Gloucestershire Care Services NHS
NHS Trust

Performance & Resources Chair's Report

Ref: 15/B017

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Performance & Resources Chair's Report
20 January 2015

Objective:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 16th December 2014

The Board is asked to:

The Board is asked to **NOTE** the report and the approved minutes for information and assurance.

Executive summary:
The report sets out the key points discussed at the meeting of 16th December 2014. The approved minutes of the meeting held on 21st October 2014 are attached for information

Duncan Jordan
Chief Operating Officer

Please complete the Equality Checklist over….

Please select one of the following options:

☐	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Gloucestershire Care Services NHS
NHS Trust

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 20th January 2015
Location: Malvern & Coopers Room, Edward Jenner Court, Brockworth, GL3 4AW

Agenda item 17: Performance & Resources Committee update

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 16th December 2014. The approved minutes of the meeting held on 21st October 2014 are attached for information.

2. Chief Operating Officer's Report

The Committee received an update on the continued focus on the recruitment and retention of staff to key posts, the Trust is also progressing the remediation of its e-rostering system. Stroud Hospital went live on 1 December, ahead of schedule, The Dilke and Lydney Hospitals will follow. Stroud Community Hospital team continues to focus on ensuring as many beds as possible are available. The additional 3 beds at Lydney continue to be provided and bed occupancy rates across the trust are being managed at a very high rate of approximately 95%.

An extraordinary meeting of GCC's Health Overview Scrutiny Committee was held on 16th December 2014 to discuss hospital discharges and review the situation following media statements by GHFT. A short life Chairs' Group will be formed and Councillor Dorcus Binns is to lead this. The Group is tasked with producing a joint statement of intent by GCS, GHFT, GCCG and GCC regarding future working. Committee asked to note the CEO and Chair of GHFT were content to stand by the statement that had been made to the media.

The Committee **NOTED** the report and updates regarding meetings with GCS commissioners and **AGREED** to support and monitor the situation.

3. Finance Performance

The Committee was advised of year to date and full year forecast outturn positions for the Trust at Month 7 and highlighted risks and opportunities within the current full year's forecast.

Funding from GCCG and NHS England was now in place and contractually agreed. Funding for services being provided for GCC (mainly public health related) had been agreed and invoiced.

The Social Care Service Level Agreement (SLA) spend is set at £17.7M for 2014/5. At month 7 there was a forecast underspend of approximately £660k. Latest forecast agreed with GCC shows a reduced underspend of £60k. The £600k will be used to offset overspends in external care.

Cashflow projections in future reports were requested. SB informed the Committee that this would be done and that the present cash forecast position was strong.

The Committee **NOTED** the performance of the Trust and is aware of the risks and opportunities within the full year forecast and **NOTED** the forecast position.

4. Capital Schemes – approvals and progress review

The Committee received an update on the Capital Expenditure. To date, GCS has spent £1,220k of the planned £6.4m in 2014/15. The latest estimate indicates a total in year spend of £5m due to project slippage on the replacement Community of Interest (COIN) network being procured in collaboration with GHFT and 2Gether Trust. Committee informed of Cheltenham General Hospital's support regarding the Trust successfully securing alternative premises at Milsome Street to relocate the Cheltenham team and services.

Committee advised that all spending in line with the approved plan will be approved by the Director of Finance or Chief Executive. Assurance is given that any spend outside of the plan or revised plan will go to Performance and Resources Committee for approval on behalf of the Board.

The Committee **APPROVED** and **NOTED** the contents of the report.

5. Business Development Tracker

The Committee received an update on ongoing service change discussions with commissioners and other providers.

Due to the commissioner's decision to give notice to CareUK, GCS will review options available for future Cirencester Theatre use. Change likely to take effect November 2015.

Committee requested a report to the next meeting which identifies the Trust's surplus capacity and available opportunities to increase income. A new lower limb service business case has been submitted to GCCG, the proposed service will be provided through specialist nursing. If

successful a potential gross annual value of approximately £1m would be realised.

Further potential for additional income was to be identified relating to selling unused capacity to other providers; options to be reviewed further.

The Committee **NOTED** the report and will **RECEIVE** a revised report at the next meeting**.**

6. Quality & Performance

The Committee was advised that over the period in question, the Trust achieved 85.7% of all applicable national NHS Targets (30 out of a total of 35) and 77.8% of local targets (21 out of 27). Committee then noted the exception report, and requested that future performance reports include commentary which identifies when the Trust expect to be GREEN against targets.

Safety Thermometer – overall level of Harm Free Care is 92.5% compared to target of 95% (86.5% in Community Hospitals). Committee recognised the low percentage and requested better understanding of survey techniques used in community hospitals.

Safe Staffing – committee advised that in January the Trust is expected to be back on track with the staffing in Stroud – 7.4 WTE vacancies noted.

Committee advised of GCCG's agreement to financially support the backfilling for nurses wishing to undertake a 2-3 year district nurse qualification programme

The Committee **NOTED** the report and **AGREED** to receive revised format reports to the next Committee meeting.

7. Transformation and Change

The Committee was presented with a new reporting dashboard for consideration and comment. The new dashboard will provide a focussed report on the key transformation and change programmes including CIP, QIPP and CQUIN. A "business as usual" dashboard will be further developed for all agreed KPIs. Committee advised of the drill down capabilities of the 'live' dashboard which will be provided for each committee.

Committee noted the new reporting dashboard but requested further assurance that the reporting dashboard will provide robust year to date data. Clarity on the robustness to be presented at the next Committee.

The Committee **NOTED** the new reporting dashboard and requested clarification on its robustness**.**

8. External Care Update

The Committee was updated on the ongoing concerns regarding panel spend and provided with an understanding of the spend patterns and quick support plans. The gross commitments profile has risen at a greater rate than the panel spend forecast.

GCC's original savings target of £2.3m was calculated at a gross level, the actual net saving will be £1.5m and will leave a further £800k cost pressure against this savings programme.

Committee advised of additional audits being carried out to understand the pressures further.

The Committee was advised of risks currently identified –

- Placements into care homes from hospitals – to be reduced
- Increased numbers of reassessments
- Improvement of reablement options

RC requested assurance that the Trust is currently doing enough to mitigate risks identified notwithstanding the outstanding work being undertaken.

PricewaterhouseCoopers (PWC) with the county council's auditors are to undertake an audit of the budget which will highlight areas for further investigation.

The Committee **NOTED** the content of the update and continued risks. **AGREED** update reports to be taken to the next Committee meeting.

9. Transition of OOH Service

The Committee were informed that a fortnightly tripartite meeting involving GCS, SWAST and GCCG is taking place to ensure key issues are addressed in a timely manner. A GCS Project Group has been set up to manage the transition. Committee was asked to note GCS had formally been sharing concerns with GCCG around the lack of timely engagement, clarity regarding Resident Medical Officer (RMO) provision in Cirencester, staffing and financial issues. No response had yet been received.

GCS will continue to engage with SWAST to ensure a smooth transition of service. SWAST has been encouraged to meet with the GP Consortium contact Gill Moreland to review potential GP staffing shortage. A communication strategy and joint communications is being planned.

The Chair recorded his thanks to the Director of Service Transformation and her team for their professionalism and actions in place.

The Committee **NOTED** the report and actions being taken to mitigate the risks identified.

10. Community Nursing Update

The Committee were presented with an update on the Community Nursing position.

A scoping document from GCCG has been circulated, the document reviews the GCCG visions for District Nursing. It is hoped that the Service Specification will be delivered during January-March 2015.

The Committee **NOTED** the update report and action plan to improve the North Cotswold District Nursing Service**.**

11. Long Term Financial Model (LTFM) Assumption and Budget

The Committee were informed that two further submissions to the TDA were due on:

- 13 January 2015
- 10 April 2015

In readiness for the submission due on 13 January, an extra Trust Board meeting had been arranged – 11 January, and the Board will be given the opportunity to approve before submission.

Scrutiny discussions with GCCG to identify the long term commissioning intentions required prior to progressing. Current GCCG commitment is not sufficient to develop the IBP and will need to be addressed.

The Committee **NOTED** the LTFM item**.**

12. Data Validation Log

Committee was provided with an assurance that all national data returns are thoroughly scrutinised prior to submission. The following will be in place prior to data submission to the relevant agencies:

- the proposed submission will be fully reviewed by a nominated colleague who will not be the individual responsible for collating the return in the first instance;
- any identified exceptions, breaches, queries and/or concerns will be reviewed with the responsible operational lead;
- proposed submissions will be formally signed off by the Head of Performance and Information and Director of Nursing and Quality (safer staffing returns) - following further scrutiny and review;
- all stages of the process will be recorded in the Data Validation Log for subsequent disclosure to the Performance and Resources Committee.

The Committee **NOTED** the Data Validation Log report.

13. Strategy Dashboards

The Committee was given assurance regarding the Trust's progress against the four strategies for which the Committee has overarching responsibility:

- the Estates Strategy;
- the Information Technology (IT) Strategy;
- the Information and Performance Management Strategy;
- the Cost Improvement Programme (CIP) Strategy.

The above strategies have all been ratified by the Trust Board in 2014-15.

The Committee **NOTED** the Report.

Prepared by: **Duncan Jordan, Chief Operating Officer**

Presented by: **Richard Cryer, Chair, Performance & Resources Committee**

Appendices

Appendix 1: Approved minutes of the Performance and Resources Committee on 21st October 2014

GLOUCESTERSHIRE CARE SERVICES NHS TRUST PERFORMANCE AND RESOURCES COMMITTEE

Minutes of the Meeting held on Tuesday, 21 October 2014 at 2.00pm in the Boardroom, Edward Jenner Court

Present:

Members:

Richard Cryer (RC)	Non-Executive Director (Committee Chair)
Rob Graves (RG)	Non-Executive Director
Chris Creswick (CC)	Non-Executive Director
Duncan Jordan (DJ)	Chief Operating Officer
Paul Jennings (PJ)	Chief Executive
Glyn Howells (GH)	Director of Finance
Jason Brown (JB)	Director of Corporate Governance & Public Affairs

In Attendance:

Sue Field (SF)	Director of Service Transformation
Stuart Bird (SB)	Deputy Director of Finance
Candace Plouffe (CP)	Director of Service Delivery
Kate Calvert (KC)	Head of Programme Transformation & Change
Melanie Rogers (MR)	Interim Deputy Director of Nursing
Rod Brown (RB)	Foundation Trust Programme Manager
Caroline Holmes (CH)	Head of External Care Programme and Transformation

Secretariat:

Bev Samuels (BV)	Executive Assistant

Apologies:

Ingrid Barker (IB)	Trust Chair
Tina Ricketts (TR)	Director of HR
Sue Meads (SM)	Non-Executive Director
Bernie Wood (BW)	Head of IT, Developments and Operations
Matthew O'Reilly (MO)	Head of Performance & Information
Mark Parsons (MP)	Head of Estates, Safety, Security and Facilities

Item	Detail	Action
P&R 77/14	**Agenda Item 1: Welcome & Apologies** The Chair opened the meeting at 2.00pm. Apologies were noted from Ingrid Barker and Tina Ricketts, The Chair reviewed the agenda.	

P&R 78/14	**Agenda Item 2: Minutes of 2 September meeting** The Committee **RECEIVED** the unconfirmed minutes of 2nd September. There were some amendments noted, these were: 63/14 – Finance Performance Report - External Care expenditure and commitment reporting. Concerns raised by the Committee and not the group. 64/14 – Contract Performance Report – Safety thermometer – MOR/SB will review and correct where necessary data that is submitted for the Trust. 66/14 – QIPP Report – Meetings with the GCCG had not been taking place due to CCG staff illness. Subject to the above amendments these minutes were approved by the Committee. **Resolution: The Committee RECEIVED and APPROVED the minutes of 2nd September subject to the above amendments.**	**MOR/ SB**
P&R 79/14	**Agenda Item 3: Matters Arising** The Committee reviewed the Action Log. There were four actions closed: Action 53 – Update on SystmOne – verbal agreement received on 22nd October 2014. This item was closed. Action 54 – Update on the purchase of a property in Cheltenham for the new Sexual Health clinic. GH updated the Committee. Action 59 – If no date have been set up with GCCG by 7th September then GH to formally write to them. This item was closed. Action 62 – Five year plan – delivery of figures – meeting has taken place, outcome to be shared. This item was closed. **Resolution: The Committee APPROVED the updates and the closure of Actions 53, 54, 59 and 62.**	
P&R 80/14	**Agenda Item 4: Review of Forward Agenda Plan** The forward agenda was reviewed and it was agreed that the following items should be added to the December Agenda: - CIP/QIPP in depth report paper. - Report on the Transition of OOH service - External Care Update Report - IT Strategy – update. - Estates Strategy – update **Resolution: The Committee NOTED the Forward Agenda Plan.**	

P&R 81/14	**Agenda Item 5: Chief Operating Officer's Report** DJ presented his report which provided a contextual overview for the committee on some of the key performance matters. Committee received an update on the situation at Stroud Community Hospital. A temporary reduction in bed capacity became necessary due to a shortage in qualified staff. 30 beds are now in use and the remaining 8 will start to become available from the end of November. DJ with regards to community nursing reiterated the need for a service specification. This will be developed with the CCG and will need to include the interrelationship with the Rapid Response Service. **Resolution: The Committee NOTED the report and updates given and welcomed this overarching report to this and future meetings.**	
P&R 82/14	**Agenda Item 6: Finance Performance Report** Committee advised of both the year to date and full year forecast out-turn positions for GCS at Month 5, meeting also updated on the risks identified and plans in place to mitigate the risks. Committee was updated verbally on Month 6 Finance Performance returns which have been sent on to the TDA as normal on 20th of each month. GH explained that the Month 6 position is on plan and the forecast is indicating that GCS will remain on plan but that there are significant risks to this position, namely the need to find £2m of non recurrent savings to offset under-delivery of CIPs. GH confirmed that the TDA had been advised of the degree of risk in the forecast out-turn. A potential undercharge has been identified with regards the use of outpatient rooms and facilities for GHFT. Finance are working to provide sufficient information to GHFT to allow the service to be stopped or funding for over-performance to be received. If appropriate, GCS to invoice GHFT. GH advised that there is the potential for GCS to incur costs relating to management of the Contractor's under-performance at Tewkesbury where there remain issues with both the completion of the new hospital and the demolition of the old hospital site for onward sale to GPs. Meetings are now taking place with the Managing Director of the Contractor and GH will update Board on progress at the November Board. A sub-group is now meeting to review CIPS, QIPP and CQUINs, progress is being made. Forecasts are based on a project by project basis to get better operational oversight and focus in this critical area. Following requests from the GCCG for GCS to expand the level of services in ICT, IDTs, SPCA and ESD, detailed plans are being drawn up within the Trust for the enhanced ICT service. Recruitment trajectories are being finalised; on completion a variation to the contract will be drawn up. The Trust's tender for the Out of Hours GP services contract was unsuccessful. The Trust is now planning the transition of the service to the successful bidder, South West Ambulance Service (SWAST). There are risks associated with retaining staff and therefore maintaining service	GH/SB GH

	levels during this period. These have been flagged to the GCCG. GH advised that Capital expenditure was well within plan at present with £1.1m of the £6.4m plan having been spent. The Capex committee will do a detailed review of required spend in year over the coming weeks to reduce the forecast full year capital spend. This will protect the Trust's cash position which will start to come under pressure should the additional saving schemes not be delivered. The revised forecast will be bought to the Trust Board in November and is likely to be spend of circa. £4.4m, with no anticipated impact on quality from the delays of capital schemes. The TDA will be advised of this in the month 7 return. **Resolution: The Committee NOTED the report and updates given.**	
P&R 83/14	**Agenda Item 7: Quality and Performance Report** In MO's absence GH presented the Contract Performance Report. Target recruitment staffing Target MSKCAT – CP provided the Committee with an update position which included a timeline performance recovery action plan. Committee advised that plans were already in place for the development of a Chlamydia testing performance action plan – teams will produce and circulate. Committee advised that plans were already in place for the development of a Podiatry service performance action plan – teams will produce and circulate. Teams are being encouraged to become more proactive in the information gathering Friends and Family Test, committee remarked on the low results for patient feedback forms. Committee requested reassurances that feedback forms were being issued to appropriate patients after visiting one of the community hospitals and MIUs. Committee advised that patients undergoing long term treatment resulting in multiple appointments would not be expected to complete a feedback form for each visit. Committee informed of 100 patients' responses recently discovered that had not been incorporated in the data report produced. The missing patient data will be inputted and the process for capturing patient data rectified. Committee informed that due to inconsistencies national benchmarking rates are moving away from response rates. **Resolution: The Committee NOTED the report and positive steps being taken.**	**CP** **CP** **MR/ME**
P&R 84/14	**Agenda Item 8 CIP, QIPP and CQUIN Scorecard Report** KC presented scorecard report. Committee asked to note the current position to 30 September 2014. Committee advised that there are risks within the three schemes, most notably for CIP. At the time of the committee the RAG rating for each is as follows: CQUIN – Green QIPP – Amber	

	CIPs – Red Action plans are in place to mitigate the risks with the intention to reach a favourable year end position. Full payment for delivery of CQUIN 6 in Quarter 1 has been approved by the CCG. There is still a risk of missing the target due to vacancies and the need to achieve 95% mandatory training targets. Discussions are underway with the Director of Human Resources to identify the non-statutory mandatory training – these will then be re-prioritised so that this CQUIN can be delivered. The GCS Programme Board will meet next week to discuss next year's CIP with the emphasis on ensuring stronger governance and robust development of saving plans. KC advised the 2014/15 QIPP Schedule had been difficult to negotiate. The majority of this has only recently been agreed (3rd October) with GCCG. Committee noted that AMBER milestones are still expected to be achieved by year end. KC asked Committee to be aware of the risks linked with the KPI for bed numbers in Community Hospitals. These are unlikely to receive allocated funding for the remainder of 2014/15. The 2014/15 QIPP Schedule does allow for over-delivery and the introduction of new schemes. Schemes currently being considered include: • Diabetes service – further development • Respiratory service – outpatient pathway • Assessment beds • Heart failure specialist services • Complex wound care (business case with Commissioners) Updated report to be considered at the Performance and Resources committee meeting in December. **Resolution: The Committee NOTED the content of the paper and the associated risks within the programmes.**	KC
P&R 85/14	**Agenda Item 9: Community Nursing – North Cotswold Focus** MR shared a presentation on community nursing that was developed jointly with GCCG. Committee is asked to note the joint commitment to the Local Medical Committees (LMC) by GCS and GCCG. There is a planned review period of 3 months. Greater emphasis is being placed on revised staffing rotas and quickly responding to issues raised. Training Needs Analysis is being undertaken to ensure a suitably qualified pool of bank staff is available. Recently implemented plan to ensure same bank staff (where possible) are used to provide consistency for patients and GPs. As part of the process to understand the reasons for the staff shortages, GCS has embraced the open approach by sharing exit interview data with	**CP/MR**

	GCCG. GCCG has also undertaken 7 telephone exit interviews. A report of the findings from each organisations' exit interviews is being produced. An analysis of current caseload management and travel is being undertaken. Initial indications show that travel is not unduly excessive as had been the preconception by staff and stakeholders alike. Assurance is in place to provide professional leadership, supervision and support with the appointment of a Professional Head of Community Nursing. Dawn Allen started in the post on 20 October 2014. The Trust is committed to growing and supporting its workforce through appropriate mentorship and preceptorships. **Resolution: The Committee NOTED the update and challenges ahead, requested updates at the next meeting.**	**CP**
P&R 86/14	**Agenda Item 10: Capital Schemes – approvals and progress review including Capex Meeting notes** SB presented the Capital Expenditure Update with current position and implications for the Trust. As part of the annual plan submissions to the TDA, the Board approved a capital programme of £6.4m, including £1.5m carried forward from 2013/14. The Trust has spent £1,082k of the planned £6.4m in 2014/15. Latest estimates indicate a total in year spend of £5.4m due to delays in procuring the replacement Community of Interest (COIN) network (which is being procured in collaboration with GHFT and 2GNHSFT) and delays in identifying a suitable property in Gloucester within which to locate some of the Gloucester City Services. There is a significant amount of work to be completed in the remainder of the year. The capex committee meet regularly to review spend and to direct resources in the most appropriate way. The spending plan will be approved by either the Director of Finance or Chief Executive in line with the standing financial instructions. Spend outside of plan or a revised plan will come to the Performance and Resources Committee for approval on behalf of the Board. **Resolution: The Committee NOTED the capital spend position of the report.**	
P&R 87/14	**Agenda Item 11: Business Development Tracker** SB updated the Committee on proposed changes to contracts and sales opportunities being explored with current and potential customers. A proposal has been submitted to GCCG around lower limb complex wound (leg ulcer) service, to be provided through the specialist nursing team. Potential gross annual value approximately £1m. Processes now implemented for moving to GHFT outpatient clinic activity based billing and charging for high cost consumables used in outpatient clinics. New temporary commercial manager in post and dealing with	**SB**

	service change requests. **Resolution: The Committee NOTED the report**	
P&R 88/14	**Agenda Item 12: External Care Update Report** CH presented the External Care Update Report. The report provides the October update on the External Care Programme for 2014-15. The report noted the financial position which highlights a forecast against the original balanced budget of an overspend of £2.6m in 2014/15 reflecting a number of cost pressures that have arisen since the start of the year. The meeting was asked to note the progress made against several of the workstreams currently underway. Since the last report further progress and understanding had been made in the following areas. - A better understanding and detailed investigation of spend patterns – resulting in putting in place very tight controls to manage spend - As a consequence of this, further understanding about the quality of the assessment and support planning practice within teams and putting plans in place to address these concerns - Communicating across all teams the gravity of the situation and the changes that need to be made through 9 locality roadshows - Organisational and workforce development planning to address the cultural and behavioural issues identified earlier in the year - Emphasis across health and social care on the need to reduce placements into care homes to bring Gloucestershire in line with its comparator authorities, and - Continuation of the new workstreams around placements and existing workstreams to reduce the overspend. Committee were advised that additional work is required with the social care staff to ensure complete understanding of the eligibility criteria when making a funding allocation request. Training plan is in place for staff and managers responsible for the funding allocation sign off. Managers are to update their teams regularly ensuring a consistent message is being relayed regarding the extent of the overspends. Committee advised of “Just checking kits” – the Telecare Teams to lead on this initiative which aims to trial overnight patient checking devices. The Re-ablement Service is currently being reshaped, Robert Walker, previously Community Manager for Gloucester, will lead on the reshaping exercise. It was noted that new rotas will come into effect from 15 October 2014, current feedback indicates a positive response to the changes proposed. Committee advised that a successful bid by the Workforce groups has resulted in £200k Organisational Development training fund. The report was noted. The financial implications and the need for further updates was noted. Concern regarding the current relationship with Council colleagues was expressed. The Trust’s position was noted and consistent monitoring to be continued. **Resolution: The Committee NOTED the update.**	CH/DJ

P&R 89/14	**Agenda Item 13: Urgent Care Service Report and Action Plan** SF presented the urgent care management and governance arrangements for Committee information and assurance. Committee advised that the performance of urgent care services will be overseen by a newly formed Urgent Care Management Group. Committee is asked to be aware of potential risk associated with interdependencies with the GHFT and The Trust's community based services. Committee is also asked to note the potential for de-stabilising the OOH service during the transition to the new provider, which could put GCS at risk during a period of vulnerability both in terms of increased demand, uncertainty for staff and ability to maintain a service within the current contract. Future Performance and Resource Committee meetings will be provided with a service by service briefing which aims to ensure a fuller briefing on key priorities for each. The Gloucestershire Health and Care community has been allocated funding to the value of £3.6m for Urgent Care resilience in 2014/15. Dependent on performance indicators being delivered, the GCS scheme will receive £350k for the Integrated Discharge Team with an additional incentive of £50k. **Resolution: The Committee NOTED the report**	**SF**
P&R 90/14	**Agenda Item 14: SystmOne Update Report** In the absence of Bernie Wood, GH presented the report to the Committee. The SystmOne project update includes operational and project lessons learnt. Committee was informed of the success to date of deployed SystmOne projects. Projects have been deployed on time and on budget. Committee was reminded that a series of 6 phases between June 2013 and March 2015 were to be rolled out. The final two Phases 5 and 6 – Children's Community and Child Health are currently on schedule and due to go live 1 December 2014. The Committee was advised of the rollout phases to date, including lessons learnt, and how these were reflected in the next steps. Committee was advised of improvements to services and capacity planning, a rise in activity level will potentially result in increased income with the agreement of GCCG. The matrix of lessons learnt and project risks will continue to be updated going forward. **Resolution: The Committee RECEIVED and NOTED update Report incorporating the lessons learnt.**	**BW**
P&R 91/14	**Agenda Item 15: Quality Report on Falls** SF briefly updated the Committee on the Falls element of the Quality Performance Report as a result of concerns raised at the Quality and Clinical Governance Committee. Committee was asked to note that a significant amount of work currently in place across the Trust to ensure that fall numbers are reduced and the impact on patients and their families is minimised.	

	Committee was advised that GCS currently has 64 active claims relating to falls, a breakdown report incorporating the number of claims and the monitor processes being adopted is to be prepared. The Director of Nursing has set up and is chairing a Falls Quality Group which will oversee further developments, embedding of pathways and innovative practice. The recently appointed Head of Community Hospitals will also support this work alongside the Community Hospital matrons. **Resolution: The Committee NOTED the report and number of active claims.**	
P&R 92/14	**Agenda Item 16: Performance Target - Local** Committee considered this item in conjunction with Item 7 – Quality and Performance report. **Resolution: The Committee NOTED the report.**	
P&R 93/14	**Agenda Item 17: IT Strategy monitoring review** Committee agreed to receive regular exception reports. **Resolution: The Committee DEFERRED this item to its December meeting.**	
P&R 94/14	**Agenda Item 18: Performance and Information Strategy** APPROVED in principle – P&I strategy will be presented at Board for sign off. Update should incorporate the Governance structure and review the reporting line boundaries. **Resolution: The Committee APPROVED the strategy, forwarded to Trust Board for sign off.**	
P&R 95/14	**Agenda Item 19: Estates Strategy monitoring review** Committee agreed to receive regular exception reports. **Resolution: The Committee DEFERRED this item to its December meeting.**	
P&R 96/14	**Any Other Business** None	
P&R 97/14	**Date of Next Meeting** Tuesday, 16th December from 14:00 – 16:00 in the Boardroom at Edward Jenner Court, Gloucester.	

Chair's signature……

Date……

Gloucestershire Care Services NHS
NHS Trust

Finance Report

Ref: 15/B018

Gloucestershire Care Services NHS Trust Board

Finance Report
20th January 2015

Objective:

To advise the committee on the year to date actual and forecast full year out-turn position for the Trust at month 8 and also to provide updates regarding financial risks and priorities.

The Board is asked to:

- Note the current position and implications for the Trust.

Executive summary:

For Health budgets, the Trust has planned for a full year surplus of £1.5m. The current forecast is in line with plan though there is a dependency on non-recurrent schemes to deliver this surplus.

QIPP Schemes have been agreed at £3.9m and CQUINS at £2m.

CIP schemes are now forecast to deliver £2.5m in year and £3.4m recurrently which is significantly less than the £6.4m in the budget.

Work is ongoing to mitigate the shortfall in CIP and to ensure that the plan surplus is delivered. A financial bridge is included in the report summarising the main risk and opportunities within the forecast.

Gloucestershire County Council (GCC) expenditure figures for 2014/5 to the end of month 7 are now available and are included within this report.

Stuart Bird – Deputy Director of Finance

Pease complete the Equality Checklist over….

Please select one of the following options:

☐	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☒	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • There will be impact analyses completed for the changes that come out of the decisions being considered in this paper rather than from the paper itself •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Board Meeting of Gloucestershire Care Services NHS Trust
To be held on: 20th January 2015
Location: Coopers & Malvern Rooms, Edward Jenner Court

Agenda item 18: 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 at Month 8 and to highlight risks and plans to mitigate them.

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

3. Background
The plans for the current financial year are challenging with £3.9m of QIPP income to be earned, £2.0m of CQUIN income to be earned and £6.4 of CIP savings required to deliver the budgeted surplus of £1.5m for the trust.

CIP schemes of are now forecast to deliver £2.5m in year and £3.4m recurrently which is significantly less than the £6.4m in the budget. There is a financial bridge at section 1 of this report showing how these shortfalls can potentially be mitigated but there remains significant risk to delivering the planned surplus.

Capital of £6.4m is available for use in year including rolling forward the £1.5m from 2013/4 relating to finding an alternative site in Gloucester to consolidate our existing services into which will allow us to move from expensive leasehold properties; and Cheltenham to allow us to relocate services from Cheltenham Royal Hospital where we have been served notice. A new site at Milsom Street in Cheltenham has now been purchased but the search in Gloucester is proving more difficult.

Trust staff are also tasked with delivery of savings of more than £6.5m for external Care and £700k on the SLA spend for Gloucestershire County Council (GCC).

Within GCS, services are now commissioned and funded by a number of different commissioning organisations. Funding from Gloucestershire CCG and NHS England is now in place and contractually agreed, funding for services being provided for Gloucestershire County Council (mainly public health related) are agreed but are yet to be varied into the contract. The CCG is making payments on account for this to prevent cash flow issues and there has been no impact on services because of them.

4. Discussion of Issues

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

1. Delivery of the £2.5m of committed CIP savings in year and working to find additional non recurrent savings to offset the gap between this and the planned £6.4m.
2. Delivery of £3.9m of QIPP income through tight monitoring of agreed schemes and over delivery on selected additional work programmes to offset identified shortfalls of £1m
3. Delivery of CQUIN schemes of £2.0m.
4. Complete the Contracting for GCC commissioned services
5. Recruiting required staff to reduce agency usage and related cost.
6. Delivery of the External Care recovery plan of >£6.5m
7. Zero base budget our hospital theatres and outpatients in line with contracted income. Begin to bill GHFT based in actual activity (including high cost consumables)
8. Non recurrent savings schemes
    a. Bringing stock onto balance sheet by 31/3/15
    b. Capitalisation of IT purchases (both new and retrospective impact)
    c. Implementing better controls around recording untaken annual leave
    d. Reviewing the Trust's accrued creditor position
9. Maintaining a solid cash position by collecting all contracted income and robust cash flow forecasting
10. Developing a detailed LTFM to support the Integrated Business Plan to underpin the Foundation Trust Application process.
11. A review of the numbers of budget holders and how support is provided to operational teams following the completion of a restructure within the Finance team to provide more senior finance support to the Operation
12. Develop implementation plan to ensure delivery of the 5 year Financial Management Strategy including:
    a. Cash Management
    b. Capital Spend
    c. Procurement
    d. Commercial Arrangements
    e. Performance Management Framework
    f. Efficiency / Productivity management

5. Key Findings and Actions

5.1 Financial Performance

The Trust submitted a plan to the TDA for 2014/5 that shows income of £111.1m and a surplus of £1.5m (health figures alone).

As at Month 8 it is still believed that this surplus will be achieved by the Trust with delivery of the CIP and non-recurrent savings as the biggest risk.

Delivering the planned full year result continues to appear challenging so the risks and opportunities within the current position are summarised below:

				Month 8 View			
	Item heading		Sub heading	Income	Cost	Surplus	Certainty (High / Medium /Low)
	Plan			111.10	109.60	1.50	
1	CIP Underdelivery				3.90	(3.90)	HIGH
2	Additional agency premium				1.00	(1.00)	HIGH
3	Non Recurrent identified Savings	a	Tewkesbury Penalty (costs incurred prior year)		(0.30)	0.30	HIGH
4		b	Funding received to delay to CIP		(0.20)	0.20	HIGH
	Other potential non-recurrent savings	a	Vacancy Control / slippage		(1.00)	1.00	HIGH
5	Other potential non recurrent savings	a	Stock system implemented and one time benefit of capitalising stock		(0.40)	0.40	MEDIUM
6		b	Capitalise IT equipment		(0.30)	0.30	MEDIUM
		c	Implement holiday tracking to reduce level of holiday pay accrual		(0.30)	0.30	MEDIUM
		d	Review of creditors for duplicate accruals / payments		(0.40)	0.40	MEDIUM
7	QIPP underdelivery	a	ICT risk share	(0.75)		(0.75)	HIGH
		b	MSK, MIU	(0.25)		(0.25)	MEDIUM
		c	Compensating schemes (lower limb, phase 2 ICTs, podiatry review)	1.00		1.00	MEDIUM
8	Planned New Business		Not identified / won	(2.10)	(2.10)	0.00	
9	Release of Reserves				(2.00)	2.00	HIGH
	Potential Out-turn			109.00	107.50	1.50	

n.b. Other items are being pursued but as low likelihood are excluded from the above analysis.

Budget Monitoring

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.

Operational accountants are allocated by service and are responsible for supporting budget holders with the financial management and efficiency of their cost centres. The allocation of operational accountants with the organisation is currently being reviewed to ensure the most effective support and challenge for each function.

Performance in Achieving Cost Improvement Plans (CIP), QIPP and CQUIN

A sub-group of execs Chaired by the Chief Operating Officer now meets monthly to review CIPs, QIPP and CQUINs and progress being made. Forecasts are being conformed on a project by project basis to get better operational grip and focus in this critical area.

These items are now reported separately through a report from the Chief Operating Officer which this month shows CIP delivering £2.5m in year (£3.4m recurrently) of the required £6.4m, it also lists areas being identified to mitigate this under-delivery. Some risks are highlighted on some CQUIN

schemes but these are believed to be able to be mitigated away at present. On QIPP there is real likelihood that the Trust will not receive £1m of the available QIPP. Discussions have been ongoing with the commissioner and other schemes have been identified and plans are being drawn up to deliver these changes in the coming months to offset this reduction.

5.2 New Business

The CCG has requested that the Trust expand the level of the services in Integrated Community Teams (ICTs) and in the integrated discharge team (IDT), Single point of Clinical Access (SPCA) and Early Supported Discharge Team (ESD). Detailed plans are being drawn up within the Trust for the enhanced ICT service and once all recruitment trajectories have been finalised a variation to the contract will be drawn up. In year this is likely to be around £2.0m but will be £3.9m recurrently.

For the IDT and SPCA the situation is similar with an additional full year effect expected of approximately £1.3m of additional recurrent funding with circa £800k due in the current year.

One of the other QIPP schemes referred to above relates to the building of a business case and for the enhancement and expansion of work that we do for lower limb circulatory illnesses including the treatment of pressure ulcers. This case is being developed with the commissioner and will be reviewed at the performance and resources committee.

The loss of the GP Out of Hours (OOH) contract was reported in previous reports and will not impact on this year's financial performance.

5.3 Capital Spend

The latest view of likely capital spend is that it will be significantly lower at £5.0m in year compared to a plan of £6.4m as two of the larger items are likely to be delayed, namely replacement of part of the IT infrastructure (Community of interest network – COIN) which is delayed as the procurement is taking longer than expected and the replacement premises in Gloucester which are proving more difficult to find. This reduction in capital spend will also protect the Trust's cash position which will start to come under pressure should the additional saving schemes not be cash releasing savings. Spend for the year to date is £1,495k.

As a result the forecast has been revised to £5m of spend in year which has been communicated to the TDA.

5.4 Appointment of Auditors

We have received confirmation from the Audit Committee that the Trust's current Auditors (KPMG) have been reappointed for a further 2 year namely 2015/6 and 2016/7. Confirmation letter is attached at appendix 1. KPMG will also be performing the Charitable Funds accounts audit as this will be consolidated into the Trusts accounts for the Financial Report this year.

5.5 GCC SLA

The figures reported are as at month 7 as Month 8 figures have not yet been released publically by GCC. The month 8 figures are discussed in a separate paper in part 2 of the meeting as this is GCC data that has not yet been shared publically.

The figures at month 7 as shared at the December Performance and Resources Committee show the following:

Latest Forecast for External care budgets (including current year estimates for Recovery Plan) actions is:

- Older People (OP) External Care is overspending by £2.98m
- Physical Disabilities (PD) External Care is overspending by £0.5m

This is partially offset to an extent by;

- The services managed under SLA are underspending by £0.04m

The forecast outturn for all GCC service areas is an overspend of £3.44m.

5.6 Reference Costs

The Trust was required to submit reference cost information for the first time in summer. At a total level GCS was at 106.19 against a national benchmark of 100. However, if you remove the impact of Non-Elective long stays where the national reference cost is very heavily influenced by Acute hospital Trusts (with a much lower length of stay); then the remaining community activities (the bulk of GCS activity) is at 97.2 showing that the Trust's cost per contact is below the national average. Within Community services there is a range of respective reference cost as you drill down to higher levels of granularity with nursing at 96.4 but Allied Health Professionals at 116.5. The Trust is supporting the CCG in performing a review of both physiotherapy and podiatry which may inform this.

More detailed analysis contained in a report that went to the executive team which is attached at Appendix 2.

As the cost per contact for community services is looking favourable against national benchmarks whilst we will continue to seek further productivity benefits off the back of mobile working and SystmOne investment and understanding / reducing variability across teams, the main focus will now move to understanding the number of contacts per episode of care to make sure the Trust is being effective with the numbers of contacts per completed patient episode.

6. Financial implications

Income and expenditure position

The year to date financial performance and related forecast performance for the remainder of financial year 2014/15 are summarised in the table below.

High level overview of year to date and full year forecast

Statement of Comprehensive Income		Current Year to Date			Forecast Outturn	
	Plan	Actual	Variance	Plan	Forecast	Variance
Income	73,525	74,833	1,309	111,167	108,996	-2,171
Gross Employee Benefits	-52,313	-53,722	-1,408	-79,279	-77,716	1,563
Other Operating Costs	-20,374	-20,582	-208	-30,388	-29,780	609
Retained Surplus/(Deficit)	**838**	**530**	**-308**	**1,500**	**1,500**	**0**

The trust is currently showing an adjusted surplus of £530k for the first 8 months of the year. This is £308k short of the budgeted £838k for the year to date.

The full year position is currently forecast at planned level of £1.5m but with the risks indicated above and requires an improvement on month on month position which from an operational perspective will be challenging to achieve due to the phasing of CIP delivery; however, the one time savings related to capitalisation of stock and IT equipment and the release of holiday pay provision are scheduled to deliver in the later months.

The main overall variances to plan within the current forecast is that we have achieved a lower new business income then planned and so have lower staff and other costs and lower than planned staff cost savings from CIP are being offset by non-pay reserve release.

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

None

8. Consultation and Communication including Public Involvement

None

9. Links to:

Objectives 5 and 6.

Prepared by: **Stuart Bird**
Presented by: **Glyn Howells**

Appendices

Appendix 1 M7 Financial position - Services managed by GCS on behalf of GCC
Appendix 2 Letter from Audit Commission
Appendix 3 Reference Cost Report for 2013/4

Appendix 1
GCC Services Managed under SLA by GCS
Month 7 Summary

Service	Net Budget	Net Forecast Outturn	Post SAP Adjustments	Net Forecast Variance	Previous Month Forecast Variance	Forecast Variance Movement
	£000	£000	£000	£000	£000	£000
SLA						
Adult Services	420	74	400	54	-40	94
Countywide Services	2,941	2,748	0	-192	-172	-20
Gloucester Locality	3,234	3,212	0	-22	-14	-8
Stroud Locality	2,493	2,319	0	-173	-157	-16
Cheltenham Locality	2,503	2,312	0	-192	-183	-8
Cotswold Locality	1,921	1,797	0	-124	-98	-26
Forest Locality	2,059	2,222	0	163	181	-19
Tewkesbury Locality	2,104	1,950	0	-154	-176	22
Post-SAP Adjustments			600	600	600	0
Total - SLA	**17,674**	**16,634**	**1,000**	**-40**	**-60**	**20**
External Care						
OP External Care						
Gloucester Locality (OP)	8,158	9,262	0	1,104	1,030	74
Stroud Locality (OP)	8,218	9,062	0	845	633	212
Cheltenham Locality (OP)	6,813	7,719	0	905	878	27
Cotswolds Locality (OP)	6,009	6,643	0	634	404	230
Forest Locality (OP)	6,177	6,341	0	163	49	115
Tewkesbury Locality (OP)	5,042	5,235	0	193	106	88
Post-SAP Adjustments			-868	-868	-1,212	344
Total External Care OP	**40,416**	**44,262**	**-868**	**2,978**	**1,889**	**1,089**
PD External Care						
Gloucester Locality (PD)	2,769	3,522	0	753	758	-6
Stroud Locality (PD)	2,195	2,192	0	-3	-14	11
Cheltenham Locality (PD)	2,839	3,102	0	263	277	-14
Cotswolds Locality (PD)	1,657	1,156	0	-501	-518	17
Forest Locality (PD)	1,659	1,861	0	202	202	0
Tewkesbury Locality (PD)	1,277	1,023	0	-254	-231	-22
Post-SAP Adjustments			38	38	-85	85
Total External Care PD	**12,396**	**12,857**	**38**	**499**	**389**	**72**
Total External Care	**52,812**	**57,119**	**-830**	**3,477**	**2,277**	**1,161**
Total	**70,486**	**73,753**	**170**	**3,437**	**2,218**	**1,181**

15 December 2014

Direct line 0303 444 8273
Email auditor-appointments@audit-commission.gsi.gov.uk

Mr Paul Jennings
Chief Executive
Gloucestershire Care NHS Trust
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
GL3 4AW

Dear Mr Jennings

Gloucestershire Care NHS Trust – confirmation of auditor appointment from 2015/16

I wrote in June to consult you on the proposed re-appointment of KPMG LLP as the external auditor for Gloucestershire Care NHST from 2015/16.

Auditor appointment

This letter confirms the appointment of KPMG LLP to audit the accounts of Gloucestershire Care NHS Trust for two years from 2015/16. The appointment is made under section 3 of the Audit Commission Act 1998 and was approved by the Audit Commission Board at its meeting on 4 December 2014.

The Commission's contracts with audit firms are extendable by three years. The Department for Communities and Local Government (DCLG) has indicated it will make a decision in summer 2015 about whether to extend the contracts from 2017 to 2020.

Audit quality and regulation

Under the provisions of the Local Audit and Accountability Act 2014, the Commission will close at the end of March 2015. From 1 April 2015, a transitional body, Public Sector Audit Appointments Limited (PSAA), set up by the Local Government Association as an independent company, will oversee the Commission's audit contracts until they end in 2017, or 2020 if extended by DCLG. Arrangements for audited bodies to appoint their own auditor will be announced by DCLG and will apply once the audit contracts have ended.

PSAA will exercise the Commission's statutory functions relating to auditor appointments and fees. It will continue to monitor the performance of the firms providing audit services, ensuring that local public bodies receive high quality and effective audit services which provide value for money to the local taxpayer.

Next steps

KPMG LLP will contact you in due course about the arrangements for the audit from 2015/16.

If you have any questions, please contact us by email at auditor-appointments@audit-commission.gsi.gov.uk.

Yours sincerely

Jon Hayes
Associate Controller of Audit (Compliance)

cc Mr Glynn Howells, Director of Finance, Gloucestershire Care NHS Trust
KPMG LLP

Reference Costs 2013-2014: Service Level Review

Date: 11/12/14

Objective:

This report aims to inform the Executive Team around the output of the 2013-2014 reference cost submission. It aims to provide key benchmarking information, in order that the Gloucestershire Care Services NHS Trust reference costs can be viewed in comparison with the national average levels and of those of our peer group.

The Executive Team is asked to:

Discuss the findings within the report.

Executive summary:

Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. The 2013-14 reference costs cover £58.3bn of NHS expenditure, this representing 55% of £106.5bn total NHS revenue expenditure in 2013-14. *Source: Department of Health*

The stated aim of the Department of Health is for "costing data that supports the delivery of high quality care for patients and better value for the NHS".

Better cost information can also help NHS providers to manage their organisations by enabling the following:

(a) Highlighting variations in cost,
(b) Eliminating waste and reducing avoidable costs,
(c) Informing the efficient redesign of pathways, and
(d) Facilitating meaningful dialogue between clinicians and managers
(e) Benchmarking
(f) Contract Negotiations
(g) Local pricing of non-tariff areas

This report will demonstrate that for their first reference cost submission, GCS has produced a set of costs that are largely in line overall with the national average and with those of our peer organisations. All costs have been adjusted by a Market Forces Factor (MFF) adjustment, to allow for local conditions.

Please complete the Equality Checklist over….

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

1. **Introduction to Reference Costs**

Trusts submit reference costs on a full absorption basis, which means that all the running costs of providing these services are included within the submission. Each reported unit cost includes

(a) **Direct costs** - relating directly to the delivery of patient care, e.g. medical staffing costs;
(b) **Indirect costs** - indirectly related to the delivery of care, but cannot always be specifically identified to individual patients, e.g. catering and linen; and
(c) **Overhead costs** - costs of support services that contribute to the effective running of the organisation, and that cannot be easily attributed to patients, e.g. EJC cost.

Costing is performed using key inputs:
(a) activity, measured by the number of attendances, bed days, clients, episodes, tests, or other unit of activity appropriate to the service
(b) The total costs of the organisation, which are 'absorbed' by a series of allocation tables, back to the units of activity to generate a cost per attendance, episode etc.

Not all costs are included for reference cost purposes. Some are specifically excluded, for example Out of Hours for 2013-2014 was completely excluded, as were drugs delivered to patients homes, all screening or health promotion programs and all activity associated with unified budgets (e.g. s75) and of course any Provider-to-Provider activity. Where items are excluded, they are fully absorbed before exclusion, i.e. they carry with them a proportion of indirect and overhead costs which form part of the excluded costs.

2. **GCS Reference Cost Quantum by service area**

The total submitted costs (the quantum) for GCS in the reference cost categories (explained in appendix 1) were as follows for 2013-2014

Category of Care	Activity data				GCS Reference Cost MFF-Adjusted spend £M
	Contacts/ Attendance	No of Episodes	No Inlier Bed Days	No Excess Beddays	
Community services	857,271				**£37.4**
Day case electives		1,542	1,542	-	**£0.9**
Diagnostic Imaging	765				**£0.1**
Emergency medicine	65,620			-	**£4.1**
High Cost Drugs	13				**£0.0**
Non Elective Long Stay		4,166	72,036	22,998	**£19.4**
NE Short Stay		494	494	-	**£0.2**
Outpatient attendances	144,248				**£9.2**
Total RC Quantum	**1,067,917**	**6,202**	**139,692**	**22,998**	**£71.3**

(* Estimated activity included of 13,556 adult physiotherapy contacts due to manual collection).
Original quantum was £75.7M, which has been adjusted by the GCS MFF of 1.0619

The total quantum for reference costs was £71.3M (MFF-adjusted), with an additional £29.5M excluded services and Provider-to-Provider agreements.

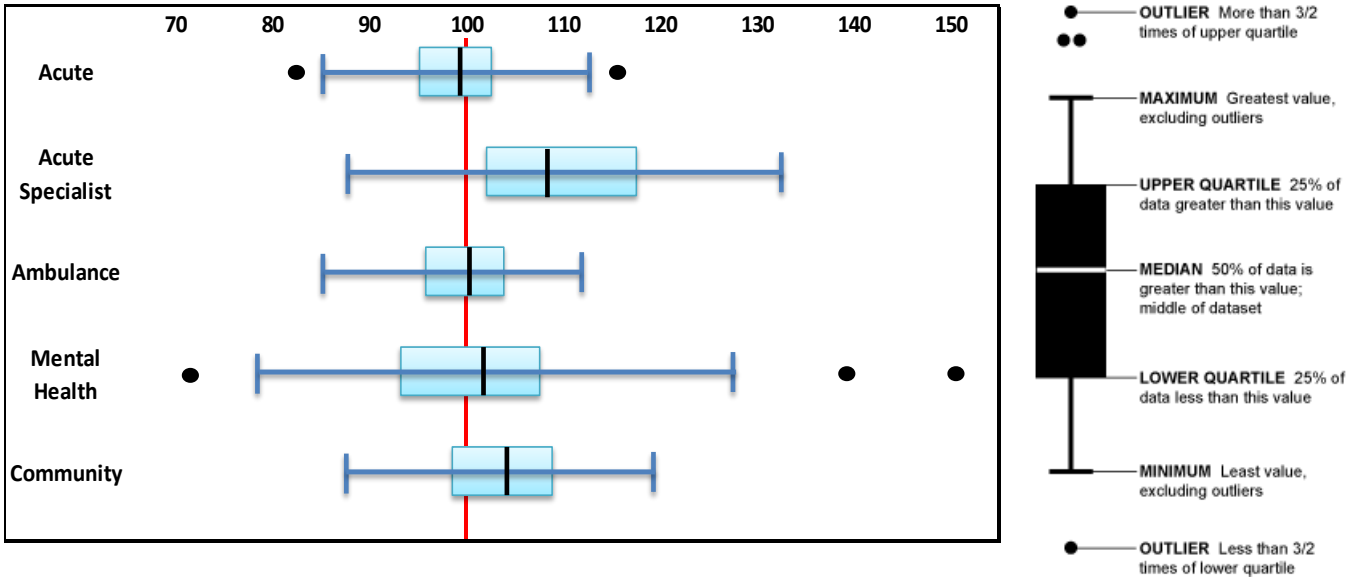
3. **Overall Reference cost index (RCI)**

The RCI is a measure of the relative cost difference between NHS trusts. It shows the actual cost of a trust's casemix compared with the same casemix delivered at national average cost.

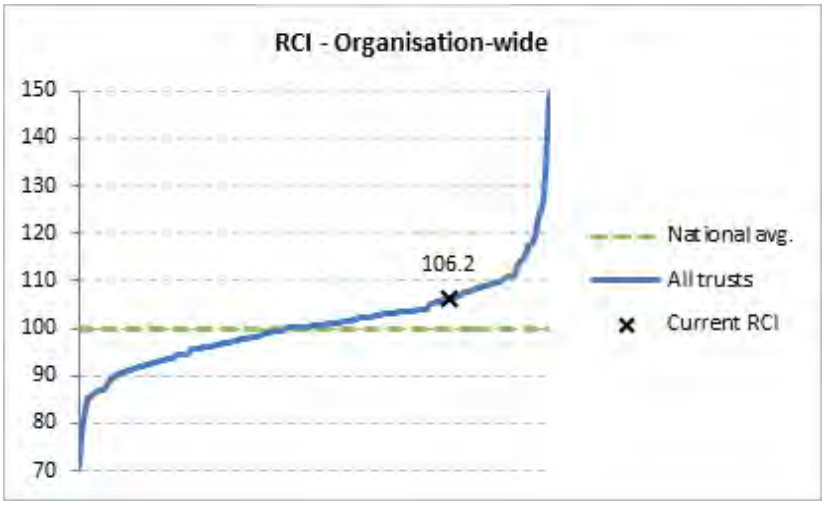
The Gloucestershire Care Services NHS Trust RCI is 106.2 (2013/14).

A trust with costs equal to the national average will score 100. Trusts with higher costs will score above 100 and trusts with lower costs will score below 100. For example, a score of 110 suggests that costs are 10% above the average whilst a score of 90 suggests costs are 10% below the average. The RCIs discussed below are Market Forces Factor (MFF) adjusted, to allow for geographical differences.

The chart below shows the outcome of the 2013-2014 reference costs at a national level, in terms of the spread of RCI by different Trust type. The area contained within the 'box' represents the middle 50% of the data (i.e. the 'bell' part of a bell curve).



4. GCS RCI versus other Trusts



The Gloucestershire Care Services NHS Trust RCI is 106.2, which is in line with our expectations upon submission.

4.1 GCS Service RCIs Overview

The table below shows the RCIs for all the categories of care for GCS. For Community Services (our area of largest spend) we are below the national average, but for Non-Elective Long Stay (Inpatient) we are 41% above, driven by the nature of our trust, as compared to the national average which includes acute trusts and by definition the majority of their spells are much shorter in length of stay.

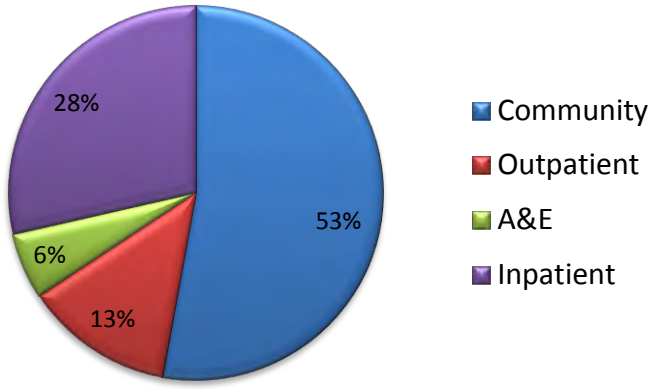
Category of Care	GCS Reference Cost MFF-Adjusted spend £M	MFF Adjusted RCI
Community services	£37.4	96.6
Day case electives	£0.9	92.8
Diagnostic Imaging	£0.1	102.2
Emergency medicine	£4.1	97.8
High Cost Drugs	£0.0	102.2
Non Elective Long Stay	£19.4	141.4
NE Short Stay	£0.2	105.3
Outpatient attendances	£9.2	99.5
Total RC Quantum	**£71.3**	**106.2**

Note: Excluding Non-Elective Long-Stay, the GCS reference cost is 97.2

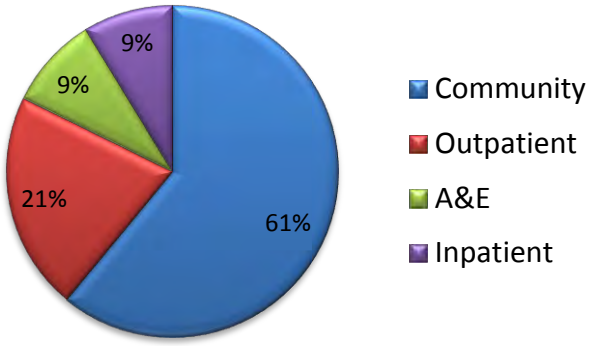
4.2 GCS compared to other Community Trusts

The GCS Reference costs are compared to those of other similar trusts, which consist of the following breakdown of costs compared to GCS. They are clearly community-biased, although GCS has a much higher inpatient proportion than average (see charts below).

GCS Expenditure Breakdown by Summary Department



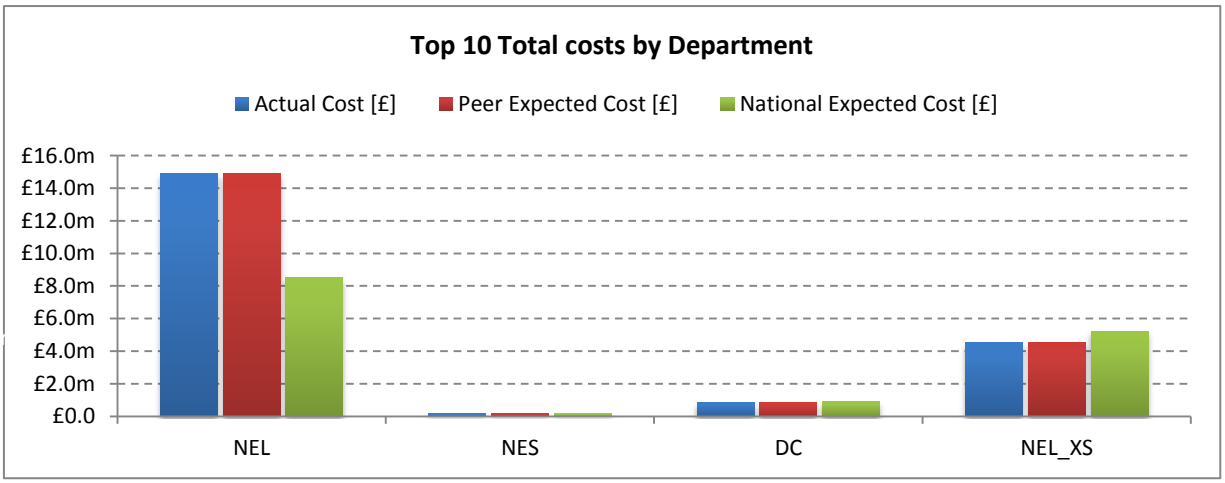
Peer Expenditure Breakdown by Summary Department



Note: With expenditure mix the same as our peers, GCS RCI would be 101.3.

4.2 GCS compared to other Community Trusts – Inpatient Costs

Although Non-Elective Long Stay inpatient cost is high versus national average, our peer to peer comparison looks consistent (see graph below).



Note: NEL=Non Elective Inpatient Long Stay, NES = Non Elective Short Stay, DC = Day Case, NEL_XS = Non-Elective Inpatient excess bed days.

This is because the HRG trim point setting (i.e. the expected length of stay) is dominated by acute trust data. Therefore GCS has shown significant volume of non- elective excess bed days (and costs), whereas acute trusts have a significant volume of shorter stay spells and therefore lower average costs.

4.3 GCS Compared to other Community Trusts – Community Costs

Community costs are the largest single component of our reference costs, therefore below is a more in-depth look at community costs and the drivers of our RCI of 96.6.

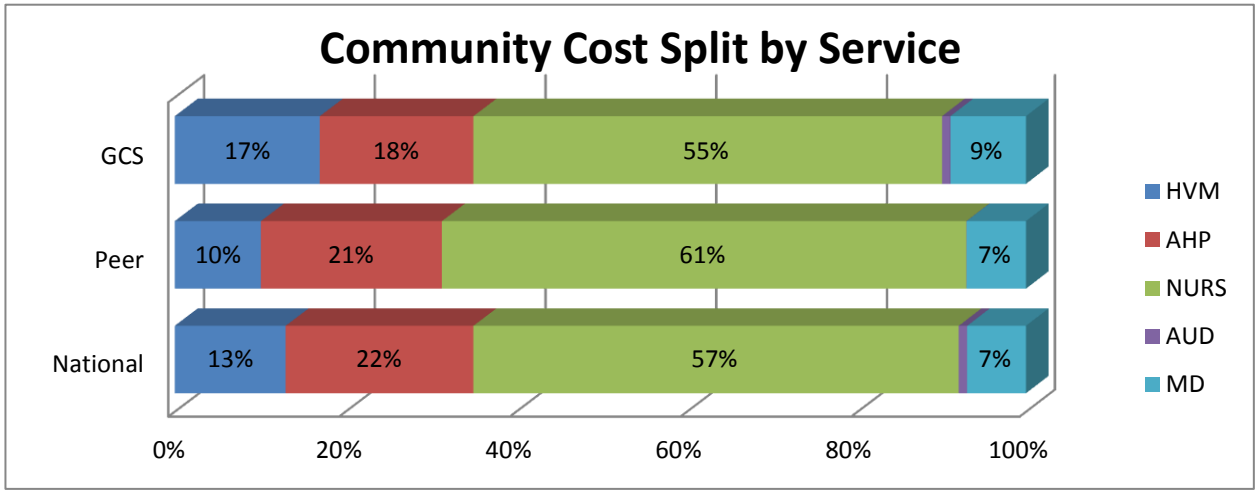
The table below breaks down the 96.6 RCI in Community Services, in terms of the services that make up the total and their relative 'opportunity' to save costs, based on the RCI.

As the table shows, the main areas are Allied Health Professionals and Health Visiting / Midwifery, as the other areas were showing an RCI of less than 100.

Service Code	Service	Spend (£M)	RCI	Opportunity (£M)
AHP	Allied Health Professionals	**6.7**	**116.5**	**0.95**
HVM	Health Visiting and Midwifery	**6.4**	**116.7**	**0.92**
AUD	Audiology	**0.2**	**77.4**	**(0.06)**
NURS	Nursing	**20.6**	**96.4**	**(0.77)**
MD	Medical and Dental	**3.5**	**59.5**	**(2.36)**
Grand Total		**37.4**	**96.6**	**(1.32)**

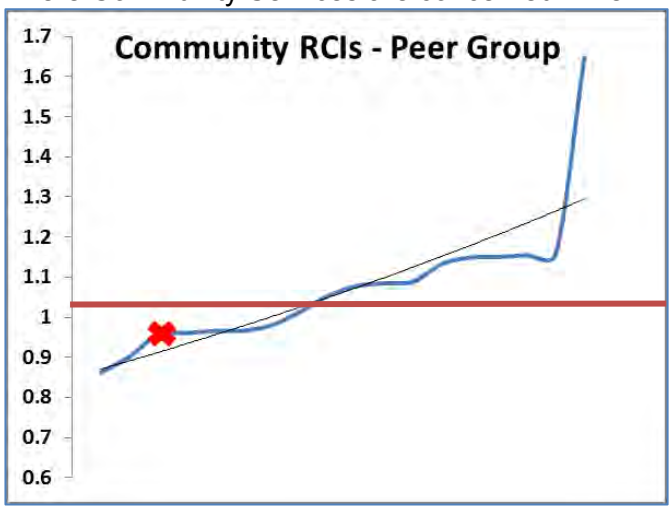
Output such as in the table above will be the focus of review for the 2014/15 submission in terms of costing and data collection.

GCS Community costs are more heavily weighted to Health Visiting & Midwifery (HVM) than either national or peer averages, with a lower proportion of Allied Health Professionals (AHP), but a broadly similar Nursing volume proportionally.



The chart below demonstrates that we are relatively inexpensive compared to our peer group

where Community Services are concerned. We will look at this in more detail later in this report.



Key:
- GCS RCI
- Peer Trust RCIs
- Weighted average peer RCI

4.3.1 Breakdown of key services within Community

For the rest of the report, we are examining the GCS unit costs and activity split when compared to those of our peers and the national average.

Allied Health Professionals looks low versus peer but high compared to national average, driven by the podiatry activity, which includes more complex (and therefore costly) podiatric procedures compared to national average, but is very similar to our peers.

		Unit Cost			Activity		
Allied Health Professionals	**GCS Spend (£M)**	**GCS**	**Peer**	**National**	**GCS**	**Peer**	**National**
Occupational Therapist	0.6	100.5	100.4	112.5	5%	7%	10%
Physiotherapist	2.1	56.2	60.2	51.8	33%	35%	32%
Speech and Language Therapist	1.1	81.0	92.2	82.3	12%	16%	18%
Other Therapist		-	-	-	-	3%	2%
Dietitian		-	-	-	-	3%	5%
Podiatrist	2.9	52.8	52.5	37.1	50%	36%	33%
Subtotal	**6.7**	**59.9**	**62.3**	**51.4**	**100%**	**100%**	**100%**

Health Visitors / Midwifery shows a lack of 'profiling' of costs within categories, with 74% of activity and cost recorded against 'Other Clinical Intervention', which may be addressed through engagement with operations during the reference costing process (see table below).

Health Visitor	GCS Spend (£M)	Unit Cost			Activity		
		Trust	Peer	National	Trust	Peer	National
Ante,Natal Review	0.0	47.1	71.1	59.1	0%	0%	2%
New Baby Review	0.4	58.0	87.3	85.3	6%	20%	6%
6 to 8 Weeks Check	0.7	58.0	65.1	70.7	10%	4%	3%
1 Year Review	0.3	58.0	53.7	66.4	5%	3%	4%
2 to 2.5 Year Review	0.3	58.0	52.3	79.7	5%	3%	4%
Other Clinical Intervention	4.7	58.0	58.0	40.8	74%	14%	37%
Other Statutory Contact, Face to Face		-	-	-	-	55%	30%
Other Statutory Contact, Non Face to Face		-	-	-	-	-	9%
Immunisation		-	-	-	-	1%	3%
Family Nurse Partnership Programme Visit		-	-	-	-	-	1%
Parentcraft		-	-	-	-	-	0%
	6.4	**58.0**	**60.0**	**49.7**	**100%**	**100%**	**100%**

Community Medical & Dental demonstrates that have low unit costs compared to peer and national average by 37% and 40% respectively. This will be a key focus for review for 2014/15.

Community Medical and Dental	GCS Spend (£M)	Unit Cost			Activity		
		Trust	Peer	National	Trust	Peer	National
Community Dental Service, Contact	2.9	67.1	105.4	116.2	81%	61%	73%
General Dental Service, Attendance	0.3	56.9	81.3	80.2	10%	20%	10%
Emergency Dental Service, Attendance	0.3	56.9	102.8	81.2	8%	19%	18%
	3.5	**65.2**	**102.7**	**109.6**	**100%**	**100%**	**100%**

Nursing services overall show lower unit costs when compared to our peers, and consistently low versus national average.

Nursing		Unit Cost			Activity		
		Trust	Peer	National	Trust	Peer	National
District Nurse	13.4	31.9	33.2	32.2	73%	77%	65%
Nursing services for children	0.5	76.5	85.3	91.7	1%	3%	2%
School-Based Children's Health - Vaccinations	-	-	-	-	-	-	2%
School-Based Children's Health	2.3	41.4	41.9	50.2	10%	7%	9%
Specialist Nursing	4.4	48.4	50.8	48.9	16%	12%	23%
	20.6	**35.9**	**37.4**	**37.3**	**100%**	**100%**	**100%**

The table below demonstrates that within specialist nursing in particular, in the areas with a significant amount of volume, we are consistent with both peer and national average. The table does demonstrate however that 34% of our activity in this area is within 'Other Specialist Nursing', compared with 15% peer group and national average, which we will investigate further in 2014-2015. SystmOne clinical information should allow greater clarity.

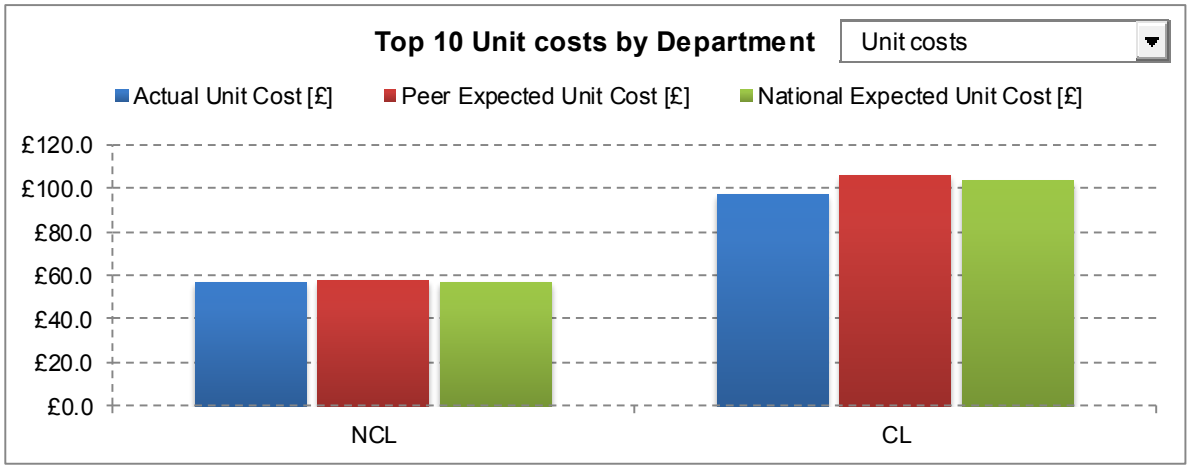
Specialist Nursing		Unit Cost			Activity		
		Trust	Peer	National	Trust	Peer	National
Active Case Management (Community Matrons	0.3	56.4	51.2	72.8	7%	28%	16%
Arthritis Nursing/Liaison	0.0	36.3	36.3	53.2	0%	0%	0%
Asthma and Respiratory Nursing/Liaison	0.2	48.7	44.8	55.9	5%	8%	7%
Breast Care Nursing/Liaison	-	-	-	-	-	-	0%
Cancer Related	0.0	50.8	50.8	51.9	1%	0%	3%
Cardiac Nursing/Liaison	1.0	41.0	41.5	44.0	28%	18%	8%
Continence Services	-	-	-	-	-	5%	8%
Diabetic Nursing/Liaison	0.1	57.6	78.2	60.3	1%	8%	10%
Enteral Feeding Nursing Services	-	-	-	-	-	3%	1%
Haemophilia Nursing Services	-	-	-	-	-	-	1%
HIV/AIDS Nursing Services	-	-	-	-	-	2%	1%
Infectious Diseases	-	-	-	-	-	-	0%
Intensive Care Nursing	-	-	-	-	-	-	0%
Other Specialist Nursing	1.6	50.0	56.5	45.9	34%	15%	15%
Palliative/Respite Care	0.0	66.0	66.0	67.9	1%	0%	11%
Parkinson's and Alzheimers Nursing/Liaison	0.1	42.6	45.7	43.4	3%	1%	2%
Stoma Care Services	-	-	-	-	-	-	1%
Tissue Viability Nursing/Liaison	1.0	52.5	53.6	50.4	21%	10%	10%
Transplantation Patients Nursing Service	-	-	-	-	-	-	0%
Treatment Room Nursing Services	-	-	-	-	-	-	5%
Tuberculosis Specialist Nursing	-	-	-	-	-	1%	2%
	4.4	**48.4**	**50.8**	**48.9**	**100%**	**100%**	**100%**

4.4 GCS Compared to other Community Trusts – Outpatient Costs

The table below shows a breakdown of our Outpatient activity and cost. The cost of £9.2M includes £3.5M of sexual health (including all HIV activity).

Service	Activity	Cost per attendance	MFF-Adjusted Cost Total (£M)
Trauma & Orthopaedics	4,267	£103	0.4
General Medicine	2,166	£95	0.2
Clinical Haematology	502	£130	0.1
Diabetic Medicine	3,659	£81	0.3
Sexual Health	41,265	£85	3.5
Physiotherapy- Adult	56,825	£39	2.2
Physiotherapy- Child	10,451	£42	0.4
OT- Adult	370	£83	0.0
OT- Child	1,552	£57	0.1
SALT- Adult	4,098	£108	0.4
SALT- Child	11,238	£81	0.9
Podiatry	6,895	£62	0.4
Other	960	£93	0.1
Outpatient attendances	**144,248**	**£61**	**9.2**

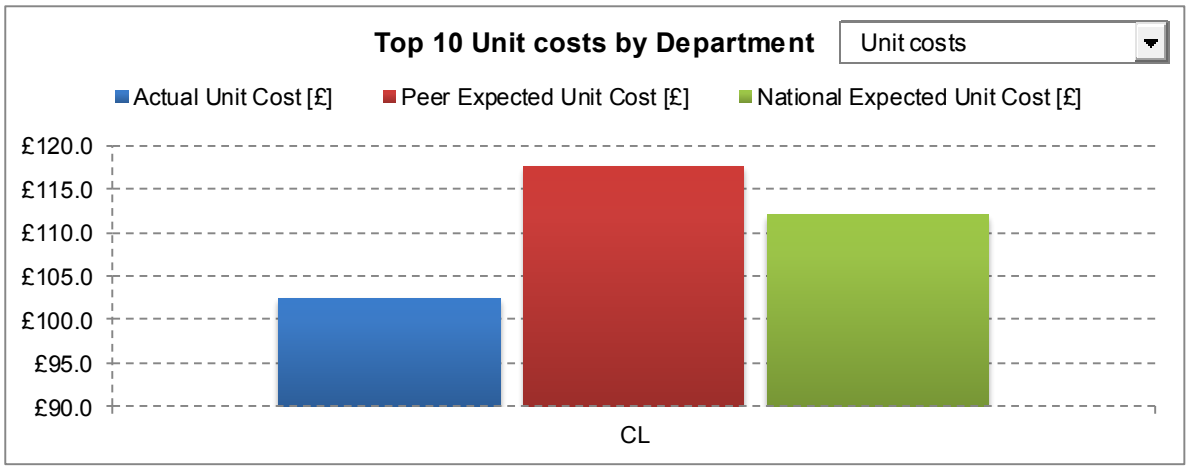
At a total level, the GCS Outpatient cost per attendance looks comparable with both national average and peers (see graph below), but there are some variances within service type.



Note: NCL = Non-Consultant Led, CL = Consultant Led

4.4.1
Trauma & Orthopaedics (Fracture Clinics)

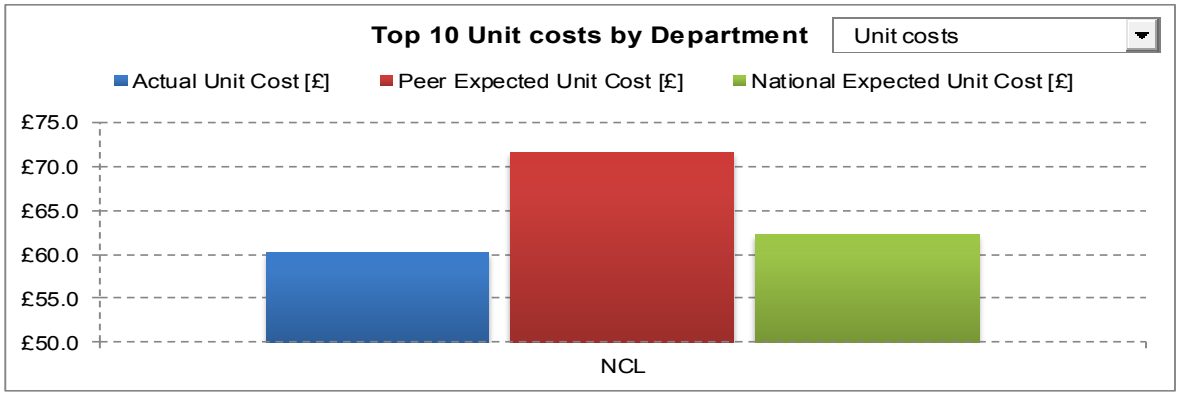
Trauma & Orthopaedics (Fracture Clinics) with total annual spend of £0.4M looks low versus peer and national average (13% below peer and 8% below national average). Cost allocations will be reviewed as part of the 2014/15 process.



Note: CL = Consultant Led

4.4.2
Sexual Health - Family Planning Clinic

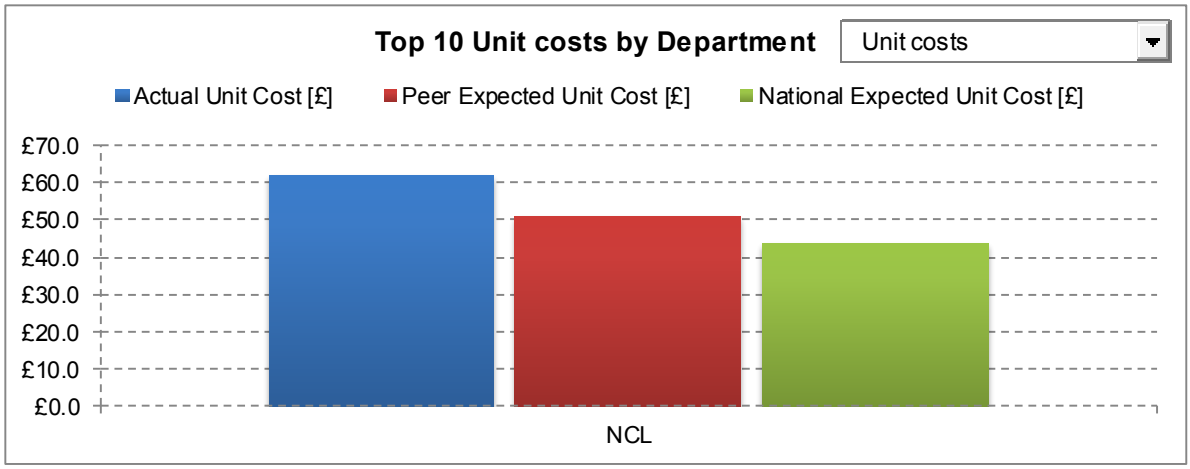
Family Planning Clinic (forming part of sexual health) unit cost is 16% below our peers but in keeping with national average. Better clinical engagement in this area will enable an improved allocation of costs within sexual health, which operates as an integrated service but is reported in composite elements for reference costs. All other elements of sexual health were within tolerance of national and peer averages.



Note: NCL = Non-Consultant Led

4.4.3 Podiatry

Podiatry, with a total spend of £0.43M, shows a unit cost higher than both peer and national average, driven in part by the podiatric surgery included within this category.



5.0 Operational Engagement Plan for 2014/15

There are a series of kick-off meetings planned to review service-by-service the output from reference costing 2013/14 and to begin the engagement for 2014/15 and emphasise the need for thorough clinical coding.

When	Who	Location	Time
18-Dec	Countywide Services 1 (Physio & Podiatry)	EJC (Bredon)	15:30 - 16:30
05-Jan	Countywide Services 2 (Speech & Language / Sexual Health / Dentistry)	EJC (Birdlip)	10:30 - 11:30
06-Jan	ICT Reference Cost kick-off (during ICT bi-weekly meeting)	EJC (Board)	10:00 - 11:00
07-Jan	Community Hospitals 1 (Tewkes, Forest, Stroud & The Vale)	EJC (Leckhampton)	12:30 - 13:30
13-Jan	Childrens Reference Costing Kick-off	EJC (Leckhampton)	13:00 - 14:00
15-Jan	Community Hospitals 2 (Ciren & N Cots)	EJC (Swifts)	12:00 - 13:00
TBC	Urgent Care - new category for reference costs in 2014/15	TBC	TBC

These meetings will begin the process for clinical engagement throughout the cost allocation process.

There will be a second series of meetings for review of the initial outputs from reference costing 2014/15 planned for June (see appendix 2), in order that the submission due in July best represents the results of clinical engagement.

The output from reference costing provides an opportunity for action in terms of altering the coding we are using in order that we reflect where we are carrying out more complex tasks and also for looking inside reference costs to help manage operations effectively, for example comparing bed day costs by hospital or contact cost by District Nursing team. This in turn will enable us to demonstrate the value of the services we provide.

Work is ongoing to enable us to get to this level of analysis in the 2014/15 reference costing process.

6.0 Conclusion

The first reference cost submission for GCS showed that overall our services are 6% above the national average, however excluding inpatient activity we are 2.8% below national average. This is without any significant provisions for missing activity.

GCS Community Services are below the national average and that of our peers, and although our inpatient data suggests we are out of line versus national average, we are fully aligned with our peers in terms of our costs, driven by the very different nature of our organisation, compared to an acute trust.

The Finance and Information teams have generated a plan to improve the process upon which the costs were calculated and submitted in 2013/2014. This includes a full engagement plan with operational staff, which will be launched in December and will engage all the services which are required to submit reference costs.

APPENDIX 1 – Categories for Reference Costing

The categories of costs for Reference Costing are as below

(a) **Elective inpatients** – where the patient has a planned admission to hospital with the expectation that they will remain in hospital for at least one night;
(b) **Day cases** – where the patient has a planned admission and is discharged on the same day;
(c) **Non-elective inpatients** – where the patient has an unplanned admission. This includes emergency admissions and admissions for maternity, births, and non-emergency patient transfers from another hospital;
(d) **Outpatient attendances** – at clinics in hospital, community health centres, general practices or other locations, split by whether or not the attendance was (i) under the clinical direction of a consultant, (ii) face to face (iii) first or follow up, and (iv) single or multi-professional;
(e) **Emergency medicine** - split by A&E department type, and by whether or not the attendance led to an admission;
(f) **Unbundled HRGs** for a number of services. These costs are generally high and only relate to a limited number of patients. Including them as an overhead on treatments and procedures would significantly distort costs and lead to wide variations. Trusts therefore report them separately, e.g. **High cost drugs** – for certain high cost drugs;
(g) **Community services** – costs cover a range of staff groups providing community services, including allied health professionals, health visitors and midwives, community paediatricians and dentists, and specialist and district nurses;

APPENDIX 2 – Outline Project Plan Reference Costing 2014-15

Reference Cost 14-15 - outline project Plan

✓ **Nov-14** Meeting with Kate Herrick / Matthew O'Reilly / Management Accountants to understand the right people to engage in all the different areas

Dec-14 to Jan-15 **Kick-off meetings to include:**

Estates (Mark Parsons currently working on plans of hospitals into functional zones)
Management Accountants
Service leads
Information
Financials Accounts
Stuart Bird

Items to discuss
Report from 2013-14 on what the costs per service were. What the limitations were with the data collected.
Timelines
Expected interaction - things we can do now versus things that need to wait
2 lots of interaction - up-front to understand services (esp comm services that work in hospitals)

Dec-14 SAPPS training event - BOOKED FOR 12/12/14 (see issues to cover at training tab)

✓ **Dec-14** **Review of Ref Cost Guidelines (Jenny Richards / Matthew O'Reilly / Kate Herrick) - 2 hours - BOOKED FOR 26/11/14**
Feedback submitted to DoH based on review
Jan-15 Glyn Howells meeting - to discuss desired outputs vs detailed project plan
Fixed / variable costs and definitions of these…
Experience / confidence from prior year

Jan-15 **Activity Meeting - need to discuss content of activity data**

Level of detail required / available in community (e.g. can we go down to HC etc, so that we can allocated out estates costs - OR do we flag community by locality only, or none at all?. By locality would be helpful.

Can we include GHT's activity, so we can have a view of the 100%, to make accurate allocations, e.g. in outpatients (if we do not have our online system fully functioning and reliable by then).

Jan-15 **Review of final Ref Cost Guidelines (Jenny Richards / Matthew O'Reilly / Kate Herrick) - 2 hours**
Review of reconciliation - what has changed since last year?
Any newly excluded or included services?

Jan & Feb '15 Together with Manacc team, generation of apportionment tables
Ensure Depreciation all booked to relevant areas

Mar-15 Create activity files for completion by activity team
Input TB into SAPPS (expenditure items only)
Tie up TB and allocation tables fully

Mar-15 Create Education & Training return documentation (ready for input during June sessions)

Apr-15 **Meeting with JB - iron out questions around reconciliation as first step (2 hours)**
Allowable income (is there any) - phone repayments, income from non-patient care activities - e.g. rental etc?
Are there any write-offs / impairments etc or other one-off items
Dividends
etc, going down whole reconciliation statement

Apr-15 Create activity files for completion by activity team

May-15 **Receive activity data and perform Review of activity received (2 hours)**
Kate Herrick / Matthew O'Reilly / Stuart Bird
How does this differ from prior year activity?

May-15 Inputting of all activity data working through any validation issues
Weekly meetings with activity team until all issues gone

May-15 1st review of output in terms of HRG costs
Population of SPELLS workbook
Test upload of workbooks into Unify

1st to 10th June Ironing out of HRG cost issues and SPELLS issues

11th June onwards Final tweaks of HRG costs
Business reviews set up in advance for reviews of areas (similar to kick-off meeting)
Education & Training return kick-off (to coincide with HRG review meetings)

10th July **Date to aim for uploading to Unify**

Gloucestershire Care Services NHS
NHS Trust

CIP, CQUIN and QIPP Report

Ref: 15/B019

Gloucestershire Care Services NHS Trust Board

CIP, CQUIN and QIPP Update Report

20 January 2015

Objective:

The purpose of this report is to update the Board on:

1. the status of the Cost Improvement Programme for 2014/15
2. CIP planning for 2015/16 onward
3. the *Commissioning for Quality and Innovation (*CQUIN*)* and *Quality, Innovation, Productivity and Prevention* (QIPP) Programmes.

The Board is asked to:

a. **Note** the current position and implications for the Trust.

Executive summary:

Cost Improvement Programme

Details of the Cost Improvement Programme was reported in detail to the Board in November and to the Policy and Resources Committee in December. More detailed updates will be provided to both at their next meetings.

The programme is closely scrutinised commensurate with the levels of risks associated with each of the savings projects. Further analysis is ongoing to review recurring and non-recurring elements of the savings programme.

All service areas are engaged in the cost improvement planning process for 2015-16 and there are ongoing discussions with the GCCG.

Commissioning for Quality and Innovation

The CQUIN programme for 2014/15 is monitored via an internal steering group. The risk of non-delivery is specific to one of the seven initiatives; CQUIN 6.

Negotiations with the GCCG have commenced around the 2015-16 CQUIN programme.

Quality, Innovation, Productivity and Prevention

As with the CQUIN programme there is an internal QIPP Steering Group that is monitoring delivery of the QIPP programme.

The QIPP schedule was not agreed until October and this delay has increased the Trust's risk of non- delivery of QIPP milestones and KPIs as milestone timeframes have been pushed out, with the majority of delivery occurring in Quarter three.

Duncan Jordan,
Chief Operating Officer

Please complete the Equality Checklist over….

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Gloucestershire Care Services NHS
NHS Trust

Meeting of Gloucestershire Care Services NHS Trust
GCS Board

To be held on: 20 January 2015
Location: Malvern & Coopers Room, Edward Jenner Court

Agenda Item 19 - CIP, CQUIN and QIPP Update Report

1. Purpose

The purpose of this report is to update the Board on:

1. the status of the Cost Improvement Programme for 2014-15
2. CIP planning for 2015/16 onward
3. the *Commissioning for Quality and Innovation (*CQUIN*)* and *Quality, Innovation, Productivity and Prevention* (QIPP) Programmes.

2. Recommendations

It is recommended that the Board:

Cost Improvement Programme

a. **Note** that the forecast savings target for the Cost Improvement Programme was revised during the year from £6.4m to £3.4m full year savings with £2.5m realised in this financial year

b. **Note** that planning for the Trust's Cost Improvement Programme for 2015-16 is underway

Commissioning for Quality and Innovation

c. **Note** that the CQUIN Programmes funded by both the Gloucestershire Clinical Commissioning Group (GCCG) and NHS England are considered to be low risk as at 31 December 2014

d. **Note** that there is one GCCG CQUIN where there is an increased risk of non-delivery. However, actions to mitigate this risk are in place.

Quality, Innovation, Productivity and Prevention

e. **Note** that the QIPP Programme carries a higher level of risk of non-delivery at year end of £1.0m as at 31 December.

f. **Note** that some of the financial risk can be mitigated, however, where QIPP initiatives are aligned with the Gloucestershire Hospitals Foundation Trust (GHFT) this is more difficult to manage

g. **Note** that the QIPP Schedule does provide an ability for over-delivery and to introduce new initiatives to off-set any financial risk, which will reduce the risk for the Trust.

h. **Receive** this report.

3. Discussion

3.1 CIP Update

3.1.1 CIP Initiatives for 2014-15

The CIP schemes were reported to the Board in November with £2.5m savings to be achieved in this financial year.

3.1.2 Current Financial Position

CIP Variance by Scheme	November YTD			Full Year Outturn		
	Actual	Budget	Variance	Forecast	Budget	Variance
Productivity						
* reduce new/follow up ratios	0	300	(300)	0	500	(500)
* improve face to face/phone ratios	0	300	(300)	0	500	(500)
Mobile working	270	600	(330)	771	1,000	(229)
SystmOne (productivity)	0	1,200	(1,200)	0	2,000	(2,000)
Central booking (productivity)	0	300	(300)	0	500	(500)
Cost effectiveness (skill mixing)	94	151	(57)	237	251	(14)
Estates savings	70	151	(81)	271	251	20
Support services incl IT licence savings	131	151	(20)	215	251	(36)
Procurement including drugs	245	336	(91)	650	504	146
Inter NHS recharges	0	168	(168)	200	252	(52)
Others	26	200	(174)	166	400	(234)
Total	**836**	**3,857**	**(3,021)**	**2,510**	**6,409**	**(3,899)**

As illustrated in the table above, GCS (as expected) is significantly under its original budgeted target as at 30 November. The Trust will, however, realise its revised forecast target of £2.5m by year end.

3.1.3 2015-16

Planning for CIP 2015-16 is underway and as previously advised is encompassing a two-fold strategy, which will consist of:

1. Applying the current planning process, as per the CIP Strategy (2013-18)
2. Service re-design, that involves developing a service model across the organisation, which will be costed and be able to build in efficiency savings.

Both approaches are required, as the Trust will need to transition from where we are now to where we determine we need to be over the next five years (aligned to Integrated Business Plan (IBP) timeframe).

All services are now engaged with the CIP planning process and the Transformation and Change team are supporting services to generate ideas and proposals for efficiencies and new ways of working. The Transformation and Change Team is continuing its service planning/re-design process, which will also occur in parallel.

Ideas that involve significant change are being discussed with the GCCG. A potential list of ideas was circulated with the November Board report.

3.2 CQUIN Programme

The CQUIN programme for 2014-15 is monitored via an internal steering group, chaired by the director of Service Transformation. From a financial risk perspective, the overall risk of the CQUIN programme is low. This rating assumes full payment for CQUIN 3; however, there remains a risk of non-delivery with CQUIN 6.

A full quarter 3 report is due for submission to the GCCG by end of January 2015 and negotiations with the GCCG around the 2015-16 CQUIN programme has commenced.

CQUIN 6 – *Nursing Skills and Competencies within Community Hospitals*

As previously reported there remains a risk to achieving all targets set, within this CQUIN, by 31 March 2015. GCS is however, committed to achieving this CQUIN within the timeframe and beyond. It is a CQUIN that supports the strengthening of nursing skills and abilities and is directly aligned to our strategic intention of providing more complex and consistent care across all our hospital sites. Despite the risks remaining significant progress has been made with for those new nurses joining the community hospital team which includes a 2 day clinical skills programme commencing January 2015.

3.3 QIPP Programme

As with the CQUIN programme there is an internal QIPP Steering Group, chaired by the Director of Service Transformation, that is monitoring delivery of the QIPP programme. The QIPP schedule was not agreed until October. This delay has increased GCS' risk of non-delivery of QIPP milestones and KPIs as milestone timeframes have been pushed out, with the majority of delivery occurring in Quarter 3. It should be noted that as a result of the Out of Hours (OOH) Tender decision and urgent care practitioner capacity, GCS is now unable to deliver on QIPP Programme 9: Primary Care in ED (£125k) which was planned for Quarter 3 and has been removed. Maintaining quality and safe delivery of the OOH Service during the transition period must take priority between now and March 2015.

The following table provide a GCS Assessment of QIPP Delivery

GCS Analysis

	Q1 - Q2 - April 2014 - September 2014					Q3 - Oct 2014 - Dec 2014			Forward Assessment Jan - March 2015		
	Completed	Green	Amber	Red	Under Review	Green	Amber	Red	Green	Amber	Red
Integrated Community Teams	150	85	50			365			385		
Integrated Discharge Teams	115		50				50			50	
Community Hospital Service Model		25				60			215		
Community Hospital Availability	25		75				50		75	50	
Community Hospital Staffing model	50				200	50	100				
MIUs						50			25		
MSK Interface	50		50				100				
MSK Pathways	25	50					25				
Physiotherapy Review		25				50			50		
Podiatry Review						125					
Totals (£k)	**415**	**185**	**225**	**0**	**200**	**700**	**325**	**0**	**750**	**100**	**0**
	40%	*18%*	*22%*	*0%*	*20%*	*68%*	*32%*	*0%*	*88%*	*12%*	*0%*
	Q1 Q2 Total		**1025**			**Q3 Total**		**1025**	**Q4 Total**		**850**

Based upon the above assessment, GCS expect to realise approximately 74% of the £3.25m funding (including the QIPP that is currently under review), that is £2.25m. What this table highlights is the need

to bring initiatives from the pipeline into our current Schedule, which we will be discussing with GCCG, to address the financial risk.

The Risk Share Activity KPI (£875) is detailed as follows.

KPI	Full Year £	RAG	Comments
Integrated Community Teams (ICTs)	625		Emergency admissions for the ICT cohort YTD have increased on 2013/14 levels.
MIU Utilisation	50		MIU baseline to be clarified. Based on GCCG position 50% achievement of this KPI is forecast. Activity YTD up by 3.0% in MIUs, in comparison of a target 4%.
MSK Interface	200		GP referrals to MSK outpatients have increased on 2013/14. Issues with coding have caused difficulty with analysis. There has also been difficulty in recruitment (hence amber rating)

The risk with the ICTs is well understood and one of the areas that is difficult to manage.
As at 31 December, GCS is recognising a £1m risk from non-delivery of QIPP. This includes the full Risk Share Activity KPI of £875k and our recognition that we were unable to deliver QIPP Programme Nine (£125k).

Negotiations about the 2015-16 QIPP Programme have commenced with the GCCG.

4. Financial Implications

There is no change to report from the financial forecast given in the November Board report.

In summary, CIP is £3.9m down on forecast; CQUIN assumes full delivery and QIPP £1m down.

5. Legal Implications

Nil

6. Risk Implications

As discussed above

7. Implications for Health Inequalities

Quality and Equality Impact Assessments are included in the planning and Business Case process for GCS' Cost Improvement Programme and QIPP Programme initiatives where applicable. Any implications for health inequalities will be assessed at that time.

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

Quality and Equality Impact Assessments are included in the planning and Business Case process for GCS' Cost Improvement Programme and QIPP Programme initiatives where applicable. Any implications for health inequalities will be assessed at that time.

9. Consultation and Communication including Public Involvement

None

Prepared by: **Fiona Smith - Senior Project Manager**
Presented by: **Duncan Jordan – Chief Operating Officer**
Susan Field – Director of Service Transformation

Gloucestershire Care Services NHS
NHS Trust

Audit & Assurance Chair's Report

Ref: 14/B020

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Audit & Assurance Chair's Report
25 November 2014

Objective:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Audit and Assurance Committee held on 17h December 2014

The Board is asked to:

The Board is asked to **NOTE** the report and the approved minutes for information and assurance.

Executive summary:
The report sets out the key points discussed at the meeting of 17th December. The approved minutes of the meeting held on 6th October 2014 are attached for information

Glyn Howells
Director of Finance

Please complete the Equality Checklist over….

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 20th January 2015
Location: Malvern & Coopers Room, Edward Jenner Court, Brockworth, GL3 4AW

Agenda item 20: Audit and Assurance Committee update

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Audit and Assurance Committee held on 17th December 2014. The approved minutes of the meeting held on 6th October 2014 are attached for information.

2. Counter fraud update

Rayna Kibble presented an update report and gave an update on two individual cases that had been bought against employees for working whilst sick and gave updates on other ongoing cases.

Rayna then gave on overview of progress against the annual plan which showed progress in line with expectations.

The Committee NOTED the report and updates given.

3. Internal Audit Update

Paul Dalton of PwC presented a progress report on performance to date against the agreed annual audit plan and presented the final audit reports on IT Asset disposal, GCS Staffing (Reporting) Audit, Performance Reporting Audit and Clinical System (SystmOne) Project management.

Discussions were had regarding revisiting performance reporting once SystmOne implementation has been completed.

The Committee RECEIVED the Progress Report and RECEIVED the above reports.

4. External Audit

Jon Brown of KPMG presented a brief update on external audit explaining that the bulk of the External Audit work was around the year end but that planning for the audit was well underway. Jon advised that the reporting period had been reduced by the Department of Health and so accounts are due to be filed by the end of May rather than mid-June as last year.

GH confirmed to the Committee that KPMG has also been appointed as auditors for Charitable funds which would have to be consolidated into the Trust's accounts this year.

The Committee RECEIVED the External Audit update.

5. Risk Management Framework

Rod Brown presented a draft risk management framework and stated that he has been asked to provide support to the establishment of risk management processes which are recognised as not yet being established consistently across the Trust. Concerns were raised by Sue Mead regarding the time being taken to address this big area of weakness that had been identified 12 months ago; Chris Creswick said that it wasn't clear from the framework how it would link into Clinical Governance and ensure that clinical risk is appropriately recognised.

The committee RECEIVED the draft framework but requested that it be developed as a priority addressing the items raised and reported back at the next committee.

6. Raising Concerns at Work Communications Plan

The Committee reviewed the Communication Plan; however, no-one attended to talk to the paper. The Committee felt that the report did not address previous concerns raised by the committee and so would not encourage staff to feel confident coming forward to raise concerns. Also, the Committee was expecting some quantitative data on numbers of issues being raised, time taken to resolve, outcomes etc.

RG agreed to discuss with TR and a revised plan and report to come to the next committee meeting.

7. Review of Waivers; Special Payments and Write offs

The Committee RECEIVED the Waivers, Special Payment and Write offs report.

The Committee REVIEWED the Special payments and Write offs and APPROVED them.

8. Better Payment Practice Report (BPPC)

The Committee RECEIVED the BPPC report which has now been enhanced to show the Trust compliance with purchase ordering use.

9. Estates Portfolio Report

The Committee RECEIVED a report detailing the position with regard to compliance on owned properties with the various statutory safety / compliance standards.

The Committee REQUESTED that a similar report is prepared for leased and licenced properties.

10. Financial Management Strategy

The Committee APPROVED the Financial Management Strategy.

11. Strategy Dashboard

Rod Brown talked the Committee through the new draft Strategy Dashboard which will be used to show progress being made against each Strategy and its associated implementation plan.

The Committee NOTED the development and look forward to receiving regular updates on each Strategy.

12. Health and Safety Policies / Guidance

The Committee APPROVED the following policies / guidance document that had been reviewed by the Health and Safety Committee.

Documents approved:

- Patient Property Policy
- Ionising Radiation Safety Policy
- Artificial Optical Radiation Policy
- PREVENT Guidance

Prepared by: **Glyn Howells, Director of Finance**

Presented by: **Robert Graves, Chair, Audit and Assurance Committee**

Appendices

Appendix 1: Approved minutes of the Audit and Assurance Committee on 6th October 2014.

Gloucestershire Care Services NHS
NHS Trust

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
AUDIT AND ASSURANCE COMMITTEE

Minutes of Meeting held on 6 October 2014
in the Boardroom, Edward Jenner Court

Present:	Robert Graves - Chair (RG)	Non-Executive Director
	Sue Mead (SM)	Non-Executive Director
	Richard Cryer (RC)	Non-Executive Director
	Glyn Howells (GH)	Director of Finance
In attendance:	Johanna Bogle (JB)	Financial Accountant
	Paul Dalton (PD)	Internal Audit, PWC
	Lynn Pamment (LP)	Internal Audit, PWC
	Duncan Laird (DL)	External Audit, KPMG
	Stuart Bird (SB)	Deputy Director of Finance
	Sallie Cheung (SC)	Local Counter Fraud Specialist
	Tina Ricketts (TR)	Director of HR
Secretariat:	Christine Thomas (CT)	
Apologies:		
	Jason Brown (JaB)	Director of Corporate Governance & Public Affairs
	Jon Brown (JBr)	External Audit, KPMG

Ref	Minute	Action
A&A 62/14	**Agenda item 1. Apologies** The Chair welcomed colleagues to the Meeting and apologies were accepted from Joanna Scott, Chris Creswick, Jason Brown, and Jon Brown.	
A&A 63/14	**Agenda item 2. Minutes of the Meeting held on 4th June 2014** The Committee **RECEIVED** the unconfirmed minutes of the meeting held on 4th June 2014. Some minor amendments were highlighted. **Resolution: Subject to minor amendments the Committee APPROVED the minutes of 4th June 2014.**	
A&A 64/14	**Agenda item 3. Action Log and Matters Arising** The Committee **REVIEWED** the action log and the following amendments were noted:	

Minute	Action Agreed	Lead Exec	Status

Reference				
AA07/13	A recommendation was made for members of the Information Governance Assurance Group to be invited to a future meeting and a progress report on the action plan to be presented to June's meeting.	Director of Corporate Governance & Public Affairs/External Auditor/Internal Auditor	Dec 14	
AA07/13	Core Financial Systems – The Committee recommended an update report is presented to the next meeting.	Director of Finance	Close	
AA40/14	Head of Finance to gain understanding of scale of problem with regard to overseas visitors' pay for pregnancy terminations etc. and follow up with Director of Finance.	Deputy Director of Finance		
AA22/14	The Financial Accountant presented an overview of the Trust's performance on Better Payment Practice Performance. Measures are being taken to improve the process and the next report to the Committee will include purchase order data	Financial Accountant	Close	
AA47/14	On review of the Forward Plan it was agreed that an additional meeting would take place in August to go through some additional ad hoc reports	Director of Corporate Governance	Close	
AA50/14	Review of clinical record keeping to move to the Quality & Clinical Governance Committee but the Audit Committee to still review on a regular basis. The first update to be presented to the Audit & Assurance Committee meeting in Dec 14	Sue Mead – Non-Executive Director	Dec 14	
AA50.1/14	Concern was raised re the definition of critical risk; this was to be raised with LP and added to the next agenda.	Director of Corporate Governance/ Director of Finance	Close	
AA54/14	The Self Review tool to be received at the September meeting	Local Counter Fraud Specialist	Close	
AA55/14	Policy control document needs to reflect clinical policies and that there may be conflicts between GCS Trust policies and clinical	Director of Corporate Governance	Close	

	professional body policies. Clinical personnel should ensure they follow clinical guidelines and policies			

Resolution: The Committee NOTED the updates on the action log and closed actions.

A&A 65/14

Agenda item 4. Out of Committee decisions:

NED Remuneration Overpayment

Two incidences of overpayments were reviewed and discussed. In one, management had given incorrect information that the staff member had acted on regarding returning to work after maternity leave. The committee APPROVED not reclaiming the overpayment as the staff member would not have taken the actions they did without the incorrect advice.

The second overpayment had been the subject of an internal audit report as it related to a Non-Executive Director that has since left the Trust; the audit report was discussed at length and the action plans to ensure learning were validated. In this instance; there was additional work that had been performed on behalf of the Trust and some unclaimed expenses that when taken into account reduced the amount to less than £10.

The committee APPROVED the treatment

The Chair agreed to take Agenda item 13 out of order

A&A 66/14

Agenda item 13. Raising Concerns at Work Policy

The Committee **RECEIVED** the Raising Concerns at Work Policy. TR presented the policy and explained to the Committee that though this was already in place concerns had been raised that showed some clarity and extra detail was needed. TR explained the process with which they looked at each of the cases and the lessons learnt from the concerns raised, these then formed the basis to the updates made to the policy.

RC asked if the policy followed NHS Best Practice guidelines, TR confirmed it did. SM raised concerns that although it was good to update the policy there could often be problems with a cultural attitude towards complaints and whistleblowing and that often these were not well received by the people or departments it concerned, people were often reluctant to complain because of the perceived consequences. It was therefore important that work was done on changing the culture towards whistleblowing and complaints. TR agreed that they would encompass some internal communications towards achieving this. RC also asked that it was made clear that some of the designated officer's emails could be viewed by other people.

SC felt that it may be of use for this policy to also be discussed during

	their 30 minute section at inductions as often fraud and whistleblowing can be linked. TR advised that they did already have a section at the induction sessions, but it may be worth moving the timing so that they could go over this policy together. GH felt that there was not always a clear understanding of what the outcome of a whistleblowing investigation could take and there was often an expectation that this would result in a disciplinary or grievance process. Therefore when someone was not disciplined or it seemed no action taken they were not then happy with the results and this perception needed to be changed. Often the outcome may be 'Thank you for raising – management is now aware and will deal with it'. Examples of sorts of things raised and potential outcomes to be included in communications. RG felt that this discussion had raised some important points and asked that this come back to the Committee as a regular agenda item so they could get updates. **The Committee RECEIVED the Policy and agreed that this would come to the Committee with regular updates.** TR left the meeting	**JaB/TR**
A&A 67/14	**<u>Agenda item 5. Forward Agenda Planner</u>** RG requested that the Forward Agenda Planner show the next six months. GH mentioned that the draft budget needed to go to the December meeting with the final budget being taken at the March 2015 meeting. This was discussed and it was felt that it would be better for final sign off to go to Performance & Resources Committee, GH to pick this up with JaB RG requested that the Committee receive a timeline document that shows each stage of the budget setting process. GH agreed he would do this and bring it to Committee. There was a discussion as to when the Board should receive the Committee's annual report as this was scheduled for March, but this might not then include the Internal and External Auditors' report. GH would pick this up with JaB. Whistleblowing to be added as a standing agenda item. **The Committee APPROVED the forward agenda planner subject to the above amendments.**	**GH** **GH** **GH / JaB** **HH**
A&A 68/14	**<u>Agenda item 6. Internal Audit update</u>** The Committee **RECEIVED** the Internal Audit progress report and **NOTED** the draft Performance Reporting report. LP presented the progress report. It was noted that field work was on target. There were	

	some concerns re timings of responses, but that overall they were satisfied with progress made so far. LP advised that the Internal Audit Report 2014/15 performance reporting report needed to be finalised before it could be fully presented to the Committee. LP clarified that the definition of a critical risk was a risk that was deemed to be organisational wide as opposed to localised. **Resolution: The Committee RECEIVED the Progress Report and NOTED the Performance Report was currently draft and that the final version was to come back to the Committee on completion.**	
A&A 69/14	**<u>Agenda item 7. External Audit Update</u>** The Committee **RECEIVED** the External Audit update. DL presented the External Audit update advising that this current report was brief but that a more extensive report would be presented to the next Committee meeting. RG asked if there was anything of note that the Committee should be aware of and DL made the Committee aware that there was currently some debate around the sustainability of small Acute hospitals, but this was an ongoing discussion. **Resolution: The Committee RECEIVED the External Audit update.**	
A&A 70/14	**<u>Agenda item 8. Counter Fraud Update</u>** The Committee **RECEIVED** the Counter Fraud update. SC presented the update to the Committee focusing on the results of the Quality Assessment and the SRT Process Summary. NHS Protect used both the old and new SRT to complete their assessment and they upgraded the Trust on two lines from Amber to Green. They were particularly impressed with concerns of how problems were raised with SBS. The overall view was to keep up the good work. One area of concern was ensuring that policies were updated; this is ongoing and taking time due to the volume of policies that need updating. GH advised that one of the downsides of poor CIP delivery was that money that was in place to achieve ISO9001 was no longer available. RC asked what the implications of this was and GH advised that it would be harder to achieve and maintain, but that all processes would still be reviewed. SC updated the Committee on the latest fraud cases. Concern was raised over the loss of money through non UK people arriving for treatment and then not paying for the treatment. This was often due to the staff not asking the right questions, but it was acknowledged that it was difficult for staff to turn people away for treatment when their priority was care. It was acknowledged that this was a national wide problem, but it was difficult to know exactly the cost to the Trust and to gather this information. It was agreed that further work should be done on this probably on a per department basis, particularly in the area of sexual	**SB**

	health. **Resolution: The Committee RECEIVED the Counter Fraud update.**	
A&A 71/14	**<u>Agenda item 9. Core Financial Systems update report</u>** The Committee **RECEIVED** the Core Financial Systems update report. JB updated the Committee on some problems that have occurred with supplier payments due to SBS inputting details wrongly or changing bank details without prior authorisation. The Trust had asked SBS to transfer this part of the service back into the control of the Trust but were advised that this was not possible. The Trust finance team now receive a monthly report which they review. One problem that has been identified is that SBS will input incorrect information and after this has been done request a change form to connect their error. The Trust are still unhappy with the quality of work provided by SBS and have requested a meeting to try to get out of the contract. RC asked for a concise summary to be put together in time for his Audit & Assurance Chair meeting so that he could raise the concerns there. **Resolution: The Committee RECEIVED the Core Financial System update report.**	**JB**
A&A 72/14	**<u>Agenda item 10. SBS Summary Paper</u>** GH gave a verbal update on SBS, it was noted that unfortunately at this stage there was no other option but to use SBS. RG asked for this to be kept on the agenda. **Resolution: The Committee NOTED the update and agreed for this to return to the Committee on future agendas.**	
A&A 73/14	**<u>Agenda item 11. Better Payment Practice Performance Report (BPPC)</u>** The Committee **RECEIVED** the Better Payment Practice Performance Report. JB presented the Better Payment Practice Code (BPPC) Report to the Committee. The failure rate was made worse due to withholding a payment for GHFT, though this had now been paid. There were also problems with SBS or the Trust processing duplicate invoices which were then held to avoid duplicate payments. Additional training had now been done to rectify this. GH acknowledged that the system was not very user friendly. They were looking at other systems, but whilst with SBS were unable to change. **Resolution: The Committee RECEIVED the report.**	
A&A 74/14	**<u>Agenda item 12. Review of Waivers, Special Payments and Write offs</u>** The Committee **RECEIVED** the Waivers, Special Payment and Write	

	offs report. JB advised that there were no new waivers; however, it was felt that this was probably incorrect. GH would put out a communication to remind people of the correct procedures. RG asked if there was a role for internal audit, but LP felt not if an internal review was being undertaken. RG asked that they review again once the internal review had been undertaken. JB asked for the Committee's approval for 2 new write offs. It was noted that one of the items was a pool car fine and that this should be being charged back to the person driving it at the time. It had been found that pool cars were not always being logged correctly and therefore it was impossible to know who had been driving the car at the time. GH agreed that this would be looked at and a new management procedure for the cars would be put in place. It was noted that in Losses and Special Payments there was compensation to patient paid for distress caused while caring for her husband. It was not known whether this had gone through the legal route, but SM was concerned as to whether this had been fully investigated. GH advised that they were likely to see more cases like this now as the excess had gone up to £10,000. SM stressed that it was really important that clinical investigations were held into these kinds of cases. RG agreed and stated that payments should only happen once an investigation had been completed. GH advised that JaB was currently putting processes in place to ensure this is handled correctly. RG asked that this process come to the Committee for review. There were parallels to whistleblowing here and therefore needed to recorded and captured in the same way. GH would review this with JaB. SB did raise a concern that the higher excess would end up costing the Trust more than the previous arrangement. The Committee approved the write offs. **Resolution: The Committee RECEIVED the reports APPROVED the write offs and asked that the processes for compensation that did not go through the legal team were bought back to the Committee for review**	**GH** **GH** **JaB** **GH/JaB**
75/14	**<u>Agenda item 14. Letter from External Auditor</u>** DL advised the Committee that this letter formally closed the 2013/14 audit. **Resolution: The Committee NOTED the letter**	
A&A 76/14	**<u>Agenda item 15. Any Other Business</u>** RG updated the Committee on the additional informal Committee meeting that they had held in August 2014. The informal Committee meeting reviewed the following documents: • Information Governance Forward Plan 2014-15	

	• Corporate Records Management Forward Plan 2014-15 • Risk Management Forward Plan 2014-15 Information Governance Policies: • Information Governance Policy • Data Protection Policy • Freedom of Information Policy • Information Protection Policy • Data Quality Policy • Organisation of Information Security Policy • Data Classification and Labelling Policy • Guiding Principles for the Collection and Release of Data • Corporate Records Management Procedure • Computer Misuse Policy • IT and Information Communication and Operations Policy • IT Change Guidance • Information Systems' Acquisition, Development and Maintenance Policy • Information Sharing Confidentiality Policy • Corporate Records Management Procedure • Confidentiality and Information Sharing Policy • Counter Fraud Progress Report The Chair said that these were available for all Committee members if they wished to see or review them. The Chair closed the meeting.	
A&A 77/14	**Date of next meeting:** Wednesday, 17 December 2014 in the Boardroom, Edward Jenner Court at 10am.	

Chair's signature ……..

Date ……..

Gloucestershire Care Services NHS
NHS Trust

Communications and Engagement Chair's Report

Ref: 15/B021

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Communications and Engagement Committee Chair's Report

20th January 2015

Objective:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Communications and Engagement Committee held on 9th December 2014.

The Board is asked to:

Note the report for information and assurance.

Executive summary:

The report sets out the key points discussed at the meeting of 9th December 2014 and highlights keys issues agreed for escalation to Board.

Joanna Scott,
Communications and Engagement Committee Chair

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 20th January 2015
Location: Malvern & Coopers Room, Edward Jenner Court, Brockworth

1. Introduction

This report provides a summary of the key updates, issues and actions arising from the meeting of the Communications and Engagement Committee meeting held on 9th December 2014.

2. Media analysis

The media analysis for September and October was presented to the committee and topics highlighted for particular attention were:

- **New media monitoring tool**
  Precise is the new provider for the Trust - they were chosen on the basis of greater functionality, database information and insights, user-friendliness of its interface and, social media coverage. Precise is also the chosen provider by a significant number of other NHS organisations, including NHS England and the TDA. A key point made to the committee is that Precise will provide the Trust with simple to use metrics that enable a complete and transparent analysis of the impact of PR activity across all media channels. Precise's in-house methodology analyses online audience data in conjunction with online advertising rates, to derive a value for each piece of the Trust's coverage from an online or social media source.
- **Internet traffic statistics**
  The committee reviewed the Google analytics internet data for the Trust - which shows audience overview, session duration, and new vs returning visitors. Concern was expressed about the visitor session duration of 0-10 seconds which accounts for a high percentage of visitors to the website. It was agreed that the Head of Communications and Engagement would further investigate this data, and examine how to improve the customer journey before the launch of the revised internet
- **Reactive and proactive stories**
  Discussion took place about the number of recent reactive stories and provision of more proactive opportunities to the local print and broadcast media. The Head of Communications and Engagement said that an action was in place to present a forward plan to local media within early Q1 2015, which will showcase a range of media opportunities to promote the excellent range of services delivered by the Trust.

3. Events calendar

Discussion took place regarding the proposed events calendar for 2015. It was agreed there are many event opportunities, but priority must be given to events which yield the best value for the Trust, and align to the Trust's strategic objectives.

4. Stakeholder analysis and map

The Head of Communications and Engagement presented a Trust stakeholder analysis and map to the committee. The analysis demonstrated how a power / interest matrix has been used to evaluate the expectation and impact of particular stakeholders, by making an assessment against the following key questions:

- How interested is each stakeholder group in the organisation's decisions?
- What power and influence can they exert on those decisions?

This resulted in four stakeholder groups being established:

1. **Key players**
   The Trust's most important stakeholders – they have high power and high interest.
2. **Keep satisfied**
   The relationship with stakeholders in Group B could be difficult.
   They behave passively most of the time, but can exert an enormous impact on the organisation.
3. **Keep informed**
   Stakeholders in Group C have a high interest in the organisation and its actions. However, they have limited means to influence.
4. **Minimal effort**
   Stakeholders in Group D have little interest in our corporate plans, or the power to exert much impact.

Members of the committee were asked to provide feedback on the positioning of the stakeholders directly to the Head of Communications and Engagement.

The Chair requested that the next report includes timelines for communication and engagement activities with the groups.

5. Communications and Engagement strategy implementation plan

The Head of Communications and Engagement presented key highlights from the implementation plan, demonstrating how the Trust will systematically communicate with its many audiences in ways which are compelling, relevant and credible. This provided the committee with an overview of the key priorities and actions which have been identified, mapped against the strategy's quality goals and the Trust' strategic objectives.

6. Other reports presented to the Committee

- Staff Engagement and Internal Communications Review
- Food and Hydration Focus Group Report
- Engagement Framework
- GP Communications and Engagement

7. Conclusions and Recommendations

The Board is asked to:

- **Note** this report

Report prepared by: Mark Lambert, Head of Communications and Engagement

Report Presented by: Joanna Scott, Chair, Communications and Engagement Committee

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
COMMUNICATIONS AND ENGAGEMENT STEERING GROUP

Minutes of Meeting held on 17th June 2014

Present:	Joanna Scott - Chair (JS)	Non-Executive Director
	Tina Ricketts (TR)	Director of HR
	Duncan Jordan (DJ)	Chief Operating Officer
	Jason Brown (JB)	Director of Corporate Services & Public Affairs
In attendance:	Candace Plouffe (CP)	Director of Service Delivery
	Ruth Darling (RD)	Communications Manager
Secretariat:	Christine Thomas (CT)	
Apologies:	Ingrid Barker (IB)	Chair
	Liz Jarvis (LJ)	Deputy Director of Nursing
	Sue Field (SF)	Non-Executive Director

Ref	Item	Action
C&E01	**Agenda Item 1 - Introductions** The Chair opened the meeting by welcoming everyone to the inaugural Communications and Engagement Steering Group meeting. JS confirmed the members and attendees of the Committee.	
C&E02	**Agenda Item 2 - Apologies** Apologies were received from Ingrid Barker, Sue Field and Liz Jarvis	
C&E03	**Agenda item 3 - Terms of Reference** The Committee ran through the Terms of Reference (ToR). JB advised that due to the TDA starting to monitor the ToR that no further changes could be made to them. If any amends come to light then these can be noted and amended when the ToRs are next reviewed. JB confirmed that the Steering Group would cover three strategies, they are: • Communications and Engagement Strategy • Membership Strategy • Public Consultation Strategy	

	JS confirmed that this Steering Group will link in with the Quality & Clinical Governance Committee and Your Care, Your Opinion. JB confirmed that they were currently working on an Engagement Framework from the last Your Care, Your opinion meeting and this paper will be presented to the next meeting. It was confirmed that the Steering Group would meet every two months and due to this concern was raised as to what would happen if anything important occurred in between meetings. It was agreed that should important matters occur between meetings then this would be communicated and resolved external to the meeting by the Group members. The Steering Group **RECEIVED** and **APPROVED** the Terms of Reference.	**JB**
C&E 04

C&E05	**<u>Agenda item 5 – Communications and Engagement Structure</u>** JB presented the revised Communications and Engagement Structure. The Steering Group **RECEIVED** the Structure	
C&E06	**<u>Agenda item 6. – Recruitment update</u>** JB gave a verbal update on recruitment for the Communications and Engagement vacant positions. 6 candidates have been finalised for the Head of Communications position and interviews were to take place in June. It was expected that full recruitment for the Communications and Engagement team would be completed by August 2014.	
C&E07	**<u>Agenda item 7 – Communications and Engagement Team Portfolio</u>** JB presented a paper on the roles for the amended Communications and Engagement team. This included a high level view of the role of the new Head of Communications. The Steering Group **RECEIVED** the paper.	
C&E08	**<u>Agenda item 8 – Stakeholder Analysis</u>** JB presented the Stakeholder Analysis and included in this the Stakeholder Engagement Map. The presentation identified key work required to identify the main Stakeholders for the Trust. JB advised that the Stakeholder Engagement Map is a work in progress and will come to the Steering Group later in the year to be signed off; this would then be presented to the Board. JB advised that the regulators will also be looking at this document. JS noted that populating the Stakeholder Engagement Map was going to be a big and timely piece of work. JB agreed and advised that KP, Engagement Manager, would be working on this as a priority. JB would bring the updated version to the next Group meeting. The Chair suggested that this paper could be brought to Board Development for further discussion and to help populate the document. Subject to the above comments, the Steering Group **NOTED** the report.	**JB**

C&E09	**<u>Agenda item 9. – Forward Plan</u>** JB presented the Forward Plan to the Group. DJ noted that this did not include events going on outside of the GCS and JB advised that this would be a working document. TR asked if a scorecard could be added so the Group could see progress, this could be rag rated. JB to revise.	**JB**
C&E10	**<u>Agenda item 10 – Your Care, Your Opinion Minutes</u>** JB presented the minutes from the last Your Care, Your Opinion meeting. It was advised that as this is an informal group involving external people that these minutes take a note form as opposed to formal minutes. The Steering Group **NOTED** the minutes.	
C&E11	**<u>Agenda item 11 – Communications Activities</u>** RD presented some examples of the types of Communication and Engagement activities that have recently been taking place. DJ advised that he was not always sure what the Trust is paid to do and what we decide ourselves to do. RD advised that requirements are often service led and some is what they need to do, for example to let people know of a new service that has opened.	
C&E 12	**<u>Agenda item 12 – Any other business</u>** There was no other business so the Chair closed the meeting.	
C&E13	**<u>Date of next meeting</u>** The next meeting will be held on Thursday 21st August 2014 – 14.00 – 16.00 in the Leckhampton Room, Edward Jenner Court	

There being no further business the meeting closed at 13.10 p.m.

Chair's signature: ……

Date: ……

Gloucestershire Care Services NHS
NHS Trust

Your Care Your Opinion Report

Ref: 15/B014

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Your Care Your Opinion Committee Report

20th January 2015

Objective:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Your Care Your Opinion Committee held on 9th December 2014.

The Board is asked to:

To receive the report and the action log of the meeting on 9th December 2014 meeting for information and assurance

Executive summary:

The report sets out the key points discussed at the meeting of 9th December 2014 and highlights keys issues agreed for escalation to Board.

Ingrid Barker,
Your Care Your Opinion Committee Chair

Please complete the Equality Checklist over….

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: January 20th 2015
Location: Malvern & Coopers Room, Edward Jenner Court, Brockworth

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Your Care Your Opinion Committee meeting held on 9th December 2014. The action log from the meeting on 9th December is enclosed for information.

2. Chris Boden – Podiatry Team – experience of SystmOne implementation

Chris Boden updated the committee on the rollout of SystmOne to podiatry services. The committee discussed how SystmOne works with GP surgeries and service users, and how the Trust needs to work with both groups to ensure the SystmOne rollout is successful.

3. Engagement Framework Presentation

The Engagement Framework was presented to the committee. The Framework will be updated annually from Autumn 2015.

The Engagement Portal will launch early 2015.

4. Nutrition and Hydration Focus Group Report

The Nutrition and Hydration Focus Group report was presented to the committee. The group was made up of current service users, discharged service users and carers, and included patients who had used GHNHSFT services.

There were three discussion themes – meal times, dining experience, and discharge. The key findings were:

- Pre-ordering meals and some meal times difficult.
- Food not always reachable.
- Packaging sometimes difficult to open.
- Lack of information on food options

Recommendations from the report –

- Put together an Action Plan based on report findings.
- Have three meetings in total for each focus group; an initial meeting, a second meeting with a subject matter expert and a third meeting with feedback from the Trust.

The committee recommended drawing on complaints and feedback from service users via other channels, such as NHS Choices, and from this set up a calendar of focus group topics. The emphasis on the first focus group session should be listening to service users and work together with focus groups to come up with solutions. The committee suggested inviting service users from focus groups to future Board meetings.

The committee also discussed how to include people from more marginalised groups, and how to use existing networks to reach different communities. .

5. Carers Rights Day – update

6. Any other business

The committee also discussed:

- Partnership campaigns; establishing a diary of events
- The Care Act; communication to service users
- Building Better Lives; 10 year policy bringing disability workstreams together
- Linking up with PING (linking physically disabled people and services in Gloucestershire).

7. Conclusions and Recommendations

The Board is asked to:

- **Note** this report

Report prepared by: Mark Lambert, Head of Communications and Engagement

Report Presented by: Ingrid Barker, Chair of the Your Care Your Opinion Committee

Your Care Your Opinion Programme Board Action Log

Minute Reference	Action Agreed	Action with	Update for next meeting	Proposed Close Date	Status
Your Care Your Opinion Programme Board Action Log 10.12.2014					
Agenda Item 5	Engagement cycle to be developed showing how decisions are fed back to the Board	Mark Lambert		Feb-15	
Agenda Item 5	Engagement Framework Implementation Plan	Katie Parker/Mark Lambert		Feb-15	
Agenda Item 5	Put together an engagement plan for hard to engage groups/BME/Homeless etc.	Katie Parker/Mark Lambert		Feb-15	
Agenda Item 8	The Trust is to sign up to the Co-production Charter	Mark Lambert/Jason Brown		Feb-15	
Agenda Item 8	Send link to the Engagement Portal – Readers Panel Membership to Carers Gloucestershire	Katie Parker		Jan-15	
Agenda Item 8	YCYO Engagement Day to be clarified with members. The Trust is aiming to host the event in June/July	Mark Lambert		Feb-15	
Agenda Item 8	PING to be invited to join membership of YCYO	Katie Parker/Mark Lambert		Jan-15	

Gloucestershire Care Services NHS
NHS Trust

Strategy Dashboard

Ref: 15/B023

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Strategy Dashboard
20 January 2015

Objective:
To provide assurance to the Board of the progress against each Strategy's quality goals

The Board is asked to:
Note the information

Executive summary:
The Trust's strategies are owned by relevant Committees, namely:

- **Performance and Resources Committee:**
  - Estates Strategy
  - Information Technology (IT) Strategy
  - Information and Performance Management Strategy
  - CIP Strategy

- **Audit and Assurance Committee:**
  - Risk Management Strategy
  - Business Continuity Strategy
  - Health, Safety and Security Strategy
  - Financial Management Strategy
  - Information Governance Strategy
  - Audit and Effectiveness Strategy (shared)

- **Quality and Clinical Governance Committee**
  - Quality Strategy
  - Clinical and Professional Care Strategy
  - Audit and Effectiveness Strategy (shared)

- **HR/OD Committee**
  - OD Strategy
  - Workforce Strategy

- **Communications and Public Affairs Steering Group**
  - Communications and Engagement Strategy
  - Membership Strategy
  - Public Consultation Strategy

- **Charitable Funds Committee**
  - Charitable Funds Strategy

In order to maintain focus on the actions against each Strategy's quality goals, dashboards are now produced for each Committee, rather than those Committees receiving full implementation plans.

Dashboards will indicate where good progress is being made - they will also highlight areas of concern for which exception reporting will be provided.

Committees can request follow-up reports for subsequent meetings in respect of any significant concerns.

This is an iterative process, with seven dashboards produced to date.

Rod Brown,
Head of Corporate Planning

20 January 2015

Please complete the Equality Checklist over….

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
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[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

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b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Gloucestershire Care Services NHS
NHS Trust

Strategy dashboards
(positions as at end October)

Rod Brown
Head of Corporate Planning

20 January 2015

Understanding you

Overview

- In order to maintain focus on the actions against each Strategy's quality goals, dashboards will be now produced for the respective Committees, rather than those Committees receiving full implementation plans

- Dashboards will indicate where good progress is being made - they will also highlight areas of concern for which exception reporting will be provided

- Committees can request follow-up reports for subsequent meetings in respect of any significant concerns

Gloucestershire Care Services NHS
NHS Trust

Estates Strategy

Priority	Measure	Target	YTD	RAG
To maintain or improve compliance levels to ensure that the Trust's physical environment is delivered to the highest affordable standards	Compliance with legionella standards	Compliant	Compliant	
	Compliance with Fire Regulatory Reform (Fire Safety) Order 2005	Compliant	Partially compliant	
To develop a balanced property portfolio that meets the needs of the Trust's service development plans	Continued increase in use of multi-agency sites and corresponding decrease in single-use sites	TBC	TBC	
To support the development of mobile working initiatives through intelligent use of properties and technology	Development and implementation of the blueprint for frontline staff accommodation including office space, meeting facilities and car parking	Implemented to plan	Plan not developed	
To play a strong supporting role in developing the community hospitals	Increase in the number of sites that are dementia-friendly in line with trajectory	TBC	TBC	
	Downtime caused through estates causes	TBC	TBC	
To support operational services and business development to capitalise on the Trust's estate	80% utilisation of Trust facilities during the working week with significant uplift in usage at the weekends against current	Inpatients (bed stock)	80%+	
		Outpatients	TBC	TBC
To introduce and continually develop an Estates stakeholder engagement operating model, encompassing service users, Trust colleagues, commissioners, partners and administrators	Improvements in annual PLACE scores against 2013 baseline	Cleanliness (92.25%)	97.25%	
		Food (84.39%)	88.79%	
		Privacy/dignity (82.15%)	87.73%	
		Appearance (86.54%)	91.97%	
To deliver a low carbon, sustainable estate that minimises the use of natural resources	10% reduction in tonnes Co2e used by 2015-16 compared to the 2007-08 baseline	On target		

Exception comments

- Fire risk assessments are in place for all Trust sites - however, corresponding action plans and works programme remain in progress (due for completion by March 2015 to be followed by on-going review)

- The Trust continues to develop multi-agency sites where possible (i.e. the new property in Cheltenham that will house sexual health services and the lower limb and complex wound service)

- Development of an accommodation blueprint is dependent upon strategic decisions re: the preferred operational model

- Dementia-friendly facilities are now developed at Cirencester Hospital and the Dilke Memorial - planning work is underway at Lydney and District Hospital and Stratton Ward (Cirencester)

- Estates issues have caused impact upon service provision at Tewkesbury Hospital - these continue to be addressed

Gloucestershire Care Services NHS
NHS Trust

IT Strategy

Priority	Measure	Target	YTD	RAG
To use technologies and systems that add distinct benefit to Trust operations and efficiencies	Number of clinical systems migrated to SystmOne in year	4	3	
	Number of servers consolidated and decommissioned in year	8	6	
	Software and hardware licences managed within legal frameworks	100%	99.5%	
To use technologies that provide the public with increased choice, quality and flexibility	Increase in the number of text messages sent to service users in respect of appointments, reminders and other appropriate communications	4,000 per annum	2,800	
	Availability of public information boards in all local community hospitals, providing service users with access to real-time data updated on a daily basis	TBC	TBC	
To enable Trust colleagues to securely access relevant information, communications and technology from any location and at any time	All relevant colleagues with access to suitable mobile devices that support real-time data access and entry	900 in year	900+	
	Maintenance of a centralised telephone management system that is based upon a single tariff	85% by March 2015	80%	
	All clinical colleagues with use of an appropriate Identity and Access Management (IAM) authentication system in line with planned trajectory	100% by March 2015	50%+	
To enable improved joint working across organisational boundaries	Successful pilot of the Medical Interoperability Gateway (MIG) across the Gloucestershire health and social care economy	By March 2015	75%+	
	All referrals, whether received from internal or external sources, received electronically	TBC	TBC	
To ensure that Trust colleagues are appropriately skilled and trained to make best use of existing and developing technologies	All personal development needs of Trust colleagues in respect of IT will be assessed and fulfilled on an annual basis	TBC	TBC	
	IT training will be provided to all colleagues joining the Trust as part of their induction	TBC	TBC	
	Increase in the availability of online IT support and resources so as to ensure self-service training	By March 2015	TBC	

Exception comments

- In 2014-15, only Careplus remains to be migrated onto SystmOne and this should be complete by March 2015
- The Trust has not yet commenced work on making public information boards available in clinics and community hospitals to display up-to-date information on waiting times, infection control, service user experience etc
- Roll-out of the single sign-on Identity and Access Management (IAM) authentication system began late in year, but is already 50% towards target. Work will be completed by March 2015
- Improved working with GP partners is required to ensure that all external referrals can be received electronically
- Through the IM&T Steering Group, the Trust is seeking to establish an IT competency framework which can subsequently be used in appraisals
- Local induction training is planned in order to provide guidance on IT and systems that are relevant to each service area

Gloucestershire Care Services NHS
NHS Trust

Information and Performance Management Strategy

Priority	Measure	Target	YTD	RAG
To ensure that the Trust's information is of optimum accuracy, completeness and timeliness, and that information is used intelligently	Minimum 96% data quality of Trust returns to the HSCIC	96%	96.1%	
	Data Quality Leads assigned and active at both Board and team level	n/a	n/a	
	Measured increase in the availability of triangulated information reports	58	24	
	Evidence of participation in all relevant benchmarking networks	n/a	n/a	
To facilitate the routine dissemination of information internally	Delivery of first draft scorecards to teams by the fifth working day of each month	100%	100%	
	Delivery of final draft scorecards to teams by the tenth working day of each month	100%	100%	
	Delivery of Board and sub-Board Committee information reports to time	100%	100%	
To use a robust performance management framework to deliver the Trust's vision, values and strategic objectives	Minimum annual update of service specifications including targets and KPIs	n/a	n/a	
	Annual production of local Service Development Plans	n/a	n/a	
	Evidence of action plans against all Board / Committee metrics RAG rated amber or red	n/a	n/a	
	Routine reporting at Board sub-Committees of performance against Trust strategies	n/a	n/a	
To share information with all external stakeholders to build effective partnerships	Compliance with mandated data flows	100%	100%	
	Routine reporting against all national and local contractual targets	n/a	n/a	
To ensure appropriate training and development for colleagues	Annual assessment of the training needs of the Performance and Information Team	100%	100%	
	Suitable coverage of appropriate information management best practice within both clinical systems and information governance training programmes	n/a	n/a	
	Evidence of annual appraisal of individuals' training needs re: information management	n/a	n/a	

Exception comments

- Data Quality Leads will be nominated by March 2015, and given clear understanding of their remit, responsibilities and accountabilities
- The Trust continues to develop triangulated reporting through Essbase: this work is running parallel to the development of web-reporting
- Currently, a number of service specifications are significantly out-of-date and the Trust is looking to work with commissioners to address this
- The Transformation and Change Team is working with teams to develop robust local service development plans / service delivery models
- The reporting of performance against the quality goals within Trust strategies is now underway
- The content of IT and information governance training needs review so as to ensure appropriate coverage of information management issues
- The work being undertaken to develop competency frameworks for IT and thereby support appraisals (see IT Strategy above), will also incorporate consideration of information management

CIP Strategy

Priority	Measure	Target	YTD	RAG
To focus on achieving efficiencies through continuous improvement in ways of working for the benefit of service users	CIPs serve to improve ways of working and efficiency as evidenced by improved outcomes for service users and as assessed during the PID and evaluation stages	100%	TBC	
To ensure that the development and delivery of CIPs is maintained through a robust process of engaging with stakeholders	At least 50% of annual CIPs, in monetary value, have been proposed and developed by colleagues at a service level, rather than at a corporate level	50%+	0%	
To validate that there is absolutely no negative impact on quality of care services, by regularly assessing all CIPs with full clinical and operational input	CIPs include a Quality Impact Assessment signed off by the Clinical Director and Director of Nursing and Quality before commencement	100%	All developed, not all robust	
	CIPs include an Equality Impact Assessment signed off by the relevant authority before commencement	100%	All developed, not all robust	
To ensure the financial sustainability of the Trust by agreeing CIPs of sufficient scope and scale, and planning all CIP activities well in advance	CIPs, in monetary value, for each financial year agreed in advance as part of the budget setting process with total targets for each year sufficient to meet the Trust's yearly target	100%	100%	
	Less than 50% of the total annual CIP target are planned to be delivered in the last six months of any financial year	Less than 50% in last 6 months	59.8% planned for last 6 months	
To award ownership of CIPs across each appropriate level of the Trust, with the Board taking overall responsibility	At least 90% CIP targets will be achieved in year as planned and on a recurrent basis	£5.76m+ (90%)	Estimated £2.5m (39%)	
To embed CIPs as a formal on-going management cycle, that includes the assessment and evaluation of successes, and that effectively communicates lessons learnt	CIPs receive assessment and evaluation as part of the closure process, with findings fed back into the continuous planning and development cycle	100%	TBC	

Exception comments

- Current CIP plans do not allow for measurement of impact on service user outcomes across the lifespan of transformational change
- Current CIP plans have been developed centrally - however, for 2015-16, service development plans to be produced at local level will serve to identify new CIP opportunities using a “bottom-up” approach
- Work continues to ensure standardised and comprehensive Quality and Equality Impact Assessments against all CIP plans
- For 2015-16, all planned efficiency savings will be phased appropriately, and will benefit from active management and monitoring
- The Trust is currently under-delivering against its CIP plans for 2015-16: a more robust planning process is being established for 2015-16
- The recently-established Transformation and Change Programme Board will ensure more rigorous scrutiny of CIP projects at all stages of their development and delivery

Gloucestershire Care Services NHS
NHS Trust

Risk Management Strategy

Priority	Measure	Target	YTD	RAG
To make effective contribution to the Trust's culture wherein risks are openly and honestly acknowledged	Risk Champions identified, trained and embedded across the Trust	24	16	
	Risk management responsibilities identified in all colleagues' job descriptions	TBC	TBC	
	Increase in the number of operational risks identified as a result of engagement with service users, carers and families	TBC	TBC	
To observe robust governance procedures so that there is clear process to identify, escalate, manage and/or mitigate all risks that may potentially impact upon operational service delivery, both clinical and non-clinical	All operational risks have a clear risk profile, capacity analysis and risk assessment, reviewed by the Risk Programme Board	TBC	TBC	
	Documented action plans in respect of all operational risks rated 12+	TBC	TBC	
	The Corporate Risk Register is presented to the Trust Board 3 times per year	3 times per annum	On track	
To enable clear recognition and management of strategic risks to ensure the optimum sustainability and quality of delivered care across Gloucestershire	Evidence that the Board has reviewed the content of the Board Assurance Framework (BAF) on a 6 monthly basis in order to validate and update	6 monthly review	TBC	
	Evidence that actions have been taken in response to strategic risks that have been identified in the BAF	Quarterly	TBC	
To deliver training Trust-wide so that operational risk management is clearly understood and observed	Roll-out out of mandatory risk management training	TBC	TBC	
	Understanding and awareness of risk management included within all induction training	TBC	TBC	
To ensure that learning from risks is communicated and integrated so as to inform future service delivery	Trend analysis reports presented biannually to the Integrated Governance and Quality Committee and the Audit and Assurance Committee	TBC	TBC	
	Documented evidence of changes to practices that have been taken as a result of learning	TBC	TBC	

Exception comments

- A recent call for Risk Champions has resulted in numerous volunteers
- Risks from service user experience / feedback are not systematically identified and fed back into the Trust's risk management system
- A formal workflow of risk profiling and management, overseen by the Risk Programme Board, is not yet in place: it is anticipated that the Board will be established with clear responsibilities, before March 2015
- Currently, there are no processes to align action plans to all operational risks rated 12+ that appear on the Corporate Risk Register
- An initial BAF has been presented at Board, although further work is required to quantify and refine this
- Action plans relating to all strategic risks highlighted in the BAF should be presented on a quarterly basis to the Risk Programme Board
- Risk training is needed across the Trust, including greater clarity at induction
- Documentation in respect of risk trends / analysis needs to be developed

Gloucestershire Care Services NHS
NHS Trust

Health, Safety and Security Strategy

Priority	Measure	Target	YTD	RAG
To ensure that service users, carers and visitors, as well as colleagues, benefit from safety and security whilst under the care of the Trust, irrespective of environment or setting	Reduction in the number of slips and trips compared to 2013-14 baseline	Less than 1,130	543	
	Reduction in the number of physical assaults on colleagues	Less than 71	21	
	Reduction in the number of verbal assaults on colleagues	Less than 90	70	
	Risk assessments conducted following relevant inspections or audits	100%	TBC	
	100% relevant medical alerts cascaded appropriately across the Trust	100%	100%	
To provide the best levels of security for all assets, both tangible and intangible	Reduction in the number of reported thefts compared to 2013-14 baseline	25	25	
	Annual security review of all Trust locations and premises	TBC	TBC	
	Effective response to 100% national alerts issued by NHS Protect	TBC	TBC	
To maintain robust governance processes to facilitate the effective management of all health, safety and security matters	Development of an annual work plan to respond to identified gaps in the Trust's health, safety and security control documentation	TBC	TBC	
	Mandatory training in health and safety	100%	85.98%	
	Mandatory training in conflict resolution	100%	71.64%	
To involve stakeholders in appropriate decision-making regarding health, safety and security	Evidence of partnership with local NHS organisations to share information about local crimes or emerging risks to health, safety and security	TBC	TBC	
	Evidence of engagement with relevant authorities and partner agencies to inform the Trust's health, safety and security activities	TBC	TBC	
To ensure that lessons learnt from health, safety and security incidents are used to improve future service delivery	Evidence of the update of health, safety and security policies and supporting guidance following Trust investigations	TBC	TBC	
	Evidence that trends and lessons are appropriately shared with the relevant Trust forum	TBC	TBC	

Exception comments

- The Trust has seen an increase in the number of verbal assaults on staff compared to 2013-14. Work is on-going to understand the trends behind this, and a subsequent report will be made to the Audit and Assurance Committee: however, there is an assumption that increased service user acuity is a key factor

- Risk assessments are currently prioritised so that the most significant incidents receive higher attention: this impacts upon ability to assess all lower-level incidents

- Although the Trust is ahead of trajectory in respect of the number of thefts, there are some issues with data quality/definitions. However, positive progress has been made with respect to the safety of service users' belongings, particularly their money, following the introduction of the Patient Property Policy

- Mandatory training levels continue to lag below the required threshold

Gloucestershire Care Services NHS
NHS Trust

Business Continuity Strategy

Priority	Measure	Target	YTD	RAG
To observe sound business continuity management processes and practices, in order to ensure optimum resilience and maintain high quality service provision	Business impact assessments undertaken and reviewed on a minimum annual basis (i) across each key service area as standard procedure, and (ii) given any new or changing service	Annual assessments by March 2015	On-going	
	All providers, suppliers and contractors to have robust Business Continuity Management Plans in place	100%	TBC	
To maintain robust escalation procedures so that there is a defined process to identify, escalate and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical	Documented plans and actions developed and reviewed by the appropriate organisation and/or local forum in respect of all known local risks to business continuity	Documents complete and in place	On-going	
To deliver training Trust-wide so that business continuity management is clearly understood and embedded across the organisation	95% staff attendance at Business Continuity awareness training	95%	TBC	
	100% attendance for relevant colleagues at specialist training	100%	TBC	
To ensure that there is a culture of continued learning following any threats, hazards or disruptive events	Incident Debrief reports presented to appropriate committees including the Audit and Assurance Committee	100%	Not been required	n/a
	Evidence that recommendations/learning of incidents is incorporated into response plan and training	100%	Not been required	n/a
	Annual review of 90% testing plans	90%+	On-going / on track	
To ensure interoperability of plans and undertake multi-agency training, testing and exercising with partners and stakeholders	Command Post exercise undertaken with Local Resilience Partners every six months	Every six months	Every six months	
	Annual Peer Review conducted across providers of health and social care	Annual	Annual	

Exception comments

- Business impact assessments for all service areas, both operational and corporate, are due for completion by March 2015: corporate services, whilst not priority, are less advanced

- Further evidence is required that all providers, suppliers and contractors have robust Business Continuity Management Plans in place: this includes requirement to validate with procurement that BCM plans are a standard element of all enforceable agreements

- Both the Trust and the countywide escalation plans will need to be reviewed following introduction of the health and care community-wide Alamac system (NB additional escalation actions have already been submitted by the trust)

- Staff attendances at Business Continuity awareness training need to be formalised, recorded, monitored and measured

- Some Trust Directors still need to attend specialist training

Gloucestershire Care Services NHS
NHS Trust

Financial Management Strategy

Ref: 15/B024

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Financial Management Strategy
20 January 2015

Objective:

To seek the Board's support for the Financial Management Strategy in its current form

The Board is asked to:

Ratify the Financial Management Strategy

Executive summary:

The Financial Management Strategy was formally approved by the Audit and Assurance Committee on 17 December 2014.

Once the Strategy has been ratified by Board, a detailed implementation plan will be developed, that will subsequently be monitored by the Audit and Assurance Committee.

Rod Brown,
Head of Corporate Planning

Please complete the Equality Checklist over….

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
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[Notes supporting questions]: Compliance with the Public Sector Equality Duty

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a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Gloucestershire Care Services NHS
NHS Trust

FINANCIAL MANAGEMENT STRATEGY

2014-19

To protect and make the most effective use of financial resources for the benefit of local service users, carers and families

FINANCIAL MANAGEMENT STRATEGY 2014-19

Version control	
Document reference:	TB13
Version:	0.4
Ratified by:	Trust Board
Date ratified:	
Originator/author:	Rod Brown, Head of Corporate Planning
Owner:	Glyn Howells, Director of Finance
Executive lead:	Glyn Howells, Director of Finance
Date issued:	
Review date:	

DRAFT

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Appendix 1: Consultation 36

Please note that this Financial Management Strategy is applicable only to healthcare colleagues managed by Gloucestershire Care Services NHS Trust.

DRAFT

0. Executive Summary

Over the lifespan of this Financial Management Strategy and beyond, Gloucestershire Care Services NHS Trust ("the Trust") seeks to maintain financial sustainability whilst continuing to deliver high quality care. This will help ensure the organisation's long-term viability as a standalone entity. In order to achieve this, the Trust must further develop its financial management systems, enabling the organisation to:

- ensure that relevant financial management activities demonstrate clear engagement with commissioners, colleagues and other stakeholders as appropriate, so as to increase understanding of, contribution to, and recognition for, financial decision-making: this includes requirement for the Trust to promote an environment in which queries relating to finance can be discussed openly and honestly;

- maintain stringent financial planning processes, regulated by strong governance and accountability arrangements, in order that appropriate scrutiny is afforded in advance of all spending: this requires the production of clear, credible and realistic financial plans which are thoroughly evaluated via the Trust's established committee structure;

- implement effective financial controls across all relevant parts of the organisation: this includes responsibility for developing robust mechanisms and systems to ensure efficient cash management and capital spend processes, and safeguard against fraud and corruption;

- maintain effective purchasing practices in order to reduce expenditure, facilitate the delivery of high quality care, provide support to budget holders, and enable the Trust to benefit from best value: this requires the Trust to develop a more consistent and systematic procurement service, and create closer working with service budget holders and clinical staff;

- ensure that the Trust's responsibilities and obligations under all forms of enforceable agreement, are appropriately recognised, documented and managed;

- scrutinise and challenge all proposed business developments so as to validate that they are financially robust and sustainable, ethically sound, and represent appropriate use of financial resource;

- ensure that all Trust financial modelling and performance analysis is based upon the most accurate, timely, relevant and complete information and intelligence.

This Strategy therefore serves to outline the Trust's aspirations and direction of travel in respect of financial management over the next 5 years. The accompanying implementation plan will detail the practical actions that will be taken in the period 2014-19 to fulfil these aspirations.

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1. Introduction

"*Every NHS Trust must develop and start to implement bold and transformational strategic plans that respond to the substantial challenges faced by the sector. These plans must address the significantly tightened financial position of the sector whilst improving outcomes for patients. Trust income will reduce further, and Trusts will not be able to respond to this through additional productivity and efficiency savings alone."*

Securing Sustainability, NHS Trust Development Authority 2013

1.1 This Financial Management Strategy is written at a time of unprecedented fiscal constraint upon the NHS. Thus, Trusts nationally have been tasked with realising £50billion in efficiency savings across the period 2014-19. However, as indicated by the quotation above, efficiency savings in isolation will not provide economic salvation, and Trusts must therefore also review their management practices in order to ensure that they are as effective as possible, and represent best value for money.

1.2 To this end, this Strategy has been developed by Gloucestershire Care Services NHS Trust ("the Trust") in order to fulfil two key purposes:

- to ensure that the Trust's financial management systems offer optimum efficiency and meet both local and nationally mandated requirements;
- to ensure that colleagues across the Trust are able to access the tools and resources necessary to help them shape and deliver the most cost-effective service, wherein expenditure is tightly controlled, yet there is no detrimental impact upon the quality of care provision.

1.3 The result of the above aspirations - in tandem with those articulated within associated organisational strategies - is that over the lifecycle of this Financial Management Strategy, the Trust will be able to:

- achieve financial sustainability;
- retain an annual surplus of approximately 1% Trust turnover;
- maintain an annual contingency fund that equates to a minimum 0.5% Trust turnover;
- achieve minimum 4% efficiency savings each year to be delivered by the Cost Improvement Programme (CIP);
- earn an additional 2.5% turnover per annum as a result of reaching all Commissioning for Quality and Innovation (CQUIN) targets;
- meet required operational performance standards in order to avoid penalties or fines.

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2. Ambition and Objectives

2.1 The ambition of this Financial Management Strategy is "*To protect and make the most effective use of financial resources for the benefit of local service users, carers and families*".

This aligns to the Trust's overarching vision which is "*To be the service people rely on to understand them and organise their care around their lives*", given that both intentions are principally focused on improving the quality of care for local people.

2.2 This five year Financial Management Strategy seeks to ensure that by 2019, the following objectives will have been embedded, linked to the Trust's overarching strategic objectives:

Trust Strategic Objectives	Financial Management Objectives
Achieve the best possible outcomes for our service users through high quality care	• Ensuring that available funding is allocated across the Trust with optimum openness, fairness, probity and integrity, and with maximum emphasis upon the support of service user-focused services • Ensuring that any impact upon services and service quality that may result from financial decisions is clearly understood, and then either mitigated or accepted • Maintaining the financial viability and sustainability of all operational services wherever practical and in line with the Trust's contractual obligations and strategic priorities • Ensuring that deliverables and outcomes are clearly defined and measureable in all enforceable agreements
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	• Enabling the development of fully triangulated information that will inform the Trust's teams about cost, activity and quality, and that is sufficiently responsive so as reflect the range of feedback received from local service users, carers, families and colleagues about areas for required quality improvement

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Provide innovative community services that deliver health and social care together	• Ensuring that financial boundaries between the Trust and Gloucestershire County Council do not impede the ability to provide the highest quality health and social care services • Providing clear, triangulated information on the cost, activity and quality of health and social care services to integrated teams across Gloucestershire
Work as a valued partner in local communities and across health and social care	• Enabling financial flow and transparent financial governance between all partner organisations in the local health and social care economy • Providing the necessary degree of support to colleagues at appropriate levels and times • Ensuring that Trust services as seen by all stakeholders as adding and representing value to local communities
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	• Supporting and training budget holders across the Trust to have granular-level understanding of their income and expenditure so as to best control their budgets • Supporting and challenging Trust teams to identify and realise cost efficiencies within their areas of influence • Maintaining a high-performing, credible and reliable financial support services directorate which includes a range of skilled and expert colleagues • Undertaking succession planning within the finance team so as to maintain service provision irrespective of turnover
Manage public resources wisely to ensure local services remain sustainable and accessible	• Ensuring continuity of services by maintaining financial sustainability • Ensuring that all enforceable agreements with commissioners are robust, and therefore regulate activity and limit risk • Making accurate, complete and up-to-date activity, outcome and financial information available to commissioners so that the Trust is able to receive fair and equitable remuneration for its services • Effectively working with the Trust's suppliers to maximise overall surplus, performance and competitiveness

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3. National Context

3.1 As noted in section 1.1 above, the financial pressures facing the NHS at the time of writing this Financial Management Strategy, are hugely significant. Independent estimates suggest that there will be a shortfall in funding of £28-34billion by 2021 (*A Decade of Austerity? The Funding Pressures Facing the NHS from 2010/11 to 2021/22*, The Nuffield Trust, 2012): this is echoed by NHS England in its recent *Five Year Forward View* (NHS England, 2014) which agrees that the expected shortfall equates to approximately £30billion in the period 2015-21.

This shortfall is exacerbated by rising demands upon healthcare services created by, amongst others:

- a growing and increasingly aged population (thus, by 2035, it is anticipated that there will be a 70%+ increase in the number of people aged 65+ living in Gloucestershire which equates to an additional 78,000+ individuals);
- consistent acceleration in the prevalence of chronic conditions (i.e. in the next 20 years, it is forecast that the number of local people living with diabetes or stroke will increase by approximately 34%, whilst the number of people living with coronary heart disease, will increase by approximately 50%);
- rising costs relating to both pay and non-pay;
- the need of Trusts to respond to policy developments such as those arising from the recommendations from the Mid-Staffordshire Public Enquiry and the Keogh review (estimated nationally at £1.2billion in 2013-15);
- commissioner demands to makes services more accessible and available, such as the national initiative to move to 7 day working.

3.2 To address this shortfall, Trusts are currently encouraged via their Cost Improvement Programme (CIP) to realise a minimum 4% efficiency savings each year. However, actual NHS efficiency gains to date have only been estimated at approximately 0.8% annually (reference: the Office for Budget Responsibility).

3.3 The 2014-15 forecast for the NHS nationally suggests that 34% NHS Trusts will be in deficit totalling £563million by year-end (in contrast, 66% NHS Trusts will be reporting a combined year-end surplus / breakeven of £154million).

Moreover, 59% Foundation Trusts are expecting deficit, totalling £227million, which is £58million worse than plan (in contrast, 41% Foundation Trusts are predicting a combined surplus / breakeven of £60million).

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3.4 In terms of national steer, HM Treasury provides a range of guidance materials to support Trusts in their financial management processes, thereby enabling them to maintain control over their spending and achieve sustainability. This includes, for example, the *Green Book Guidance on Public Sector Business Cases* (HM Treasury, 2013) which seeks to raise the quality of Trusts' spending proposals so that they may best identify how to provide public value and deliver their objectives.

HM Treasury is supported by a number of non-ministerial departments that additionally issue statutory guidance to the NHS. These include the Competition and Markets Authority which issues regulations on cooperation and competition, and The Charity Commission which determines how the Trust may utilise its charitable funds (NB although charitable funds form part of the Trust's overall portfolio, these are treated separately to NHS income streams, and as such, do not explicitly form part of this Financial Management Strategy).

3.5 To support Trusts in their reporting, the Department of Health issues the *NHS Manual for Accounts* which sets the accounting policies and provides principles-based guidance to NHS bodies on how to prepare and complete their annual report and accounts.

3.6 To facilitate robust financial planning, *Securing Sustainability: Planning Guidance for NHS Trust Boards 2014/15 to 2018/19* (NHS Trust Development Authority, 2014) provides clear guidance to NHS organisations to help them complete their two year financial plans for 2014/15 and 2015/16. This document offers specific focus upon income and expenditure planning, capital and cash planning, sourcing and application of funds, and cost improvement programmes.

Additionally, the document outlines the requirement for Trusts to complete a five year financial plan, namely the Long-Term Financial Model (LTFM), which seeks to highlight the financial viability and sustainability of the Trust's business plan, and which includes sensitivity and scenario analyses in order to evaluate the impact of the key risks faced by the Trust.

3.7 As additional guidance, a number of agencies publish complementary documents and insight into financial management practices. Of particular note at the time of writing, are:

- *Better Procurement, Better Value, Better Care: A Procurement Development Programme for the NHS* (Department of Health 2013) which seeks to stabilise Trusts' non-pay spending by the end of 2015-16 and secure over £1.5 billion of procurement efficiencies;

- *Delivering Sustainable Cost Improvement Programmes* (Monitor/Audit Commission, 2012) which advises on how Trusts may improve their CIP planning and delivery.

4. Local Context

4.1 The Trust's income in the most recent complete year at time of writing this Financial Management Strategy (i.e. 2013-14) was £108.9million. This was received from the following sources:

- Gloucestershire Clinical Commissioning Group contributed £86.4million (79.3% of the Trust's total income): this was principally in respect of services detailed within the primary commissioner block contract which covers Integrated Community Teams, community hospitals, specialist services, countywide services and children and young people's services;
- NHS England contributed £9.6million (8.8%): this was principally in respect of health visitors and sexual health services;
- Gloucestershire Hospitals NHS Foundation Trust contributed £6.2million (5.7%) in respect of their use of outpatients and theatre space in community hospitals;
- Gloucestershire County Council contributed £3.6million (3.3%), principally in respect of occupational therapists who form part of the Trust's Integrated Community Teams;
- other contributions totalled £3.1million (2.8%): this was largely in respect of organisations' use of community hospital theatre space.

4.2 The Trust's expenditure in 2013-14 was £106.9million, which was spent as per the following:

- £33.5million (31.3%) was spent on community hospitals including estates;
- £20.5million (19.2%) was spent on Integrated Community Teams;
- £13million (12.2%) was spent on children and young people's services;
- £11.6million (10.9%) was spent on corporate services;
- £7.6million (7.1%) was spent on unscheduled care;
- £7million (6.5%) was spent on sexual health;
- £13.6million (12.7%) was spent on other countywide services.

As a result of the above, the Trust was able in 2013-14, to achieve £2million operating surplus in line with plan. As per the Trust's aspirations in section 1.3 above, it is the clear intention of the Trust to also achieve surplus over the five year period of this Financial Management Strategy.

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4.3 Also in 2013-14, the Trust's financial performance against its key transformational programmes was as follows:

- £3million Cost Improvement Programme (CIP) efficiency savings were realised against a target of £4.06million: this represents 2.8% turnover and is therefore above the national average of 0.8% as detailed in section 3.2 above;

- £0.375million of the total £0.75million available funding was earned from the Gloucestershire Clinical Commissioning Group as a result of the Trust's performance against its agreed Quality, Innovation, Productivity and Prevention (QIPP) targets;

- £2.045million of the total £2.076million was earned as a result of the Trust's performance against its agreed Commissioning for Quality and Innovation (CQUIN) targets.

4.4 The Trust currently employs a dedicated finance team who provide an expert support service to colleagues across the Trust. The team is currently augmented by two external agencies to whom specific services are outsourced, namely:

- Shared Business Services ("SBS"), which undertakes (i) the provision of a procurement and accounting system, (ii) payment of Trust invoices, (iii) the calculation of gross and net pay for Trust colleagues, and (iv) processing of staff's overtime requests;

- Procurement Shared Services which is responsible for (i) operating the procurement function on behalf of the Trust, (ii) negotiating contracts and managing tenders, (iii) loading supplies catalogues onto the procurement system so that staff may access, and (iv) monitoring the Trust's compliance with preferred vendor lists.

4.5 The Trust's finance team is responsible for completing and submitting all national mandatory and statutory financial returns, which currently includes monthly submissions to the Trust regulators, the NHS Trust Development Authority (TDA). Additionally, the finance team supports other colleagues across the Trust with their information submissions including the HR Directorate in respect of workforce plans and monitoring returns.

4.6 In June 2014, the Trust published its first Annual Report and Accounts. In doing so, the Trust observed all relevant guidance within the *2013-14 Manual for Accounts* as issued by the Department of Health, and thereby conformed also with all appropriate *Government Financial Reporting Manual* (FReM) 2013-14 requirements and the *International Financial Reporting Standards* (IFRS) and *Companies Act* mandates.

4.7 This Strategy is complemented directly by the CIP Strategy which provides details on the management processes to achieve system efficiencies.

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5. Quality Goals

5.1 In order to ensure that this Financial Management Strategy maintains optimum focus upon achieving quality outcomes, the following goals have been identified:

- to ensure that relevant financial management activities demonstrate clear engagement with commissioners, colleagues and other stakeholders as appropriate, so as to increase understanding of, contribution to, and recognition for, financial decision-making;
- to maintain stringent financial planning processes, regulated by strong governance and accountability arrangements, in order that appropriate scrutiny is afforded in advance of all spending;
- to implement effective financial controls across all relevant parts of the organisation;
- to maintain effective purchasing practices in order to reduce expenditure, facilitate the delivery of high quality care, provide support to budget holders, and enable the Trust to benefit from best value;
- to ensure that the Trust's responsibilities and obligations under all forms of enforceable agreement, are appropriately recognised, documented and managed;
- to scrutinise and challenge all proposed business developments so as to validate that they are financially robust and sustainable, ethically sound, and represent appropriate use of financial resource;
- to ensure that all Trust financial modelling and performance analysis is based upon the most accurate, timely, relevant and complete information and intelligence.

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6. Priorities and Actions

The following priorities have been identified, mapped against this Financial Management Strategy's quality goals. Further detail regarding these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the Audit and Assurance Committee.

6.1 To ensure that relevant financial management activities demonstrate clear engagement with commissioners, colleagues and other stakeholders as appropriate, so as to increase understanding of, contribution to, and recognition for, financial decision-making

6.1.1 The Trust has a clear responsibility to develop increased financial awareness across the organisation, so as to help ensure optimum skills of staff and maintain effective internal resources.

Specifically, this includes duty to:

- promote an open culture, in line with the Trust's values, wherein queries related to financial matters can be raised without issue and discussed honestly;
- support the development of senior staff capabilities through regular Board level exposure and engagement in financial decision-making;
- regularly appraise all Board members in respect of their personal development and ability to demonstrate greater financial knowledge and understanding: this will include formal review of the degree of challenge that is offered by individual Executive and Non-Executive Directors on financial matters at Board meetings;
- ensure that all staff members are introduced to financial awareness through the induction process, and thereafter, are regularly informed of progress through cascade briefings and financial awareness training sessions;
- ensure that there are appropriate levels of training available for budget holders and line managers to enhance their financial skills and awareness;
- ensure that monthly Finance and Performance reviews and corresponding team meetings are treated as an opportunity for improved learning regarding the Trust's financial performance and priorities;

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- encourage all staff and in particular clinicians, to identify suitable opportunities for transformational change that will produce realistic, practical, achievable and sustainable cost savings: moreover, ensure that CIP plans are implemented with high levels of engagement and robust challenge by clinicians and other relevant staff groups.

6.1.2 The Trust also has responsibility for ensuring that there is effective engagement with all of its external stakeholders, both public and professional. This includes:

- ensuring that in developing the Trust's financial plans as articulated in the Trust's Two Year Business Plan, Integrated Business Plan and Long-Term Financial Model as described in section 6.2.1 below, there is demonstrable evidence of extensive engagement with a range of stakeholders both internal and external to the Trust: in particular, this requires transparent communication with commissioners so as to ensure alignment of Trust plans to their financial priorities, activity profiles and performance expectations;

- maintaining regular dialogue with commissioners in respect of on-going financial and activity performance at the Contract Monitoring Board;

- negotiating effective CQUIN and QIPP schemes, targets and milestones with commissioners so as to effectively enable the Trust to justify additional income, whilst simultaneously improving the quality of provided health and social care across Gloucestershire;

- ensuring that any financial plans that may have significant impact upon service delivery or availability are subject to consultation as appropriate with both public and professional groups.

6.1.3 As an integrated health and social care provider, the Trust will ensure that it maintains clear and open lines of communication with its partner organisation, Gloucestershire County Council. This will become increasingly critical over the lifecycle of this Strategy as joint working, such as that regulated by the Better Care Fund, takes full effect.

6.1.4 Through the *NHS Standards for Procurement* (Department of Health, 2013), the Trust is actively encouraged to work with other NHS organisations so as to share resources, information and good practice as appropriate, and thereby ensure that best value is achieved across the wider healthcare economy.

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6.1.5 The Trust is responsible for ensuring that all statutory financial returns are submitted to relevant authorities within prescribed timescales. At the time of writing this Financial Management Strategy, this includes monthly returns that are submitted to the NHS Trust Development Authority.

6.1.6 The Trust will provide clear guidance and support to appropriate service users in order to ensure that they may have robust understanding of relevant financial issues as these pertain to their care. In particular, the Trust will seek to adhere to the Department of Health's vision to enable both people with long term conditions and disabilities, as well as children and young people along with their carers and families, to have greater choice, flexibility and control over the health care and support that they receive, by means of the use of personal health budgets. This is also in line with the aspirations of the Trust's own Clinical and Professional Care Strategy.

Thus, the Trust will work in partnership with the Gloucestershire Clinical Commissioning Group to fulfil the requirements identified within the document *Guidance on the "Right to Have" a Personal Health Budget in Adult NHS Continuing Healthcare and Children and Young People's Continuing Care* (NHS England, 2014), and thereby ensure that suitable service users are able to:

- understand clearly in advance of treatment, how much money they have available to them for their healthcare and support;
- choose the health and wellbeing outcomes that they want to achieve, in consultation with appropriate healthcare professionals;
- be directly involved in the design of their own individual care plans;
- request a particular model of budget that they believe best suits the degree of choice and control with which they personally feel comfortable;
- spend their allocated money in ways and at times that make sense to them, as agreed in their care plan.

As a result of the above, and based upon the evidence of national pilots, it is anticipated that use of personal health budgets will lead to an improved quality of life, particularly for service users with high levels of need, and also a reduction in unplanned hospital admissions.

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6.2 To maintain stringent financial planning processes, regulated by strong governance and accountability arrangements, in order that appropriate scrutiny is afforded in advance of all spending

6.2.1 The Trust will deliver robust financial plans and forecasts in line with its professional responsibilities. These will utilise sound, credible information (see section 6.7 below) and will result in projections that are ambitious, albeit realistic and achievable.

Financial planning will accurately reflect all actual and anticipated increases in the Trust's cost base including inflation, staff salaries, pensions and cost uplifts in supplies. It will also consider all Trust income streams, and will be regularly tested using both upside and downside scenarios.

Financial planning will be undertaken at appropriate stages within the financial year so as to support wider organisational planning, and will therefore be fully coordinated with workforce, quality, operational, commercial and corporate planning activities (see also section 6.2.3 below).

The outputs from the financial planning processes will be presented at the Trust Board for the approval and understanding of all Executive and Non-Executive Directors. Moreover, these outputs will be fully and clearly articulated within the Trust's Two Year Business Plan and five-year Integrated Business Plan, and detailed within the Trust's Long-Term Financial Model.

The accuracy of the Trust's financial planning and forecasting processes will be regularly tested by validating that there are no significant variances in financial performance in the current year against plan.

6.2.2 To complement the planning process, the Trust will ensure that all team budgets are set in advance of the start of each year, and are disseminated to teams across the Trust so as to inform their Service Development Plans.

This is fully in line with the Trust's performance management framework as described within the Information and Performance Management Strategy, and will ensure that budget holders are suitably empowered to make decisions and manage their resources effectively.

The Trust Board will ultimately be responsible for approving all Trust budgets for the following financial year, in line with the Scheme of Delegation of Powers.

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6.2.3 To support complementary business/operational planning across the Trust, the finance team will provide appropriate contribution and challenge. Specifically, this will relate to:

- the Service Development Plans that will be produced annually by teams across the Trust in line with the organisation's performance management framework: this will therefore ensure that models of service delivery are appropriately costed, opportunities for efficiencies are identified, and developments, such as the impact of moving towards 7 day service provision in line with national intentions, are thorough explored;

- transformation and change programme planning that aligns to the delivery of CIPs, CQUINs and QIPPs, thereby ensuring that efficiencies are identified and monitored, and that monies can be realised;

- business case development, so as to ensure that new ways of working are viable and sustainable financially (see also section 6.6 below);

- the development of integrated care pathways, as a way of to reduce duplication, waste and inefficiency across the local health and social care system, thereby saving undue costs.

6.2.4 The Trust will seek to ensure that it abides by an integrated governance framework, whereby salient risks to financial performance and governance are aligned to the key domains of corporate governance, clinical governance, quality governance, information governance and research governance. By contextualising risks via this approach, the Trust will not only enable its systems for internal control to work together holistically, but it will also give increased focus to ensuring that the Trust's services continue to be safe, clinically effective and centred upon service user needs, and also represent best value for money. More specifically in terms of financial risks, the Board will be responsible for:

- regularly reviewing all key financial risks as part of the Corporate Risk Register (operational risks) and the Board Assurance Framework (strategic risks), ensuring that risk mitigation strategies are well formulated, proportionate and executable;

- being able to clearly articulate the key risks, areas of judgement and assumptions in the Trust's financial plans;

- undertaking a formal and detailed Going Concern review at least once per annum and at a minimum, as part of the Annual Report and Accounts development process, in order to confirm the quality of financial decision-making.

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6.2.5 The Trust's financial plans will be routinely reviewed, measured and performance monitored via the organisation's governance structure. In particular, this will ensure that plans receive suitable scrutiny, and that budget holders and other appropriate colleagues are held to account for financial performance. Thus, matters relating to the Trust's financial plans and performance will be assessed at the following forums:

- the Audit and Assurance Committee which will assess the Trust's integrated governance framework, its financial risk management systems including the corresponding opinion of both internal and external audit, and the implementation plan which relates to this Financial Management System;

- the Performance and Resources Committee and the Trust Board which will review the Finance Report in alternate months: this will include consideration of the Trust's financial position, financial performance, and continued use of resources against its annual plan and budgets: additionally, it will seek to provide assurance that the Trust's Cost Improvement Programme is delivering to time and budget, and therefore that all necessary efficiencies are being achieved and reflected within financial reports;

- the CAPEX Committee which will evaluate the legitimacy and appropriateness of capital expenditure being invested so as to acquire or upgrade fixed, physical, non-consumable assets, such as buildings and equipment;

- the Remuneration and Terms of Service Committee which will determine, allocate and assess the salaries of the Trust's Very Senior Managers;

- the Charitable Funds Committee which will explore the use of public donations and legacies (although as noted in section 3.4 above, charitable funds does not form part of this Strategy).

6.2.6 The Trust will ensure that all personal and professional responsibilities for financial management are clearly defined so as to ensure clarity of understanding and accountability: this includes:

- the responsibilities of Board members being explicitly detailed in the Scheme of Delegation of Powers, Scheme of Reservation, Standing Orders and Standing Financial Instructions;

- responsibilities for managing and owning financial controls being within respective colleagues' job descriptions;

- professional responsibilities being visible within Committee Terms of Reference and the Trust's Scheme of Reservation.

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6.3 To implement effective financial controls across all relevant parts of the organisation

In order that the Trust can make best use of available resources and assets, and ensure that the organisation remains financially viable and sustainable, it must effectively utilise appropriate control mechanisms and systems. This requires the following actions:

6.3.1 The Trust will develop and maintain a comprehensive portfolio of financial management policies which will govern, regulate and control appropriate activities in line with national guidance and local protocols. The Director of Finance will be responsible for overseeing the implementation of said policies, following their ratification at the Audit and Assurance Committee.

6.3.2 Effective cash management processes will be maintained so as to ensure that the Trust's cash position will remain as strong as possible.

In particular, this requires the Trust to ensure that a minimum 95% suppliers are paid within 30 days of the Trust receiving a valid invoice in line with the guidance of the *Better Payment Practice Code*: moreover, that the Trust:

- agrees payment terms with suppliers at the outset of a transaction and adheres to these;
- explains its ordering and payment procedures clearly and openly to suppliers;
- pays its bills in accordance with any enforceable contract agreed with the supplier or as required by law; and
- informs suppliers whenever an invoice is contested, and thereafter settles disputes quickly.

Additionally, the Trust seeks to ensure that 90% supplies are supported by a corresponding purchase order in order to ensure improved cash flow management processes, and validate best value. Moreover where appropriate, the Trust will seek to encourage suppliers to provide monthly consolidated invoices, and to upload these to Trust systems electronically to improve processing time.

6.3.3 The Trust will routinely use Quality and Equality Impact Assessments as a formal control mechanism to ensure no compromise in the standards of care delivery prior to the commencement of any service transformation project including those that are the result of successful business cases, unless there is clear rationale to accept potential negative impact.

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6.3.4 The Trust will observe clear processes for the development, review and approval of capital schemes so as to ensure that funds are spent fully in line with the Trust's strategic objectives. As such, these processes will enable the organisation to effectively control the management, deployment and use of its major assets and resources which include, for example:

- the Trust's IT networks, systems, equipment and devices which principally aim to ensure that relevant information is readily available to clinical and administrative staff in the form that they need, when they need it;

- the Trust's estates portfolio for which the organisation's objective is to focus on the acquisition of freehold facilities.

Moreover, these processes will afford full consideration to Monitor's *Risk Evaluation for Investment Decisions (REID)* guidance so as to validate in particular that:

- risk assessments have been undertaken on any capital plan, and that these have specifically modelled the potential impact of the scheme on key financial metrics including cashflow, so as to demonstrate affordability;

- all significant schemes that aim to address backlog maintenance have been delivered to time and budget.

6.3.5 The Trust will maintain robust controls to safeguard against fraud and corruption. In particular, the Trust will seek to instil within its workforce, heightened knowledge and awareness through its policies, procedures, articles, training and contractual arrangements with its Local Counter Fraud Specialist.

Thus, the Trust will seek to:

- promote a climate of openness, and a culture and environment in which staff feel able to raise concerns sensibly and responsibly;

- clearly define colleagues' responsibilities in terms of the deterrence, prevention, detection and investigation of fraud and corruption;

- ensure that appropriate sanctions are considered following any investigation into fraudulent activities, which may include criminal prosecution, civil prosecution or internal/external disciplinary action.

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6.3.6 The Trust will maintain clear and transparent procedures for the declaration of hospitality and sponsorship. These will include the use of dedicated registers to evidence that no independent organisations have undue or inappropriate influence on colleagues and/or Trust financial decision-making.

6.3.7 Suitable insurance cover will be maintained through the NHS Litigation Authority in order to appropriately safeguard the Trust against loss, damage or business disruption.

In order to validate this cover however, it will be essential that additional rigour is brought to the identification and tracking of all Trust assets and resources, including staff who are either employed or managed by the Trust.

6.3.8 The Trust will ensure effective management of all compensation payments whether these relate to colleagues, service users or members of the public. This includes responsibility for ensuring the timely, fair and equitable settlement of all legal claims brought against the Trust.

6.3.9 Both internal and external audit functions will be used to comprehensively assess financial management systems and controls - for detail, please refer to the Trust's Audit and Effectiveness Strategy.

6.3.10 The Trust will regularly review its use of outsourced services (see section 4.4 above) as a means of independent financial management control, in order to ensure that these services continue to provide the organisation with optimum support and represent best value for money.

Notwithstanding, it would be the Trust's clear intention over the lifespan of this Financial Management Strategy to withdraw from current arrangements with the Shared Business Service, and explore alternative arrangements which may include developing corresponding skills and capabilities in-house.

In terms of the Procurement Shared Services, whilst the Trust would aim to withdraw from the management service provision and instead empower Trust colleagues to perform this role, the Trust would wish to retain their transactional services offer.

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6.4 To maintain effective purchasing practices in order to reduce expenditure, facilitate the delivery of high quality care, provide support to budget holders, and enable the Trust to benefit from best value

In identifying priorities and actions in respect of purchasing, the Trust is mindful of national direction and initiatives as detailed in the *NHS Standards for Procurement* (Department of Health, 2013), *Better Procurement, Better Value, Better Care: A Procurement Development Programme for the NHS* (Department of Health, 2013) and the *NHS eProcurement Strategy* (Department of Health, 2014).

The Trust also recognises that whilst it has overall purchasing responsibility for £27million, £12.5million (46%) is out-of-scope of this Financial Management Strategy (namely, the £6million that relates to Foundation Trust fees, the £5million of internal recharges, and the £1.5million in rent and rates).

Nevertheless, in order to ensure improvement in its procurement practices, the following actions will be undertaken:

6.4.1 The Trust will deliver against an effective and documented purchasing process, which will represent the best possible use of public funds. This will require challenge to existing systems in use across the Trust so as to affect change: however, in order to create a more consistent and systematic procurement service, such challenge will be essential.

Example actions in this process will include:

- maintaining a thorough understanding of all levels and types of assets held by the Trust in order to enable efficient and effective use of resources, facilitate future planning, and reduce possible waste;
- standardising procurement practices across the range of Trust teams, given that historically, different teams across the organisation have used a variety of providers and suppliers without undertaking robust comparison, or working together to increase purchasing leverage;
- negotiating better value from suppliers, and in particular, challenging quoted price rises in a systematic and strategic manner;
- exploring the possibilities of product substitution in respect of clinical supplies, where the change will not have any undue impact upon quality;

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- introducing eProcurement solutions wherever possible and practical in order to make purchasing processes faster and more efficient: this will include use of the global GS1 coding system for product coding, location coding and data synchronisation, as well as the PEPPOL messaging system for purchase order, advice note and invoice messaging;

- ensuring that consideration is given not only to hard goods, but also to intangible supplies such as utilities that support the organisation's facilities (for further information, please refer to the Trust's Estates Strategy);

- supporting the Trust's move towards a paperlite environment in order to benefit from sustainable savings in printing and stationery;

- maintaining clear review of spend on system-wide purchases such as IT and telecoms (for further information, please refer to the Trust's IT Strategy);

- reviewing the Trust's on-going use and reliance upon non-permanent staff so as to ensure that the ratio of temporary staff does not exceed the national average of 4% of the workforce;

- ensuring that sustainable developments are implemented and monitored in procurement decision making (for further information, refer to the Trust's Social Values initiative).

6.4.2 To support the implementation, maintenance and monitoring of these improved purchasing practices, the Trust will utilise a series of both internal and external tools and resources. These will include the following:

- the *NHS Standards for Procurement* (Department of Health, 2013) which allows the Trust to undertake self-assessment, peer review and independent audit if deemed necessary, of the organisation's procurement performance against the attributes in the document's maturity matrix. This matrix, which is divided into four domains namely (i) leadership, (ii) process, (iii) partnerships and (iv) people, will enable the Trust to identify and address ways to improve its performance against the requisite standards at a pace, and in a manner, most appropriate to its own stage of development;

- the *NHS Procurement Atlas of Variation* which will help the Trust to compare the relative costs of a variety of supplies across a wide range of goods and services in order to identify opportunities for savings;

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- national procurement information relating to all NHS providers to be issued by the Department of Health which will serve to identify and share the best practices found in procurement high performing Trusts;

- a Trust-specific dashboard of procurement performance metrics, based upon that proposed within the document *Better Procurement, Better Value, Better Care* (Department of Health, 2013), in order to support internal management and governance (NB these metrics are detailed in section 7 below).

6.4.3 Relevant colleagues from the finance directorate will work closely with budget holders across the Trust in order to ensure appropriate engagement and to be able to effectively respond to their procurement needs.

In particular, this will include responsibility for ensuring that the processes for staff to order supplies via purchase order or catalogue, and/or for ordering with credit card, is communicated consistently to all staff.

Additionally, the finance directorate will be responsible for ensuring that both Trust colleagues and suppliers observe agreed procurement processes, and therefore that there is a measured reduction in the number of incidents whereby budget holders do not follow Trust protocols. This includes making better use of purchase orders as referenced in section 6.3.2 above.

6.4.4 The Trust will also seek to ensure greater engagement with, and support from, senior staff in respect of procurement. This will require the increased involvement of:

- clinical staff in order to ascertain their professional opinions as to the proposed procurement of particular clinical equipment and medical devices;

- the Trust Board which should give ensure greater scrutiny of purchasing practices;

- the Trust's key Non-Executive Directors, who will be required to play a strong role in both championing improved procurement practices, and holding relevant Executive Directors to account for procurement performance.

6.4.5 The Trust will ensure that it moves towards the adoption of standardised payment terms for all its suppliers. In particular, the Trust must ensure that it does not differentiate between payment times for large corporates as opposed to small and medium-size enterprises.

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6.5 To ensure that the Trust's responsibilities and obligations under all forms of enforceable agreement, are appropriately recognised, documented and managed

6.5.1 Whether managing the primary commissioner contract, or any other contract or service level agreement (collectively referred to within this document as enforceable agreements), the Trust will ensure clear financial control processes. These will include:

- agreeing detailed and documented service specifications with commissioners so that the terms of the Trust's service provision and the corresponding remuneration is unequivocally explicit;
- ensuring that the precise requirements of service specifications, as well as the wider implications of all enforceable agreements, are clearly communicated and understood across the Trust, and in particular, are well-recognised by the key operational service delivery teams so that they are able to work to given parameters;
- managing contract variation, so that at agreed intervals in the duration of any enforceable agreement, there is opportunity for review and adjustment with the mutual consent of the Trust and its commissioner(s).

6.5.2 The Trust will ensure that there are formal channels and governance structures through which to review its on-going performance against contractual requirements, and also to address any challenges and/or disputes where appropriate. This will include:

- Trust internal forums which will provide colleagues with clear opportunity to assess their performance against contractual specifications;
- joint commissioner forums: thus, for example, the Trust will actively contribute to the Contract Monitoring Board hosted by the Gloucestershire Clinical Commissioning Group, as well as to the two sub-groups which explore issues of quality and finance/information respectively;
- provider-to-provider meetings such as those undertaken with Gloucestershire Hospitals NHS Foundation Trust, so as to ensure effective integrated working across the whole of the local health and social care economy.

6.5.3 The Trust will seek to ensure that all contracted activity is billed appropriately and paid promptly: this requires that the organisation validates that all information provided to commissioners is accurate, complete and up-to-date (for further information, refer to section 6.7 below).

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6.6 To scrutinise and challenge all proposed business developments so as to validate that they are financially robust and sustainable, ethically sound, and represent appropriate use of financial resource

6.6.1 The Trust aspires to make optimum appropriate use of its facilities and resources including its workforce, in order to be able to provide the most comprehensive array of high quality, community-based health and social care solutions to service users, carers and families.

This requires the Trust to routinely horizon scan the local and regional economy in order to be able to identify any opportunities to add to, or further enhance, its current portfolio of services. It also requires the Trust to routinely evaluate its existing capacity so as to recognise any growth potential (NB this is particularly relevant for community hospitals, where there may be surplus capacity in outpatients or theatre space which could be better utilised).

6.6.2 Any new income opportunities which may be identified, will need to be carefully scrutinised from a financial, as well as a strategic and reputational, perspective prior to any decision being made. Thus, any such opportunity will require the production of a formal business case (see also section 6.2.3 above) that follows the rules and principles of the *Green Book Guidance on Public Sector Business Cases* (HM Treasury, 2013), and that is then subject to analysis by the relevant Trust forum prior to agreement or contracting. This will therefore ensure that the development and provision of any new or extended service - whether this is to be provided directly by the Trust or by an independent third party organisation - will serve to directly meet the needs of the local population as well as the Trust's commissioners.

Equally, it will ensure that all financial matters have been extensively reviewed and risk assessed prior to commencement of service delivery. This will include full consideration of the financial and service efficiency of any proposal, as well as the extent to which it will eliminate duplication or waste from service provision.

6.6.3 In exploring new business opportunities with external agencies, the Trust will seek to act with due consideration of its ethical obligations. In particular, the Trust will seek to ensure that any potential partnership is explored first with another NHS or voluntary sector partner, prior to discussion with a for-profit organisation.

6.6.4 The Trust will commit to ensuring that any tenders for new business to which it responds, are managed in a wholly consistent manner, using internal manpower and skills as much as possible. Financial contribution and challenge to such tenders will be of paramount importance, and therefore will require dedicated resource.

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6.7 To ensure that all Trust financial modelling and performance analysis is based upon the most accurate, timely, relevant and complete information and intelligence

6.7.1 The Trust aims to maximise the revenue that is available to it. This includes the need to validate its activity to commissioners so as to justify appropriate reimbursement where appropriate (see also section 6.5.3 below), and also to be able to demonstrate its successes against milestones and targets within CQUIN and QIPP programmes for which additional income can be effectively earned. In order to enable this, the Trust must ensure that all information that is captured and reported by the organisation is wholly accurate, complete and timely. Whilst actions to achieve this goal are detailed more fully in the Trust's Information and Performance Management Strategy, as well as its IT Strategy, the owners of this Financial Management Strategy have clear responsibility for contributing to this initiative so as to ensure that the Trust maintains the most robust information management systems.

6.7.2 Specifically in terms of reporting, the Trust will ensure that all data is effectively triangulated so as to contextualise, for example, financial information alongside activity, workforce, quality, social care and outcome information. This will facilitate more holistic understanding and appreciation of the Trust's financial position and performance, and will enable improved forecasting and analysis.

6.7.3 The Trust will routinely benchmark its financial performance, practices and processes against that of comparable organisations in order to identify opportunities for improvement, and areas wherein cost efficiencies could potentially be achieved.

6.7.4 At the time of writing this Financial Management Strategy, the majority of the Trust's income from the Gloucestershire Clinical Commissioning Group is via block payment. There are a number of notable exceptions where the Trust is paid instead on a cost per case basis, such as the MSKCAT service. It is however the Trust's ambition over the lifecycle of this Strategy to move more services to a system of cost and volume, meaning that the Trust's income will more accurately reflect the amount and level of activity being undertaken by Trust staff. Nevertheless, in order to negotiate contracts on such basis, the Trust will first need to provide credible evidence of its activity, hence this strategic goal.

The Trust will also continue to review, and contribute to where appropriate, the provider-led payment system development work being undertaken by the Community Tariff Working Group which is supported by both Monitor and NHS England, and which is working towards improved understanding of the cost base of community services so as to inform future currency and payment systems.

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7. Quality Measures

Each of the quality goals as identified in section 5 above, will be supported by a series of performance measures as detailed below, which will be reported to, and monitored by, the Audit and Assurance Committee on a routine basis:

Quality Goal	Quality Measure
To ensure that relevant financial management activities demonstrate clear engagement with commissioners, colleagues and other stakeholders as appropriate, so as to increase understanding of, contribution to, and recognition for, financial decision-making	• Financial awareness training provided to 100% Trust colleagues at induction • Clear evidence of clinical engagement with all CIP planning • Clear evidence that all risks raised by the finance directorate as to the deliverability of CIP schemes, are suitable acknowledged, mitigated and/or accepted • Clear evidence of external stakeholder engagement in Trust financial planning
To maintain stringent financial planning processes, regulated by strong governance and accountability arrangements, in order that appropriate scrutiny is afforded in advance of all spending	• Bi-annual Board validation that there are no significant variances in financial performance against plan • 100% team budgets approved by Board and information disseminated to colleagues ahead of year-start • Implementation of an annual Going Concern review • Annual update of the Trust's Scheme of Delegation of Powers, the Scheme of Reservation, Standing Orders and Standing Financial Instructions
To implement effective financial controls across all relevant parts of the organisation	• Maintenance of a Monitor Continuity of Services risk rating of 2.5+ (evaluating liquidity and capital servicing capacity) • 95% Trust suppliers paid within 30 days of invoice in line with the requirements of the *Better Payment Practice Code* • Business cases developed against 100% capital plans to include robust risk assessment and clear financial modelling

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To maintain effective purchasing practices in order to reduce expenditure, facilitate the delivery of high quality care, provide support to budget holders, and enable the Trust to benefit from best value (NB these metrics are proposed by *Better Procurement, Better Value, Better Care*, Department of Health 2013)	• Number of instances where service user outcome, experience or safety has been adversely affected by a lack of product or service • Percentage of non-pay expenditure captured electronically through purchase to pay systems • Value of contribution to cost improvement as a percentage of non-pay expenditure • Cost to procure as a percentage of non-pay expenditure • Percentage of non-pay expenditure through national/collaborative purchasing arrangements • Progress against the NHS Standards of Procurement • Percentage of procurement staff with an appropriate formal procurement qualification(s)
To ensure that the Trust's responsibilities and obligations under all forms of enforceable agreement, are appropriately recognised, documented and managed	• Up-to-date service specifications included within all enforceable agreements • Clear evidence of contract variations in-year • Clear evidence of the Trust's contribution to the Contract Monitoring Board, as well as to its two sub-groups
To scrutinise and challenge all proposed business developments so as to validate that they are financially robust and sustainable, ethically sound, and represent appropriate use of financial resource	• Approval of business case, Quality Impact Assessment and Equality Impact Assessment prior to launch of any new business development opportunity • Measured increase in the appropriate use of Trust capacity • Improved efficiency and productivity across the Trust
To ensure that all Trust financial modelling and performance analysis is based upon the most accurate, timely, relevant and complete information and intelligence	• Routine financial reporting against CIP, CQUIN and QIPP targets to the Performance and Resources Committee and the Trust Board • Clear evidence of triangulated management information including financial data • Clear evidence of financial benchmarking • Increase in the percentage of services remunerated on a cost per case basis

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8. Accountabilities and Assurances

8.1 Trust Board

The Trust Board is responsible for overseeing the organisation's investment in appropriate resources that deliver optimal health and social care outcomes, and that enable public money to be spent in a way that is both efficient and effective. More specifically, the Trust Board is responsible for:

- receiving assurance from the Chief Executive and Director of Finance in respect of all matters of probity, regularity, prudence and economical administration, efficiency and effectiveness;
- receiving reports from the Director of Finance on financial performance against budget and the annual plan;
- ensuring the Trust's effective financial stewardship through value for money, financial control and financial planning and strategy;
- approving (i) all Trust budgets, (ii) business cases that require capital investment, and (iii) proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to over £500,000;
- receiving and approving the Trust's Report and Accounts, Standing Orders, Scheme of Reservation, Scheme of Delegation of Powers and Standing Financial Instructions on an annual basis.

8.2 Audit and Assurance Committee

The Audit and Assurance Committee is responsible for providing the Board with an independent and objective review of its financial systems, financial information, financial governance and compliance with all relevant laws, guidance and regulations. Particularly, the Audit and Assurance Committee is responsible for:

- reviewing the Trust's financial and information systems, monitoring the integrity of the financial statements, and reviewing significant financial reporting judgments: in particular, reviewing the Trust's Report and Accounts and Financial Statements prior to submission to the Board;
- approving any schedules of losses and compensations;
- reviewing the schedules of debtor/creditor balances over 6 months and £5,000 old and explanations/action plans;
- reviewing the Trust's systems and controls for the prevention of bribery and counter fraud, and receiving reports on non-compliance.

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8.3 Performance and Resources Committee

The Performance and Resources Committee is responsible for reviewing the Trust's fiscal activities, and providing suitable assurances to the Trust Board. In particular, the Performance and Resources Committee is responsible for:

- reviewing the Trust's financial position and use of resources, including outsourced financial services, against its annual plan and budgets;
- receiving, reviewing and advising the Board, in respect of any proposals for significant new business development opportunities, including tender submissions and bid status.

8.4 CAPEX Committee

The CAPEX Committee is responsible for reviewing and assessing the Trust's capital expenditure, and in particular, for ensuring that all capital requests are able to maximise and realise their investment potential. Specifically, the Committee has responsibility for:

- considering the Trust's five year capital plan and three year programme;
- approving and maintaining the Trust's investment policy;
- overseeing the Trust's capital business case proposals, ensuring compliance with organisational policy;
- reviewing strategic risks to investments and ensuring that these are reflected and mitigated within business cases;
- undertaking post-project evaluation reports on significant capital investments.

8.5 Chief Executive

As the NHS Accounting Officer to Parliament, the Trust's Chief Executive has ultimate accountability for the stewardship of Trust resources. In particular, this requires the Chief Executive to:

- ensure that the Trust achieves value for money from the resources available, and avoids waste and extravagance in the Trust's activities;
- retain the option to inform the Trust's regulator if the Board is contemplating action which affects the Chief Executive's responsibility to ensure value for money, having first formally drawn the relevant factors to the Board's attention, but been overruled.

Additional responsibilities for financial management, delegated powers and limits of office, are detailed in the Trust's Scheme of Delegation of Power.

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8.6 Director of Finance

The Director of Finance assumes operational responsibility for effective and sound financial management and information across the Trust. In particular, this includes responsibility for:

- ensuring the Trust's compliance with all prevailing financial mandatory and statutory requirements;
- overseeing the implementation of the Trust's financial policies and coordinating corrective actions, ensuring that detailed financial procedures and systems are prepared and documented;
- ensuring the security of the Trust's property, avoiding loss, and exercising economy and efficiency in using resources;
- providing the finance input into the negotiation of contracts and service level agreements with Commissioners as well as for their subsequent performance monitoring and management;
- ensuring the form and adequacy of financial records across the Trust;
- investigating any suspected cases of fraud or other financial irregularity;
- devising and maintaining systems of budgetary control;
- overseeing the management of the Trust's income systems;
- providing expert advice to the Board and Executive Team on all financial issues including financial management, procurement supplies, business risk management, investment appraisal, raising of debt, covenant compliance, treasury management and financial systems development.

Additional responsibilities for financial management, delegated powers and limits of office, are detailed in the Trust's Scheme of Delegation of Power.

8.7 Deputy Director of Finance

The Deputy Director of Finance is responsible for providing expert financial advice to the Director of Finance, other Trust Directors and senior managers. More specifically, the Deputy Director of Finance is responsible for:

- the overall management of the finance, commercial and payroll teams in order to provide an effective service that meets the needs of colleagues and other stakeholders, and operates in accordance with both statutory and organisational policies and procedures;
- ensuring that financial information systems and procedures are efficient, effective and business focussed;

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- ensuring the operation of appropriate processes to monitor balance sheet and related cash assets and liabilities;
- developing methodologies to measure costs and income of services;
- leading on the development of analyses and processes that will allow income to be allocated to relevant services;
- ensuring accuracy and timeliness for all external and internal financial reporting;
- advising on the financial aspects of the Trust's contracting processes and the financial implications of new business.

8.8 Director of Corporate Governance and Public Affairs

The Director of Corporate Governance and Public Affairs is responsible for all procedures that ensure the sound corporate governance of the Trust, advising the Trust Board via the Chair, Chief Executive and directly. In terms of financial management, the Director is also responsible for:

- ensuring that the Trust's expenditure complies with Parliamentary requirements;
- validating that neither the Board nor the Chair infringes probity or regularity, but if so, escalating concerns to the Audit and Assurance Committee and if necessary, the Trust's regulator;
- ensuring that accounts of the Trust are prepared under the principles of, and in a format directed by, the Trust's regulator;
- managing the formal arrangements in respect of the receipt and handling of tender submissions;
- overseeing the management of the Trust's insurance arrangements.

Additional responsibilities for financial management, delegated powers and limits of office, are detailed in the Trust's Scheme of Delegation of Power.

8.9 All Trust colleagues

All Trust colleagues have explicit personal responsibility for acting with absolute honesty, openness, transparency and integrity in respect of financial matters, and for not misusing, trivialising, wasting or otherwise inappropriately or unlawfully squandering any of the Trust's resources or assets, either tangible or intangible.

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9. Enabling and Supporting Strategies

9.1 This Financial Management Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the CIP Strategy, which seeks to enable the Trust to achieve efficiencies through improvement in ways of working for the benefit of service users;

- the Workforce Strategy, which seeks to ensure that the Trust's projected staffing models are appropriate to deliver effective health and social care within Gloucestershire;

- the Information Technology (IT) Strategy, which seeks to ensure that information technology is used as an aid to empower Trust colleagues to provide service users with the best possible care, and to provide steer for a reliable, effective IT infrastructure that employs a diverse range of technologies to improve communications both within the Trust and across the whole of the local health and social care system;

- the Information and Performance Management Strategy, which seeks to ensure the delivery of high quality, credible information and reporting to colleagues and other stakeholders, and that also provides timely monitoring of Trust performance, so as to facilitate the rapid identification of opportunities to improve service efficiency and effectiveness;

- the Risk Management Strategy, which serves to identify the framework and aspirations that will support the effective management of both strategic and operational (clinical and non-clinical) risks across the Trust;

- the Audit and Effectiveness Strategy, which strives to ensure a robust approach to the auditing of the Trust's clinical and social care practices, so that the organisation is fully assured of the quality of its care functions, and understands how improvements can be made where necessary, in order to increase the continued effectiveness of services;

- the Estates Strategy, which seeks to ensure that all users of the Trust's facilities receive the best experience possible, offering safety, privacy and dignity to all, whilst respecting the need to match commissioned services, quality and environmental sustainability with cost-effectiveness.

9.2 This Financial Management Strategy is directly supported by the Financial Management Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2014-19 in order to fulfil the ambitions of this Strategy.

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10. References

NHS Manual for Accounts (Department of Health, 2013)

Government Financial Reporting Manual (FReM) 2013-14

Securing Sustainability: Planning Guidance for NHS Trust Boards 2014/15 to 2018/19 (NHS Trust Development Authority, 2014)

A Decade of Austerity? The Funding Pressures Facing the NHS from 2010/11 to 2021/22 (The Nuffield Trust, 2012)

Raising our Game (Department of Health, 2012)

The NHS Belongs to the People: A Call to Action (NHS England, 2013)

Everyone Counts: Planning for Patients 2014-19 (NHS England, 2013)

Five Year Forward View (NHS England, 2014)

Guidance on the "Right to Have" a Personal Health Budget (NHS England, 2014)

Green Book Guidance on Public Sector Business Cases (HM Treasury, 2013)

Better Procurement, Better Value, Better Care: A Procurement Development Programme for the NHS (Department of Health 2013)

NHS Standards for Procurement (Department of Health, 2013)

NHS eProcurement Strategy (Department of Health, 2014).

Risk Evaluation for Investment Decisions (REID) Guidance (Monitor)

Delivering Sustainable Cost Improvement Programmes (Monitor, 2012)

NHS Procurement Atlas of Variation

2014/15 Choice Framework (Department of Health, 2014)

Principles and Rules for Cooperation and Competition (Department of Health, 2010)

The Public Contracts Regulations 2006

Better Payment Practice Code / Prompt Payment Code (Institute of Credit Management on behalf of the Department for Business, Innovation and Skills)

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Appendix 1: Consultation

Drafts of this Financial Management Strategy have been discussed at the following groups so as to ensure appropriate Trust-wide support, prior to escalation to the Trust Board in January 2015 for ratification:

Consultation Group	Date of Meeting
Workshop with the Trust Finance Team	21 November 2014
Audit and Assurance Committee	17 December 2014
Trust Board	20 January 2015

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Gloucestershire Care Services NHS
NHS Trust

Quality Strategy

Ref: 15/B025

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Quality Strategy
20 January 2015

Objective:

To seek the Board's support for the Quality Strategy in its current form

The Board is asked to:

Ratify the Quality Strategy

Executive summary:

The Quality Strategy was formally approved by the Quality and Clinical Governance Committee on 11 December 2014, albeit with the request of amends to sections 3.4 and 7.2: these amends are reflected in the version now presented at Board.

Once the Strategy has been ratified by Board, a detailed implementation plan will be developed, that will subsequently be monitored by the Quality and Clinical Governance Committee.

It is also noted that following Board ratification, the metrics identified in section 7.2 will be cascaded across the Trust so as to raise understanding for the agreed quality priorities.

Rod Brown,
Head of Corporate Planning

Please complete the Equality Checklist over….

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Gloucestershire Care Services NHS
NHS Trust

QUALITY STRATEGY

2014-19

To maintain a whole-system approach so that quality is fundamental to every Trust action and decision

QUALITY STRATEGY 2014-19

Version control	
Document reference:	TB12
Version:	0.2
Ratified by:	Trust Board
Date ratified:	
Originator/author:	Rod Brown, Head of Corporate Planning
Owner:	Paul Jennings, Chief Executive
Executive lead:	Paul Jennings, Chief Executive
Date issued:	
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Please note that this Quality Strategy supports both health and social care colleagues managed by Gloucestershire Care Services NHS Trust

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0. Executive Summary

Gloucestershire Care Services NHS Trust ("the Trust") is committed to delivering the highest quality health and social care to local service users, as well as to their carers and families. This requires a whole-system approach in order to ensure that quality effectively permeates every aspect of the organisation's culture, practice, approach and attitude.

This document defines "quality" not only by the traditional dimensions of safety, clinical effectiveness and service user experience, but also by the more holistic classifications of safety, caring, responsive, effective and well-led. Moreover, the Trust recognises that as an integrated provider, it must abide by both health and social care definitions of quality.

The Trust's dedication to quality is reflected in its vision, values and strategic objectives. Additionally, the Trust has produced a portfolio of strategies, each of which contains its own quality goals, supported by actions and metrics against which its performance can be assessed. For this reason, this Quality Strategy does not seek to offer a new series of quality goals, but instead articulates a number of principles which underpin all the Trust's quality commitments, namely:

- to fully **embed** quality practices so that quality instinctively becomes the first thought of colleagues at all levels of the Trust, whatever their individual role or responsibility;

- to **deliver** the very highest standards of quality in order to ensure clinical effectiveness, as well as optimum service user safety and experience;

- to **measure** quality consistently in order to support decision-making and identify opportunities to enhance learning, thereby enabling continuous quality improvement;

- to **maintain** quality and ensure on-going sustainability of service by routinely evaluating and assessing performance against plan, and proactively undertaking remedial actions where necessary;

- to **assure** the on-going quality, robustness and effectiveness of practices across the Trust in order to lead to better health and social care outcomes for service users, carers and families across Gloucestershire;

- to **communicate** quality to all stakeholders, both internal and external, so as to raise understanding and visibility of quality initiatives, and ensure that lessons learned can be effectively disseminated.

Furthermore, and in order to maintain a high-profile focus upon quality, this Strategy highlights seven high-level priority indicators which will be embedded across the Trust, clearly demonstrating its commitment to quality practice.

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1. Introduction

"Establishing a clear concept of quality makes it easier for staff to deliver services they are proud of, and for people to receive care and support services that treat them with dignity and respect and fully meet their needs"

Bringing Clarity to Quality in Care and Support,
Department of Health, 2012

1.1 Gloucestershire Care Services NHS Trust ("the Trust") is unequivocal in its intent to deliver the very highest quality health and social care services to all local peoples and populations. This commitment is most visible in the Trust's:

- vision, values and strategic objectives (see sections 3.1 - 3.3 below);
- portfolio of strategies which identify quality goals and associated priorities (see section 3.4 below);
- Quality Account which evidences the Trust's past successes in quality delivery, and also looks to future improvement opportunities;
- QIPP (Quality, Innovation, Productivity and Prevention) and CQUIN (Commissioning for Quality and Innovation) programmes, both of which effectively encourage quality improvements across a number of services;
- routine reports to Board and sub-Board Committees, which highlight the Trust's ongoing performance against a range of quality metrics.

1.2 This Quality Strategy therefore serves as a distillation of these workstreams, and aims to bring clarity and focus to on-going quality initiatives across the Trust. In doing so, this Strategy recognises that quality is not the remit of a single team or directorate - rather, it demands a whole-system approach so as to ensure that quality effectively permeates every aspect of work, and thus that the Trust can meet the specific needs of its service users, carers, families, the wider Gloucestershire community, Trust colleagues, commissioners and regulators. It also requires the Trust to learn from the lessons of others, most notably encapsulated in *Hard Truths: The Journey to Putting Patients First (*Department of Health, 2013) which is the Government's response to the Mid Staffordshire NHS Foundation Trust Public Inquiry, and the *Keogh Review* (Department of Health, 2013).

1.3 In summary, the Trust aims to fulfil one of the basic tenets of the *NHS Constitution* (2013), namely "*the NHS aspires to the highest standards of excellence and professionalism - in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population*".

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2. National Context

2.1 The Trust has clear and explicit statutory duty to provide continuous improvement in the quality of its health and social care services in accordance with the requirements of the *Health and Social Care Act 2012* for which there is increased accountability, both locally and nationally.

2.2 The Trust is equally responsible for fulfilling its mandatory obligations for quality delivery under the terms of the *NHS Constitution* (2013) as referenced in section 1.3 above.

In particular, the Trust is required to be able to demonstrate empathy, compliance and alignment with the values enshrined in the Constitution, namely:

- to work together for service users, and involve them as much as possible, together with staff, families, carers, communities and professionals;
- to offer respect and dignity to every person, and seek to understand their priorities, needs, abilities and limits;
- to commit to the quality of care, ensuring that the basics are right every time, and then building upon these successes;
- to ensure that compassion is central to provided care, and that each person's pain, distress, anxiety or need is met with humanity and kindness;
- to improve people's lives by increasing their health and wellbeing, and enhancing their experiences of the NHS;
- to ensure that everyone counts and that nobody is excluded, discriminated against or left behind.

2.3 More specifically, quality was previously defined by *High Quality Care For All* (Department of Health's Darzi Report, 2008), as a combination of service user safety, clinical effectiveness and service user experience, whereby:

- **safety** means eradicating healthcare acquired infections and avoidable accidents or harm;
- **clinical effectiveness** means that the best success rates and outcomes are achieved not only as a direct result of the clinical procedure that the service user receives, but also in their quality of life after treatment;
- **experience** means that service users, carers and families are treated with compassion, dignity and respect in a clean, safe and well-managed environment.

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2.4 Since the publication of the Darzi Report in 2008, the definition of quality has changed so as to adopt a more holistic approach. Thus, quality is now routinely defined across the NHS as being the culmination of safety, caring, responsive, effective and well-led.

These five dimensions of quality were first defined by the Care Quality Commission in their document, *A New Start: Consultation on Changes to the Way CQC Regulates, Inspects and Monitors Care* (Care Quality Commission, 2013) whereby:

- **safe** means that people are protected from physical, psychological or emotional harm;
- **caring** means that people are treated with compassion, respect and dignity, and that care is tailored to their needs;
- **responsive** mean that people get the treatment and care at the right time, without excessive delay, and that they are listened to in a way that responds to their needs and concerns;
- **effective** means that people's needs are met, that their care is in line with nationally recognised guidelines and relevant NICE quality standards, and that effective new techniques are used which give them the best chance of getting better or living independently;
- **well-led** means that there is effective leadership, governance (clinical and corporate) and clinical involvement at all levels of the Trust, and an open, fair and transparent culture that listens and learns from people's views and experiences in order to make improvements.

2.5 As an integrated provider working with Gloucestershire County Council, the Trust must not only abide by national definitions of quality within healthcare, but must also recognise definitions of quality as it which pertains to social care. Thus, the Trust acknowledges the basis of high quality, as first proposed within *Transparency in Outcomes: A Framework for Quality in Adult Social Care* (Department of Health, 2011), as being a process whereby people are more actively involved as partners in delivery of care services, and which enables them to say that:

- I am supported to become as independent as possible;
- I am treated with compassion, dignity and respect;
- I am involved in decisions about my care;
- I am protected from avoidable harm, but also have my own freedom to take risks;
- I have a positive experience of care that meets my needs;

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- I receive a personalised service that lets me keep control over my own life;
- I feel like part of a community that I participate in;
- the services I receive represent excellent value for money.

Similarly, the Trust is mindful of its responsibility to comply with the requirements of *The Adult Social Care Outcomes Framework* (Department of Health).

2.6 In order to facilitate evaluation of quality standards at an organisational level, the Trust utilises the following national tools:

- the *Quality Governance Framework* (Monitor, 2010) which provides a way of assessing the robustness of processes at and below Board level that lead on quality performance: this includes the review of systems to:
  - ensure that required standards are achieved;
  - investigate and take action on substandard performance;
  - plan and drive continuous improvement;
  - identify, share and ensure delivery of best-practice; and
  - identify and manage risks to the quality of care;
- the *Board Governance Assurance Framework* (Department of Health, 2011) which enables Trusts to assure that their Boards:
  - are primarily focused on care quality and excellent service user experience;
  - are effective at understanding their business;
  - can articulate and oversee the delivery of a strong strategic vision;
  - can demonstrate robust financial control;
- the *Well-Led Framework* (Monitor, 2014) which supports a holistic review of a Trust's governance arrangements.

2.7 There are numerous national directives, guidance and recommendations that seek to regulate or promote quality care delivery and quality improvements. The more current of these national documents are summarised in Appendix 1 of the Trust's Clinical and Professional Care Strategy.

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3. Local Context

3.1 So as to maintain a clear focus upon quality, the Trust has developed the following vision: "*To be the service people rely on to understand them and organise their care around their lives*".

To fulfil this vision, the Trust commits to puts service users at the heart of its thinking, and thereafter, ensure that the right support which delivers the right level of quality, is available to the right people at the right time and in the right place.

3.2 The Trust has adopted Caring, Open, Responsible and Effective as its four CORE values, which are defined as:

- **Caring**: feeling and exhibiting compassion and empathy for others;
- **Open**: being honest, candid and frank, free from prejudice, limitations and boundaries;
- **Responsible**: making, and being accountable for, rational decisions based on sound judgement;
- **Effective**: having the intended or expected effect.

These values articulate the behaviours and attitudes that stakeholders can expect from everyone working within the Trust.

3.3 The Trust's strategic objectives describe the principle outcomes that the organisation aspires to achieve in all activities in order to deliver its vision for quality. These strategic objectives are to:

- 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.

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3.4 In order to govern and regulate its activities, the Trust has developed a portfolio of strategy documents. Quality is central to each of these strategies: indeed, each strategy encompasses a number of quality goals, a series of actions to fulfil these goals, and quality metrics by which organisational performance can be measured, monitored and assessed.

These strategies are named in the table below, together with indication of how each aligns to the CQC's quality dimensions (see section 2.4 above):

	Safe	Caring	Responsive	Effective	Well-Led
Clinical and Professional Care Strategy	✔	✔	✔	✔	✔
Organisational Development Strategy		✔	✔	✔	✔
Workforce Strategy	✔	✔	✔	✔	✔
Communications and Engagement Strategy			✔	✔	✔
Financial Management Strategy			✔	✔	✔
Cost Improvement Programme (CIP) Strategy	✔		✔	✔	✔
Information & Performance Management Strategy			✔	✔	✔
Information Technology (IT) Strategy			✔	✔	✔
Estates Strategy	✔		✔	✔	✔
Risk Management Strategy	✔		✔	✔	✔
Business Continuity Strategy	✔		✔	✔	✔
Audit and Effectiveness Strategy	✔		✔	✔	✔
Health, Safety and Security Strategy	✔	✔	✔	✔	✔
Information Governance Strategy			✔	✔	✔
Membership Strategy			✔	✔	✔
Public Consultation Strategy			✔	✔	✔
Charitable Funds Strategy		✔	✔	✔	✔

It is also noted that each of the above strategies is actively supported by an implementation plan, which describes the practical activities to be undertaken in the next five years to deliver against the strategy ambitions.

3.5 Operational performance is detailed on a monthly basis in the Trust's Quality and Performance Report which is presented at Board. This includes coverage of the organisation's current achievements against all national and local contractual activity and quality indicators.

Moreover, the Quality and Performance Report is supported by a number of lower-level quality reports, scorecards and dashboards, as described in the Trust's Information and Performance Management Strategy.

3.6 At the time of writing, operational performance is also evaluated by means of an on-going programme of quality review and assessment which includes:

- monthly quality visits that are led by the Trust's Non-Executive Directors and that assess the effectiveness of services and facilities across the county: similarly, there are monthly walkabouts by Executive Directors;

- "Challenge and Support" peer reviews which are Matron-led, and which seek to assure that the Fundamental Standards as issued by the Care Quality Commission, are thoroughly embedded in the day-to-day practice of colleagues across the Trust.

3.7 In 2014-15 and again in 2015-16, the Trust is running the *Listening into Action* programme in order to capture the views of colleagues, and ensure that their opinions are translated into practical actions to improve quality. Other Trusts which have previously used the *Listening into Action* methodology have tangibly demonstrated positive impact on quality including improved clinical outcomes, reduced waiting times, improvements to the environment, reduced mortality rates, improvements in staff morale, reduced staff sickness levels, and a positive shift in leadership style and culture.

3.8 The Trust also seeks to elicit the opinions of staff in order to be able to identify opportunities for quality improvement, via the annual NHS Staff Survey, as well as the quarterly Staff Friends and Family Test.

3.9 Staff training is specifically designed as a means of improving quality – the *Leading for Quality Care* programme, developed by the Royal College of Nursing, that operated throughout 2014-15, is testament to this approach.

3.10 The Trust maintains a robust process for whistleblowing, should colleagues feel unable to report or highlight any risks that they may identify through other channels. To this end, the Trust's whistleblowing policy serves to support colleagues who may wish to register risks or concerns regarding the quality of care, the safety of service users or colleagues, professional misconduct or financial malpractice including fraud, bribery or corruption.

3.11 The Trust seeks to responsibly promote Human Rights, challenge all discrimination, and ensure appropriate equity in service delivery and employment. This commitment aims to create a workforce which reflects the communities and people it serves, in both service delivery and employment.

3.12 The Trust continues to engage routinely with its service users, families and carers in order to ascertain their perspectives on the quality of provided care, and to ensure that they are as directly involved with service design as possible, leading towards a system of true co-production. This commitment is reflected in the Trust's Engagement Framework which identifies how the Trust will capture the public's voice through consultation processes, readers panels and focus groups. It is also most visible through the on-going cycle of Trust surveys, centred upon use of the Friends and Family Test.

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4. Ambition and Objectives

4.1 The ambition of this Quality Strategy is "*To maintain a whole-system approach so that quality is fundamental to every Trust action and decision*". This supports the Trust vision as described in section 3.1 above.

4.2 This five year Quality Strategy seeks to ensure that by 2019, the following objectives will have been embedded, linked to the Trust's overarching strategic objectives:

Trust Strategic Objectives	Quality Objectives
Achieve the best possible outcomes for our service users through high quality care	• Being the provider of choice for community services, supporting all local service users unless they have acute medical or mental health need, or are best served by primary care • Delivering an increased portfolio of care closer to people's homes using specialist staff and including more complex care traditionally delivered in an acute setting, in order to improve service user experiences • Placing greater emphasis upon proactive case management and preventative services facilitating earlier diagnosis and treatment, encouraging a healthier population with appropriate dependence on the care sector, and enabling people to live longer, more independent lives
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	• Delivering personalised services, wherein service users, carers and their families are directly involved in all appropriate decision-making • Ensuring that a minimum 3% of the local population is actively engaged with the Trust, thereby gaining insight into their needs and influencing their local communities • Directly incorporating the experiences, views and opinions of service users and carers within Trust thinking, and demonstrating resultant change in organisational practice

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Provide innovative community services that deliver health and social care together	• Maintaining a stable and effective working relationship with Gloucestershire County Council, enabling the local health and social care response to be coordinated between agencies, and therefore ensuring that people's health and social care needs are assessed together, and that service users only have to tell their story once • Making best use of available resources in order to deliver health and social care services of the highest possible quality within given financial constraints • Delivering fully-aligned health and social care services that utilise a motivated and united workforce that works to shared standards, practices and principles
Work as a valued partner in local communities and across health and social care	• Maintaining exemplar collaborative relationships with other healthcare providers including those in primary care, acute care and mental health care so as to ensure that service user pathways are not defined by organisational boundaries, but are clearly accessible as necessary • Working closely with charities and voluntary organisations, acknowledging their value as partners in care, and ensuring that information about these joint services is readily available to the local public • Developing partnerships with relevant for-profit organisations, enabling the Trust to develop appropriate commercial relationships where these are of clear benefit to local service users, carers and families

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Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	• Maintaining a workforce which encompasses the appropriate range of specialist competencies, skills and knowledge so as to provide the very highest standards of quality care, and which is routinely developed via training and education with particular emphasis upon talent management, leadership skills and advanced/specialist clinical practice • Encouraging the Trust's workforce to operate across organisational barriers so as to ensure fully joined-up services, focused on improved outcomes for local service users, carers and families • Enabling the Trust to be regarded as an exciting and innovative place to work, and an employer of choice
Manage public resources wisely to ensure local services remain sustainable and accessible	• Optimising the Trust's community facilities and ensuring that they continue to represent the most efficient use of resources to the local population, and offer clear alternatives to automatic acute admissions • Embedding strong leadership, and robust governance and accountability arrangements, so as to ensure that service efficiencies are meticulously identified, planned, delivered, monitored, reported and evaluated, with particular consideration given not only to financial sustainability, but also quality and equality impact • Supporting the achievement of the Trust's strategic objectives by ensuring that all controllable risks which could otherwise threaten or prevent success, are proactively identified, mitigated or managed to an acceptable level

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5. Quality Principles

5.1 Quality goals, and actions to fulfil them, are detailed across the range of strategies developed by the Trust (see section 3.4 above). As such, this Quality Strategy does not seek to offer further goals, which may otherwise duplicate what has already been agreed.

Instead, this document seeks to outline a number of guiding principles, which should underpin, support and complement, all strategy documents, and which should enable delivery of quality outcomes.

These principles are:

- to fully **embed** quality practices so that quality instinctively becomes the first thought of colleagues at all levels of the Trust, whatever their individual role or responsibility;
- to **deliver** the very highest standards of quality in order to ensure clinical effectiveness, as well as optimum service user safety and experience;
- to **measure** quality consistently in order to support decision-making and identify opportunities to enhance learning, thereby enabling continuous quality improvement;
- to **maintain** quality and ensure on-going sustainability of service by routinely evaluating and assessing performance against plan, and proactively undertaking remedial actions where necessary;
- to **assure** the on-going quality, robustness and effectiveness of practices across the Trust in order to lead to better health and social care outcomes for service users, carers and families across Gloucestershire;
- to **communicate** quality to all stakeholders, both internal and external, so as to raise understanding and visibility of quality initiatives, and ensure that lessons learned can be effectively disseminated.

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6. Fulfilling the Quality Principles

As per the rationale in section 5.1 above, this Strategy does not seek to offer a new series of actions and priorities: rather, it brings together views from existing strategy documents that seek to satisfy the Trust's quality principles.

6.1 To fully embed quality practices so that quality instinctively becomes the first thought of colleagues at all levels of the Trust, whatever their individual role or responsibility

This requires increased focus on the Trust's values, culture, workforce leadership and governance, for which, the Trust will implement the following:

6.1.1 Values / behaviours

The Trust's core values (see section 3.2 above) will be consistently communicated across the organisation, supported by clear initiatives to ensure that these values are reflected in colleagues' behaviours. The purpose is to instil a shared sense of consistency, accountability and quality at all levels of the Trust, helping staff feel more satisfied, successful and supported, and ultimately resulting in improved experiences for service users. It will be delivered by ensuring that:

- throughout recruitment, the Trust's values and behaviours are used for evaluating and selecting potential employees;
- values are central to all training across the organisation;
- colleagues embody Trust values and associated behaviours in all contacts with service users, carers, families and colleagues;
- appraisals include evaluation of colleagues' behaviours;
- all service improvements/developments are aligned to values.

6.1.2 Culture

The Trust aspires to create a culture that is focused on quality, and that is both supportive and learning. It is based on the principle that teams will work together to achieve common goals, and that teams will then to share the results of their actions in order to inform and improve future quality performance and outcomes.

Thus, teams will be encouraged via the Trust's planning processes, to develop fuller understanding of the skills and competencies necessary to deliver the highest quality service. Teams will also have clear objectives by which they will be appraised, and against which individuals' personal development needs can be identified. Moreover, learning will be captured as a result of team quality and performance, so as to ensure future improvement.

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6.1.3 Leadership

The Trust will increase the capability of leadership across the Trust: this includes commitment to identify and develop emerging talent through the appraisal process. The Trust will also ensure that its professional leaders have the necessary capacity to spend increased time in leadership activities, and that they are appropriately empowered to become more effective, influential and courageous, acting as the custodians of high quality care.

Thereafter, the Trust will ensure that its leaders recognise their responsibilities and accountabilities in respect of the quality agenda, and that they are appropriately held to account for quality, performance and activities within their spheres of influence.

6.1.4 Support and supervision

There will be a renewed focus upon support and supervision in order to aid personal and professional development. Thus, for example, the Trust will entitle all professional colleagues to protected time so that they may participate in clinical supervision and/or action learning on a regular basis, tailored to individual need.

Additionally, the Trust will commit to ensuring that professional training opportunities are available to all staff throughout their career with the Trust, so as to enable colleagues to continually learn and progress. This will include mandatory training, clinical training, leadership training, as well as on-going collaboration with the West of England Academic Health Science Network in order to provide colleagues with the opportunity to actively engage in research and development, and thereafter incorporate new learning into practice.

6.1.5 Quality governance

The Trust will observe quality governance standards i.e. agreed structures and processes that will not only enable the Board to discharge its responsibilities for quality, but that will also help develop the Trust's aspired culture. In particular, the Trust will:

- maintain formal recognition of all national quality standards and best practice so as to inform care delivery and service strategy;
- ensure that the quality accountabilities of colleagues are clearly defined in job descriptions;
- share critical information and learning in a positive, open and honest environment, that will enable forward planning, and ensure the delivery of continuous improvements at team level. Such exchange of information may occur in the Trust's Committees or forums: equally, it may be shared by means of formalised communication channels (see section 6.6 below).

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6.2 To deliver the very highest standards of quality in order to ensure clinical effectiveness, as well as optimum service user safety and experience

6.2.1 Quality improvement commitments

The Trust is responsible for developing an annual Quality Account, which identifies its key quality improvements for the next 12 months. This Strategy naturally supports the Quality Account, which for 2014-15 highlighted the following priorities (NB for indicative details of the 2015-16 Quality Account priorities, please see section 7.2 below):

- reducing the number of service users who fall in community hospitals or who acquire a pressure ulcer in line with the national Safety Thermometer standards;
- improving the experiences of service users, carers and families within community hospitals, with particular emphasis upon increasing positive feedback to the Trust's Patient-Led Assessments of the Care Environment (PLACE) scores;
- further developing and enhancing the Trust's Integrated Community Teams in order to offer truly joined-up health and social care services to people across Gloucestershire and provide the highest quality care to local people;
- improving active two-way engagement with service users, carers and families (see also section 6.6.3 below) so that there are robust processes to listen to what local people are saying, and to translate this into practical service redesign;
- ensuring that staffing levels appropriate to the needs of service users, are maintained in line with Safer Staffing guidance.

6.2.2 Service user safety

The Trust is committed to a policy of zero tolerance, and therefore will not condone any act of negligence or other failure / omission that results in service users receiving poor care or suffering avoidable harm. This will require adherence to the following actions:

- undertaking an increased number of quality evaluations including audits and peer reviews, so as to assess current practice within the Trust, understand the experiences of service users, and identify opportunities to improve care, safety and compassion;
- embedding infection prevention and control practices;
- maintaining a robust approach to safeguarding for both adults and children, so as to provide optimum protection against harm;

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- increasing support for vulnerable service users including the frail older population, as well as children and adults with disabilities;
- delivering continued improvements in the quality of Trust record-keeping, reducing the risk of error due to poor communications;
- being open, honest and transparent with service users;
- handling medicines safely and appropriately.

6.2.3 Clinical effectiveness

The Trust will continuously focus on ensuring clinical effectiveness, which will include the following actions:

- improving the accessibility, quality and responsiveness of its urgent care response, offering where appropriate, community-based alternatives to acute or care home admission;
- ensuring that Gloucestershire community hospitals are best equipped to serve the needs of their local populations, and work with a wide range of stakeholders and partners;
- using technologies where proven to advance clinical effectiveness, support service delivery, and improve quality;
- working with other providers to ensure seamless care for service users across integrated care pathways.

6.2.4 Service user experience

The Trust will seek to routinely inform and involve service users, carers and families, so that they are confident and have the best possible experience during their care. This will involve:

- engaging more effectively with people with long-term or complex conditions, to identify ways to enhance their quality of life, and enable them to benefit from as much independence as possible;
- actively encouraging service users to participate in decision-making about their care;
- enhancing work with service users' support networks so as to elicit the involvement, contribution and participation of carers, families and friends;
- making relevant information about the quality of care, readily available to the Trust's public, including improved use of online resources.

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6.3 To measure quality consistently in order to support decision-making and identify opportunities to enhance learning, thereby enabling continuous quality improvement

6.3.1 Information quality

The Trust will proactively seek to ensure that all data that it captures, analyses and reports is of the highest accuracy, completeness and timeliness, as this is essential to support decision-making and enable the delivery of high-quality care. This requires the Trust to use predominantly electronic information management systems that allow data to be entered and disseminated in real-time, and to maintain robust processes to validate the quality of that data.

6.3.2 Information reporting

It is essential that all Trust professionals are able to access the information that they need, when they need it, and that therefore reports are shared with colleagues as quickly, easily and interactively as possible. It is also critical that performance reporting includes both quantitative and qualitative measures, so as to represent a diversity of activity, outcomes and experiences, with particular focus upon quality, efficiency and effectiveness.

Moreover, information reporting must represent, wherever possible, coordinated and triangulated quality, activity, finance, workforce and social care information, to enable more holistic and contextualised understanding of Trust performance, and to allow the Trust to respond more swiftly to emerging risks and pressures. This will also enable the Trust to assess its performance against both internal and contracted standards, and particular, measure the organisation's successes in fulfilling its vision, values and strategic objectives.

6.3.3 Benchmarking

The Trust is committed to undertaking local benchmarking, so that similar services provided by different teams across the county can be assessed against each other, thereby helping to identify areas in which the organisation can develop greater consistency in quality delivery. The Trust will also regularly benchmark its performance against comparable community Trusts, facilitating the identification of practices whereby improvements can be made, and strengthening the organisation's existing reputation for delivering high quality care.

6.3.4 Contract monitoring

To ensure optimum focus upon quality, the Trust will ensure that detailed service specifications are agreed with commissioners, and that both the precise requirements of those specifications, as well as the wider contractual implications, are well understood across the Trust, particularly by the key operational service delivery teams.

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6.4 To maintain quality and ensure on-going sustainability of service by routinely evaluating and assessing performance against plan, and proactively undertaking remedial actions where necessary

6.4.1 Strategic planning

The Trust will adopt both a top-down and bottom-up approach to strategic planning so as to maintain clear focus upon achievement of quality outcomes. This will require:

- the Trust's Executive Directors and senior leads to take responsibility for maintaining organisation-wide strategies relevant to their area of operation, and for ensuring that these strategies are supported by clear implementation plans that facilitate delivery of identified quality goals, actions and priorities;

- each individual team across the Trust to produce their own annual Service Development Plan that complements and contributes to the fulfilment of Trust strategy. Additionally, these Service Development Plans must demonstrate how each team's services will deliver quality improvements in line with agreed Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) work programmes.

6.4.2 Performance management

The Trust will observe a formal performance management framework which will serve as a method for ensuring that the delivery of high-performing, high-quality services is rightfully regarded across all teams in the Trust as a required standard. The framework will also ensure that:

- there is accurate reporting of performance at team-level so that all Trust colleagues are empowered to act and drive forward continuous quality improvement in service delivery;

- colleagues are able to recognise their personal responsibilities for results, within a culture that does not seek to apportion blame, but that instead encourages learning and improvement;

- teams can be clear about their priorities and can communicate their performance against these priorities to the Trust Board, staff, service users, the public and commissioners;

- there is clear opportunity to recognise any weaknesses in performance which can then be addressed proactively;

- the Trust is able to effectively promote the quality of its services and achievements in order to improve its credibility and reputation locally, regionally and nationally.

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6.4.3 Risk management

In order to truly maintain quality, risks must be openly and honestly acknowledged, and there must be clear processes to manage all potential or actual threats to service quality, delivery, sustainability and viability. In particular, this requires the Trust to:

- maintain tools to support colleagues in the identification and escalation of risks: these will include (i) risk management policies, protocols and procedures, (ii) an electronically maintained set of risk registers that together, identify the extent of operational (clinical and non-clinical) risks faced by the Trust and which are summarised in the Corporate Risk Register, (iii) risk assessment and incident reporting forms etc;

- observe a standardised process by which all operational risks can be evaluated, managed and mitigated, which includes need for the development of action plans for all significant risks;

- ensure that risks are appropriately escalated through the Trust's governance structures with significant operational risks ultimately being presented at the Trust Board;

- enable clear recognition and management of strategic risks through the Board Assurance Framework;

- ensure that learning from risks is communicated and integrated across the Trust so as to inform future service delivery.

6.4.4 Estates

The Trust will seek to maintain the accreditation of the Care Quality Commission and other all regulators, with due consideration given to ensuring that the Trust's physical environment is delivered to the highest possible quality standards. This includes explicit requirement to develop and deliver a capital investment programme, in addition to a disposals and acquisition programme, in order to ensure that the Trust's properties are in the right place and of the right quality for the people of Gloucestershire. It also requires all Trust facilities to ensure their continued safety and effective management of all prevailing physical risks and hazards.

6.4.5 Business continuity

In order that the Trust is able to continue to provide the very highest possible levels of care quality during any period of interruption to its clinical or non-clinical procedures or services, the organisation will ensure that it maintains and regularly tests, its portfolio of business continuity plans which range from individual service level to the overarching Corporate Business Continuity Management Plan.

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6.5 To assure the on-going quality, robustness and effectiveness of practices across the Trust in order to lead to better health and social care outcomes for service users, carers and families across Gloucestershire

6.5.1 Audit

The Trust will continue to undertake and/or commission a comprehensive range of audits in order to regularly evaluate the effectiveness of its operations, functions, processes and systems, and thereafter instigate remedial actions so as to improve quality. The Trust's audits, which may be mandatory, proactive, reactive or reflective, will encompass consideration and assessment of:

- clinical and/or social care practice (undertaken by the Trust's Clinical Audit Team under the direction of the Director of Nursing and Quality);
- risk management, internal control and associated governance processes (undertaken by the Trust's Internal Audit function);
- the Trust's accounts, Annual Governance Statement and quality reports (undertaken by the Trust's External Audit function).

In all forms, the Trust will seek to ensure that:

- audits comprise appropriate, relevant, timely and complete questions to result in meaningful, objective and credible reports that facilitate measured improvements in quality;
- the outcomes of audits, including all corresponding action plans, are cascaded as appropriate across the organisation, and that tangible improvements to process and practice can be evidenced as a direct result of learning;
- all opportunities are explored to share knowledge resulting from local auditing activity on either a regional or national basis, thereby increasing the Trust's reputation.

6.5.2 Internal assurance systems

Additional to audit, the Trust will also use a number of other internal assurance systems so as to validate quality: these will include, but will not be limited to:

- risk assessments, the Corporate Risk Register and Board Assurance Framework (see section 6.4.3 above);
- peer reviews (see section 6.2.2 above);
- the Quality and Performance Report (see section 3.5 above);

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- benchmarking reports (see section 6.3.3 above);
- the Friends and Family Test, in addition to complementary local service user satisfaction surveys (see section 3.12 above);
- serious incident reviews / incident reviews;
- the Annual Report of the Director of Infection Control;
- the Safety Thermometer;
- revalidation reviews;
- health and safety reviews;
- media analysis reports;
- the Trust's Finance Report;
- local counter fraud reviews.

These reports will be escalated as appropriate through the Trust's governance structures so as to provide review and assurance of quality "from point of care to Chair".

6.5.3 External assurance systems

The Trust will also continue to utilise external assurance systems in order to provide independent assessment of its quality practices. These will include reports and reviews from national bodies such as the Health and Safety Executive, NHS Protect, the Health and Social Care Information Centre etc.

In response to all such assurance reports, the Trust will ensure that it implements timely corrective actions should any omissions or weaknesses in organisational systems or processes be identified.

6.5.4 Quality and Equality Impact Assessments

In order to validate that there is no detrimental or negative impact upon the quality of services given any Service Development Plan, the Trust will undertake a comprehensive Quality Impact Assessment and Equality Impact Assessment as part of the business case which supports the call for change.

Such assessments will be undertaken with full clinical and operational input, and will be signed off by the Director of Nursing and Quality and the Medical Director prior to the commencement of any relevant project. Moreover, such assessments will be revisited throughout the project's lifecycle, and again once the associated transformation has been completed, so as acquire and disseminate any critical learning.

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6.6 To communicate quality to all stakeholders, both internal and external, so as to raise understanding and visibility of quality initiatives, and ensure that lessons learned can be effectively disseminated

6.6.1 Internal communications

In order to effectively support the drive for quality, it is essential that staff have a clear understanding of their role and how they may best contribute to positive change. To embed this understanding, the Trust will seek to improve the ways in which it communicates with colleagues, so as to ensure that that they always receive the information that they need, in an appropriate format and in a timely manner.

This includes responsibility for the Trust's central communications function to ensure clear, consistent communication upwards, downwards and across the organisation. In particular, it is essential that the results of learning from team quality and performance is actively disseminated across the Trust so as to share best practice with all relevant colleagues, and thereby encourage a more informed organisation that is able to grow, develop and mature.

However, it equally requires the Trust's leaders to ensure that they cascade information as appropriate to their teams and other colleagues: equally, the Trust's leaders will need to ensure that they communicate information, learning and experiences from frontline teams back up to more senior levels of the organisation.

6.6.2 Staff involvement / engagement

All colleagues across the Trust will be more actively encouraged to become involved with relevant Trust planning and decision-making, including staff who are hard-to-reach such as night workers. By doing so, the Trust will aim to move beyond one-way communication and achieve active and real engagement.

This will require greater use of staff surveys, dedicated engagement events building upon the Staff Forums and Staff Council, focus groups and away days to allow colleagues to explore key issues in an open and honest environment.

6.6.3 Public communication and involvement

In line with the spirit of transparency and openness that underpins quality, the Trust will ensure that aggregated information about the performance of its services is communicated more readily and routinely to the public so as to enable them to make informed decisions about their care. This includes the need to issue relevant publications, maintain information boards in community hospitals to provide up-to-date information about a range of metrics including service user experience, infection control, waiting times etc.

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The Trust will also ensure that wherever possible, local service users, carers, families and the wider Gloucestershire community, are able to become directly involved with organisational activities, and can make active contribution to Trust planning and decision-making. This will include:

- maintaining a systematic process to capture and respond to service users' experiences of the Trust using a variety of formats, media and events: moreover, ensuring that where possible, the collection, reporting and sharing of service user experience information can be undertaken in real time, so as to provide a more responsive way to track quality and performance;

- enabling the public to participate in Trust audits, so that their unique perspectives can be incorporated as part of the organisation's evaluations and quality assurances;

- carrying out a range of consultations, discussions, debates and evaluations with service users across Gloucestershire where significant organisational or service changes are proposed;

- giving particular consideration to working with local people with protected characteristics (namely, age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, and sexual orientation), as well as with people who have extra or different needs, and people who traditionally experience social and health inequalities (i.e. the "seldom seen, seldom heard" populations);

- ensuring that meaningful information is extracted from all forms of service user feedback and provided to those teams who are directly involved in care, so that it is used to effectively shape future services and quality.

6.6.4 Stakeholder working / communications

The Trust will remain committed to sharing relevant information with all professional partners in the local and national health and social care community so as to support joint working where this is in the interests of service users and provides for a higher quality of care.

This includes making appropriate information available for commissioners so as to inform contract monitoring, as well as partners in primary care, and acute and mental health care trusts, where this information exchange actively supports integrated working and shared service user pathways. This commitment also includes sharing information with third sector organisations and other independent providers as the Trust moves towards increasing its use of community-based assets.

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7. Quality Measures

7.1 The measures to assess the Trust's quality performance are mapped against the organisation's strategic objectives.

The measures for 2015-16 are shown below, and will be reported to, and monitored by, the Quality and Clinical Governance Committee on a routine basis:

Strategic Objectives	2015-16 Quality Measures
Achieve the best possible outcomes for our service users through high quality care	• Minimum 95% harm-free care in community hospital wards and ICTs • Measured reduction in the number of incidents that result in serious harm against the 2014-15 baseline • Minimum 90% positive response as to whether service users would recommend the Trust's services to friends and family • Not exceeding 21 cases of C. diff infection in-year • 80-120% agreed staffing levels in community hospitals across all shifts • Measured increase in the number of service users who are able to die in their place of choice • Measured increase in the number of service users who feel that they are treated with dignity and respect against the 2014-15 baseline

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Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	• Measured increase in the number of service users who feel appropriately involved in their care and treatment against the 2014-15 baseline • Minimum response rates of service users completing the Friends and Family Test of 30% for community hospitals and 20% for MIUs • Number of people enrolled as members of the Trust against the target of 1% (5,000) one year on from time of FT public consultation • Minimum of two service development areas which are subject to scrutiny by public focus groups per quarter
Provide innovative community services that deliver health and social care together	• Rollout of the Rapid Response and High Intensity Services in-year against plan • Number of avoided admissions as a result of ICT intervention • Decrease in the number of permanent admissions of people aged 65+ to residential and nursing care homes per 100,000 population • Increase in the percentage of service users who have had a full re-assessment of their needs within the last 6 months
Work as a valued partner in local communities and across health and social care	• Decrease in underutilised capacity in community hospitals by working in partnership with both private and third sector partners • Increase in the number of services that utilise shared pathways with partner organisations • Increase in the number of GP practices that feel appropriately engaged with the Trust

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Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	• Minimum 60% staff recommending the Trust as a place to work • Completion of a Service Development Plan for each clinical and corporate service with clear coverage of the proposed workforce profile and identified feed into the Trust's Workforce Plan • Identification of Competency Framework for each role within service delivery teams • 100% coverage of annual staff appraisals • Measured increase in the number of staff self-reporting that their appraisal was of a high quality in line with agreed trajectory • 100% completion of all mandatory training
Manage public resources wisely to ensure local services remain sustainable and accessible	• Achievement of agreed CIP, CQUIN and QIPP targets in year • Completion of a Quality and Equality Impact Assessment as part of each business case that quantifies service change / development • Measured reduction in the number of legal claims received by the Trust against 2014-15 baseline • Financial sustainability via a continuity of services risk rating of 2.5+

7.2 Of the range of indicators detailed in section 7.1 above, the Trust has identified seven which it believes truly epitomise the ethos of quality. These seven indicators will be communicated widely across the Trust in 2015-16, providing clear sight and understanding of Trust priorities.

Moreover, these seven indicators are not only aligned to the Trust's strategic objectives, but also to what are, at the time of writing, understood to be the 2015-16 Quality Account improvement areas:

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Strategic Objectives	2015-16 Priority Quality Measures	Quality Account 2015-16 priorities*
Achieve the best possible outcomes for our service users through high quality care	• Minimum 95% harm-free care in community hospital wards and ICTs	To ensure full understanding and learning from those service users who fall in community hospitals or who acquire a pressure ulcer
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	• Measured increase in the number of service users who feel appropriately involved in their care and treatment against the 2014-15 baseline	To improve the experiences of service users, carers and families within musculoskeletal and podiatry services
Provide innovative community services that deliver health and social care together	• Decrease in the number of permanent admissions of people aged 65+ to residential and nursing care homes per 100,000 population	To further develop and enhance Integrated Community Teams, with particular emphasis given to supporting people in the community with dementia
Work as a valued partner in local communities and across health and social care	• Increase in the number of GP practices that feel appropriately engaged with the Trust	To improve our active two-way engagement with service users, carers and families, as well as with GPs, and ensure that everyone knows how they may provide feedback
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	• Measured increase in the number of staff self-reporting that their appraisal was of a high quality in line with agreed trajectory	To ensure that we recruit and retain the right staff in the right place at the right time in order to provide the highest possible quality care across Gloucestershire
Manage public resources wisely to ensure local services remain sustainable and accessible	• Achievement of agreed CIP, CQUIN and QIPP targets in year • Completion of a Quality and Equality Impact Assessment as part of each business case that quantifies service change / development	

** Priorities for 2015-16 will be confirmed in the 2014-15 Quality Account*

8. Accountabilities and Responsibilities

8.1 All colleagues across the Trust, irrespective of their location or position, should make quality their first concern and guiding principle.

Indeed, it is only by everyone within the organisation understanding and responding to their personal responsibilities for delivering an exemplar service, that the Trust can truly seek to embed quality "from point of care to Chair".

8.2 Equally, all Trust Committees and other organisational forums have responsibility for keeping clear focus upon quality as relevant to their agendas.

In particular, the Trust Board is responsible for leading upon quality, and thus should:

- ensure that safe, effective, high quality health and social care is delivered to national standards at all times, and that no programme of transformational change or other variation to process or activity, will result in negative impact upon the quality of care provided;
- receive regular feedback on the quality of services provided through a variety of sources, including direct Board visits;
- receive the monthly Quality and Performance Report so as to provide comment and/or direction on the Trust's activity against all national and commissioned targets, as well as local quality metrics;
- approve proposals for developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State and all relevant regulatory bodies.

8.3 The Quality and Clinical Governance Committee will be responsible for monitoring compliance with this Quality Strategy, and for providing corresponding assurance to the Trust Board.

9. Enabling and Supporting Strategies

9.1 As referenced in section 3.4 above, this Quality Strategy serves to encapsulate all complementary strategies that have been developed and ratified by the Trust.

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10. References

Health and Social Care Act (2012)

Bringing Clarity to Quality in Care and Support, Department of Health (2012)

NHS Constitution, Department of Health (2013)

NHS Mandate, Department of Health (2012)

High Quality Care for All, Department of Health (2008)

Hard Truths: The Journey to Putting Patients First, Department of Health (2013)

Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England, Department of Health (2013)

A New Start: Consultation on Changes to the Way CQC Regulates, Inspects and Monitors Care, Care Quality Commission (2013)

Transparency in Outcomes: A Framework for Quality in Adult Social Care, Department of Health (2011)

The Adult Social Care Outcomes Framework, Department of Health

Quality Governance Framework, Monitor (2010)

Board Governance Assurance Framework, Department of Health (2011)

Well-Led Framework, Monitor (2014)

How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time (National Quality Board, 2013)

Compassion in Practice (NHS Commissioning Board, 2012)

Everyone Counts: Planning for Patients 2013/14 (NHS Commissioning Board, 2013)

A Promise to Learn - a Commitment to Act (National Advisory Group on the Safety of Patients in England, Berwick, 2013)

Improving the Safety of Patients in England (National Advisory Group on the Safety of Patients in England, 2013)

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Appendix 1: Consultation

Drafts of this Quality Strategy have been discussed at the following groups so as to ensure appropriate Trust-wide support, prior to escalation to the Trust Board in January 2015 for ratification:

Consultation Group	Date of Meeting
Quality and Clinical Governance Committee	11 December 2014
Trust Board	20 January 2015

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