Gloucestershire Care Services **NHS**
NHS Trust

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

Meeting to be held on Tuesday 21 January 2014
at Dowty Sports & Social Club 09.30 – 15.30

AGENDA (PART 1)

Item		Presenter
1.	**Apologies**	Chair
2.	**Declaration of Interests**	Chair
3.	**Minutes of the Meeting held on 10 December 2013**	Chair
4.	**Matters Arising (Action Log)**	Chair
5.	**Questions from the Public** *Questions relating to items on the agenda only should be provided in advance to the Board Administrator by 12 noon on Monday 20th January 2014*	Chair
6.	**Chair's Report** (verbal)	Chair
7.	**Chief Executive's Report**	Chief Executive
8.	**Quality Report**	Director of Nursing
9.	**Quality & Performance Report**	Director of Finance
10.	**Finance Report**	Director of Finance
11.	**Integrated Community Team (ICT) Development**	Chief Executive / Director of Adult Services
12.	**Urgent Care Action Plan Update**	Director of Adult Services
13.	**Transforming Local Care Programme update (Delivery of CIPs)**	Director of Project Development and Strategy / Director of Finance
14.	**Public Sector Equality Duty Compliance & Annual Report**	Head of HR
15.	**Integrated Governance & Quality Committee – Update**	Committee Chair

16.	**Audit and Assurance Committee - Update**	Committee Chair
17.	**Performance and Resources Committee – Update**	Committee Chair
18.	**Any Other Business**	Chair
19.	**Date of Next Meeting** *Tuesday 11 March 2014 at 9.30am in the Coopers and Malvern Training Rooms, Edward Jenner Court, Brockworth*	

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

GLOUCESTERSHIRE CARE SERVICES
NHS TRUST BOARD

Minutes of the Meeting held on Tuesday, 10 December 2013
at Churchdown Community Centre, GL3 2JH

Voting Board Members	
Ingrid Barker (IB)	Trust Chair
Joanna Scott (JS)	Non-Executive Director, Vice Chair
Paul Jennings (PJ)	Interim Chief Executive
Rob Graves (RG)	Non-Executive Director
David Harwood (DH)	Non-Executive Director
Sue Mead (SM)	Non-Executive Director
Nicola Strother Smith (NS)	Designate Non-Executive Director
Chris Creswick (CC)	Designate Non-Executive Director
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive
Liz Jarvis	Deputy Director of Nursing, deputising for Elizabeth Fenton (EF)
Jo Bayley (JB)	Medical Director
Board Attendees (Non-Voting)	
Susan Field (SF)	Director of Adult Services
Simeon Foreman (SAF)	Board Secretary
Andrew Hall (AH)	Director (Project Development and Strategy)
Tony Hicks (TH)	Councillor, Gloucestershire County Council
Duncan Jordan (DJ)	Chief Operating Officer, Gloucestershire County Council
Candace Plouffe (CP)	Director of Countywide, C&YP Services
Tina Ricketts (TR)	Head of Human Resources
In Attendance	
Ruth Darling	Communications Manager
Jill Rowell (JR)	Minute taker

Members of the Public/observers
Two members of staff were present at the meeting.

Ref	Minute	Action
	Introductory Comments	
	The Chair welcomed everyone to the meeting and introductions were made for the benefit of Liz Jarvis, who was deputising for the Director of Nursing.	

TB 117/13	**Agenda Item 1: Apologies for Absence** Apologies were recorded for Liz Fenton, Director of Nursing.	
TB 118/13	**Agenda Item 2. Declarations of Interest** There were no declarations of interest noted.	
TB 119/13	**Agenda Item 3. Minutes of the Meeting held on 12 November 2013** The Board reviewed the minutes of the meeting held on 12 November 2013 and agreed the following amendments: *TB 105/13 replace 'Trust' with 'Quality Safety and Clinical Governance' before the word 'groups' in the last sentence of the third paragraph.* *TB 111/13 replace the word 'this' with 'think' at 5.11.6 Quality.* *TB 112/13 insert 'Finance Items' as a header after second paragraph of External Care section.* **The Board resolved that the minutes be APPROVED subject to the amendments agreed.**	SAF
TB 120/13	**Agenda Item 4. Matters arising** The Board reviewed the matters arising and noted actions that had taken place to close items. Where they have not been closed the Board received a progress update as follows and these are shown on the Action Log for the next Board meeting. **The Board NOTED the following actions as complete**.	

Minute Reference	Action Agreed	Lead Exec	Update for 10th December 2013
TB62/13	Board to review the progress of the Organisational Development Plan in January 2014	Head of HR	The Organisational Development Plan will be developed once the OD Strategy has been approved by the Board. The draft OD Strategy is scheduled to be submitted to the December Board.

	TB63/13	The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013	Foundation Trust Programme Managers	**_FT Programme Managers to add._** _Strategy to be presented to December Board._ **_For January 2014 Board_**	
	TB76/13	Further work required to develop a quality dashboard drawing data from initiatives that can be measured and quantified and presented to October's IG&QC	Director of Nursing	Development of quality reporting to be reviewed in the context of the Government's response to Francis and reported to IGQC in December	
	TB88/13	Board approved work be progressed to address identified cost pressures being offset by underspends.	Director of Finance	Issue of accruals totalling £6M generated by SBS requires unravelling by Management Accountants	
	TB88/13	Pursue an agreed opening balance for GCS in line with the LTFM	Director of Finance	DH has rejected PCT's balance sheet split and agreement on Trust's opening balance delayed till nearer end of the year. Update to December Board. **DoF to meet Jennifer Howells, NHS England, end of December to escalate issue**	

TB 121/13	**Agenda Item 5. Questions from the Public** There were no public questions submitted prior to the Board meeting or from the floor.
TB 122/13	**Agenda Item 6. Chair's Report** The report was **RECEIVED** by the Board. The Chair was delighted to report the Trust Development Authority (TDA) had endorsed Sue Mead as a Non-Executive Director of the Trust and GCS is awaiting agreement from the

	Secretary of State to progress the other designate NED appointments. GCS are out to advert for a further NED to replace David Harwood, who will be leaving the organisation early next year. The Chair briefly updated the Board on the following items. Recognising that providers need to be more involved, the Better Services Fund, formerly the Integration Transformation Fund, has provided health and social care organisations with further information on the initiative (Appendix 2). A letter from the Secretary of State regarding the Government's response to the Francis inquiry had also been received and the full report can be accessed at http://bit.ly/responsetofrancis. The Chair reported, after discussion with loved ones, it is proposed GCS commission two awards in memory of John Hale and Frank Baynham for presentation at the Trust's 2014 awards ceremony. **The Board NOTED the content of the report.**	
TB 123/13	**Agenda Item 7. Chief Executive's Report** The Interim Chief Executive presented the report, and brought the following items to the Board's attention: The Care Quality Commission (CQC) paid a recent unannounced visit to Stroud Hospital. On receipt of the CQC's report the Trust will have a further two weeks to comment on its factual accuracy. The Interim Chief Executive sought the Board's approval to delegate authority to the Executive Team, Trust Chair and Chair of Audit & Assurance Committee sign off of the final iteration of the organisation's 2014-16 Plans, due for submission to the TDA on 13 January 2014. The Performance & Resources Committee will review them at its meeting today and further work will continue to finalise the detail of the plans. The Director of Adult Services updated the Board on the Trust's week trial of 'Getting Mrs Foster Home', a county wide approach to improving safe and timely patient discharge and transfer. She advised it had been a very resource intensive week for GCS staff, however there had been good collaborative working with the other participating organisations - GCC, 2gether and Gloucestershire Hospitals NHS Foundation Trust (GHT) but indications are that the number of discharges had increased during the week, patient flows had improved and understanding of organisational roles had been enhanced. A comprehensive briefing from all parties concerned will be available shortly and it	

	is planned to run a second 'Getting Mrs Foster Home' week in January.	
	The Department of Health has released a tranche of funding available to NHS organisations over the winter period and Gloucestershire's allocation is £2.02M.	
	Organisations must submit their applications for ways to use the money by noon on 12 December and all bids and allocations will be reviewed at a meeting held the following day.	**SF**
	The Board NOTED the content of the report and APPROVED delegation of sign off of the Trust's 2014-16 Plans to the Executive Team, Trust Chair and Chair of the Audit & Assurance Committee.	
TB 124/13	**Agenda Item 8. Organisational Development Strategy (OD)**	
	The Head of Human Resources presented the OD Strategy and brought to the Board's attention three key strands:	
	a) The detail of the consultation and engagement undertaken to gain support within the Trust for the OD Strategy. b) The detailed scrutiny the Strategy has been subject to at the OD & HR Programme Board. c) The need to draft a shorter 'user friendly' version of the Strategy for staff and stakeholders.	
	The Interim Chief Executive reminded Board that January 2014 heralds the launch of two significant NHS programmes; Leading Care (300 GCS staff at Band 7 and 8A) and the Listening to Action Programme (LiA). Interviews to recruit a Trust leader for the LiA initiative will take place shortly.	
	The Head of HR advised the OD plan and easy read version of the Strategy will be taken to the OD & HR Programme Board meeting in January and brought to a future meeting.	**TR**
	The Board noted the good work and gave their SUPPORT to the OD Strategy.	
TB 125/13	**Agenda Item 9. Report from the Charitable Funds Committee**	
	The Report was received by the Board and Joanna Scott, Chair of the Charitable Funds Committee, provided a brief synopsis of the meetings held in August and November. Key points were an update from the Deputy Director of Finance on the Brokenborough land, the appointment of external auditors to	

	review Charitable Funds' accounts and the recommendation that the Head of HR join the Committee as an attendee, as staffing issues are a common agenda item. A policy for staff to refer to on what Charitable Funds can be used for had been discussed by the Committee. The Director of Finance reported the funds currently consist of 90 separate pots of money, totalling £140K, and ways to reduce this number are being considered. The Board supported a proposal that the Finance Accountant attend an Exec Team meeting to provide a more detailed report on the funds. **The Board NOTED the Report, RECEIVED the minutes and APPROVED the attendance of the Head of HR at the Committee.** **The Board RECOMMENDED data on the funds available and what it can be spent on by Staff is presented to the Exec Team meeting and a report prepared for Board.**		GH
TB 126/13	**Agenda Item 10. Trust Vision** The Director of Project Development and Strategy (DoPDS) presented the item which is culmination of significant engagement work with colleagues from all areas of the Trust, discussions with external stakeholders and through Board developments session. The refreshed vision and mission are important in developing the 2 year plan due in January and the 5 year Integrated Business Plan due in March. The Board are being asked to formally agree the vision and mission, ahead of a planned rollout of visual identity in January 2014. This will use the minimum resources necessary to be effective. It will focus on updating literature and materials for service users and colleagues sufficient to ensure the Trust's vision, values and objectives are understood and outdated materials are replaced. Signage to the Trust's main sites is significantly out of date in some cases and is due to be replaced as part of its ongoing estates work programme. New signage will carry the Trust's new visual identity alongside the NHS brand. The DoPDS agreed to work out final costings for agreement with the Director of Finance. The Board discussed the need for a clearly defined performance framework that measures how the Trust is delivering against the Strategic Objectives. It was proposed that the DoPDS review the use of the word mission and consider using a term such as 'goal' instead. Board members also sought further assurance that the proposed visual identity be tested with service users to ensure that it conveys the		

	Trust's values effectively. The Chair summarised the position as Board members being supportive and comfortable with the Vision, but that further revision of the mission and market testing of the visual identity is needed ahead of the January roll out. The DoPDS agreed to undertake these actions by 16th December and report back to the Chair.	
TB 127/13	**Agenda Item 11. Foundation Trust Programme Board update** The Board received the report presented by the Director of Project Development and Strategy (DoPDS). Attention was drawn to the risk implications and the DoPDS advised activity had not progressed at the desired rated, however GCS' timescale for entering the Foundation Trust pipeline had slipped. Under radical changes introduced by the CQC, the Interim Chief Executive advised the Chief Inspector of Hospitals will be visiting mental health sites as well as hospitals, with the first round of visits beginning in January. GCS has nominated a number of staff members to participate in the CQC visits to gain an insight into the standards expected. The Director of Finance advised David Flory, the TDA Chief Executive, had intimated that for those NHS Trusts not close to Foundation Trust status 2014/15 would be crucial. **The Board ENDORSED the current functions and activities of the Programme Board in its mission to further the FT application on behalf of GCS.**	**SAF**
TB 128/13	**Agenda Item 12: Quality & Performance Report** The Board **RECEIVED** the Report and delegated authority for detailed review and discussion to the Performance & Resources Committee, at their meeting later in the day.	**SAF**
TB 129/13	**Agenda Item 13: Finance Report** The Board **RECEIVED** the Report and delegated authority for detailed review and discussion to the Performance & Resources Committee, at their meeting later in the day.	**SAF**
TB 130/13	**Agenda Item 14: Any Other Business** There were no 'any other business' items to consider.	
TB 131/13	**Agenda Item 15: Date of Next Meeting**	

| | **9.30am to 4.00pm on Tuesday, 21 January 2014 at Dowty Sports and Social Club, Down Hatherley, GL2 9QD** | |

Chairs Signature …………………………………...

Date …………………………………..…….

Gloucestershire Care Services NHS Trust Board Action Log

Minute Reference	Action Agreed	Lead Exec	Update for 21 January 2014	Proposed Close Date	Status
Actions Carried forward from Gloucestershire Care Services Operational Board					
6/11/12 – item 8.11	Operational Board agreed that a detailed study on stress within the organisation should be progressed. It subsequently agreed that an employee health and wellbing plan should be incorporated within the HR Strategy	Head of HR	Employee Health and Wellbeing Plan scheduled to be considered by Board in July. **However this will now be taken forward by the HR and OD Programme Board, with the aim of a draft HR Strategy to be submitted to the board in March 2014.**	Mar-14	Open
Gloucestershire Care Services NHS Trust Board Action Log					
TB43/13	Further to IiP Assessment report the Board agreed funding to progress undertaking the "top up" assessment and the Health and Wellbeing Framework	Head of HR	Progressing led by the Head of HR and overseen by HR and OD Programme Board. **TR advised IiP progress report will be considered by the HR/OD Programme Board in Jan 14 with an update being provided to the Board in March 14.**	Mar-14	Open

Minute Reference	Action Agreed	Lead Exec	Update for 21 January 2014	Proposed Close Date	Status
TB62/13	Board to review the progress of the Organisational Development Plan in January 2014	Head of HR	The Organisational Development Plan will be developed once the OD Strategy has been approved by the Board. **The draft OD Strategy is scheduled to be submitted to the December Board.** OD Plan and easy read version of OD Strategy to be taken to OD & HR Programme Board in January and brought to a future Board meeting	Mar-14	Open
TB63/13	The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013	Foundation Trust Programme Managers	***FT Programme Managers to add.*** *Strategy to be presented to December Board.* ***For January 2014 Board***	Jan-14	Open
TB76/13	Further work required to develop a quality dashboard drawing data from initiatives that can be measured and quantified and presented to October's IG&QC	Director of Nursing	Development of quality reporting to be reviewed in the context of the Government's response to Francis and reported to IGQC in December	Jan-14	Open
TB88/13	Board approved work be progressed to address identified cost pressures being offset by underspends.	Director of Finance	Issue of accruals totalling £6M generated by SBS requires unravelling by Management Accountants.	Jan-14	On-going

Minute Reference	Action Agreed	Lead Exec	Update for 21 January 2014	Proposed Close Date	Status
TB88/13	Pursue an agreed opening balance for GCS in line with the LTFM	Director of Finance	DH has rejected PCT's balance sheet split and agreement on Trust's opening balance delayed till nearer end of the year. Update to December Board. **Director of Finance and Jennifer Howells, NHS England to escalate similar problems. Update to January's Board.**	Jan-14	Open
TB125/13	Present report on Charitable funds available and its uses for staff to Execs team and report to Board	Director of Finance		Mar-14	Open
TB128/13	The Board delegated authority to Performance & Resources Committee to review the Quality & Performance Report	Board Secretary		Dec-13	Open
TB129/13	The Board delegated authority to Performance & Resources Committee to review theFinance Report	Board Secretary		Dec-13	Open

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 21 January 2014

Location: Dowty Sports and Social Club, Down Hatherley

Agenda item 7: Chief Executive's Report

1.   LiA

Last year the Trust signed up to be a National Pioneer on staff engagement and empowerment through widespread adoption of Listening into Action (LiA). This proven, systematic approach enables frontline staff to influence, shape and provide the best possible services for our patients and service users.

To date GCS has appointed a Listening into Action lead, Claire Powell, who will become our local expert on the Listening into Action approach and will lead the organisation through the first 12 months. The sponsor group has also been formed which consists of strategic leads and practitioners alike and meets fortnightly in order to drive the process forward. On 13 January members of the sponsor group and the Chief Executive (CEO) attended our first 'Navigation Day' in Birmingham. As a result of this, momentum will increase rapidly with all staff members being instructed to complete a 'pulse check' to gauge the views of our workforce currently. The CEO will lead five staff conversations during March and April which will then lead to mobilisation of some 'quick wins', enabling our people schemes and a 'pass it on' event in September.

During the coming months more of our workforce will become involved in championing the LiA approach so that it becomes embedded as 'the way we do things around here' in the next 12 months.

2.   TDA Planning Returns

As part of the 2014/15 planning process the Trust was required, in early January 2014, to submit a series of returns to the NHS Trust Development Authority ("NTDA"). These returns principally explored our financial plans for the next year, as well as our service development plans, workforce plan and aims to ensure the Trust's continued sustainability, innovation and commitment to quality.

The next stages of this process will be:

i)   Submission of detailed plan on 5 March 2014. This will be reviewed at the Performance and Resources Committee on 13 February 2014 and Board is asked to delegate approval

on submission to the Performance and Resources Committee Executives before coming to full Board for approval on 11 March 2014.

ii) The development and submission of a 2-year business plan in March.

iii) The completion of a 5-year business plan supported by a long term financial model (LTFM) by June 2014.

It is anticipated that feedback on our returns and associated submissions will be channelled through the routine monthly meetings with the NTDA, as well as via the forthcoming NTDA engagement as a result of our entry onto the Foundation Trust pipeline, understood to be scheduled prior to the end of the current financial year.

3. Winter & Escalation Plan

In September, the Board was asked to delegate authority for a sub-group to sign off the Winter Plan and Escalation Plan for 2013/14.

GCS NHST have been involved in the development of the CCG Escalation Framework and, following a desk top exercise to test the system in early December, amended the structure of the escalation metrics to reflect pressures in the system in three stages: Pre-hospital, in hospital and discharge. We have been submitting daily returns to CCG as part of monitoring whole system pressures which appears to be working. Only one 'pressure conference call' convened to date but all resolved that day.

The CCG Escalation Plan and the GCSNHST Escalation Plan have been formally approved by the sub-group.

4. Floods Incident

On the run up to Christmas, the Met Office was forecasting sufficient rain to cause potential service interruption across the South West. On 24 December 2013 the On Call Executive received a call about a flooded car park at Tewkesbury Hospital. The Chief Executive drove across to the site to assess the risk to visitors, patients and staff. He made the decision to close the MIU and OOHs until the morning of 27 December 2013. This was based on the lack of lighting and clear surface for people to walk through from the car park to the hospital. Access to the site was redirected through Barton Mews. A letter was sent to the residents of Barton Mews to explain the reasons for opening this entrance and communications were issued though the media for service users and visitors regarding the temporary closure. The water levels are now subsiding and the Matron is anticipating the closure of Barton Mews entrance and reopening the

car park shortly. We would like to thank the residents of Barton Mews for their patience and understanding during this time.

The Trust was also involved in the NHS response, with partner organisations, to the potential flooding caused by the storm surge and unusually high tides on the River Severn on 2 & 3 January 2014 and engaged in multi-agency teleconferences, led by the Police, throughout the two day period. Contingency plans were put in place and staff identified who would come in to support the areas affected if the flooding increased.

The Emergency Planning Officer is currently obtaining feedback from the managers involved to ascertain any lessons identified to be reviewed at the Local Health Resilience Partnership Working Group on 22 January 2014.

5.   NHS Change Day 2014

What is Change Day?

The first Change Day was held in 2013 in order to encourage and inspire staff across the NHS to get involved and make a difference. The initiative was aimed at creating a mass movement of those working across NHS in order to demonstrate the difference that we each could make through one simple act. Bringing together the individual creativity, energy and innovative thinking of thousands of NHS staff from both clinical and non-clinical areas of work on 3 March 2014 those passionate about care will pledge to make a difference, share what they are doing and inspire others to do the same.

In 2013 a single tweet sparked 189,000 pledges across the NHS and the aim for 2014 is to reach 500,000. Those who wish to take part can go to the NHS Change Day website at **http://www.changemodel.nhs.uk/changeday** and make their pledge online, join in the discussions on the forum and become part of the growing list of active individual supporters and organisations planning to take part on the day. It is about making the changes that matter in every day practice no matter how big or small. Examples from 2013 include, a clinician in paediatrics pledging to taste the medicines she was administering to children in her care to better understand their experience and a receptionist who pledged to smile more.

In 2013 the GCS Executive Team embraced this opportunity and went "back to the floor" and for Change Day 2014 we are planning to repeat this but to be more ambitious. Our collective pledge for 2014 is to provide all colleagues working within the Support Services the opportunity to spend at least part of their day away from Edward Jenner Court and share the experiences of those delivering care. The clinical and care teams have embraced this idea and are offering a number of shadowing opportunities that will make this a very exciting day for GCS and is envisaged will provide a real learning opportunity and enable a greater understanding between the teams.

6.   Recommendations

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

Paul Jennings
Chief Executive
January 2014

Gloucestershire Care Services NHS Trust Board

Title:	Quality Report	21 January 2014
Agenda Item:	8	
Purpose of Paper:	The purpose of this report is to provide the Board with assurance and oversight of key aspects of clinical quality across Gloucestershire Care Services NHS Trust (GCS). This report is complimentary to the quantitative data supplied within the quality and performance dashboard and provides evidence of the steps taken to support the achievement of our strategic objectives.	
Key Points:	- CQC undertook an unannounced inspection of Stroud General Hospital in November 2013 - The Annual Report of the Gloucestershire Stop Smoking Service 2012/13 - Progress on the GCS response to Francis including mortality reviews and safe and suitable staffing	
Options and decisions required	The Board is asked to receive this report and specifically to: - Note the initial feedback from the CQC inspection of Stroud General Hospital and endorse proposed actions - Endorse the plans set out in relation to mortality reviews and safe and suitable staffing as part of the GCS response to the Francis Report - Receive the Annual Report of the Gloucestershire Stop Smoking Services and note the excellent achievements	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x

	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x
Next steps/future actions	• The Board will receive assurance from IGQC regarding the implementation of the action plan and shared learning arising from the Stroud CQC visit • Progress and learning from the development of the local mortality review process to be reported to future Board meetings	

Author name and title	Liz Fenton Director of Nursing	**Director Name and Title**	Liz Fenton Director of Nursing

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 21 January 2014
Location: Dowty Sports and Social Club

Agenda item 8: Quality Report

1. Purpose

The purpose of this report is to provide the Board with assurance and oversight of key aspects of clinical quality and patient safety within Gloucestershire Care Services NHS Trust (GCS). This report is complimentary to the quantitative data supplied within the quality and performance dashboard and provides evidence of the steps taken to support the achievement of the following strategic objectives:

- 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

- Provide innovative community services that deliver health and social care together

- Work as a valued partner in local communities and across health and social care

- 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

2. Recommendations

The Board is asked to receive this report and specifically to:

- Note the feedback from the CQC inspection of Stroud General Hospital and endorse proposed actions
- Endorse the plans set out in relation to mortality reviews and safe and suitable staffing as part of the GCS response to the Francis Report
- Receive the Annual Report of the Gloucestershire Stop Smoking Services and note the excellent achievements

3. Care Quality Commission inspection of Stroud General Hospital

The Care Quality Commission (CQC) undertook a routine, unannounced inspection of Stroud General Hospital from 27th – 28th November 2013. The focus of this inspection was on the following Essential Standards:

- Care and Welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Staffing
- Assessing and monitoring the quality of service provision

The team included two CQC inspectors, a specialist advisor and an expert by experience. Throughout the visit the team observed the care provided, attended the hospital governance meeting, sought views of the care provided from 19 patients, reviewed local and corporate documents and reports and interviewed colleagues. Those interviewed included:

- Registered and non-registered staff on duty within the inpatient, minor injury and outpatients' departments
- Matron
- Locality Manager
- Infection Prevention and Control Nurse and the Director of Infection Control

Detailed verbal feedback was provided immediately after the visit and the team members were very complimentary about the reception they had received at the hospital and commented on the very positive experience of care reported by those interviewed. The final report was shared with GCS on 23rd December 2013 and was subsequently published on the CQC website and confirms that all standards in relation to the focus of the inspection are considered to be met.

Using both the written report and the more detailed verbal feedback, Carole Grimsdale (Matron) has developed an action plan to ensure that the learning gained is embedded not only in Stroud Hospital but shared across our services. It is proposed that the full report be discussed at the Integrated Governance and Quality Committee and monitoring of the implementation of the action plan be overseen through the locality governance group and reported to the Integrated Governance and Quality Committee.

4. **A guide to confidentiality in health and social care: treating confidentiality with respect**
This report, published in September 2013, resulting from the work by a panel chaired by Dame Fiona Caldicott, looks afresh at the Caldicott principles in the context of increased use of the internet and social media and ensuring the safety and appropriateness of information sharing while enabling individuals to have greater control over their own care.

The report adds a seventh principle to the well-known Caldicott principles which states that "the duty to share can be as important as the duty to protect confidentiality". This is to ensure crucial information is shared with the right people in a timely manner.

5. **Responding to the governments recommendations from Francis (2013)**

Mortality Reviews
Hospital mortality rates were a key trigger in the identification of the fourteen trusts that underwent a Keogh review in 2013. The mortality rates within those services provided by GCS fall within an expected range however as an organisation we are

looking to ensure that learning from both expected and unexpected deaths is used to inform and improve the care provided.

National guidance related to effective monitoring processes is very much focused on acute services and, therefore, with the support of the Trust Development Authority GCS has agreed a local approach. This work, led by the Medical Director, will scrutinise all deaths that occur in community hospitals. The primary aim is to enable us to understand and, where necessary, minimise avoidable deaths within a community hospital setting and links with established safety initiatives such as the Modified Early Warning Score. However the work will also allow us to ensure that best practice around the management of expected deaths (of patients on an end of life pathway) is shared between community hospitals.

To enable greater assurance and learning from this work GCS are working in partnership with the Director of Nursing and Medical Director of Torbay and South Devon NHS Trust to review and refine the process and allow some benchmarking. Early discussions are underway to establish a number of areas where patient safety and experience may benefit from such a partnership.

Gloucestershire Care Services NHS Trust welcomes the report and accepts all the recommendations, including the revised Caldicott Principles which will support the effective delivery of integrated care whilst protecting users of our services. We will ensure we have systems in place that will:

- Enable service users to feel confident that information about them is secure, protected and shared appropriately
- Provide information about how such information is used and shared
- Enable those who do not wish their information to be shared to "opt out"
- Acknowledge when a breach of information sharing has occurred being honest and open with the individual affected and take action to prevent recurrence

Ensuring Safe and Suitable Staffing

The document, "How to ensure the right people with the right skills, are in the right place, at the right time – a guide to nursing , midwifery and care staffing capacity and capability" was published by NHS England in November 2013. This sets the framework for the implementation of a number of the recommendations from the Mid Staffordshire NHS Trust Public Inquiry (Francis, 2013).

There are nine expectations set out in the document that require action by all providers of care. These are detailed below:

- Boards take full responsibility for the quality of care provided to patients and as a key determinate of quality take full and collective responsibility for nursing, midwifery and care staffing capacity and capability
- Processes are in place to enable staffing establishments to be met on a shift by shift basis
- Evidenced based tools are used to inform nursing, midwifery and care staffing capacity and capability
- Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns

- A multi professional approach is taken when setting nursing, midwifery and care staffing levels
- Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct care duties
- Board receive monthly updates on workforce information and staffing capacity and capability is discussed at public board meetings at least every six months on the basis of a full nursing and midwifery establishment review
- NHS provides clearly displayed information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift
- Providers of NHS services take an active role in securing staff in line with their workforce requirements
- Nurse sensitive indicators included on the quality and performance dashboard
- Use of the Early Warning Trigger Tool in all Community Hospitals

Across the organisation considerable progress has been made towards ensuring and evidencing that we have safe and suitable staffing and that processes are in place to support teams where staffing levels fall below the agreed establishment. A gap analysis is being undertaken against the nine expectations which will inform the next steps and future reporting. Actions to date include:

- Acuity and establishment review across all inpatient areas using the Keith Hurst model
- Additional £2.1m investment in Community Hospital nursing
- An additional 35 community nursing posts funded
- Establishment of a central Temporary Staffing Bureau
- Consultation on hospital and community nursing shift patterns to ensure effective deployment
- Purchase of an electronic rostering system
- Supervisory status of Senior Sisters and Team Leaders to enable time to lead
- Identification of funds to recruit additional Professional Nursing Team Leads within the Integrated Teams

A detailed gap analysis against the nine expectations will be presented to the Integrated Governance and Quality Committee and the GCS Clinical Senate and Professional Cabinets for discussion and debate with a detailed action plan available for the Board in March. Such an account plan will be a live and developing document taking into account the NICE Guidelines that will be published throughout 2014.

Knowing how we are doing
Key to the learning from a number of recent publications is the importance of enabling a clear understanding of how we are doing as individual teams and services as well as at a directorate and organisational level. To support the Trust in this a package from HealthAssure has been purchased and installation and training taking place throughout January.

This will provide a single source for on line, real time assurance, evidence and reporting using the national governance frameworks and support communications within the organisation, with regulators, commissioners of our services and other

stakeholders. The package that will be implemented covers the key areas below and as an online package is continually updated so we can be confident that current guidance and requirements are referenced:

- CQC provider compliance assurance
- NICE
- NHSLA/CNST (or equivalent standards)
- Audit

6. Gloucestershire Stop Smoking Services Annual Report 2012/13

Smoking remains the primary cause of preventable illness and premature death in England, accounting for between 1 in 6 and 1 in 10 of all deaths in England. Tobacco dependence is a chronic relapsing disease that often requires repeated intervention and multiple attempts to quit.

Smoking related illnesses cost the NHS alone £2.7 billion a year. The national cost of smoking to the individual smoker, families, communities and the local economy amounts to £13.74 billion each year, taking into account lost productivity at work, smoking related fires and cleaning up of cigarette litter. In Gloucestershire, it is estimated that smoking costs society approximately £144.5 million a year (ASH Toolkit).

According to the Department of Health Profiles (LHO, 2012), Gloucestershire has a smoking prevalence of 17.82%, accounting for 86,442 smokers. In 2012 there were 876 smoking related deaths in Gloucestershire with the highest numbers in Gloucester (179) Stroud (162) Cheltenham (153), FOD (140), Tewkesbury (120) and the Cotswolds (122).

Some social groups have much higher rates of smoking and therefore experience the highest burden of smoking-related illness and death. Inequalities in death rates between our richest and poorest communities are caused mainly by smoking.

The national strategic policy context, Healthy Lives, Healthy People, (DH 2010) and the accompanying national Tobacco Control Strategy, Healthy Lives Healthy People: A Tobacco Control Plan for England (DH 2011), promote and prioritise the continued need for smoking cessation to be delivered at a local level and set out three key ambitions as:

1. *"Reduce adult smoking rates from 18.5% or less by the end of 2015".*

2. *"To reduce rates of regular smoking among 15 year olds to 12% or less (from 15%) by the end of 2015.*

3. *"To reduce the rates of smoking throughout pregnancy to 11% or less (from 14%) by the end of 2015"*

These national ambitions are supported by implementing evidence-based practice for tobacco control in Gloucestershire, responding to local circumstances, through six internationally recognised strands:

- Helping tobacco users to quit
- Reducing exposure to second-hand smoke
- Effective communications for tobacco control
- Stopping the promotion of tobacco
- Making tobacco less affordable
- Effective regulation of tobacco products

The Gloucestershire NHS Stop Smoking Service (GSSS) was established in 2000, as part of a multifaceted approach to reduce the prevalence of smoking by helping tobacco users to quit, reducing exposure to second-hand smoke and to work in partnership with multiple agencies using effective communications to encourage reductions in prevalence.

The service has a reputation for good practice and for creating innovative service provision. It was one of the first services to establish stop smoking support in leisure centres and has extended this over the years to supermarkets and pubs as well as the more orthodox venues such as GP surgeries, pharmacies, hospitals and the workplace. In 2008 the service opened one of the country's first high street Quit shops in the centre of Gloucester.

The Annual Report (Appendix 1) provides a summary of Gloucestershire's NHS Stop Smoking Service activity and outcomes in 2012/13 of particular note:

➢ The service achieved 3,727 four week quitters, exceeding their target by 6%.

➢ An increase in the number of contracted providers signed up to deliver smoking cessation.

➢ The second highest achievement above target and the third highest success rate for stop smoking services in the South West of England

➢ In Quarter 4 2012/13, midwife referrals rose to 87% a steady increase of 20% over the year.

➢ 111 new advisers trained as Stop Smoking Advisers this year.

7. Financial implications
There are no specific financial implications associated with individual aspects of this report; however failure to ensure the quality of services collectively and individually would have significant financial implications for GCS NHS Trust.

8. Legal Implications
GCS NHS Trust has both legal and contractual obligations to ensure services are both safe and effective.

9. Risk Implications
Failure to provide adequate assurance of the quality of services may impact on our registration with the CQC.

10. Implications for Health Inequalities

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

An impact assessment is not applicable for this paper

Prepared by: **Liz Fenton, Director of Nursing**

Presented by: **Liz Fenton, Director of Nursing**

Appendices

Appendix 1: Stop Smoking Service 2012/13 Activity Report

GLOUCESTERSHIRE
NHS STOP SMOKING SERVICE
2012/13
ACTIVITY REPORT

September 2013

Contents

Introduction

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This report provides a summary of Gloucestershire's NHS Stop Smoking Service activity and outcomes in 2012/13

Key achievements in 2012/13

➢ The service achieved 3727 four week quitters, exceeding their target by 6%.

➢ An increase in the number of contracted providers signed up to deliver smoking cessation.

➢ The second highest achievement above target and the third highest success rate for stop smoking services in the South West of England (see table below).

➢ In Quarter 4 2012/13, midwife referrals rose to 87% a steady increase of 20% over the year.

➢ 111 new advisers trained as Stop Smoking Advisers this year.

Performance against Target 2012/13
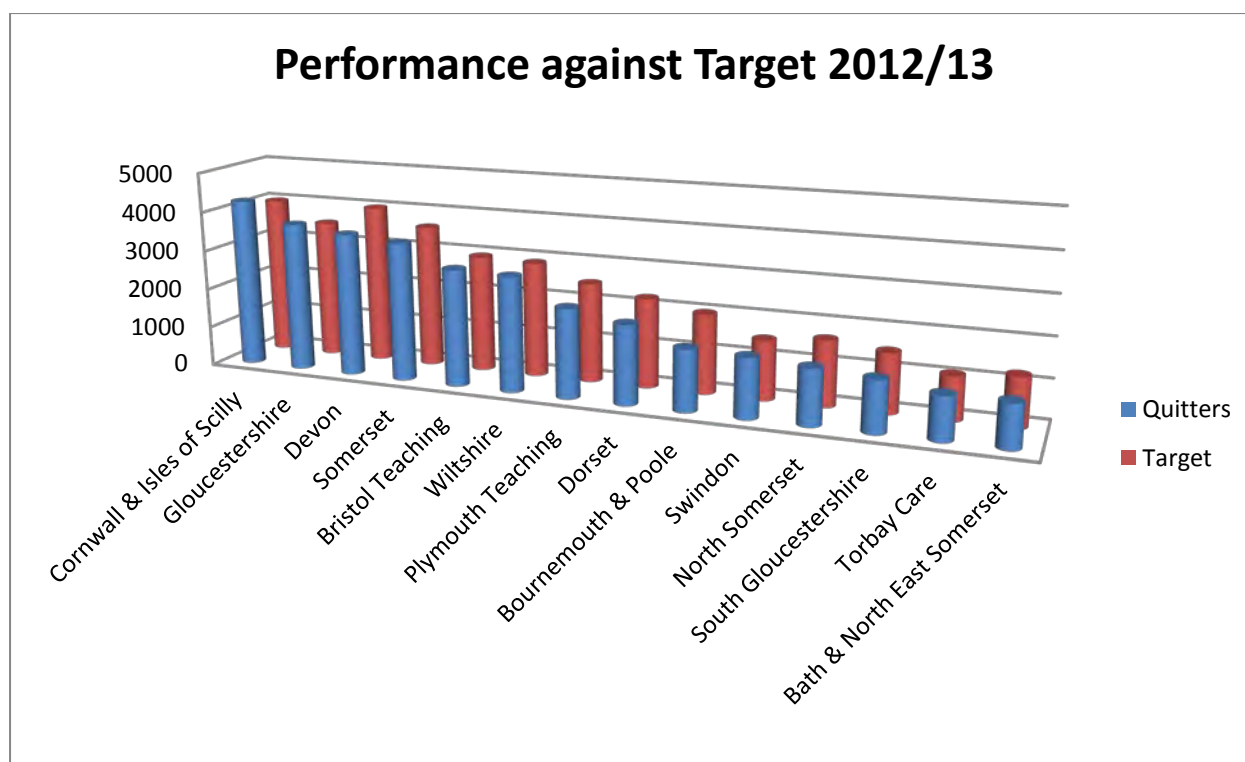
Table 1 - Source: Smokefree Southwest 2012/13

The local Stop Smoking Service Team in 2012/13 included:

- 7 Whole time equivalent (WTE) Stop Smoking Specialist Advisers as at 31st March 2013
- 2.4 WTE service administrators
- 1 WTE Stop Smoking Service Manager

- Stop Smoking Specialist Advisers work throughout the locality seeing clients in 1:1 sessions, groups and drop-in clinics. They also support the 480 Support to Stop/ Intermediate advisers in primary care and community settings and run a daily telephone help line for smokers and health professionals.

GSSS also directly employs a Lead Trainer, Lead Specialist for Clinical Development, a Specialist Adviser for Secondary Care, Specialist Adviser for the workplace, Specialist Adviser for mental health and a Specialist Adviser for pregnant smokers and their families. All specialist advisers are trained to level 3 smoking cessation specialist training. We also have advisers for inequalities that work out of the Quit Stop Shop.

Two Local Enhanced Services (LES) have been re-developed and implemented with 81 GP practices and 42 Pharmacies in Gloucestershire. This is an increase of third party providers from 2011/12 when there were 75 GP practices and 38 pharmacies signed up to the LES.

Section 2: Analysis

Analysis by Quarter

Between 1st April 2012 and 31st March 2013, 6440 clients set a quit date with GSSS. Of these 58% (3727) achieved a "quit" status at four weeks. This quit rate demonstrates the quality of the service, with national rates varying from as low as 30% -with an average of 49% nationally.

Numbers setting a quit date and quitters at 4 weeks 2012/13

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Set	1648	1490	1454	1848
Quit	989	829	837	1072
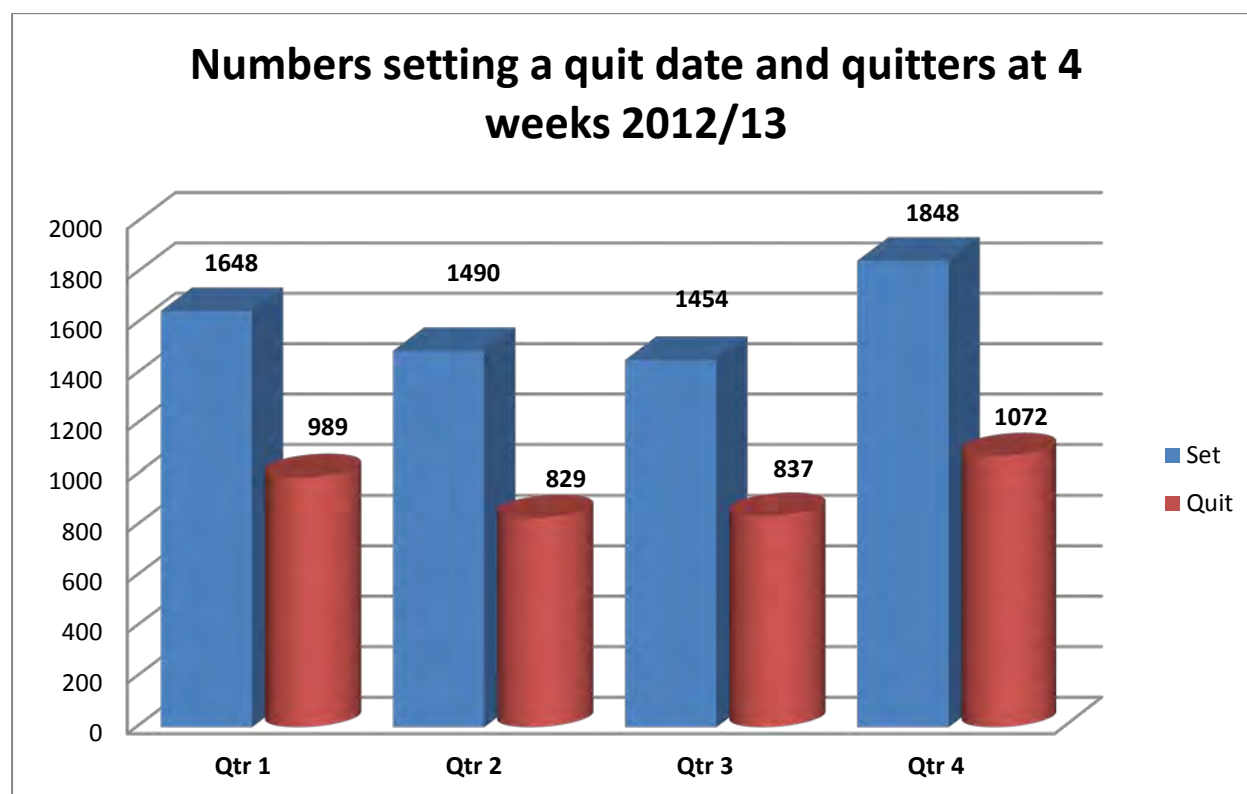
Table 2 - Source: NHS Stop Smoking Service database extract 2012/13

Percentage of quitters per Quarter 2012/13

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Percentage of Quitters	60%	56%	58%	58%

Legend: ■ Percentage of Quitters   ■ Whole
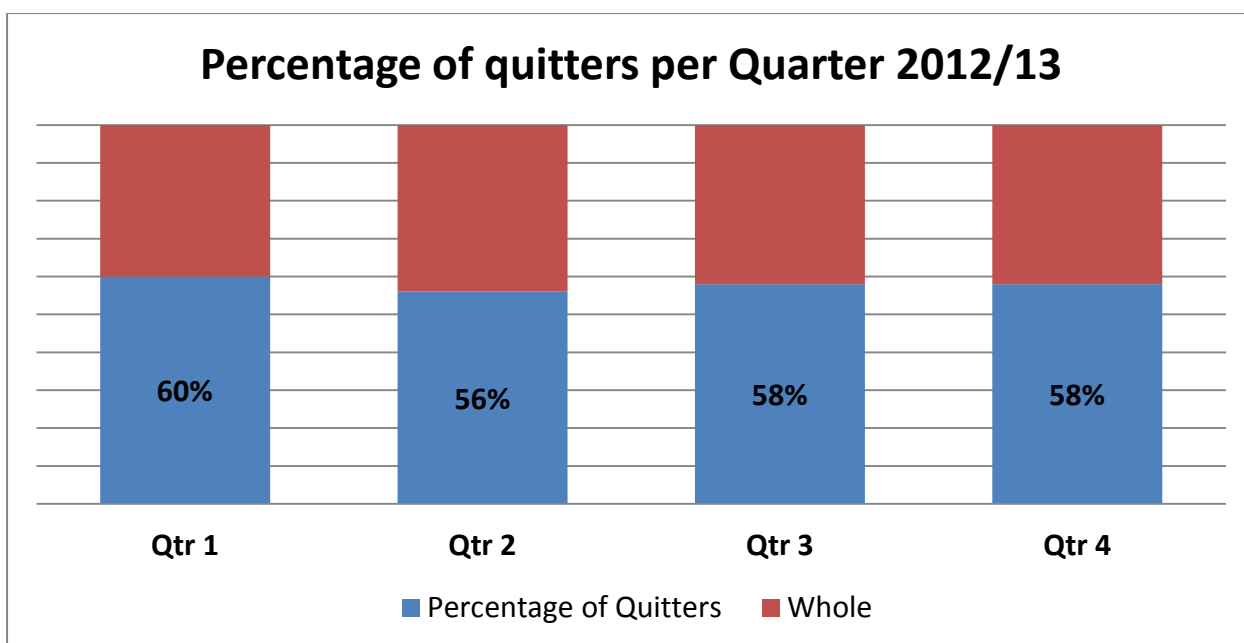
Table 3 - Source: NHS Stop Smoking Service database extract 2012/13

Analysis by Age

The age profile of those setting a quit date with the Stop Smoking Service in 2012/13 shows the highest take up amongst those aged 18 to 34 years (table 4).

This age group, however, has one of the lowest quit rates (56%), (table 5) in part thought to be due to their lower number of quit attempts experienced in their lifetime (each person on average takes 3-9 times to stop smoking for good), and continued strong marketing by the tobacco industry, lowering their overall motivation to quit. In addition the health impact of long-term smoking may not be as perceptible for the younger smokers as it can be for those over the age of 35 who show quit rates of 56%.

Nationally and locally we need to ensure that social marketing insights and interventions are targeted at this age group to increase motivation to quit and reducing the desirability of continuing to smoke.

Week 4 status of those setting a quit date in 2012/13 by age group
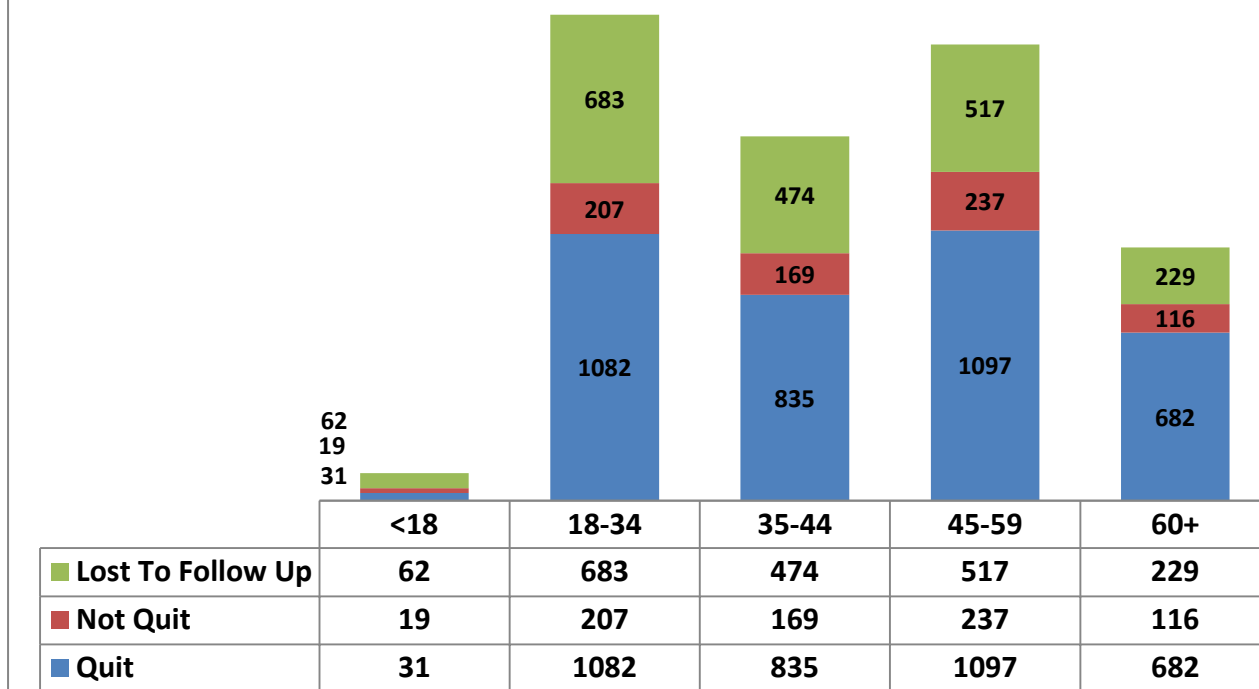
	<18	18-34	35-44	45-59	60+
🟩 **Lost To Follow Up**	62	683	474	517	229
🟥 **Not Quit**	19	207	169	237	116
🟦 **Quit**	31	1082	835	1097	682

Table 4 - Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Quit rates per age group

Age Group	Number Setting a Quit Date	Number Quit at 4 weeks	Percentage Quit at 4 weeks
<18	112	31	28%
18-34	1972	1082	55%
35-44	1478	835	56%
45-59	1851	1097	59%
60+	1027	682	66%
Total	**6440**	**3727**	**58%**

Table 5 - Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Analysis by Gender

In 2012/13, 79 more males than females quit (compared to 2011/12 when one more female quit than male) with the Stop Smoking Service, the male clients also had a higher quit rate by + 4%.

Gender quit rates

	Setting a quit date	Quit at 4 weeks	Percentage Quit at 4 weeks
Males	3189	1903	60%
Females	3251	1824	56%

Table 6: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

This compares favourably with other services, which find that more females than males utilise the service for quitting. This is thought to be in part the easier access females have to GP practices and the focus on treating pregnant women in services. With more men than women accessing the service, this suggests that in Gloucestershire the service is using effective targeting techniques such as providing smoking cessation in workplace settings, and the high street shop to encourage take up in this gender.

Analysis by Ethnicity
Some black and minority ethnic (BME) communities have high smoking prevalence rates compared with the general population. Rates are highest among Bangladeshi, Irish and Pakistani males.

The proportion of clients accessing GSSS by ethnic group is presented in Appendix 1. The proportions approximately reflect the ethnic breakdown of Gloucestershire's smoking population, which is predominantly white.

Analysing those BME populations with a higher prevalence of smoking, such as the Asian community, according to ONS 2009 data, the percentage of the Asian population in Gloucestershire was 2.4%. However, our own data shows that only 1% accessed the Stop Smoking Service. An explanation for this may be there were a small percentage of service users that did not state their ethnic group (7%) and this may account for any difference between ONS estimates and the proportions recorded in the stop smoking service database.
See appendices 1 & 2 on pages 39 & 40 for further information

Percentages of Ethnic Categories Seen

■ White ■ Mixed ■ Asian ■ Black ■ Other ■ Not Stated
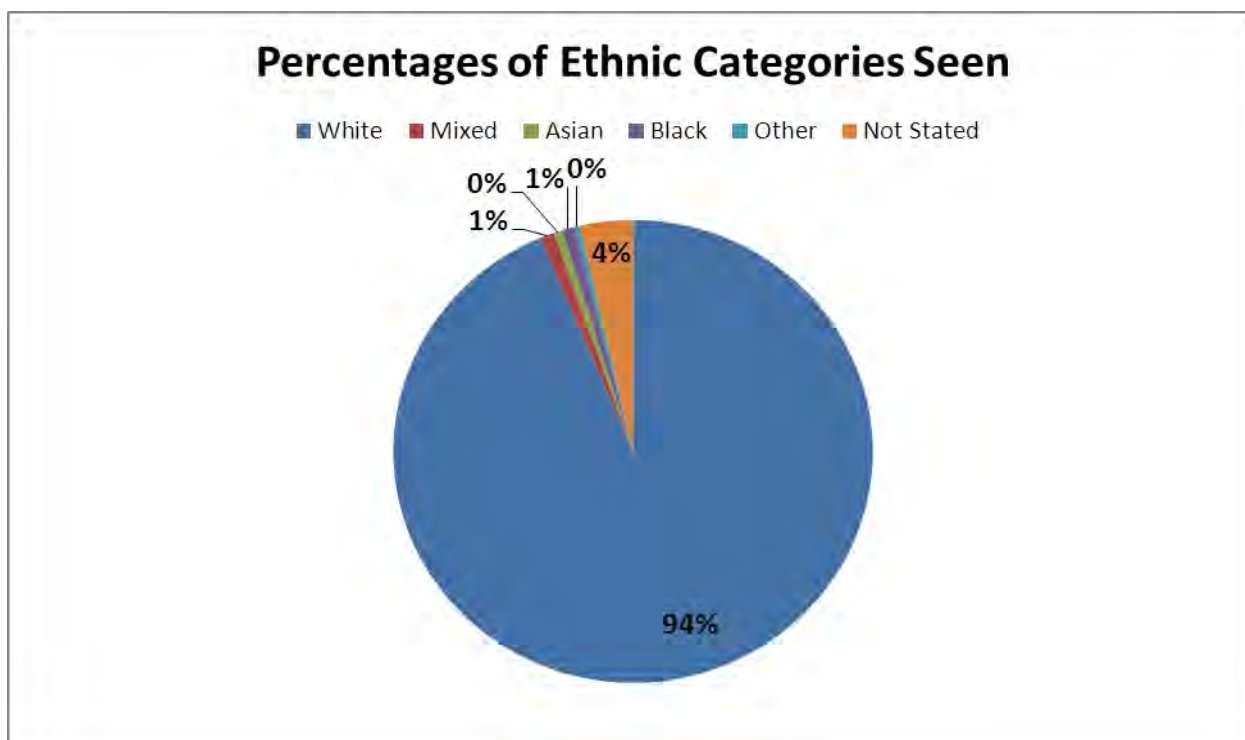
0%
1%
0%
1%
4%
94%

Table 7 - Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

There has been a wide range of innovative work to deliver smoking cessation to BME communities across the county, including networking with local faith groups and using local community to promote the service. GSSS provides a variety of leaflets in a range of different languages and translation services are available. GSSS has also undertaken a number of mail outs to GP surgeries in high BME communities (Bartongate) and translated these invitations into a number of different languages. In our Go Shopping Stop Smoking initiative (see Section 9 – Promotional Activities) 13% of clients came from Black and Minority Ethnic communities. We also engaged a runner for the day that was fluent in Polish.

With additional Health Improvement Facilitators in 2013/14, contributing to the wider health improvement team, and a specific health trainer allocated to increase access to services in the BME community in Gloucester, it is expected that our service will develop further engagement with these communities.

Socio- Economic Classification

The table below shows a breakdown of people accessing GSSS during 2012/13 by occupational status. Nearly one third of those accessing the service were classified as routine and manual workers, representative of the largest cohort from all the Socio- Economic classifications. This has increased since 2011/12, when 27% came from this classification

This demonstrates the effective reach of the service into this large cohort of smokers. The service continues to ensure that delivery of smoking cessation takes place in venues and at times that the routine and manual worker can easily access. Each adviser works in the evening and rotationally on the weekends to ensure the countywide provision is accessible.

Socio-Economic Classifaction - Number of clients Set and Quit 2012/13

Classification	Number successfully Quit	Number Setting a Quit Date
Unable to code	247	454
Prisoners (part year)	33	122
Routine and manual occupations	1253	2015
Intermediate occupations	399	653
Managerial/professional	548	874
Home carers	188	343
Number sick/disabled	138	268
Retired	465	723
Never worked or unemployed	387	796
Full time students	69	192

■ Number successfully Quit   ■ Number Setting a Quit Date

Table 8 - Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Evidence shows that for this DoH target group the workplace is also an effective setting for treatment. In 2012/13 the service has undertaken sessions in Dairycrest, Dowty, Unilever and Zurich Insurance, extending the services reach and allowing more smokers from this cohort to achieve success.

HMP Gloucester prison closed in March 2013; therefore prison figures for 2012/13 were reduced significantly, with only the first three quarters of the year complete.

The occupational status of 7% of clients was unable to be coded because advisers had not reported (or were unable to report) their occupational status, this is an improvement on 13% recorded for 2011/12. 86% of unreported classifications were via the advisers in primary care, who undertake double entry of all information using both the quit manager database and EMIS system. This transfer of data from one system to another increases errors in duplication and some fields being missed. Until a more

integrated data collection system can be developed we need to continue to highlight the importance of collecting this data entry field with all contracted providers.

Percentages of Socio-Economic Classifications

- Number of full time students 3%
- Number who have never worked or unemployed 13%
- Number who have retired 11%
- Number sick/disabled and unable to return to work 4%
- Number of home carers 5%
- Number in managerial and professional occupations 14%
- Number in Intermediate occupations 10%
- Number in Routine and manual occupations 31%
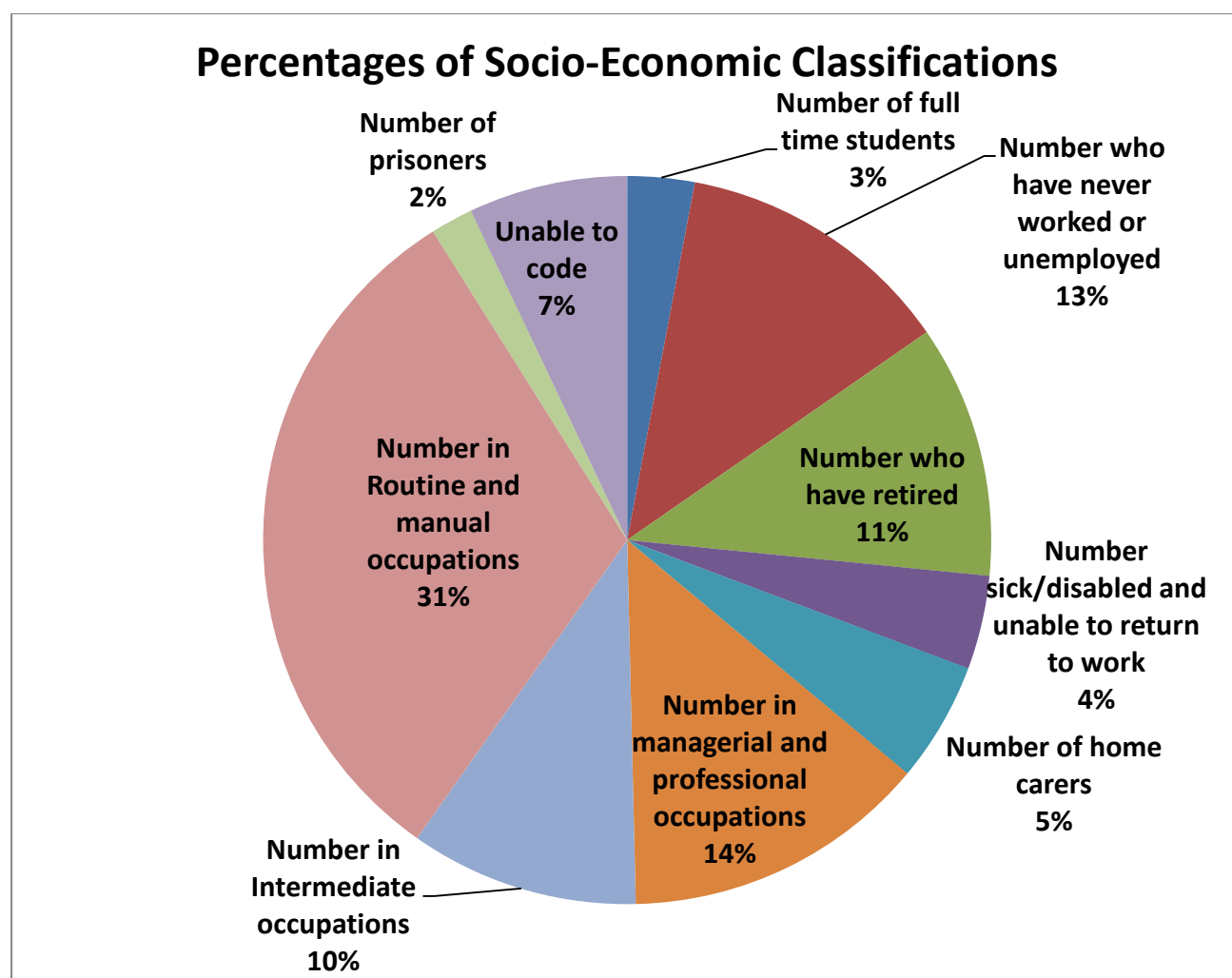- Unable to code 7%
- Number of prisoners 2%

Table 9 - Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

There is a strong gradient across socio economic groups in success rates. Nationally, those in the lower group are half as likely to succeed compared with the highest. For stop smoking services, counteracting this gradient is paramount in reducing health inequalities.

From the chart below, it can be seen that those with the lowest quit rates are students and prisoners. For prisoners, one factor that explains this is the lack of smokefree prison cells and therefore smoking in their immediate environment reduces their ability to succeed.

For students, only 3% nationally of those who set a quit date are under the age of 18, and this is reflective in the services data. Our service remains available for young people to access. However, quit rates remain low, as students remain permeable to the effects of targeted tobacco marketing and resistant to messages about the damaging effects of smoking. For this reason the service runs the ASSIST programme, aimed at denormalising smoking and works in partnership with healthy

schools teams and promotes wider tobacco control initiatives to reduce the prevalence in this age group.

See appendix 3 on page 40 for further information.

Quit Rates %

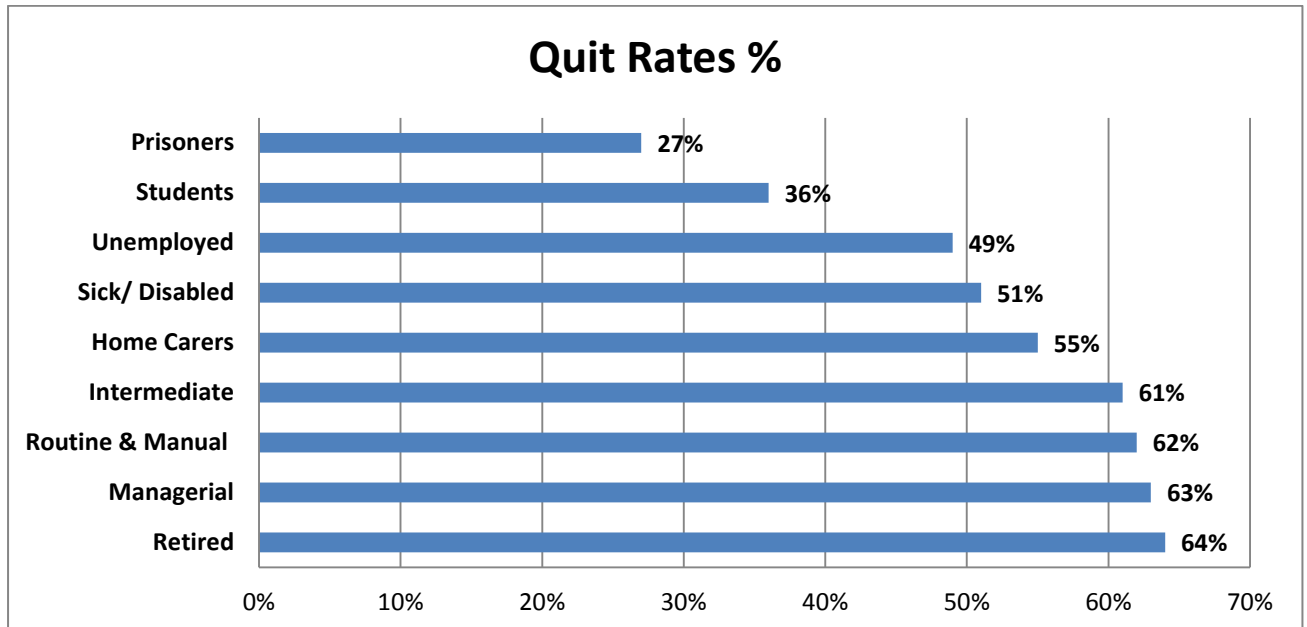| Category	Quit Rate
Prisoners	27%
Students	36%
Unemployed	49%
Sick/ Disabled	51%
Home Carers	55%
Intermediate	61%
Routine & Manual	62%
Managerial	63%
Retired	64%

Table 10 - Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Analysis of CO Verification

In 2012/13 the Gloucestershire NHS Stop Smoking Service achieved 72% (a total of 2685 CO verified quitters), which compares favourably with national, stop smoking service data indicating services are achieving CO validation rates of around 69%.

Adviser at the Quit Stop Shop takes a CO reading.

Analysis by Deprivation Quintile

Deprivation

Areas of deprivation comparison

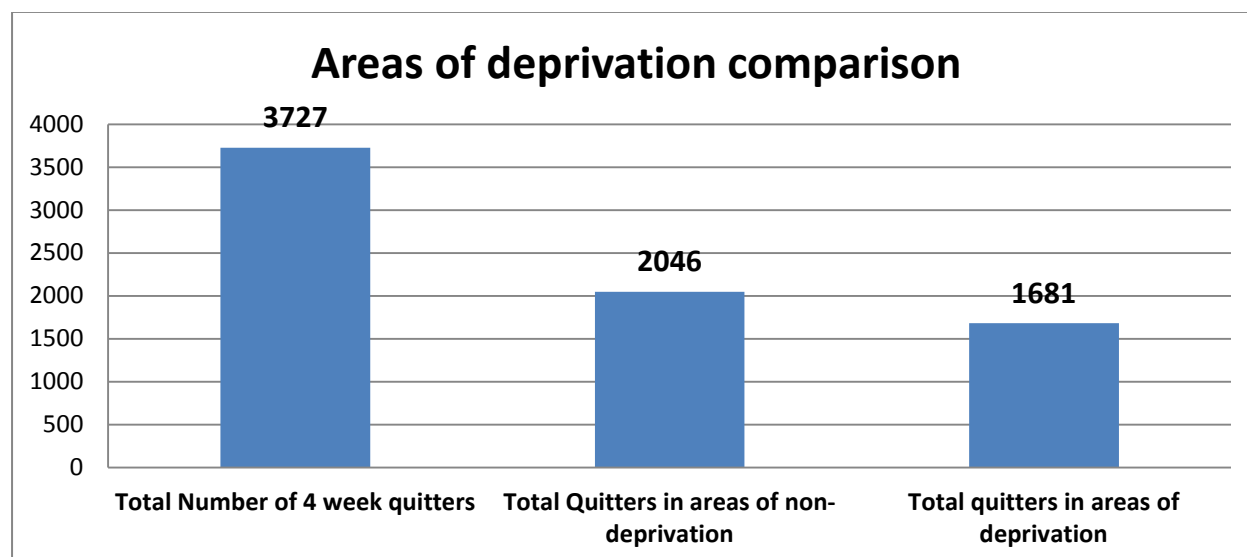|	
Total Number of 4 week quitters	3727
Total Quitters in areas of non-deprivation	2046
Total quitters in areas of deprivation	1681

Table 11 - Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

45% of the services 4 week quitters were derived from the 2 most deprived quintiles. Inequalities in death rates between our richest and poorest communities are caused

mainly by smoking; therefore this represents a significant achievement in reducing inequalities in health in our most disadvantaged communities.

As quit rates and reach tend to be lower in more deprived areas, this even split of successful quitters demonstrates the ability of the service to continue to work effectively with those from the most deprived wards in Gloucestershire and shows the importance we place on working with people from these disadvantaged communities.

Charge Exempt

3209 (50%) of those setting a quit date and 1806 (48%) of those quitting with the service in 2012/13 were entitled to free prescriptions (charge exempt).

	Number accessing the Service	Number Quit	Percentage quit at 4 weeks
Pay for prescriptions	3231	1921	59%
Charge exempt	3209	1806	56%

Table 12: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Analysis of Treatments

The types of treatment below cover pharmacotherapy offered to support stopping smoking. Those listed as receiving "no treatment" would still receive support from specialist advisers, GP's or pharmacy staff. Nicotine replacement therapy was marginally the most commonly used aide closely followed by Champix.

Treatment	Number setting a quit date	Number Quit	Percentage quit at 4 weeks
NRT	3199	1,745	55%
Zyban	11	5	45%
Champix	2,467	1,654	67%
NRT & Zyban	3	1	33%
NRT & Champix	229	130	57%
No treatment	367	181	49%

Table 13: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

- Champix shows a clear successful percentage quit rate at 67%

- Nicotine Replacement Therapy (NRT) continues to be the most widely used in helping smokers with their addiction, and is the drug of choice for use in pregnancy and with patients during their hospital stay. In 2012/13 it shows a successful quit rate of 55%

- The use of Bupropion (Zyban) has decreased over the years and this is due to a variety of reasons including concerns regarding side effects, and more effective products on the marketplace. Its use this year has halved from 22 clients in 2011/12 to just 11.

Section 3: Breakdown of Settings

Breakdown of Settings

GSSS works across the community including primary care, workplaces, secondary care, prison and work place settings as outlined in the following chart.

- GP practices are the main site where clients access GSSS accounting for **57%** of clients seen
- GSSS specialist service accounts for **33%** of all clients accessing the service. However when we examine the percentage of quitters from each setting, the specialist service has a higher success rate of **67%** thereby accounting for **37%** of the overall quitter numbers.

Percentage quitting via Breakdown of Settings 2012/13

- 0%
- 37%
- 54%
- 8%
- 1%

Legend:
- ■ Stop Smoking Service
- ■ Pharmacy
- ■ Prison
- ■ Primary Care
- ■ Other

Table 14: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

GP Surgeries
GP surgeries continue to be identified as a key setting in which successful smoking cessation interventions can take place.

In 2012/13, 57% (3695) of those accessing GSSS did so via their GP, 54% (2003) of these had quit at four weeks from their quit date.

Pharmacies

Pharmacies are ideally placed to provide smoking cessation interventions to the general public. They are based in the heart of the community and are accessible to those people who may not wish to access NHS services. There has been a substantial increase in Pharmacy activity over 4 years. See table 15 below and Appendix 6 for further information.

The availability of smoking cessation through the pharmacy setting and the introduction of a new LES agreement including a bonus payment to any pharmacy delivering above 20 quitters per annum, has increased activity in 2012/13 significantly with 535 setting a quit date and 291 quitters recorded at 4 weeks.
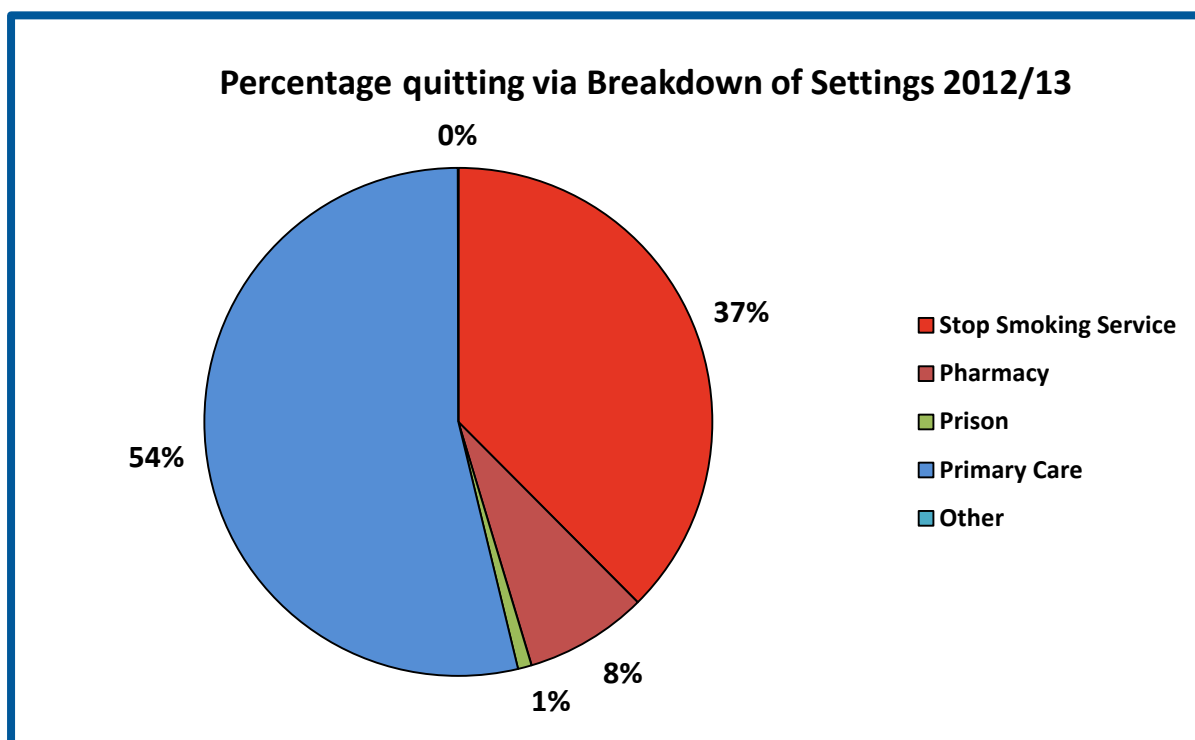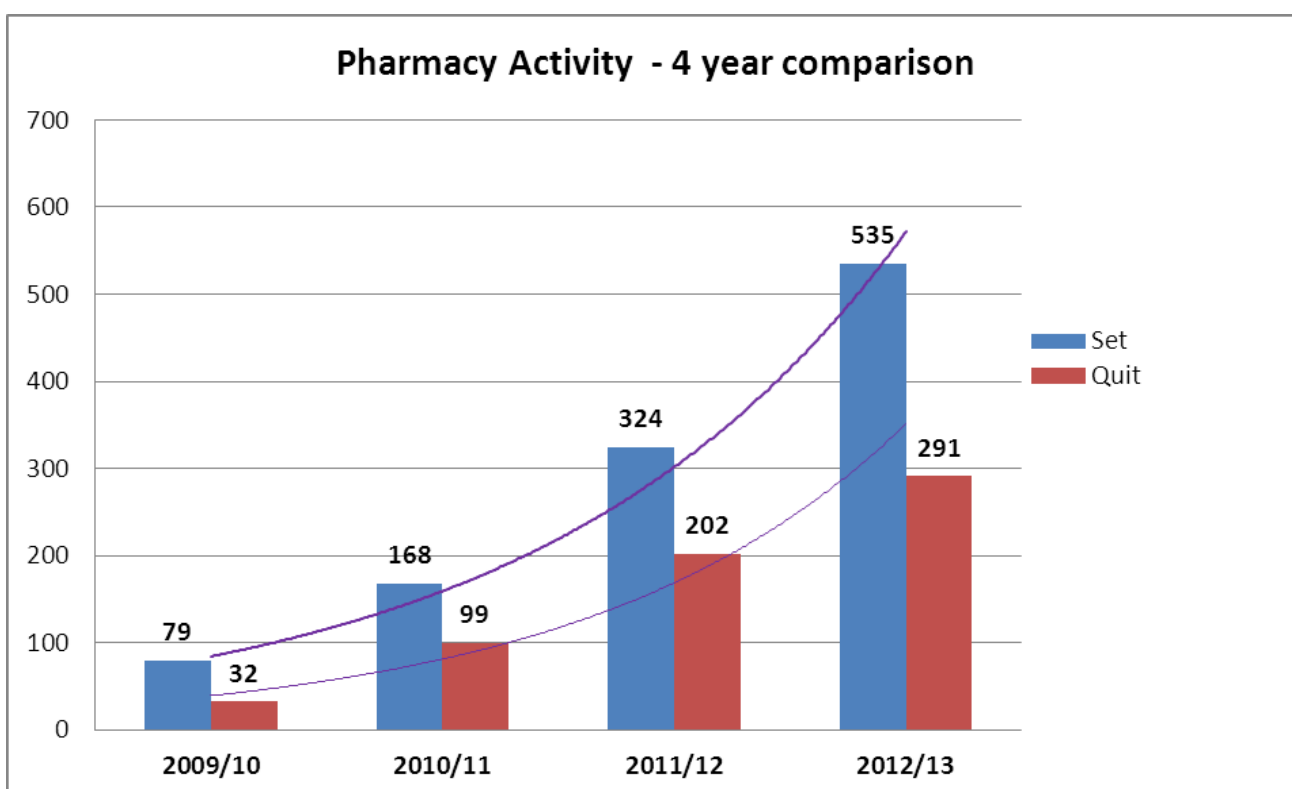

Table 15: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

See appendix 6 on page 42 for further information

Young People

In 2012/13 the service saw 112 clients that were 16yrs and under, the youngest of which was aged 13, of this age group, 31 were reported as quit at 4 weeks (28%) 19 were Not Quit (17%) and 62 (55%) were reported as Lost to Follow Up (LTF).

The service trained 3 advisers to deliver the ASSIST peer support programme in schools. Further promotional activity has been undertaken, in a variety of schools including Tewkesbury and Stroud as well as promotional work to social workers and foster carers.

During 2012/13 we will undertake further work with Young People to move forward on the help & support available, to undertake tobacco control work such as ASSIST and to extend the roll out of toxic tobacco truths in this vulnerable population.

Prison

At the latter end of 2012/13 we saw the closure of HMP Gloucester. Therefore a lower total (compared to 2011/12) of 122 prisoners received support from GSSS. Of these, 33 were recorded as quit at 4 weeks with a 27% quit rate. This low rate of quitting was due to the prison closure as prisoners transferred elsewhere before a follow up could take place. Therefore, this is not a true reflection of the work of the advisers within the prison service.

Specialist Stop Smoking Service

Specialist Stop Smoking Advisers provide support in a variety of community settings, from hospitals to supermarkets as well as home visits for pregnant clients.

A breakdown of the specialist stop smoking service is provided below.

Specialist Clinics	Number setting a quit date	Number quit at 4 weeks	Percentage quit at 4 weeks
Stop Smoking Specialists	565	387	68%
Quit Stop Shop	1319	910	69%
Hospital	142	74	52%

Table 16: Source: Department of Health reporting/NHS Stop Smoking Service database extract 2012/13

Type of Intervention breakdown

The percentages of intervention type are as follows:

- Groups: 4% with a 81% quit rate
- Drop-in clinics: 0.3% with a 59% quit rate
- One to ones: 95% with a 58% quit rate
- Family/ couples: 0.4% with a 60% quit rate
- Telephone support: 0.3**%** with a 56% quit rate

Groups Settings

Advisers within the pharmacy and GP setting do not have the necessary space within their clinics to be able to facilitate groups effectively, thereby reducing the overall percentage in the stop smoking service for those who are seen in the group setting.

The core service saw a total of 2,087 clients, which is 32% of all clients seen. Of this, 72 (4%) were seen in a group setting with a quit rate of 81% (58 quitters).

The above breakdown demonstrates that low numbers take up the offer of attending a group setting, despite the various methods of encouragement that the core service has used throughout 2012/13 to increase access to groups.
Low numbers of people accessing groups are also reflected in national data with 2.5% of all quitters in 2009 (NHS Information Centre) coming from a group setting.

Meeting the needs of an individual means understanding their lifestyle and personal preferences and it is therefore important to provide a choice of interventions. In 2013/14 the service plans to increase further the cohort of clients accessing groups through offering smokers supporting information regarding the relative chances of success of each intervention type at a local level. We also plan to work in partnership with GCC to undertake a group course in the New Year.

Other clinics

The below table demonstrates the breakdown of successful quitters by trained advisers in clinics who are not operating under the Local Enhanced Service Agreement. This is reflected in the outcomes below.

Other clinics 2012/13

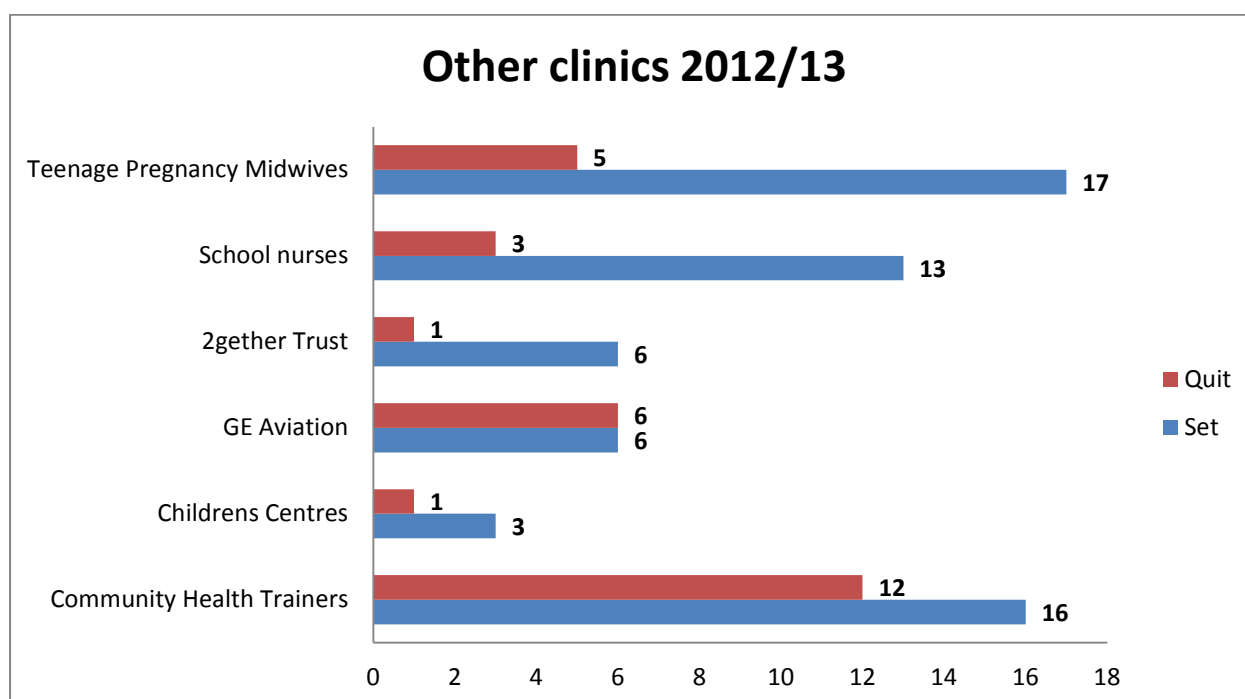| Clinic	Quit	Set
Teenage Pregnancy Midwives	5	17
School nurses	3	13
2gether Trust	1	6
GE Aviation	6	6
Childrens Centres	1	3
Community Health Trainers	12	16

Table 17: Source: Department of Health reporting/NHS Stop Smoking Service database extract 2012/13

Quit Stop Shop

Quit Stop Shop, Southgate Street Gloucester

"Just a note to say thank you to everyone at Quit top Gloucester for being so positive and supportive.
You have helped me make the change that I thought I could never do".
Thank You

Sharon & family (Just booked a holiday from money saved)

The 'Quit Stop' shop, providing support to the general public who wish to quit smoking, is situated in Southgate Street. It lies opposite the exit to a shopping centre where smokers congregate. This is a convenient location for Gloucester Docks and large retail developments providing an easily accessible service in an area with high routine and manual workers. The shop opens 7 days a week with a late night opening on Tuesdays.

In 2012/13 the Shop recorded a total of 1319 clients setting a quit date, with 910 recorded as quit at 4 weeks. This is a quit rate of 69% and is an indication of the quality of the interventions delivered at this venue.

In 2012/13 slightly more male (681) than female clients (638) in the gender split with males having a higher quit rate of 71%. This demonstrates the Shops' importance in providing good access for men who wish to quit and who have been traditionally less likely to access stop smoking services.

The Shop - Comparison through the Years
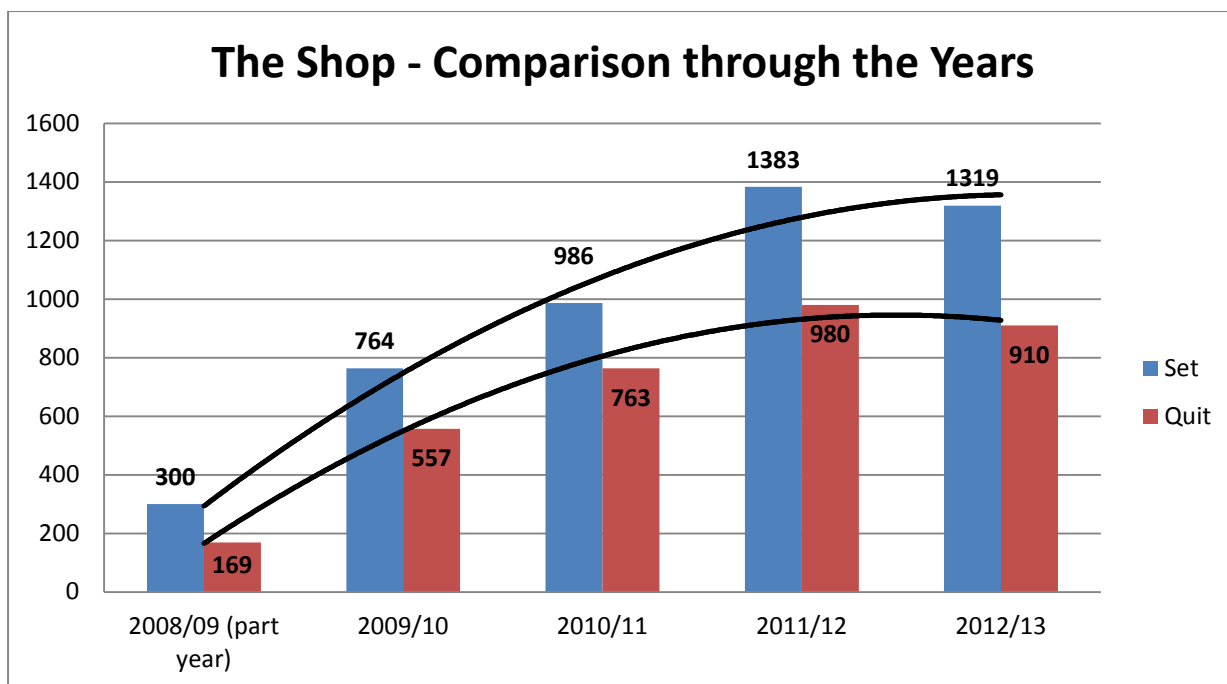
Table 18: Source: NHS Stop Smoking Service database extract 2008/09-2012/13

Although the footfall in the shop has reduced by 4% in 2012/13, a correlation seen nationally, this year should see an upturn in footfall with the introduction of a third adviser who will also have responsibility for social media and publicity for the Quit Stop Shop.

Analysis by Age – Quit Stop Shop

This year (as in last year) the most prevalent age group is the 18-34 year olds who had a quit rate of 67%, demonstrating that the Shop remains a popular venue for this age bracket to gain access to stop smoking support. The highest quit rate came from the 60+ category (see Table 19).

Week 4 status of clients in the Quit Stop Shop 2012/13
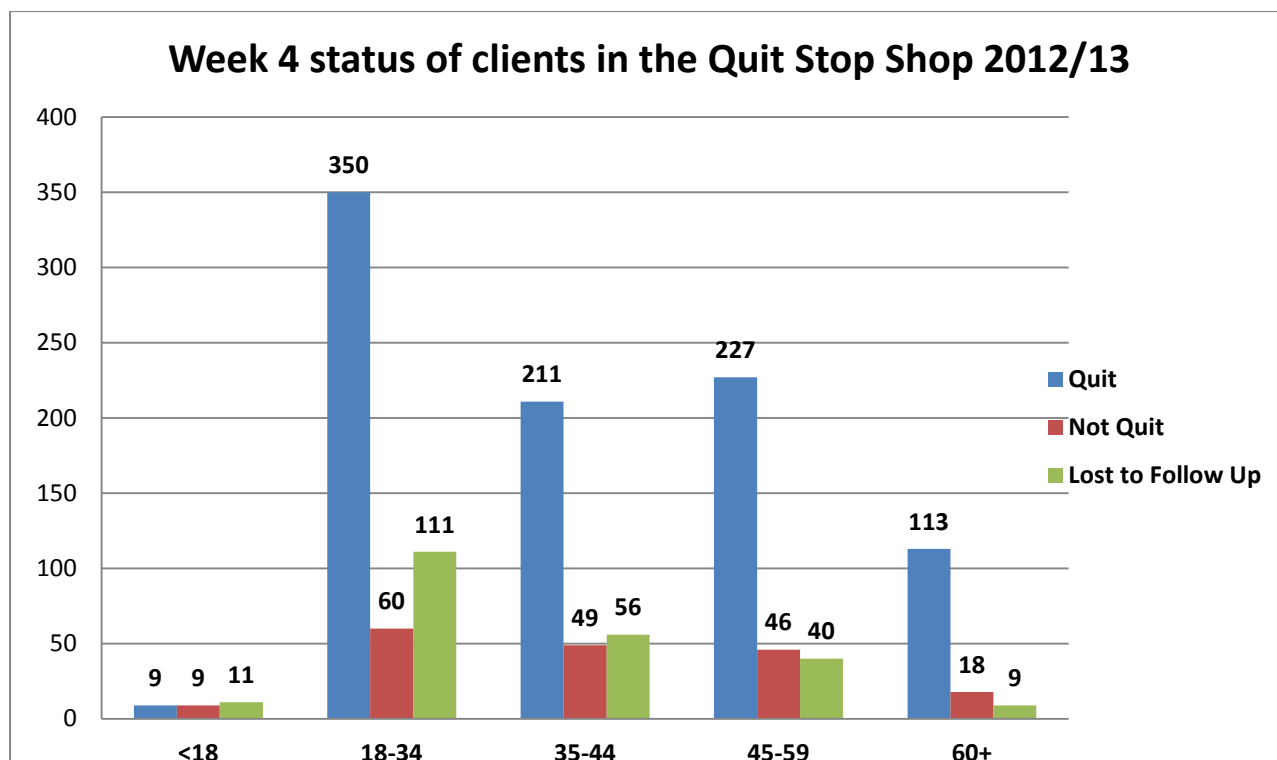
Table 19: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Analysis by Ethnicity – Quit Stop Shop

Although the largest category for Ethnicity is White British at 87%, of the remaining 13% of shop clients, 29 % were White European (mainly Polish) and 19% Black British (see Table 20 below).

Percentage of Ethnic Categories excluding White British 2012/13

White Irish 5%

White other (Eastern European) 29%

Mixed White 15%

Asian British 9%

Black British 19%

Any Other Ethnic Group 4%

Declined 2%

Unknown 17%
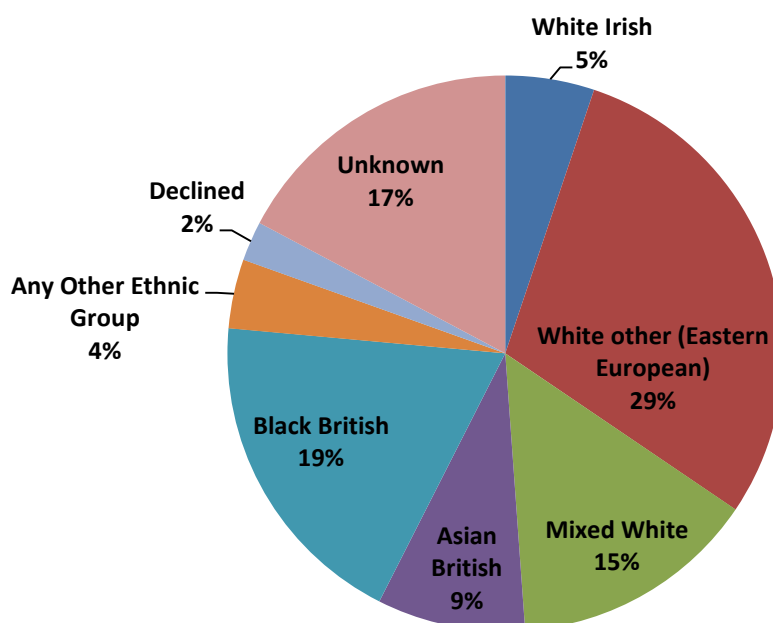
Table 20: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Analysis by Socio-Economic Classification

Over a third of the Shop clients belong to the Routine & Manual Socio-Economic classification at 35%, whilst 17% are unemployed (see Table 21). 57% received free prescriptions, demonstrating the importance the shop plays in providing access to stop smoking interventions for those from lower socio-economic backgrounds.
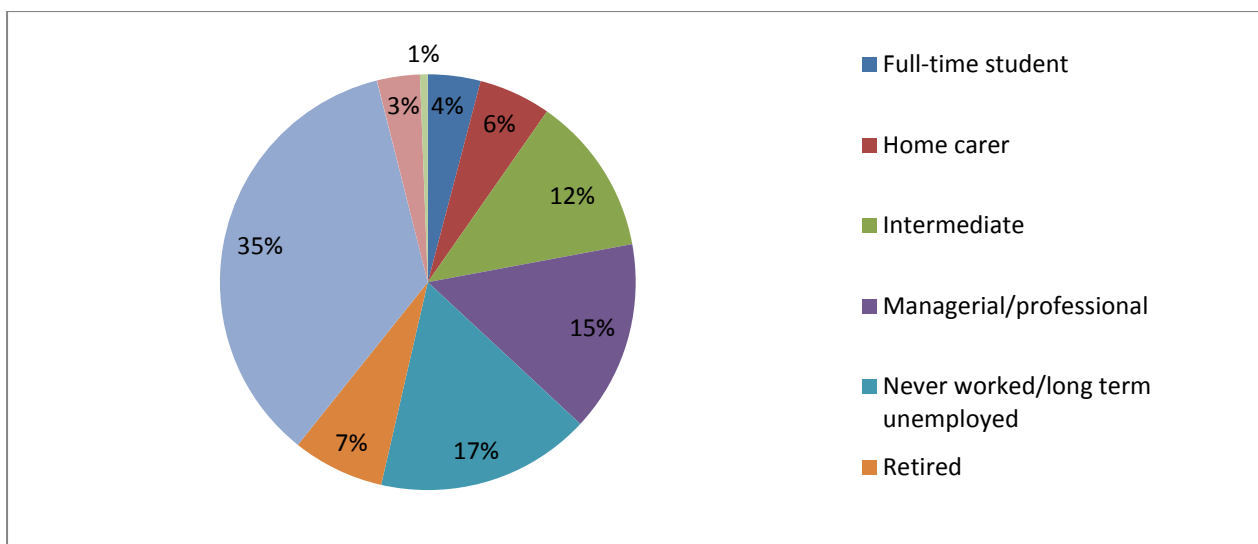
Table 21: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Analysis of CO Verification

In 2012/13 the Quit Stop Shop achieved 73% (a total of 665 CO verified quitters), which compares favourably with national, stop smoking service data indicating services are achieving CO validation rates of 69%.

Analysis of Treatments- Quit Stop Shop 2012/13

Treatment	Number setting a quit date	Number Quit	Percentage quit at 4 weeks
NRT	749	483	64%
Zyban	1	1	100%
Champix	506	385	76%
NRT & Champix	42	25	60%
No treatment	21	16	76%

Table 22: Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

Client Satisfaction in the Specialist service

Results from the client satisfaction survey was very encouraging, with 236 clients (18% of core service quitters) filling out the evaluation questionnaire, below are some snapshots of the results:

"I was so pleased with the service, great job done! Could not have done it without the help of the team"

Mrs T, Gloucester

Overall how satsified are you with the support you have received to stop smoking?

0% Unhappy
1% Unsure
10% Good
89% Very Good
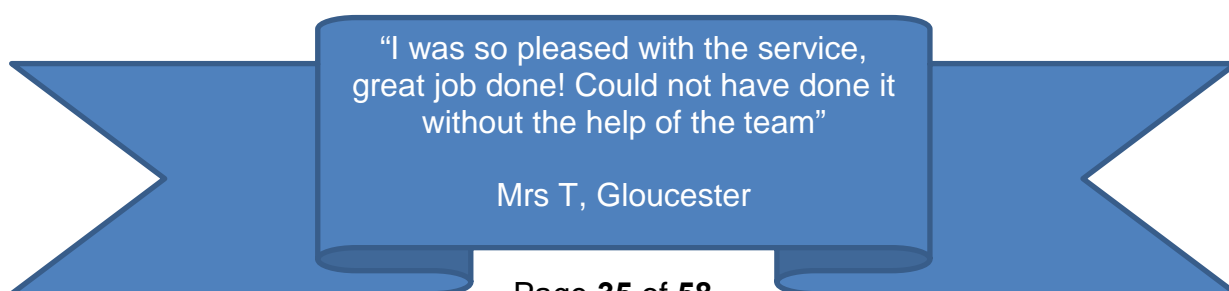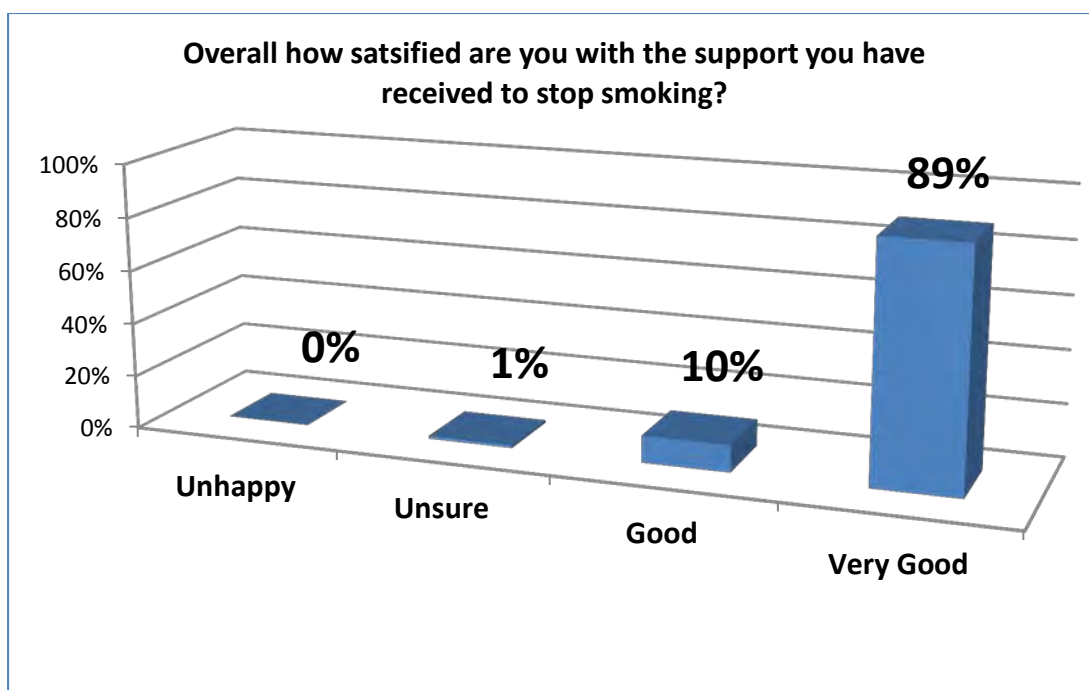
Table 23 Source: NHS Stop Smoking Service database extract 2012/13

Would you recommend this service to other smokers who want to quit?

0% No
0% Unsure
100% Yes

Table 24 Source: NHS Stop Smoking Service database extract 2012/13

Staff very supportive & helpful – keep it up!
Mr C, Cheltenham

In the event you started smoking again, would you go back to the service for help?

Table 25 Source: NHS Stop Smoking Service database extract 2012/13

Section 4: Pregnancy

EVERY CIGARETTE
HARMS YOUR BABY

SMOKEFREE

Smoking in Pregnancy

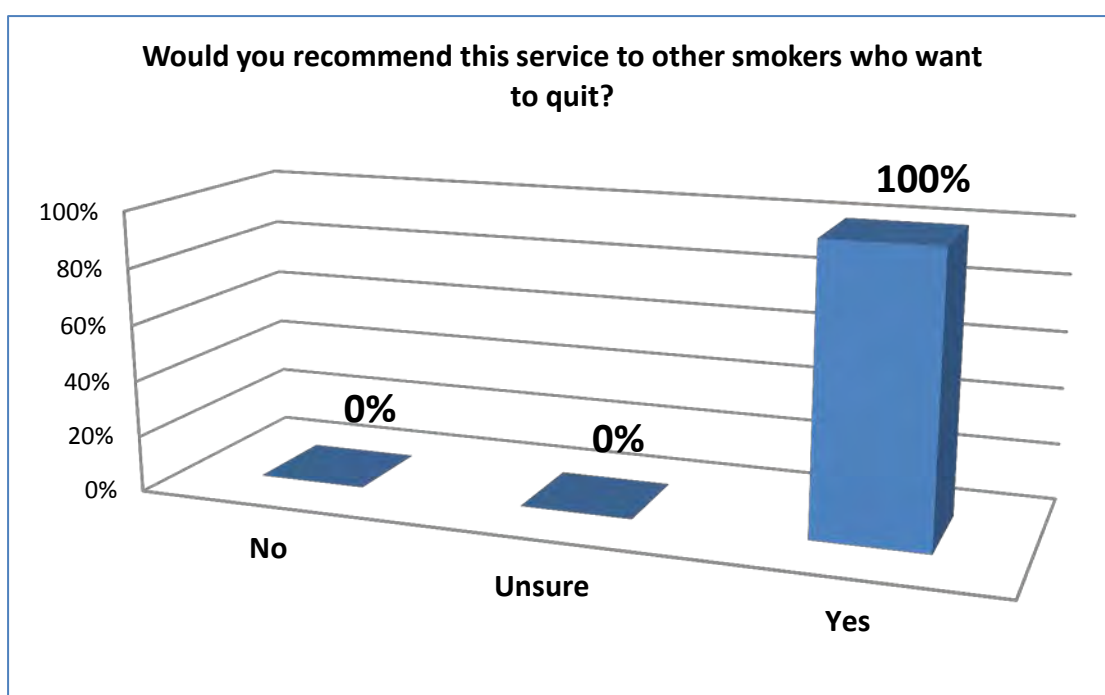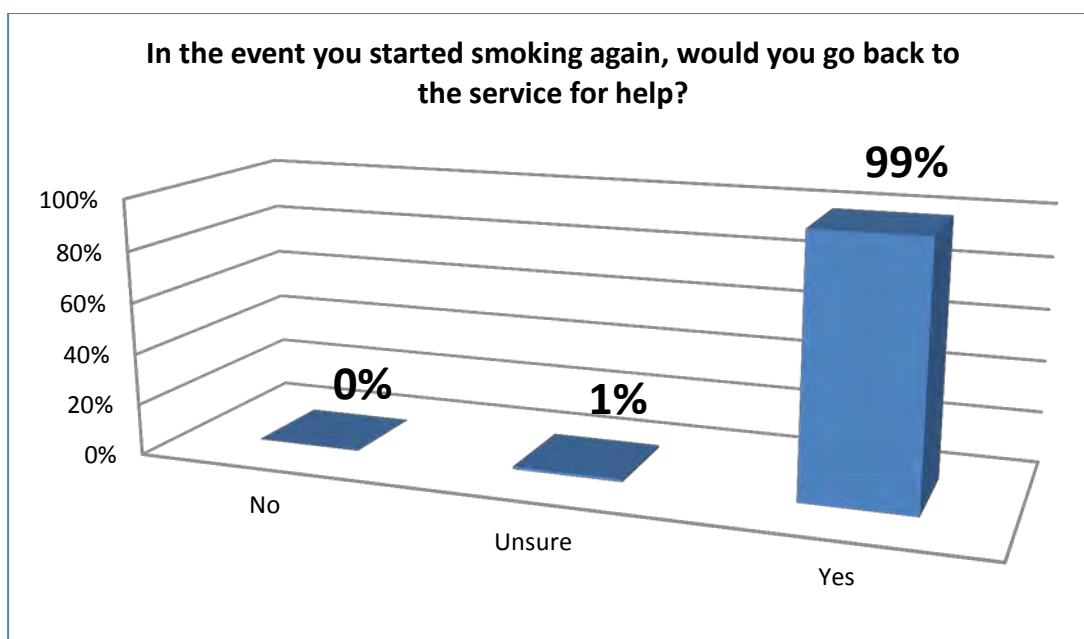Babies from deprived backgrounds are more likely to be born to mothers who smoke and have much greater exposure to second-hand smoke in childhood. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of catastrophic complications for mother and baby, including miscarriage, preterm birth, placental abruption and malfunction, perinatal mortality and childhood illnesses including Attention Deficit Hyperactivity Disorder, glue ear and asthma.

Reducing smoking in pregnancy is one of the three national ambitions in the tobacco control plan, published in 2011, which is to reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015.

SATOD recording shows that the number of women known to be smokers at the time of delivery in Gloucestershire during Q3 2012/13 was 12.9% and 12.6% in England Gloucestershire compares favourably with other areas in the country for our smoking in pregnancy rate; however we aspire to reducing it further to below the England average. It is interesting to note that SATOD recording in some London boroughs appears to be only 4%, and it is generally thought to be due to poor data recording of pregnant smokers rather than a true reflection of prevalence. Midwives in Gloucestershire, using carbon monoxide (CO) testing, will increase the identification of pregnant smokers, and therefore the reliability of the SATOD data.

During the first two quarters of 2012/2013, there appeared to be a reduction in the percentage of identified pregnant smokers at booking being referred to GSSS in comparison to the total numbers of smokers identified at booking (Q1 = 67%, Q2 = 63%).

Since this time the service has appointed a new pregnancy adviser. Therefore capacity increased to ensure effective delivery. In addition, GSSS have worked closely with the midwifery manager, midwifery locality leads and individual midwives to develop ways of addressing these difficulties. Examples include:
- Recall of all carbon monoxide monitors for calibration and redistribution to ensure every single midwife has a working monitor.
- Training for all midwives on how to use the monitor, along with written step-by-step instructions and CO information guide.
- Updated the carbon monoxide information leaflet to be more user friendly.
- Identifying discrepancies between clinical paper notes and information required on the STORK database, with the ultimate aim resulting in paper clinical documentation to be amended to reflect this.
- Designed PowerPoint slides with regards to the importance of carbon monoxide screenings and how to refer to GSSS to be included in the midwifery mandatory training programme.
- Specialist advisors in pregnancy have developed working relationships with individual midwives through a number of ways, such as attending locality meetings, providing feedback of referrals and being a visible presence in clinical areas.
- Updated referral forms to GSSS to reflect information required, such as CO reading. These have been distributed to all midwives for immediate use.

During the latter two quarters of the year, there has been a significant increase in pregnant smokers being identified and referred to GSSS, which compares favourably with referral rates during the previous year (Q3 = 85%, Q4 = 87%).

The service is now making significant progress in identifying women who smoke by using the carbon monoxide test and encouraging ,midwives to directly refer to the service on an 'opt out' basis, where the specialist adviser in pregnancy contacts the pregnant women within 48 hours and books an appointment within 5 working days.

Key outcomes

During 2012/2013, 1027 pregnant ladies were recorded as smoking at time of booking (1026 in 2011/12) (S.T.O.R.K data) of which only 762 were referred to GSSS, compared to 920 referrals last year. It has already been acknowledged that during the first half of the year the number of referrals declined.

6 Midwives from the Midwifery group in Cheltenham were trained to deliver stop smoking services with pregnant clients; unfortunately they have not submitted any data for 2012/13.
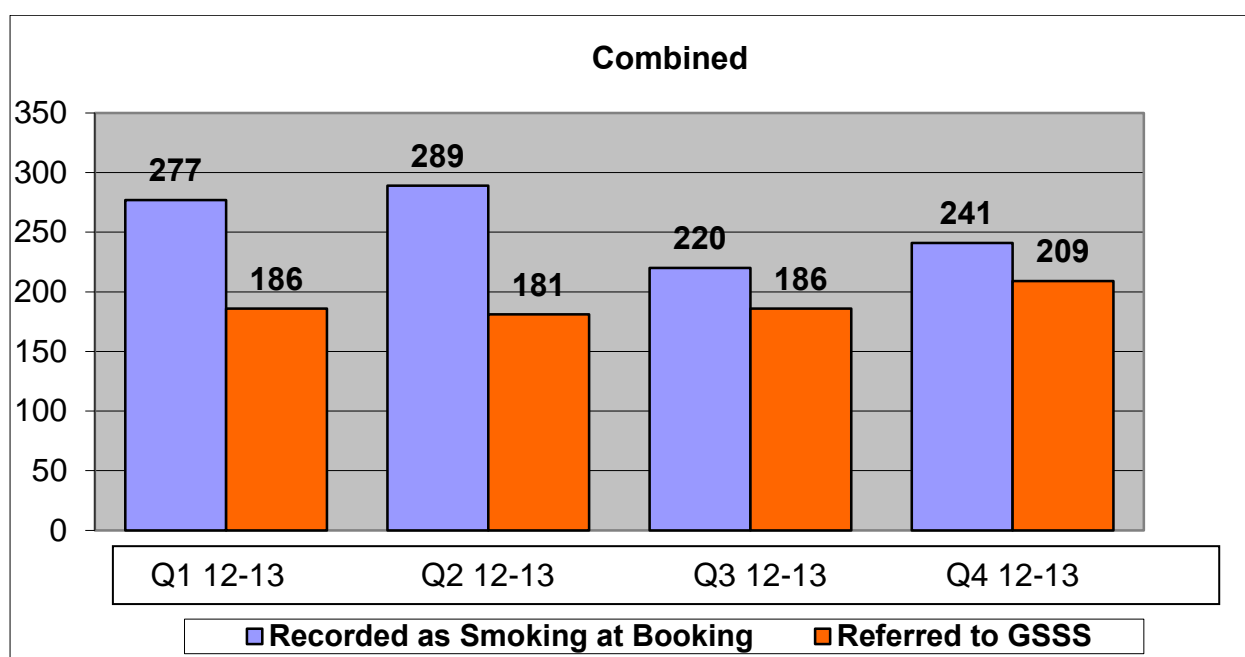
Table 26: Source: NHS Stop Smoking Service database extract 2012/13

GSSS have been involved in a national SATOD audit delivered on a local level to ensure reliability of data. This involved one specialist advisor per session, spending a day at the delivery unit at GRH to undertake cotinine testing of all ladies giving birth on the specified day. This was conducted over seven separate days, with a retrospective audit taking place also over a seven week period. The SATOD audit is now complete, and commissioners have received the results, showing that an actual prevalence of smoking in Gloucestershire could be as high as 33% of all women at delivery continuing to smoke.

It is unsurprising that the greatest numbers of referrals per annum are received by Gloucester, where the highest rates of smoking in pregnancy occur.

Midwives referrals by locality 2012/2013

■ Midwives referrals by locality 2012/2013

Locality	Referrals
Tewkesbury	34
Newent	13
Gloucester	304
Cirencester	28
Cheltenham	159
Stroud	98
Forest of Dean	95
Dursley	8
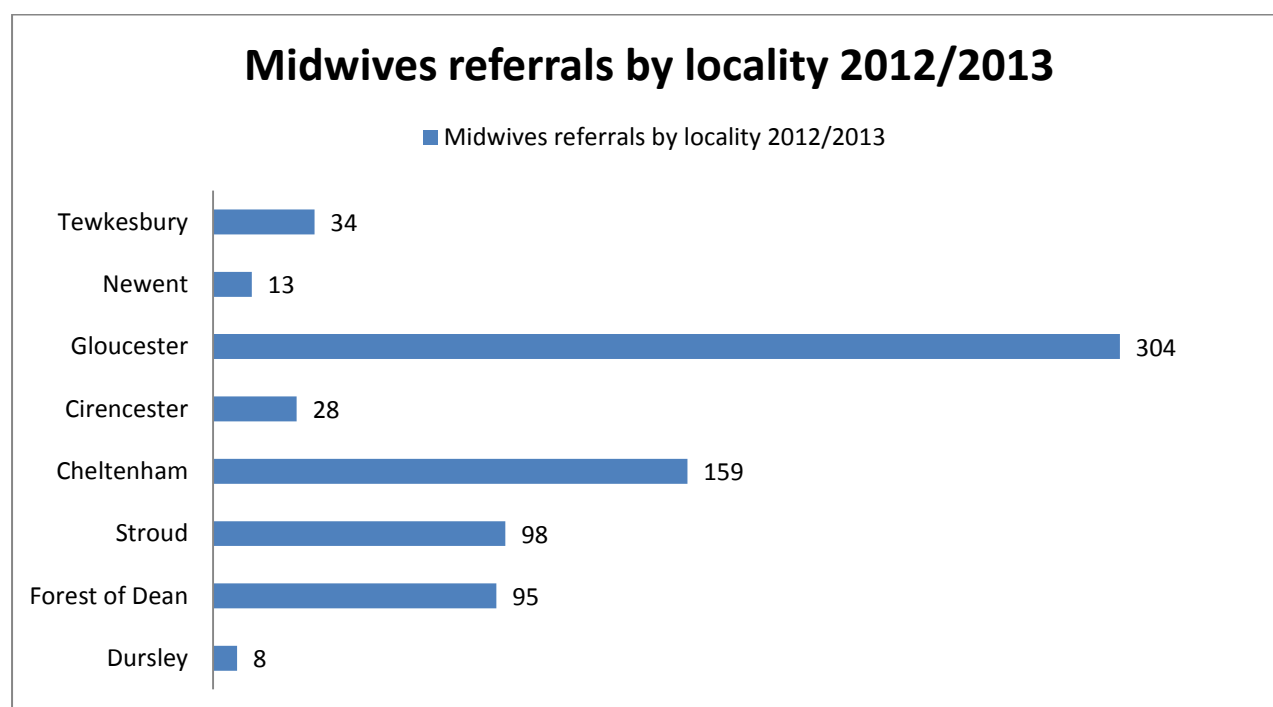
Table 27: Source: NHS Stop Smoking Service database extract 2012/13

Pregnancy and Smoking Specialist Service

Specialist advisers offer smoking advice and support to pregnant clients at a number of locations convenient to the client, such as antenatal clinics, children centres, supermarkets, home visits and telephone consultations. Pregnancy clinics are also running at antenatal clinics at Cheltenham General Hospital and Stroud Maternity Unit (Gloucestershire Royal Hospital will begin in 2013/14). Some pregnant smokers feel unable to give up smoking at the time of referral and therefore advice is given on encouraging the family to have a smokefree home.

To gain a clearer insight into how best to engage pregnant smokers and support them to quit, Public Health commissioned a social marketing company to undertake market research in this area. From their findings, the key recommendation was to establish a group for pregnant women to come together and receive support to quit smoking within a relaxed and friendly environment. This has recently been launched, but to date there is no evidence to conclude that this is an avenue to pursue due to the lack of engagement by pregnant clients.

Specialist midwives, who offer intensive, 24 hour maternity support to pregnant women as part of the midwifery partnership in Cheltenham, have undertaken Level 2 Intermediate training to become Smoking Cessation Advisors. Six midwives have been trained and can now offer intensive support to a pregnant smoker through a quit attempt.

Key outcomes

The below table demonstrates that from April 2012 - March 2013, 189 pregnant women set a quit date and 94 stopped smoking for at least four weeks. The remaining 95 were lost to contact/unknown outcome.
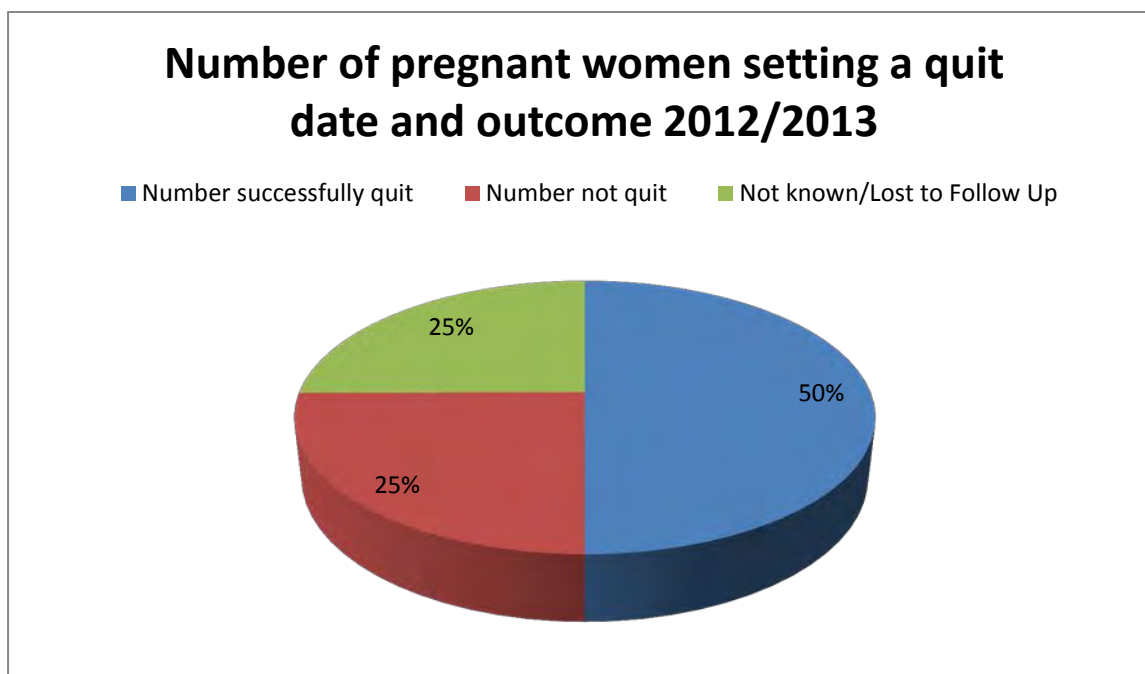
Table 28 Source: NHS Stop Smoking Service database extract 2012/13

More detailed analysis shows us that the:
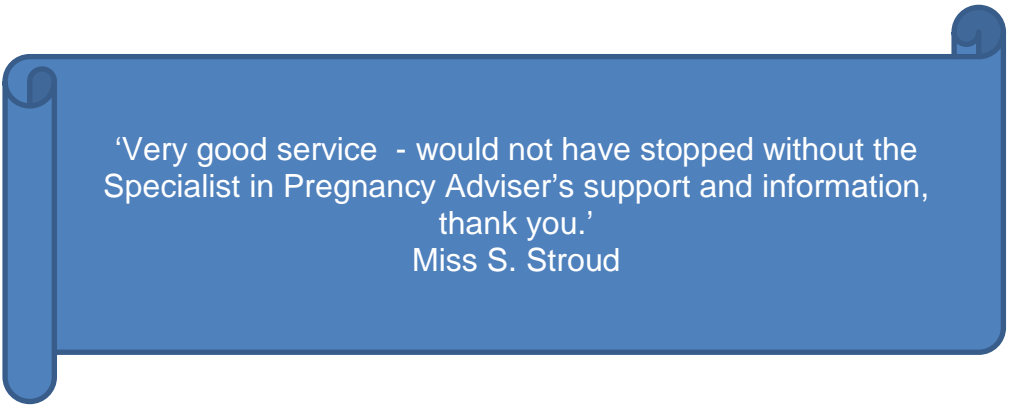
- Specialist adviser in pregnancy has the highest quit rate of 84%,
- GP practices have the lowest percentage quit rate.
- Only one pregnant quitter has been supported through a children's centre.

	Number of pregnant women setting a quit date	Number of pregnant women quit at 4 weeks	% quit at four weeks
Specialist Adviser in pregnancy	153	129	84%
Stop Smoking Service	53	29	55%
GP Practices	34	14	41%
Pharmacies	5	0	0%
Children's Centres	2	1	50%

Table 29 Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

The service has some key initiatives to be implemented in 2013/14 to reduce the prevalence of smoking in pregnancy further

- Use the results of the SATOD audit to inform practice and improve provision.
- Implement a risk perception clinical initiative called the 'Rotherham approach'. Pregnant smokers, identified at booking, will be booked in for their 12 week scan to coincide with the specialist advisors' clinic.
- Mandatory recording of all STORK data to review CO testing and referral compliance with NICE guidance PH 26. Midwifery manager to undertake audit of STORK clinical notes to identify midwives not routinely undertaking CO screening and referring to GSSS.
- Develop training module specifically for advisors supporting pregnant smokers to increase confidence and effectiveness of taking someone through a quit attempt. This will include a resource pack specifically for supporting pregnant smokers.
- Work in collaboration with the GHNHSFT Smokefree Steering Group and Midwifery managers to implement systems that are currently in place in other parts of the hospital, for example, NRT available on maternity wards, clinical notes prompting the assessment of smoking status to emulate the GPP and identifying a ward smoking cessation champion

'Very good service - would not have stopped without the Specialist in Pregnancy Adviser's support and information, thank you.'
Miss S. Stroud

Section 5: Training

Training Update

The service provides accessible training and support to all contracted healthcare professionals, to support the delivery of the GP, Pharmacy and Dental contracts. The service has a full time trainer who undertakes a variety of training with individuals ranging from health care professionals to volunteers.

There are two main training programmes undertaken within the service, brief intervention training and level 2 Stop Smoking Adviser training.

Brief intervention training is tailored to participants needs and relevant to anyone who comes into contact with a smoker. This training is to enable participants to have an understanding of smoking, which allows them to assess a smoker's motivation to quit, advise them on the benefits of quitting and refer to appropriate services. This approach is designed to enable any participant to undertake '30 second brief intervention' when coming into contact with a smoker.

Level 2 Stop Smoking Adviser training is for those in positions within their workplace, who can actively help smokers through a quit attempt, by providing pharmacotherapy and behavioural support over a 12 week course. The two day Stop Smoking Adviser training course provides the skills and knowledge necessary to work actively with smokers, supporting them throughout their quit attempt. In addition, training is offered in Group Work Skills to enhance the work of advisers. As part of this training the service also offers shadowing for half a day to ensure that advisers are skilled and competent to undertake this role in their workplace.

Specific in-depth training is also delivered to a wide range of health professionals and those working in the wider community. GSSS has input on professional training courses, i.e. Certificate in Coronary Heart Disease at the University of Gloucestershire, training nurses working with patients with diabetes and cancer, and pharmacists through their postgraduate programme. Training is delivered in secondary care and across mental health units.

The service also delivers sessions to patient groups especially those in target areas to inform them of services available and to give them an understanding of where and how they can access the service and the benefits of quitting. This has been given to patients with mental health problems, parents in children's centres and offenders on probation.

As of July 2013, GSSS will ensure all new trainees are trained to Level 2 NCSCT standard (fully accredited Stop Smoking Practitioner), ensuring that all trainees have undertaken the highest standard of National training.

Training Courses

GSSS runs a variety of training courses including the following:

- 2 day training (plus half day shadow session in shop) run 6 times a year
- 7 Network training sessions for trained advisers
- Regular shadowing opportunities at the Quit Stop Shop
- Evening Pharmacist training courses

- Quit manager training for all third party advisers
- Healthy Living Pharmacies Brief Intervention training
- Health Champion training within HMP Gloucester
- E learning BIT package for secondary care
- Ward Champion Training for Gloucestershire Royal Hospital and Cheltenham General Hospital
- Brief intervention training sessions for the following people or organisations: -
    - GP Surgeries
    - Children Centres
    - Secondary care wards
    - Health visitors
    - School nurses
- Induction Training for Gloucestershire Care Services and the ^{2}gether Foundation Trust

Key Outcomes

- 111 trainees have been trained as Stop Smoking Advisers this year.
- 210 four week quitters acquired from new trainees
- 17 new providers trained
- 86 advisers were updated during the year to keep their accreditation as a Stop Smoking Adviser.
- 80 GP surgeries and 30 pharmacies are now live using the Quit Manager programme. 321 advisers have now been Quit Manager trained.
- 3 Dental surgeries, 4 advisers trained
- 1 Dental surgery trained in Quit Manager

Section 6: Mental Health

Mental Health

The Gloucestershire NHS Stop Smoking Service continues to work in partnership with the [2]gether Foundation Trust in a variety of ways

- There are now six members of staff based at Wotton Lawn who have attended the Level 2 Intermediate Smoking Cessation Advisor training and are now qualified to support in-patients through a quit attempt.
- A member of staff based at the Honeybourne Unit in Cheltenham has also undertaken the Level 2 training to become a smoking cessation advisor and is now supporting inpatients who wish to stop smoking through a quit attempt.
- Furthermore, these smoking cessation advisors have all been trained to use the electronic data, Quit Manager, to record their sessions.
- Within the stop smoking specialist service, a new mental health lead has been providing support and working with inpatient services to develop strategies and systems to implement this in-house support.
- GSSS have delivered update training to smoking cessation champions at the annual smokefree champions' event organised by the 2gether Trust.
- GSSS supports the 2gether Trust induction programme by delivering a 30 minute training session to new employees, which covers topic such as the health risks of smoking, the relationship between smoking and mental health, support available through GSSS, Very Brief Advice and how to refer to our service. This takes place on a fortnightly basis throughout the year.
- GSSS's mental health specialist advisor took part in the 2gether Trust's Health and Wellbeing's staff event offering advice, information and support.
- GSSS's mental health specialist advisor co-ordinated and ran a promotional event in partnership with the 2gether Trust's smoking cessation advisors to promote No Smoking Day on the 13th March 2013.

Key outcomes

- GSSS received 147 referrals from the 2gther Trust in 2012/2013.
- In total, 156 clients with mental health difficulties who were supported through the stop smoking service went on to set a quit date. Of the 156, sixty-three were still quit at four weeks.
- The mental health target was set at 65, thus we achieved 97% of our target. However, upon further inspection of our data, we have identified a further 2 clients with mental health difficulties achieving a four week quit, however the adviser had not ticked the appropriate box on the data recording system.
- Seven members of staff from the 2gether Trust are trained as smoking cessation advisors to offer support to inpatients who wish to quit.

In 2013/14 the service will continue to maximise the provision of support to smokers with mental health difficulties and have the following interventions planned to ensure we achieve our target for 2013/2014

- Develop a training module specifically for smoking cessation advisors to offer more bespoke and intensive support to people with mental health difficulties through a quit attempt.
- GSSS to work collaboratively with the 2gether Trust and through the GHNHSFT's steering group to review and implement up-to-date guidance such as the NICE guidance 'Smoking cessation: acute, maternity and mental health' and a joint report by the Royal College of Physicians and the Royal College of Psychiatrists called 'Smoking and Mental Health'.

Section 7: Secondary Care

The Pod within the atrium at Gloucestershire Royal Hospital

Secondary Care

GSSS is part of a strategic planning group at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), working in partnership to increase referrals from the trust to the stop smoking service. Some of the achievements of this group are as follows

- All patients on admission, as part of the Gloucestershire Patient Profile (GPP), are expected to be routinely asked their smoking status, offered NRT (if appropriate), informed that the hospital is a Smokefree site and asked whether they wish to be referred to GSSS.
- A repeat audit of Gloucestershire Patient Profiles (GPP), which highlighted a slight reduction in the number of smoking related questions being asked and recorded (46% in March 2012 to 41% in August 2012). From these findings, a number of recommendations were made, i.e. devise an in-patient smoking cessation referral pathway, which highlights the gold standard practice of identifying and supporting a smoker from admission to discharge. Re-launch of Secondary Care Champion training from two hours to a whole day, with the expectation that all identified champions are to attend.
- Referral to GSSS for on-going treatment has been added to the Discharge Checklist.
- Stop B4 the Op initiative has been re-launched and piloted in 3 GP surgeries across Gloucestershire. The aim is to roll this out to all GP surgeries within the county during 2013/2014 and work with booking registrars/consultants within secondary care.
- All patients admitted to hospital for surgery now receive information from the hospital prior to their stay. A compliment slip has been designed for inclusion in all GHNHSFT correspondence that informs patients the hospital sites are smokefree, quitting aids recovery and support is available.
- GSSS has worked collaboratively with the senior fertility consultant to develop a referral pathway for all smokers wishing to undergo IVF treatment. Every identified smoker is referred to GSSS for support to quit along with ongoing monitoring of being smokefree for six months, which is then fed back to the consultant.
- GSSS has worked in partnership with a respiratory consultant to pilot a respiratory opt out initiative at the consultant's outpatient clinic and on the respiratory ward at CGH. This involved developing a referral pathway, patient information leaflet and delivering staff training. Due to the success of this initiative, it has now been rolled out to all respiratory outpatient clinics and the respiratory wards across both hospital sites.
- Continue to feed into the Smokefree Steering Group Meeting, which is held every three months, to discuss new policies and guidelines, identify issues and develop/revise action plan to implement change.
- Undertaken audit of the number of staff, patients and visitors observed smoking on hospital grounds. This has helped to guide policies and procedures of tackling this issue.
- Worked with GHNHSFT management to support them in developing ways to monitor hospital sites and approach staff and patients found smoking on site. This has included negotiating contractual arrangements with the new parking

company to approach anyone smoking on site. GSSS have offered training to parking staff, awaiting a date to deliver. Furthermore, devising GHNHSFT staff policies with regards to remaining smokefree during working hours.

- Tannoy system installed at one of the main hospital entrances that is activated by people smoking nearby and instructs them to extinguish their cigarette. It also acts as a deterrent to people from smoking on site.
- Continued to train secondary care smoking cessation champions who have not previously attended specific training.
- Secured a thirty minute training slot for both F1 and F2 doctors as part of their post graduate training programme.
- Delivered update training to pharmacists at Cheltenham General Hospital
- GSSS have played an active part in GHNHSFT Health and Wellbeing staff promotion days for Gloucester Royal Hospital, Cheltenham General Hospital and Wotton Lawn.
- Designed and produced posters to be displayed on all wards prompting patients to ask about NRT. These have been distributed to all wards at both Gloucester Royal and Cheltenham General Hospital.
- Ran promotional events at GRH, CGH and Cirencester Hospital to promote No Smoking Day on the 13th March 2013.

The GSSS secondary care specialist runs weekly clinics in both CGH and GRH, for any member of staff, in-patient or visitor who wishes to receive help and support to quit smoking. Furthermore, the specialist service also runs smoking cessation clinics at Cirencester, Tewkesbury and Lydney Hospitals.

Key outcomes

In 2012/13 we received a total of 780 secondary care referrals, which compares favourably with referrals received during 2011/2012.

Of the 780 referrals,
- 142 recorded clients set a quit date and were referred via the hospitals to the practice nurses and the Specialist Service,
- 74 went on to quit at four weeks; a quit rate of 52%.

During the first seven months of undertaking the respiratory opt out initiative, seventy-six smokers were referred to GSSS with forty-one per cent (31) accepting the service. Of these 31 smokers:
- 29% (9) quit
- With sixteen per cent (5) still quit at four weeks.
- A further 4 (13%) patients are currently being supported by GSSS through a quit attempt.
- A further six opted to be seen by a third party advisor (i.e. their Practice Nurse), but no data was available on Quit Manager as to the progress of their quit attempt

Training on brief interventions and the importance of smoking cessation to specific disease areas has been provided to:
- Pre-assessment clinic at GRH

- Respiratory Nurse Team at CGH and GRH
- Respiratory Ward staff at CGH and GRH
- Outpatient staff covering respiratory clinics at CGH and GRH
- Pharmacists at CGH
- Secondary care champions
- Junior doctors
- Over 3,500 secondary care workers have undertaken Brief Intervention training via the e- learning package.

In 2012/13 the service will continue to maximise the provision of support to smokers within the secondary care setting and have the following interventions planned.
- Due to the success of the respiratory opt out initiative, investigate the implementation of opt out initiatives to other areas of specialism in a structured and co-ordinated manner.
- Work with the rheumatology department to develop a referral pathway with the possibility of making this an opt out. To include Very Brief Advice training.
- Following completion of the Stop B4 the Op pilot, ensure all professionals within primary and secondary care included in the pathway receive training to implement the pathway. Furthermore, to work with booking registrars/consultants as part of Stop B4 the Op pathway, starting with the orthopaedics department as part of the Pfizer Enhanced Recovery Programme.
- Secondary care specialist advisor to continue to develop ways to increase awareness of the service
- Work with GHNHSFT to provide input in the development of their IT systems to maximise referral opportunities
- The development and distribution of posters to be displayed in clinical areas, such as nursing stations, to act as a prompt to undertake VBA at every opportunity and Make Every Contact Count
- To overhaul the current secondary care champion training to provide a more comprehensive package of support. This will include a whole day's training session where the expectation will be for every secondary care champion to attend. A Certificate of Attendance will be issued, which can be included in their Continuing Professional Development portfolio. Along with a one month follow up session to ensure smokefree policies and procedures are being implemented within the department and offer any additional support that maybe required.
- Develop a communication pathway via secondary care champions to keep staff up-to-date with latest smokefree initiatives, campaigns, etc. to share with their department.
- To deliver training to security staff based on very brief advice and conflict resolution.
- To develop provision for staff to access support to quit. This includes investigating the setting up of a staff quit club within the secondary care setting and developing systems and appropriate provision for staff from BME groups and/or where English is their second language. Working in partnership with the facilities manager where high ratios of staff have been identified as falling within this cohort.

- To work more closely with community hospitals, starting with Cirencester, to establish a smokefree steering group and further develop smokefree policies and systems
- Nationally and locally we need to ensure that social marketing insights and interventions are targeted at this age group to increase motivation to quit and reducing the desirability of continuing to smoke.

Section 8: Recommendations

1. GSSS continues to provide a comprehensive Stop Smoking Service in all settings, ensuring the best possible support and encouragement to smokers attempting to quit.

2. Specialist services for pregnant smokers should be continued and further multi component approaches developed to target those smokers who have not engaged with the service.

3. The service will increase the number of clients who are seen within a group setting, following the high quit rates seen in this intervention.

4. GSSS will work with commissioners to offer further training and advice to individual practices and pharmacies based on local need, recent activity and key quality outcomes such as CO rates.

5. Work should continue within the secondary care setting to increase the number of robust referrals into the service. Opt out referral systems need to be further piloted in a number of specialist clinics to increase smoking cessation uptake

6. Further partnership work needs to be undertaken to encourage those from BME communities to access the service. With additional HIF resource in 2013/14, and a health trainer specifically allocated to BME communities, it is expected that more of these communities will access the service

Section 9: Promotional Activities

Strategies for promoting the service are supported by detailed research (national, regional and local), based on local intelligence and social marketing insights. Local service awareness initiatives are integrated with regional and national campaigns, using nationally branded materials for local promotion such as leaflet and poster distribution, and include attending community events.

In 2012/13 the service ran a range of promotional activities throughout Gloucestershire including, No smoking day, Stoptober, Know it Check it Treat it and the Pfizer health bus. We also support all the campaigns run by Smokefree Southwest, such as Smokefree homes, 'wise up to roll ups' and illicit tobacco. Other events attended in 2012/13 were:

- Stroud College fresher's week
- Gloucestershire University fresher's week
- Pride Parade
- Carers Day Oxstalls
- Go Shopping Stop Smoking (see below)

Go Shopping Stop Smoking

Go shopping stop smoking event – Tesco's Colletts Drive Cheltenham**.**

A five-week in-store intervention programme was delivered at a local supermarket in Gloucestershire, which was aimed at raising awareness of the Gloucestershire NHS Stop Smoking Service and to offer support to smokers who wish to quit by bringing the service to where clients frequent. We ran ten sessions (two sessions per week over five weeks) with two stop smoking advisors and a minimum of one volunteer or member of staff from the Stop Smoking Service to act as a runner and engage with the public.

A total of 609 contacts were made with members of the public with 211 showing an interest in stopping smoking, 155 received leaflets and/or promotional materials and 136 undertook a carbon monoxide reading.
Of the 609 contacts:
- 54 signed up for a quit attempt
- 10 achieved a 4 week quit
- 3 people wished to sign up for a quit attempt, but as they were only visiting Cheltenham and lived out of county, they were signposted to their local Stop Smoking Service for support

A number of addition benefits were observed during this initiative. Firstly, the findings suggested a number of people from specific target groups could be reached, such as routine and manual workers (46%), unemployed (22%) and people from BME groups (13%), who may otherwise have never accessed our service if we had not taken the service to them. Secondly, 41% of clients who signed up for a quit attempt indicated they had been unaware of the Gloucestershire NHS Stop Smoking Service, with an even higher percentage unaware of the in-store weekly smoking cessation clinic.

Thirdly, as the event ran up until the end of September, it provided an opportunity to also promote national campaigns such as Stoptober and Know It, Check It, Treat It.

Section 10: Appendices

Appendix 1 Ethnic categories by quit date set and quit rate

Ethnic category	Ethnic sub-category	Total persons setting a quit date	Total persons successfully quit
a) White	British	5,764	3,338
	Irish	42	25
	Any other White background	225	131
	Sub-total	6,031	3,494
b) Mixed	White and Black Caribbean	40	21
	White and Black African	3	1
	White and Asian	8	5
	Any other mixed background	13	6

	Sub-total	64	33
c) Asian / Asian British	Indian	19	12
	Pakistani	5	2
	Bangladeshi	6	1
	Any other Asian background	7	5
	Sub-total	37	20
d) Black/ Black British	Caribbean	22	12
	African	17	13
	Any other Black background	13	9
	Sub-total	52	34
e) Other Ethnic Groups	Chinese	2	2
	Any other ethnic group	23	14
	Sub-total	25	16
f) Not Stated	Not Stated	231	130
	Total	6,440	3,727

APPENDIX 2 Ethnic Categories Percentages

Percentages of Ethnic Categories Seen

White Mixed Asian Black Other Not Stated

0% 1% 0%
1%
4%
94%
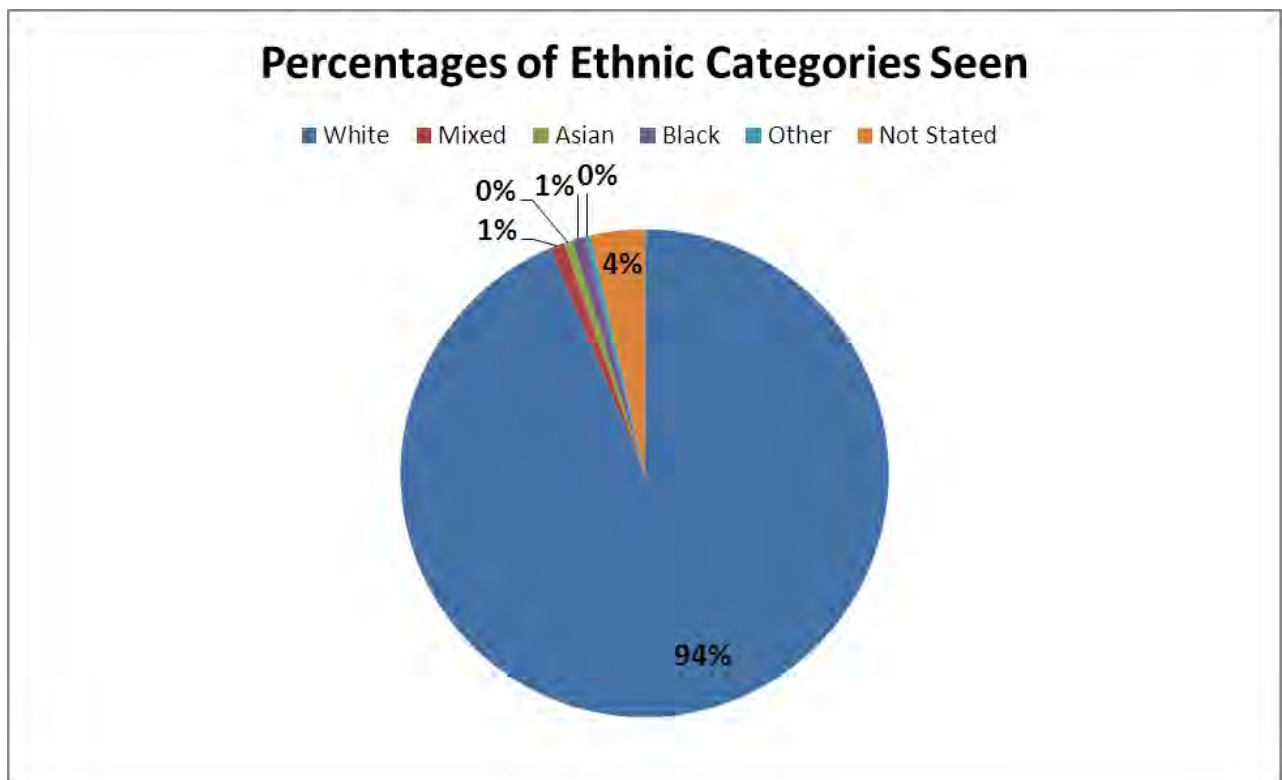
APPENDIX 3 Socio-Economic Classification quit rates

The percentages of socio-economic classifications quit rates are as follows:
- Routine & Manual at 31% with a 62% quit rate
- Intermediate at 10% with a 61% quit rate
- Managerial at 14% with a 63% quit rate
- Unemployed at 13% with a 49% quit rate
- Retired at 11% with a 64% quit rate
- Home carers at 5% with a 55% quit rate
- Students at 3% with a 36% quit rate
- Prisoners at 2% with a 27% quit rate (prison closed before Quarter 4 submitted)
- Sick/ disabled at 4% with a 51% quit rate

APPENDIX 4 Intervention Settings – Percentages of setting a quit date

Number setting a quit date by Intervention Settings

Other 0%

Stop Smoking setting 9%

Pharmacy 8%

Prison 2%

Quit Stop Shop 22%

Hospital 2%

Primary Care 57%
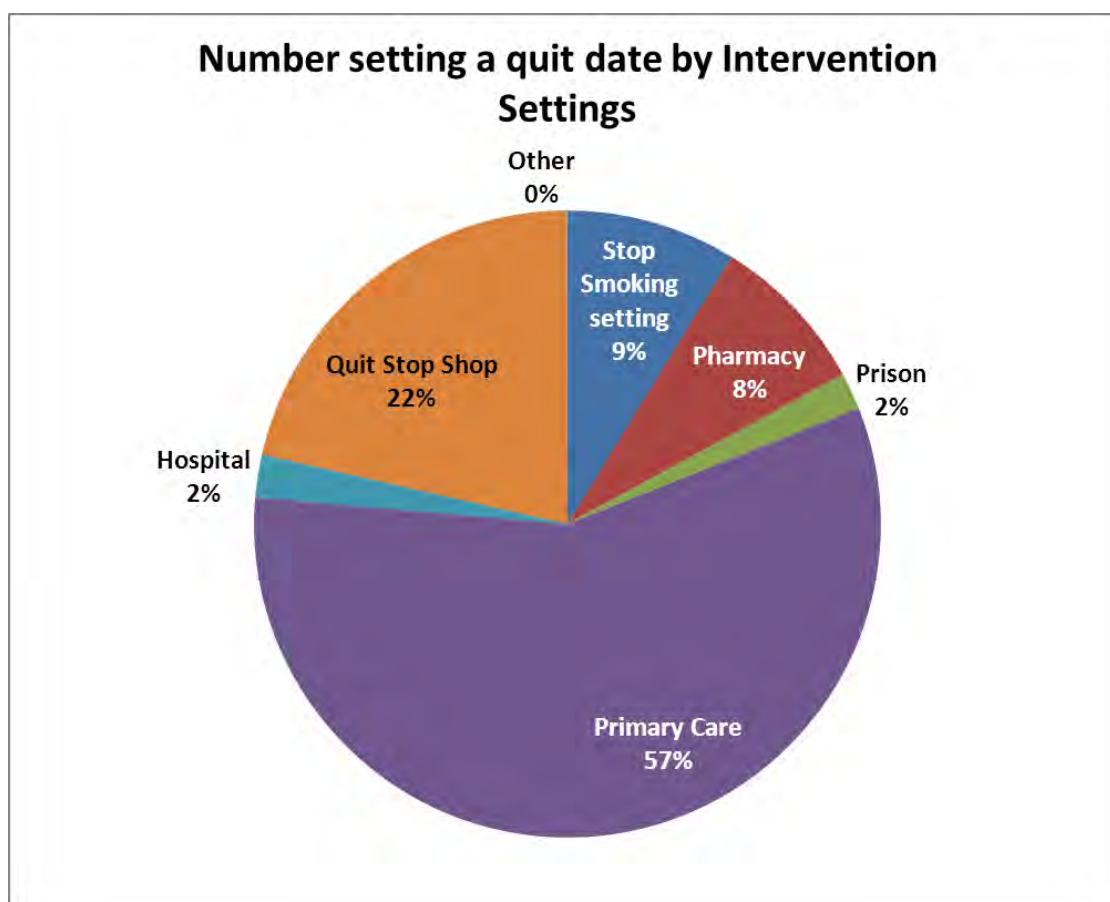
APPENDIX 5 Quit rates per Intervention Setting
The number of clients accessing GSSS in each setting with associated quit rates.

Intervention Setting	Type of Support	Number setting a quit date	Number Quit	Percentage quit at 4 weeks
Primary care (GP's)	1:1	3695	2003	54%
Prison	1:1 & groups	122	33	27%
Pharmacy	1:1	535	291	54%
Stop Smoking Service	1:1 & groups	565	387	68%
Quit Stop Shop	1:1 & Groups	1319	910	68%
Hospital	1:1	142	74	52%
Others	1:1	61	28	100%

Source: Department of Health reporting/ NHS Stop Smoking Service database extract 2012/13

APPENDIX 6 Pharmacy Activity

- <u>2012/13</u> 535 clients set a quit date via a pharmacy of these 291 (54%) had quit at four weeks from their quit date.

- <u>2011/12</u> 324 clients set a quit date via a pharmacy of these 202 (62%) had quit at four weeks from their quit date.

- <u>2010/11</u> 168 clients set a quit date via a pharmacy of these 99 (60%) had quit at four weeks from their quit date

- <u>2009/10</u> 79 clients set a quit date with a total of 32 clients recorded as quit at four weeks (45%).

APPENDIX 7 - Analysis by Age

Age Group	Number Setting a Quit Date	Number Quit at 4 weeks	Percentage Quit at 4 weeks
<18	29	9	31%
18-34	521	350	67%
35-44	316	211	67%
45-59	313	227	73%
60+	140	113	81%
Total	**1319**	**910**	**69%**

References

- Healthy Lives, Healthy People: Update and way forward (2011)
- *Healthy Lives, Healthy people: A Tobacco Control Plan for England* (HM Government 2011)
- Public Health Outcomes Framework: Improving outcomes and supporting transparency (2012)
- Fair Society, Healthy Lives: The Marmot Review (2010)
- NHS Stop Smoking Services: service and monitoring guidance 2012/13

Gloucestershire Care Services
NHS Trust Board

Title:	**Quality and Performance report**	**Date:** 21st January 2014
Agenda Item:	9	
Purpose of Paper:	To provide information to Gloucestershire Care Services NHS Trust Board outlining Health and Social Care quality and performance against nationally and locally commissioned targets.	
Key Points:	GCS' Health performance is showing Green or Amber against targets on a year to date basis as follows: National = 96.9% Local = 97.2% Improvement plans and actions are described in the areas where performance is not at the required level. For Social Care, performance is showing Green or Amber against targets in the scorecard on a year to date basis as follows: National = 75.0% Local = 81.3%	
Options and decisions required	Report provided for information and assurance	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	X
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	X
	3. Provide innovative community services that deliver health and social care together	X
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X
Next steps/future actions	Report presented for assurance	

Author name and title	Matthew O'Reilly Head of Performance and Information	**Director Name and Title**	Glyn Howells Director of Finance

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 21st January 2014
Location: Dowty Sports and Social Club, Down Hatherley

Agenda item 9: Quality and Performance Report

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

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

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

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

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

Target	Red	Amber	Green	Total
National	1	4	27	32
Local	1	2	33	36
Total	2	6	60	68

Target	Red	Amber	Green	Total
National	3.1%	12.5%	84.4%	100.0%
Local	2.8%	5.6%	91.7%	100.0%
Total	2.9%	8.8%	88.2%	100.0%

There are an additional four targets included within the local scorecard that reflect CQUIN targets that have been devolved to localities.

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

	Red	Amber	Green	Total
National	1	1	2	4
Local	3	3	10	16
Total	4	4	12	20

Red	Amber	Green	Total
25.0%	25.0%	50.0%	100.0%
18.8%	18.8%	62.5%	100.0%
20.0%	20.0%	60.0%	100.0%

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

5. Key Findings and Actions

National Targets – Red

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

The GCS target for the number of post 48 hour Clostridium Difficile infections in Community Hospitals for 2013/14 is a maximum of 18 cases. The trajectory for November 2013 was no more than 1 case. There was one case recorded.

Year to date performance remains ahead of trajectory at 16 cases compared to target trajectory of no more than 12 cases and as a result there is risk to the year-end delivery of this target at this stage, and it is rated red. However performance in the last five months has shown a pattern of incidence within tolerance.

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

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

Hospital	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Total
Dilke	2	0	1	0	0	1	0	1	**5**
Lydney	0	0	2	0	1	0	0	0	**3**
Stroud General	0	0	2	0	0	1	0	0	**3**
Cirencester	1	0	1	0	0	0	0	0	**2**
North Cotswolds	1	1	0	0	0	0	0	0	**2**
Tewkesbury	0	1	0	0	0	0	0	0	**1**
Total	**4**	**2**	**6**	**0**	**1**	**2**	**0**	**1**	**16**
Target	1	2	1	**2**	**2**	1	**2**	1	**12**

Actions include:
- Clostridium Difficile action plan has been rolled out across GCS and progress continues to be monitored against the plan.

- A countywide plan is in place and being reviewed by the Countywide Acquired Infection Group. Actions in place include Ribotyping all cases of Clostridium Difficile to identify possibility of cross-infection.

- A multi-professional group has been set-up to review every inpatient across the health community that has been identified as contracting Clostridium Difficile from November 2013. This will be led by a Consultant Gastroenterologist.

National Targets – Amber

5.2 Children's Services – Newborn Bloodspot Screening
The GCS target for tests to be *recorded* by 17 days of age has now been achieved since June and in-month performance for November is rated green.

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

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

5.3 HPV Immunisation
All girls aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the NHS childhood vaccination programme. The vaccine protects against cervical cancer. It is usually given to girls in year eight at schools in England.

According to Cancer Research UK, cervical cancer is the second most common cancer in women under the age of 35. In the UK, 2,900 women a year are diagnosed with cervical cancer. It is estimated that about 400 lives could be saved every year in the UK as a result of vaccinating girls before they are infected with HPV.

The HPV vaccine is delivered largely through secondary schools, and consists of three injections over a period of 12 months.

Research has shown that the HPV vaccine provides effective protection for at least eight years after completion of the three-dose course. It is not known yet how long protection will last beyond this time.

The current performance for the immunisation programme is rated amber as performance for both first and second immunisations is behind trajectory at the end of November. The target of 90% that the Trust is commissioned to deliver is applicable to all three immunisations and only achieved if all three immunisations are completed. The total school list size is 3,332 girls meaning that 2,999 girls must receive all three immunisations to achieve the target

Performance at the end of November shows that first immunisation is behind trajectory and also behind performance compared to 2012/13 (shown in the table overleaf). There were 70 girls remaining to be immunised to achieve the November trajectory of 85%.

Second immunisation is behind trajectory but ahead of that achieved at this stage in 2012/13, also shown in the table below (service delivery is based on

the academic year rather than financial year). There were 158 girls remaining to be immunised to achieve the November trajectory of 40%.

HPV Immunisation	2012/13 November 2012 Actual	2013/14 November 2013 Trajectory	2013/14 November 2013 Actual
1st Immunisation	85.3%	85.0%	83.0%
2nd Immunisation	30.1%	40.0%	35.0%
3rd Immunisation	not yet commenced		

The no consent rate is currently 4.7% compared to 6.8% at this stage in 2012/13.

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

Other actions include:
- Follow-up of unreturned consent forms after 1st Immunisation sessions,
- Follow-up of any girls notifying GCS that they would be attending their GP Practice for immunisation to check that this has happened and to ensure systems are updated,
- Regular contact with schools to provide further information as required.

5.4 National Childhood Measurement Programme
The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools. This data can be used at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

The NCMP was set up in line with the Government's strategy to tackle obesity and to:

- Inform local planning and delivery of services for children,
- Gather population-level data to allow analysis of trends in growth patterns and obesity
- Increase public and professional understanding of weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight issues

Children's heights and weights are measured and used to calculate a Body Mass Index (BMI) centile. The measurement process is overseen by trained healthcare professionals in schools.

The current performance for the National Childhood Measurement Programme is behind trajectory for Year 6 pupils at the end of November 2013 and rated amber, with performance of 81.9% compared to trajectory of 83%. This is ahead of performance at this stage in 2012/13 (shown in the table below).

Performance is ahead of target for children in Reception year.

School Year	2012/13 November 2012 Actual	2013/14 November 2013 Trajectory	2013/14 November 2013 Actual
Reception Year	43.8%	33.0%	35.1%
Year 6	78.1%	83.0%	81.9%

Actions include:
The underperformance of 1.1% is attributed to a time lag of data recording which will be updated within the next month. The service is confident they will attain the targets in 2013/14.

5.5 Call to Action (Health Visitors)
GCS is currently behind the monthly trajectory developed in the local monitoring plan with NHS England Area Team (NHSE AT) for increase in numbers of health visitors, however this is purely a timing issue from the arbitrary setting of the monthly targets. Taking into account the current Gloucestershire students that will qualify, the recent direct recruitment of qualified staff and the anticipated attrition there is a possibility that we may over-perform by the end of the financial year.

This potential of in-year over-performance towards the end of the year has been flagged to NHSE AT and CCG Commissioning lead in order that there are no financial risks for the organisations involved as funds are drawn down.

Local Targets – Red

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

Performance for patients treated in November 2013 was 80%. This represented two patients not treated within the target of 8 weeks. One of the patients was treated within 9 weeks, a further patient within 10 weeks.

Year to date performance is now 76% and is also rated red.

Actions include:
The service has an action plan in place to address this under-performance.

The key actions are as follows:

- Service to identify capacity to clear the remaining backlog of patients from the waiting list.

- Service delivery review which is due to be reported by the end of December 2013.

Local Targets – Amber

5.7 Single Point of Clinical Access (SPCA) Abandoned Calls
Percentage of calls abandoned was 1.8% in November 2013 compared to a target of less than 5% and rated green. Year to date performance is now 6.5% and rated amber (improved from 7.1%).

This equated to 38 calls that were abandoned out of 2,116 calls received in November 2013.

Actions include:
In November a number of telephony system changes were implemented. The Automated Call Distributor platform that is in use by the team was extended, and the call management is now handled on internal systems.

Calls to the SPCA have been coming through two telephone numbers since 26th November 2012, and until 5th November 2013. The platform that was supporting the 0300 number did not enable callers to queue properly.

The result (before the change made on the 5th November) was that if the 0300 number took a high number of calls simultaneously, more abandoned calls would result, as callers were getting a 'caller experience' which encouraged them to think their call was about to be answered, when in fact they may have been lost in the system.

Both telephone numbers are now pointed at the same, new technical solution which enables callers to queue properly regardless of the telephone number dialled, making the management of higher volumes of calls much easier.

It may also result in a drop in the number of calls made to SPCA for the same number of referrals, as a drop in number of abandoned calls will mean callers will not have to hang up and call straight back, however this will need to be monitored in coming months.

5.8 Coverage of Breast-feeding at 6-8 weeks
The target for coverage of Breast-feeding at 6-8 weeks is that 95% of all infants due a check should have the breast-feeding status recorded.

Performance in November 94% and this has been attributed to timeliness of data recording and that when data is refreshed next month this will be on target. Year to date performance remains at 97%.

5.9 Number of acquired pressure ulcers

To support the operational delivery of the CQUIN target for reduction in acquired pressure ulcers, additional targets have been incorporated into the latest scorecard. The targets have been developed with the input of the Clinical Development team and divided between community hospitals and community services.

The table below shows current performance against the target. Whilst year to date performance is on target, November performance was above the monthly target.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13		Year to Date
Target	17	10	11	10	12	14	11	12		97
Actual	17	10	11	8	3	12	11	15		87

This is specifically due to an increase in Community Hospitals, shown below:

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13		Year to Date
Community Hospitals	Target	12	6	11	7	9	12	8	9		74
	Actual	12	6	11	5	3	10	9	15		71
Community	Target	5	4	0	3	3	2	3	3		23
	Actual	5	4	0	2	0	2	2	0		15
Total	Target	17	10	11	10	12	14	11	12		97
	Actual	17	10	11	7	3	12	11	15		86

The breakdown per hospital is illustrated in the table overleaf, highlighting the variances between actual recorded number of acquired pressure ulcers and target in November 2013.

Actions include:

Performance and reports to be reviewed by Matrons to identify why there has been an increase in November at certain hospitals and manage this in future months to ensure the reducing target is achieved.

Future reports will also include triangulation with occupied bed days to enable comparison based on a rate of occurrence per 1,000 bed days.

Acquired pressure ulcers per hospital (Grade 1 = 3 pressure ulcers, Grade 2 = 12 pressure ulcers):

	Nov-13 Target	Nov-13 Actual	Variance
Cirencester	1	5	-4
Dilke	0	3	-3
Lydney	1	2	-1
North Cotswold	2	3	-1
Stroud General	0	0	0
Tewkesbury	3	2	1
The Vale	1	0	1
Winchcombe	1	0	1
Grand Total	9	15	-6

5.10 Reduction in Total Number of Falls in Community Hospitals
To support the operational delivery of the CQUIN target for reduction in total number of falls in Community Hospitals, an additional target has been added into the latest scorecard.

The monthly targets have been developed with the input of the Clinical Development team, and also includes setting a target per hospital, per month.

Year to date performance is rated amber with 724 falls compared to target of 706. Performance per site is shown in the table below.

	April - November target	April - November actual	Variance
Stroud General	143	155	-12
Dilke	54	63	-9
Winchcombe	6	10	-4
North Cotswold	97	99	-2
Lydney	62	63	-1
Tewkesbury	57	56	1
Cirencester	177	174	3
The Vale	110	104	6
Grand Total	706	724	-18

It is noted that Tewkesbury Hospital identified a significant increase in falls in November since moving to the new Hospital building (single rooms). There were 16 falls in November compared to an average of 6 per month in the previous 7 months.

Actions include:
Matrons to review definitions of falls to ensure recording is consistent.

Matrons to review incident reports to review exact locations of falls, e.g. which rooms and wards, and where, within the rooms or wards, falls occurred in an attempt to identify any patterns.

5.11 Adult Social Care

The format of the scorecard presentation has been revised to accompany this report. This now shows one page with all of the key indicators that are 'RAG' rated. The remaining data items are provided on a separate page and these are used for operational management of service delivery.

The basis of the following narrative is the key indicators that are 'RAG' rated only with the operational management indicators provided this month for information.

National Targets – Red

5.11.1 Service users receiving self-directed support as direct payments
Performance in November 2013 showed 23.7% of service users receiving self-directed support as direct payments, compared to target of 26.6% which is rated as red.

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

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

Review of existing panels has identified some requests are appearing as service led rather than individual focussed. This has necessitated the need for further guidance on countywide approach.

National Targets – Amber

5.11.2 Service users receiving self-directed support
In November, 81.0% of eligible service users were receiving self-directed support compared to a target of 83.0% which is rated amber. This shows improvement from the 79.1% in October, however remains behind target.

Actions include:
A number of localities have identified a data input backlog that is currently being addressed and is expected to improve performance.

This will also be impacted by the action identified in 5.11.1 above.

Local Targets – Red

5.11.3 Reassessments (SC330 and SC350)
There has been an increase in the number of service users overdue a community service reassessment in November from 451 in October to 540 in November. This is rated red as the target in November has reduced to 412 (shown in the table below).

	Sep-13	Oct-13	Nov-13
Target	599	507	412
Reassessments overdue	452	451	540

There is also a decrease in the number of reassessments completed when comparing performance for the period September to November 2013 to be behind that for the same period in 2012/13.This is summarised below.

Indicator	September - November 2012	September - November 2013	Variance
Reassessments completed	601	566	-35

The high number of reassessments completed in November 2012 (647) meant that more reassessments were needed to be completed in November 2013. However, completed reassessments between October and November 2013 were slightly lower than in the previous year, resulting in an increase in reassessments outstanding.

Actions include:
Performance and Information Team will provide support to Operational Teams with improving activity planning.

Recruitment of staff to support clearing the backlog of reassessments was delayed and as a result staff induction has only recently been completed. However recruitment for workers to support the Cotswold locality was unsuccessful. In this instance plans are in place to share staff from other localities which has impacted on the number of reassessments that have been completed.

There have also been ongoing capacity issues with further recruitment under way.

5.11.4 Care Home Reviews outstanding (SC510)
There has been an increase in the number of service users overdue a care home review in November from 456 in October to 521 in November. This is rated red as the target in November has reduced to 333 (shown in the table overleaf).

Care home reviews outstanding:

	Sep-13	Oct-13	Nov-13
Target	429	381	333
Number overdue	463	456	521

There are currently 2,000 on-going residential placements recorded on ERIC, 1,833 in Gloucestershire and 167 out of county.

Actions include:
The latest data (end of December) shows 461 reviews overdue, which means that the review team have completed 1,372 to date (in 9 months) and will need to undertake 154 per month for the next 3 months to achieve a zero target, clearing the backlog. The team are completing 50 reviews per month at present and therefore will not achieve the target.

Recently a shorter review form was introduced in use which has assisted with the process. Prior to this, the team were undertaking 30 reviews per month.

The number of reviews outstanding increased during November as two of the staff within the team were involved in the closure of Barrington Lodge Care Home, which prevented them arranging reviews in other Care Homes, They still have some work to finalise associated with some of those Service Users which will continue to impact on other reviews required.

The service manager will also reiterate the need to record completed assessments on the ERIC system on a regular basis and to close cases as swiftly as possible in order that the data is accurate.

5.11.5 FACE overview assessments completed within 28 days
Indicator SC181 shows performance for FACE overview assessments completed within 28 days during the period September to November 2013 to be behind that for the same period in 2012/13. This is rated amber and shown below.

Indicator	September - November 2012	September - November 2013	Variance
FACE overview assessments completed within 28 days	668	644	-24

During this period the number of FACE overview assessments open longer than 28 days has reduced significantly (shown below).

Indicator	September - November 2012	September - November 2013	Variance
FACE overview assessments open longer than 28 days	543	356	-187

Actions include:
Outstanding assessments to continue to be prioritised to reduce those open longer than 28 days and according to need (urgency).

5.11.6 Reablement
Indicators SC061 and SC062 show performance for the period September to November 2013 to be behind that for the same period in 2012/13.This is summarised below.

Indicator	September - November 2012	September - November 2013	Variance
Community & Bed based reablement starting in month	343	326	-17
Community reablement starting in month	306	283	-23

Actions include:
A review of the current activity completed by reablement workers is underway to ensure that their time is used in the most efficient way to maximise service user visits.

Review of data collection to ensure data is entered in a standardised, consistent, accurate and timely manner.

Teams are to focus on providing front-loaded reablement to deliver a high impact service which would enable episodes to close more quickly and therefore a greater turnover.

5.11.7 Ongoing development
Further work is ongoing to support the operational management and reporting process and this includes the following:

- Developing reablement analysis - % Contact Time (improving data reliability and developing analysis), assessment of use of interim / reablement beds

- Continuing to spend time with teams to ensure they have good understanding of reports and how to use them

- Working with GCC data and performance team to facilitate provision to GCS of a full data warehouse data extract to enable more efficient reporting processes to be established

Quality

5.12 Patient Experience

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

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

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

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

Net Promoter Score
The overall Net Promoter Score for GCS in November 2013 was 83, with Minor Injury Units scoring 87 and Community Hospital Inpatient Wards scoring 66.

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

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

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

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

Response Rate
The Friends and Family Test response rate is now rated green on a year to date basis with performance of 15% (the Trust is expected to achieve a minimum response rate of 15%). Performance in November 2013 was 18% and has been ahead of target for the last 4 months.

There were 921 responses received in total in November 2013, which was a response rate of 18% (MIUs 787 responses (17% response rate) and wards 138 responses (38% response rate)).

5.13 CQUIN

The report for the milestones in quarter 2 (2013/14), was shared with Commissioners at the end of October and confirmation has been received of full compliance and payment.

The report for quarter 3 (2013/14) is due to be shared with Commissioners at the end of January for review.

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

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

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

The schemes are as follows:

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

5.14 QIPP

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

Where schemes have been agreed, targets and key performance indicators have been developed and devolved to individual teams.

The IV Therapy scheme is showing a significant level of over-performance which is off-setting under-performance in other areas including Minor Injury Unit ambulance arrivals, Paediatric Admission avoidance and Community Hospital direct admissions from Acute Trust Emergency department.

Please see the Finance report for more details.

5.15 Workforce

Key workforce indicators are included within the performance scorecard and reviewed at each Locality Board. Locality Managers and their leads are being actively supported by the Workforce team and HR Business Partners with the provision of more detailed information to help the Boards with the management of performance within their localities. The key indicators, targets and current performance are summarised in the table below.

Indicator	Target	Performance
Sickness absence	3.0%	4.31%
Mandatory Training - Fire / Health & Safety	90%	87.87%
Mandatory Training - Equality & Diversity	90%	69.45%
Mandatory Training - Information Governance	90%	66.63%
Mandatory Training - Conflict Resolution	90%	65.88%
Appraisal completion	90%	76.47%
Turnover rate	7-17%	11.51%

Sickness absence levels have reduced very slightly to 4.31% (from 4.35%) for rolling 12 months to November. This is rated as red compared to the target of 3%. However, this compares favourably with the benchmark data provided by the Aspirant Community Foundation Trusts Network (ACFTN) which shows an average rate of 4.72% (rolling 12 month data to September).

In month performance for November was 4.40%.

All of the mandatory training programmes are rated red, with the exception of the Fire and Health and Safety training which is rated amber at 87.87% compared to target of 90%. GCS performance continues to compare favourably against the ACFTN average rate of 80.0% (September data) for the Fire and Health and Safety mandatory training only.

Appraisal rates have declined in November to 76.47% (from 80.14%) This continues to compare favourably with the ACFTN rate of 73.71% (September), however remains rated as red compared to the current target of 90%. The target increases to 95% from December 2013.

The staff turnover rate of 11.51% in November remains higher than the ACFTN average of 10.51% (September data). However, performance is within the benchmark target range of 7-17% and therefore rated green.

5.16 Activity Monitoring

This version of the scorecard pack now includes detail of activity compared to plan for all of the services provided by the Trust.

The activity schedule is for the period April to October 2013 to account for the known delay in data entry in a number of services.

This shows overall activity to be 5.9% above plan, which represents an additional 35,501 patient contacts above planned activity.

There are however variances at service level. A number of the significant positive variances in activity volumes are as follows:

	% Variance from plan	Additional Volume
District Nursing	20.68%	37,118
Minor Injury Units	13.98%	5,022
Adult Physiotherapy	8.55%	5,016

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

7. Implementation and Review of Progress
This report outlines progress towards recovery of under-performing targets including actions to improve performance.

8. Legal Implications
None.

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

10. Implications for Health Inequalities
This report presents the organisations quality and performance exception report update. The targets involved are both national and local targets which have been designed to tackle health inequalities.

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)
Any implications (and subsequent actions) for equality groups have been noted within this report.

12. Consultation and Communication including Public Involvement
Examples of public involvement and consultation are evident with the Patient Experience surveys. Actions from these surveys are informed from the opinion of service users.

13. Links to:
None.

Prepared by: Matthew O'Reilly

Presented by: Glyn Howells

Appendices
Appendix 1: Quality and Performance Scorecard

GCS QIPP Scheme Summary - 2013/14　　　　　　　　　　　　Month　|　8　|

Scheme	Unit Price (TBC)		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD Performance Achieved	YTD £	Full Year	Full Year £
Programme 1 - Community Hospital Inpatients (Direct Admissions)		Actuals / Forecast 2013/14	154	190	168	224	191	187	204	187					1505	£2,408,000	2258	£3,612,800
		2013/14 Target	175	224	222	223	242	240	260	222	228	241	224	251	1808	£2,892,800	2752	£4,403,200
		2012/13 baseline	123	172	170	171	190	188	208	170	176	189	172	199	1392	£2,227,200	2128	£3,404,800
	£1,600	Movement above 2012/13 baseline	31	18	-2	53	1	-1	-4	17					113	£180,800	130	**£208,000**
Programme 2 - IV Therapy		Actuals / Forecast 2013/14	194	185	221	212	203	171	166	170					1522	£2,435,200	2283	£3,652,800
		2013/14 Target	128	136	135	159	177	152	187	166	150	146	137	123	1240	£1,984,000	1796	£2,873,600
		2012/13 baseline	114	122	121	145	163	138	173	152	136	132	123	109	1128	£1,804,800	1628	£2,604,800
	£1,600	Movement above 2012/13 baseline	80	63	100	67	40	33	-7	18					394	£630,400	655	**£1,048,000**
Programme 3 - Rapid Response & ICTs		Actuals / Forecast 2013/14													0	£0	0	£0
		2013/14 Target					Target and Implementation plan to be confirmed								0	£0	0	£0
		2012/13 baseline													0	£0	0	£0
	£1,600	Movement above 2013/14 target													0	£0	0	**£0**
Programme 4 - Musculoskeletal Service Re-design		Actuals / Forecast 2013/14													0	£0	0	£0
		2013/14 Target					Target and Implementation plan to be confirmed								0	£0	0	£0
		2012/13 baseline													0	£0	0	£0
		Movement above 2013/14 baseline													0	£0	0	**£0**
Programme 5 - Paediatric Admission Avoidance		Actuals / Forecast 2013/14	33	30	51	42	47	32	52	63					350	£150,150	525	£225,225
		2013/14 Target	104	107	78	55	59	75	59	62	69	54	58	55	599	£256,971	835	£358,215
		2012/13 baseline	85	88	59	36	40	56	40	43	50	35	39	36	447	£191,763	607	£260,403
	£429	Movement above 2012/13 baseline	-52	-58	-8	6	7	-24	12	20					-97	-£41,613	-82	**-£35,178**

Programme 6 - Integrated Discharge Teams

Scheme														YTD £		Full Year £
Recruitment - All recruitment as identified in attached milestone plan to be appointed.		Actuals / Forecast 2013/14	£100,000										£100,000		£100,000
		2012/13 baseline	£100,000										£100,000		£100,000
Operational Process - One medically fit list agreed between GHFT and GCS		Actuals / Forecast 2013/14	£25,000										£25,000		£25,000
		2012/13 baseline	£25,000										£25,000		£25,000
Operational Process - Service operational with protocols agreed and communicated between GHFT, GCS and CCG.		Actuals / Forecast 2013/14	£50,000										£50,000		£50,000
		2012/13 baseline	£50,000										£50,000		£50,000
Operational Process - Electronic referral form developed and in place		Actuals / Forecast 2013/14	£75,000										£75,000		£75,000
		2012/13 baseline	£75,000										£75,000		£75,000
Training - Training plan for ward and IDT staff developed and delivered (this covers all wards, ED and short stay assessment wards across both acute sites).		Actuals / Forecast 2013/14	£50,000										£50,000		£50,000
		2012/13 baseline	£50,000										£50,000		£50,000
Helpline - Helpline established and		Actuals / Forecast 2013/14	£50,000										£50,000		£50,000

established and operational.			2012/13 baseline						£50,000									£50,000		£50,000

Specialist Team integration - Links with the specialist teams established (as per attached milestone plan)			Actuals / Forecast 2013/14						£0									£0		£0
			2012/13 baseline						£50,000									£50,000		£50,000

Programme 7 - MIU Utilisation (Ambulance Arrivals)			Actuals / Forecast 2013/14	45	49	48	62	52	50	47	42					395	£40,574	593	£60,913
			2013/14 Target	202	220	210	213	216	212	209	203	196	218	199	202	1685	£173,083	2500	£256,800
			2012/13 baseline	40	58	48	51	54	50	47	41	34	56	37	40	389	£39,958	556	£57,112
		£102.72	Movement above 2012/13 baseline	5	-9	0	11	-2	0	0	1					6	£616	37	**£3,801**

Programme 8 - Reablement Progressions			Actuals / Forecast 2013/14																
			2012/13 baseline					Target and Implementation plan to be confirmed											
			Movement above 2012/13 baseline																

				2013/14 Forecast QIPP Delivery			**£1,575**

NOTE THAT THERE IS A £3.9 MILLION ENVELOPE FOR SCHEMES THAT AS YET REMAINS TO BE FINALISED

Additional Schemes

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

Notes:

Programme 1 - Community Hospital Inpatients
Monitoring based on increase in direct admissions rate compared to 2012/13 (including under 48 hour GHT transfers)

Programme 2 - IV Therapy
Monitoring based on increase in EPISODES above baseline from 2012/13

Programme 5 - Paediatric Admission Avoidance
Monitoring based on Weekend attendances by Children's Community Nursing Team compared to 2012/13 baseline

Programme 7 - MIU Utilisation
Monitoring based on increase in MIU attendances by Ambulance only above baseline from 2012/13

Gloucestershire Care Services **NHS**
NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	Finance Report	21 January 2014
Agenda Item:	**10**	
Purpose of Paper:	To advise the Board on the year to date actual and forecast full year out-turn position for the Trust and also to provide updates regarding financial risks and priorities.	
Key Points:	For Health budgets, the Trust has planned for a full year surplus of £2m. The current forecast for the full year is in line with budget. Current year budget includes £4.0m of in year savings from CIP schemes number, where one scheme in particular is still in development. QIPP is being forecast to deliver £3.9m, though agreement of the detailed schemes is still outstanding with the commissioner. CQUIN is being forecast to deliver in full whilst there remains a risk around gaining £330k of this. Gloucestershire County Council (GCC) expenditure figures for the internal Service Level Agreement (SLA) are in line with budget but external care spend forecasts are currently forecast at £6.95m over budget after a particularly high level of spend in November. Significant work is currently going into understanding this overspend more fully and delivering on action plans to reduce inefficiency and implement more robust financial controls.	
Options and decisions required	The Board is asked to note the current position and implications for the Trust.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
	3. Provide innovative community services that deliver health and social care together	
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X

Next steps/future actions	• Develop remaining CIP plan and push budget adjustments into local budgets
	• Agree risk share with the commissioners on QIPP schemes
	• Agree payment of CQUIN £330k through collaborative arrangements
	• Implement further benchmarking reports through ESSBASE
	• Manage one off spend associated with PDC holiday
	• Continue to develop external care recovery plan to enable better a reduction in the current overspend
	• Prepare and submit plans for 2014/15 including CIP initiatives and capital plans
	• Resolve remaining items for 2013/14 and agree contracts for 2014/15 with commissioning organisations

Author name and title	Stuart Bird Deputy Director of Finance	**Director Name and Title**	Glyn Howells Director of Finance

Meeting of Gloucestershire Care NHS Trust Board
To be held on: 21 January 2014
Location: Dowty Sports and Social Club

Agenda item 10: Finance Report

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

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

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

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

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

4. Discussion of Issues

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

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

The issues and plans to address are detailed below.

5. Key Findings and Actions

Historical Financial Performance

Annual Plan

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

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

			£000s
	Income	Cost	Surplus / Deficit
Plan	101,990	99,990	2,000
Budget (M8)	104,081	102,081	2,000
Plan v Budget (M8)	2,091	2,091	0
S75 OT higher than LTFM assumptions	856	856	0
Additional PH Nurse Training	150	150	0
Additional funding for education training and research from NMET	558	558	0
Other (multiple small items)	527	527	0
Explained by:	2,091	2,091	0

Decisions are awaited on a number of significant funding matters that will move budget away from plan to an even larger extent when recognised in the position (eg ICT enhancement, inpatient staffing and funding for depreciation and capital charges). These items are expected to be agreed during January 2014.

Budget Monitoring

The performance against budget is tracked and reported against individual localities and cost centres. Budget monitoring reports are now generated from ESSBASE each month with "books" of management accounting information produced for the operational directors and locality managers. All reports are being cascaded down through the organisation so budget holders and their managers will receive consistent performance to date and full year forecast out-turn positions.

For the executive team, as well as their own area detail a Trust summary is now being produced including headcount and worked whole time equivalent (WTE) information and a quarterly summary of performance. These Trust level reports are attached at Appendix 3 including a quarterly analysis.

Work continues to net off historical cost pressures and underspends to provide ever more accurate achievable budgets for budget holders to work to. Much of the work is now complete though progress continues to be hampered by staffing issues within the Finance Team, which are providing significant issues with capacity. This work is expected to be complete by the end of month 10 to enable clarity in end of year reporting and to help with the preparation of 2014/15 budgets.

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

Performance in Achieving Cost Improvement Plans
For 2013/14 the CIP target is £4.7m of recurrent savings of which £4.0m is required to be delivered in year to enable delivery of the planned £2m surplus. The latest CIP tracker for 2013/14 is attached as Appendix 1 to this report. CIP plans for 2014/15 are now being planned and developed in conjunction with operational and strategic planning.

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

The 2013/14 benefits for the largest scheme (Mobile Working) are now being adjusted within service budgets and will be included in the reported figures at the end of month 10.

Alongside this increased capacity being removed from budgets, a detailed piece of analysis is being completed for each integrated community team (20 in total) to map the future structure of the team by profession and band, including the impact of the soon to be commissioned ICT enhancements against the current staffing after adjusting for the improvement in productivity through mobile working.

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

The current forecast position includes £2m of benefit from CIP schemes and a further £2m of non-recurrent savings to deliver the £2m surplus. Introducing a managed vacancy factor will allow the transfer of circa £800k from non-recurrent to recurrent savings. This work is being undertaken in January.

QIPP

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

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

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

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

CQUIN

The Trust has had CQUINs agreed by the CCG though not yet varied into the contract. We have however identified an issue in that under the contract the Trust is entitled to £2,076k CQUINs and the CCG has only valued the CQUINs it has agreed with the Trust at £1,746k. The gap of £330k relates to 2.5% of the contract value for contracts that the CCG is administering through the main contract on behalf of other commissioners. This was raised at the August Contract Board and the CCG is attempting to get agreement through their collaborative agreements with the other commissioners for the CCG schemes to be prorated up rather than requiring additional schemes to be identified and delivered at this stage of the year.

The CCG has had the first meeting with other commissioners to agree approach to gaps in current year CQUIN. We await an update on the outcome of these meetings.

New Business

The request from the CCG that the Trust expand the level of the services in Integrated Community Teams that was referred to in the previous Finance Report has now been confirmed in writing. Detailed plans are being drawn up within the Trust and once all recruitment trajectories have been finalised a variation to the contract will be drawn up. In year this is likely to be less than

£1m but £3.9m recurrently. Detailed planning has identified some funding gaps that are being discussed with commissioners.

Capital Spend

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

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

Tewkesbury Hospital opened later than planned (October 7th) following issues identified during the latter stages of construction. The matter of damages for delays is being pursued in line with the contract.

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

The current forecast for capital spend is in line with plan. Detailed analysis of forecast versus plan is presented in detail in a separate report to the Performance and Resources Committee. Further invest to save ideas area being sought from operations staff during Quarter 4 to inform the capital expenditure spend in the final months of the year and to identify longer term requirements and phasing for 2014/15 and beyond.

GCC SLA
Appendix 4 to this report contains the latest (Month 8) information available to the Trust.

A separate report has also been prepared (Part 2, Agenda Item 6) regarding the current financial position on external care spend.

6.   Financial implications

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

The TDA has confirmed that in our first year of existence, in line with Transforming Community Services guidelines, the Trust will not be charged for public dividend capital (PDC). The impact of this has now been evaluated and the Exec team has now agreed suitable uses of these monies on a non-recurrent basis to either drive up quality or accelerate cost improvements. A

number of new cost centres have been created with non-recurrent cost budgets to be used in 2013/14. These will be tracked and monitored by the executive and the Performance and Resources Committee will be updated regularly on progress. £0.8m was held back from the PDC holiday as an additional reserve against the risks referred to in section 9 of this report.

7. Implementation and Review of Progress

Income and expenditure position

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

	Year to Date			Full Year 2013/14		
	Actual	**Budget**	**Actual v Budget**	**Forecast**	**Budget**	**Forecast vs Budget**
Cheltenham & Cotswold	(7,459)	(7,035)	(423)	(11,255)	(10,555)	(701)
Gloucester & Stroud	(7,314)	(6,965)	(349)	(11,385)	(10,442)	(943)
Forest & Tewkesbury	(6,960)	(6,691)	(269)	(10,507)	(10,022)	(484)
Unscheduled Care	(4,404)	(4,642)	238	(7,057)	(6,964)	(92)
Specialist Nursing	(1,707)	(1,760)	53	(2,654)	(2,640)	(13)
Adult Services	**(27,843)**	**(27,094)**	**(750)**	**(42,858)**	**(40,624)**	**(2,234)**
Children, Family & Young People	(7,144)	(7,406)	262	(10,846)	(11,111)	265
Countywide	(10,244)	(10,408)	164	(15,520)	(15,613)	93
Children & Countywide Services	**(17,389)**	**(17,814)**	**426**	**(26,366)**	**(26,723)**	**357**
Clinical Quality & Development	(1,283)	(1,348)	65	(1,906)	(2,023)	117
Estates, Facilities & Hotel Services	(3,241)	(3,063)	(178)	(4,791)	(4,596)	(195)
Central Income	59,611	58,398	1,213	89,279	87,597	1,682
Total Operations	**9,854**	**9,078**	**776**	**13,359**	**13,631**	**(273)**
Corporate	(6,407)	(6,268)	(139)	(9,592)	(9,353)	(239)
Corporate Projects	(230)	(669)	438	(1,421)	(2,006)	585
Recharges	(878)	(443)	(435)	(1,366)	(665)	(701)
Savings	(21)	1,500	(1,521)	3,210	3,178	32
Reserves	(179)	(1,906)	1,727	(2,194)	(2,786)	592
Unallocated	4	0	4	4	0	4
Total Overheads	**(7,712)**	**(7,786)**	**74**	**(11,359)**	**(11,631)**	**273**
Total Trust	**2,143**	**1,292**	**850**	**2,000**	**2,000**	**(0)**

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

The full year overspend in Gloucester and Stroud is due to higher costs of running The Vale Hospital which is being funded non-recurrently at present

and additional costs of inpatient staffing where funding has not yet been agreed with the commissioner but is expected to be confirmed shortly. Approximately £750k of the overspend is offset by additional income in Central Income while the remainder is the agency premium introduced by changing staffing levels before substantive staff were in post.

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

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

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

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

Budgeted reserves are expected to be adjusted during month 10 reporting when depreciation and capital charges are finalised after receipt of opening balances. The current working assumption is that any underfunding in the opening budget for depreciation and capital charges (mainly regarding assets transferred to NHS property services and upon which the Trust will now pay rent) will be added to the block contract funding from Gloucestershire CCG.

Forecast reserves currently include non-recurrent elements that will be used to offset under delivery of CIP in year. The amount available to offset under delivery on CIP, CQUIN and QIPP is now approx. £2.2m. The comparable figure at the previous month end was £2.4m and the difference relates to increases in ward staffing costs that are not expected to be recovered from the CCG.

Working capital and cash

Cash position is on plan with regularly updated forecasts and robust cash collection procedures in place to bring monies due to the Trust in from commissioners. Over 95% of monthly Trust income is now received on or before the tenth working day of the month. End of November cash balance was £7.2m compared to plan level of £4.1m.

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

8. Legal Implications
None

9. Risk Implications

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

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

It is critical that the risk on QIPP is finalised in January so that more assurance can be given to the Board regarding the ability of the Trust to achieve its planned surplus.

10. Implications for Health Inequalities
None

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)
None

12. Consultation and Communication including Public Involvement
None

13. Links to:
Objectives 5 and 6.

Prepared by: **Stuart Bird**

Presented by: **Glyn Howells**

Appendices

Appendix 1   Cost improvement plan (CIP) tracker
Appendix 2   CQUIN
Appendix 3   Trust finance overview (including quarterly analysis)
Appendix 4   GCC Summary
Appendix 5   QIPP

T.L.C. PROGRAMME - FINANCIAL BENEFITS TRACKER

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

Managed Vacancy CIP to be added

CQUIN PERFORMANCE SCORECARD

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

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

Key to traffic lights:

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

thresholds to be developed

GCSNHST - Income & Expenditure £k - 2013/14

	Actual	Budget	Actual v Budget	Actual/Forecast					Budget					Forecast vs Budget				
	YTD(Nov)	YTD(Nov)	YTD(Nov)	Qtr1	Qtr2	Qtr3	Qtr4	Full Year	Qtr1	Qtr2	Qtr3	Qtr4	Full Year	Qtr1	Qtr2	Qtr3	Qtr4	Full Year
Primary Care Trusts	60,402	59,173	1,230	22,283	23,058	22,642	22,753	90,737	22,066	22,377	22,126	22,190	88,760	218	681	516	563	1,977
Foundation Trusts	4,018	4,175	(157)	1,501	1,548	1,603	1,901	6,553	1,472	1,553	1,725	1,725	6,475	29	(5)	(122)	176	78
Local Authorities	4,120	3,605	515	1,389	1,708	1,496	1,421	6,015	1,551	1,159	1,320	1,278	5,308	(162)	549	176	144	707
Road Traffic Act	141	187	(46)	20	61	83	67	231	70	70	70	70	281	(51)	(9)	12	(3)	(50)
Non NHS: Other	1,134	1,093	41	383	433	421	311	1,549	419	430	380	407	1,635	(36)	3	42	(95)	(86)
Education Training and Research	611	432	179	167	232	304	237	940	126	103	306	311	846	41	128	(2)	(73)	94
Non-NHS: Private Patients	0	0	0	0	1	(0)	0	0	0	0	0	0	0	0	1	(0)	0	0
NHS Other	83	36	47	0	62	30	27	118	0	0	40	13	53	0	62	(11)	13	65
Charitable and Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income Generation excl. Balance Sheet	317	482	(165)	174	190	(0)	139	502	187	187	168	181	723	(13)	3	(169)	(42)	(221)
Income excl. Balance Sheet	**70,826**	**69,182**	**1,644**	**25,916**	**27,293**	**26,579**	**26,858**	**106,645**	**25,891**	**25,880**	**26,136**	**26,175**	**104,081**	**25**	**1,413**	**442**	**683**	**2,564**
Administrative Staff	6,190	6,373	183	2,295	2,312	2,421	2,587	9,616	2,424	2,359	2,373	2,355	9,511	129	47	(48)	(232)	(104)
Clinical Services & Supplies (Pay)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical & Dental	4,069	4,526	457	1,528	1,526	1,594	1,666	6,314	1,712	1,707	1,673	1,698	6,790	185	181	79	32	476
GMS Non Discretionary (Pay)	0	0	(0)	0	0	0	0	0	0	0	0	0	0	0	(0)	0	0	(0)
Healthcare Assistants & Other Support	6,497	6,410	(87)	2,442	2,458	2,427	2,466	9,793	2,483	2,345	2,386	2,412	9,626	41	(112)	(41)	(54)	(167)
Non Executive Directors	38	46	8	15	13	15	18	62	17	17	17	17	68	2	4	2	(1)	7
Non Trust Staff	2,105	356	(1,749)	449	922	1,077	609	3,057	108	108	209	209	634	(341)	(814)	(868)	(400)	(2,423)
Nursing , Midwifery & Healthy Living	18,748	19,176	428	6,954	6,995	7,347	7,798	29,095	7,058	7,214	7,372	7,407	29,052	103	219	25	(390)	(43)
Savings / Reserves (Pay)	64	(124)	(187)	24	23	(337)	(1,026)	(1,316)	24	164	(471)	(683)	(966)	0	140	(134)	343	350
Scientific,Therapeutic & Technical	10,079	10,631	552	3,719	3,768	3,903	4,053	15,444	3,970	3,999	3,988	3,981	15,938	251	231	86	(73)	495
Senior Managers and Managers	2,862	3,265	403	964	1,337	974	1,051	4,326	1,208	1,217	1,244	1,214	4,884	243	(120)	271	164	558
Pay	**50,651**	**50,658**	**8**	**18,391**	**19,356**	**19,421**	**19,223**	**76,390**	**19,005**	**19,131**	**18,792**	**18,610**	**75,538**	**613**	**(224)**	**(629)**	**(612)**	**(853)**
Clinical Services & Supplies (Non Pay)	3,042	3,564	521	1,029	1,106	1,292	1,161	4,588	1,341	1,335	1,329	1,326	5,332	313	228	38	165	744
Establishment Expenses	2,073	1,696	(376)	626	850	783	562	2,822	661	611	637	640	2,549	34	(239)	(146)	78	(273)
External Contract Staff	499	317	(182)	107	179	302	224	811	62	106	219	208	595	(45)	(73)	(83)	(15)	(216)
General Services & Supplies	948	718	(230)	529	269	219	207	1,224	271	267	269	271	1,078	(258)	(1)	50	64	(146)
GMS Discretionary	28	28	0	10	10	10	10	42	10	10	10	10	42	0	0	0	0	0
GMS Non Discretionary (Non Pay)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New GMS Contract (Non Pay)	143	243	100	45	61	68	90	263	91	91	91	91	365	47	30	23	1	101
New PMS Contract	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non H/Care from NHS Bodies	5,496	3,924	(1,572)	1,898	1,830	2,449	2,042	8,218	1,527	1,428	1,459	1,469	5,883	(371)	(403)	(989)	(573)	(2,336)
Non Pay Commissioning	1,130	1,107	(23)	1,297	(453)	431	432	1,706	1,292	(462)	415	415	1,661	(4)	(9)	(15)	(17)	(45)
Prescribing	130	122	(8)	50	48	49	50	196	70	23	45	46	183	20	(25)	(4)	(4)	(13)
Purchase Healthcare Non NHS	218	233	15	65	78	133	174	449	84	91	87	87	349	19	13	(46)	(86)	(100)
Premises & Fixed Plant	3,099	2,601	(498)	1,019	1,029	1,472	1,255	4,775	923	985	1,039	1,040	3,987	(96)	(44)	(433)	(215)	(788)
Reserves - incl. Depn Adj	267	267	0	100	100	100	100	400	100	100	100	100	400	0	0	0	0	0
Misc Services excl. Balance Sheet	961	2,412	1,451	290	457	2,197	(184)	2,761	714	984	1,085	1,339	4,121	424	527	(1,112)	1,522	1,361
Non Pay excl. Balance Sheet	**18,033**	**17,231**	**(801)**	**7,063**	**5,564**	**9,504**	**6,123**	**28,255**	**7,146**	**5,568**	**6,786**	**7,043**	**26,543**	**82**	**4**	**(2,718)**	**920**	**(1,712)**
Expenditure excl. Balance Sheet	**68,683**	**67,890**	**(793)**	**25,455**	**24,920**	**28,925**	**25,346**	**104,645**	**26,151**	**24,700**	**25,578**	**25,653**	**102,081**	**696**	**(220)**	**(3,347)**	**307**	**(2,564)**
Surplus/(Deficit) excl. Balance Sheet	**2,143**	**1,292**	**850**	**461**	**2,373**	**(2,346)**	**1,512**	**2,000**	**(260)**	**1,180**	**558**	**522**	**2,000**	**721**	**1,193**	**(2,905)**	**990**	**(0)**

NHS Trust - Summary by Cost Centre Group - Surplus/(Deficit) £k - 2013/14

	YTD(Nov)			Forecast					Budget					Forecast vs Budget				
	Actual	Budget	Actual v Budget	Qtr1	Qtr2	Qtr3	Qtr4	Full Year	Qtr1	Qtr2	Qtr3	Qtr4	Full Year	Qtr1	Qtr2	Qtr3	Qtr4	Full Year
Cheltenham & Cotswold	(7,459)	(7,035)	(423)	(2,628)	(2,864)	(2,924)	(2,839)	(11,255)	(2,491)	(2,786)	(2,637)	(2,641)	(10,555)	(137)	(78)	(287)	(198)	(701)
Gloucester & Stroud	(7,314)	(6,965)	(349)	(2,499)	(2,679)	(3,198)	(3,008)	(11,385)	(2,623)	(2,606)	(2,605)	(2,608)	(10,442)	123	(73)	(594)	(400)	(943)
Forest & Tewkesbury	(6,960)	(6,691)	(269)	(2,454)	(2,623)	(2,771)	(2,659)	(10,507)	(2,491)	(2,524)	(2,507)	(2,499)	(10,022)	37	(99)	(264)	(159)	(484)
Unscheduled Care	(4,404)	(4,642)	238	(1,611)	(1,630)	(1,832)	(1,983)	(7,057)	(1,740)	(1,763)	(1,719)	(1,742)	(6,964)	129	134	(113)	(242)	(92)
Specialist Nursing	(1,707)	(1,760)	53	(594)	(671)	(698)	(692)	(2,654)	(660)	(660)	(660)	(661)	(2,640)	66	(11)	(38)	(31)	(13)
Adult Services	**(27,843)**	**(27,094)**	**(750)**	**(9,787)**	**(10,466)**	**(11,423)**	**(11,181)**	**(42,858)**	**(10,005)**	**(10,340)**	**(10,128)**	**(10,151)**	**(40,624)**	**218**	**(126)**	**(1,295)**	**(1,030)**	**(2,234)**
Children, Family & Young People	(7,144)	(7,406)	262	(2,755)	(2,626)	(2,679)	(2,785)	(10,846)	(2,972)	(2,583)	(2,777)	(2,778)	(11,111)	217	(44)	98	(7)	265
Countywide	(10,244)	(10,408)	164	(3,748)	(3,840)	(3,952)	(3,980)	(15,520)	(3,877)	(3,908)	(3,924)	(3,904)	(15,613)	129	68	(28)	(76)	93
Children & Countywide Services	**(17,389)**	**(17,814)**	**426**	**(6,503)**	**(6,466)**	**(6,631)**	**(6,766)**	**(26,366)**	**(6,849)**	**(6,491)**	**(6,701)**	**(6,683)**	**(26,723)**	**346**	**25**	**70**	**(83)**	**357**
Clinical Quality & Development	(1,283)	(1,348)	65	(417)	(493)	(527)	(469)	(1,906)	(492)	(519)	(506)	(506)	(2,023)	74	27	(21)	37	117
Estates, Facilities & Hotel Services	(3,241)	(3,063)	(178)	(1,080)	(1,143)	(1,406)	(1,162)	(4,791)	(1,145)	(1,152)	(1,149)	(1,150)	(4,596)	65	9	(257)	(12)	(195)
Central Income	59,611	58,398	1,213	21,853	22,896	22,298	22,233	89,279	21,853	21,945	21,899	21,900	87,597	(1)	951	399	333	1,682
Total Operations	**9,854**	**9,078**	**776**	**4,065**	**4,327**	**2,311**	**2,655**	**13,359**	**3,362**	**3,443**	**3,416**	**3,410**	**13,631**	**703**	**885**	**(1,105)**	**(755)**	**(273)**
Corporate	(6,407)	(6,268)	(139)	(3,206)	(1,842)	(2,221)	(2,322)	(9,592)	(3,337)	(1,385)	(2,316)	(2,314)	(9,353)	131	(457)	95	(8)	(239)
Corporate Projects	(230)	(669)	438	0	0	(512)	(909)	(1,421)	0	0	(1,003)	(1,003)	(2,006)	0	0	491	94	585
Recharges	(878)	(443)	(435)	(179)	(48)	(773)	(366)	(1,366)	(166)	(166)	(166)	(166)	(665)	(13)	118	(607)	(199)	(701)
Savings	(21)	1,500	(1,521)	0	(14)	795	2,428	3,210	217	708	877	1,377	3,178	(217)	(722)	(82)	1,052	32
Reserves	(179)	(1,906)	1,727	(212)	(52)	(1,955)	25	(2,194)	(335)	(1,419)	(249)	(782)	(2,786)	123	1,368	(1,706)	807	592
Unallocated	4	0	4	(6)	1	9	0	4	0	0	0	0	0	(6)	1	9	0	4
Total Overheads	**(7,712)**	**(7,786)**	**74**	**(3,603)**	**(1,954)**	**(4,657)**	**(1,143)**	**(11,359)**	**(3,622)**	**(2,263)**	**(2,858)**	**(2,889)**	**(11,631)**	**19**	**308**	**(1,800)**	**1,745**	**273**
Total Trust	**2,143**	**1,292**	**850**	**461**	**2,373**	**(2,346)**	**1,512**	**2,000**	**(260)**	**1,180**	**558**	**522**	**2,000**	**721**	**1,193**	**(2,905)**	**990**	**(0)**

2013/14 Revenue Budget Monitoring Report - ATTACHMENT 1
Joint Director Care Services
Net Budget Analysis
30th November 2013

Service Area	Budget Manager	Full Year Budget	Forecast Outturn	Variance		Prev. Mth's Forecast Variance	
Services for Adults		£000	£000	Total £000	%	Total £000	Change £000
Care Services SLA							
Director - Care Services	Sue Field	882	928	46	5.2%	22	24
Locality Manager - Gloucester	Rosi Shepherd	3,501	3,441	-60	-1.7%	-28	-32
Locality Manager - Stroud	Rosi Shepherd	2,459	2,634	175	7.1%	199	-24
Locality Manager - Cheltenham	Caroline Holmes	2,663	2,339	-324	-12.2%	-260	-64
Locality Manager - Cotswold	Caroline Holmes	2,021	1,932	-89	-4.4%	-48	-41
Locality Manager - Forest	Margy Fowler	2,194	2,355	161	7.3%	179	-18
Locality Manager - Tewkesbury	Margy Fowler	2,234	2,008	-226	-10.1%	-229	3
Countywide Services Manager	Rosi Shepherd	2,782	2,554	-228	-8.2%	-225	-3
SLA Meeting Agreed Adjustment							0
Total - SLA		**18,736**	**18,191**	**-545**	**-2.9%**	**-390**	**-155**
External Care	**Responsible Manager**						
External Care - OP							
Locality Manager - Gloucester	Rosi Shepherd	9,297	10,490	1,193	12.8%	1,097	96
Locality Manager - Stroud	Rosi Shepherd	9,363	10,425	1,062	11.3%	991	71
Locality Manager - Cheltenham	Caroline Holmes	7,447	8,205	758	10.2%	608	150
Locality Manager - Cotswold	Caroline Holmes	6,746	7,601	855	12.7%	854	1
Locality Manager - Forest	Margy Fowler	6,839	7,291	452	6.6%	382	70
Locality Manager - Tewkesbury	Margy Fowler	5,514	6,186	672	12.2%	515	157
SLA Meeting Agreed Adjustment		0	-300	-300	-	0	-300
Total - External Care - OP		**45,206**	**49,898**	**4,692**	**10.4%**	**4,447**	**245**
External Care - PD							
Locality Manager - Gloucester	Rosi Shepherd	2,697	3,917	1,220	45.2%	1,135	85
Locality Manager - Stroud	Rosi Shepherd	2,089	2,311	222	10.6%	239	-17
Locality Manager - Cheltenham	Caroline Holmes	2,671	3,379	708	26.5%	688	20
Locality Manager - Cotswold	Caroline Holmes	1,533	1,471	-62	-4.0%	-58	-4
Locality Manager - Forest	Margy Fowler	1,589	1,794	205	12.9%	189	16
Locality Manager - Tewkesbury	Margy Fowler	1,178	1,144	-34	-2.9%	-37	3
Total - External Care - PD		**11,757**	**14,016**	**2,259**	**19.2%**	**2,156**	**103**
Total - External Care		**56,963**	**63,914**	**6,951**	**12.2%**	**6,603**	**348**
Total		**75,699**	**82,105**	**6,406**	**8.5%**	**6,213**	**193**

Gloucestershire Care Services NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	**Integrated Community Teams Programme – Update**	**21st January 2014**
Agenda Item:	**11**	
Purpose of Paper:	This paper outlines progress that has been made to support the development and enhancement of the Integrated Community Teams in Gloucestershire.	
Key Points:	The development of high performing Integrated Care Teams remains a priority for the organisation.	
	A timeline is presented of activity since the last report to the GCS Board in September 2013. An outline of the current position, and the ongoing plans for the remainder of 2014.	
	This work-stream continues to be delivered in collaboration with the Gloucestershire Clinical Commissioning Group (GCCG).	
Options and decisions required	The Board is asked to receive this report for information and assurance.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	✓
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	✓
	3. Provide innovative community services that deliver health and social care together	✓
	4. Work as a valued partner in local communities and across health and social care	✓
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	✓
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	✓
Next steps/future actions	As reported in Section 7 of this report.	

Author name and title	Susan Field Director of Adult Services and Ray Bowden, Programme Manager	**Director Name and Title**	Susan Field Director of Adult Services

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: Tuesday 21st January 2014
Location: Dowty Sports and Social Club

Agenda item 11: Integrated Community Teams Programme – Update

1. Purpose

This paper outlines progress that has been made to support the development and enhancement of Integrated Community Teams in Gloucestershire.

2. Recommendations

The Board is requested to receive this report for information and assurance.

3. Background

A Joint Case for Change and initial Provider service model to strengthen the existing 20 adult health and social care integrated teams (ICTs), managed by Gloucestershire Care Services NHS Trust (GCS), was developed and agreed in July 2013. An update on this Case for Change was presented to the Board on 10th September 2013 and highlighted a number of challenges:

- Tight timescales
- Recruitment dependency
- The uniqueness of Gloucestershire (implementing a medical model in a health and social care setting)

The Board report highlighted that initial planning work "*would focus on the Rapid Response and Single Point of Clinical Access (SPCA) elements of the implementation, with future planning phases looking at increased functionality such as the High Intensity Service (HIS)*".

Importantly, in terms of risk management, it was highlighted that:

"*(As) the current plans phase the implementation of functionality such that the Rapid Response and 24/7 Single Point of Clinical Access components will be implemented first, with the High Intensity component following at a later date. This raises risks around:*

- *the scope of patient management*
- *the volume of admission avoidance possible*
- *passing clinical information down (and up) the triangle as different components are on different IT systems and will be for some time*"

As a result of this first phase of planning it soon became apparent that the original implementation timetable as documented in the Case for Change was completely unachievable, and that the earliest the first phase of functionality (Rapid Response and SPCA) could be implemented in one locality was January 2014.

Below is a short chronology of events since then:

Date	Action
5th September	Meeting between GCS and the GCCG to discuss the GCS planning outcomes (as presented in the Board report on 10th September): ➢ Implementation in October not an option ➢ Earliest implementation would be January 2014 in Gloucester, and that would be Rapid Response and SPCA only, not HIS. This was declined by the GCCG, who insisted that any implementation had to be Rapid Response **and** High Intensity Service, and had to match the substantive model outlined within the Case for Change Business Case. Agreement by GCS to review the plans – this happened between 5th and 23rd September.
23rd September	Follow up meeting between GCS and the GCCG to discuss the planning review outcomes. Even though it was a risk to GCS, an offer was made to deliver a Rapid Response and a High Intensity Service in Gloucester in January (followed by Cheltenham in February) using the group of staff we had recruited to provide the Rapid Response service countywide. This is not the substantive model in the Case for Change, as it is using highly skilled Rapid Response staff (Band 6s and 7s) to deliver High Intensity Services (usually provided by Band 5s and 3s) This was accepted by the GCCG and all subsequent planning was based on this as a 'go live' position.
1st October	GCS presented this 'go live' position at the ICT Steering Group (attended by GCCG, GCS, GHFT, etc) where it was accepted.

October	In planning the transition from the agreed 'go live' model above to the substantive model (as documented in the Case for Change), three major issues emerged with the ICT Case for Change itself:
	
	  ❯ A budget line was in the incorrect place – this was raised with the GCCG
	  ❯ No funding in the budget for the daytime / weekend / bank holiday High Intensity Service (creating a significant gap) – this was disputed by the GCCG, who had made an assumption that this would be funded by GCS productivity savings.
	  ❯ Costings around the overnight urgent response service ('sitting' service) required remodelling in light of funding gaps identified.
	
	Until these issues were resolved, no further recruitment took place.

October/November	Recognising that the Case for Change was no longer financially viable, GCS endeavoured to find a model that would be financially viable:
	
	  ❯ Assumptions around ICT visiting frequencies and times were changed
	  ❯ Skill mixes were reviewed
	  ❯ Assumptions around time spent in the Rapid Response and High Intensity Services were tested and re-modelled
	
	Unfortunately, there was no identified model that was within the Case for Change financial envelope of £3.9 million.

November	Despite the financial issues, work continued in GCS towards implementation of the agreed 'go live' position on the 8th January:
	
	  ❯ Detailed operational and logistical work on how GCS could provide a RR and HIS service with a group of RR staff
	  ❯ Outcomes of staff consultation on the Community Nurse changes reported within the implementation plan for revised working patterns due to commence April 2014
	  ❯ Work with Clinicians to develop the six clinical pathways: Delirium/Confusional state; Urinary Tract Infections; COPD; IV Therapies; Falls Management;

	Palliative Care in Crisis ➢ Detailed communications work ('go live' packs, GP and stakeholder communications, etc) and attendance at many GP events in partnership with the GCCG ➢ IT changes (to Adastra) ➢ Workshops with staff who helped develop and refine the new ICT RR and HIS Processes (a mixture of full day, half day, weekly workshops with a broad range of staff) ➢ Process mapping ➢ Rapid response team induction and training ➢ Table top exercises about patient flows and processes commenced. Refinement continues and further table top exercises are planned throughout January 2014 ➢ Work on the Key Performance Indicators (KPIs) and Service specifications
December	GCCG Governing Body notified GCS that 8th January 2014 'go live' date would not progress. A revised 'go live' date was agreed with GCCG mid-December 2013. Reinstated weekly co-production meetings with the GCCG. Performance metrics for Rapid Response and High Intensity Service activity broadly finalised with GCCG.

4. Discussion of Issues

As a result of the detailed planning work over the last few months there are three key issues:

4.1 Financial Model

The financial model presented in the original Case for Change is no longer viable. Of the three budget errors/miscommunications found (see timeline above), the major one is the funding of the HIS service during the daytime, weekend and Bank Holidays.

Work is ongoing between GCS and the GCCG on resolving this funding gap. This includes more detailed activities. This has now been completed and ready for discussion with the GCCG by the GCS Director of Finance.

4.2 Recruitment

To provide HIS functionality for Gloucester and Cheltenham will require recruitment of a large number of new staff (approximately 20 - mainly Band 5s and Band 3s – mixed skillsets). This recruitment process is currently underway, with an excellent initial response to advert.

The training and educational programme and competency framework work continues with practitioners. This has actively involved other stakeholders including the South Western Ambulance Service NHS Trust (SWAST), internal experts and meetings with GPs and consultants around clinical pathways.

4.3 Rollout to the Rest of the County

The current plans agreed with the GCCG are:

➢ 'Go Live' date for 24/7 SPCA on 22nd January 2014
➢ Implementation in Gloucester locality on the 22nd January 2014
➢ implementation in Cheltenham locality at the end of March 2014 (dependent on progress with the HIS recruitment)
➢ a pause in the rollout to evaluate the Gloucester and Cheltenham locality implementations. Evaluation criteria for this pause still to be agreed with the GCCG over the coming weeks.

This leaves two key pieces of work that require completion:

The 'Pause' period – how long will it be; what the evaluation criteria will be; how will any lessons learnt be absorbed into the subsequent rollout; and how will this impact on the financial elements of the ICTs and Social Care.

Countywide rollout implementation plan – assuming that there is a resolution to the financial modelling issues, there will need to be a realistic rollout plan for the remainder of the County. This will need to take into account local variations, mental health services alignment, KPIs, QIPP targets, etc. This is a large, complex piece of work that will need to be done in a co-production manner with the GCCG and Gloucestershire County Council (GCC).

5. Key Findings and Actions

There are a number of learning points from the ICT development and it is important that these are reviewed and understood so that any learning can be applied to future transformational projects and to Phase Two of the ICT development.

These include:

- The continued building of robust project management arrangements will be vital, both in terms of planning / governance, roles and accountabilities, but also ensuring there is sufficient time allowed to quality control/review before acceptance
- A clear definition of, and some agreed parameters around, co-production with the GCCG
- Availability of resources to deliver the transformational change

There are a number of work-stream plans that need to be agreed in the next couple of weeks:

- Cheltenham Implementation Plan (for March 2014)
- Post-implementation pause plan (for April to September 2014)
- Countywide rollout plans (post September 2014)

This will continue to provide assurance to GCS and the GCCG that the next phase of the Programme is robust and manageable.

6. Financial implications

As reported earlier within this report, GCS continues to work within the parameters of £3.9 million.

7. Implementation and Review of Progress

The strong Programme management and Governance framework that was put in place during September, and agreed in the September Board report, has been fundamental in uncovering the issues in the Case for Change and enabling GCS to implement a much more robust, fully understood model.

In summary there are:

➢ Comprehensive, version controlled plans dating back to August. These were Programme plans (for the whole rollout) and more detailed Implementation Plans for the original January 8th 'go live'. Summary plans were GCCG led.
➢ Risk Logs, Query logs
➢ Version controlled financial models (16 versions) with clarity throughout on assumptions made
➢ Strong Programme Management governance and decision making through a GCS Leadership Group with version controlled and documented agendas/actions/decisions

8. Legal Implications

None associated with the purpose of this report.

9. Risk Implications

Risk implications are covered within this paper.

10. Implications for Health Inequalities

An Equality Impact Assessment has been completed as part of development of the ICT Service Specification and Core Operating Model.

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

An Equality Impact Assessment has now been completed as part of development of the ICT Service Specification and Core Operating Model activities.

12. Consultation and Communication including Public Involvement

There is a GCS communications plan in place which includes engaging with internal and external stakeholders such as GPs and other stakeholders. This work has now been resourced by the organisation's communications team. In addition to this, one of the key performance metrics that GCS has requested is how we will measure and monitor service user experiences as a result of introducing this service. It is anticipated that there will be some 'testing out' of this during the 'pause' phase and with the support of the GCS 'Your Care Your Opinion' group.

It should be acknowledged that the GCCG commenced its 'Joining Up Your Care' public and stakeholder engagement exercise about its 5 year commissioning plan, elements of which include a strong integrated community team focus. This engagement exercise is due to end on 28th February 2014.

13. Links to:

All Trust strategic objectives and:

- Transforming Local Care Programme
- QIPP Programme

Prepared by:
Susan Field, Director of Adult Services, and
Ray Bowden, Programme Manager

Presented by:
Susan Field, Director of Adult Services

Gloucestershire Care Services NHS Trust Board

Title:	Transforming Local Care Programme Update (delivery of CIPs)	21 January 2014	
Agenda Item:	13		
Purpose of Paper:	This paper provides an update on the progress of the Trust's Transforming Local Care (TLC) Programme. The paper provides an update on progress against the Trust's CIP targets, issues arising and key actions agreed.		
Key Points:			
Options and decisions required	Gloucestershire Care Services NHS Trust Board is formally asked to discuss the contents of this report and endorse the proposed Next Steps set out in section 5.		
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x	
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x	
	3. Provide innovative community services that deliver health and social care together	x	
	4. Work as a valued partner in local communities and across health and social care	x	
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x	
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x	
Next steps/future actions	The current review of priority projects and programmes will report to the Executive team with recommendations on: - Projects and Programmes to be taken forward into 2014/15 - The Trust's Programme Management Approach - Governance of priority projects and programmes including Board assurance.		
Author name and title	Andrew Hall, Director of Project Development & Strategy	**Director Name and Title**	Andrew Hall, Director of Project Development & Strategy

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 21 January 2014
Location: Dowty Sports and Social Club

Agenda item 13: Transforming Local Care Programme update (delivery of CIPs)

1.   Purpose

1.1   This paper provides an update on the progress of the Trust's Transforming Local Care (TLC) Programme and the review of the Trust's approach to managing change currently being undertaken by the Director of Project Development and Strategy.

1.2   The paper also provides an update on progress against the Trust's CIP targets, issues arising and key actions agreed.

2.   Recommendations

2.1   Gloucestershire Care Services NHS Trust Board is formally asked to discuss the contents of this report and endorse the proposed Next Steps as set out in section 5.

3.   Background

3.1   The Trust's Transforming Local Care Programme was established in 2012 to deliver its strategic objectives and transformational service development and change over the next five years.

3.2   The Programme is structured into five key themes which include the Trust's priority service change projects for 2013/14.

3.3   Following the Trust's Transforming Local Care Programme Board meeting on 11th October 2013 a review of the Trust's approach to managing change and current priority projects is being undertaken.

4   Discussion of Issues

4.1   As previously reported to Board in October 2013 it is proposed that TLC moves towards a new Programme Management methodology.

4.2   A review has been established to set up the new approach which will make recommendations to the Trust's Executive team on three areas:

-   Priority programmes to be taken forward to deliver the Trust's Strategic Objectives during 2014/15 and 2015/16.

- The programme approach and methodology to deliver agreed priorities, including Gateway Reviews of each programme to provide assurance on deliverability.
- A new governance structure for programmes to replace Transforming Local Care, including how this will provide assurance to Board on achievement against the Trust's objectives.

4.3   Initial findings of the review were reported to the Executive Team in December 2013, with agreement that the overarching priority programmes for 2014/15 will be:

- Integrated Community Teams
- Community Hospitals
- Cost Improvement Programme
- Foundation Trust Programme

4.4   Further work is currently being carried out to establish the requirements for each of these programmes in terms of their delivery, resources, and governance structures. Each programme will then be required to undergo a Gateway Review to provide assurance to the Trust that there is sufficient capacity, stakeholder engagement and detailed planning to ensure successful delivery, before approval is given to move to implementation.

4.5   Whilst the majority of current TLC projects are on target against their delivery milestones there is significant slippage within a number of projects against their CIP targets for 2013/14. A review of each project has been undertaken, led by the Director of Finance and Chief Executive and supported by the PMO, to establish their true potential for the deliverability of CIP targets during the current financial year.

4.6   The CIP review has established that, following mitigating actions against under delivery, a shortfall of around £2m against the Trust's original CIP plans for 2013/14 is forecast. This shortfall is partially offset by a newly identified scheme of having a managed vacancy factor of £800k. However, the shortfall will be carried forward to create a CIP target in 2014/15 of £6.4m.

4.7   The review of programmes will establish how the 2014/15 Cost Improvement Programme target will be delivered through carrying forward current TLC projects into the new programme and establishing further CIP projects of sufficient scope.

5   Key Findings and Actions

Next steps for the review of programmes and CIPs include:

- Director of Project Development & Strategy to provide a proposal to the Trust's Executive Team on the Trust's priority programmes for 2014/15 with a programme management approach to deliver these priorities and a governance structure to replace the Transforming Local Care Programme.

- The PMO will work with operational and corporate services to establish the agreed programmes, including projects to deliver the Trust's CIP target for 2014/15.

- Sign-off for new programmes and governance structures, designed to provide assurance to the Trust's Board, is provided by the Performance and Resources committee.

6   Financial implications

Failure to meet current CIP targets creates a financial risk for the organisation. Current forecasts for CIPs identify a shortfall for 2013/14 of around £1.2m, including the estimated benefit of managed vacancy factor of £800k,. Further work is required to establish the means of delivery for 2014/15 CIP targets, currently estimated at £6.4m.

7   Implementation and Review of Progress

Recommendations from the review of how the Trust currently manages change and CIPs will be made to the Executive team and Performance and Resources committee for approval.

8   Legal Implications

No legal implications have been identified.

9   Risk Implications

Risks related to the TLC Programme and CIPs are reported to the programme board, with mitigating actions agreed and delivered at a project level.

10   Implications for Health Inequalities

Quality Impact Assessments are undertaken and agreed as part of the initiation and sign off process for each TLC project. As part of the development of future projects and programmes, approval for implementation will not be given if there is potential for a negative impact on quality.

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

Equality Impact Assessments are undertaken and agreed as part of the initiation and sign off process for each TLC project. As part of the development of future projects and programmes, approval for implementation will not be given if there is potential for a negative impact on equality.

12   Consultation and Communication including Public Involvement

The TLC Programme Board reports to both the Trust's Executive Tea and Board. Any new governance structures for future change projects and programmes will include means of providing board assurance and include an individual communications plan including requirements for public and patient involvement.

13   Links to:

Finance Report – CIP Tracker

Prepared by: Andrew Hall, Director of Project Development & Strategy

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

Gloucestershire Care Services **NHS**
NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	**Equality Annual Report January 2014**	**21 January 2014**
Agenda Item:	**14**	
Purpose of Paper:	To ask the Board to approve the report for publication by the end of January	
Key Points:	As a public body, we have a legal duty to publish equality information under the Equality Act 2010 (Specific Duties) Regulations 2011. We are required to publish information that demonstrates how we meet our general statutory duties to eliminate discrimination, advance equality of opportunity, and foster good relations between groups. Information must relate both to our workforce and to our service users. This report aims to fulfil our statutory responsibilities and to provide an evidence-based analysis of our equality priorities as an organisation. It informs the work of the Equalities Steering Group and the content of our Equalities Objectives (to be published by April 2014).	
Options and decisions required	The Board is asked to: 1. **Note** the findings in the report; 2. **Propose** amendments and additions where necessary; 3. **Approve** the report for publication by the end of January	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	X
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	X
	3. Provide innovative community services that deliver health and social care together	
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	

Next steps/future actions	The Equalities Steering Group holds its first meeting on 29th January 2014. The Group will use this report to determine its priorities and to develop Equalities Objectives for GCS NHS Trust, in collaboration with our patients, staff and communities.		
	The Group will submit proposed Equalities Objectives to the Board for approval by April 2014.		
	Thereafter, the Group will provide quarterly reports to the Integrated Governance and Quality Committee on progress against its work plan and the Equalities Objectives.		
Author name and Title	Lucy Lea Equality & Diversity Manager	**Director name and Title**	Tina Ricketts Head of HR

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 21 January 2014
Location: Dowty Sports and Social Club

Agenda item 14: Equality Annual Report January 2014

1. Purpose

The report aims to meet the Trust's statutory duties under the Equality Act 2010 to publish equality information. It also aims to provide the Trust with a good understanding of its performance and priorities with regards to advancing equality.

2. Recommendations

The Board is asked to:
1. **Note** the findings in the report;
2. **Propose** amendments and additions where necessary;
3. **Approve** the report for publication by the end of January.

3. Background

The Equality Act 2010 provides protection from discrimination, harassment and victimisation to people covered by nine 'protected characteristics'[1]. The Act also imposes a Public Sector Equality Duty on public authorities to have 'due regard' – in all their activities – to the need to eliminate discrimination, advance equality, and foster good relations between people[2].

The Equality Act 2010 (Specific Duties) Regulations 2011 impose specific duties on public bodies to publish equality information annually and to develop equality objectives.

The Trust is required to publish information by 31st January 2014. The information we publish should demonstrate our compliance with the 'general duty' (the 'due regard' duty set out above). There is limited explicit direction on what information should be published. The Equality & Human Rights Commission (EHRC) has published technical guidance on the legal duty, which states:

"The equality information published should be sufficient to enable those accessing it to reasonably assess how a listed authority has complied with the general equality duty, and enable them to hold the listed authority to account, if necessary."[3]

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[1] The protected characteristics are: age, sex, race, disability, sexual orientation, gender reassignment, marriage & civil partnership, pregnancy & maternity and religion & belief.
[2] Equality Act 2010, Section 149 (1)
[3] Equality Act 2010 Technical Guidance on the Public Sector Equality Duty (England)

EHRC states that the information will differ by organisation, but suggests the following types of information could be published to demonstrate compliance:

1. Records kept of how we have had due regard in making decisions (regarding both services and workforce), including any analysis undertaken and the evidence used.
2. Relevant performance information, especially relating to outcomes, for example, health outcomes for people from different ethnic minorities, and reported incidences of disability-related harassment.
3. Access to and satisfaction with services, including complaints.
4. Any quantitative and qualitative research undertaken, for example patient surveys and focus groups.
5. Details of, and feedback from, any engagement exercises with service users, carers, the public, staff or trade unions.
6. The profile of staff at different grades, levels and rates of pay, including any patterns of occupational segregation and part-time work.
7. The profile of staff at different stages of the employment relationship, including recruitment, training, promotion, and leavers, and the numbers of complaints of discrimination and other prohibited conduct.

4. Discussion of Issues

The report highlights some areas of excellent practice in providing high quality care to vulnerable groups and tailoring services to meet specific needs.

The report also highlights areas of priority for the organisation:

a. Filling information gaps to develop a more thorough understanding of our colleagues and our communities;

   i. This will involve agreeing a core data set that gives us a clear indication of our performance regarding equality

b. Improving our dialogue with communities, especially those who experience social and health inequalities.
c. Nurturing a caring and open culture in our workforce, where people embrace diversity and see it as an opportunity to learn how to deliver a better service.
d. Reviewing the support mechanisms for staff who experience abuse or harassment on the front line, especially where this is largely unavoidable due to a clinical cause, such as dementia.

5. Key Findings and Actions

The Integrated Governance & Quality Committee (IGQC) has scrutinised the report and approved its contents subject to a number of amendments (included in the appended version).

The Equalities Steering Group holds its first meeting on 29th January 2014. The Group will use this report to determine its priorities and to develop Equalities Objectives for GCS NHS Trust, in collaboration with our patients, staff and communities.

6. Financial implications

There may be some financial implications if people request the report in alternative formats. This will be handled through the contract we have with Prestige for Translation & Interpreting Services.

7. Implementation and Review of Progress

The Equalities Steering Group meets bimonthly from January 2014. The Group will develop an equalities action plan based on the findings in this report, and will report back on progress to IGQC on a quarterly basis.

8. Legal Implications

This report helps ensure we comply with our statutory duty to publish information under the Equality Act 2010. It will inform the equalities objectives we are obliged to publish.

9. Risk Implications

Non-compliance with our Equality Act duties risks intervention by the Equality & Human Rights Commission and judicial review proceedings. There is also a reputational risk if we are seen as paying insufficient attention to equalities issues.

More specifically, we are at risk of not involving our colleagues and communities sufficiently in decisions on how we provide services and employment decisions. Engagement will be particularly important to fill some of the gaps in our understanding of how well we are serving particular communities. We risk breaching our public sector equality duties if we fail to demonstrate that we are actively seeking evidence to close the information gaps the report identifies.

10. Equality and Quality implications

This report helps us understand inequalities in health, healthcare and employment and how we can improve the quality of our services and workplaces for all our communities.

11. Consultation and Communication including Public Involvement

We plan to publish this report on our public-facing website in the form of a report in January 2014. We propose engaging with our communities to involve them in identifying priorities and developing equality objectives.

12. Links to:
Organisational Development Strategy
Quality & Performance Scorecard

Prepared by: Lucy Lea, Equality & Diversity Manager

Presented by: Tina Ricketts, Head of HR

Appendices

Appendix 1: Advancing Equality, Embracing Diversity: Gloucestershire Care Services NHS Trust's first equality annual report

Gloucestershire Care Services **NHS**
NHS Trust

Advancing Equality, Embracing Diversity:
Gloucestershire Care Services NHS Trust's first equality annual report

January 2014

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  обращаться

Lucy Lea
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Contents

1. Advancing Equality, Embracing Diversity: The story so far

Gloucestershire Care Services NHS Trust was established in April 2013. This report is a review of the what we know about how well we are advancing equality and embracing diversity, both as an employer and as a provider of community care services in Gloucestershire. The report identifies where we need to focus attention, and where there are gaps in our knowledge. It will inform our equalities objectives and our plan for how we will meet these objectives. It will inform the work of our new Equalities Steering Group.

Here we set out a summary of what we have found out so far:

1. Overall, we are a high achieving Trust, performing well against the national, local and organisational targets expected of us. This is backed up by what our service users say about us. The vast majority are willing to recommend our services to family and friends based on their own experiences.

2. We provide a wide range of services to all people in community settings across Gloucestershire. Some of our services are universal – our data shows that they are usable and used by people from all ages and walks of life.

3. However, many of our services – such as community hospitals and adult community care services – are more likely to be used by people who experience health or social inequalities, such as older people and people with complex or long-term conditions.

4. Our Integrated Community Teams now form the heart of our business. These teams wrap holistic health and social care services around the needs of an individual, with the aim of keeping them healthy and independent at home as much as possible. This model of care is ideally suited to reducing inequalities and catering for extra or different needs.

5. Increasingly, we target some of our services (e.g. dental services, healthy living services) at people with greater need and those in vulnerable groups, such as people with learning disabilities, homeless people, and people from Black and Minority Ethnic (BME) groups.

6. Some people in our communities have told us that they think we have some excellent services which are effective at responding to local needs. However, they feel that this local understanding and responsiveness is not necessarily standard across all our services.

7. People also tell us that they do not know about some of the services we offer, or how to access them. Members of some of our BME communities say that we need to do more to ensure we communicate with them in the right language and formats to help them understand the services available.

8. We know that we have gaps in our understanding of how well we are serving the needs of specific groups of people, including some people with characteristics that are protected under the Equality Act 2010. Specifically, we do not have detailed knowledge about how people's experiences differ based on their disability status, their gender identity, their religion/ belief, or their sexual orientation.

9. We need to improve our engagement with people in our local communities. Some groups will need particular attention, as we do not have a full understanding of what they need from our services. These groups include: children and young people; people with learning disabilities, physical disabilities, and sensory disabilities; transgender people; people who are not 'White British', particularly those from Eastern Europe; and people from the Gypsy and Traveller communities, among others.

10. Our workforce profile is older, with higher proportions of women and 'White British' people than the country as a whole. This follows trends in both the county and the NHS (especially community trusts).

11. However, there are indications from our recruitment and leavers data that these trends are reinforced by the people we are appointing to new roles and those who are choosing to leave the organisation.

12. Previous survey results showed that colleagues are no more likely to experience discrimination or bullying/ harassment than those in other Trusts. However, it is not uncommon for front line staff to experience assault or abuse from patients and/ or their relatives/ carers. In around half of these cases, dementia is a contributory factor.

13. We have no gender pay gap when comparing full-time colleagues' pay. There is a small gender pay gap when we take part-time working into consideration.

14. Analysis of training data for the reporting period shows that there are no notable differences in access to training on the basis of age, race or sex.

15. We have an active network of staff forums which encourage staff to have a say and get involved in the business of the Trust.

16. The findings in this report suggest a number of priorities for the Trust:

    a. Filling information gaps to develop a more thorough understanding of:
        i. Who is using our services by disability, religion, and sexual orientation;
        ii. The experiences of specific groups in our communities, including: children and young people; people with learning disabilities, physical disabilities, and sensory disabilities; transgender people; people who are not 'White British', particularly those from Eastern Europe; and people from the Gypsy and Traveller communities;
        iii. Whether people experience the same high quality of care (performance outcome measures), regardless of their personal characteristics;
        iv. The profile of our workforce by disability, religion/ belief, and sexual orientation, and whether colleagues have different experiences because of these characteristics;
        v. What colleagues at the frontline know about who is using their services, what their needs are, and any gaps in provision.
    b. An improved dialogue with communities, especially those who experience social and health inequalities.
    c. Nurturing a caring and open culture in our workforce, where people embrace diversity and see it as an opportunity to learn how to deliver a better service.
    d. Reviewing the support mechanisms for staff who experience abuse or harassment on the front line, especially where this is largely unavoidable due to a clinical cause such as dementia.

2. About Gloucestershire Care Services NHS Trust

Gloucestershire Care Services NHS Trust was established in April 2013 to provide high quality accessible and responsible community and specialist NHS services across Gloucestershire.

The Trust employs in excess of 2,800 staff, including Nursing, Medical and Dental staff, Allied Health Professionals, Support Staff, Administrative and Clerical Workers. Having worked closely with colleagues in social care for many years, we have now integrated adult health and social care services and manage approximately 800 staff – Social Workers and Reablement Workers – on behalf of Gloucestershire County Council.

We deliver community-based health and social care to people of all ages across Gloucestershire covering a population of approximately 600,000 people.

Throughout 2012-13 a total of 54 different healthcare services were provided by the organisation. These services are delivered in a variety of settings including people's homes, community clinics and community hospitals.
Each year the organisation's staff has more than two million contacts with patients and other service users.

Our services include:

2.1 Integrated Community Teams
Gloucestershire Care Services and Gloucestershire County Council work together to provide integrated health and social care services in Gloucestershire. We are one of the leading Trusts in delivering a truly integrated service.

Community based workers combine to deliver health and social care to adults in the community. The teams include Social Workers, Physiotherapists, Occupational Therapists, Podiatrists, District Nurses and support staff for each profession. This model means that patients are able to recover faster at home with support, they are back in the community with their local support network and they have increased independence and an improved quality of life.

2.2 Community Hospitals and Minor Injuries & Illnesses Units

We manage seven community hospitals, providing a range of services for people 365 days a year. They are Tewkesbury Community Hospital, Dilke Memorial Hospital, Lydney & District Hospital, Stroud General Hospital, Vale Community Hospital, North Cotswold Hospital, Cirencester Hospital (linked to Fairford Hospital).

Each hospital is led by a matron working with a highly-skilled and dedicated team of staff in in-patient wards, out-patient departments and Minor Injuries & Illnesses Units.

2.3 Children and Young Peoples' Services

These services bring together all the specialist community services for children and young people across Gloucestershire. They offer a co-ordinated approach for child health and include the universal children's services of Health Visiting, School Nursing and the Neonatal hearing screening service.

2.4 Countywide Services

We provide a range of specialist community-based services, including:

- Community Dental Services;
- Sexual Health Services;
- Specialist Nursing Services for conditions such as Tuberculosis, Parkinson's Disease and Heart Failure.

2.5 Support Services

The clinical services are supported by a range of corporate functions such as Human Resources, Finance, Performance, Governance and Risk Management, Patient Advocacy and Liaison Service (PALS) and the Patient Experience Service provide liaison with users, their families and carers.

3. About this report

The principal aim of this report is to demonstrate how we have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations across and within our services. These are our duties under s.149 of the Equality Act 2010. Under the Act, we must have particular regard to nine 'protected characteristics': age, disability, gender reassignment, pregnancy/maternity, marriage/ civil partnership, religion/belief, race, sex, and sexual orientation.

A further aim of this report is to identify priorities for future activity. Our newly established Equalities Steering Group will use the findings in this report to frame its work.

We are publishing different types of information:

- Figures and explanations of our overall performance, regarding both services we provide and our employees' experiences. Where possible we look at how these differ by 'protected characteristics', to see whether some groups have better/ poorer access, outcomes or experiences;
- Descriptions of the analysis we have done to establish how our projects, policies and strategies affect people with protected characteristics (these 'Equality Impact Assessments' are published separately to this report on our website);
- Figures and explanations which relate specifically to inequalities and potential discrimination or harassment;
- Views from service users, carers and members of our communities from surveys, workshops and engagement sessions;
- Descriptions of how we address inequalities and potential discrimination or harassment through specific services and initiatives.

A note about the data: One of our main challenges with producing and analysing data on our service delivery is that different services use different systems. We have fairly good data around the protected characteristics of age, race, and sex. However, our data on the other protected characteristics requires further development.

Improving service user equalities data is a priority for the organisation, and we have begun to implement a new system (SystmOne) for most services which should improve data collection and make analysis easier.

Our workforce data is fuller and broader. We have an Electronic Staff Record (ESR) for each individual who works for us. The ESR system lets us record age, disability, marital status, maternity or adoption leave, race, religion/ belief, sex and sexual orientation. We do not currently collect data on gender reassignment amongst our staff. For the purposes of this report, we have conducted anonymised analysis of our workforce based on the data we have relating to 'protected characteristics'. In some cases, numbers are so small that there is a danger that individuals could be identified. We do not report data in these cases.

As we were established in April 2013, we have generally published data from 1st April 2013 up until the writing of this report – September 2013. This gives us 6 months' worth of data, and will provide a baseline for future reports.

Workforce/ staff data is taken from our Electronic Staff Record (ESR) and is a snapshot of the organisation as at 1st October 2013.

A note about terminology: in this report we have used the following terms to refer to different ethnic groups:
- 'White British' – People who describe themselves as white and British;
- 'White non-British' – People who describe themselves as white, but not British. This will include people who are Irish, members of Gypsy and Traveller communities, and people from Eastern European countries. In this report we usually report on this group separately because their needs and experiences are often different from 'White British' people and from more 'visible' ethnic minority groups;
- 'Black/ Minority Ethnic' (or 'BME') – People who from a 'visible' minority ethnic background. This may include mixed/ multiple ethnic groups, Asian/Asian British, Black/ African/ Caribbean/ Black British, and people from other Ethnic Groups.

4. About the communities we serve

Generally speaking, Gloucestershire is a healthy and affluent place to live relative to England as a whole. However, there are significant health and social inequalities between different parts of the county. There are also differences in the profile of our population by age, disability, race, religion and sex both within the county and compared to the national profile.

A fuller description of the 'equality' profile can be found on the internet via this link: http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf.

In summary, the population of Gloucestershire:

- Includes **more older people** than England as a whole[1];
  - And our age profile is older in our more rural districts – Cotswolds and Forest of Dean;
- Includes a **smaller proportion of disabled people** than the English average (16.7% people in Gloucestershire have a long term limiting illness or disability, compared with 17.6% in England);
  - Though the proportion of people with disabilities is higher in Forest of Dean than national average, at 19.6%[2];
- Includes 1 in 10 residents who provide unpaid care to a friend or relative, equivalent to the proportion of unpaid carers in England as a whole[3];
- Includes **slightly more women** (51%) **than men** (49%), reflecting national averages[4]
  - Though there are more women in the upper age ranges, as women have a longer life expectancy than men;
- Includes **fewer people who are single or separated** – but **more people who are married, divorced or widowed** – when compared to the national average.

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[1] ONS (2012) 2011 Census - Table PP04 2011 Census: Usual resident population by single year of age, unrounded estimates, local authorities in England and Wales.
[2] ONS (2012) 2011 Census - KS301EW Health and provision of unpaid care, local authorities in England and Wales.
[3] ONS (2012) 2011 Census - KS301EW Health and provision of unpaid care, local authorities in England and Wales.
[4] ONS (2012) 2011 Census - Table PP05 2011 Census: Male usual resident population by single year of age, unrounded estimates, local authorities in England and Wales. ONS (2012) 2011 Census - Table PP06 2011 Census: Female usual resident population by single year of age, unrounded estimates, local authorities in England and Wales.

The population of Gloucestershire:

- Sees the **largest numbers of live births amongst the 25-34 year old age group**[5], continuing the national trend of later motherhood. There are notable regional variations:
  - Forest of Dean has the highest proportion of births amongst mothers aged 20 or under and exceeds the county and national average.
  - Cotswold has a higher representation of births to mothers aged 35-39 and 40+ than Gloucestershire and the country as a whole.
- Includes **nearly 92% of people who are White British**[6]. Our Black/Ethnic Minority populations are considerably smaller (under 5%) than the national average (14.6%).
  - Gloucester has the highest proportion of people from a Black or Ethnic Minority (10.9%). However this is still considerably lower than the national average.
  - Forest of Dean has the lowest proportion of people from a Black or Ethnic Minority (1.5%).
  - People from a 'white non-British' background are under-represented when compared to the national average, but have higher representation in Cheltenham compared to Gloucestershire and England as a whole.
  - There are, however, notable variations in the ethnic profile of different age groups in Gloucestershire:
    - 9% of children aged 0-4 are not 'White British', compared with 1% of people over 80.
    - The greater proportions of White non-British people are in the 20-29 age group (6.6%) and the 30-39 age group (7%).
    - Figure 1 below shows this in greater detail.
- Includes a **higher proportion of people who are Christian, have no religion or have not stated a religion** than the national average[7]. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.
- Includes 12,698 residents (2%) living in neighbourhoods that are amongst the 10% **most deprived** in England[8].

There is no definitive data on sexual orientation or on gender identity at a local or national level, and we have no information to suggest that the profile by

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[5] NHS Information Centre Indicator Portal (2011) Live Births.
[6] ONS (2012) 2011 Census - KS201EW Ethnic group, local authorities in England and Wales.
[7] ONS (2012) 2011 Census - KS209EW Religion, local authorities in England and Wales
[8] English Indices of Deprivation 2010

sexual orientation or gender identity is different to the national average. The best estimates of population figures at a national – and local – level are:

- Around 5-7% of the population aged 16+ are lesbian, gay or bisexual. This would mean somewhere between 24,500 and 34,300 people in Gloucestershire are lesbian, gay or bisexual[9];

- Between 0.6% and 1% of the UK's adult population experience gender variance to some degree[10].
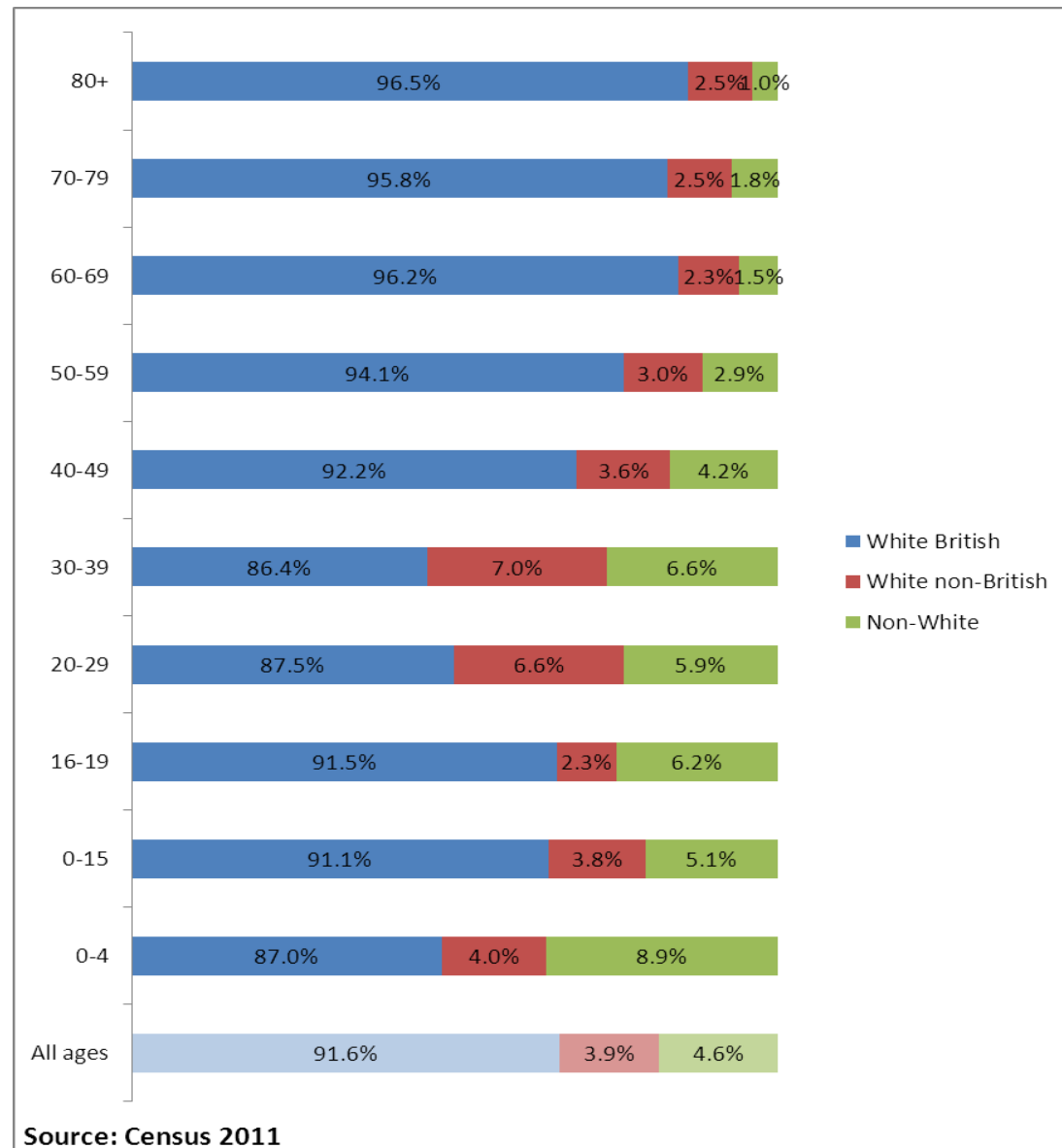
Figure 1: Ethnicity by Age in Gloucestershire

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[9] Stonewall (2009) How many lesbian, gay and bisexual people are there?
[10] Gender Identity Research and Education Society (2011) The Number of Gender Variant People in the UK – Update 2011

5. Advancing equality through our services

5.1 Introduction

From an equality perspective, our role in delivering services is to ensure that, regardless of people's backgrounds, lifestyles or personal characteristics:
1) Our services are accessible to everyone in our communities;
2) All service users receive high quality care that is tailored to their needs;
3) Everyone has positive experiences of our services.

In this part of the report, we set out what we do to achieve these three broad equality aims.

5.2 Accessible services

5.2.1 Use of our services

Appendix A describes the profiles of people who used our services from April-September 2013 by their age, race and sex. When we compare this information with our county profile, it gives us an indication of how well the services are accessed by people from across our communities.

We provide a number of services where we would expect the users to be representative of our county population as a whole in terms of age, race and sex. These services include Health Visiting, Minor Injuries and Illnesses Units and Stop Smoking Services.

The profile of our service users for these universal services often reflects our communities. For example:

- 12% of people using our **Health Visiting Services** were non-'White British', largely reflecting our the ethnic profile of under 5s in Gloucestershire (13% not 'White British'[11]);
- 91.1% of people using **Minor Injuries and Illnesses Units** were 'White British';
- 90% of people using **Stop Smoking Services** were 'White British'.

With most of our services, we expect a narrower group of people to use them. This is because the need or the condition might be more common amongst certain ages (e.g. long-term conditions, dementia, falls, Parkinson's disease,

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[11] Census 2011

mobility issues), ethnic groups (e.g. diabetes, HIV), or sex (e.g. osteoporosis, contraception services).

For example, in this period:

- People over 80 years old make up 70% of our **community hospital** admissions and 57% of those seen by our **district nursing service**. As a result:
  - More were female than male (as women have a longer life expectancy than men);
  - More were 'White British' than in the Gloucestershire population as a whole (the proportion of people who are over 80 and not 'White British' is lower than in the general population).
- There is greater use of our **adult community services** by older people (over 65s);
  - Accordingly, smaller proportions are not 'White British' than in our population as a whole; and
  - In most of these services, there are more women using them than men (there are more older women than older men in our population).
- Nearly everyone who used our **Bone Health service** was over 65, and 44% were over 80;
  - Most (84%) were female, largely because women are more likely to experience problems with their bones (osteoporosis) than men;
- 92% of people seeing our **Parkinson's Nurses** were over 65;
- 28% of people using our **HIV service** were from BME groups (compared to 4.6% of the Gloucestershire population) and 65% were male
  - This echoes national trends – 38% of people newly diagnosed with HIV in 2011 were from BME groups, and 72% of new diagnoses were male in 2012[12].
- People using our **sexual health services** (contraception, HIV, and psychosexual services) have a younger age profile;
- More women than men use our **contraception services** and **psychosexual services**.

There are also indications in the data that through some of our services we are reaching more communities who historically have found it harder to access healthcare. For example:

- Nearly a quarter of people using our **Minor Injuries and Illnesses Units** are under 25. Only a fifth of people in Gloucestershire are under 25;

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[12] Public Health England, Annual New HIV Diagnoses in UK.

- More men than women use our **Minor Injuries and Illnesses Units** (54% men vs. 46% women);
- Higher proportions of people from BME groups use **paediatric services** than in the population at large.

However, there are some notable differences by sex amongst children using some of our paediatric services:

- Health Visitors' patients are more likely to be recorded as female than male (65% female). This is because our information sometimes includes the parent/ carer's sex as well as the child's. Our health visitors predominantly have contact with the mother or a female carer;
- Paediatric Occupational Therapy patients are more likely to be male (68%). Studies demonstrate that there is a higher incidence of developmental co-ordination amongst boys than girls.
- Paediatric Speech & Language Therapy patients are more likely to be male (69%). Research into linguistics and speech disorders show that boys are more susceptible than girls.

Currently we do not have readily available information on our service users' disability status, gender identity, religion/ belief or sexual orientation. We plan to explore how we can fill these data gaps when our new Equalities Steering Group starts up in January.

5.2.2 Waiting times for our services

In general, we are meeting the vast majority of our organisational, local and national targets for waiting times for our services. For example, between April and September 2013:

- 99.9% of people attending our Minor Injuries and Illnesses Units were seen and discharged within 4 hours;
- All our patients waited less than 6 weeks between referral and diagnostic tests;
- Everyone using our adult Speech & Language Therapy, Occupational Therapy, Occasional Wheelchair, Parkinson's Nursing, Diabetic Nursing, and HIV services was treated within 8 weeks;
- The vast majority of adults using other community, specialist and sexual health services was seen within 8 weeks, i.e.:
  - 97% adult physiotherapy patients, 98% podiatry patients, 96% bone health patients, 98% MSKAT patients, and 99% people using our contraception service were seen within 8 weeks.

- 98-100% of children using our paediatric services are seen within 8 weeks.
- The only waiting time target we have not met in this period relates to our psychosexual services (77% treated within 8 weeks against a target of 95%). We have an action plan to address this.

Full details of our performance data can be found on our website under 'Integrated Quality and Performance report' with our monthly Board papers.

So far we have not done analysis on our waiting times to see whether different communities have different experiences. In part this is because there are so few people who have to wait beyond the target waiting times for our services. Analysing the subgroups of such small numbers would not yield meaningful results. However, we recognise that there may be value in conducting further analysis on some of these targets, and in the coming months we intend to work with our operational leads to decide which targets and indicators we should analyse to assess the equality in access to our services.

5.2.3 Taking services to vulnerable communities

We know that some people in our communities need us to take services to them, or design services in different ways, so they can benefit from them. Often these are people who have poorer health and lower life expectancies, such as homeless people, Gypsy and Traveller communities, people with learning disabilities and certain BME groups.

Here are some principles we use in our work to help vulnerable communities benefit from our services and expertise:
- **Putting people in charge**: We work in partnership with organisations and people from across our communities, often inviting members of those communities to set the agenda themselves and help us design how we support them, examples include:
  - Involvement in healthy living workshops with south Asian Communities, including sessions on diabetes and dementia;
  - Managing the Expert Patient Programme in Gloucestershire, where people are coached to manage their long-term conditions with the support of their peers.
- **Going out to where people are**: some people have historically found it hard to use mainstream services. This may be because they do not know about the services, because they are not registered with a GP, because they move around a lot, or because they do not believe the services are

meant for them. We try and make sure our services are placed across the county in community settings wherever appropriate. In some cases, we go further than this and go out to people where they spend time to deliver services, for example:

– We are working with the Traveller Communities in Tewkesbury and Gloucester to provide healthy living advice and information. This involves working with the Traveller Community Link Worker from Gloucestershire County Council and building up trust within the communities;

– We manage the Homeless Healthcare Team which is based at the Vaughn Centre in Gloucester, and provide homeless people with healthcare and advice they might not otherwise receive;

– We run a programme of monthly healthy living talks at events held for older Chinese people in Gloucester and Cheltenham, and for Hindu Elders and Asian ladies in Gloucester;

– We are involved in 'Big Health Check' events for people with learning disabilities.

- **Creative approaches**: in order to reach different audiences with messages on difficult health issues, we use a range of innovative games and techniques. Examples include:

– 'Ageing Naturally Together' (ANT) is a self-directed resource pack based on the principle of a pantomime which older people can put on themselves. It is a light-hearted way of getting across important messages about healthy ageing. Developed by one of our Health Improvement Specialists, it is also an excellent tool for bringing diverse people together and overcoming social isolation;

– 'Swigger' is an alcohol awareness board game for older people which we have used in a wide variety of community settings;

– 'Sock Swap' is happening alongside art workshops with homeless people at the Vaughn Centre in Gloucester. This is an opportunity for people to choose a new pair of socks while our foot-specialist colleagues review their feet and refer clients onto the health team as necessary.

5.2.4 Specialist services for people with extra/different needs
Some of the services we provide are designed for people who cannot easily access mainstream services.

One example is our dental services. We provide dentistry to anyone who has difficulty accessing high street dentists. This includes people with complex

health needs, mental ill-health, learning disabilities, children with special needs, patients with dental phobia, and bariatric patients, amongst others.

Our dental teams have the equipment, expertise and many years' experience to adapt the way they do things to meet service users' needs. Examples include fully accessible premises, wheelchair tipping equipment (for wheelchair users who cannot use a dentist's chair), bariatric dentist's chairs, and a traffic light system to aid communication. Staff are highly trained to deal with challenging behaviours and to communicate with people with learning disabilities to ensure they retain autonomy and dignity. They also are able to dedicate time to patients to overcome their anxieties and help them feel more confident in visiting the dentist and receiving dental treatment.

We also now manage the county's Sensory Services team. This team meets with people who have been newly diagnosed with sight or hearing loss and visits them at home to identify appropriate equipment and services they might need. They work with service users to help them to adapt to life with a sensory impairment, building confidence and helping them remain independent.

Increasingly we are targeting our Stop Smoking services at patients with greatest need, as pharmacists and GPs take on these services for the general population. We now focus on groups who are at greater risk of smoking and related complications, such as pregnant women, manual labourers, BME groups and people with mental ill-health.

5.2.5 Use of Translation & Interpreting Services
According to the 2011 Census, 96.7% of Gloucestershire Residents speak English as their main language, compared with 92% across England as a whole.[13]

Between April and September 2013, we used over 294 hours of face-to-face interpretation, and 7 ½ hours telephone interpretation. Our highest users of interpreting services were from Eastern Europe.

The graphs below show the spread of usage of Translation & Interpreting Services by language:

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[13] 2011 Census: Main language (detailed), local authorities in England and Wales
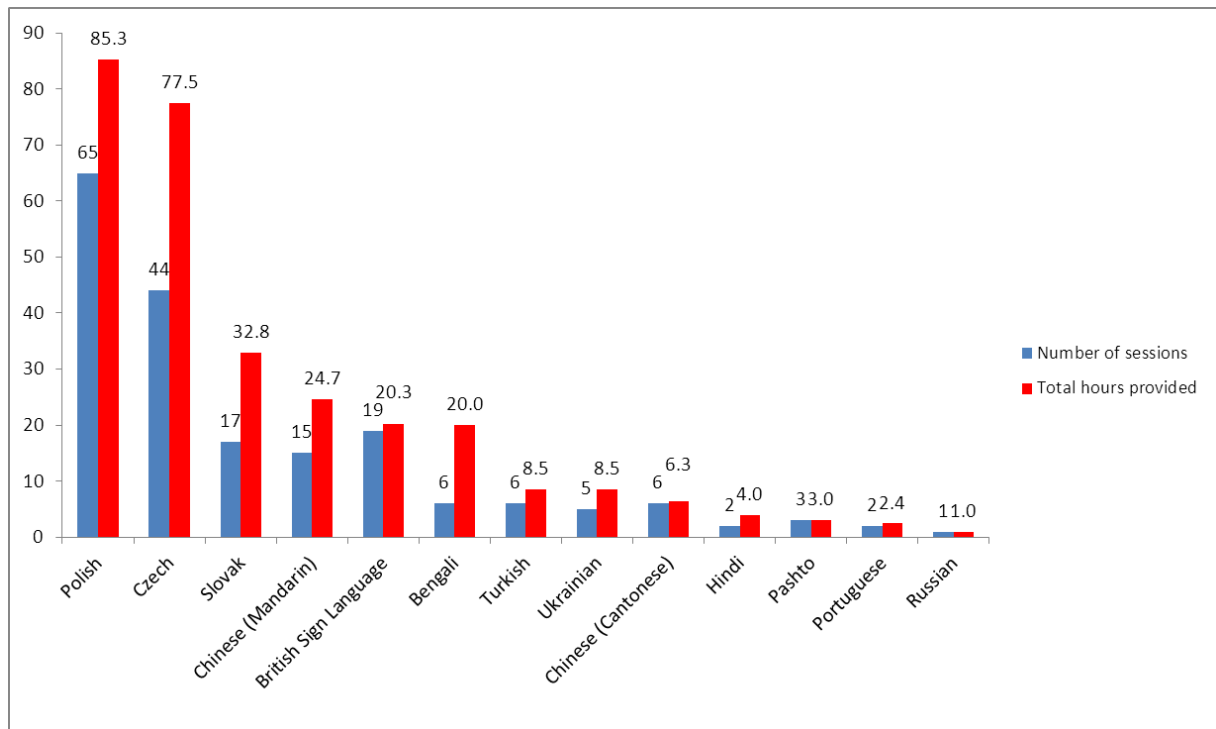
Figure 2: Face-to-face interpretation sessions and time (April-Sept 2013)
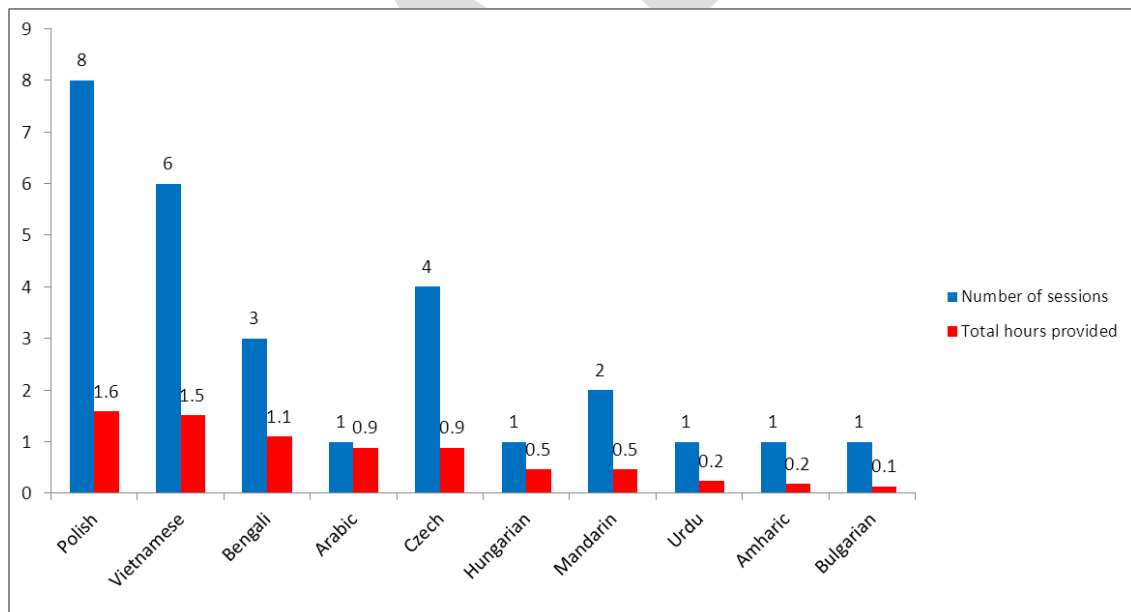
Figure 3: Telephone interpretation sessions and time (April-Sept 2013)

We have some indications that we could provide more information in alternative formats. At a community event in October[14], members of our BME communities said that they thought we should be providing more personalised information and communications materials, appropriate to their needs. Specifically they wanted more information on what services we offer.

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[14] Your Care, Your Opinion event (29th October 2013).

5.3 High quality care, appropriate to needs

We aim to provide the highest standard of care to all our service users. To us, this means:

- High clinical standards, according to best practice;
- Working with the patient;
- Dignity, privacy, and respect;
- Avoiding harm.

'Quality of care' is a complex concept and it is hard to measure. Currently we look at a wide range of clinical outcomes, complaints data, and we ask patients, families and communities about their experiences of the care we provide. It is our intention to establish a clear set of data to measure the extent to which we deliver high quality care to *all* our communities based on their specific needs. This will be one of the core tasks of our new Equalities Steering Group which begins in January 2014. Future reports will include this greater level of detail.

For the purposes of this report, we have provided a narrative description of how we perform against the four principles set out above, including quantitative data where we have it.

5.3.1 High clinical standards, based on best practice

Overall, we are a high achieving Trust, performing well against the national, local and organisational targets expected of us.

We are constantly reviewing how we provide care to ensure it is of the highest standard, and based on the best practice. As a provider of community care, we aim to provide the best care, in a timely response, in the best place.

When we change our services or introduce new services, we make sure we consider how these will meet the needs of people in different groups, and reduce inequalities where these exist. We do this by conducting equality analysis on new policies and service plans. Examples of projects which have undergone equality analysis include:

- **Integrated Community Teams**: building a holistic health and social care service through teams of community-based workers who deliver health and social care to adults in the community;

- **Mobile working**: using new technologies and different ways of working to maximise the amount of time our staff spend with patients;
- **Improving urgent care**: ensuring patients and their carers can access urgent (but non-emergency) care when they need it, where they need it, avoiding admissions to acute hospitals where appropriate;
- **Integrated respiratory pathway**: developing a robust health and social care pathway for adults with Chronic Obstructive Pulmonary Disease in Gloucestershire;
- **School nurses modernisation programme**: reviewing the provision of the school nursing service to ensure it is standardised, sustainable and equitable across all school-aged children in Gloucestershire;
- **Ambulatory care review**: ensuring we make the most of the facilities we have by making sure people have access to as many clinics and services as possible in our community hospitals;
- **Centralised booking and single point of contact**: creating a single point of contact for users of a number of our services. This is to improve access for service users and increase efficiencies;
- **Community Hospitals shift pattern review**: reviewing the current shift patterns across our seven community hospitals. The aims are an equitable approach across the county and to ensure continuity of care.

Copies of completed equality analysis for these projects can be found on our website. However, it is worth noting some common themes across these pieces of work:

- Most of these programmes should benefit patients by improving their quality of care. They do this by increasing the time clinicians can spend with patients, making services more widely available, improving information we hold on patients, and by creating a seamless experience across different services.
- Service users who benefit in particular include older people, people with complex or long-term conditions, and children.
- Some of the programmes affect our colleagues by changing working hours and/or bases. In these cases, women are more likely to be affected because our workforce is predominantly female. Where there are potential changes to hours or work bases, we conduct extensive consultation with the staff affected, and adopt a flexible approach to working practices to accommodate carers responsibilities where possible.

5.3.2 Working with the patient

Many of our services are not highly medicalised, in contrast to some of the services in the acute health sector. Instead, they are based on care, therapy and supporting patients to manage their conditions themselves. Their acquiescence and compliance is critical to ensure good outcomes. By its nature, our work often involves 'doing with' people, rather than 'doing to' people. In order for our services to work with different people, we need to listen to them and understand them, their lifestyles and backgrounds.

An example of this is our Children's Community Care team. They are often working in partnership with families to empower them to manage their child's condition. This is especially the case when they provide respite care for families. In this case they go into a patient's home and need to understand the complexity of the family dynamic in order to make sure that the care they provide is appropriate and effective. This includes accommodating cultural and religious preferences, for example, respecting a family's wishes for a chaperone or needs for an interpreter.

Integrated Community Teams are another example of how we work in partnership with patients and their families. This model of care now forms the heart of our business. These teams are made up of a range of therapists, district nurses and social workers. They tailor holistic health and social care services to the needs of an individual, with the aim of keeping them healthy and independent at home as much as possible. In a recent community event, participants said they feel that our joined-up approach to providing holistic care is a real benefit[15].

5.3.3 Dignity, privacy, respect

We are often providing the most intimate of care, where dignity and privacy are uppermost. Recent inquiries and media coverage remind us that neglect and degrading or undignified treatment can occur in the NHS. We know from these inquiries that older and vulnerable people can be at greater risk of sub-standard care and disregard for their human rights.

Since the publication of the Francis Report and other reviews of care in the NHS, we have been undertaking an extensive review of our practices to ensure they are in line with the recommendations in these reviews.

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[15] Your Care, Your Opinion event (29th October 2013).

We have a number of ways of checking that we are prioritising patients' dignity and human rights in our care. These include patient surveys, comments cards, and reviewing comments and complaints that come to us through HealthWatch and our Patient Advice and Liaison Service (PALS).

None of the complaints or concerns raised by service users between April and September explicitly mention dignity, privacy or respect.

Between June and September 2013, 438 of our service users used comments cards to rate our services on dignity and respect. 88% rated us as 'excellent', and a further 10% rated us as 'good'.

5.3.4 Avoiding harm

Our service users can be at greater risk of harm such as infections, falls, and pressure ulcers because they are often in a more vulnerable condition and require more interventions. High quality care is essential to ensure our service users do not experience avoidable harm.

Older people make up majority of our service users. There are a number of potential issues relating to quality and equality of care for older people. From a clinical perspective, we know that they are at higher risk of falls, urinary tract infections and pressure ulcers, both at home and on the wards. This is reflected in our incidents data.

We have a rigorous incident reporting process in the Trust, and between April and September 2013, staff reported just over 3000 incidents in our care settings. This high number of reports is evidence of a positive reporting culture in the Trust, especially when seen alongside a low level of serious harm incidents.

The detail of the incidents is as follows:

Clinical incident	1031
Personal Accident	770
Discharge, transfer, admission, appointment	258
NHS 111 Incident	188
Communication	174
Estates, staffing, infrastructure	150
Security incident	135
Records, Information, Confidentiality	113
Violence, Abuse or Harassment	110
Waste Environmental Incident	39
Fire incident	19
Vehicle incident	15
Grand Total	**3002**

Figure 4: Incidents reported on Datix April-September 2013

The two highest types of incident are 'clinical incident' (of which the largest category is 'pressure ulcers') and 'personal accident' (of which the largest category is 'patient falls').

We view numbers of falls and pressure ulcers as useful indicators of quality of care in our community hospitals and amongst patients we see in the community. As a result, we track them carefully and have challenging targets to reduce them to the bare minimum. 80% of the pressure ulcers listed on our Datix system are inherited from other care settings. However, if one of our patients acquired a pressure ulcer while in our care, we treat it as a safeguarding issue, conduct a thorough investigation into the care of that patient.

Between April and September 2013, the average monthly number of more serious pressure ulcers (grade 3 or 4) as a proportion of total pressure ulcers was 16%, compared to 20% for the year 2012-13.

The Trust has recently won an Innovation and Best Practice Award from the Community Hospitals Association (CHA) based the work it has done to reduce pressure ulcers. This work resulted in a 28% reduction in pressure ulcers between September 2012 and August 2013.

5.4 Positive experiences

5.4.1 How we gather people's views

Our approach to gathering feedback on our services is overseen by the Your Care, Your Opinion Programme Board. The Your Care, Your Opinion Programme Board is made up of a mixture of our colleagues and community representatives. It was established by our Trust Board to advise them on how to gather – and act upon – the views of patients, service users and carers.

The Trust currently gains service user and carer feedback through a number of methods:

- The collection of reactive feedback from service users' experiences including compliments, comments, concerns and complaints.
- Annual service user experience surveys are used across all services to ensure continued service user input. In addition to these, real time experience surveys are undertaken on a continuous basis on inpatient wards, and reported monthly.
- The Friends and Family Test on inpatient wards and Minor Illness and Injury Units (since April 2013) and other services (from June 2013).
- External sources such as the web-based NHS Choices and Gloucestershire Healthwatch.
- Workshops with members of our communities to inform strategies which will shape how we work in the future.
- Other ways of gaining feedback are being tested such as mystery shoppers, patient stories, the 15 Step Challenge and a Personal Decision Making tool within children's services.

We compile all this information into monthly reports for each of our localities, identifying themes where they appear. This allows our service leads to pick up on any issues, and they develop action plans to address issues they identify. We also report service user information on a quarterly basis to our Board, the Integrated Governance & Quality Committee and the Quality & Safety Group. This allows any themes to be picked up and dealt with at an organisational level.

5.4.2 What people tell us about their experiences

We run a 'Friends & Family' test across all our services, which asks people who have used a service how likely they are to recommend us to friends and family.

Responses are overwhelmingly positive – 98% of people who have experienced our services are likely to recommend them, of whom nearly nine in ten are extremely likely to recommend us. As there are only small numbers of people who are unlikely to recommend our services, it is hard to draw firm conclusions from any sub-group analysis. However, we have analysed responses by age, race and sex, and detailed charts are in Appendix B. There are some indications that women, White British people, and younger people are slightly less likely to recommend our services to friends and family. We will have to review these figures over time to establish whether this is a trend, or an anomaly. If a trend emerges, it will require further investigation.

We have recently developed new comments cards with input from the Your Care, Your Opinion Programme Board. These were introduced at the end of June 2013 and are now in use across most areas of the organisation. The comment cards include a survey covering basic aspects of care. In total more than 500 comment cards were received by the end of September 2013.

The results from our comment cards corroborate the results of the Friends & Family Test: 98% of people who have used our services rate the overall care they received as good or excellent. People also rate other aspects of their experiences highly:
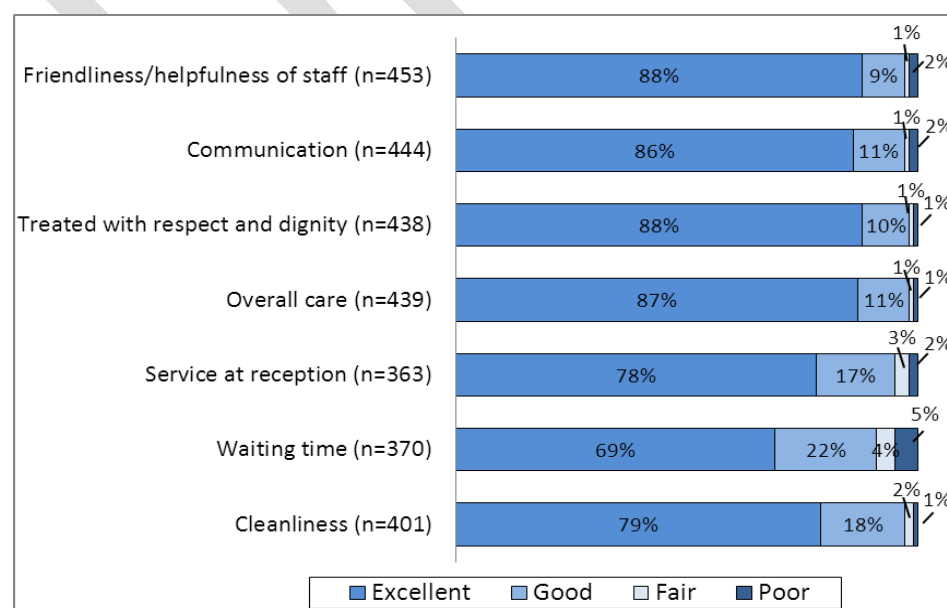
Figure 5: Service user experiences – all services (June-September 2013)

Once our comment card system is more established, we plan to do subgroup analysis to establish whether there are any differences based on service users' age, sex, disability status and ethnicity.

These trends are reflected in the 73 compliments we received through our Patient Advice and Liaison Service (PALS) between April and September 2013. These were regarding a cross-section of services and mainly in relation to the caring, friendly nature of staff and the good care received.

Between April and September 2013, we received 48 formal complaints, 174 concerns and 66 comments through PALS. The majority of the concerns relate to community hospitals, the Out of Hours service and Sexual Health Services and are mainly regarding the care received, communication issues and access to services.

All concerns and comments are reported to the individual hospital or service who then deal directly or in liaison with PALS to resolve any problems with the service user.

6. Advancing equality in our Workforce

6.1 Introduction

Our aims with regards to equality and diversity in our workforce are that – regardless of personal characteristics, circumstances and background – everyone who works with us (or who may in the future):

- Is part of a diverse workforce where people are able to learn from each other and work together to respond creatively to the diverse challenges we face.

- Is part of a workforce that has the knowledge and understanding to respond appropriately to a diversity of needs;

- Feels comfortable and content in the workplace, in an environment free from discrimination and harassment;

- Has the opportunity to thrive and contribute. There is equality of opportunity to progress at work and to access employment and development opportunities.

6.2 Diverse workforce

As at 1st October 2013, we employed 2627 staff, excluding bank staff. Below we describe the make-up of our staff by characteristics protected under the Equality Act 2010.

6.2.1 Staff profile by age

By age, our staff profile is older than the county profile. Most of our colleagues (63%) are aged between 40-60 years. This is reflective of the ageing profile of the NHS as a whole.

The chart below shows the proportions of colleagues in the different age bands:
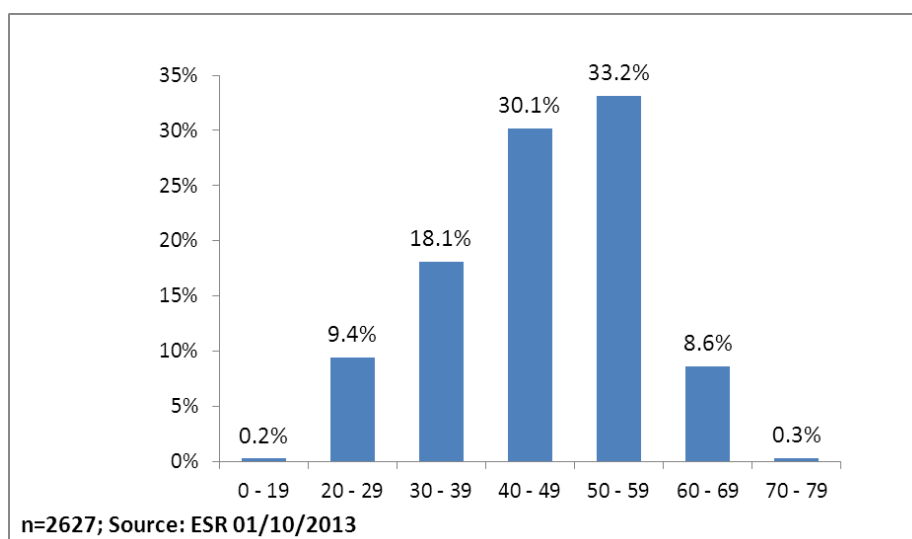
Figure 6: Age profile of staff October 2013

6.2.2 Staff profile by disability

1.2% of colleagues are listed on our Electronic Staff Record as having a disability. However, based on ESR we do not know the disability status for over half of our colleagues. This is either because colleagues have chosen not to declare their status, or because we do not have data for them. By comparison:

- 12% of colleagues declared a disability in our anonymous 2011 staff survey (and only 6% declined to declare their disability status);
- 16.7% of people in Gloucestershire have a limiting long-term illness or disability.

As a result, we have not been able to conduct detailed analysis on the effect of colleagues' disability status on employment activities (such as training, promotion, sickness absence and performance management).

We are currently conducting an updated staff survey (as part of the national NHS staff survey), and will be able to analyse some of these factors by disability when the results are published in the new year.

6.2.3 Staff profile by gender reassignment

We do not ask colleagues or potential colleagues about their gender identity and whether their current gender is different from their sex at birth. We know that many people who experience gender dysphoria (or who live their lives in a different gender to their sex at birth) prefer to keep this to themselves.

Based on information collected by GIRES[16], 1% of people experience gender non-conformity to some degree. This would equate to around 26 of our colleagues.

GIRES recommend that organisations monitor gender identity and gender non-conformity, but only when they have established that they have a culture that supports transgender people and is free from potential discrimination. They recommend that organisations conduct attitude surveys towards gender non-conformity before monitoring.

Further information on this can be found on the internet via this link: http://www.gires.org.uk/assets/Workplace/Monitoring.pdf

We plan to conduct further work with the trans community to better understand their views of receiving services and working with us. A first meeting is scheduled for January 2014.

6.2.4 Staff profile by marital status

63% of our colleagues are married and 0.1% in a civil partnership. A quarter are not married or in a civil partnership. We do not know the marital status of 12% of our colleagues, either because they have chosen not to declare this, or because they have not been asked.

6.2.5 Staff profile by pregnancy/ maternity

As at September 2013, 61 of our colleagues (2.3%) were on pregnancy or maternity leave.

6.2.6 Staff profile by race

95% of our colleagues describe themselves as 'White British', 3% are from BME groups, and 2% are 'White non-British'.

This is how the ethnic profile of our colleagues compares to that of Gloucestershire as a whole:

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[16] The Gender Identity Research and Education Society
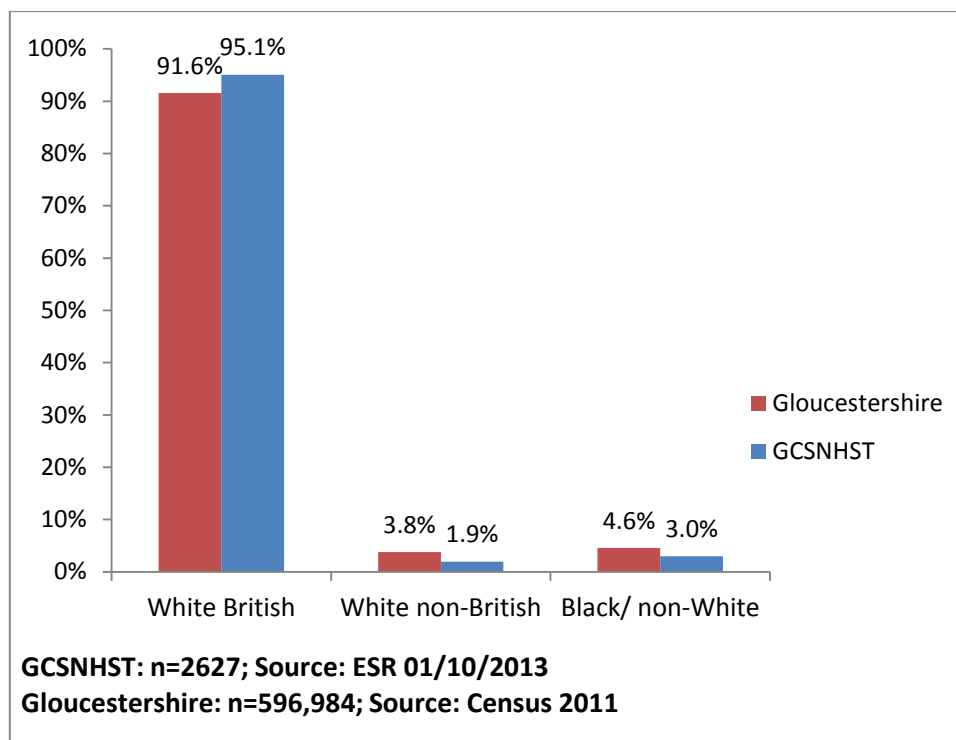
Figure 7: Ethnicity profile of staff compared with County profile

We are conscious that our staff profile does not fully reflect the county profile in terms of race. This follows a pattern in community trusts nationally, where 89% describe themselves as 'White British', compared to 81% of the population of England.

There are a number of possible reasons for this:

Our staff profile is older. A third of our workforce is aged 50-59. 94% of this age group county wide is 'White British'.

The vast majority of our jobs require occupational registration and qualifications. Census statistics show us that the proportions of people who were born outside the UK have risen notably in the past decade. People who were born outside the UK are less likely to have the occupational registrations and qualifications required of many of our posts.

We require a high level of spoken English from our front-line staff, as communication is a vital component of our work. This may exclude some people who do not have English as a first language.

Nonetheless, the figures on the race profile of our successful applicants suggest that further analysis and work is needed to understand and address the mismatch in our staff profile compared to the county profile.

6.2.7 Staff profile by Religion/ Belief

The breakdown of colleagues' religion/ beliefs is as follows:
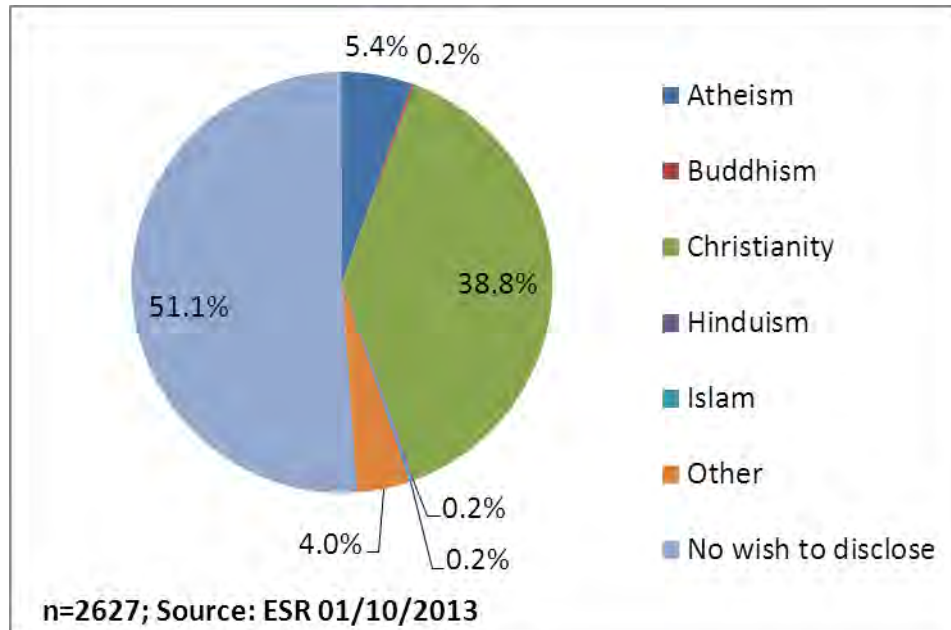
Figure 8: Religion/ Belief profile of staff

Over half of our colleagues have chosen not to disclose their religion/ belief on ESR. Of those who have, the majority are Christian (nearly 1 in 4 of our total workforce). 61% of respondents to our latest staff survey (n=345) identified themselves as Christian. This is roughly comparable with other NHS community trusts (64%[17]) and Gloucestershire as a whole (63.5%[18]).

6.2.8 Staff profile by sex

92% of our colleagues are female. Historically, caring professions have been more likely to attract women than men, and this is demonstrated in the NHS as a whole, were 78% of staff are female[19]. In community trusts as a whole, 89% of the workforce is female.

There are differences across our occupational groups, which shows that the proportion of men is higher in ancillary roles, and in senior medical roles:

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[17] National NHS Staff Survey 2012
[18] Census 2011.
[19] National NHS Staff Survey 2012
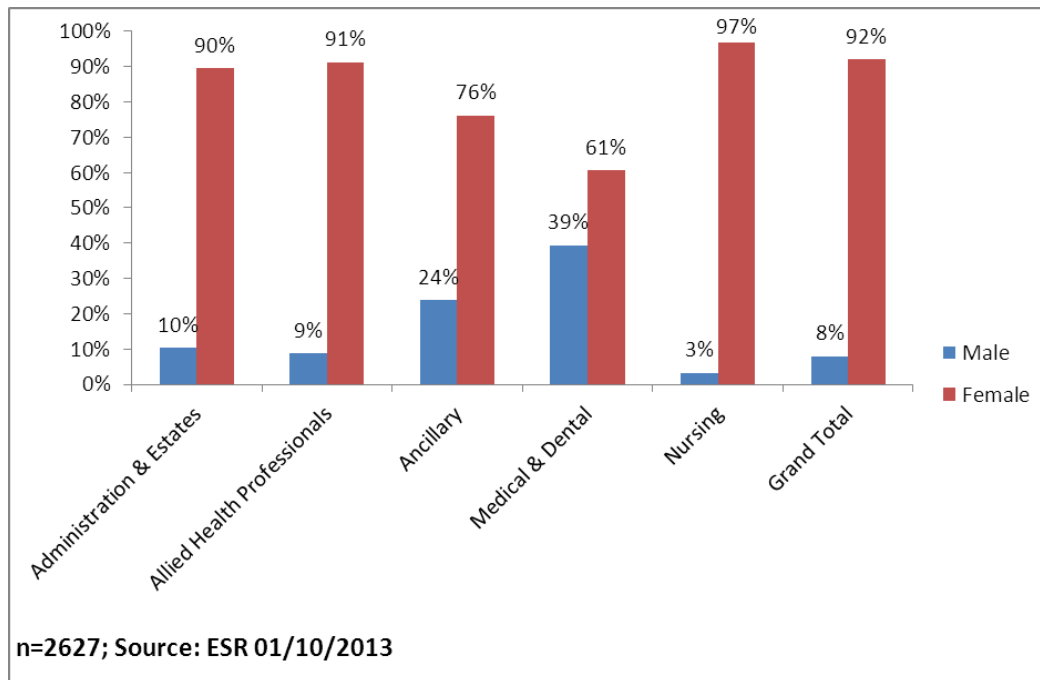
Figure 9: Occupational group by sex

6.2.9 Staff profile by sexual orientation

52% of colleagues listed on ESR have declared themselves as heterosexual/ straight. However, nearly half have no wish to disclose their sexual orientation. On our latest staff survey in 2012 (n=345), 86% said they were heterosexual, and 9% did not wish to say.
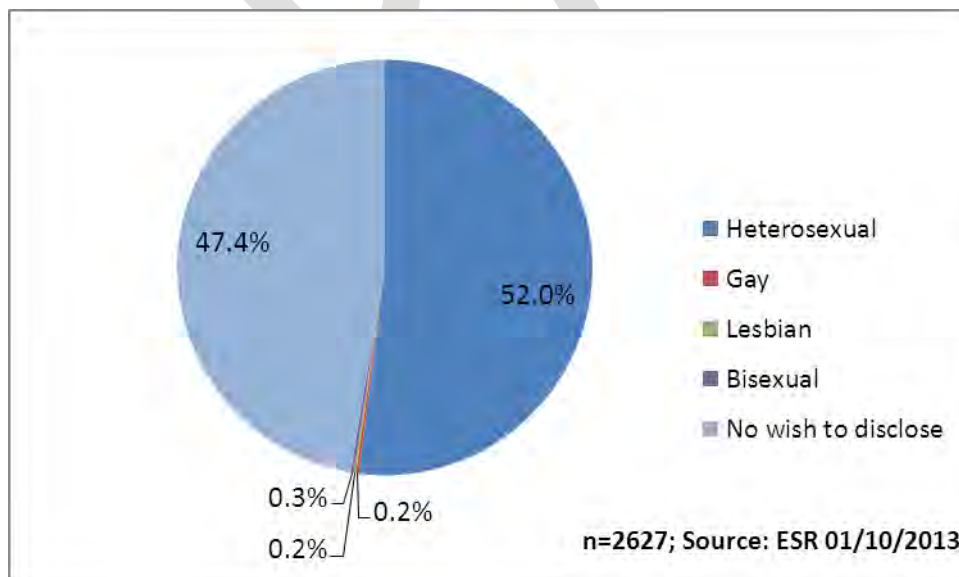
Figure 10: Staff profile by sexual orientation Oct 2013

6.2.10 Exploring Reasons for non-disclosure

We need further work to understand the reasons why so few of our colleagues have disclosed their sexual orientation, religious believe and disability status. There are a number of possible explanations. Firstly, many of our colleagues have been with the organisation – and predecessor organisations – for many years. It is possible that their characteristics were not captured at the point when they were recruited. Secondly, it is possible that colleagues do not understand why it is important for us to collect information they might regard as 'personal'. Thirdly, colleagues may be unwilling to disclose this information because they have concerns that the data will not be stored securely, or that they may face prejudice if they share it with others.

Through our Organisational Development Strategy we want to develop a caring and open culture where differences are welcomed. Increasing our disclosure rates for disability, sexual orientation and religious belief will be one of the signs that our colleagues see us as a caring, open organisation. It will also show that the trust us to keep this information safe, and that we will use it to identify and tackle any discrimination on the basis of disability, sexual orientation or religious belief.

6.3 An environment free from discrimination and harassment

We strive to provide an environment free from discrimination and harassment for all our staff. All our staff are required to complete Equality, Diversity and Human Rights training. The course aims to challenge prejudice, and help colleagues understand how to embrace diversity and challenge discrimination. 70% of our colleagues are listed on our training system as having completed equality and diversity training. Previously, this training was a one-off requirement, but we are in the process of reviewing the frequency of this training and aim to ensure that colleagues undertake equality and diversity training once every three years.

To understand how well we are providing an environment free from discrimination and harassment, we look at staff survey data and reported incidents of bullying and harassment. We can also look at information on how much our colleagues are paid, and see whether there appear to be any discrepancies based on colleagues' age, sex or race.

Our 2012 staff survey was a smaller study focusing on key issues identified from the 2011 survey. We did not look at reports of violence, bullying and harassment in 2012. In the full staff survey we conducted in 2011, we found the following:

- 8% of staff had experienced discrimination at work over the last 12 months (equivalent to the national average for similar trusts);
- Staff were slightly more likely to have experienced bullying, harassment or abuse from patients in the past 12 months (13% compared to a national average of 10%);
- 11% of staff had experienced bullying, harassment or abuse from colleagues in the past 12 months (equivalent to the national average).

Between April and September 2013, we had 110 reported incidents of violence, harassment or abuse by patients or visitors in the Trust. Staff were affected in 106 of these incidents. The incidents were categorised as follows:

Assault	35
Actual Physical Assault	35
Abuse/harassment/threat	71
Verbal/written abuse	47
Threat of physical violence	19
Sexual harassment	3
Racial harassment	1
Sexual assault	1

Figure 11:Reported incidents of violence, harassment or abuse against staff (Source: Datix, April-September 2013)

In half of the physical assault cases by service users, dementia was a contributory factor. In the verbal abuse cases, some involve patients' relatives verbally abusing staff, and some involve patients abusing staff. Sometimes this is because they do not believe they/ their relative is receiving the right care and in some cases patients are abusive because they have dementia, mental ill-health or are in pain.

In the first two quarters of 2013, we had few reported cases of abuse, harassment or assault on the basis of colleagues' personal characteristics. In the figures above, there is one incident recorded as racial harassment. This was a case where a patient lifted a colleague's head dress in spite of her explaining that she did not want to show her hair for religious reasons.

We do have anecdotal evidence of some dementia patients racially abusing staff. This is currently handled on a one-to-one basis by managers, Human Resources advisors and our Security Management Specialist.

Our pay band analysis shows that men are more likely to be employed in the higher bands:

n=2627; Source: ESR 01/10/2013
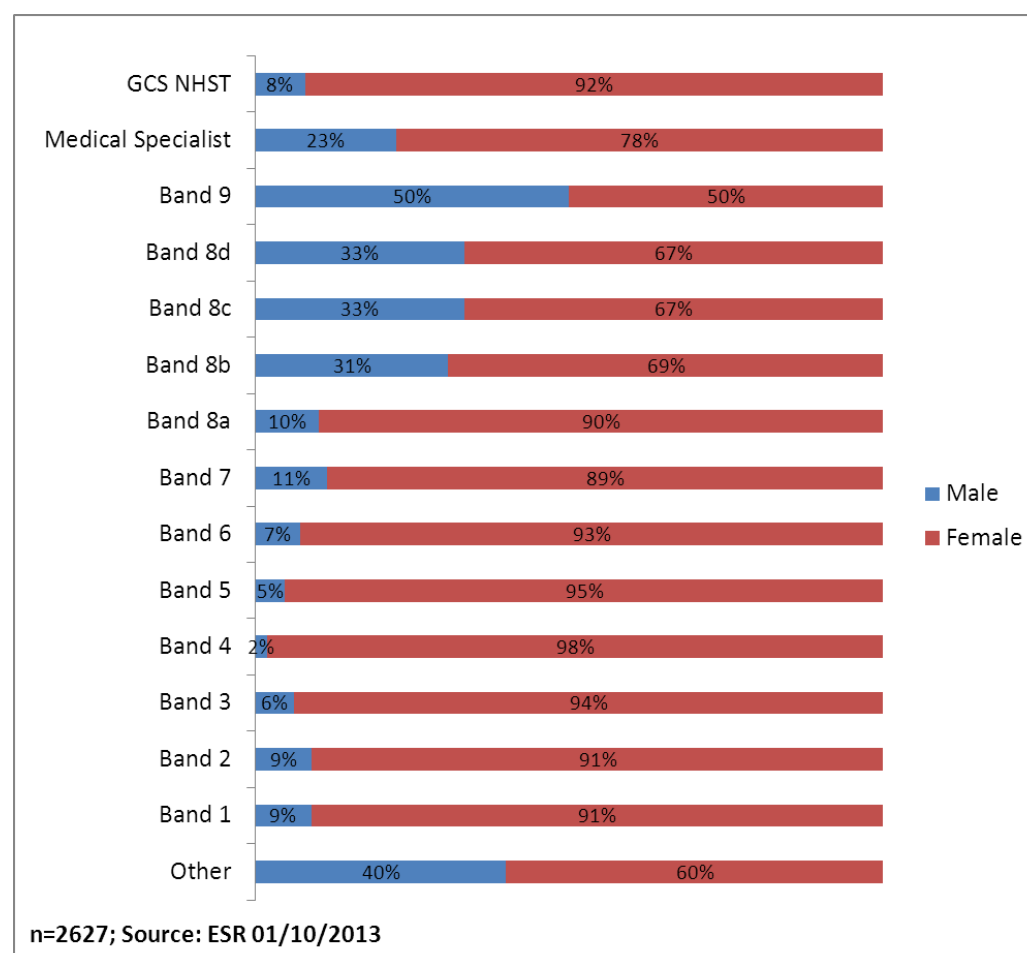
Figure 12: Gender by pay band

We have conducted gender pay gap analysis following the formula set out by the Equality & Human Rights Commission[20]. Based on this, we have no gender pay gap when comparing full-time colleagues' pay. This calculation seeks to establish whether we pay men and women equally for equal work.

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[20] The full-time gender pay gap is calculated by dividing the median hourly earnings of female full-time employees by the median hourly earnings of male full-time employees, showing this as a percentage and subtracting the figure from 100 per cent. Thus a 0 per cent figure would indicate that for a particular category, there is no gender pay gap.
http://www.equalityhumanrights.com/uploaded_files/research/Briefing_papers/bp_6_final.pdf

There is a pay gap when comparing all colleagues' pay, and when looking at the pay gap for part-time women:

	GCS NHST	UK
Full-time gender pay gap: women F/T as % of men F/T	0%	9.6%
Part-time women's pay gap: women P/T as % of men F/T	7.6%	38.8%
Women (all) as % of men (all)	3.9%	19.7%

Figure 13: Median hourly earnings of GCS NHST employees (Source: ESR, 01/10/2013) compared to median hourly earnings of UK employees (Source: ECHR Gender pay gaps Briefing Paper 6, 2012)

While these pay gaps are substantially smaller than the national pay gaps, they still warrant further explanation. The vast majority of our colleagues are employed on Agenda for Change contracts. Their pay bands are determined by a job evaluation committee based on nationally agreed criteria. Colleagues on Medical and Dental contracts and those who are directors sit outside Agenda for Change. Their contracts are also negotiated at national level. Analysis of staff group by gender in Figure 9 shows that the Medical & Dental group includes a higher proportion of men than other groups, and this could account for pay gap differences.

Analysis of pay band by age shows that our older (60+) and youngest (<30) staff groups are more likely to be employed in the lower pay bands (Bands 5 and below):
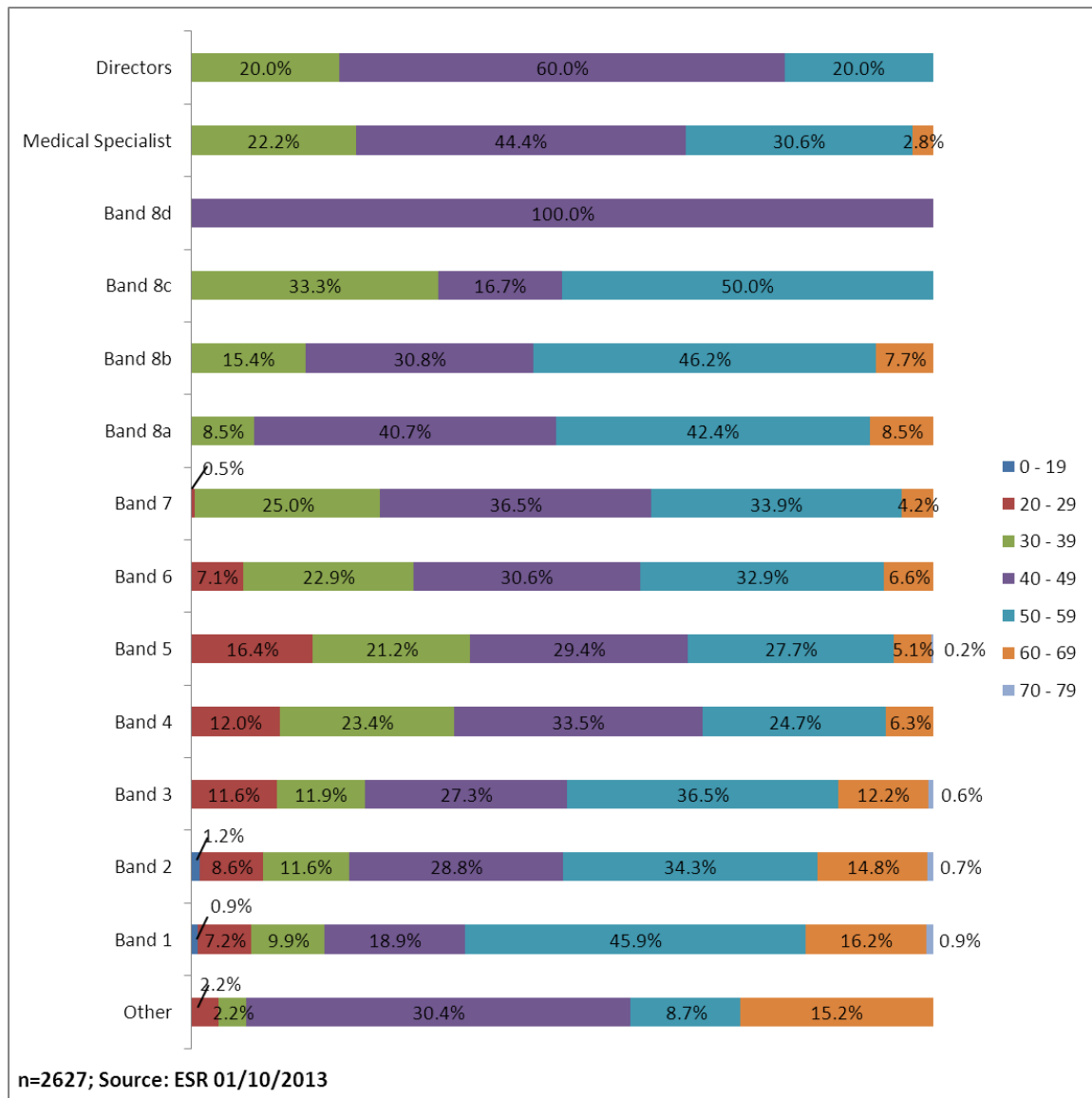
Figure 14: Age by pay band

6.4 Opportunity to thrive and contribute

We review the extent to which our colleagues feel able to thrive and contribute regardless of who they are by looking at our recruitment data, access to training, survey data, and data on who has left the organisation, and why.

Our recruitment data from April – September 2013 suggests that disabilities and sexual orientation have little bearing on an applicant's chances of being shortlisted or appointed (detailed information is found in Appendix C).

Other factors – age, race, and religion – do appear to be linked the likelihood of being shortlisted or appointed, as can be seen in the figures below:
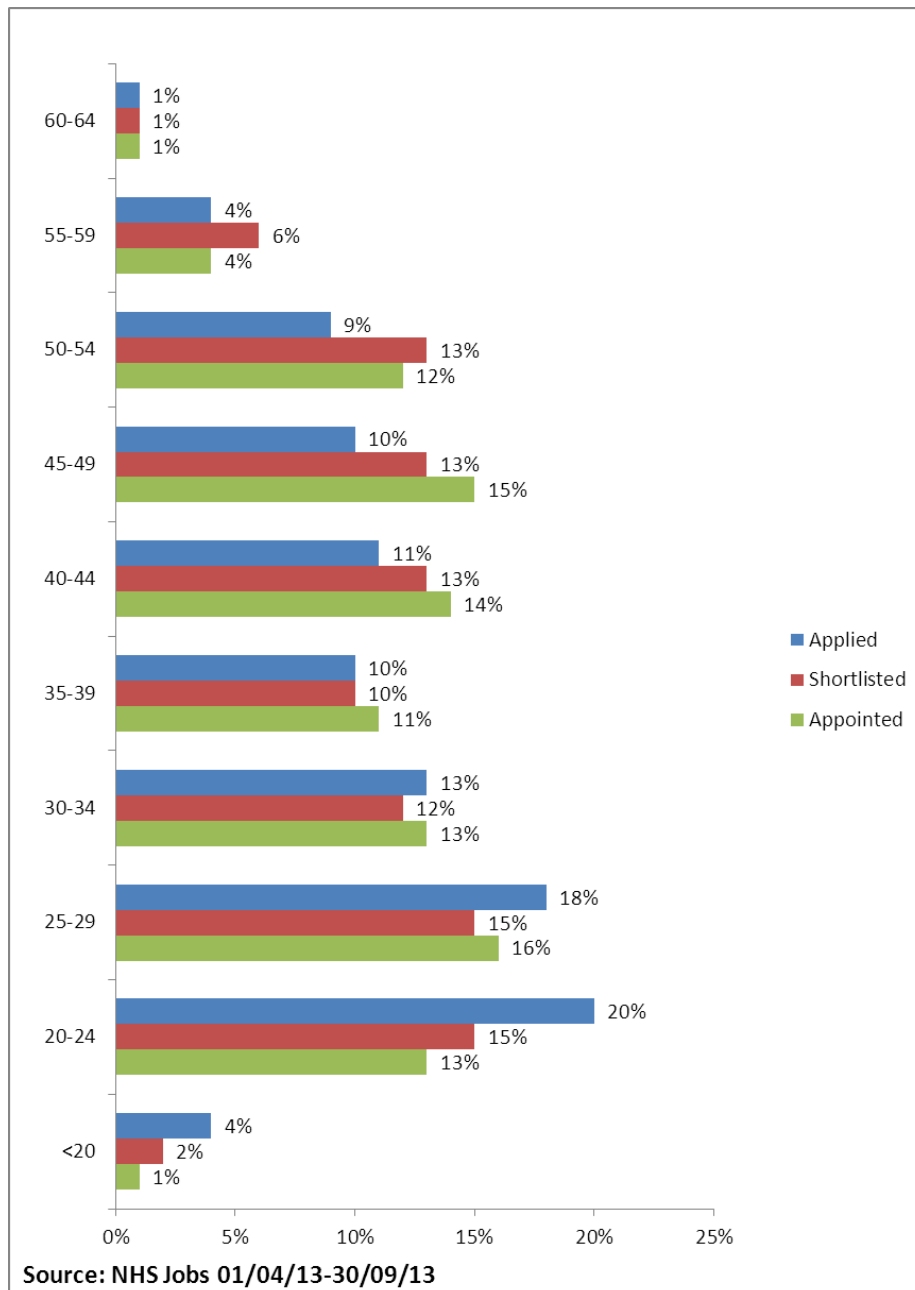
Figure 15: Recruitment by age

Source: NHS Jobs 01/04/13-30/09/13
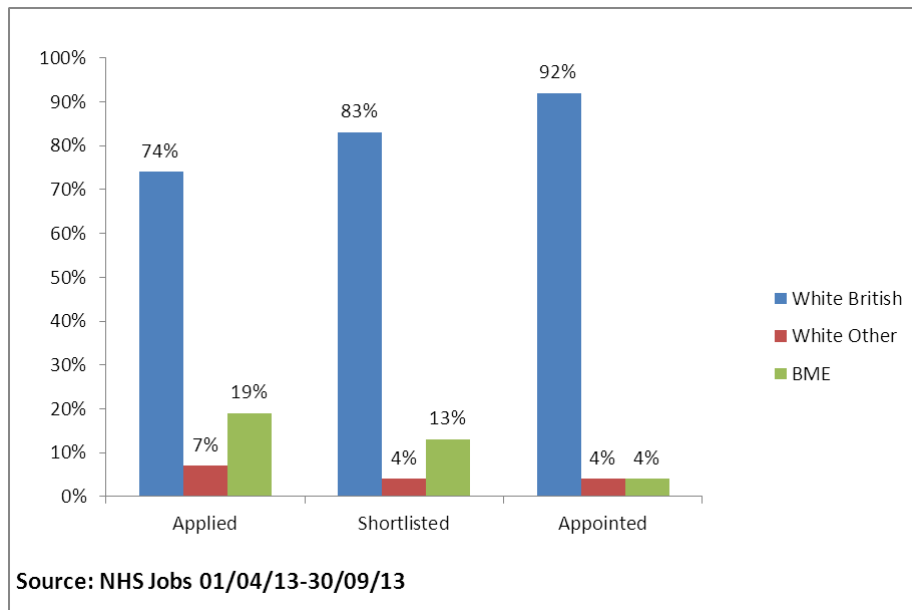
Figure 16: Recruitment by Race
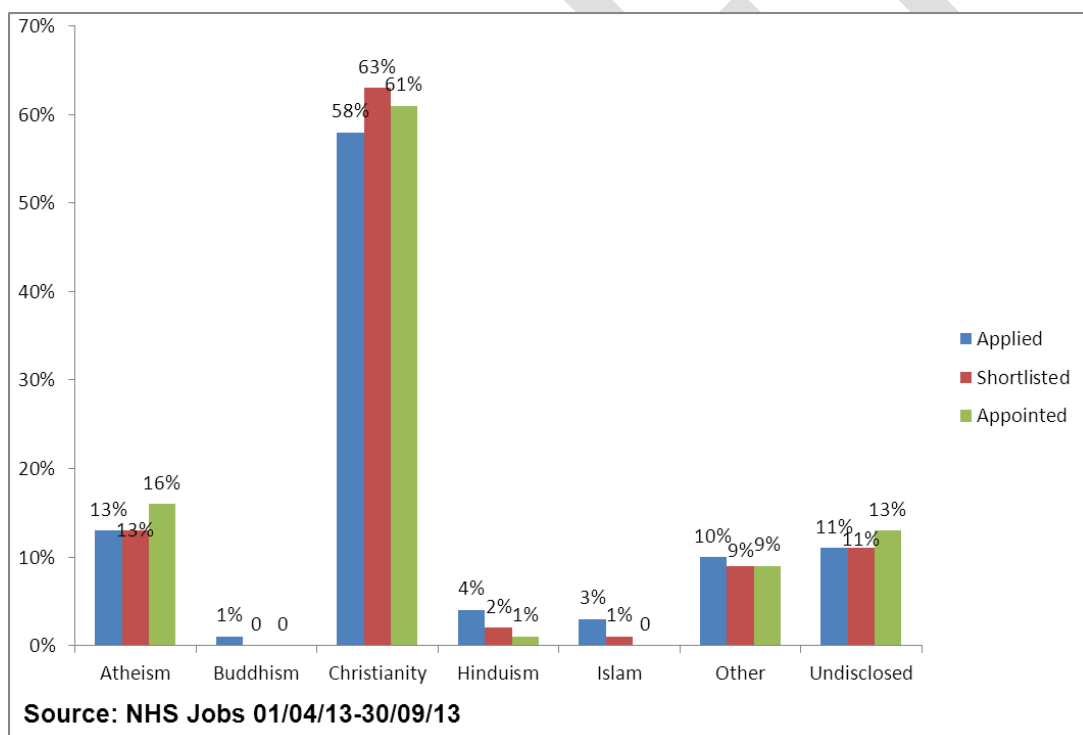
Figure 17: Recruitment by Religion

In some cases an applicant is not shortlisted because they do not meet the minimum necessary criteria. We know this can be the case with age, race and religion for the following reasons:

- **Age:** nationally, unemployment is higher amongst younger age groups, and nearly a quarter of our applicants in this period were under 24. 14% of the total people appointed come from this age group, possibly because

they are less likely to have developed the experience and skills necessary for some of our posts;

- **Race:** Nearly a fifth (19%) of our applicants were from BME groups, dropping to 13% of those shortlisted, and 4% of the total we appointed. This can partly be explained because all our posts are advertised on the NHS Jobs website which can be accessed from across the globe. People applying from outside the EU (who are also more likely to be from BME groups) are less likely to have the right to work in the UK, and are therefore automatically screened out at the shortlisting stage. We require a high standard of spoken English in many of our roles, as communication is central to high quality care. This may account for some people from BME groups being shortlisted but not appointed. However, the figures suggest that further investigation is needed to establish why so few BME applicants end up being appointed.

- **Religion:** Figures for this period show that Christian and Atheist applicants were slightly more likely to be appointed, and Hindus and Muslim applicants were slightly less likely to be appointed. These figures are indicative, not statistically significant. However, it may be our Hindu and Muslim applicants are more likely to come from outside the EU. If so, they are less likely to have the right to work in the UK, and not shortlisted on this basis.

Our recruitment figures for this period also show that people are more likely to be shortlisted and appointed to jobs if they are female:

Source: NHS Jobs 01/04/13-30/09/13
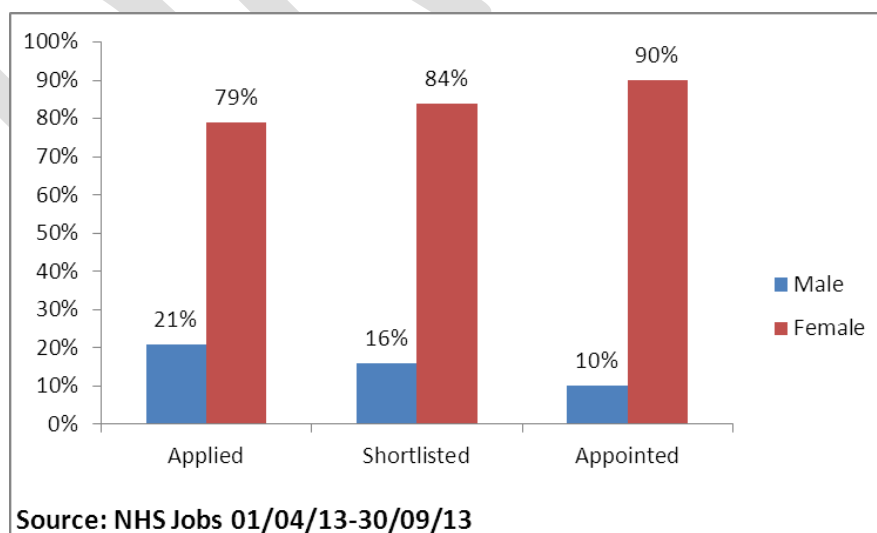
Figure 18: Recruitment by Sex

This needs further investigation, as it is not apparent why men are less likely to be successful in securing jobs with us.

Between April and September 2013, 150 people left the employment of Gloucestershire Care Services. The reasons for leaving – and proportions in each of these categories – are as follows:

Reason	No. Leavers	% Leavers
Voluntary Resignation	96	64.0%
Retirement	31	20.7%
End of Fixed Term Contract	12	8.0%
Dismissal	7	4.7%
Employee Transfer	2	1.3%
Death in Service	1	0.7%
Voluntary Early Retirement	1	0.7%

Figure 19: Reasons for leaving GCS NHST

We have analysed the leavers by age, race and sex. By age, the highest proportion of leavers – a quarter – was in the 30-39 age group, though this is one of the smaller age groups in the Trust as a whole:

Source: ESR
(Leavers data taken from 01/04/13 to 30/09/13; Total staff data is a snapshot from 01/10/13)
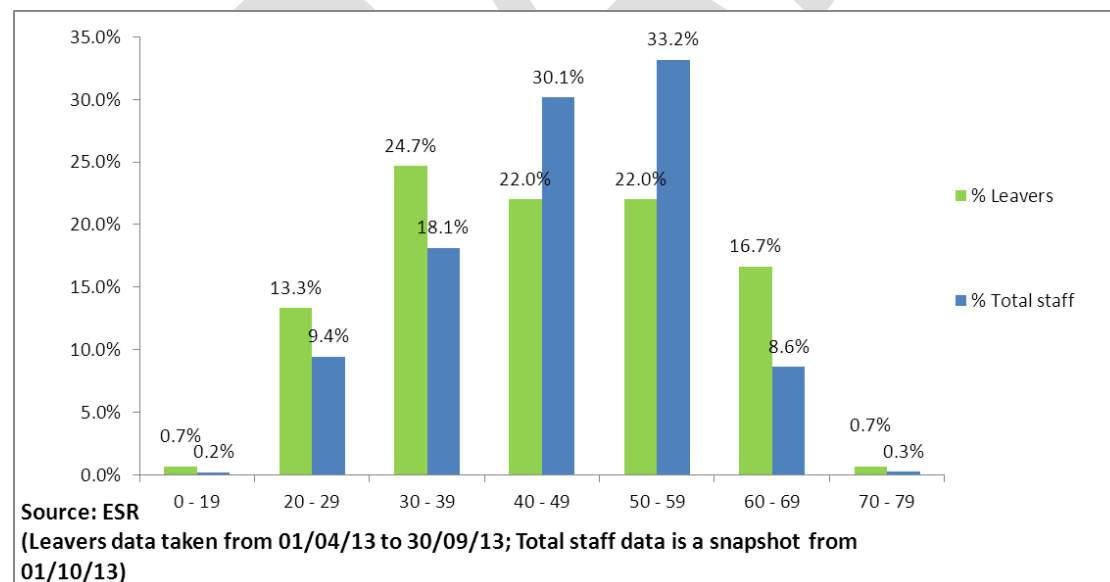
Figure 20: Age groups of leavers compared to total staff

We also had a higher proportion of men leaving the organisation than there are in the organisation as a whole:
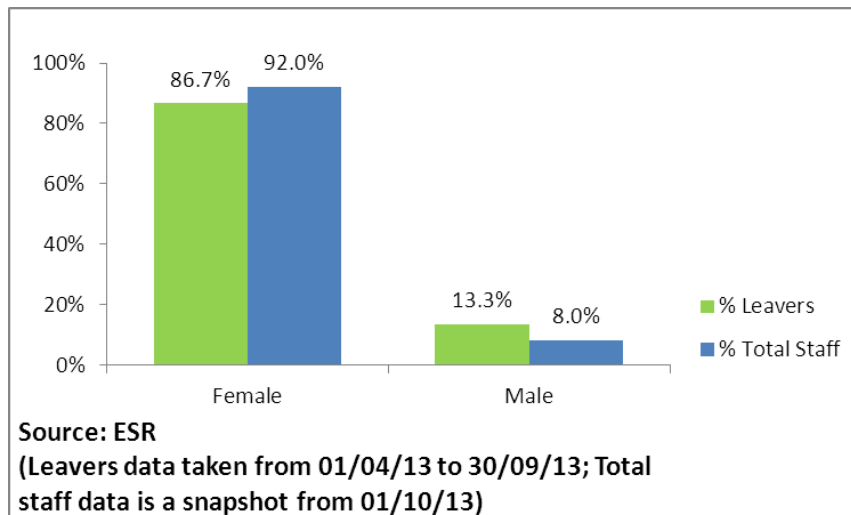
Figure 21: Sex of leavers compared to total staff

Analysis of leavers by race shows that we also had a higher proportion of leavers from BME backgrounds than we have in the organisation as a whole:
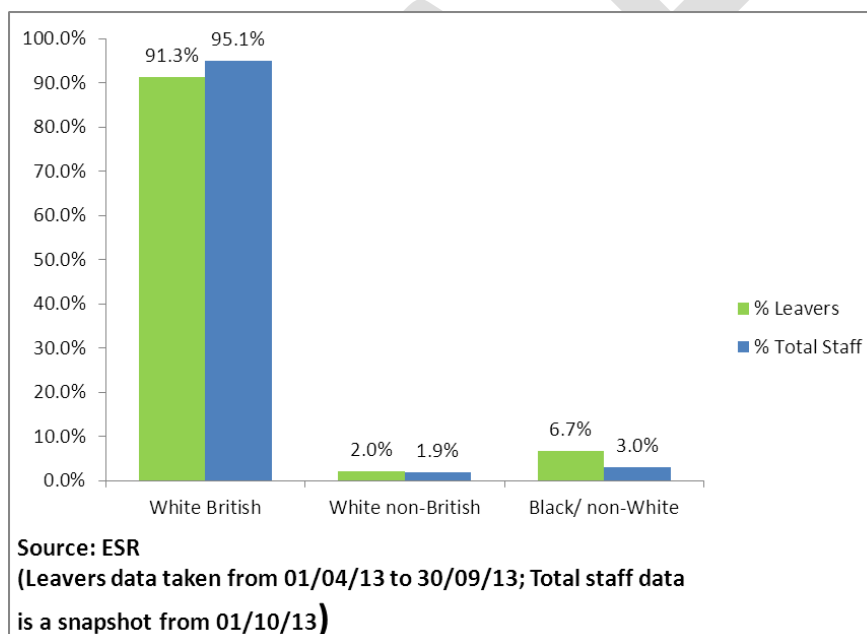

Figure 22: Ethnic groups of leavers compared to total staff

The numbers of leavers are too small to draw definite conclusions from this data, and we do not currently have sufficient data to determine whether this forms a trend. However, we will need to continue to monitor this data to fully understand the reasons for leaving.

1792 (68%) of our existing staff received training between April and September 2013. We have analysed access to staff training by age, race and sex (note: the levels of non-disclosure on disabilities, religion/ belief and

sexual orientation mean that figures are too low to allow meaningful analysis of training data by these characteristics). There are no notable discrepancies in access to training on the basis of age, race or sex. Detailed figures are provided at Appendix D.

6.5 Opportunity to contribute: staff engagement

We have seven forums across the Trust, based around the locality business units. The forums are open for all our colleagues to attend. Members of each of the staff forums are elected by their colleagues to sit on the Trust's staff council. The staff council is chaired by a Non-Executive Director thereby ensuring strong links to the Board. The terms of reference for both the staff forum and staff council are determined by staff in order to encourage as much participation as possible. It is anticipated that the staff forums will include discussion on the Trust's financial and business performance, service delivery targets, business development opportunities and operational issues.

We also run an annual staff survey, which enables colleagues to express their views anonymously. We are able to analyse anonymous views by a range of characteristics to compare the experiences of different groups of staff.

The Trust has a Joint Negotiating & Consultative Forum that is held at least bi-monthly where terms and conditions of employment are negotiated and discussed. The following trade unions are represented at this forum: Unison, Unite, Chartered Society of Physiotherapy, Royal College of Nursing, BDA, SCP, and BMA.

7. Future plans: Embedding the principles of equality & human rights

As a new organisation, we are in the process of establishing and reviewing our systems, processes and procedures. This is a golden opportunity to cement the principles of equality and human rights into the foundations of the organisation.

Here are some of the things we are doing to ensure that equality considerations thread through everything we do:

1. Developing **equality objectives** in collaboration with our staff, service users and members of our communities. These will be based on the evidence contained in this report.
2. Developing an **equalities governance framework** to structure future work and monitor progress against our equality objectives.
3. Setting up an **Equalities Steering Group** to ensure there is a focus throughout the Trust on addressing inequalities and meeting the needs of different people, and that there are systems and processes in place to make this happen.
4. Introducing more stringent requirements for **equality analysis** of our activities, and greater scrutiny in decision-making, including:
   a. Ensuring every project and policy has undergone equality analysis, and that this is documented (equality impact assessments);
   b. Maintaining a register of equality impact assessments;
   c. Ensuring decision makers are confident in their ability to scrutinise decisions from an equalities perspective.
5. Publishing an **Equality & Human Rights Policy** to ensure staff and service users know what they can expect – and what is expected of them – with regards to equality and human rights. You can find our policy alongside this report on our website.
6. Publishing a **Communications & Engagement Strategy**. This will include our approach to ensuring people with protected characteristics and those in vulnerable groups (the 'seldom heard') are able to express their views on what we do and actively involved in shaping our services.

8. Glossary of terms

BME	Black/ Minority Ethnic. Refer to the [note about terminology](#) on p. for further information on this.
'Disadvantaged groups'	Sometimes called 'marginalised', 'hard-to-reach' or 'seldom-heard' groups, these are people who experience inequalities in health, healthcare and employment, but who are not specifically protected by the Equality Act. They can include homeless people, sex workers, people who misuse substances, people with low socio-economic status, and people living in rural isolation.
ESR	Electronic Staff Record. An NHS system for capturing and analysing information about our colleagues.
GCSNHST	Gloucestershire Care Services NHS Trust
'Local interests' or 'Local interest group'	Patients, the public, voluntary sector organisations, members of the community, staff and staff-side organisations who have an interest in what we do.
'n='	The base/ total number on which we have calculated percentages
NHS	National Health Service
NHS Gloucestershire	The Primary Care Trust for Gloucestershire. NHS Gloucestershire has both commissioning functions and care providing functions (under Gloucestershire Care Services).
'Protected characteristics'	The nine characteristics protected under the Equality Act 2010: age, disability, gender reassignment, pregnancy/ maternity, marriage/ civil partnership, religion/ belief, race, sex, and sexual orientation

Appendix A: Profiles of Service Users by Age, Race and Sex

A.1: Total numbers of service users (April-September 2013)

Services	No. patients
Adult Community Services	
Adult Speech and Language Therapy	1630
Podiatry	13585
Adult Occupational Therapy Services[21]	1671
Adult Physiotherapy	10999
Community Hospitals & MIIUs	
Community Hospitals Admissions	2269
Minor Injury & Illnesses Units	28271
Specialist Services	
Parkinson's Nursing service	353
Diabetic Nursing service	620
District Nursing Service	11784
Bone Health Service	535
MSK Service	1194
Stop Smoking Service	2631
Sexual Health Services	
Contraception Service	11949
HIV Service	326
Psychosexual Service	106
Children's services	
Number of children in Reception with height and weight recorded	6155
Number of children in Year 6 with height and weight recorded	5398
Paediatric Speech and Language Therapy - Number of Patients	3841
Health Visitors	17829
Paediatric Physiotherapy	3024
Paediatric Occupational Therapy[22]	714

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[21] Numbers exclude under 16s who are seen by Adult Occupational Therapists
[22] Numbers include under 16s who are seen by Adult Occupational Therapists
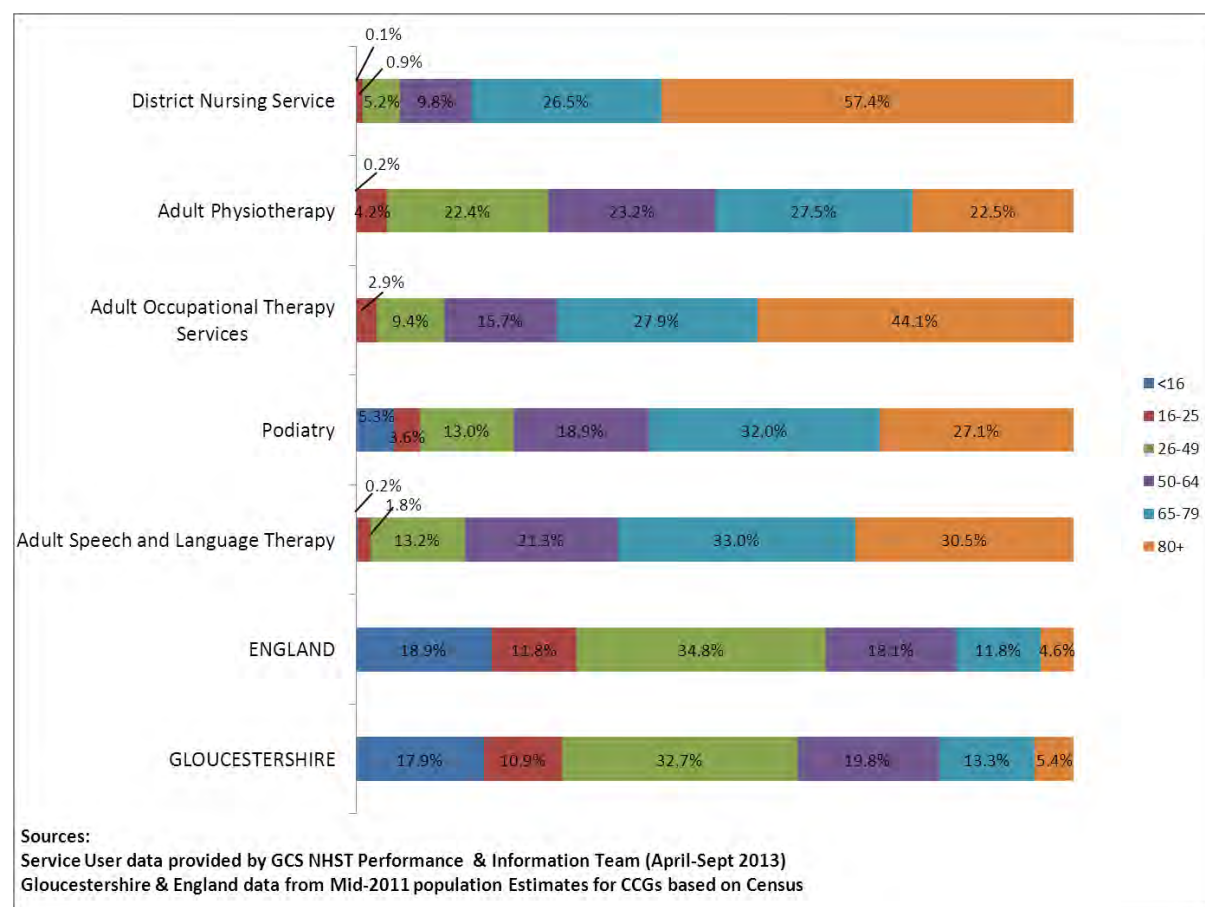
A.2 Service user profiles by age

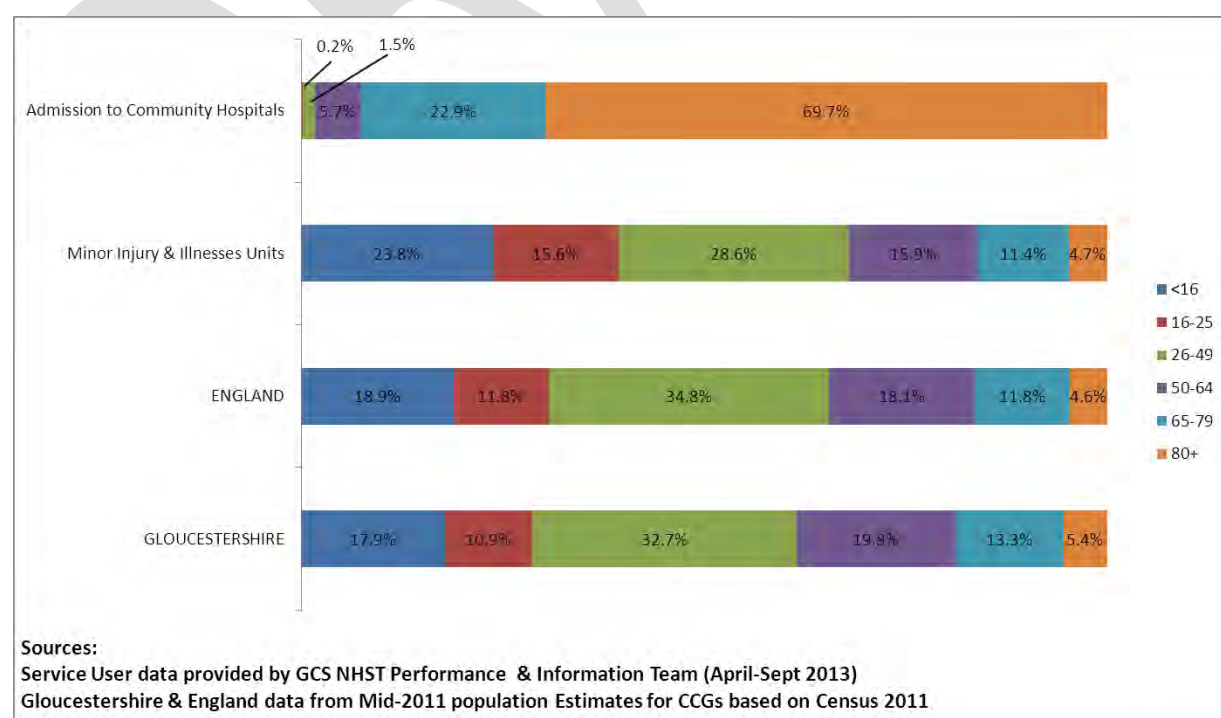**Figure 23: Adult Community Services – service user age profiles**

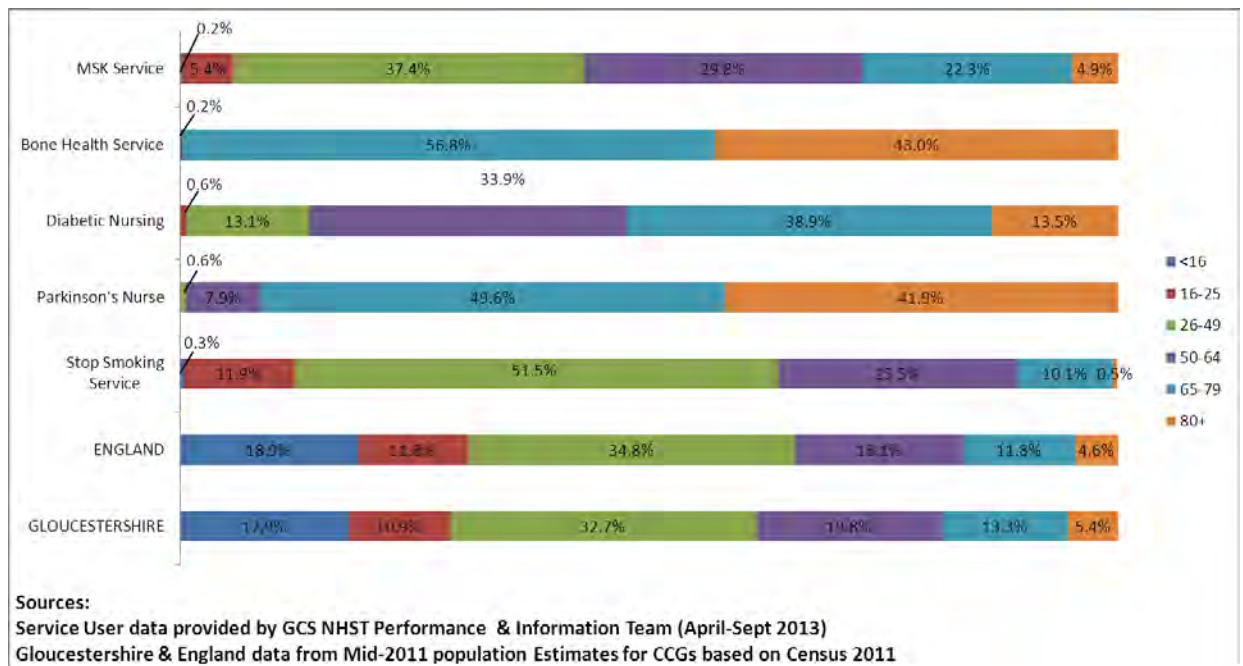**Figure 24: Community Hospitals and MIIUs - service user age profiles**

Figure 25: Specialist services - service user age profiles
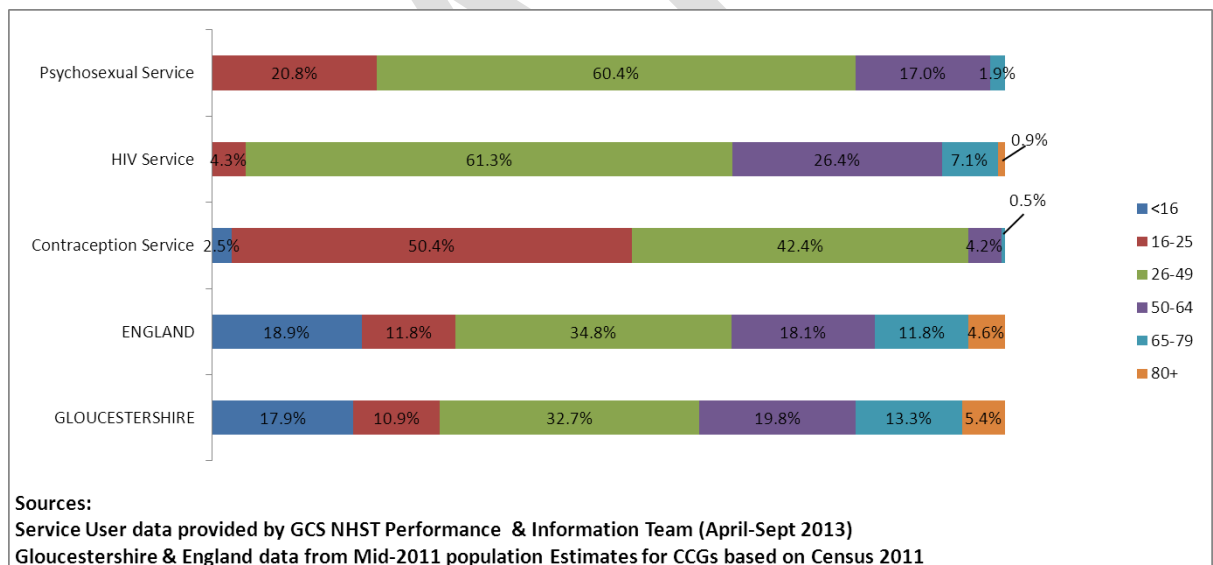

Figure 26: Sexual Health Services - service user age profiles
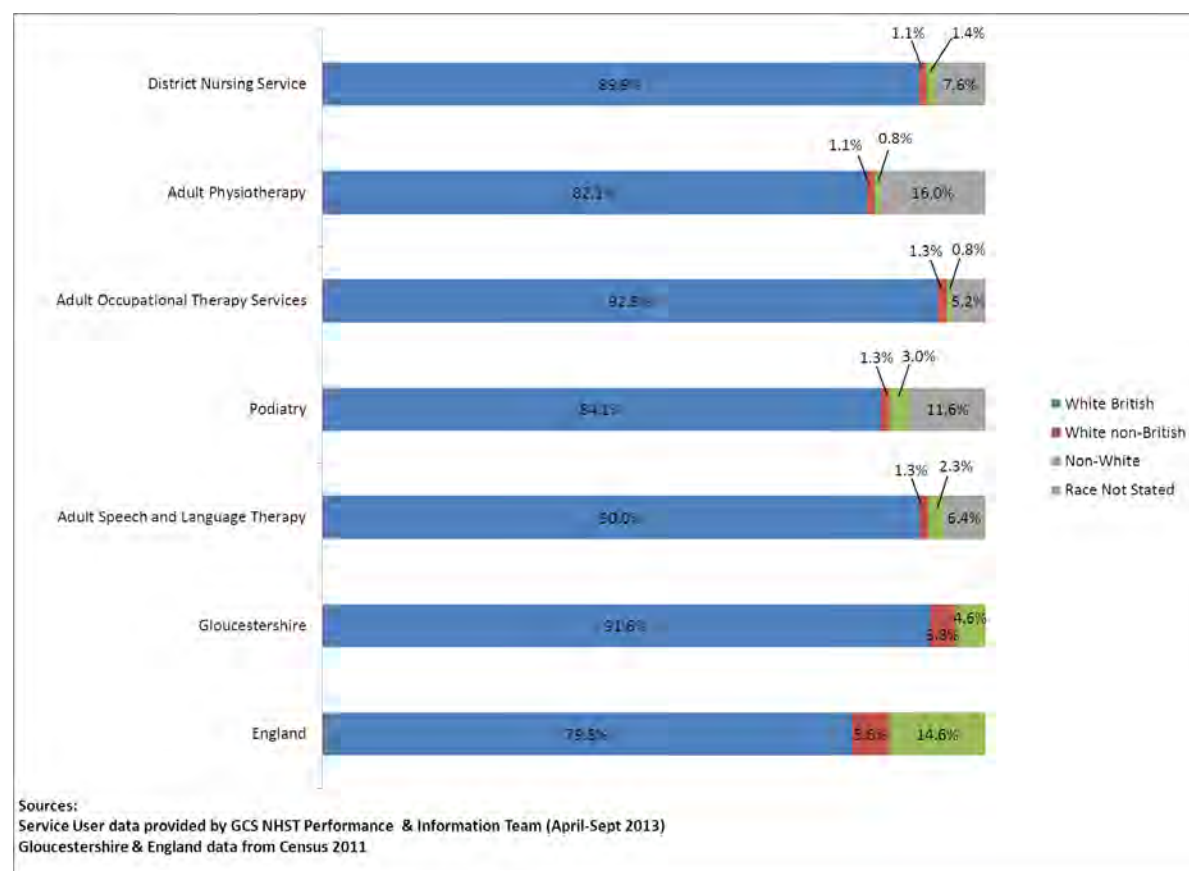
A.3 Service user profiles by race

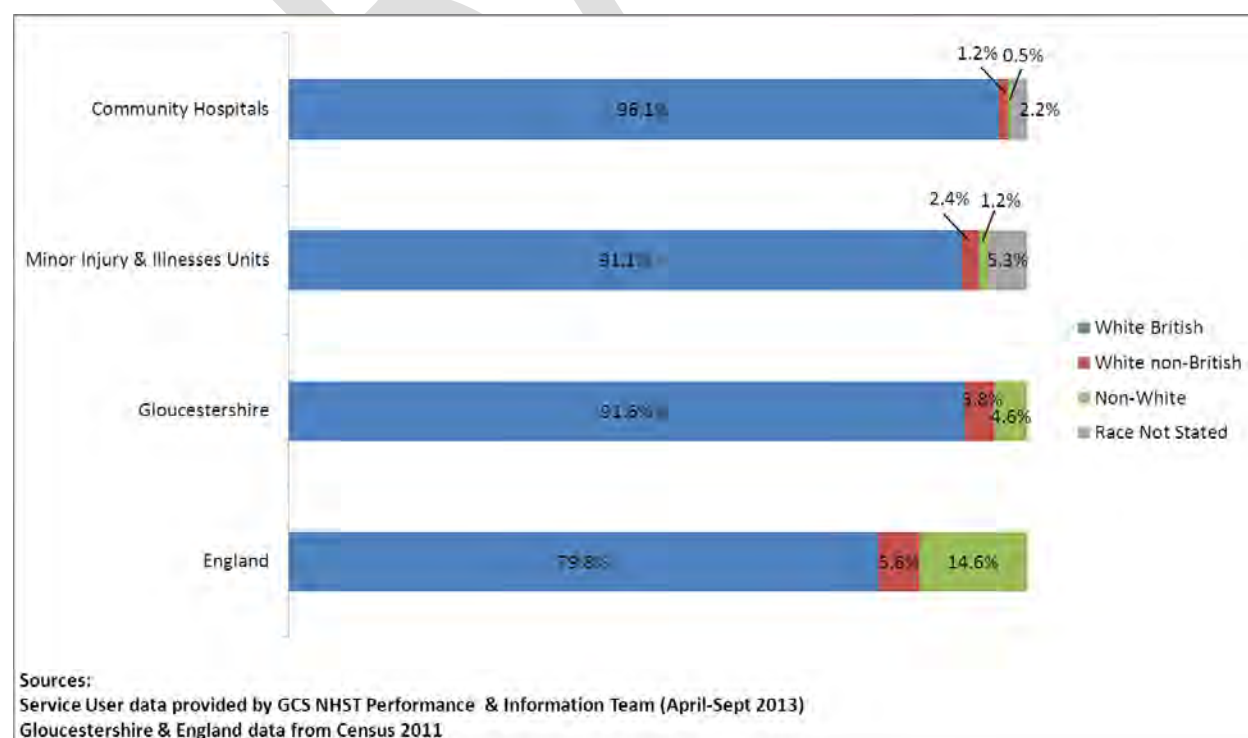**Figure 27: Adult Community Services: service user race profiles**

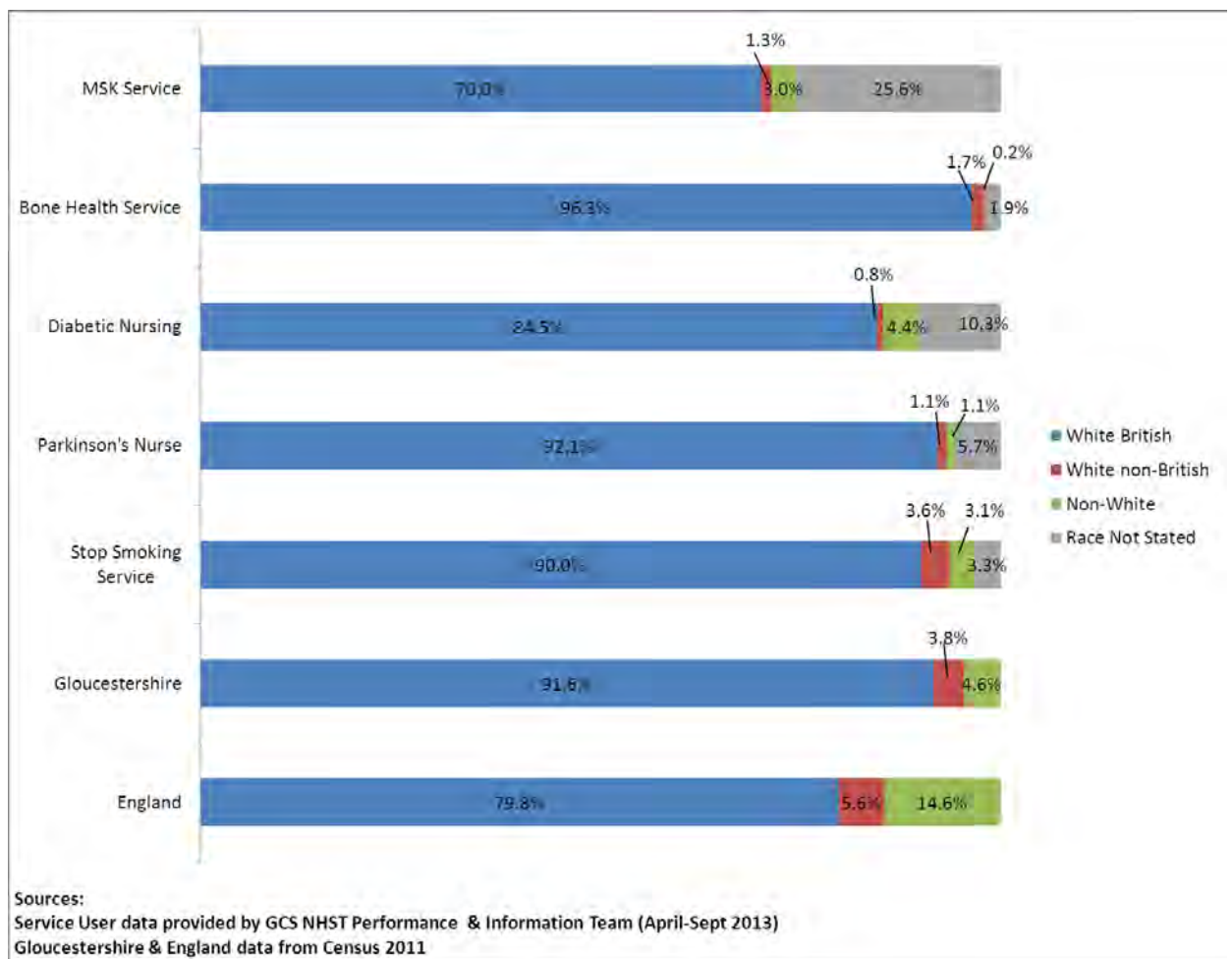**Figure 28: Community Hospitals and MIIUs - service user race profiles**

Figure 29: Specialist Services - service user race profiles

The chart shows race profiles (White British, White non-British, Non-White, Race Not Stated) for the following categories:

- **MSK Service**: 70.0%, 3.0%, 1.3%, 25.6%
- **Bone Health Service**: 96.3%, 1.7%, 0.2%, 1.9%
- **Diabetic Nursing**: 84.5%, 0.8%, 4.4%, 10.3%
- **Parkinson's Nurse**: 92.1%, 1.1%, 1.1%, 5.7%
- **Stop Smoking Service**: 90.0%, 3.6%, 3.1%, 3.3%
- **Gloucestershire**: 91.6%, 3.8%, 4.6%
- **England**: 79.8%, 5.6%, 14.6%

Sources:
Service User data provided by GCS NHST Performance & Information Team (April-Sept 2013)
Gloucestershire & England data from Census 2011

Sources:
Service User data provided by GCS NHST Performance & Information Team (April-Sept 2013)
Gloucestershire & England data from Census 2011

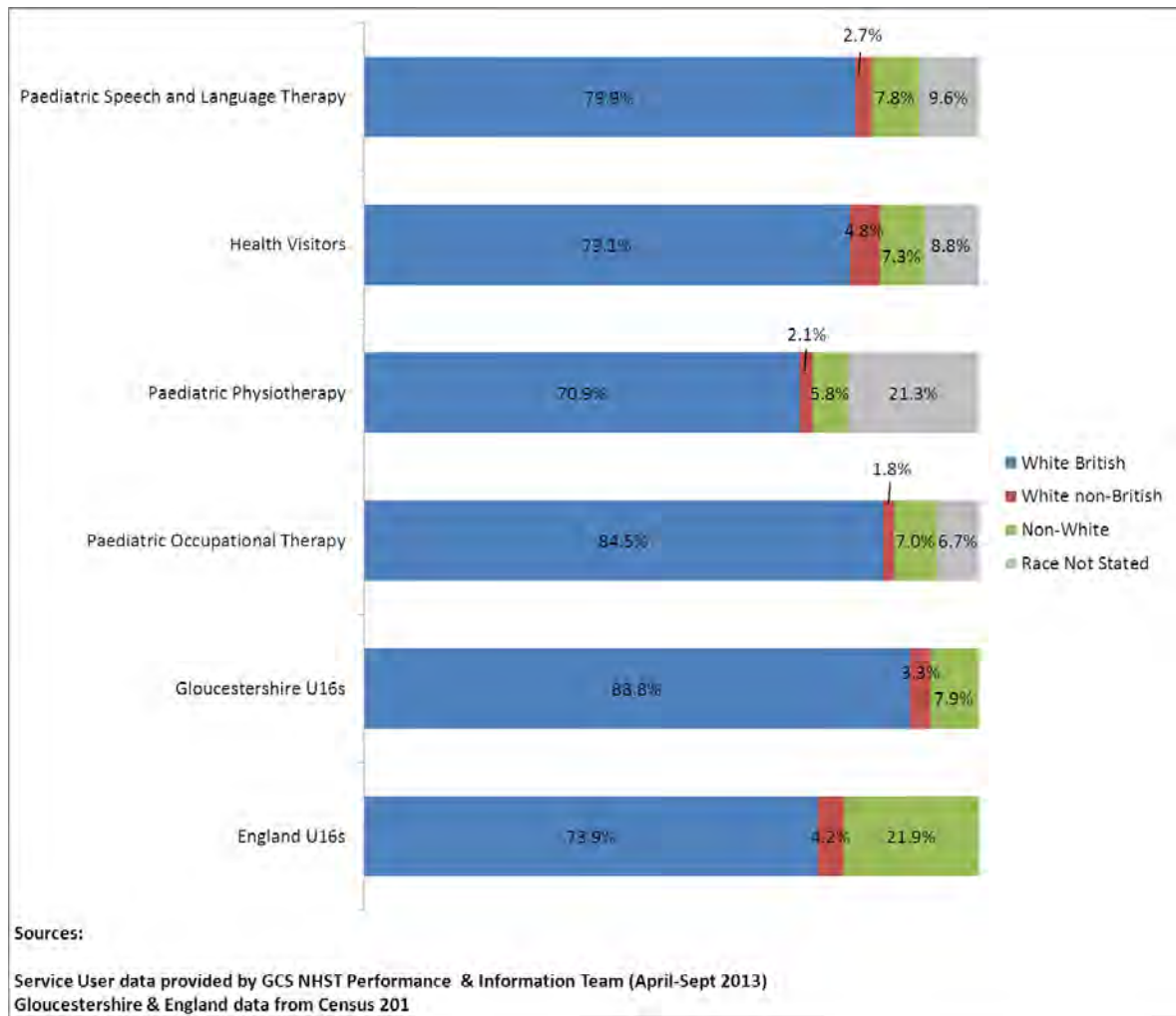**Figure 30: Sexual Health Services - service user race profiles**

Figure 31: Children's Services - service user race profiles
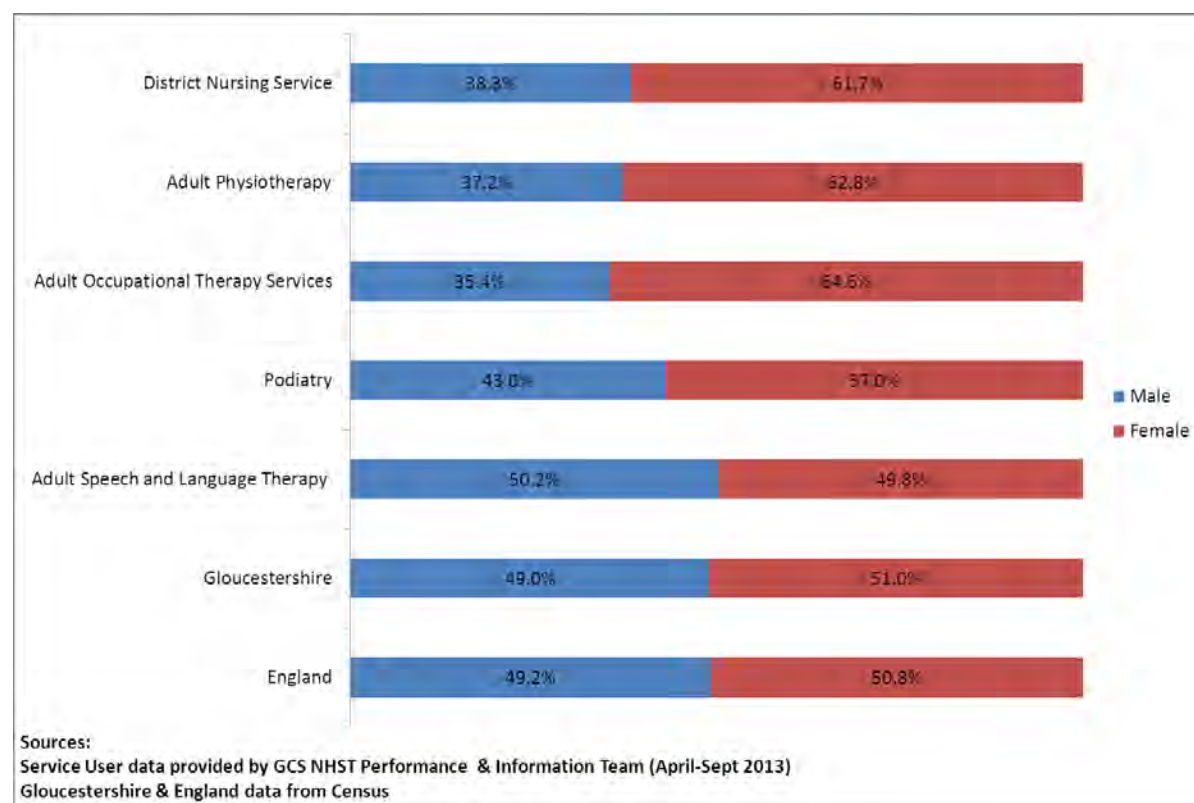
A.4 Service user profiles by sex

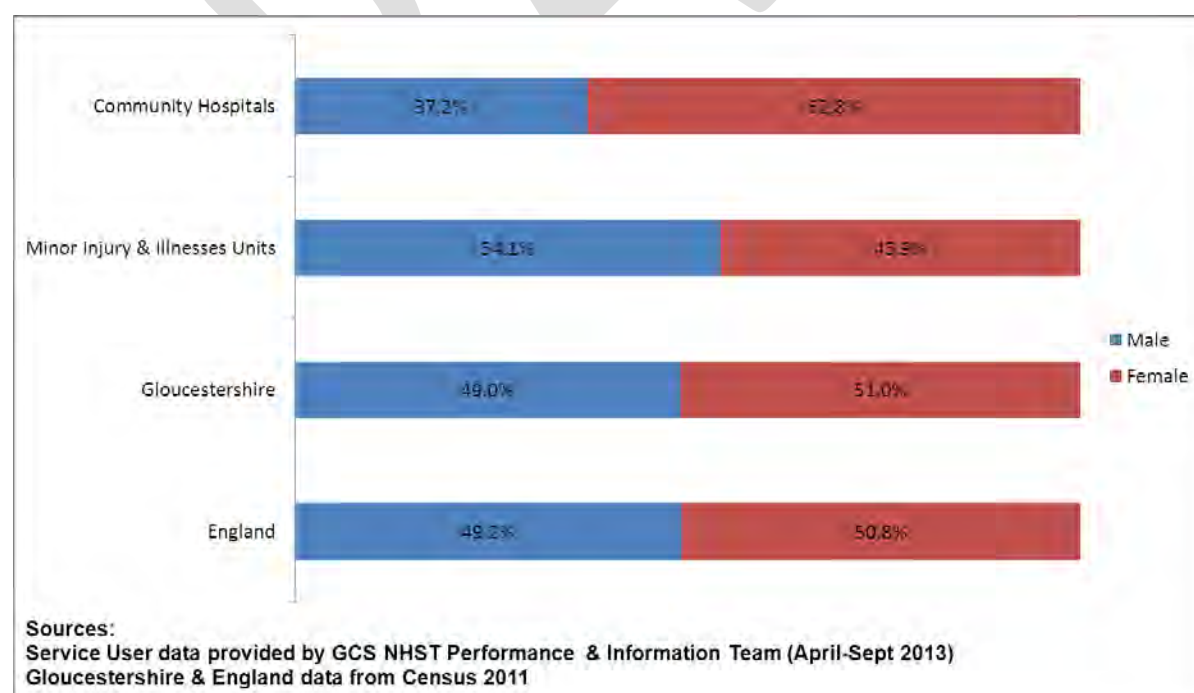**Figure 32: Adult Community Services - service users by sex**

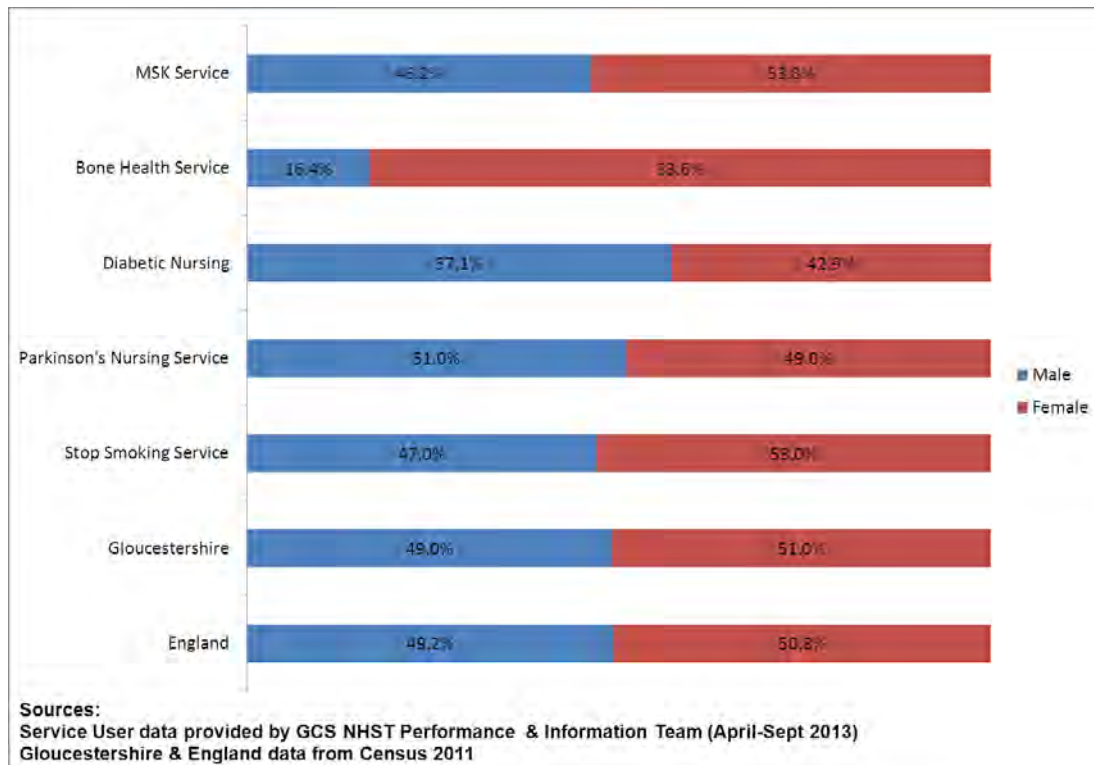**Figure 33: Community Hospitals and MIIUs - service users by sex**

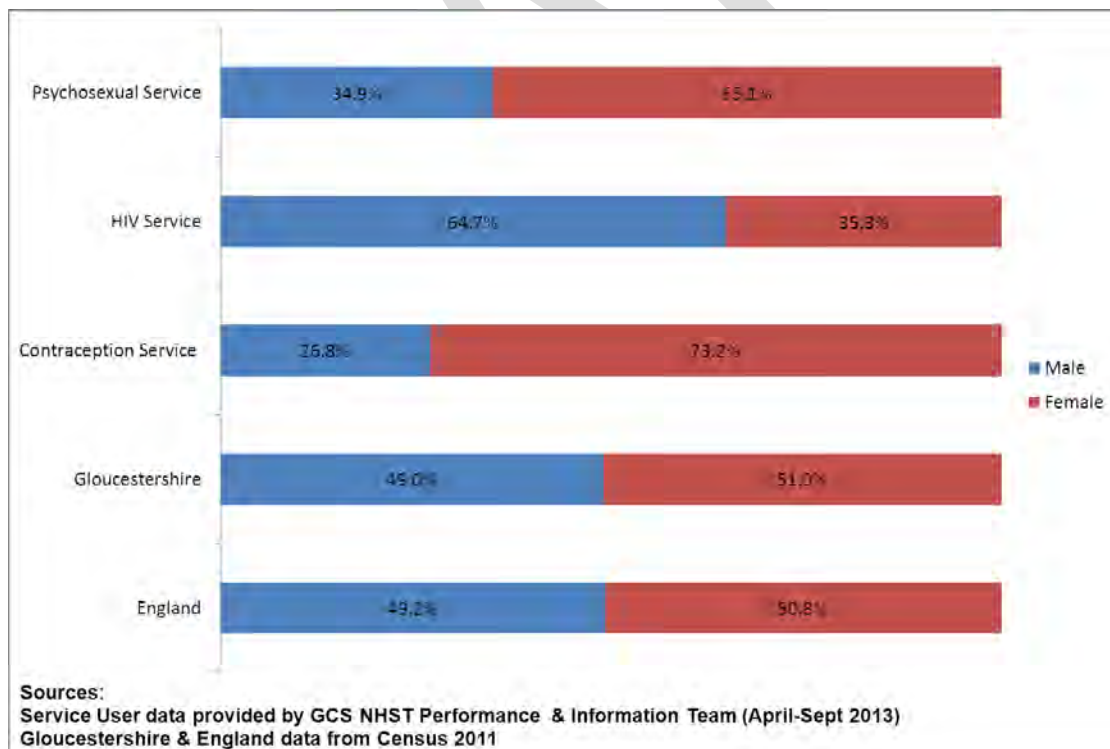**Figure 34: Specialist Services - service users by sex**

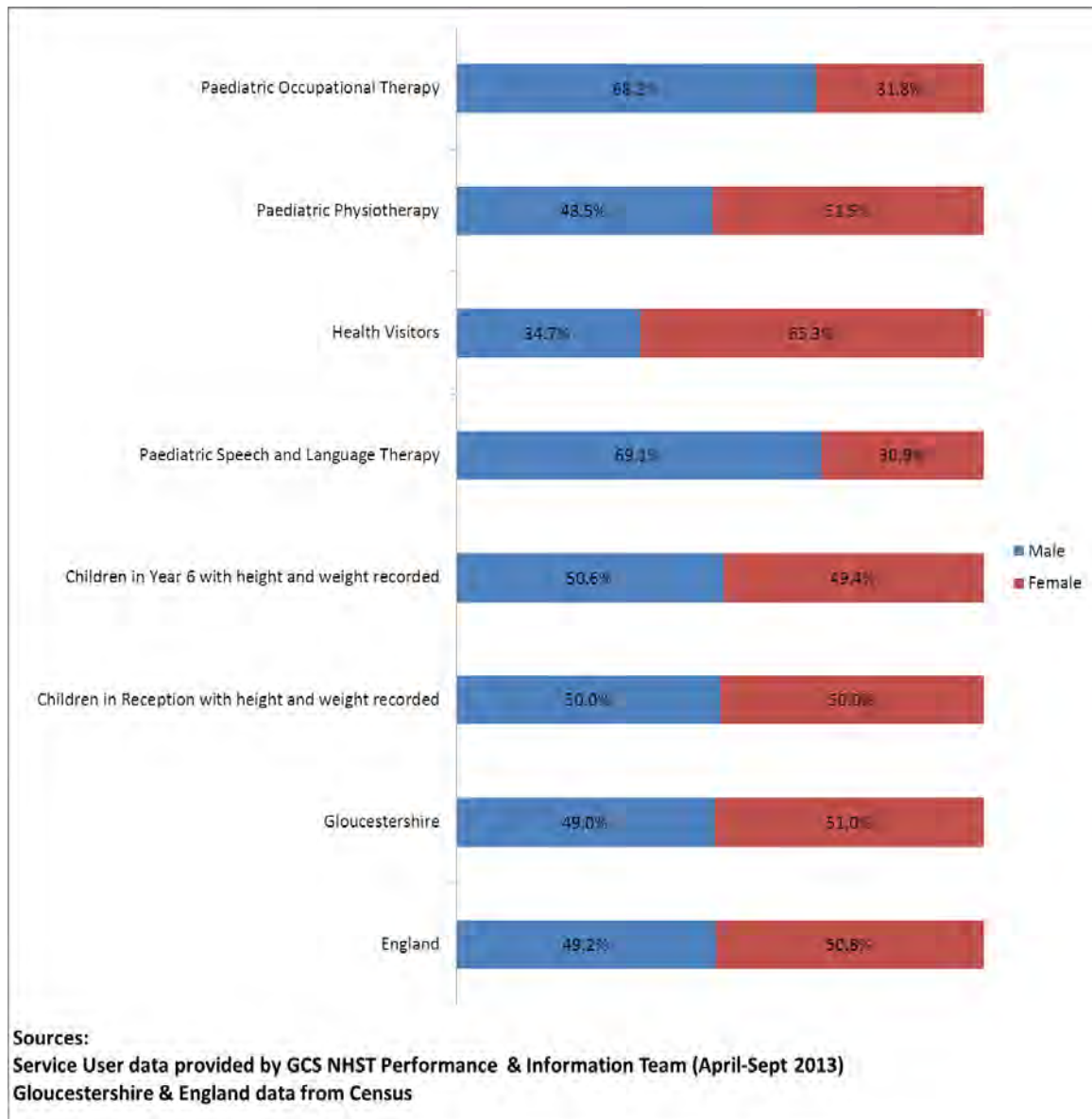**Figure 35: Sexual Health Services - service users by sex**

Figure 36: Children's Services - service users by sex

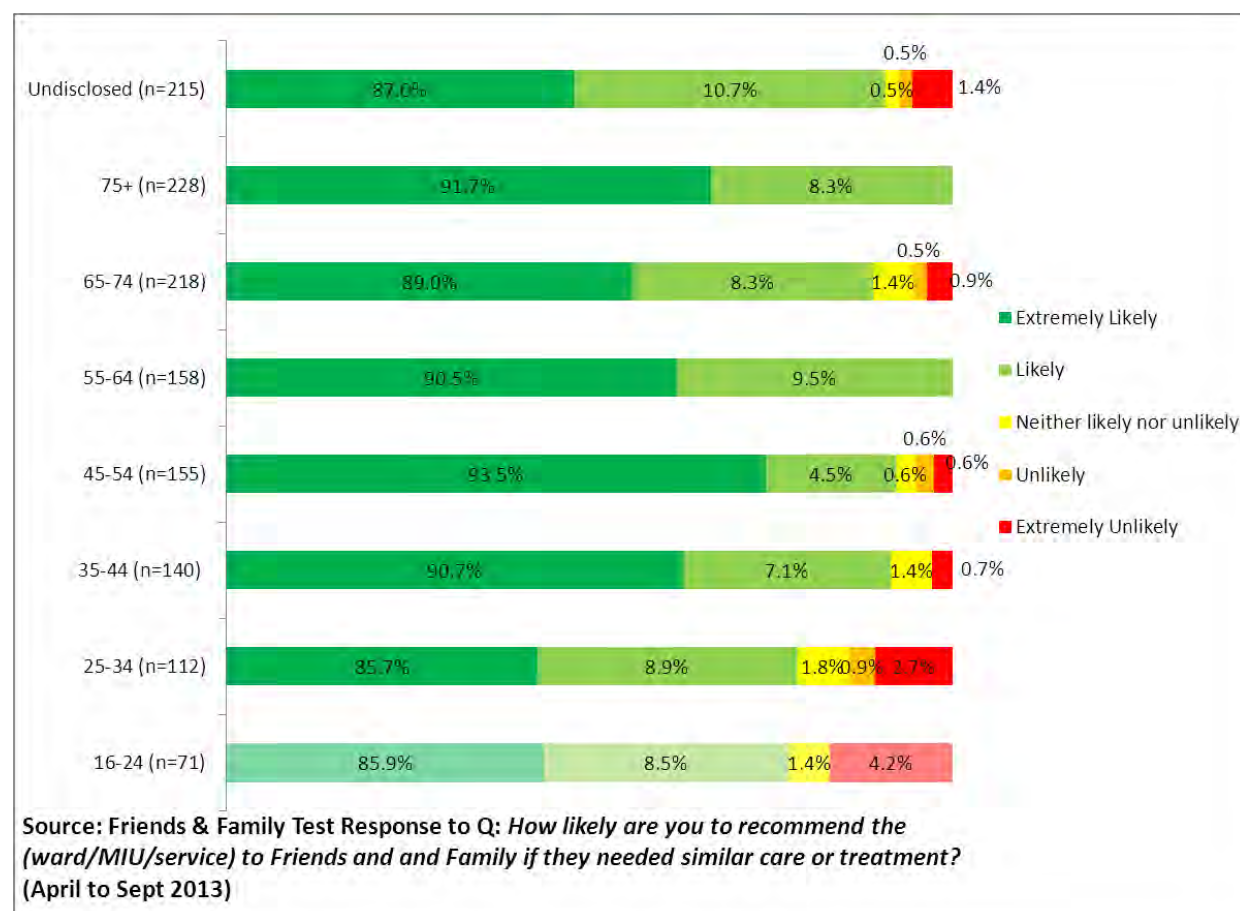## Appendix B: Response to Friends & Family Test by protected characteristics

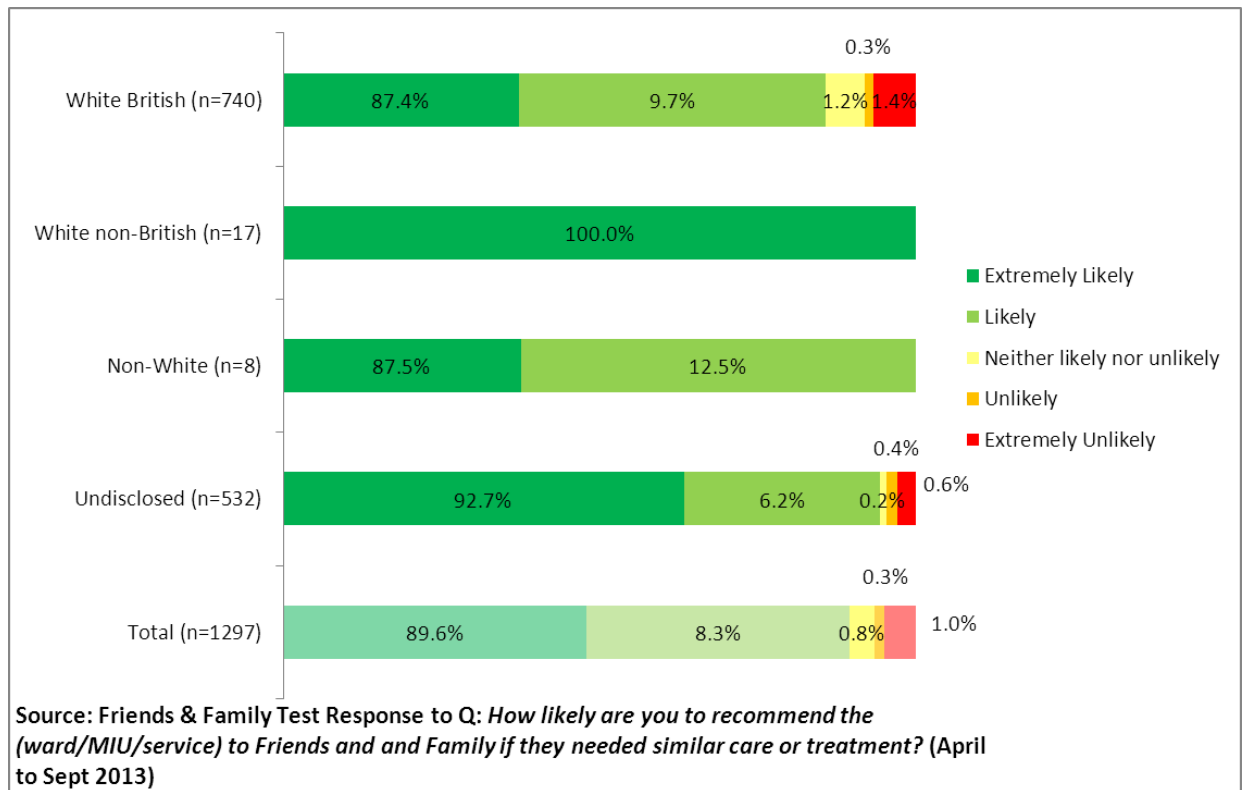Figure 37: Response to Friends & Family Test analysed by age

Source: Friends & Family Test Response to Q: *How likely are you to recommend the (ward/MIU/service) to Friends and and Family if they needed similar care or treatment?* (April to Sept 2013)

Figure 38: Response to Friends & Family Test analysed by race

Source: Friends & Family Test Response to Q: *How likely are you to recommend the (ward/MIU/service) to Friends and and Family if they needed similar care or treatment?* (April to Sept 2013)
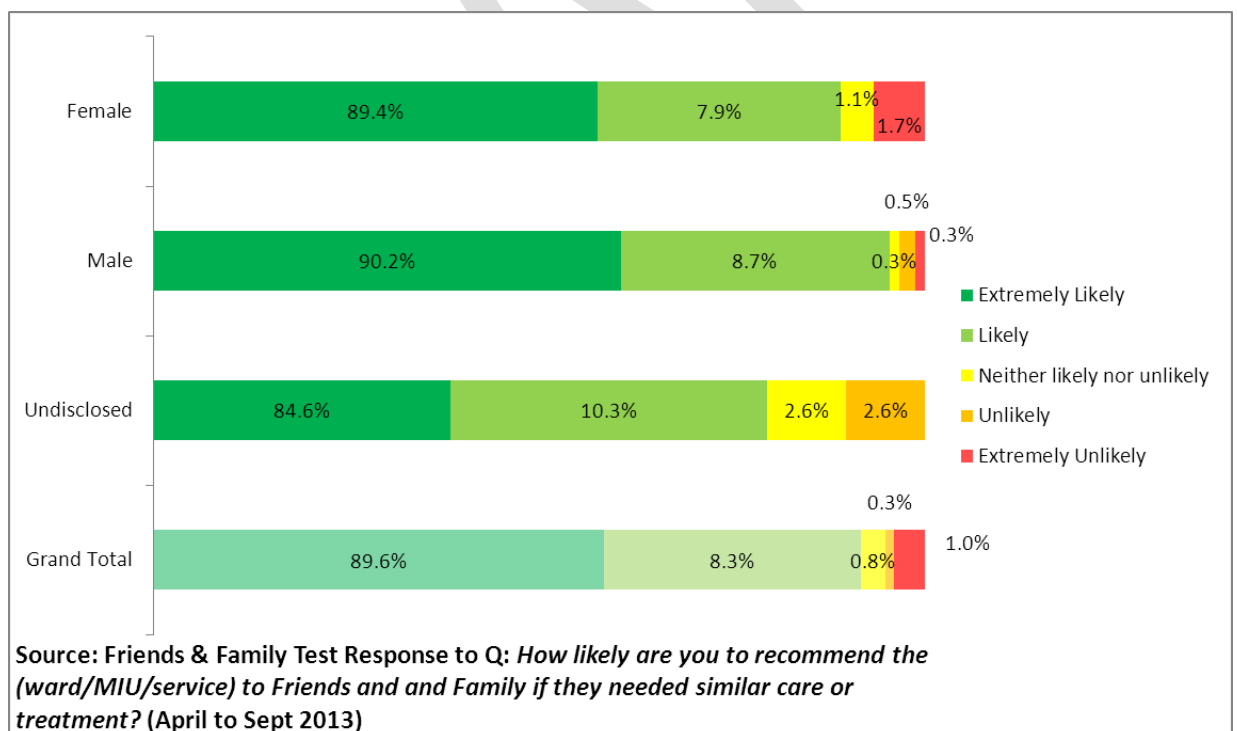
Figure 39: Response to Friends & Family Test analysed by sex

Appendix C: Recruitment data by protected characteristics

	Applied	Shortlisted	Appointed
Numbers	7029	1908	367
Disability			
Disability	4%	4%	4%
No disability	95%	95%	95%
Undisclosed	1%	1%	1%
Sexual orientation			
Heterosexual	92%	92%	92%
Gay	1%	1%	
Lesbian	1%		1%
Bisexual	1%	1%	
Undisclosed	5%	6%	7%

Figure 40: Recruitment by Disability and Sexual Orientation
(Source: NHS Jobs 01/04/12-30/09/13)
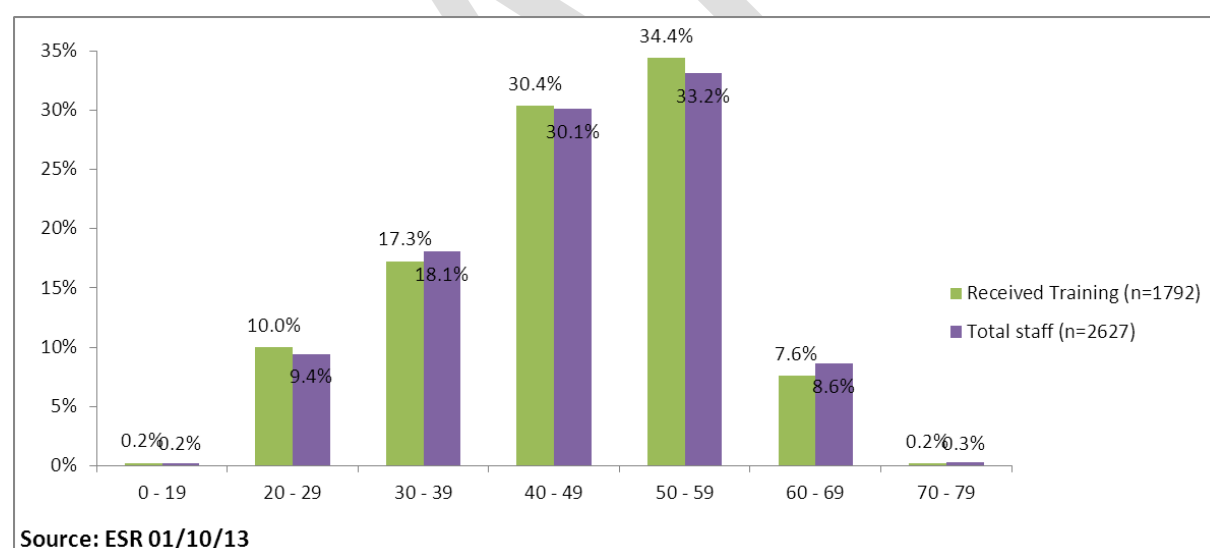
Appendix D: Access to training by protected characteristics

Source: ESR 01/10/13

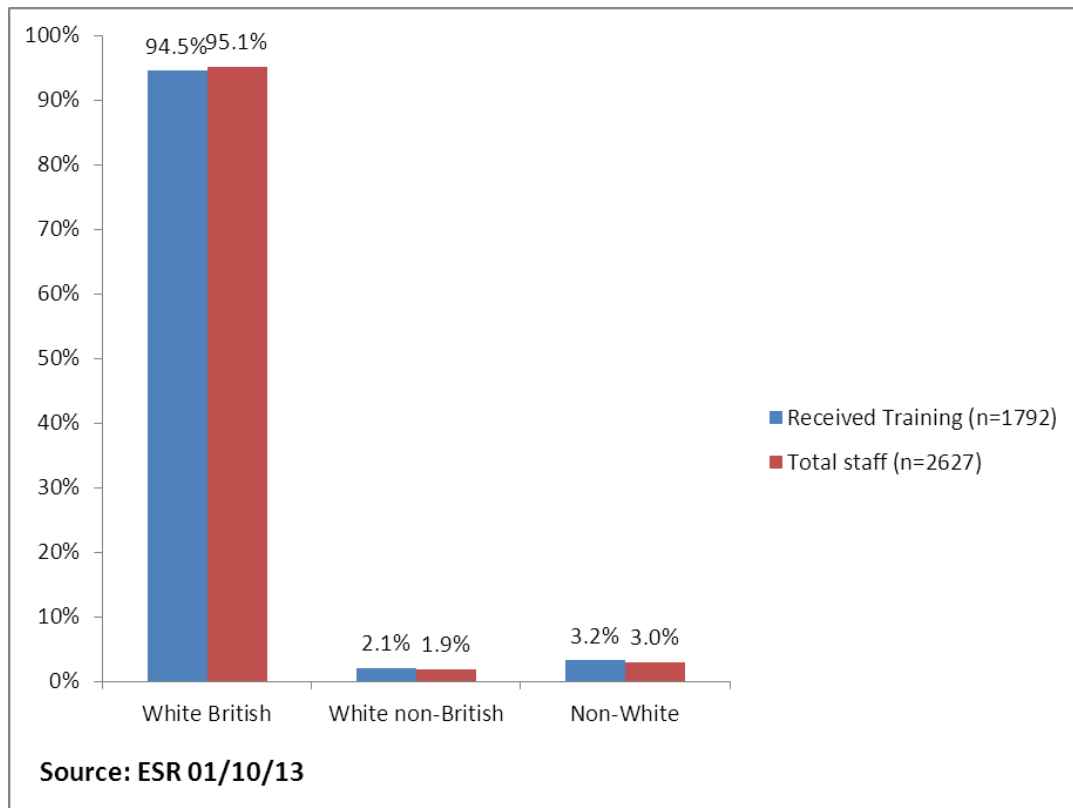**Figure 41: Access to Training by age**

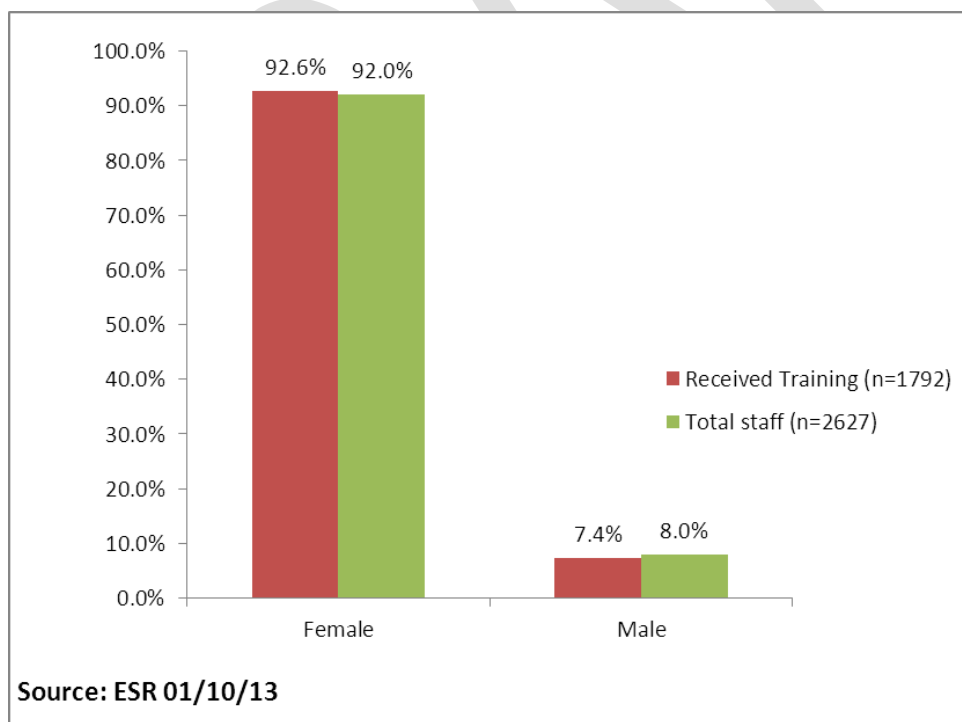**Figure 42: Access to training by Race**

Figure 43: Access to training by Sex

Gloucestershire Care Services NHS Trust Board

Title:	Integrated Governance and Quality Committee Report	21st January 2014
Agenda Item:	15	
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the meeting of the Integrated Governance and Quality Committee held on 9th January 2014.	
Key Points:	The report sets out the key points discussed and the approved minutes of 17th October meeting are attached.	
Options and decisions required	The Board is asked to receive the report and the approved minutes of 17th October 2013 meeting for information and assurance.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x
Next steps/future actions	Approved minutes from the Integrated Governance & Quality Committee will be presented to Board at the next meeting	
Author name and Title	**Liz Fenton Director of Nursing**	**Committee Chair**	**Sue Mead Non-Executive Director**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 21st January 2014
Location: Dowty Sports and Social Club

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Agenda item 15: Report of the Integrated Governance and Quality Committee

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Integrated Governance and Quality Committee meeting held on 9th January 2014. The approved minutes of 17th October 2013 meeting are attached for information.

2. Welcome to new members

The newly appointed Chair of the Committee (Sue Mead, Non – Executive Director) introduced herself and shared with the Committee her vision to develop the role and function of the group in order to ensure the provision of an effective balance of support and challenge to enable Board assurance. This will include considering the evidence as a whole from a number of internal and external sources, taking the opportunity to do "deep dives" into specific areas and issues underpinned by a programme of quality and safety visits.

The Chair welcomed Nicola Strother Smith (Non-Executive Director Designate) and Melanie Rogers (Head of Clinical Governance) also attending the meeting for the first time after their appointment.

3. Stroud General Hospital care Quality Commission (CQC) Inspection

The Committee received a report of the verbal feedback following the unannounced visit by the CQC to Stroud General Hospital in November 2013. It was noted that all standards assessed were considered to be met and the hospital team congratulated on the positive report. An action plan has been developed which recognised the learning from this inspection that can be shared across other GCS Services.

The Committee will discuss the full report and supporting action plan at its meeting in February.

4. Proposed clinical governance meeting structure

Discussion took place on a proposal to review and reduce the number of meetings whilst ensuring a robust reporting and accountability structure. The group delegated to the Committee Chair, Director of Nursing and Head of Clinical Governance the

authority to revise this work and consider implementation outside of the meeting and report back.

The group also considered options for a revised programme of quality assurance visits. A range of options are being developed that will actively seek user views and provide a spotlight on themes from the CQC Essential Standards all underpinned by triangulated data from the variety of sources available. Such visits may be planned or unannounced. It was agreed that an appropriate balance of support and challenge needed to be achieved and that consideration be given to the involvement of Commissioners, Healthwatch and others to provide external validation to the process.

This would enhance the level of assurance in both hospital and community settings of peer review and patient experience visits. The Non-Executive Directors present reaffirmed their commitment to supporting such programmes and being part of such teams.

5. Sub-Group Reports

The Committee received updates from the Information Governance Assurance Steering Group, Quality and Safety Group and the Infection Prevention and Control and Decontamination Committee.

6. Reports

The Committee received and noted the Equality Annual Report. Whilst it was acknowledged that there are currently gaps in the trusts response to its obligations it was agreed that this was a well written and comprehensive report and provided a sound baseline for the trust to continue to develop this agenda. The future work programme will be supported by the Equalities Steering Group.

7. Serious Incidents Requiring Investigation (SIRI)

The Committee were informed that within GCS NHS Trust there is currently one SIRI under review and this related to an acquired grade there pressure ulcer in a community hospital. A full root cause analysis has been undertaken which will be shared at the IGQC meeting in February 2014.

The Committee considered the data provided for assurance that such incidents are managed within the required timeframes and that any actions arising are completed.

8. Conclusions and Recommendations

The Board is asked to:

- **Note** this report
- **Note** the plans to develop a programme of quality assurance visits using a range of models that will both provide robust assurance and support to care teams in developing the quality of services

- **Receive** the approved minutes of 17th October 2013 meeting for information and assurance

Report prepared by: **Liz Fenton, Director of Nursing**
Report Presented by: **Susan Mead, Chair, Integrated Governance and Quality Committee**

Appendices:

Appendix 1: Approved minutes of the Integrated Governance and Quality Committee held on 17th October 2013

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
INTEGRATED GOVERNANCE AND QUALITY COMMITTEE

Minutes of the Meeting held on Thursday, 17 October 2013

Present:

Members:

Ingrid Barker (IB)	Trust Chair (Chair)
Joanna Scott (JS)	Non- Executive Director
Elizabeth Fenton (EF)	Director of Nursing

In Attendance

Glyn Howells (GF)	Director of Finance
Susan Field (SF)	Director of Adult Services
Candace Plouffe (CP)	Director of Operations - Countywide and CYP Services
Tina Ricketts (TR)	Head of HR
Louise Foster (LF)	Joint Acting Clinical Director – Dental (Countywide representative)
Susan Luce (SL)	Head of Clinical Governance (Interim)
Amanda Harris (AmH)	Information Governance and Risk Manager
Lucy Lea (LL)	Equality & Diversity Manager
Rod Brown (RB)	FT Programme Manager
Rosi Shepherd (RS)	Locality Manager, Gloucester & Stroud (Item 13)
Simeon Foreman (SAF)	Board Secretary
Jill Rowell (JR)	Governance Project Support Officer (Minute taker)

IG&Q 67/13	**Agenda Item 1: Apologies** Apologies were noted from Anne Noble, Jo Bayley, Deborah Greig, Andrew Hall, Bernie Wood, Rob Graves and Jackie Jenkins. In the absence of Anne Noble the meeting was chaired by Ingrid Barker.	
IG&Q 68/13	**Agenda Item 2: Declaration of Interests** There were no declarations of interest noted.	
IG&Q 69/13	**Agenda Item 3: Minutes of the Meeting held on 3 September 2013** The minutes of the meeting held on 3 September were **APPROVED**.	

IG&Q 70/13	**Agenda Item 4: Matters Arising**	
	The Action Log was reviewed by the Committee and the following updates noted:	
	(IG&Q 38/13) – Director of Nursing reported that a meeting had been held at EJC between our local CQC inspectors and Heads of Service. This provided an opportunity for a question and answer session and discussion about what to expect when an inspection takes place. In building positive relationships with the CQC the Director of Nursing is looking to hold similar sessions and has monthly calls booked with the inspectors.	
	At the recent FT network conference there was a call for more clinicians to support the new style inspections led by the Chief Inspector of Hospitals - the Director of Nursing, Director of Adult Services, Director of Operations - Countywide and CYP Services and the Clinical Director have put their names forward.	
	(IG&Q 59/13) – a date for re-audit of Clinical Record Keeping has been agreed for Quarter 4 2013/14 and an agreed action plan cascaded to all service teams by Rosemary Clifford, Clinical Audit & Compliance Manager. A message re-iterating the importance of accurate timely record keeping is included in the next Team Brief.	
	(IG&Q 59/13) – Board Secretary confirmed a log of internal audits carried out within GCS has been established.	
	(IG&Q 63/13) – The amendments recommended by the Committee have been incorporated into the final Annual Infection Control report which will be presented to Board in November.	
	The Committee **RECEIVED** the Action Log and **APPROVED** the actions agreed.	
	The Director of Adult Services reported GCS' Winter Plan, part of a countywide initiative, had recently been shared with the CCG and feedback received. She advised sign off of the Trust's plan has been delegated to a sub-group and a countywide table top test is scheduled to take place on 7 November.	
	Further to minute 58/13, Louise Foster requested the Business Continuity template be forwarded to Dental as promised and the Board Secretary agreed to follow this matter up with the Director of Project Development & Strategy.	**SAF/AH**
	The Chair agreed to a change in the agenda order and the strategy items (8 and 9) were presented at this juncture.	

IG&Q 71/13	**Agenda Item 8: Clinical and Professional Care Strategy** To update the Committee the FT Programme Manager (RB) and the Director of Nursing tabled a schematic diagram summarising the ethos of the Clinical and Professional Care strategy, giving example initiatives of goals the organisation would like to achieve over the next five years. These were discussed and the Committee's views, given below, will be incorporated into the strategy before being submitted to the Board Meeting on 10 December for observation and comment. RB agreed that service user involvement had not been strong in the development of the draft strategies. The YCYO group and wider stakeholders had been part of the workshop to develop the Professional and Care Strategy and that value would be added by strengthening this. The Director of Adult Services proposed the inclusion of learning from incidents and complaints and the Director of Finance suggested that to break down barriers the wording around integration be strengthened in the strategy. The Committee **NOTED** the update and **RECOMMENDED** the strategy be amended to incorporate the suggestions.	**RB/EF**
IG&Q 72/13	**Agenda Item 9: Audit & Effectiveness Strategy** RB introduced the Strategy that has been approved by the Audit and Assurance Committee, for presentation to Board in November for observation and comment. The Director of Nursing has appraised from a clinical audit perspective and met with the Director of Finance and the Chair of the Audit & Assurance Committee to review feedback. The Director of Countywide, Children & Young People's Services expressed concerns that measures of 100% (Section 8: Quality Measures) were unrealistic. It was recommended the Chair of the Audit & Assurance Committee and the Director of Nursing pick up this issue outside the meeting. The Director of Adult Services observed staff who contributed should be mentioned in the strategy. It was agreed the document was comprehensive, however, the Head of HR suggested it be simplified by splitting the detail into 'strategy' and 'policy'. RB advised the process could be extracted from the strategy and added as an Appendix. The Committee **NOTED** the Strategy and **RECOMMENDED** it be escalated to the Board, subject to the above amendments being made.	**RB**

	The FT Programme Manager left the meeting.	
IG&Q 73/13	**Agenda Item 5: Health & Safety Committee Report** The Committee received the report and the Head of HR gave a brief update. Health and Safety Performance data – It was highlighted that the IG&Q Committee needed to be clearer on which subcommittee is responsible for providing assurance for the different categories of incident data, including undertaking 'deep dives'. The Board Secretary confirmed that he is leading this work. Incidents reported to the Health and Safety Executive (HSE) – The H&S Committee agreed at its last meeting that they would review all incidents reported to the Health & Safety Executive in a similar way to which serious incidents are reviewed. This was to ensure that learning is shared across the organisation and action that has been identified as a result of the incident is completed within the agreed timeframes. The Committee **NOTED** the report and the work being undertaken by the group.	
IG&Q 74/13	**Agenda Item 6: Corporate Social Responsibility (CSR) Steering Group Minutes** The Head of HR presented the report and highlighted to the Committee that a CSR Steering Group has now been established. The Steering Group would be responsible for identifying priority areas of work in accordance with the CSR Policy and to update the IGQC against progress in these areas. The Committee **NOTED** the report.	
IG&Q 75/13	**Agenda Item 7: Report of the Infection Prevention and Control and Decontamination Committee** The Committee **RECEIVED** the Report presented by the Director of Nursing, who brought the following items to their attention: The air testing issues at Tewkesbury Hospital new build has been resolved and the facility is now open. The Trust is working in partnership with other providers, GCCG and NHSE to identify actions across the care pathway. At a recent C.diff summit it was acknowledged that GCS has a strong focus on this aspect of patient safety. There remains focus on	

	antibiotic prescribing with some work in primary care being undertaken.	
	Discussion took place about the challenge of year on year reductions of cases recognising that some of the antibiotics are critical for patient care and can save lives. More detailed work is being undertaken regarding the analysis of cases to date and the Director of Nursing is working with the Head of Performance, Matthew O'Reilly, to look at reports that break down figures by occupied bed day to support and enable effective benchmarking.	
	The Committee **NOTED** the report and the progress made in relation to C.diff and the partnership working across the health community.	
IG&Q 76/13	**Agenda Item 10: Terms of Reference Review**	
	The Board Secretary presented the review paper on the Board and its sub-committees' Terms of Reference (ToR). He reported there were very few changes required and the proposals made for the Committee's consideration were printed in red in the ToR appendices. In general, he recommended that any meeting below Board's Committee level is called 'group', with the exception of the Infection Prevention and Control and Decontamination Committee.	
	Clarity around the role of the Locality Reps invited to attend this meeting was discussed, at the request of Jackie Jenkins (Locality Rep for Forest & Tewkesbury). Although the Committee acknowledged the insightfulness and invaluable support of the Reps it was agreed that a lighter touch be introduced around attendance.	
	The Committee **RECOMMENDED :**	
	• the Operational Leads and the Director of Nursing's team develop the attendance issue and bring a proposal to the next meeting	**SF/CP/EF**
	• the Board Secretary remove the Locality Reps from the IGQC's Terms of Reference	**SAF**
	The Board and its sub-committees' Terms of Reference were reviewed by the Committee and noted:	
	Board ToR – the appointment of additional designate (non-voting) NEDs may cause complication and the Trust Chair will discuss with the Interim Chief Exec.	**IB**
	Performance & Resources ToR – propose to get another NED to Chair and meet 'typically' six times per year. It was resolved	

	that, after discussion around attendance of Operational Directors at this meeting, future agendas be circulated to Board Members.	**SAF**
	Remuneration Committee – Exec lead be amended from 'Chair" to Head of HR.	**SAF**
	The Committee **REVIEWED** the content and **ENDORSED** the proposed amendments.	
IG&Q 77/13	**Agenda Item 11: Policy Review update** The Board Secretary reported the Policy Group had met on 16 October and had reviewed the Policy on Policies to reflect working with GCC. A review of all 286 policies is required by the end of March 2014 and an expectation that the Committee ratifies them all. This arrangement is not practical and a proposal was put forward that policies are reviewed by relevant clinicians and Execs. A revised policy will be presented to December's IGQC meeting. The Director of Adult Services advised GCC has provided wording for inclusion in the first six prioritised policies that should be joint Health and Social Care documents: Case Recording Failure to Gain Access to a Property Volunteering Moving and Handling Staff Supervision Mental Capacity Act GCC are keen to progress more joint policies, such as HR, and the Board Secretary advised there is funding available to them. The Committee **RECEIVED** and **NOTED** the verbal report.	**SAF**
IG&Q 78/13	**Agenda Item 12: Essential Standards of Care** The Director of Nursing presented the paper and briefed the Committee on the key elements. A new tool being trialled for unannounced quality visits' feedback has produced improved reporting and identified common themes. With the new Head of Clinical Governance in place, it is intended to review the whole process to widen the scope and improve learning and assurance. Using learning from OFSTED, the mystery shopper pilot has been trialled by a member of her admin team, placing calls to GCS' services, and the general feedback was extremely	

	positive. However, the initiative did highlight that the Trust's complaints leaflet misdirects the public to Sanger House and needs review.	**AH**
	The 15 Steps Challenge is a framework to better understand, identify and deliver the key components of high quality care from a user perspective. It had proved difficult to recruit patients who were willing to be interviewed, however, the initiative will commence this month within the community services.	
	Rosi Shepherd, Gloucester & Stroud Locality Manager, joined the meeting at this juncture.	
	The approaches were noted and the Committee discussed in depth. The Director of Nursing agreed to review the list of sites that receive unannounced quality visits, as opinion was the community hospitals are overvisited. She advised the reports on these visits were fed back to Matrons/Locality Managers and the Director of Adult Services requested she be included in the distribution list. It was agreed a section at the end of the report for matrons/locality managers to complete on what they proposed to do, in light of the feedback, would be valuable. The Chair requested links are developed with patient user groups so their experiences can be factored in to the learning.	**EF** **EF**
	The Director of Nursing advised the TDA, are about to redefine quality and this would influence the quality reporting she is developing. At a recent Board Development session, facilitated by the FT Programme Managers, an "exam" set for the Board had highlighted the lack of triangulated data for each service. The Director of Finance observed GCS is commissioned to deliver targets but there is no summary performance information on tail that misses the cut off, although the raw data is available.	
	The Director of Nursing reported she is reviewing each of the recent significant publications, such as Francis and Keogh, and will use the key themes and principles to develop a quality report.	
	The Committee **NOTED** the report and **ENDORSED** the measures and processes in place to provide assurance standards are being met.	
IG&Q 79/13	**Agenda Item 13: Stroud Hospitals Development Project** The Locality Manager, Gloucester & Stroud, presented the report and briefed the Committee on the background and the remedial action being taken to address the issues and concerns at Stroud General and The Vale Hospitals. An updated report will be presented to December's IGQ&C meeting and a piece	**SF/RS**

	prepared for the Chief Executive's report for November Board.		
	The Committee **REVIEWED** the paper and **AGREED** the proposed actions.		
	The Locality Manager, Gloucester & Stroud left the meeting.		
IG&Q 80/13	**Agenda Item 14: Corporate Risk Register**		
	The Board Secretary advised the Corporate Risk Register is being refined to incorporate strategic objectives and time has been allocated to review it at November's Board Development session. There are currently eight red and 26 amber risks on the register which have all been reviewed in the last month. A Datix risk register module that will address key issues has been ordered and is expected to be installed by December.		
	The Director of Operations - Countywide & CYP Services requested refresher training for service leads, specifically around risk rating, and the Board Secretary will look into arranging in conjunction with training for staff when the new module is installed.	**SAF**	
	The Risk Register was reviewed and the Director of Finance will discuss Risk 015/13 (SADIE) with Bernie Wood.	**GH**	
	The Committee **RECEIVED** the report and **NOTED** the work to refine and update the Risk Register.		
	The Director of Adult Services left the meeting at this juncture.		
IG&Q 81/13	**Agenda Item 15: SIRO and Caldicott Report**		
	The Director of Nursing presented the report that highlights the actions taken since the beginning of the year on behalf of GCS. She reported the Trust has been registered as a Data Controller, with the required officers in place. A piece of work has recently been undertaken to review all Datix incidents regarding records and has identified a good reporting culture within the organisation. Mini teaching sessions and articles in the Team Brief are to be used to heighten the profile of information governance issues to staff. The SIRO and Caldicott report will be presented quarterly to the Committee.		
	The Director of Operations – Countywide & CYP Services commented this was first sight of some of the incidents recorded on the spreadsheet (Appendix 1) and we need to consider how this information can be themed and shared. The Director of Finance advised fax machines are being phased out and made		

	the Committee aware faxes can now be sent to secure email addresses. The Committee **RECEIVED** the update on the key issues reviewed and signed off by the SIRO and Caldicott Guardian.	
IG&Q 82/13	**Agenda Item 16: Performance update against the Information Governance Toolkit 2013/14v11** The Information Governance Manager presented the report on progress to date in completing version 11 of the IG Toolkit. She advised the Trust had submitted a baseline submission on 31 July 2013 and a performance update is required for submission on 31 October. NHS Gloucestershire policies formerly adopted by the Trust at inception are gradually being reviewed and replaced by GCS policies. She reported the organisation is struggling regarding asset owners and Jason Brown, FT Programme Manager, is helping to facilitate a meeting to address the issues. The Committee **RECEIVED** the report and **NOTED** the progress made towards achieving Level 2 of the toolkit.	
IG&Q 83/13	**Agenda Item 17: Annual Report Children in Care 2012/13** The Director of Nursing presented the report, which is a reflection of the work carried out by Pauline Edwards, Designated Nurse for Children in Care, on behalf of the County and to be presented to the GCCG Board. The report evidences significant development in the support to these children and young people. Dental checks on looked after children are not at the level she would like them to be, however, inroads are being made and improvements seen. The Hadwen Surgery has been commissioned by the CCG to undertake all health assessments for children who come into local authority care in Gloucestershire. The Designated Nurse and Imelda Bennett, Designated Doctor for Children in Care, oversee the actions across Gloucestershire. The Director of Operations – Countywide & CYP Services advised the Joint Acting Clinical Director – Dental that recording of the children's dental assessments was the responsibility of Social Care but will request the detail from the Designated Nurse. The Committee **NOTED** the report.	**CP**
IG&Q 84/13	**Agenda Item 18: Equality Plan 2013-14** The Equality and Diversity Manager (LL) presented the report and highlighted the organisation's obligations to develop and embed structures and processes that will advance equality. The	

	Equality Plan proposes six actions to address this and LL briefed the Committee:	
	- GCS' performance from an equality perspective will be analysed and a draft report produced for the beginning of December for the IGQC's consideration - Equality objectives would be produced to address priorities identified in the report by April 2014 - An Equalities Steering Group would be set up in accordance with the terms of reference provided - The Trust would introduce more stringent requirements for equality analysis of its activities which would be overseen by the Steering Group - The Trust would introduce a Governance Framework to embed equalities across the organisation - The Trust would adopt the Equality & Human Rights Policy that had been developed in 2012, which had been updated to reflect the Trust status as a standalone organisation	
	She advised the Terms of Reference for the Equalities Steering Group will be reviewed by the Board Secretary and herself once the Group has met on three occasions. HR is in possession of a CQC board game that staff can play based on equality themes and scenarios. This would be tested at different meetings and forums within the organisation	
	The Committee **NOTED** the Trust's equality obligations and **ENDORSED** the proposals to address them.	
	The Committee **APPROVED** the Equality and Human Rights Policy.	
IG&Q 85/13	**Agenda Item 19: Any other business** a) The Board Secretary requested approval to establish a short life Steering Group, chaired by the Director of Nursing, to meet between November 2013 and March 2014 to progress the IG Toolkit.	
	The Committee **APPROVED** the proposal.	**SAF**
	b) CP confirmed that the recent warning distributed by NHS Protect on 14 October 2013 has been cascaded to appropriate Service Leads for information and follow up as required. The warning provided guidance on using and storing instant cold packs (commonly used to reduce pain or inflammation from joint and muscle injuries) as they contain chemicals that can and have been used to	

	make explosives. The following guidance from the Home Office is: • Keep all packs locked securely away when not in use • Report all thefts and significant losses of packs • Ensure that packs are disposed of appropriately, once used, by referring to local policies on disposal methods	
IG&Q 86/13	**Agenda Item 20: Matters for other sub-committees** • Audit and Effectiveness Strategy to Board (FT Programme Manager)	**RB**
	The Chair closed Part 1 and the Equality and Diversity Manager left the meeting.	
	Date of Next Meeting : 19 December 2013 at 2.00pm in the Leckhampton Room, Edward Jenner Court	

Gloucestershire Care Services NHS Trust Board

Title:	**Audit and Assurance Committee Report**	**21 January 2014**
Agenda Item:	16	
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the meeting of the Audit and Assurance Committee (AAC) held on 17 December 2013.	
Key Points:	The Committee approved the minutes of the meeting held on 17th September 2013. Other key points discussed at the December meeting are outlined in the report.	
Options and decisions required	The Board is asked to **RECEIVE** the report and the approved September minutes for information and assurance.	
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users	X
	Objective 2 – To integrate health and social care services	X
	Objective 3 – To develop and strengthen partnerships with our communities	X
	Objective 4 – To support, develop and involve our staff	
	Objective 5 – To strengthen our excellent reputation	X
	Objective 6 - To deliver our contract commitments and provide value for money	X
Next steps/future actions	The Committee has agreed a forward programme which will be reviewed on an on-going basis.	
Author name and title	**Rob Graves, Non-Executive Director**	**Committee Chair**	**Rob Graves**

Gloucestershire Care Services **NHS**
NHS Trust

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 21st January 2014
Location: Dowty Sports & Social Club, Down Hatherley

Agenda item 16: Report of the Audit and Assurance Committee

1. Introduction

This report provides a summary of the meeting of the Audit and Assurance Committee held on 17th December 2013. The approved minutes of the 17th September meeting are attached for information.

2. Key Issues

2.1 External Audit
The extensive and frank discussion focussed on the issues associated with establishing correct opening balances for the 2013/14 financial year. There is a national issue arising from the transition from PCTs to CCGs which, in the case of Gloucestershire Care Services, is exacerbated by the complexities associated with the establishment of a stand-alone Trust. Appropriate communication steps were agreed to ensure the TDA and other relevant parties are kept fully informed.

2.2 Internal Audit
The internal auditors provided a progress report including an overview of the plan for the balance of the financial year – this was accepted. Specific reports on Corporate Record Keeping and Staff Appraisals were reviewed and appropriate follow-up agreed.

2.3 Counter Fraud
The continuing strong performance and contribution of the Counter Fraud team was acknowledged. Their current action pan and associated resource deployment levels were reviewed and accepted.

2.4 SBS Performance
The level of service continues to be below acceptable levels. The finance team will continue to monitor this, taking remedial action where necessary. This will continue as a standing item on this Committee's agenda until the situation is resolved.

2.5 IT & Property Updates
The Committee formalised its request for reviews of these two important areas to be provided at the March 2014 meeting.

2.6 Draft Annual Governance Statement
Initial draft was reviewed and the Board Secretary's approach endorsed. The Committee reinforced its commitment to closely monitoring the development and finalisation of this important document.

2.7 Standing Items reviews

Comprehensive reviews of Budget Holders' cost centres, Debtors and Write-offs, Losses and Special Payments and Better Payment Practice were conducted. No new significant issues were identified. Some minor reporting refinements were proposed for future reviews.

3. Meeting with Auditors

The Committee met with the Auditors independently of the Executives ahead of the full meeting in accordance with the Committee's Terms of Reference. There were no matters to draw to the attention of the Board.

4. Recommendations

The Board is asked to:

- **NOTE** this report

- **RECEIVE** the approved minutes of the 17th September 2013 meeting

Report prepared by: Robert Graves, Committee Chair

Report Presented by: Robert Graves, Committee Chair

Appendices:

Appendix 1: Approved Minutes of the Audit and Assurance Committee held on 17th September 2013

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
AUDIT AND ASSURANCE COMMITTEE

Minutes of Meeting held on 17 September 2013
In the Boardroom, Edward Jenner Court

Present:	Robert Graves - Chair (RG)	Non-Executive Director
	David Harwood (DH)	Non-Executive Director
	(dial in connection)	
In attendance:	Stuart Bird (SB)	Head of Finance
	Johanna Bogle (JB)	Financial Accountant
	Sallie Cheung (SCh)	Local Counter Fraud Specialist
	Simeon Foreman (SAF)	Board Secretary
	Paul Dalton (PD)	Internal Audit, Pricewaterhouse Coopers
	Duncan Laird (DL)	External Audit, KPMG
	Jon Brown (JBr)	External Audit, KPMG
	Rod Brown (RB)	FT Programme Manager (for Agenda Item 6)
Secretariat	Jill Rowell (JR)	Governance Project Support Officer
Apologies:	Anne Noble (AN)	Non-Executive Director
	Glyn Howells (GH)	Director of Finance

Ref	Minute	Action
A&A 32/13	**Agenda item 1. Apologies** The Chair welcomed colleagues and introductions were conducted for the benefit of David Harwood, who was connecting to the meeting through speaker phone. Apologies were recorded for Anne Noble, Non-Executive Director and Glyn Howells, Director of Finance.	
A&A 33/13	**Agenda item 2. Declarations of Interest** There were no declarations of interest noted.	
A&A 34/13	**Agenda item 3. Minutes of the previous meetings held on 13th June and 4th July 2013** The Committee **RECEIVED** the unconfirmed minutes of meetings held on 13th June and 4th July 2013. The Head of Finance informed the Committee that the waivers mentioned in the Minutes have been raised but not yet submitted to Johanna Bogle, Financial Accountant.	

	Resolution: The Committee APPROVED the minutes of 13th June and 4th July.	
A&A 35/13	**Agenda item 4. Action Log and Matters Arising** The Committee **REVIEWED** the action log and the following amendments were noted. 19/9/12 item 8 – the IT strategy item is a long standing request to see a diagrammatic picture of all key systems not just clinical (i.e. this should include areas such as accounting, HR, payroll etc) and how they fit together. This item will come to the December meeting. AA16/13 – A summary of the Scheme of Delegation is still required and this action remains open. AA18/13 – The self-assessment of Committee effectiveness is now included on the agenda plan. External Audit will share an assessment tool with the Board Secretary to support this work. AA20/13 – LCFS Dental Access Centre review report will come to the Committee in March 2014 and is marked on the forward agenda plan. Action closed. AA24/13 – Property update scheduled for December 2013 and action remains open. AA25/13 – Legacy issues are now shown in the Debtor reports. Action closed. A matter arising from the 13 June 2013 meeting related to £2.5m for additional staffing in community hospitals will be monitored through the Performance and Resources Committee. **Resolution: The Committee NOTED the updates on the action log and the closed actions.**	**GH** **JBr**
A&A 36/13	**Agenda item 5. Forward Agenda Plan** The Committee **REVIEWED** the forward agenda planner and requested a number of suggested additions. The Board Secretary will make the changes and reissue the revised version to the Committee. The Committee also requested the planner be extended into the 2014/15 year. Discussion took place on the role of the Committee in assuring the FT programme work and whether third party independent reviews should come to the Committee. It was agreed that the Board Governance Assurance Framework (BGAF) will be cross-referenced to the Committee as required but that the main discussion and review will take place at IGQC.	**SAF**

	Resolution: The Committee REQUESTED amendments to the forward agenda plan based on t he discussions in meeting and revised version to be shared.	
A&A 37/13	**Agenda item 6. Audit and Effectiveness Strategy** The FT Programme Manager presented this item for information and discussion ahead of formal submission to Trust Board on 12th November 2013. The documents will also be shared with the Integrated Governance and Quality Committee (IGQC), Health and Safety Group and Clinical Audit Strategy Group. The Chair invited comments from auditor colleagues; external auditors confirmed the document is very thorough. Internal Audit colleagues are working through the document and will share comments shortly. The Chair opened the wider discussion with a comment that the document covered a lot and should influence the work of the AAC. It was acknowledged that the document is an aspirational 5 year strategy that will be supported by an implementation to detail the practicalities. Discussion points included the strategy being so extensive that it will be difficult to comply with all of the requirements, that some aspects are outsourced, i.e. Head of Internal Audit function, and this cannot be changed and that there is a lot of audit activity already and whether the commitment to increase incrementally on an annual basis suggests that there may be areas not covered now and whether there is capacity to deliver the extra audits. The Chair suggested that the document could be restructured to run along the two themes and that a significant amount of the detail could be placed in appendices to aid the flow of the document. The Local Counter Fraud Specialist stated that there is only one reference to fraud in the strategy. **Resolution: The Audit and Assurance Committee endorsed the strategy and requested a sm all sub-group meet to work through some of the details.** The FT Programme Manager left the meeting.	 **RG/GH/ SAF/RB**
A&A 38/13	**Agenda item 7. External Audit Reports** The Committee received a progress update from external audit that noted that, in addition to reviewing documents, meetings had taken place with Internal Audit colleagues, as well as the Director of Finance and Head of Finance to agree priorities and ways of working for the coming year. The progress report was reviewed and the Committee noted the inclusion of technical updates to cover issues that arise between	

meetings.

An area that external audit has been reviewing is the opening balances for the Trust, although this work is almost complete. KPMG will bring forward the review of opening balances in order to report to the December Audit Committee.

Discussion took place on an NHS-wide procurement strategy and the Head of Finance advised on work with Internal Audit on this and that a procurement manager had been recruited into GCS.

The independent review of governance referred to will be addressed through the BGAF work that is required as part of the FT application process. The Committee acknowledged future ongoing governance reviews may be undertaken by external or internal audit or others.

DL presented the External Audit Plan 2013/14 and noted this does not cover the charitable funds accounts. KPMG would only get involved if a full audit of the charity was to be undertaken as this may prove to be cost-prohibitive to the Trust. The Board Secretary will ensure that the Charitable Funds Committee consider this matter at their next meeting.
The plan includes a proposed timetable and a risk map to show key areas of focus. It is reported that the judgement on the levels of risk stated in the map were derived from a discussion of all KPMG auditors.

The Head of Finance asked QIPP income be included on the risk map. **JB/DL**

The document also sets out the approach to Value For Money (VFM) based on Audit Commission requirements set out in 2012.

The final update on the plan related to the Quality report and it was stated that 2013/14 requirements are awaited.

The Committee acknowledged that both external and internal auditors were talking to each other about ways of working and the Chair requested that a "no surprises" approach is adopted to highlight issues as the step-through of work takes place. The dates for the interim audit of accounts will be set and formally reported to the December meeting. **SB/JB**

Resolution: The Committee NOTED the progress report and technical update and NOTED the External Audit Plan 2013/14.

7.1 Annual Audit Fee 2013/14

The Committee received the annual audit fee proposed by KPMG for 2013/13 and noted that benchmarking had taken place in order to calculate this.

Resolution: The Committee ACCEPTED the proposed annual audit fee from KPMG of £57,800 (pus VAT) for the period 2013/14 and NOTED that future fees would be determined by the Audit Commission.

A&A 39/13	**Agenda item 8. Internal Audit Reports**	
	8.1 Annual Plan 2013/14	
	The annual plan includes a timetable for reviews to be undertaken throughout the year.	
	Responses to prior year audits on budgetary control and appraisals are awaited. There may be a need to conduct a further review on appraisals although the Committee did not want to prejudge the management response and actions.	
	PD advised that the field work on the Corporate Records review and procurement review are complete and it is expected that the draft reports will be shared shortly.	
	A CIP Audit is planned for Q3 and Internal and External Audit colleagues will be talking to the Programme Management Office team.	
	8.2 Internal Audit Reports Received	
	Clinical Record Keeping	
	The Committee discussed that this appears as an issue in the mock CQC visits undertaken by NEDS, although the report presented shows a different position. The report shows that standards and procedures are in place but not followed consistently and Internal Audit feel there needs to be more buy-in from the Clinical Audit team.	**SAF**
	It was highlighted that Root Cause Analysis of serious incidents shows clinical record keeping to be an issue and the Committee requested that this be revisited by the Internal Audit team in the near future.	**PD**
	Corporate Governance	
	This report has a MEDIUM risk rating and reflects that systems are bedding in. The report covers current and prior year findings and it is expected all actions will be closed down by December 2013.	
	It was noted that recommendation related to IGQC workload is under review.	
	Risk Management	
	This report has a MEDIUM risk rating, but Internal Audit are satisfied that the proposed actions being taken will mitigate this and that responses to this report had been timely.	
	8.3 Review of Management Action Plans	
	The Board Secretary updated that a tracker showing all management actions related to Internal Audit recommendations is being developed	

	and will be presented at the next meeting. **Resolution: The Committee NOTED the update from Internal Audit and actions being taken by management to address the recommendations.**	
A&A 40/13	<u>**Agenda item 9. Counter Fraud Report**</u> **9.1 Counter Fraud Update** The Committee heard that that the LCFS has provided 44 days of support to date, and that following discussion with the Trust's Commercial manager on a reduction in the number of planned days, a revised action plan is presented. The Local Counter Fraud Specialist expressed concern about ability to deliver the service in the reduced timeframe. The Committee discussed the value of the service to the Trust and it was agreed that the Head of Finance would escalate this matter to the Director of Finance to discuss with the LCFS. <u>Self-Review Tool</u> The Committee received an update on the Self-Review Tool and noted this had been sent to NHS Protect. This is an objective tool designed to set out what the Trust needs to achieve. The review was completed by a steering group chaired by the Head of HR. The Committee heard that some of the RED flags in the tool were in place as it was not possible to be anything but RED and that a number of these will move to AMBER/GREEN in year as a result of the action plan put in place. This will be monitored by the Audit and Assurance Committee although it is expected that the Trust will receive a formal assessment as a new organisation. <u>Overseas Visitors Report</u> The report summaries the laws covering this area and explains links to the Termination of Pregnancy service specifically. The LCFS has conducted a six month review in this area and found that only one of ten recommendations has been implemented. The LCFS team are returning to support this work as it is estimated two visitors per week should pay for the service, giving an annual cost of £200k. The Committee noted that the principles do not only apply to sexual health but also extend to a number of other services such as dentistry, out of hours and minor injuries units. No clear tariff exists and there was a request that this be escalated to NHS England. Discussion also took place on understanding the scale of the problem and the Head of Finance agreed to follow up with the Director of Finance. **9.2 Case Studies** The Committee received an update on two cases related to the dental access centre and a follow up report will be presented in March 2014. A further update on all cases was provided which the Committee received.	**SB** **SB**

	It was agreed that all counter fraud reports and papers to the Committee will be anonymised and that the minutes of the Committee will be drafted to protect confidentiality. **Resolution: The Committee NOTED the update from the Local Counter Fraud Specialist.**	**SCh**
A&A 41/13	**Agenda item 10. Review of Terms of Reference** The Board Secretary advised a review of Board and Committee terms of reference is taking place in September. This will be presented to IGQC in October 2013. **Resolution: the Committee AGREED that any proposed amendments or changes would be raised with the Chair of Audit initially and then discussed with other Committee members.**	
A&A 42/13	**Agenda item 11. Update on Assurance Framework Work** The Board Secretary updated that a Board development session had taken place in July 2013 on the assurance framework and this work is continuing. The Assurance Framework will be considered by the Executive Team each month and formally reported to IGQC and Board regularly. **Resolution: The Committee NOTED the update from the Board Secretary.**	
A&A 43/13	**Agenda item 12. Review of Budget Holders' Cost Centres** The Head of Finance advised the Committee that only 59% of planned reviews with budget holders had taken place due to having two of the four management accountants out of action. The Committee noted that the Trust will not achieve 100% in year and that the new target is for 75% of budgets to be reviewed each month. The Committee queried the number of meetings and whether the budget structure is correct. The Head of Finance reported that an individual can be a holder of multiple budgets and the Committee requested that data be presented differently to reflect this in future reports, ie the number of people, spend associated with budgets and month by month performance. **Resolution: The Committee NOTED the review of budget holders' cost centres.**	**SB**
A&A 44/13	**Agenda item 13. Update of Debtors and Write Offs** The Financial Accountant advised that the report showed a similar position to that in June 2013. The main issues highlighted related to old year legacy and opening balances.	

	The Committee questioned whether the £210k relating to the previous year would have an adverse effect on cash. **Resolution: The Committee NOTED the update on debtors and write offs and APPROVED the write off of one debt totaling £7.65.** **13.1 5QG Debt and Write Offs** The Committee noted the additional paper providing an overview of the debts transferring from the PCT in October 2013 and that work may need to be carried out to credit old invoices. Work to understand the current position (£210K) is underway and a review by External Audit will follow. **Resolution: The Committee NOTED the financial effect.**	
A&A 45/13	**Agenda item 14. Losses and Specialist Payments Register** The Committee reviewed the report which showed a number of small payments had been approved. The Committee requested that future reports show a running total and the number of incidents where payment is made. **Resolution: The Committee NOTED the current position and the four payments made to date.**	
A&A 46/13	**Agenda item 15. Better Payment Practice Performance** The Committee was advised there had been several issues with the SBS system in June and July which meant budget holders could not see the detail on the invoices presented. As a consequence performance fell but it is expected the Trust will be back to 95% by December. This target is reported monthly to the Trust Development Authority (TDA) as well as the Audit and Assurance Committee. **Resolution: The Committee NOTED the update and requested that future reports include a graphical representation of the data.**	SB/JB
A&A 47/13	**Agenda item 16. Waiver of Standing Orders** The Financial Accountant tabled a revised copy of the register to include a further three waivers. These related to the following: • Consultancy support for the FT process • License to deliver a smoking prevention programme as required by the contract • Interim Chief Executive Appointment cover arrangements **Resolution: The Committee APPROVED the waivers of standing orders.**	

A&A 48/13	**Agenda item 17. SBS Performance**	
	The Committee received an update from the Head of Finance and noted that whilst SBS performance had not improved, the Trust were tied into a rolling annual contract signed by the PCT and have a limited choice of alternative provision. Whilst some work is underway to explore other options, the main focus is on making the relationship with, and service from, SBS as good as it can be.	
	The Committee heard that additional controls related to payroll have been introduced with the Director of Finance and Head of Finance reviewing this each month before signoff.	
	Resolution: The Committee NOTED the update and actions underway to improve SBS performance.	
A&A 49/13	**Agenda item 18. Any Other Business**	
	Audit Committee Meeting with Auditors	
	The Audit Committee should have the opportunity to meet separately with auditors without any Trust staff being present. It was agreed that this would take place before the December 2013 meeting with the scheduled meeting starting 30 minutes later than planned. Revised invites will be issued.	**JR**
	Resolution: The Committee AGREED to meet with the Auditors between 10:00 and 10:30 on 17th December 2013.	
A&A 50/13	**Agenda item 19. Matters for Board and other Committees**	
	The Performance and Resources Committee will be asked to monitor the action related to £2.5m for additional staffing in community hospitals.	
	The Charitable Funds Committee will need to appoint an auditor to review the accounts.	
	Resolution: The Committee REQUESTED the Board Secretary ensure these actions are progressed by the appropriate Committees.	**SAF**
	Date of next meeting:	
	The next meeting will take place on Tuesday, 17 December in the Boardroom between 10:30 and 12:30 following a separate meeting of the Committee with the Auditors between 10:00 and 10:30.	

Chair's signature   ……………………………………..

Date   ……………………………………..

Gloucestershire Care Services NHS Trust Board

Title:	Performance & Resources Committee Report		21 January 2014
Agenda Item:	17		
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee (PR) held on 25 October 2013.		
Key Points:	The Committee approved the minutes of the meeting held on 25th October 2013. Other key points discussed at the December meeting are outlined in the report.		
Options and decisions required	The Board is asked to **RECEIVE** the report and the approved October minutes for information and assurance.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		X
	Objective 2 – To integrate health and social care services		X
	Objective 3 – To develop and strengthen partnerships with our communities		X
	Objective 4 – To support, develop and involve our staff		
	Objective 5 – To strengthen our excellent reputation		X
	Objective 6 - To deliver our contract commitments and provide value for money		X
Next steps/future actions	The Committee has agreed a forward programme which will be reviewed on an on-going basis.		
Author name and Title	**Jason Brown, Programme Manager**	**Committee Chair**	**David Harwood, Non-Executive Director**

Gloucestershire Care Services **NHS**
NHS Trust

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 21st January 2014
Location: Dowty Sports and Social Club

Agenda item 17: Report of the Performance and Resources Committee

1. **Introduction**

   This report provides a summary of the key issues and actions arising from the meeting of the Performance and Resources Committee held on 10 December 2013. The approved minutes of the meeting held on 25 October are attached for information.

2. **IT Strategy**

   The Committee received a presentation on the progress made in respect of the IT Strategy. The Committee discussed the proposed quality goals of the strategy, namely:

   - to identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies;

   - to use technologies that will provide service users and the wider Gloucestershire public with increased choice, quality and flexibility;

   - to enable Trust colleagues to securely access relevant information, communications and technology from any location and at any time, improving the quality of delivered care;

   - to deliver and support technology that will facilitate the real-time view of information, ensuring that the Trust can make decisions about care and corporate affairs, based upon the most accurate, complete and timely data;

   - to enable improved joint working across organisational boundaries, so that all local health and social care professionals can rapidly access relevant information and provide service users with a seamless service;

   - to ensure that Trust colleagues are appropriately skilled and trained so as to make best use of existing and developing technologies.

The Committee agreed to receive the final version of the strategy at the next meeting scheduled February 2014, ahead of final submission to the Board in March 2014.

3. Performance and Information Strategy

The Committee received a presentation on the progress made in respect of the Performance and Information Strategy. The Committee discussed the proposed quality goals of the strategy, namely:

- to validate that the Trust's information is of the highest quality, accuracy and completeness, thereby enabling reliable and credible data and reports to be provided to colleagues and other stakeholders;

- to ensure that information is contextualised, mapping operational activities against finance, workforce and quality data from the Trust and beyond;

- to provide timely monitoring of Trust performance, so as to facilitate the rapid identification of opportunities to improve service efficiency and effectiveness;

- to ensure appropriate training and development opportunities for colleagues, so that they may best understand Trust information and thereby make the most informed decisions;

- to support the sharing of data with all appropriate stakeholders so as to contribute to improvement in the local service user journey.

The Committee agreed to receive the final version of the strategy at the next meeting scheduled February 2014, ahead of final submission to the Board in March 2014.

4. High Level Financial Planning Assumptions for 2014/15

The Committee considered the high level financial planning assumptions for 2014/15. Key points of discussion included:

- QIPP risk for 2013/14 currently not agreed with the CCG;

- Reduction of planned surplus to £1.5m to allow additional £500k recurrent investment in inpatient staffing;

- Chief Executive and Director of Finance to undertake a detailed review of the Trust's Cost Improvement Programmes (CIP) as there is approximately £1m of recurrent CIP slippage

Inflation/CIP included in line with planning guidelines. Next iteration will be reviewed at Execs/NED meetings in January.

5. Procurement Review

The Committee requested an update on the Trust's procurement review at the February 2014 meeting.

6. Conclusion and Recommendations

The Board is asked to:

- **Note** this report

- **Receive** the approved minutes of 25th October 2013

Report prepared by: Jason Brown on behalf of the Committee Chair

Report presented by: David Harwood, Chair, Performance & Resources Committee

Appendices

Appendix 1: Approved minutes of the Performance and Resources Committee on 25th October 2013

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
PERFORMANCE AND RESOURCES COMMITTEE

Minutes of the Meeting held on Friday, 25 October 2013

Present:

Members:

David Harwood	Non-Executive Director (Committee Chair)
Rob Graves	Non-Executive Director
Glyn Howells	Director of Finance & Deputy Chief Executive
Stuart Bird	Deputy Director of Finance

In Attendance

Sam Mongon	Service Improvement Manager (for Agenda Item 9)
Simeon Foreman	Board Secretary
Jill Rowell	Governance Project Support Officer

P&R 19/13	**Agenda Item 1: Apologies** Apologies were noted from Paul Jennings, Interim Chief Executive. Glyn Howells is therefore Acting Chief Executive and Stuart Bird, Acting Director of Finance to address quoracy and membership.	
P&R 20/13	**Agenda Item 2: Declaration of Interests** There were no changes to the declarations previously recorded.	
P&R 21/13	**Agenda Item 3: Minutes of 8 August 2013 meeting** The Minutes were reviewed and the following amendments recommended: 09/13 - Revise wording to report the diagram demonstrating how sub-committees feed into the Trust Board will be reviewed at IGQC before going to Board for ratification. 11/13 - Insert the acronym 'QIPP' before 'Commissioner intentions' at the start of the third paragraph. **Resolution: The Minutes were NOTED and APPROVED subject to amendment.**	SAF

P&R 22/13	**Agenda Item 4: Matters Arising** The Committee reviewed the Action Log and agreed to close items 24, 26, 27, 28 and 31. 29. The Deputy Chief Executive advised that, moving forward, a consolidated quarterly reporting column could be incorporated into the finance performance reports presented to this Committee and also in the report to Board. RG recalled a process he had used previously that could be helpful in this regard and will send his draft suggestion to the Deputy Director of Finance. 30. No comments had been submitted to the Board Secretary regarding the CIP Strategy and is on today's agenda for final sign off. **Resolution: The Committee APPROVED the updates and recommendations.**	**RG/SB**
P&R 23/13	**Agenda Item 5. Review of Forward Agenda** The Committee reviewed the Forward Agenda Map and discussed the content. The decision to not hold a meeting until February was debated and agreement reached that the Committee meet after Board on 10 December to progress strategies and receive a first rough cut of the Trust's budget. The Foundation Trust Programme Board had recommended all positive and negative media coverage received by GCS should be reported to Board and, by default, to this Committee on months when Board did not meet. The Media report for this meeting had not been finalised and was withdrawn by the Director of Project Development and Strategy. The Deputy Chief Executive advised a possible slippage on the presentation of the Investment/Disinvestment 2014-15 Report, currently diarised for February 2014. **Resolution: The Committee NOTED the updates and APPROVED the recommendations.**	
P&R 24/13	**Agenda Item 6: Update to paper distribution** The Board Secretary advised a request for all Board members to receive papers for the Performance and Resources Committee had been lodged at October's Integrated Governance and Quality Committee (IGQC). The Deputy Chief Executive nce advised that as commercially sensitive reports were reviewed by this	

	Committee access to the reports will need to be controlled. The Board Secretary advised if GCS purchased 'BoardPad', or a similar electronic system for viewing meeting papers, this issue could be resolved. In the meantime, however, he proposed a folder be created on Care Services 'O' drive to house the Committee papers and Board members given permission to access. **Resolution: The Committee NOTED the update and RECOMMENDED the Board Secretary draft and submit a formal proposal to the Information Governance Steering Group for GCS to purchase an electronic system to access and download meeting papers.**	**SAF**
P&R 25/13	**Agenda Item 7: Finance Performance** The Committee **RECEIVED** the report and the Deputy Director of Finance briefed the Committee on the key aspects of the report. GCS' opening budget and the assets transferring to the organisation are being finalised by the Department of Health Legacy team. **Resolution: The Committee NOTED the current capital spend position and the implications for the Trust.**	
P&R 26/13	**Agenda Item 8: Quality & Performance** The Committee **RECEIVED** the report and the Deputy Chief Executive reported little change in targets with GCS agreeing 95% of them. RG asked it there were consequences for GCS if it breached its C.Diff target and was advised by the Deputy Chief Executive there is no financial penalty in our contract. The organisation does an enormous number of good things and RG questioned if the communication initiatives are up to speed to publicise this. The Deputy Chief Executive advised GCS recognises the Communications team is understaffed and is developing a Communications Plan and investing in more personnel. The Trust's Chair reported the organisation does have the option of a monthly column in a local newspaper, but considered media briefings were required on a more regular basis. **Resolution: The Committee NOTED the report and was informed and assured by the content.**	
P&R 27/13	**Agenda Item 9: Cost Improvement Plans' Strategy** The Service Improvement Manager joined the meeting for this item and presented the latest iteration of the Strategy, which is	

	built around GCS' quality goals. The organisation's key strategic objectives were discussed at the last Board Development session and RG recommended they should be linked with the Strategy. Board approval is awaited on the strategic objectives. **Resolution: The Committee discussed the Strategy and RECOMMENDED it is sent to November's Board meeting for approval, subject to the inclusion of more detail on how GCS operationalises it and Board's approval of the strategic objectives.** The Service Improvement Manager left the meeting.	**SM**
P&R 28/13	**Agenda Item 10: Capital Schemes – approvals and progress review** The Committee **RECEIVED** the report and were briefed on the key aspects by the Deputy Chief Executive. He listed the main capital schemes as the new build at Tewkesbury Hospital and the purchase of 250 desktop computer, however, a high percentage of the capital went on replacement maintenance spend and essentially estates driven. The Trust Development Authority (TDA) is exerting pressure on the organisation to release more capital but GCS will not spend until there is evidence reserves are coming in. Very few capital bids have been submitted and the Chair suggested staff are made more aware of what is available and how the money can be spent. The Deputy Chief Executive reported this issue is an element of the CIP work being undertaken. The Trust Chair advised an Estates Strategy is coming to December's meeting and will be an opportunity to review concerns on where Integrated Community Teams (ICT) are based. An overview on Southgate Moorings dilapidation and the search for new premises in Gloucester will be presented to December's meeting. **Resolution: The Committee NOTED the current position and implications for the Trust.**	**GH**
P&R 29/13	**Agenda Item 11: Business Development Tracker** The Committee **RECEIVED** the report and the Deputy Director of Finance tabled an updated tracker for review. Work is currently underway with Beachcroft to draft up standard contracts and the Deputy Chief Executive reported that those under £10k have already been delivered. He recommended the organisation requires a business development strategy and resource for	

	marketing. The Chair suggested the learning from GCS' failed South Gloucestershire tender bid is captured and the Deputy Chief Executive updated the Committee on the contract.	
	The Trust Chair requested the first paragraph of Appendix 2 be amended to "separate trust" rather than "foundation trust".	**SB**
	Resolution: The Committee NOTED the position and the efforts being made. It RECOMMENDED new business and legacy sections are incorporated headed; Tidying up, New Small Business and New Large Business, and that the downward arrows on the flowchart be reviewed as it was perceived to give the wrong message.	**SB**
	The Deputy Director of Finance left the meeting.	
P&R 30/13	**Agenda Item 12: Call to Action**	
	The Deputy Chief Executive provided the Committee with a brief update on the Call to Action (CA) initiative. Although currently a little behind trajectory on the number of health visitors to be recruited through the CA programme, it was reported that a plan is in place to move GCS ahead of target by the end of the year. Committee members raised issues around safeguarding, training and skill mix and requested that agreed a paper be submitted on how they are to be addressed.	**GH/CP**
	Resolution: The Committee NOTED the contents of the implementation plan and RECOMMENDED the report is delegated to the Integrated Governance & Quality Committee (IGQC) for further review and assurance purposes.	**SAF**
P&R 31/13	**Agenda Item 13: Any Other Business**	
	There were no items for the Committee's attention.	
P&R 32/13	**Agenda Item 14: Matters for Board and Sub-Committees**	
	The Call to Action paper is delegated to IGQC for onward review.	
	Date of Next Meeting **Tuesday, 10 December at Churchdown Community Centre at 2.00pm**	