Model (presentation)</u></p> <p>The Head of Transformation and Change confirmed that she had met with service leads and directors and referred colleagues to the scene setting discussions with management;</p> <ul style="list-style-type: none"> - Key Message: Status Quo not an option (exception – CYPs). - Model needs to be sustainable so reliant on operational management to come up with options for change within each service area but also collectively. 	<p>Head of Transformation and Change</p>
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GCS NHS Trust Finance Committee
Minutes of Meeting held on 28th October 2015

	<p>Committee should be mindful of these costs. The DoF confirmed that a separate budget line can be added to identity the costs associated with escalation beds.</p> <p>The Head of Transformation and Change further presented the PWC, Internal Audit Report for the Cost Improvement Programme (CIP) noting that PWC had highlighted the following areas;</p> <ul style="list-style-type: none"> - The Trust has a £3.1m CIP savings target for 2015/16, against a total recurrent cost base of £107m. However, the Trust has analysed its cost base and has identified £45m of costs which are difficult to reduce in the short-term. At the end of Quarter 1, the Trust has achieved £0.36m of the £3.1m CIP target. <p>The Head of Transformation and Change also noted that the current challenges for her are that the processes take time to embed and that the transaction and transformation process takes longer than people think.</p> <p>Richard Cryer enquired if PWC have reported back to the Trust with any further update on how other Trusts are managing CIP savings. The Head of Transformation and Change confirmed that there have been conversations with PWC in respect of this and that the Trust is already embracing the recommendations.</p> <p>The Committee Noted the update</p>	
15/FC051	<p>CQUIN & QIPP</p> <p>The Director of Nursing presented the CQUIN and QIPP paper highlighting the following areas;</p> <p>Report on progress against 2015-16 Quarter 2 activities for the Trust's CQUIN programme and associated issues have emerged;</p> <ul style="list-style-type: none"> - Case management (inc HIS model) requires discussion with Gloucester Clinical Commissioning Group (GCCG). - Case review process also to be discussed with GCCG. - Community nursing competencies carries £25k risk for non-achievement. - Reablement waiting times - £9k non-achievement. - IDT admission avoidance - £25k – SF has sent revised targets to the GCCG for this QIPP scheme. - Reduced service at the Stroud and Dilke MIUs £25k risk (discuss potential payment with GCCG). - MSK 4 weeks waiting times (£6.25k risk). 	

	<ul style="list-style-type: none"> - Medworxx – not implemented in Quarter 2 (carries £35k risk). - Expected Date of Discharge (EDD) to hit 95% with 24hours admission (Q3). <p>The DoF confirmed that the issues have been raised with Cath Leech, Chief Finance Officer at GCCG and a further update will be provided to the Trust Board meeting on 24th November 2015.</p> <p>The Committee Noted the update</p>	DoF
15/FC072	<p>Finance Report</p> <p>The Deputy DoF presented the report and highlighted the following key areas;</p> <ul style="list-style-type: none"> - At month 5 the Trust is £189k behind plan with a year to date adjusted deficit of £486k. - Full year forecast is in line with original plan of £100k surplus (after adjustment for depreciation on donated assets). - The original plan (£0.1m full year surplus) is still the comparator for the M5 reporting cycle. - There is risk on approximately £900k of “risk share” QIPP based on latest information supplied by Glos CCG (as discussed above). - Slippage in CIP delivery has been offset by non-recurrent savings through management of vacancies and review of establishment roles in non-frontline posts. The shortfall on recurrent CIP will impact the 16/17 plan and CIP requirements in future. - Cash is £0.4m favourable to plan at £7.1m. - The Trust submitted a revised plan during September 2015 with a revised full year surplus of £1.0m. <p>The Chair asked if the Trust has made any further progress on the Stock system. The Deputy DoF confirmed that progress had been slow in this area and there is a lack of sharing stock items across sites. The new system would allow one point of ordering and enforce no purchase order, no payment.</p> <p>The Chair further enquired how we can move this faster. In response, the Head of Transformation confirmed that the Stock Management case was now signed off and out to tender and the DoF confirmed that discussions had taken place with Softcat assuring the Chair that progress is now moving forward in a timely manner.</p> <p>The Chair noted the in year cash position and requested</p>	

	a long-term cash forecast should go to Part Two of the Trust Board in November. The DoF confirmed this would be provided to Board in November.	DoF
15/FC073	<p>Capital Schemes</p> <p>The Deputy DoF presented the report drawing the Committees attention to the following;</p> <p>To date, GCS has spent £1,120k of the planned £5.85m in 2015/16. Latest estimates indicate a total in year spend of £5.85m with projects being managed to ensure they are delivered within the funding available.</p> <p>The DoF also noted that a telephone call is scheduled with the Trust Development Agency (TDA) at 5pm to discuss the under-spending capital. Potentially any underspend on capital can be used to offset shortfalls in surplus delivery against plan (up to £1.6m). To be confirmed through TDA and exact process for capital to revenue transfer. An update would be circulated to members following the phone call, if required.</p> <p>The Committee noted the report</p>	DoF
15/FC074	<p>Business Development Tracker</p> <p>The Deputy DoF presented the report highlighting the following key areas;</p> <ul style="list-style-type: none"> - The only significant current developments underway at present are with Gloucester CCG and GHFT (Gloucestershire Hospitals NHS Foundation Trust). Work for GHFT needs to be carefully considered from a risk point of view. - Plan for Cirencester Theatre has now been developed with GHFT. Significant work is to be done before service begins in early 2016. Credit risk to be considered carefully after experience with outpatient/theatre charges and ongoing situation with service recharges from GHFT. Significant business case for cancer survivorship support work (funded into CCG by Marie Curie and Prostate Cancer UK) has now been agreed and variations expected imminently - Income approximately £650k non-recurrent. <p>The Committee noted the report</p>	
15/FC075	<p>Transformation and Change Programme Board Minutes.</p> <p>The Committee Noted the Transformation and Change Programme minutes.</p>	

15/FC076	Capital Expenditure (CAPEX) Minutes The Committee Noted the CAPEX minutes.	
15/FC077	Any other Business No other business was reported for discussion. The Chair closed the open part of the Finance Committee meeting at 3.45pm	
15/CF078	Date of the next meeting It was agreed that the next meeting of the Finance Committee be held on: 22nd December 2015 Boardroom Edward Jenner Court 2pm-4pm	

Trust Board

Date: 26th January 2016

Agenda Item:	16
Agenda Ref:	16/0116
Author:	Stuart Bird – Deputy Director of Finance
Presented By:	Glyn Howells – Director of Finance
Sponsor:	Glyn Howells – Director of Finance

Subject:	Month 8 Finance report
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This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☐ Assurance ☒ Information

Executive Summary:

As at month 8 the Trust is £91k behind plan with a deficit of £139k and is still forecasting achievement of the £1m surplus agreed with the TDA.

CIP is now achieved in full subject to the consultation on restructuring with non-frontline staff in January.

QIPP and CQUIN are expected to deliver in full.

The risks that remain in the forecast outturn position are:

1. Inability to agree recharges between the Trust and Gloucestershire Hospitals NHS Foundation Trust £1m
2. Inability to agree and then deliver the replacement QIPP schemes £650k
3. Non-delivery of the £450k savings expected from reviewing alternative staffing arrangements on inpatients
4. Pressure on agency spend through the winter £400k
5. Increased recharges from NHS Property services £250k

Recommendations:

The Board is asked to:

The Board is asked to note the financial position and actions being taken to mitigate the remaining risks.

Considerations:

Quality implications:

Human Resources implications:

Equalities implications:

Financial implications:

Does this paper link to any risks in the corporate risk register:

Does this paper link to any complaints, concerns or legal claims

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
Manage public resources wisely to ensure local services remain sustainable and accessible	P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	
Open	
Responsible	P
Effective	

Reviewed by (Sponsor):	Glyn Howells
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Date:	18 th January 2016
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Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Executive team

Explanation of acronyms used:

Contributors to this paper include:

Month 8 Finance Report

V 1.2

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Overview

- The new planned surplus is £1.0m (original was £0.1m) though some aspects of TDA reporting compare us to an aspirational “stretch” target of £1.527m
- This new plan is now the comparator for the M8 reporting cycle and includes delivery of:

– QIPP	£3.9m
– CQUIN	£1.9m
– CIP	£3.15m
- At month 8 the Trust is £91k behind plan with a year to date adjusted deficit of £139k - see slide 4. Month 8 full year forecast is in line with revised plan at £1m. (All figures are after adding back the full amount of the impairment)
- The anticipated impact of property revaluation was reflected in reported figures at month 8. Figures to note are impairment of £7.4m, impact on annual depreciation charge of £1.6m (full year effect in 15/16) and impact on annual pdc charge of £260k (£130 impact on 15/16)
- QIPP and CQUIN are forecast recast for full delivery though there will be a some (up to £250k) of milestone related QIPP that will be withheld by the CCG. We now expect that the previously reported shortfall of up to £650k on “risk share” related QIPP (see slide 5) can be mitigated through delivery on new schemes being developed with the CCG
- CIP has now been delivered recurrently. (see slide 6).
- As at the end of month 8 cash is £1.7m adverse to plan at £4.4m (see slide 8)
- Charges from Propco for 2015/16 have been received and are significantly higher than the previous year, this will be investigated and reported in month 9 reporting
- Charges to and from GHFT are still not agreed. Escalation to chief execs has resulted in renewed dialog. A meeting between DoFs is expected in Week 1 of 2016 , if this fails to achieve a speedy resolution the matter will need to be referred to independent mediation / arbitration.

Income and Expenditure

At month 8 the Trust is £91k behind plan with a year to date adjusted deficit of £139k. Subject to risks outlined on slide 10 the full year forecast is in line with revised plan at £1m

Year to date actuals at month 8 for income and expenditure are both £4.3m higher than plan reflecting additional escalation beds held open during April and early May and higher levels of MSKCAT activity and some other smaller additional pieces of work being requested and funded by the CCG

£2.5m of the YTD income variance comes from additional non-contracted recurrent income that was identified after full reconciliation of 14/15 out-turn. Had this been known at budget setting time the revised full year income budget would have been £109.8m compared to the submitted plan of £106.5m.

The variance in non-pay results from

- £1.9m of undelivered prior year CIP that was offset in our 14/15 out-turn by the additional income
- £1.2m of overspends on drugs, dressing and utility costs that are currently being investigated
- £0.6m of expected reductions in inter-trust recharges where budgets were reduced but charges continue at old levels
- £0.4m of increased rents and service charges from NHS Property services as a result of the move to market rents

Agency usage was £217k in month 8 but at £2,769k gross cost for the first 8 months the agency premium already paid represents a cost of over £0.9m in the year to date position.

The other three risks to forecast outturn are agency spend, QIPP risk share and recharges to and from GHFT and Propco.

Based on latest forecasts agency premium in months 9 to 12 adds circa. £0.4m to the Trusts' full year pay cost.

The £0.6m QIPP risk share requires system wide improvement on indicators that are not wholly within the control of the Trust. Year to date metrics are unfavourable but recent performance has improved and work is ongoing to develop new schemes that will enable the trust to still earn its full QIPP

Statement of Comprehensive Income (£ 000s)	Current Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
Operating Revenue	71,020	75,443	4,423	106,479	110,973	4,494
Gross Employee Benefits	(53,028)	(53,003)	25	(78,950)	(78,895)	55
Other Operating Costs before impairment	(16,205)	(20,924)	(4,719)	(23,896)	(28,574)	(4,678)
Impairment of fixed assets	(6,000)	(7,400)	(1,400)	(6,000)	(7,400)	(1,400)
OPERATING SURPLUS/(DEFICIT)	(4,213)	(5,884)	(1,671)	(2,367)	(3,896)	(1,529)
PDC Dividend	(1,835)	(1,655)	180	(2,753)	(2,623)	130
Impairment in other operating costs	6,000	7,400	1,400	6,000	7,400	1,400
Donated assets adjustment	80	78	(2)	120	118	(2)
Adjusted Financial Performance	32	(61)	(93)	1,000	999	(1)

2015/16 QIPP and CQUIN

The Trust needs to deliver £3.9 of QIPP schemes and £1.9m of CQUIN schemes to achieve its revised surplus of £1m.

Delivery against these schemes is detailed in separate reports to Finance Committee and Board so the financial impact only is captured here.

As at month 8 schemes remain broadly on track with the largest risk being risk share element of QIPP (£900k).

Discussions are ongoing with commissioners and in expectation of agreement the current forecast includes full delivery of QIPP.

Ref	QIPP Programme	Type of Scheme	Risk Share Activity KPIs (£000)	KPIs/Milestones (£000s)
1a	ICT: Continuation of Phase 1	Existing	650	400
1b	ICT: Testing and roll out of Phase 2	Existing		300
1c	ICT: Community Nurses	Existing		300
1d	ICT: Reablement	Existing		75
2	Integrated Discharge Team	Existing	125	250
3a	Community Hospital Programme: Service Model	Existing		300
3b	Community Hospital Programme: Bed Availability	Existing		250
3c	Community Hospital Programme: MIU Opening Hours	Existing		100
3d	Community Hospital Programme: Staffing Model	Existing		300
4	Single Point of Clinical Access	New		150
5	MSK: pathway	Existing	125	125
6	Leg Ulcers	Existing		150
Service Reviews				
A	Physiotherapy	Existing		100
B	Rehabilitation	Existing		100
C	Podiatry	Existing		100
Total GCS QIPP Programme			900	3000
			3900	

2015/16 CIP Performance

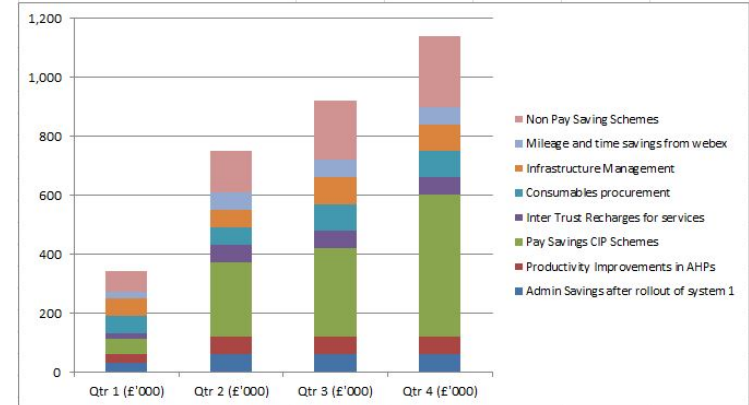
CIP full year requirement is £3.15m, delivery of CIP savings has historically been a significant challenge to the trust.

As at month 8 the Trust had planned to achieve £1.7m of recurrent savings. Against this plan the Trust has actually achieved £1,591k of recurrent savings and £210k non-recurrently.

The under delivery in recurrent savings reported previously has now been addressed through revisions to budgeted establishment levels on non-frontline posts that are going out to consultation with staff in January.

The table to the right shows the required CIP savings profile over the year. The table below shows the latest view by scheme.

Savings schemes 2015/16	Planned Profile of Savings				TOTAL
	Qtr 1 (£'000)	Qtr 2 (£'000)	Qtr 3 (£'000)	Qtr 4 (£'000)	
Admin Savings after rollout of system 1	30	60	60	60	210
Productivity Improvements in AHPs	30	60	60	60	210
Pay Savings CIP Schemes	50	250	300	480	1,080
Inter Trust Recharges for services	20	60	60	60	200
Consumables procurement	60	60	90	90	300
Infrastructure Management	60	60	90	90	300
Mileage and time savings from webex	20	60	60	60	200
Non Pay Saving Schemes	70	140	200	240	650
Total 2015/16 schemes	340	750	920	1,140	3,150



Analysis of Efficiency Programmes (£ 000s)	Rec / Non Rec	Type	Plan	Actual	Variance	Plan	Forecast	Variance
Admin Savings after rollout of system 1	R	Pay	130	0	(130)	210	210	0
Productivity Improvements in AHPs	R	Pay	130	0	(130)	210	210	0
Pay Savings CIP Schemes TBC	R	Pay	500	179	(321)	1,080	670	0
Inter Trust Recharges for services	R	Non Pay	120	0	(120)	200	0	(200)
Consumables procurement	R	Non Pay	180	57	(123)	300	150	(150)
Infrastructure Management	R	Non Pay	180	5	(175)	300	75	(225)
Mileage and time savings from webex	R	Non Pay	120	83	(37)	200	125	(75)
Non Pay Saving Schemes	R	Non Pay	340	600	260	650	650	0
Excess on depreciation review of assets	R	Non Pay	0	667	667	0	850	850
			1,700	1,591	(109)	3,150	2,940	200
One-off credit for prior year overcharged utilities	NR	Non Pay	0	61	61	0	61	61
One-off benefit from prior year VAT reclaim	NR	Non Pay	0	94	94	0	94	94
NHS Prop Co Income for Hotel Services NR	NR	Income	0	40	40	0	40	40
IT infrastructure management	NR	Non Pay	0	15	15	0	15	15
			0	210	210	0	210	210
			1,700	1,801	101	3,150	3,150	410

Capital Expenditure

Capital Analysis of Projects (£ 000s)	Current Year to Date			Forecast Outturn			Plan by Quarter			
	Plan	Actual	Variance	Plan	Forecast	Variance	Q1	Q2	Q3	Q4
Backlog Maintenance Programme	160	129	(31)	250	250	0	60	60	60	70
Premises and Plant refurbishments 2016	640	1,038	398	1,000	1,050	50	240	240	240	280
Medical - Equipment	320	56	(264)	500	500	0	120	120	120	140
COIN (Community IT Network)	400	0	(400)	400	400	0	400	0	0	0
IM T 2015/16	800	234	(566)	1,400	1,400	0	300	300	300	500
Gloucester Premises	1000	0	(1,000)	2,300	750	(1,550)	0	0	1,000	1,300
Unidentified Projects	0	0	0	0	0	0	0	0	0	0
Gross Capital Expenditure	3,320	1,457	-1,863	5,850	4,350	-1,500	1,120	720	1,720	2,290

- Year to date spend is £1.5m out of a full year plan of £4.35m
- Net capital spend in the plan is £3.75m as this allows for the receipt of £0.6m for land on the Tewkesbury Hospital site. This money has now been received.
- Capital spend in year will include approx £0.8m of spend on projects started and committed in 14/15 (Milsom St development and Stratton ward refurbishment)
- A property in Gloucester has been identified and the business case for purchase of the land has been approved by the TDA; a full business case for the development of the property will follow during quarter 4.
- Further business cases and proposals are still being received for spend in 15/16

Cash Position

- The trust actively manages its cash position to ensure that funds are available to meet obligations as they fall due.
- At the end of month 8 the actual balance of cash on hand was £4,389k compared to a plan of £6,141k
- Capital spend is behind plan at month 8 with £1.5m spent in the year to date compared to a plan of £3.2m
- Debtor balance with GHFT (£3.9m at the end on month 7) , and propco (£0.5 m at M8) now need to be resolved as a priority. Income for services provided to Gloucestershire CCG on a “true up” basis will be invoiced and collected in month 9.

All figures £000s	Opening Balance 01/04/2015	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Plan	2,812	7,941	6,641	6,841	6,541	6,741	5,741	5,941	6,141	5,841	6,041	6,241	5,485
Actual	3,328	5,796	6,630	6,139	5,337	7,126	4,940	4,305	4,389				
Variance	516	(2,145)	(11)	(702)	(1,204)	385	(801)	(1,636)	(1,752)				

Agency Usage

- The Trust continues to closely monitor agency usage and is also required to report all non framework bookings from Monday November 23rd
- Agency forecast for the full year is as below

Agency / Contract Costs	Current Year to Date				Forecast Outturn				
	Apr - Sept	Oct	Nov	YTD	Dec	Jan	Feb	Mar	Forecast
Qualified Nursing	1,129	181	153	1,463	131	131	131	131	1,987
Medical	155	23	16	194	18	18	18	18	266
Other	923	141	48	1,112	145	123	119	119	1,618
Total	2,207	345	217	2,769	294	272	268	268	3,871

Risks (summary)

The main risks are as follows:

- Non achievement of risk share element of QIPP £0.6m
- Inability to reduce agency spend £0.4m (was £1.0m earlier in year)
- £1m risk on potential failure to agree recharges for use of outpatient and theatre space to GHFT
- £0.45m risk on Non delivery of inpatient staffing pay savings required to as part of the plan to achieve the new stretch surplus target of £1m
- Increases in recharges from NHS Property Services £0.5m

Trust Board

Date: 26th January 2016

Agenda Item:	17
Agenda Ref:	17/260116
Author:	Susan Field, Director of Nursing
Presented By:	Susan Field, Director of Nursing
Sponsor:	N/A

Subject:	CQC Quality Improvement Plan (QIP) Update
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This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

Following the visit by the CQC Chief Inspector of Hospitals (CiH) in June 2015, the Trust has developed - and continues to maintain - its Quality Improvement Plan (QIP). This QIP is routinely monitored both internally, and also as part of an Oversight Group which is attended by Trust colleagues as well as senior representatives from the NHS Trust Development Authority (TDA) and the Gloucestershire Clinical Commissioning Group (CCG).

The attached paper serves to outline the governance arrangements for the on-going management of the QIP in order to provide the Trusts Quality and Performance Committee and Board with assurance. The paper also highlights the "Must Do" actions as identified by the CQC, as well as exceptions / concerns to the achievement of priority actions within agreed deadlines.

Recommendations:

The Board is asked to:

Note the content of the attached report, and make any necessary and/or appropriate recommendations for mitigation against identified exceptions to delivery.

Considerations:

Quality implications:

Implementation of the QIP should lead to a tangible and measureable increase in the quality of services delivered and supported by the Trust

Human Resources implications:

The QIP will continue to be developed and delivered within existing Trusts resources

Equalities implications:

None

Financial implications:

None identified at this stage

Does this paper link to any risks in the corporate risk register:

The Corporate Risk Register now reflects and includes risks highlighted by the CQC within their report

Does this paper link to any complaints, concerns or legal claims

Links between issues highlighted by the CQC within their report and received complaints, concerns and legal claims have yet to be triangulated

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	

Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsor): N/A

Date:

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

The on-going development and implementation of the QIP has been discussed at all relevant governance meetings and is a key feature at every Quality and Performance Committee

Explanation of acronyms used:

CQC: Care Quality Commission
QIP: Quality Improvement Plan
CiH: Chief Inspector of Hospitals

Contributors to this paper include:

CQC Quality Improvement Plan (QIP) update

1. Overview

In response to the Care Quality Commission (CQC) Chief Inspector of Hospital's report, the Trust developed a Quality Improvement Plan (QIP), which was submitted to the CQC in November 2015. Progress against plan is being overseen on behalf of the Trust Board by the Quality and Performance Committee.

2. Governance Arrangements

The maintenance and implementation of the QIP will be overseen by the following fora:

- **CQC QIP Working Group** - this group, which is chaired by the Director of Nursing and supported by the Head of Corporate Planning. The group meets every 2 to 3 weeks and is responsible for tracking the actions outlined within the QIP and ensuring that they are delivered to agreed timescales. Additionally, the group will oversee a programme of quality assurance visits which will ascertain whether tasks which have been completed, have been communicated and cascaded to frontline colleagues so that they are embedded within practice.
- **CQC Compliance Steering Group** - this group is chaired by the Chief Executive, and comprises the Executive Team supported by the Trust's Non-Executive Director with responsibility for quality, and the Head of Corporate Planning. Its purpose is to receive reports from the CQC QIP Working Group and validate that agreed tasks are on schedule: thereafter, this group provides suitable assurance to the Trust's Quality and Performance Committee and subsequently, the Trust Board.
- **CQC QIP Oversight Group** - this bi-monthly group is chaired by the NHS Trust Development Authority (TDA) and is attended by senior representatives from the Trust including the Chief Executive, Director of Finance, Chief Operating Officer, Director of Nursing, Medical Director and Head of Corporate Planning. Additionally, the group is attended by colleagues from the Gloucestershire Clinical Commissioning Group (GCCG), principally the Executive Nurse and Quality Lead. The group's purpose is to ensure that between commissioner and provider organisations, there is joint agreement to the QIP, and a shared understanding of the key issues, risk priorities,

outcomes and progress in delivering to plan. The first meeting of the CQC QIP Oversight Group took place on 23 December 2015.

3. Priority actions

The QIP identifies 101 actions that the Trust has committed to undertake in order to be able to demonstrate the necessary quality improvements to the CQC. Of these, the following were identified by the CQC as requiring particular scrutiny and attention:

- the Board must give sufficient attention and priority to staffing and capacity risks within the Trusts seven Minor Injuries and Illness Units;
- the Trust must take action to ensure that at all times, there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in Minor Injuries and Illness Units and sexual health services to provide effective and responsive service, meet changing demand, and comply with CQC requirements;
- the Trust must ensure that service users arriving at Minor Injuries and Illness Units receive prompt assessment (triage) by an appropriately trained and experienced registered nurse;
- all staff must be up-to-date with mandatory training including Essential To Role training, and senior managers must have reliable systems to monitor their attendance to ensure oversight and control;
- Essential To Role training needs in Minor Injuries and Illness Units must be regularly assessed;
- competency levels of staff in Minor Injuries and Illness Units must be regularly assessed;
- systems to identify risks in Minor Injuries and Illness Units must operate effectively and staff must consistently report concerns;
- there must be increased local clinical audit to enable benchmarking in Minor Injuries and Illness Units;
- action plans resulting from audit in Minor Injuries and Illness Units must be comprehensively completed and documented;

- medicines that are administered by the complex care team to children that have been drawn up by parents, must be labelled;
- health visitors must not prescribe medicines using external prescriptions;
- medication must be stored securely in all areas at all times, maintained at the right temperature, and checked regularly for expiry dates;
- the systems that allow people to phone and make an appointment with the sexual health service must be improved;
- all documentation relating to the 'do not attempt cardio-pulmonary resuscitation' must include a Mental Capacity Assessment. Forms must include reference to discussions with service users and relatives, and must be stored in such a way as to ensure all staff providing care are alerted to them;
- all premises, equipment (including resuscitation equipment) and treatment areas must be properly maintained, checked and cleaned: moreover, these checks must be comprehensively recorded;
- there must be clear demarcation of equipment in Minor Injuries and Illness Units between that which is designated for children and that which is designated for adults;
- the layout of some Minor Injuries and Illness Units must be addressed so that all waiting service users, including children, can be observed.

For all actions within the QIP, there are clear timelines to deliver for the period up to May 2016.

4. Compliance Risks

Although the majority of tasks within the QIP are on track, there are some risks regarding the deliverability of the following:

- **Leadership / culture**

The relationship between frontline colleagues and the Executive Team - despite a range of initiatives to address the perceived disconnect between staff groups and the continued below-target response to the Staff Friends and Family Test, it would appear that this cultural shift will take considerable time to resolve (reference task 001). The Trust remains focused on addressing this

and will continue with its Listening into Action (LiA) activities, which is considered to be a key supporting enabler.

- **Staffing**

Staffing levels continue to be a challenge, and will require commissioner and/or systematic actions to address, for example, to introduce revised safe resourcing models in the Minor Injuries and Illness Units (reference various tasks within the QIP). This remains the highest level of risk within the QIPP whilst the Trust continues its negotiations with the GCCG with regards to its proposals to have a service model that reflects demand across the seven MIUUs; reflects the challenges that the Trust is facing with regards to its workforce (Including recruitment of Emergency Nurse Practitioners) and; ensuring there is greater resilience within the service to ensure that consistent and safe clinical practice is maintained.

- **Training**

The ability to provide absolute assurance in respect of staff's training remains a significant challenge within the suggested timeframes (reference task 020).

In addition to this there is a need to embed supervision arrangements so that it is appropriately and consistently recognised, undertaken and recorded (reference task 025)

- **Records management**

In order to ensure a systematic and consistent approach to records management, it is advised that a short-term Task and Finish Group be created to involve representation / ownership from all services (reference task 073) and that this be led by the SystmOne Operational Board chaired by the Director of Service Delivery.

- **End of life care**

Although GCCG has now published its first draft End of Life Strategy, there is concern that the necessary detail to facilitate a focused Trust work plan is not sufficiently visible: as a result, the Trust is progressing its own Trust-wide framework by February 2016. This is behind the original timeline of November 2015 (reference various tasks within the QIP)

- **Estates**

A remedial approach to a number of estates issues must be adopted in order to ensure that adjustments can be made to identified risk areas i.e. line of sight in all Minor Injuries and Illness Units (reference various tasks within the

QIP). There has been a review of the MIIUs by the Head of Estates and it is anticipated that any capital will be sought to progress the design stage. There are indications that some rapid solutions can be progressed at the Vale and Tewkesbury MIIUs. However, Stroud and Dilke MIIUs require further consideration hence the risk alongside securing some finalised completion dates.

5. Staff engagement

The Trusts QIP is available to all colleagues via the intranet.

Dedicated communications will continue throughout 2016 in order to remind colleagues of their responsibilities to ensure compliance with CQC standards, and to prepare them for any future re-inspection by the CQC, which still remains unknown.

The Trust has progressed with the re-introduction of unannounced quality visits. These will commence with the MIIUs during January but will also focus on those services that had “good” or “outstanding” ratings by CQC. There is a schedule of visits being made by small teams consisting of clinical leads, executives and non-executives. They will have the purpose of “testing” out whether actions within the QIPP have been implemented and are “visible” to colleagues. Any outcomes or actions that emerge from these visits will be shared with service and clinical leads as well as supporting evidence within the QIPP.

Trust Board

Date: 26th January 2016

Agenda Item:	18
Agenda Ref:	18/0116
Author:	Glyn Howells – Director of Finance
Presented By:	Nicola Strother Smith – Chair of Charitable Funds Committee
Sponsor:	

Subject:	Finance Committee Update
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This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☒ Assurance ☒ Information

Executive Summary:

The Charitable Funds Committee met on 19th January 2016:

1. Items the Committee NOTED that the Board should be aware of:

The Committee discussed revised terms of reference to reflect the changes in the executive lead on the Committee, this will come back to the next committee after accommodating some requests for changes and will then come to Board for approval.

The Committee received an update on the historic land legacy, legal ownership has been clarified and a historic lease issue resolved. The next steps will be to go to tender to select a developer to take the land through a planning process which will be completed in March.

A summary of bids that had been approved / rejected was reviewed and several bids greater than £5k were reviewed and approved or rejected by the committee.

A revised set of fund definitions was discussed and the executive group that support the committee have agreed to produce an engagement process with service users, staff and stakeholders on what grouping of funds will support increases in donations and also support a simple, logical set of principles to inform approval. The HR Director is going to lead on this work to ensure that the schemes align with supporting our colleagues workforce and OD activities as well as supporting heads of services and geographical groupings.

2. Items the Committee APPROVED that the Board should be aware of:

The annual report and accounts for financial year to 31st March 2015 were APPROVED following their audit for submission to the Charity Commissioner.

3. Items the Committee REVIEWED and supports, but are presented for the Board to APPROVE:

The Committee received an update report on funds receipt and expenditure which has showed that the level of receipts has continued to be much lower than historical levels whilst expenditure has continued to increase with the additional focus on using the charitable receipts for appropriate purposes. We now need to explore investing in Charitable Fund donation activities to ensure a flow of funds in advance of the larger income from the historic legacy. As this is a movement away from our previous position the Committee is seeking Board approval to develop a donations plan to increase donations.

Recommendations:*The Board is asked to:*

The Board is asked to note the work completed by the committee and approve the development of a plan to increase donations.

Considerations:*Quality implications:**Human Resources implications:**Equalities implications:**Financial implications:**Does this paper link to any risks in the corporate risk register:**Does this paper link to any complaints, concerns or legal claims***Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?****P or C**

Achieve the best possible outcomes for our service users through high quality care

P

Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

Manage public resources wisely to ensure local services remain sustainable and accessible

P

Which Trust value(s) does this paper Progress (P) or Challenge (C)?**P or C**

Caring

P

Open

P

Responsible

P

Effective

P

Reviewed by (Sponsor):**Date:****Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?****Explanation of acronyms used:**

Contributors to this paper include:

Minutes of the Charitable Funds Committee**Boardroom, Edward Jenner Court****Monday 19th October 2015 – 1.00pm – 3.00pm****Committee Members present:**

Nicola Strother Smith (NSS) – Non-Executive Director (Chair)
 Rob Graves (RG) – Non-Executive Director
 Glyn Howells (GH) – Director of Finance
 Tina Ricketts (TR) – Director of HR
 Susan Field (SF) – Director of Nursing

In attendance:

Mark Parsons (MP) – Head of Estates
 Amruta Hiremath (AH) – Head of Financial Accounts
 Jenny Goode (JAG) (Executive Assistant - minute taker)

Item	Minute	Action
CFC 34/15	1. Welcome and Apologies The Chair welcomed the Director of Nursing to the meeting and congratulated her on the appointment to post. The Chair also welcomed Amruta Hiremath, Head of Financial Accounts, to her first meeting of the committee.	
CFC 35/15	2. Confirmation that the meeting is quorate The meeting was confirmed as quorate by the Chair. Following a discussion about Membership of the Committee it was agreed that The Director of Finance will bring revised Terms of Reference to the next meeting of the Committee on 19 th January 2016 to reflect recent changes in management responsibilities.	Director of Finance
CFC 36/15	3. Declarations of Interests Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.	
CFC 37/15	4. Minutes of the meeting held on 14th July 2015 The minutes of the meeting held on 14 th July 2015 were Received and Approved as an accurate record subject to the following comment:	

Item	Minute	Action
	CFC 26/15 – following a query from Rob Graves regarding the >£10k rule for bids requiring committee approval, the Director of Finance agreed that the limit be adjusted to >£5k. The Director of Nursing confirmed that as far as operational teams are concerned, they already work to this limit.	Director of Finance
CFC 38/15	<p>5. Matters Arising and Action Log</p> <p>The following matters were Discussed and Noted:</p> <p>CFC 44/14 – Glos Arthritis Trust – reassigned to Director of Finance</p> <p>CFC 46/14 – Guidance on Charitable Funds Spend – item superseded and now closed.</p> <p>CFC 53/14 – complete; action closed.</p> <p>CFC 57/14 – complete; action closed</p> <p>CFC 9/15 – complete; action closed</p> <p>CFC 11/15 – complete; action closed</p> <p>CFC 12/15 – complete; action closed</p> <p>CFC 13/15 – complete; action closed</p> <p>CFC 20/15 – complete; action closed</p> <p>CFC 22/15 – complete; actions closed</p> <p>CFC 23/15 – Amendment to action: funds will be merged into seven groups and not six. Action complete; actions closed</p> <p>CFC 24/15: Legacy Gifts – Head of Estates to circulate spreadsheet showing history of legacy gifts to all members of the Committee.</p> <p>Fundraising campaigns that do not conflict with LoF. The Committee agreed that there is a need to revisit six or seven funds and review the purpose for each fund. Following this staff can be advised how they access these funds. Head of Estates to bring back proposal to next meeting,</p> <p>CFC 25/15 – spreadsheet showing quarterly receipts for donations received over the last two years to be circulated to members of committee.</p> <p>CFC 26/15 – Bids requiring committee approval:</p>	<p>Head of Estates</p> <p>Head of Estates</p> <p>Director of Finance</p>

Item	Minute	Action
	<p>Health visiting – part funding – Head of Estates will circulate papers to Committee members before next meeting to be held on 19th January 2016.</p> <p>"Recognition Fund" – to be discussed under item "Charitable Funds Application Guide" on this agenda.</p> <p>CFC 27/15 – complete; action closed</p> <p>CFC 28/15: a) Meeting held – action complete b) Internal Communications Plan – item deferred to 19th January 2016</p> <p>CFC 29/15 – complete; action closed</p> <p>CFC 31/15 – Director of Finance met with NSS/RG. Draft accounts to be approved at 19th January 2016 meeting. Director of Finance to circulate prior to meeting. KPMG will audit in time for accounts to be filed at end of January 2016 – Director of Finance to check date.</p>	<p>Head of Estates</p> <p>Head of Communications</p> <p>Director of Finance</p>
CFC 39/15	<p>6. Forward Planner</p> <p>The Forward Planner was Discussed and Approved subject to the following amendments/comments:</p> <p>19th January 2016:</p> <p>Trust Deed Report – Director of Finance to query with Head of Corporate Governance whether this is a statutory requirement.</p> <p>Rob Graves queried whether the organisation should be considering an investment strategy and it was agreed that this will be an item for discussion at the next meeting on 19th January 2016.</p> <p>Director of Finance to discuss further with the Head of Financial Accounts and report back with a proposal to the next meeting.</p> <p>13th July 2016:</p> <p>Annual Report</p> <p>Following a query raised by the Director of Nursing, the Committee Agreed that the Risk Register should appear on the Forward Plan for each meeting. The Chair invited the meeting to suggest items that should be included on the Risk Register and the following were put forward:</p>	<p>Director of Finance</p> <p>JG</p> <p>Director of Finance / Head of Financial Accounts</p> <p>JG</p>

Item	Minute	Action
	<ul style="list-style-type: none"> • Cash-flow • Absence of an investment strategy • Reduction in legacies and donations • Relationship with League of Friends • Inappropriate delay in using restrictive funds • Lack of clarity for Trust colleagues in how to access funds • Whether or not we have clarified what is legitimately spent through funds • Lack of clarity and decision and reputational issues <p>Any further ideas/thoughts to be sent to the Director of Finance.</p> <p>In order to progress this, it was agreed that a monthly meeting is arranged involving the Director of Finance, the Director of Nursing, the Director of HR, the Head of Estates and the Head of Financial Accounts. This meeting to be held in between Charitable Funds Committee meetings.</p>	<p>All</p> <p>Director of Finance</p>
CFC 40/15	<p>7. Current Funds, legacy gifts and donations</p> <p>The Chair welcomed the Head of Financial Accounts, Amruta Hiremath, to the meeting.</p> <p>The Head of Financial Accounts thanked the Chair and explained that she had only recently been appointed to post, but plans to produce a more comprehensive report for future meetings. She highlighted the following points from her report:</p> <ul style="list-style-type: none"> • 45 funds now consolidated into 11 funds • Donations are reducing significantly in terms of numbers • New column “commitments” has been included in the summary of fund balances to show where approval has been granted, but funds not yet paid out and AH will include more detail in this column in future report <p>The following issues were subsequently raised and discussed by the Committee:</p> <p>In order to analyse expenditure, should we show what funds are actually spent on and also the location it relates to, i.e. hospital, community area, so that we can see a pattern over time.</p> <p>Consolidation of Charitable Fund spreadsheet: remove pence and round up to nearest pound.</p> <p>Need to provide guidance around when staff can access Charitable funds for training.</p> <p>Restrictive Funds: Director of Finance to report back to the next</p>	<p>Head of Financial Accounts</p> <p>Head of Financial Accounts</p> <p>Head of Financial Accounts</p> <p>Director of Finance</p>

Item	Minute	Action
	<p>committee on 19th January 2016 on the following matters:</p> <ul style="list-style-type: none"> • Brokenborough – figure shown is land value not cash value and Rob Graves asked that this is made clear • Rowcroft • Children's Palliative OT – discuss with Janet Mills • R J Page – investigate restrictions relating to this fund. 	Director of Finance
CFC 41/15	<p>8. Bids requiring Committee approval and LoF / Giving to Glos Activity</p> <p>The Head of Estates presented his report to the Committee and the following issues were discussed:</p> <p>The Director of Nursing queried why the request for Optometry Services in Forest Hospitals was rejected when other requests for equipment had been approved. The Head of Estates explained they need to consider whether any ongoing costs are associated with requests received.</p> <p>The Director of Nursing queried why an application has been approved for a bid for Tracheostomy training aids. The Director of Finance explained that the Head of Service had sanctioned the request.</p> <p>It was agreed that in future applications will be discussed at the monthly Executive Team meetings which will be arranged asap.</p> <p>The Chair commented that it was useful to see a summary of expenditure.</p> <p>Rob Graves said that we want to encourage people to come forward with ideas and in order for them to do this we need to ensure there is clarity about the process.</p> <p>It was agreed that the Director of Nursing will be a counter-signature on applications for Charitable Funds.</p> <p>Bids:</p> <p>Dr. Simon Opher – bid for £10k for setting up allotments at Vale Hospital</p> <p>The Head of Estates updated the Committee on this Bid. He confirmed that indemnities would be in place and occupancy arrangements would be arranged.</p> <p>The Head of Estates was asked to clarify whether Dr Opher is acting alone with this bid request, or part of a group. The Head of Estates to update the Committee once this has been clarified.</p>	<p>Director of Finance</p> <p>Director of Finance</p> <p>Head of Estates</p>

Item	Minute	Action
	<p>The Director of Nursing queried whether local schools will be involved, but the Director of HR raised an issue around governance / liability.</p> <p>Following the above discussions, the Committee agreed to approve the application with the caveat that the necessary governance arrangements are in place.</p> <p>Paul Jennings – bid for £17,088 for celebration event</p> <p>The Chair asked that any future bids of a similar nature are approved before events take place.</p> <p>The Director of Finance explained that this request relates to trying to reinforce cultural change in the organisation and celebrating people taking ownership of their roles. He stressed that this is not core NHS business.</p> <p>Rob Graves said that he found it very hard to distinguish from any other form of sharing best practice in the organisation. He also said that there is a need to be careful in that you are not setting precedence by approving this request.</p> <p>Following discussion the committee agreed to approve the bid, but asked that any future requests are put to the Committee in advance of the event taking place and requested that this is shared with colleagues.</p>	Director of Finance
CFC 42/15	<p>9. Minutes of Brokenborough Sub-Committee held on 19th August 2015</p> <p>The Minutes were taken as read.</p>	
CFC 43/15	<p>10. Brokenborough – use of funds</p> <p>The Director of Finance briefed the committee on various matters since the Brokenborough sub-committee had taken place:</p> <p>The Land Agent has approached the farmer. He feels there is now a conflict of interest and the Head of Estates will follow this up.</p> <p>Procurement process will soon be under way.</p> <p>There is a need to show what investment will be made in Cirencester and Fairford.</p> <p>The Director of Finance will put together ideas for discussion at Board Summit being held at the beginning of December.</p>	Director of Finance

Item	Minute	Action
	<p>The Director of Finance to arrange a meeting with various organisations re. Cirencester and Fairford configuration.</p> <p>The Committee thanked the Director of Finance for the verbal update and requested feedback at the next meeting scheduled for 19th January 2016.</p>	<p>Director of Finance</p> <p>Director of Finance</p>
CFC 44/15	<p>11. Charitable Funds Application Guide</p> <p>The Head of Estates presented his report to the meeting. The following comments were made:</p> <ul style="list-style-type: none"> • GCS logo to be inserted on the Guidance document • Timescale for response to be included on email acknowledgement • Remove names from the process chart and include job titles only • Head of Estates to revise application form and include Director of Nursing as counter-signature • Health and Safety to be incorporated <p>Subject to the above comments and suggested changes, the Committee approved the forms/process.</p>	Head of Estates
CFC 45/15	<p>12. Internal Communications Plan</p> <p>Deferred for discussion at 19th January 2016 meeting</p>	Head of Communications and Marketing
CFC 46/15	13. Any Other Business	
a)	The Director of Finance explained that bids are coming together for the Marketplace in Cirencester and said that we need to clarify what we are trying to achieve there in order to get consistency.	
	There were no further AOB items.	
	The Chair thanked everyone for attending the meeting and the meeting was closed by the Chair at 3.05p.m.	
	<p>Date/time of next meeting:</p> <p>The next meeting is scheduled to be held on Tuesday 19th January 2016 at 10a.m. and will be held in the Boardroom at Edward Jenner Court.</p>	

Application Date	Colleague Name	Email Address	Tel number	Name of Sponsor	Sponsorship Type	Details of proposed Sponsorship	Costs	Approved by DoCG	Date
Jul-14	James Curtis	James.Curtis@glos-care.nhs.uk	8174	Pfizer, McNeil Products and GSAP	Other	Request to approach sponsors for sponsorship of Gloucestershire NHS Stop Smoking Conference. All parties to be offered an equal opportunity to sponsor.		Yes	Jul-14
Jul-14	Veronica Hourston	Veronica.Hourston@glos-care.nhs.uk	8331	Hydrate For Health	Training	GCS have been working with Hydrate For Health to provide Hydrant's to patients on wards and in community teams who struggle to reach, lift or hold drinks. Service users have been identified as having dehydration related illness or would benefit from improved fluid intake are assessed and their ability and safety to use this product		Yes	Jul-14
08/09/2014	Dr Andrew De Burgh-Thomas	andrew.deburgh-thomas@glos-care.nhs.uk	07973615468	ViiV Pharmaceuticals	Promotional activities	Assisting in short video clip regarding new drug Dolutegravir. Drug is cheaper than alternatives and has some significant advantages in side effect profile. Use of product has motivated patient care and cost saving. Would be carried out in own time off from regular employment with the Trust. Financial remuneration involved in line with ABPI standards.	Requested	yes	Oct-14
08/09/2014	Andrew De Burgh-Thomas	andrew.deburgh-thomas@glos-care.nhs.uk	07973615468	Merz Pharmaceuticals	Training	To receive additional training in the injection of facial filler for HIV infected patients. Performed within the NHS for some time with Radiesse, for a about a year. Patients will be from out of this area and therefore not entitles to this treatment through their own clinic. Patient agreed to pay and the company will remunerate Dr DBT for time at a rate of £500 for the clinical session. Work to be carried out at private hospital/clinic in 'time off' from regular employment with the Trust.	£500		Sep-14
22/08/2014	Caroline Day	caroline.day@glos-care.nhs.uk	6542	ViiV Healthcare	Event/Meeting/Conference	Session on Dolutegravir treatment experience studies. Dr Mas Chaponda, Royal Liverpool Hospital. Evening session at Spice Lodge and meeting room and meal provided. We have patient using Dolutegravir. An evening session will help bring the team together.	£275.00	Yes	09/09/2014
Aug-14	Sally King	sally.king@glos-care.nhs.uk	6666	Primary Care Respiratory Society	Event/Meeting/Conference	Three times annual education event for any health care professional in Gloucestershire with an interest in respiratory disease. 5 pharmaceutical companies sponsor the event, GCS is not involved in funding or receiving payments. Event runs 2nd Monday evenings in Feb, May and Sept.	Requested	yes	Sep-14
11/09/2014	Rona MacDonald	rona.macdonald@glos-care.nhs.uk	6537	MSD	Event/Meeting/Conference	Sponsorship of registration fee for 12th International Congress on Drug Therapy in HIV, Glasgow, Nov 2014. by MSD	Requested	yes	Oct-14

REGISTER OF APPLICATIONS FOR ACCEPTANCE OF COMMERCIAL SPONSORSHIP, HOSPITALITIES AND GIFTS FOR 2015-2016

Application Date	Ref No.	Request for	Type of Sponsorship	Details of proposed Sponsorship	Name of Sponsor / Gift provider	Cost (£)	Approved by the Assistant / Trust Secretary	Date Approved	Requested by	Contact Details
06/04/2015	CS-01	Training	Sponsorship	Training for 4 x colleagues to attend Postural Management Group	InvaCareLtd	£1,920	Yes	06/04/2015	Francis Beavis	francis.beavis@glos-care.nhs.uk
08/04/2015	CS-02	Training	Sponsorship	Contribution to training for Dietician	Agamatrix Europe	£120	Yes	08/04/2015	Siriol Wilson	siriol.wilson@glos-care.nhs.uk
30/03/2015	CS-03	Event	Hospitality	Lunch	Coloplast	£40	Yes	01/04/2015	Nancy Farr	nancy.farr@glos-care.nhs.uk
17/04/2015	CS-04	Event	Hospitality	Lunch	Aspen medical	£40	Yes	01/04/2015	Nancy Farr	nancy.farr@glos-care.nhs.uk
18/03/2015	CS-05	Event	Hospitality	Lunch	3M Health	£40	Yes	30/03/2015	Nancy Farr	nancy.farr@glos-care.nhs.uk
04/04/2015	CS-06	Research	Sponsorship	Books for Pallative care	Pam Scott	£150	Yes	13/04/2015	Kate Lawlor	kate.lawlor@glos-care.nhs.uk
17/04/2015	CS-07	Training	Other	Payment for advice and knowledge (1 x day annual leave taken by Andrew)	Jansen Pharma	£780	Yes	17/04/2015	Andrew De Burgh-Thomas	andrew.deburgh-thomas@glos-care.nhs.uk
09/09/2015	CS-08	Training	Sponsorship	Deliver focused educational updates to community nurses / lunch and learn	Activa Healthcare	£600	Yes	10/09/2015	Dawn Allen	dawn.allen@glos-care.nhs.uk
09/09/2015	CS-09	Study days	Sponsorship	Parkinsons Specialist Nurse - 2 x study days re prescribing Apo-morphine and managing people with Parkinsons Disease. Apo-morphine is a treatment recognised by NICE guidelines for patients with more complex phase of treatment needs.	Britannia Pharmaceuticals Ltd	£405	Yes	10/09/2015	Claire Gough	clare.gough@glos-care.nhs.uk
09/09/2015	CS-10	Training	Sponsorship	Pressure and Posture in Wheelchair seating training 27 Oct 2015 for new therapist to attend as part of induction.	Invacare Ltd		Yes	10/09/2015	Francis Beavis	francis.beavis@glos-care.nhs.uk
09/09/2015	CS-11	Training	Sponsorship	Seating and positioning for function and mobility for clinicians training day for new therapist - 4 Nov 2015	Sunrise Medical Ltd		Yes	10/09/2015	Francis Beavis	francis.beavis@glos-care.nhs.uk
16/09/2015	CS-12	Meeting	Sponsorship	Update to Matt Booker (BARD urology rep) and Tewkesbury Locality District Nurses on the 15 October 2015. This is reference to the Countywide catheter policy and passport that takes place on the 14 Sept 2015 . Lunch included.	BARD Urology	£50	Yes	16/09/2015	Helen Ballinger	helen.ballinger@glos-care.nhs.uk
05/10/2015	CS-13	Event	Sponsorship	Catering for the STIF training course.	Bayer	£125	Yes	08/10/2015	Jo Mutton	jo.mutton@glos-care.nhs.uk
06/10/2015	CS-14	Conference	Sponsorship	To contact resuscitation based companies for sponsorship in the form of leaflets, gadget like products for conference goodie bags.	Openhouse Products (£300 for conference bags)	£500	Yes	07/10/2015	Carl Ashford	carl.ashford@glos-care.nhs.uk
15/10/2015	CS-15	Other	Gift	Gift presented to Sue Hewlett who works with agencies. Discussed with T Ricketts Director of HR who has proposed to use the gift for a future HR Away Day.	Mayday Employment Agency	£50	Yes	15/10/2015	Kieth Dayment	kieth.dayment@glos-care.nhs.uk
03/11/2015	CS-16	Training	Sponsorship	Training on the use of integrase inhibitors for the treatment of HIV-1 by Viiv medical advisor re HIV medications. Evening session with a meal provided for the HIV Team.	Viiv		Yes	03/11/2015	Caroline Day	caroline.day@glos-care.nhs.uk
10/11/2015	CS-17	Training	Sponsorship	SU-MED Pressure Mapping training session for Therapists planned for 25 Nov 2015 to include lunch	Su-Med International (UK)		Yes	10/11/2015	Frances Beavis	francis.beavis@glos-care.nhs.uk

Application Date	Ref No.	Request for	Type of Sponsorship	Details of proposed Sponsorship	Name of Sponsor / Gift provider	Cost (£)	Approved by the Assistant / Trust Secretary	Date Approved	Requested by	Contact Details
17/11/2015	CS-18	Training	Sponsorship	Actico bandage systems and Coban to demonstrate the theory component of the workshop to enable nurses to obtain initial skill etc.	Actico Bandage Systems Coban	£30	Yes	18/11/2015	Nancy Farr	nancy.farr@glos-care.nhs.uk
17/11/2015	CS-19	Conference	Sponsorship	Conference: 5th Annual Parkinson's Disease Forum on the 25 Feb 2016 - 1 day - at the Aztec West Hotel in Bristol	UCB Pharma	£50	Yes	18/11/2015	Susan Watts	susan.watts@glos-care.nhs.uk
17/11/2015	CS-20	Conference	Sponsorship	Conference: 5th Annual Parkinson's Disease Forum on the 25 Feb 2016 - 1 day - at the Aztec West Hotel in Bristol	UCB Pharma	£50	Yes	18/11/2015	Claire Gough	clare.gough@glos-care.nhs.uk
17/12/2015	CS-21	Other	Sponsorship	Honey dressings are on the GCSNHST wound formulary. Sacha (rep) will give the DN's a short product update. The aim is to improve formulary compliance.	Advancis Medical	£50	Yes	17/11/2015	Nancy Farr	nancy.farr@glos-care.nhs.uk
						£5,000				

AGENDA ITEM 20

ANY OTHER BUSINESS